Mentoring in Nursing through Narrative Stories Across the World

Nancy Rollins Gantz
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We dedicate this book and thank the authors who have committed to the journey of mentoring knowing that the profession of nursing is dependent on these devoted, dedicated individuals.

We dedicate this book to inspire young and seasoned nurses alike to take the excursion of mentoring.

We dedicate this book to our families, friends, and colleagues.

May this book fill you with energy, commitment, and enthusiasm to embark on a journey of mentoring that seals your soul with passion and renewal for nursing.

Foreword 1



I had the benefit of learning from informal mentors as I progressed through my nursing career. My mother, who was a nurse and my primary role model, taught me the importance of role modeling for others. When I pursued my doctoral degree, Dr. Hazel Johnson Brown, the first Black woman general in the United States Army and first Black chief of the Army Nurse Corps, told my class: "This is it. You're the nurse leaders now. Start moving forward." Her words made me view myself as a nurse leader for the first time. As I took on leadership roles with increasing responsibilities, I served in a variety of mentorship roles, from trying to be a good role model, to writing so that others could learn, to helping people with "just in time" advice, to serving as a long-term mentor and sponsor with scheduled appointments for people I consider to be emerging leaders. Mentorship is important enough to me that I recently became certified as a coach to better help the people I mentor to understand and undertake their own journeys.

That is why I am thrilled to recommend *Mentoring in Nursing Through Narrative Stories Across the World* by Nancy Rollins Gantz and Thóra B. Hafsteinsdóttir. Through the power of storytelling by paired mentors and mentees, the book provides comprehensive advice from around the globe for how nurses can effectively navigate the mentor and mentee relationship in academia, practice, research, policy, and leadership. Mentorship is increasingly critical as the nursing field struggles to persevere 2 years into the COVID-19 pandemic. Nurses are emotionally spent from caring for COVID patients, and the pandemic has laid bare stark inequities that have persisted across generations. At the same time, many experienced nurses are retiring, and students are entering the profession during a time that is demanding a stronger, more diversified nursing workforce that is prepared to provide care;

promote health and well-being among nurses, individuals and communities; and address systemic inequities that have fueled wide and persistent health disparities.

In fact, the new National Academy of Medicine report, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity,* states that mentorship and sponsorship of the next generation of nursing leaders will be critical toward attaining a health system that is more equitable and just [1]. The report calls on more nurse leaders to mentor and sponsor leaders from traditionally underrepresented backgrounds in nursing in order to build a more diverse nursing workforce that can better tackle health inequities. I'm glad that *Mentoring in Nursing Through Narrative Stories Across the World* provides an entire section on mentoring in diversity, inclusion, and equity, so that more nurses will be poised to advance health equity.

All nurses should read the words of wisdom shared in the pages of this book from mentors and mentees, for indeed, all nurses should be mentored and mentor throughout their careers. Taken together, these words from some of nursing's sages and emerging leaders offer excellent advice for how the nursing field can build the next generation through mentorship and help to advance health equity.

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Foreword 2



At its core, mentoring is about helping relationships. While definitions and models may vary, there are commonalities that are widely accepted: mentoring helps individuals grow; the experience aims to provide career development and psychological support; and the relationships are individual and personal. Early mentoring relationships were shaped by a more senior person helping guide the development of someone more junior whereas in recent years the relationship is expected to be reciprocal and not limited to a single dyad. The relationships are also no longer limited by age, gender, experience, education, culture, or roles. We help many clinicians along the path from novice to expert, but individual development must be more personal.

In their study of the science of effective mentorship in STEMM, the National Academy of Sciences, Engineering, and Medicine (Dahlberg and Byars-Winston 2019) examined six models that are relevant to nursing as a related STEMM field. These include the ecological systems theory, social cognitive career theory, tripartite integration model of social influence, social exchange theory, social capital theory, and social network theory. As one might expect, each has benefits for understanding the complex relationships that develop between a mentor and protégé. Not surprisingly the study suggests integration of theoretical models is common and needed to address individual, social, and institutional setting, or contextual factors.

Early research by Kram [2], a professor of management and organizations, on mentoring for leadership posited four phases of the mentor relationship: initiation, cultivation, separation, and redefinition. The primary value of this work is pointing out that people change, and developmental relationships are dynamic. Thus, an individual may be involved in multiple mentor relationships over time.

The dynamic phases of a mentoring relationship mean not all interactions and outcomes may be positive. Early mentor-protégé dyads emanated from teacher-student or teacher-apprentice models. The evolution from these patriarchal beginnings was helped not only by the entrance of women into the professions, but also by the recognition that mentoring need not be restricted to fostering the development of males. New approaches beyond the single mentor, single protégé classic dyad, include a group of mentors working with one protégé, one mentor working with multiple protégé, peer and near-peer relationships, online peer communities, and reverse mentoring which overcomes the age and experience myths. Protégés can and should choose mentors rather than only waiting to be sought by a more senior person.

Mentorship is one way to grow professionally [3]. The target applications of mentorship are many: specific professions, jobs, roles (students, clinical nurses, educators, researchers, leaders), advancing diversity, helping those with fewer advantages, promoting cultural congruence, driving policy, and creating impact by associations, among others. The need is universal and is expressed in the same ways around the globe.

One of the pioneering researchers of mentoring in nursing, Connie Vance [4] refined her definition in 2014 to emphasize the mutual development and empowerment within a mentoring dyad. She reinforced the reciprocal nature of a deep and sometimes long-lasting relationship that enables personal and professional growth.

