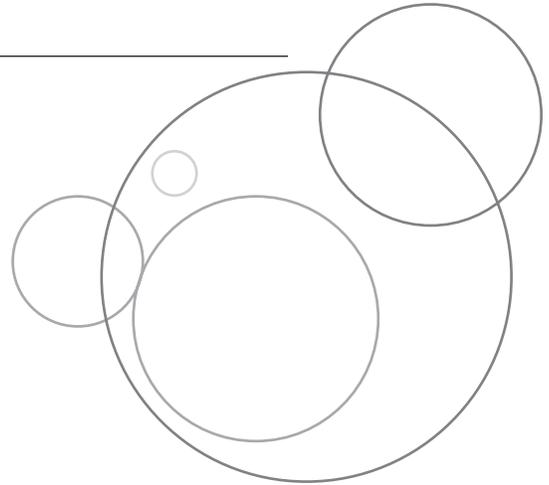

Educational Innovation: Collaborative Mentoring for Future Nursing Leaders

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This article discusses a unique educational partnership between nurse leaders and a university baccalaureate nursing program that nurtures future nursing administrators. A structured mentoring process in which students are guided through an internship with nursing administrators and executives promotes development of a career focus, leading novices to a more mature role on their career journeys.

Mentoring is the art and science of guiding another through the purposeful actions of leading and directing to a new place of cognition. The concept of mentoring dates to Greek mythology; King Odysseus asked his friend Mentor to guide and assist his son, Telemachus, while the king was away fighting the Trojan War (Carroll, 2004). Nursing history suggests that Florence Nightingale was the first nursing mentor; archival research reveals a mentor-style relationship between Nightingale and Rachel Williams, matron of St. Mary's Hospital in Paddington, England (Lorentzon & Brown, 2003). In Great Britain, half of nurses' preregistration training comprises clinical practice placements in which qualified nurses act as mentors for the students (Beskine, 2009).

Mentoring is an effective leadership strategy that has been used in the nursing profession for many years (Donner & Wheeler, 2007). Mentors are often experienced nurses who have strong professional networks and who are able to share their knowledge and foster leadership skills in those less experienced (Schira, 2007). Mentoring can occur through direct supervision or through subtle coaching to allow the mentee to achieve a new direction in his or her life. Effective mentors are able to lead others by modeling professional behavior and personal balance.

MENTOR CHARACTERISTICS

Mentorship roles are diverse and can be tailored to the needs of the mentee. Darling (1984) lists a variety of traits that mentees want from a mentor, including inspirer, supporter, envisioner, teacher-coach, feedback giver, eye-opener, door opener, idea bouncer, problem solver, career counselor, and challenger. Tobin (2004) identified seven roles that relate specifically to mentoring, including teacher, sponsor, adviser, agent, role model, coach, and confidante. In addition to these roles



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and traits, mentors must possess other qualities, including empathy, maturity, self-confidence, resourcefulness, and a willingness to commit time and energy to others (Comte-Sponville, 2003). Mentors also provide constructive criticism to mentees as they guide them in their progress (Vanderstam, 2005).

For leadership development, Hoffman, Harris, and Rosenfield (2008) state that mentorship requires engagement in the mentee's own values and the creation of awareness for opportunities that facilitate self-discovery and maturation. Nickitas, Keida, Nokes, and Neville (2004) found that fostering nurse executive partnerships with mentees required collaboration and the encouragement of the mentees to learn skills of communication and problem solving. These authors found that one way to ensure the future of nursing leadership is to provide creative partnerships between nurse executives and students. Investing in the student's growth and discovery of the nurse executive role was a way to maintain the core values of nursing and leadership in the profession. Further, nursing leadership mentoring to assist nurses in new and different roles requires an understanding that mentoring is influenced by the organizational culture of the mentor (Bally, 2007).

