

EMBRACING MENTORS AND FACING

TORMENTORS

By Cheryl Taylor and Fikile Mpfu

Mentoring has become a common buzz word used to describe everything from counseling to supervising or teaching students. Healthy mentoring relationships are one of the ways that we in nursing help each other to grow, develop, mature and navigate through challenges successfully. Mentors are often described as preceptors, role models, faculty advisors, and career counselors (Myall, Levett-Jones & Lathean 2008). Note that our descriptions of mentoring below are not exclusive to clinical practitioners in practice settings.

The mentor and mentee relationship is transformation through touching. Mentoring is important and essential to the profession of nursing, student nurses and healthcare systems (McKinley 2004). Through healthy mentor/protégé relationships we develop leadership capacities and pave pathways to excellence in nursing and healthcare delivery. It is our aim to expand your awareness about the benefits of being a mentor or mentee and to inspire the reader to establish or strengthen healthy relationships with potential mentors through self-assessment and interpersonal communication. We hope that student nurses will progressively transition from protégés to mentors for future generations of nurses.

First, it is necessary to clarify what mentoring is, along with facts and myths about it. Mentors serve as experienced and trusted advisors to individuals and

organizations. Healthy mentoring and mentorship processes are based on principles of honest communication, voluntary partnerships, mutual agreements, and strategic planning for reciprocal growth and development (Owens 2003). The core element that undergirds mentoring and mentorship is a collaborative relationship. In other words, mentor/protégé relationships are voluntary, interdependent, based on trust, and act as negotiated agreements. Faculty advisors, preceptors, role models and career counselors may choose to become mentors, but their position of employment does not automatically make them mentors. Sometimes individuals may call themselves mentors and actually perform like tormentors in relationship with their mentees (Poorman 2008). The table on page 37, offers a comparative profile of mentor and tormentor behaviors. The mentor /tormentors table includes popular films and songs that illuminate the mentor's and tormentor's actions and outcomes. Consider the possibility that a few mentor/tormentor behavioral descriptions may surface in combination. Use this information as a guide to clarify, evaluate and participate in healthy mentor/mentee protégé relationships.

Sincere personal communication, progressive learning and shared hope are essential building blocks of mentor/

protégé relationships. Healthy mentor/protégé relationships are non-hierarchical and appear more like voluntary partnerships and less like assigned dictatorships (Rolfe 2010). Dysfunctional communication and criticism-based supervision with a controlling attitude of superiority are usually signs of an unhealthy mentor/protégé relationship.

Mentoring – Facts or Myths?

There are times when differences between truth and myths about mentoring need clarification, especially when traditional views, expectations and job descriptions clash or overlap with contemporary views. Read and choose T for True and F for False (myth) for each of the following statements about contemporary mentor/protégé relationships in nursing below.

- ___1. Anyone who consistently helps a student nurse is his/her mentor.
- ___2. Mentors, faculty advisors, consultants, preceptors and role models are all the same.
- ___3. Mentoring involves a formal contractual relationship.
- ___4. It's best to only have one mentor or one mentee.
- ___5. The mentor/mentee relationship is a hierarchical one and the mentor tells you what to do.
- ___6. Everyone who self-identifies as a mentor is a mentor.
- ___7. You can't mentor yourself.

- ___8. Mentees who pick mentors based on the mentor's job title and senior status are more successful.
- ___9. A mentor is the one who selects the mentee.
- ___10. A person can only mentor others in one specific area or specialty and not outside of their gender, race, or specific area. Example: Nurses mentor nurses, men mentor men, minorities mentor minorities.

We believe that all of the above statements about mentoring are false. If you selected T or true for any of them, take time to reflect and reevaluate your views. For example, student nurses encounter a variety of persons who provide assistance to them who are not mentors. Those helpers may be faculty, staff, advisors, peers and family members. Faculty advisors' primary roles involve teaching and helping assigned students to progressively meet their academic goals.