The literature is replete with articles on mentoring; however, often they also commingle the words coaching, leadership development, and sponsorship. A word of caution—try not to conflate coaching, mentoring, and sponsorship. While there may be elements of all of these in any supportive professional relationship, the skills needed, motivations, and interventions can be quite different. Mentorship goes beyond educating and coaching that helps someone improve their performance. However, it may not extend through sponsorship which requires intentional activities to create opportunities to position another for acceptance and success.

Today's nurses crave mentoring [5]. The profession, too, needs mentoring across all areas to help nurses move beyond their education and be prepared to address the challenges of nursing and healthcare. One would like to think that all mentoring leads to increased leadership capacity and skills; however there is not supporting evidence. What we do know is that *mentors make a difference*. They advise, guide, encourage, inspire, promote talent, enhance leadership, impart knowledge, steer skill development, provide clear communication, and provide honest feedback. Together with protégés they make connections for one another and spark new ideas and thinking while fostering the mutual exchange of support. Having served in leadership roles throughout my career, I have taken great pride in actively mentoring many rising nurse leaders including students, clinicians, faculty, officers of associations, and nurses who share a passion for strengthening our profession. Most of these relationships have been informal rather than structured, and focused on supporting personal and professional career success and enhanced self-esteem, instilling confidence for stepping out of a comfort zone and perhaps taking on leadership roles. Sometimes people have been referred to me, or specifically

reached out to me, while others have come from a mutual desire to help someone soar.

In the pages that follow you'll immerse yourself in the journeys of others who have been the givers and beneficiaries of mentorship. These powerful stories emphasize the importance of connections, the ubiquitous nature of mentor relationships throughout all aspects of nurses' career paths and above all the generosity toward one another.

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Foreword 3



Mentor originates more than 3000 years ago from Greek mythology. Odysseus, leaving for war, left his son Telemachus in the care of Mentor, a good friend and companion. An underlying meaning is that **Men**-toring is for Men. The goddess Athena, the goddess of wisdom, appeared to Telemachus in the disguise of Mentor to actually shape his destiny to go in search for his father. One could say that the female goddess had more impact on Telemachus than anyone else and served as Telemachus' most inspiring mentor, but her gender required a disguise each time she engaged with Telemachus (The Odyssey, Homer, 725–675 BCE). For many years, nursing shied away from the concept of mentoring. Perhaps it was not the female thing to do. We were nurturers, not mentors. The business world led by men easily adapted the term and concept of mentoring with a clear understanding that power was the underlying platform to actualize the concept.

Power is simply moving an object from point A to point B. Mentoring is moving an individual or group from point A to point B. One's career may start at Point A but with a knowledgeable mentor can rise to Point B or even C. There is significant power in mentoring. One of my most powerful mentors was Dr. Hildegard Peplau. After I realized I was her protégé, I wanted to be the "only" one. So, with the innocence or lack of knowing of a graduate student, I asked Dr. Peplau if I was her only one. She stood up to her full height and quietly explained that I was one of many, in the United States and beyond. She further shared with me that mentoring was reciprocal from the mentee receiving from as well as giving to the mentor. Basically, she had established an army of psychiatric mental health scholars and clinicians ready as well as honored to respond to her requests as needed. I never forgot how privileged I felt and feel to be part of the Peplau army of proteges.

As I think of the potential reach of this book for nurses and others, I conclude that I've needed a bouquet of mentors reflecting all the various parts of

my dreams, ambitions, and visons reflecting how I will engage with the world of caring by promoting health, healing, and hope in response to the human condition (National League for Nursing, Strategic Plan, 2022). My mentors have ranged from personal with daily encounters, to more distant and silent acknowledgment of the relationship. For example, Dr. Hattie Bessent, the former executive of the ANA Ethnic Racial Minority Fellowship Program, who touched every aspect of the Fellows' (mentees') lives including 6 am regular calls to the fellows and their Deans inquiring as to their progress on their doctoral degree. I compare this to feeling mentored by Prime Minister Tony Blair in the UK as I served in the role of General Secretary for the Royal College of Nursing. During our encounters I never acknowledged feeling as if I was in the mentee role watching a mentor on the world stage. And yet, I gained and learned from the interactions.

Mentoring is the essence of a smooth exchange during a relay race. Once having been mentored, it is required that one must in turn mentor others. It is like an array of your mentors' tattoos covering the body both physically and psychologically. For nursing with our commitment to the well-being of our patients, fellow providers and to ourselves, mentoring is essential as a tool for leadership and excellence[1].

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[1]In 2022, Dr. Malone was featured as one of 25 outstanding women for Women's History Month by Diverse: Issues in Higher Education (pceo@nln.org).

Foreword 4

Mentoring: The Ideal and the Real
Life is bipolar. Everything contains its opposite.