Bass (1994) described four leadership dimensions in which registered nurses can assist in creating an empowering, innovative, and dynamic culture that develops and sustains mentoring. These four dimensions of transformational leadership are inspirational motivation, individualized consideration, idealized influence, and intellectual stimulation. Inspirational motivation by a nursing leader requires a clearly defined vision that allows the mentoring to provide guidance, encourage a sense of purpose, and help foster the attachment of that purpose to the mentee's work. Individualized consideration by the nursing leader allows the mentee's unique needs and interests to be addressed. Idealized influence refers to the mentor as a role model for the mentee, exemplifying the values of the organization. Intellectual stimulation requires that the mentor provide education and training opportunities to increase the mentee's awareness of leadership development.

MENTORING THE NEXT GENERATION OF NURSE LEADERS

The nursing workforce is aging, causing concern that without opportunities for structured mentoring relationships between nursing leaders and new nurses, organizations will be unable to plan for succession to leadership positions (Feeg, 2008). Mentoring the next generation of nursing leaders requires today's nurse leaders to become actively involved in helping new nurses learn their roles and administrative positions (Ulrich, 2009). Many managers may believe that they do not have the time to model leadership to others, but McLane (2005) stated that this role modeling should be an expectation and a responsibility of the nursing leaders. Mentoring and networking can contribute significantly to the development of nursing leaders of the future (Tracey & Nicholl, 2006).

At Western Carolina University, an innovative course in leadership development in the RN-to-BSN program pairs student mentees with nursing leader mentors. Each student selects a role model in the nursing administration or nursing leadership field and learns from him or her through a series of mentoring sessions. The nurse leader mentors are employed in a wide variety of work sites and institutions, including inpatient units, senior levels of nursing administration at hospitals, outpatient clinics, health departments, school settings, private agencies such as hospice and home health, and academic institutions with schools of nursing.

The nurse leader mentors' function is to provide insight into the role of a nursing leader in today's constantly changing health care environment. The mentor showcases the various traits and characteristics of a leader and demonstrates these to the student throughout the semester. The art of managing conflict, delivering performance appraisals, negotiations with employees during personnel actions, participating in organizational meetings, daily planning and assessment of supervisory functions, preparing budgets, and developing presentations to the institution are some of the areas in which mentors have directed their mentees in learning their role. The mentee works side by side with the mentor throughout their workday and learns through close observation and opportunities for questions and answers.

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The student mentees are usually staff nurses in their own work settings and often have had little or no opportunity to be involved in leadership development or role modeling. Most nurses returning to school for their BSN degrees are staff nurses who have had years of bedside clinical experience but have not had the opportunity to be in a leadership role. The mentoring relationship allows the mentee to grow and develop as a novice in understanding leadership development and managerial roles through the direction of the mentor. The mentor is able to guide and direct the mentee through the often challenging work of being a nursing administrator. The mentor can delineate the tasks of the nursing leader in a way that makes the role more coherent and understandable and less threatening to the mentee.

The mentee is responsible for initiating the contact with the mentor and for securing the placement for the clinical component. The course professor is responsible for ensuring that the mentor is suitable for the mentee and is representative of a nursing leader in the profession. The mentor must agree to the placement and must be willing to mentor a novice in the dynamics of nursing administration and nursing leadership. The mentor must be willing to give of his or her time and talents in demonstrating the many facets of nursing leadership.

The mentee is required to spend 30 hours on an intervention project that is of service to the mentor's organization. The mentor provides the framework for the project and directs the student in outlining it. Examples of projects include writing policies and procedures, developing brochures for clinical services, creating teaching boards for staff and patients, redesigning work spaces for employees, and assisting with patient classification and patient acuity studies. Through these intervention projects, the students learn about the dynamics of leadership.

The mentorship program allows nurses to gain a broader perspective on roles that will be in their future on graduation from the baccalaureate completion program. Many of the students are eager to enter leadership positions after the mentoring sessions. The benefits to both the mentor and the mentee are innumerable. For the nursing mentor, the opportunity to educate another in the introductory facets of leadership and management is enriching personally and professionally. For the mentee, the opportunity to learn through guided direction and coaching is a once-in-a-lifetime opportunity to be exposed to a potential new career direction in nursing. It is hoped that similar programs can be initiated to help develop a new cadre of nursing leaders for the future as the graying of America's nursing leaders continues and the looming nursing shortage evolves.

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