Faculty, consultants and preceptors are often advisors and clinical adjunct faculty specifically assigned to advise, teach, and evaluate student performance in partnerships with their organizations, clinical agencies and the academic institution. Faculty advisors, consultants and preceptors can all serve as role models. Role models are inspiring individuals who are seen and admired for how they perform in their roles. Role models can be exemplary and influential with or without being mentors. *(Continued on page 38 ◀▶)*



<h1 style="margin: 0;">MENTOR</h1> <p style="margin: 0;">Soap Opera Title: GUIDING LIGHT</p>	<h1 style="margin: 0;">TORMENTOR</h1> <p style="margin: 0;">Soap Opera Title: ANOTHER WORLD</p>
Helps you find your way to see beyond today.	Helps you to count and remember past mistakes.
Welcome to the joy of listening.	Welcome to the pain of growing.
Active respectful listening. Supportive, encouraging communication style.	Charming, dysfunctional communication style. Withholds feedback and gives limited information.
Adult to adult egalitarian. Goal-oriented and curious about possibilities.	Superior adult to inferior adult. Knows it all; gloats over own achievements.
Positive energy and attitude.	Negative energy and attitude.
Emphasizes what is right.	Emphasizes who is wrong and who is right.
Uses strengths to correct mistakes. Forgives and forgets.	Uses mistakes to remind others of their inadequacies. Keeps scores.
Gives privileged information based on hope and trust.	Dangles privileged information on condition that demands for attention and reverence are met.
Focused on thriving with minimal stress.	Focused on surviving in pain.
Views errors as assessment opportunities to learn from mistakes and adjust behavior based on evidence.	Views errors and a source of fear and reasons for punishment or execution.
Pays respect to all.	Offers indifference and commands to be revered.
Responds with evaluative critique and tender loving care.	Responds with criticism and suspicion.
Mentor differentiates between a person's identity and their capacity. "You are not your test scores."	Views your capacity as the determinant of your identity. (i.e., "if you fail, then you are a failure.")
Welcomes maturity, and accepts changes in the relationship from interdependence to independence.	Controls the relationship to maintain codependence.
Compassionate, resourceful and inspiring. Values self and others. Builds bridges and flexible adaptable.	Knowledgeable, resourceful and manipulative. Values self, but needs fan club or entourage. Builds barriers to block bridges, control access Rigid (i.e., "my way or now way.")
Pain is an indicator of something.	Pain is a blessing.
Mentors are self aware and show humility.	Tormentors are self-absorbed. Expects devoted service, blind loyalty and obedience.
Helps you to find your way to see beyond today.	Helps you to count and remember past mistakes.
Metaphor — "Safe Taxi Driver"	Metaphor — Circus Ringmaster
Films to view: <i>Akeelah and the Bee</i> <i>Karate Kid II</i> <i>Star Wars</i> <i>Gran Torino</i> <i>Babe</i>	Films to view: <i>Silence of the Lambs</i> <i>The Devil Wears Prada</i> <i>Dangerous Liaisons</i> <i>Star Wars</i> <i>Training Days</i>
Songs for Listening: "A Love Supreme" by John Coltrane "Lean on Me" by Bill Withers "O What A Beautiful Morning" from <i>Oklahoma!</i> "Amazing Grace" (Traditional)	Songs for Listening: "Killing Me Softly" by Roberta Flack "Just Like A Pill" by Pink "I've Got You Under My Skin" by Frank Sinatra "The Joker" by Steve Miller Band



(Continued from page 34)

The mentor/protégé relationship is personal, chosen and while it may not include a written contract, it does include personal agreement with mutual goals and expectations. Mentor/protégé relationships are voluntary with both helping and social dimensions. The helping dimensions include encouragement and strategic planning and problem solving. Mentors help protégées to clarify, refine and improve their decision-making skills over time. The social dimension of the relationship includes humor, honesty and trust, which is essential to all healthy relationships.

There are several phases involved in mentor/protégé relationships: orientation, working phase and the goals met winding down phase. The orientation phase involves getting to know and value each other, negotiating collective agreements and expectations. The working phase involves the protégée taking initiative, facing challenges, reflective conversations, engaging social support and concurrent evaluation. The winding down phase involves collaboratively implementing healthy closure of the working phase based on progress and fulfillment. While the relationship may continue, with primary goals accomplished, there would be point or shift to a lower level of intensity along with a sense of transformation and protégé transition to independence in this phase.

Being an active member in your school's local student nurses association chapter is a great launching pad for engaging opportunities to mentor or choose a mentor. For example NSNA actively serves as an organizational mentor at local, state and national levels. NSNA Leadership University⁷ is an excellent online source of information designed to support your developmental pathway to excellence in nursing.