—Mary Caroline Richards



This project is an amazing resource! I appreciate and admire the stories, advice, principles, and practices that illustrate the power, promise, and potential of mentoring. Early in my career I benefitted from a wise nurse mentor named Florence G. Cromer. After I graduated from my PhD program in 1984, I took a faculty position at the University of South Carolina College of Nursing. It was a challenging first year. After that year I was not sure I wanted to continue in an academic career, so I took a position as a Director of Nursing and Associate Institute Director at the William S. Hall Psychiatric Institute. This 125-bed psychiatric mental health hospital served as the research and training organization for the South Carolina Department of Mental Health. Florence Cromer, a diploma-prepared nurse with 30 years of experience, served as my assistant director of nursing services. I was young, eager, and ready to make changes in a system organized around a medical model clinical research enterprise. I had so many ideas for change and transformation! I generated all sorts of ideas for change and development of nursing practice, service, and research. I can still see Florence smile and nod as we discussed projects and opportunities to advance and develop nurses and nursing in that system. After I had been there a while, and overwhelmed people with my ideas, energy, and enthusiasm for change, Florence pulled me aside one day and said, "Dr. Pesut, Dr. Pesut, I learned a long time ago there is the ideal… and then there is the real…and then there is what one can live with." That phrase stuck with me through time. I have since come to define it as *Cromer's Law* and it is the best piece of mentoring advice I have ever received. Reality

is a function of the ideal and the real modified and influenced by one's personal and professional values.

As my career progressed, I continued to realize the fundamental challenges of polarities [1] in life and work. "Life is bipolar" as Mary Caroline Richards [2] notes, and "everything contains its opposite." There is a light and dark side to leadership [3]. This is also true of mentoring. For example, while there are multiple examples, and narratives in this project, about the bright side of mentoring [4, 5], there is also research and evidence to suggest there is a dark side to mentoring and mentor dysfunction [6–9]. Elsewhere I have written about the importance and value of shadow work and how archetypes we live by have both light and dark aspects [10, 11]. I have also written about the importance of avoiding derailment and attending to issues of identity, reputation, and legacy management [12].

Healing into the future requires each of us to be mindful of the inner work we must do to realize our professional purpose and contributions. As you reflect on the stories and narratives in this body of work, I invite you to consider and reflect on the complementary nature of both light and dark aspects that might exist in the in-between spaces of the issues, challenges, and dynamics revealed in the unfolding stories. Think about the ideal and the real, and how personal and professional values helped people shape and discern what they could live with. My wish for you is that through these stories you can engage in personal reflection and inner work helping you accomplish your aspirations for ideal mentoring and a generative leadership legacy.

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Preface

Never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself.

—Florence Nightingale





History

It was an exciting conference at a Sigma Biennial when the authors accidentally ran into each other and immediately became the best of friends. Even though they lived 5000 miles apart it was Zoom that pulled them together. They both are passionate about mentoring and most especially in the days that confront us with extreme healthcare challenges of COVID-19 and the pandemic. So, this is the result of that meeting, and they hope you are blessed and energized by the contents.

Passion is a wonderful phenomenon and most certainly when it is united to a career. And that is my situation with mentoring, whether it be the new generation or seasoned nurses it is essential for growth of the individual as well as the professional as a whole. After my first book on mentoring, I was determined to edit another book of the same topic with a more far-reaching list of possible authors from around the globe. Only this time I didn't want to do it alone and thought a co-editor from Europe would be advantageous and inspiring.

It was the Sigma Biennial Conference that I met a dynamic woman who I was instantly impressed with through her knowledge and warmth she pro-

jected. We became friends and spoke throughout the conference. She then went home to the Netherlands and I back to Portland, Oregon, USA. Then one day I was compilating the organization and layout of the second mentoring book when she came to mind. I remembered that she had published on mentoring, and I knew we would be a complement to each other's writing style.

I emailed Thóra asking her if we could schedule a Zoom call to chat about a project to which she agreed. The Zoom call was energizing! Thóra immediately agreed to be a coauthor and help me with the book. So, the journey began, two coauthors ready to produce a book that inspired and motivated nursing professionals to embrace the practice of mentoring all generations.

Indeed Nancy and I met at the Sigma Biennial and we had this immediate good connection discussing our passion for nurses and nursing. I soon learned that Nancy is a true entrepreneur and that she had this global view as she had lived and worked overseas for many years and was very familiar with different cultures and countries. We immediately had this good click and became good friends. We met on Zoom, discussed, and soon had this wonderful idea about sharing the nurses' stories of mentoring so that other nurses in the world can learn about how mentoring can be used in all the different fields where nurses are working.

It was through my early days in Sigma that I first learned about mentoring. Meeting nurses from different countries I realized how widely nurses support each other through mentoring. When I started looking into mentoring, I saw that mentoring trajectories were generally an important part of leadership programs. But although mentoring is quite common in some countries, in many countries this is not the case. Many nurses struggle with the idea of when and how mentoring can be used. How to approach potential mentors. How does one go about these things. Many find this quite intimidating. Many see mentoring as only being used by professionals in high managerial or CEO positions, and do not know that mentoring is used at all organizational levels and wide range of areas where nurses work.

There are many ways in how to approach a book on mentoring. Although one may consider it important to write a scientific textbook about mentoring, we decided to use a *storytelling approach*, narratives of nurses telling their own stories of mentoring, from the mentees and mentors side, how they were mentored and how they mentored others. We do think that storytelling is an excellent way of communicating and sharing ideas, experiences, and knowledge, modeling the way—which we learn from. At the same time we decided that it was important to connect with the *research on mentoring*, we need to explore the research, and provide evidence for our argumentation as best we can. Further, *reflection* is highly important in our leadership development. It is through deep self-reflection that we are able to gain a better understanding of ourselves, our values, knowledge, and skills, and through which we can learn from our experiences, adapt and respond to new leadership challenges. Self-reflection is important to gain insights and ideas, to transform them into action, and for seeing new opportunities and to be able to develop helpful strategies to navigate the different fields of healthcare education and academia.

Based on this background we decided to embark on this very exciting journey—Our Book Project!

Organization of the Book

Each chapter has specific areas such as objectives, abstract, the mentor-mentee journey, self-reflections, best-practices, references and resources pertaining to thte subject. There remains individuality and uniqueness to the chapter as to maintain the story or journey they are partaking in. While it is the authors' belief that nurses must embrace and "live" the act of mentoring this book will hopefully ignite inspiration and commitment.

Foreword

The forewords are penned by nurses who have experienced mentoring firsthand and have practiced it throughout their ambitious, renowned, and successful careers. Their achievements in mentoring colleagues are vast and numerous and need no introduction.

Preamble

Not often does a book have a preamble but this book illustrates uniqueness throughout the pages. These are perspectives that provide mentoring education through a special lens. It imparts history, today, and the future of mentorship through the words of recognized nursing leaders and mentors, and it is extension to the foreword.

Part I: Mentoring of Early-Stage and Late-Stage Career Nurses

Nurses begin the mentoring process at various stages of their career. Early career, late career, in between positions in one's career, or during retirement where mentoring richness is profoundly abundant. Researcher, educator, and celebrated Dr. Debra Jackson from Sydney, Australia, provides the introduction as we then move to stories from Canada, the Philippines, Scotland, Hong Kong, the United Kingdom, and the United States.

Part II: Mentoring in Inclusivity, Equity, Diversity and Belonging

This part provides a "global" view from the United States and the numerous efforts being made to increase mentoring programs in underserved populations. The well-known Drs. Freida Hopkins Outlaw and Janet Jackson, both

from the United States, open with a select and quality view of some of the struggles nursing has encountered with mentoring and diverse populations. The authors will write about their journey of mentoring through other individuals or various programs in the United States and Nepal.

Part III: Mentoring in Clinical Practice

The essence of nursing lies in clinical practice. World-known expert Dr. Bernadette Melynk from the United States provides an introduction that builds on the individual chapters from Spain, Argentina, South Africa, Romania, Iceland, Australia, the United Kingdom, and the United States.

Part IV: Mentoring in Nursing Education

Education and mentoring have been a longstanding tradition. Educators have taken students under their wing and brought them to a place of success and achievement. The phenomenal Dr. Judith A. Halstead from the United States writes an introduction that is worthy for all students and academics. Her expertise shines brightly through the words as do the chapter authors from Australia, Japan, South Africa, Nigeria, Jamacia, Canada, the United Kingdom, Pakistan, Afghanistan, Israel, and the United States.

Part V: Mentoring in Leadership

While evolving leadership is a practice to be perfected by each and every nurse, it also provides resilience and strength in one's career. Passionate on the subject throughout her career, Dr. Thóra B. Hafsteinsdóttir, from Iceland and living in the Netherlands, discusses the importance of mentoring in leadership. Chapter authors from Russia, the United States, Australia, Spain, the Netherlands, Finland, the Philippines, Cameroon, Malta, Canada, England, Singapore, Ireland, Fiji, Dubai, and Pakistan add to the international flavor of what mentoring resembles.

Part VI: Mentoring in Research and Academia

It was Florence Nightingale that spoke to the need for nursing to never forget the research component and the essence of progress that it takes us to. The articulate and Dr. Thóra B. Hafsteinsdóttir, from Iceland and living in the Netherlands, unlocks the chapters that address the journey taken in research and academia. The authors from Finland, Iceland, the Netherlands, Belgium, the Philippines, Portugal, Germany, the United States, Lebanon, Mexico, South Africa, Botswana, Scotland, Turkey, Hong Kong, Pakistan, Australia, and China provide stories of mentoring that exemplify professionalism and innovation.

Part VII: Mentoring in the Times of COVID-19

While COVID-19 and the pandemic have put the globe and healthcare in a constant state of chaos, the internationally renowned Dr. Patricia Davidson from Australia introduces the solutions authors have taken in order to work through this pandemonium. Chapters are written by colleagues from the United States, Australia, Nairobi, and Thailand.

Part VIII: Mentoring in Policy: Healthcare, Education, Research

Policy formation and implementation is critical not only to the nursing profession but also to healthcare in general. Our endeared and outstanding colleague Dr. Franklin Shaffer from the United States speaks to the importance of policy creation as do the authors of chapters from Italy, South Africa, Thailand, Egypt, Bahrain, Canada, Afghanistan, and the United States.

Part IX: Mentoring in Politics: Healthcare, Education, Research

Nursing political guru from the United States, Dr. Diana Mason, provides us with the words of wisdom in that all nurses must embrace and actively involve themselves in the political arena coupled with mentorship. Chapter authors from the United States will beautifully and articulately demonstrate the spirit of politics and the results that can be seen with effort, commitment, and persistence.

Our Mentoring Journey

> *Let us each and all, realizing the importance of our influence on others, stand shoulder to shoulder, and not alone, in good cause*.
>
> —Florence Nightingale

From Nancy

There isn't a time since I became a nurse that I haven't consistently had a mentor and have been a mentor to someone else. It has been a part of my professional character and consistent growth in nursing as a professional, practitioner, leader, and innovator. It is a mindset that I have lived with along with the principles and values of diversity, courage, lifelong learning, and reflective thinking in practice. These are not your "usual" values of trust, honesty, and integrity but believing I additionally have those developed through stronger principles of diversity, courage, lifelong learning, and reflective thinking.