As people who maintain healthy mentor/protégé relationships in each stage, we encourage students to use the following protégé/mentee checklist (below) to confirm your readiness to experience the joy of being mentored. Read and check all that apply to you.

Protégé Readiness Checklist

1. ___ I am open to receive guidance and committed to making improvements even if I don't know how.
2. ___ I recognize when I need help and am willing to ask for guidance with my career plans.
3. ___ I have the capacity to pay attention and listen to myself and my mentor.
4. ___ I am committed to being honest, communicative, available and flexible with my time.
5. ___ I will choose to put quality time in my schedule so my mentor and I can get to know each other.
6. ___ I will listen to my mentor's advice and seek to clarify the differences between the suggestions, requirements, and expectations.
7. ___ I will demonstrate my willingness to consider and act on opportunities offered by my mentor and provide feedback about what has worked and not worked for me.

8. ___ I intend to show appreciation to my mentor for any focused effort and time that has been invested in our relationship.
9. ___ I will respect our time by keeping all scheduled appointments or giving adequate notice of delays or cancellations.
10. ___ I am willing to receive constructive feedback and am accountable for my actions.

Guidance, Growth and Gift Sharing in Nursing

The benefits of choosing to be a protégé or mentor are endless and include the "three Gs": wise **g**uidance, personal **g**rowth, and graceful **g**ift sharing across generations of nurses. Keep in mind that mentoring is not mothering or parenting, although you may notice some similarities in mentor/protégé relationships. However, healthy mentoring relationships demonstrate balanced adult to adult perspectives, with non-idealized approaches to resolving problems. Refer back to Table I and notice that the mentors' balanced communication and behavioral style did not use a mothering, smothering or parenting approach to care.

What's in it for the mentors? Positive personal and professional growth and development means: "You will stand taller than I because you are standing on my shoulders." Another benefit for mentors is witnessing the reality of protégés gradually becoming mentors to enhance the personal and professional development of the next generation of nurses. Mentors in nursing are like constant gardeners, tending to and nurturing seedlings, roots and stems with our presence and supportive feedback. Mentors' rewards occur as we watch and applaud our protégés grow and blossom to live their dreams and pass on the spirit of health through mentoring others. ∞

Some rewards of mentoring are reflected in statements made by our protégés. For example:

My mentor helped me to realize that becoming an RN is not simply for employment purposes. As a graduating senior I fully realized that becoming an RN was the beginning of my entry into an amazing profession that helped me to see all of the exciting possibilities within nursing and beyond.

- **Fikile Mpfu, BA, RN,**
2008-2009 NSNA Director

My mentor tailors her words of wisdom for each individual she touches and inspires. I am pleased and honored to have her as someone who mentors me during a vital period of my life. Personally, I always left my "mentoring sessions" feeling inspired and ready for action.

- **Kenya D. Haney, BSN, RN,**
2009-2010 NSNA President



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She met Dr. Taylor in the airport as they were leaving the 2009 NSNA Annual Convention in Nashville, TN when she was a senior student nurse in South Carolina. Within a few months of their first encounter, Ms. Mpofu became Dr. Taylor's protégé, colleague and now, co-author.



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earned a doctor of philosophy in nursing degree from Texas Woman's University in Denton, TX, where she also guided student development as a residence hall director. She concentrated her doctoral research on the interplay of homelessness and chronic mental illness. Dr. Taylor has spent the past three decades mentoring student nurses. In her role as teacher, mentor, researcher, leader and lifelong learner, working closely with students has been a constant and joyful core component of her life. She is currently the National League for Nursing (NLN) appointed consultant to the NSNA Board of Directors.



Resources

Building relationships: a guide for new mentors http://www.mentoring.org/downloads/mentoring_345.pdf.

Mentors Training Manual: http://www.mentoring.org/find_resources/elements_of_effective_practice/trainers_manual/.

Texas Women's University: International Health Professions Nurse Mentor Program
<http://www.twu.edu/nursing/international-mentor.asp>.

The California Nurse Mentor Project http://findarticles.com/p/articles/mi_m0FSW/is_5_26/ai_n31325149/

Characteristics of a Mentor - How to Find a Mentor to Help Grow Your Career <http://healthcareers.about.com/od/advanceyourcareer/qt/FindAMentor.html>.

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