When I was a new graduate working in critical care, I was fortunate to attend the National Teaching Institute of the American Association of Critical-

Care Nurses and had the honor of hearing the late Dr. Vernice Ferguson speak on leadership. She was the Chief Nurse at the Veterans Administration, and her message paralyzed me, and I was determined to meet her. So, after her speech I went up to the podium (to this day I don't know where my courage came from!), introduced myself, and asked her if she would be my mentor. How bold I was back then but she said "yes"! And we started what was a wonderful and enriching dialogue (on the phone and in letters back in those days) that I will forever be grateful for her teachings and words of wisdom. What was her message? Be bold so that when you hear someone speak or present that could provide growth and diversity to your career go up and approach them. The late Dr. Ferguson was the most beautiful Black woman, inside and out, I have ever met and here I was a blonde and blue-eyed 24-year-old, but it didn't matter to either of us as we were colleagues and inspired, bound through mentoring. She truly continues to impact my life and career today through her teachings and phenomenal presence.

This book is a dream come true and I thank Thóra for being a partner in this journey. Mentorship is the vehicle that we ***must embrace*** in nursing whether clinician, educator, researcher, innovator, or entrepreneur as it is the facet that will move us ***forward*** with professionalism, integrity, honor, influence, and diversity.

From Thóra

From the time I started as a student in nursing and throughout my professional life I have had informal mentoring, as there have always been nurses who supported me and gave me advice and encouragement whom I have looked to. They were in fact excellent mentors with whom I have developed a lifelong relationship and still today can call for advice. These nurses were my mentors. Later throughout my academic career I have had excellent colleagues who were critical, encouraging, pushing me to think out of the box, to take steps out of the comfort zone, and at the same they were supportive, guiding, and empathetic. These nurses were my mentors as well. Also, today I have wonderful colleagues whom I meet on a regular and not so regular bases to discuss how things are going, the daily ins and outs of life's challenges and successes. I see these nurses as my mentors.

This has been such an interesting journey exploring mentoring and how we use mentoring in developing our leadership, in supporting other nurses, and how we can develop ourselves in becoming better nurses. Through the years we have focused our own self-development on the pursuit of knowledge, experience, intelligence, and education, which is important, whereas we still need to learn about our own emotions and the emotions of others and how these emotions influence so much of our everyday lives. Indeed, this is what life is—it is a lifelong learning which makes it worth living. I am forever thankful to my mentors and to Nancy for being a partner in this wonderful journey.

Summary

As advocates for the nursing profession, we sincerely hope you will read this book in "bits-and-pieces" and use its wisdom wherever your life and career are leading you. Or perhaps you want to make a change and need a mentor to help you with that transition. Find a colleague that you admire and can learn from, someone you emulate in nursing. Mentoring is a philosophy and comprised of guiding principles that can lead you into an engaging journey of learning. Become a proactive, lifelong learner and leader through the practice of mentoring and being mentored!

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Introduction

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Global health is currently under threat. Today we have a huge shortage of nurses resulting from nurses leaving the profession due to high work pressure, poor working conditions, and limited career opportunities. This leads to the inability of healthcare systems to retain well-educated nurses, all which snowball into a global health crisis. Last years, the COVID-19 pandemic has impacted the health of peoples, health systems, and nations. The worldwide instability due to geopolitical issues is causing a large number of people to flee their homes due to conflicts and violence, the fastest growing refugee crisis since the second World War [1]. These global challenges increase the pressure on healthcare systems, which put more pressure upon nurses and other healthcare professionals, providing care and treatment to patients affected by the challenges. The global nursing workforce, estimated to be 27.9 million nurses, was in 2020 confronted with a shortage of 5.9 million nurses and midwives [2],

and is expected to expand to a shortage of 13 million nurses by the year 2030 [3]. *Mentoring has been identified as one of the significant and effective measures to strengthen the retention, satisfaction, and career longevity of nurses in the global nursing workforce and creating a healthy work environment.*

The COVID-19 pandemic has been impacting nurses and healthcare professionals working in all fields of healthcare. Systematic reviews summarized the evidence for the COVID-19 impact on nurses highlighting the psychological impacts experienced by nurses like increased anxiety, stress, depression, post-traumatic stress syndrome, psychological distress, and mental exhaustion [4, 5]. The nurses described experiences of fear, anxiety, stress, social isolation, depressive symptoms, uncertainty, and frustration [6, 7]. Studies have shown that nurses do not feel valued, supported, engaged, and invested in by their institutions and their leadership. Among reasons for leaving the profession nurses describe: the taxing work environment and poor working conditions; inadequate salary, limited career development opportunities; lack of administrative support; emotional burden; work-related stress and fear of failure; social image of nursing; hierarchy, discrimination, and subordinate position and bullying behavior [8, 9]. *Mentoring has been identified as an important strategy to support nurses in overcoming emotionally and physically challenging work situations of healthcare, education, and academic environments* [2, 3, 10].

Organizations of healthcare, education, and academe worldwide are becoming increasingly complex and globally focused. Nurses and nursing students working within these complex systems experience challenges and barriers when navigating between different levels within one organization or between different organizations. Challenges related to nurses' expectations and fears about their work often coupled with cultural, gender, religious, political, and/or hierarchical considerations may affect how nurses function in their roles. Nurses and nursing students who start working in organizations today need substantial supportive strategies, processes, and resources to learn how to navigate the different worlds of healthcare systems, education, and academe. *Mentoring has been identified as an important channel and effective measures to support nurses in navigating within and between the different worlds of healthcare, education, and academe.*

Through the years, a wide range of global reports on the nursing workforce have called for policy makers to invest in *nursing education, healthier working conditions, increased salaries, career development opportunities coupled with leadership development and mentoring* for nurses to strengthen nursing around the world and improve health for all [2, 3, 10]. *These reports describe mentoring as a meaningful determinate to emotionally strengthen nurses and the exercise of retention with nurses around the world.*

Mentoring Definitions

Among the many definitions of mentoring in nursing, one definition describes mentoring as "*a relationship between two people, with the mentor being the more senior person interested in developing the skills of the mentee*" [11].

Another definition describes mentoring as: "*a relationship in which a mentor supports the professional and personal development of another by sharing his/her experiences, influence or expertise*" [12]. Other authors describe mentoring as "*an interpersonal relationship between a trained, experienced mentor and a novice mentee, which involves sharing knowledge and experience, providing emotional support, and giving professional guidance*" [13, 14]. Further mentoring is described concerning *career enhancement, professional development, building and maintaining a professional network, increasing competence and self-esteem* [15].

Mentoring Different Types

The traditional type of mentoring involves a more senior, more experienced mentor guiding and advising a junior less experienced mentee. Mentoring can, however, be established in different ways like formal mentoring, where a mentor is formally assigned to a mentee whereas informal mentoring is based on social attraction between the mentee and mentor. Formal mentoring was used in the Leadership Mentioring in Nursing Research (LMNR) progam offered to postdoctoral nurse researchers where fellows identified experts in nursing and healthcare who served as mentors in formal mentoring trajectories in the program [16].

Mentoring nurses in different settings has called for new approaches to mentoring beyond the traditional type of mentoring. Newer mentoring models include mentor-mentee relationships that are nonhierarchical, collaborative, and more peer-focused. Research has documented that these methods provide more support to a wider diversity of faculty members than do the more traditional approaches [17–19].

The mentoring needs of different groups of nurses may vary greatly. The mentoring needs of younger nurses is quite different from those mid-career nurses. Given their age and experience mid-career nurses may need mentoring on different professional skills than younger nurses. The younger generation of nurses has grown up professionally in the digital age which has provided them with peer networks and access to experts in the field, professors, and scientists in nursing as well as other disciplines. This new generation thrives on networks and seeking opinions and advice from many others before shaping their own ideas [20]. An increasing number of *virtual mentoring programs* is being offered to nurses where mentees are assigned to mentors and mentoring meetings are only held online through digital platforms. Various virtual mentoring programs are offered to nurse educators and faculty [21] including doctoral nursing students [22]. More recently, the Nursing Leadership Education program (the Nurse-Lead), a European collaboration, was offered to postdoctoral nurses and doctoral nursing students [23].

Other types of mentoring are *peer mentoring*, where colleagues mentor each other [24], and *group mentoring*, where more than one mentor supports the mentee [25, 26]. While *peer mentoring* has been found beneficial in many ways, further models of peer mentorship are being explored, like more convenient and flexible virtual mentoring. *Virtual peer mentoring* has been employed as a novel mentoring method in which interactions are initiated

using a technological platform [21]. This is particularly timely as more higher education institutions are moving to online interactions due to the aftermath of the COVID-19 pandemic. A literature review found that virtual peer mentoring programs serve the same functions as traditional mentoring and can be just as effective, providing comparable benefits. Virtual peer mentoring programs overcome obstacles of distance and time and offer convenience and flexibility granted by online interactions which can enhance nurses/student diversity and access to education, as well as allowing written records of interactions which can be referenced for reflection, clarification, or even research when using asynchronous technologies [27]. Virtual mentoring provides ease of use and shorter time invested due to electronic communication and the ability to engage in an asynchronous mentoring relationship while meeting the demands of work-life commitments, addressing the challenges of traditional, face-to-face mentoring programs. While shown to be a beneficial and effective educational strategy, virtual mentoring has been predominantly implemented in graduate nursing settings due to the proliferation of online graduate programs [27, 28].

The time for mentoring trajectories described in the literature ranges from 6 months up to 5 years [11, 15, 29]. Authors emphasize that mentoring needs to be a longstanding experience, with a minimum of 5 years to achieve the depth and quality needed in the mentoring relationship [15].

Benefits of Mentoring

The benefits of mentoring are well described in the literature. Mentoring was found to contribute to leadership development and support professional and personal development [14, 30, 31]. Formal mentoring programs have been shown to facilitate orientation to the faculty role, socialization, development of tripartite (scholarship, service, teaching) faculty skills, and leadership growth [32]. Formal mentoring of postdoctoral nurse fellows was found to be valuable by the fellows/mentees who described strengthened leadership and professional development showed increased research productivity and mentees felt supported in their academic careers [16]. Mentoring was found to stimulate the rapid growth and productivity of nursing faculty, improved faculty socialization, faculty role development, decrease faculty stress, and support faculty recruitment and retention [15, 24]. Mentored faculty were more likely to have high self-confidence, receive promotions and higher salaries, and experience increased career satisfaction and commitment [13].

Moreover, mentoring is associated with improved socialization, role development, job satisfaction, intent to stay, and retention [11, 33]. In addition, faculty who are mentored produce and disseminate more scholarship through publications, presentations, grants, and awards, which are outcomes typically necessary for promotion and tenure [16, 34, 35]. Having a mentor is associated significantly with higher psychological empowerment, lower job stress and higher job satisfaction of nurses and positive relationship was found among mentoring quality, psychological empowerment, and job satisfaction. Mentoring was experienced by postdoctoral nurses as contributing

to improved research productivity, increased number of scientific peer-reviewed and professional publications, increased number of grants funded, enhanced research collaboration and collaborative networks. Postdoctoral nurses also described mentoring influenced research career development both in the short and long terms. Mentoring was found to contribute to leadership knowledge and skills, improved health, and well-being, which included stronger empowerment, lower faculty job stress and higher job satisfaction, as well as improved staff relationships and enhanced culture of collaboration [15].

The Goal

The goal of this book is to describe mentoring in nursing through the wide range of stories told by nurses in their role as a mentor or mentee, working in different fields of healthcare, education, research, and politics coupled with countries from across all five global continents. The overall objective of the book is to inspire and encourage nurses to critically reflect on mentoring and to embrace and use mentoring in their working practices wherever they work, and that this may lead to improved patient, professional, and organizational outcomes and ultimately may improve the health of the world citizens.

The Content of the Book

The book starts with seven dynamic preambles, and the 125 chapters in this book are arranged into the following nine parts:

- Part I. Mentoring of Early-Stage and Late-Stage Career Nurses
- Part II. Mentoring in Inclusivity, Equity, Diversity and Belonging
- Part III. Mentoring in Clinical Practice
- Part IV. Mentoring in Nursing Education
- Part V. Mentoring in Leadership
- Part VI. Mentoring in Research and Academia
- Part VII. Mentoring in the Times of COVID-19
- Part VIII. Mentoring in Policy: Healthcare, Education, Research
- Part IX. Mentoring in Politics: Healthcare, Education, Research

Summary

This has been a labor of joy, passion, and spirit as we are invested in the act and process of mentoring for all nurses alike. It is our sincere hope that you enjoy the stories from around the globe and begin to reflect on and embrace mentoring your individual practice environment. The beauty, difficulties, and relevance of each story will become noteworthy as well as significant to your practice. It is our desire that you use this book as a reference for your current and future mentoring activities.

All the best for the future of the nursing profession and all of us reflecting on and embracing mentoring for the merit of next generations.

Nancy and Thóra

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Preambles

Healthy and Creative Mentors

Sheila Anne Burke

To serve is beautiful, but only if it is done with joy and a whole heart.

—Pearl S. Buck



The experiences of being a mentee and of being a mentor result in personal and professional growth. For many years and across many different professions this fact has been acknowledged as one of the benefits of mentors and mentoring. To realize the benefits of the mentoring experience requires more than the mentee having a desire to learn and grow and the mentor having time to invest in spending time with the mentee. A true mentoring relationship requires intention and commitment from both the mentee and the mentor. The lived experience of a meaningful and vibrant mentoring relationship has significant potential benefits for both parties. When successful, a mentoring relationship will also likely benefit those with whom the mentor and mentee work. One way to view the mentoring relationship is as that of a journey that the mentee and mentor share. The journey will unfold over time and requires collaboration and a shared vision of what the desired destination will be in terms of the mentee accomplishing certain goals and the mentor obtaining a level of fulfillment in knowing the mentee found benefit in their association. This discussion addresses a specific aspect of the mentoring experience. The question being considered is "what is healthy and creative mentoring?"

When nurses are able to experience a positive mentoring relationship it can transform their professional career and facilitate achieving greater effectiveness throughout their professional lifespan.

Why is it important to identify a mentor who can be described as "healthy and creative"? Consider that for the mentee there is an element of vulnerability in choosing to share experiences and situations with another and to decide to be truly open to that person's feedback and perceptions. It's important for a mentee to have a way of determining if the potential mentor possesses the characteristics that will create an experience that will foster authentic growth and increase the mentee's professional strength and capacity.

There are as many types of mentoring experiences as there are mentor-mentee pairs. There are certain common themes to mentoring that align with the core principles of the nursing profession as being one that benefits others and results in facilitating others to reach a state of higher health or self-efficacy.

This book serves as a guide and a resource to those who are interested in learning about and participating in mentoring, and it shares powerful insights about mentoring and inspiring examples of mentoring experiences.

As nursing professionals, we began our journey of becoming a nurse with an initial vision in mind. There was a certain point when we made a decision to learn the practice and standards of the nursing profession. Subsequently there were many other decisions that were made which included selecting the particular education program and then working to acquire new knowledge, learn skills, and experience feedback. We consciously consented to be evaluated, and we shifted our life activities to adapt to the reality that significant time and resources would be required to become a nurse. We understood that there would be much to learn and levels of performance that would have to be demonstrated in order to achieve the desired goal of being a nurse. When one enters a nursing program the expectations are, for the most part, clearly defined and there is structure to the process based on the specific program curriculum and policies. While the experience of a mentoring relationship and the experience of being mentored also arises from a desire to learn and grow, to become more than what one is in the present moment, the mentoring experience does not have the defined structure of a formal education program and is based on the establishment of a relationship between the mentee and mentor. The relationship will be centered on a shared vision of how the two will work together to achieve certain goals. These relationships are modeled on the mentee seeking to develop certain skills and approaches that result in greater levels of professional effectiveness and satisfaction. For the mentor, the experience of serving as a mentor is often driven by a desire to share the types of support and value the mentor experienced during the times when they were in the mentee role.

Healthy mentoring is mentoring that recognizes and affirms the unique characteristics and perspectives of the mentee and the mentor and mentee have an agreement on the intent of the mentoring experience. Clarity is essential to the relationship being productive. The commitment to integrity is fundamental.

Safety for the mentor and the mentee is also essential to healthy mentoring. Both participants must be able to trust each other and realize that what is shared is often considered highly sacred. For the mentee to be able to express themselves fully, there has to be safety in discussing feelings about what is

happening in the work, professional and personal environment. The healthy mentor is one who accepts the unique and vulnerable mentee and listens with respect, sensitivity, and insight as to what is relevant and centered on the mentee using reflection and critical thinking. Healthy mentoring avoids comparing all of the mentee's experiences to situations the mentor has experienced or attempting to frame situations faced by the mentee using what the mentor used in their past. While there can be value in sharing the mentor's past experiences, the mentor who is sincerely focused on the mentee learning will encourage the mentee to explore and reflect, and not merely "give the answers" based on the mentor's past.

Mentoring is intentionally planning to reflect and reconsider one's actions, attitudes, and perspectives and consider alternatives.

The more well-designed and disciplined the mentoring process is, the more significant and valuable the outcomes will be.

What does a creative, healthy mentoring relationship require?

- Integrity—open and honest communication is essential to learning.
- Acceptance—the mentor and mentee accept each other and honor that they are "learning beings."
- Willingness to change—flexibility and recognition of the value of trying different approaches are key elements of the mentoring process. Within the mentoring relationship the mentee should have the freedom to practice thinking through using new ways of handling situations.
- Appreciation—the healthy mentoring relationship requires both participants respect and value the talents and qualities of the other.
- Self-efficacy.
- Know why and how to explain the value of being able to say "no"—healthy mentoring acknowledges that the temptation to take on many obligations can often result in creating barriers and reducing one's positive impact.
- Are positive by intention—this means that external circumstances are realistically acknowledged while not.
- Ethical.
- Continually seek to understand and reflect what the mentee is experiencing.
- Ongoing energy.

Throughout my years as a nurse there were mentors who entered my world and presented as compelling examples of excellence. As a new graduate in a major metropolitan academic medical center there were those nurses who were remarkable in their effectiveness of creating value and fostering growth in other nurses. The American Nurses Association (ANA), Sigma, and the National League of Nursing all include valuable resources for mentoring.

Healthy Mentors—are authentic, sincere, and acknowledge that they are also learning. This brings to mind the quote log-attributed to world famous Italian artist and sculptor Michelangelo, who lived and produced artwork of profound beauty that is still revered today. He said "**Ancora Imparo—I am still learning**." Michelangelo was 87 years old and working on the St. Peter's Basilica in Rome when he was supposed to have made this statement.

This book is designed to provide nurses with a deeper level of understanding of the power of mentoring and provide the opportunity to see how mentoring has been manifested in the lives of nurses across the globe. Nurses are everywhere. Nurses are involved at every level of healthcare and play a significant role beyond delivery of care. Nurses have and will continue to influence healthcare and social issues. In the past few years, the voices of nurses have begun to be heard in new ways. The grim reality of the 2020 COVID-19 global pandemic was that it forced society to look at nurses and the nursing profession in new ways, as nurses served as a major force for saving lives and easing horrific suffering while also being the largest segment of healthcare workers that experienced massive amounts of stress and physical hardship. The impact of COVID-19 on the nursing profession is only beginning to be understood and addressed.

Transforming the Mentorship Relationship from the Philosophical into the Practical

Blake K. Smith



I'm always asked, "How did you get to where you are in your career journey?" The answer to this question takes time and is impossible to shape into an elevator speech. To thoroughly portray what it takes to be successful to find yourself in a position similar to mine would take considerable time, with examples. The one constant in my answer, no matter the situation, is always the investment I have committed to by seeking out individuals. I then envision myself in the future and learn as much from them as possible to reach the future self I would like to become. Leaders do not just materialize but are nurtured and forged through consistent commitment to their passion.

My leadership journey started in 2011 as a second-degree student searching for my passion. I quickly found my calling that lit a fire within, leading to where I find myself today. Along the way, a series of subtle opportunities I identified with the help of my mentor relationships created my current trajectory in the nursing profession. The journey has led me down a path to help shape the profession's future as an international thought leader in men's health and underrepresented workforce issues. My mentors were pivotal in developing my skill set and confidence to share my passion in many arenas, including opportunities to serve on the Nurses on Boards Coalition (NOBC) Board of Directors, the Commission to Address Racism in Nursing, and becoming the youngest national president of the American Association for Men in Nursing's (AAMN) 50-year history at the age of 32.

I have been privileged to work with many international thought leaders in the nursing profession. Many are included in this book. As you find your passion and refine your skillset of mentorship, your professional world becomes smaller, and the connections to those you never thought possible seem to become commonplace. I have the privilege of knowing Dr. Nancy Rollins Gantz and Dr. Thóra B. Hafsteinsdóttir through the prestigious international nursing honor society, Sigma International. They are extraordinary leaders in our profession who believe "mentoring is the sustaining determinant of solidification and future progress for the nursing profession." I could not agree more with their perspective.

There are many opinions, perspectives, and approaches to a successful mentorship. This book is unique because it provides the HOW through real-life examples of the mentor-mentee relationship. I have often contemplated mentorship theory without realistic model examples to help guide the next step of my journey. This book will provide examples in research, clinical practice, politics, policy, education, and leadership. This book helps find the answers to the art of mentorship that often seems abstract translating theory into practice. The universal nursing profession has endless career paths and can feel overwhelming without the correct skill sets to harness talent and passion.

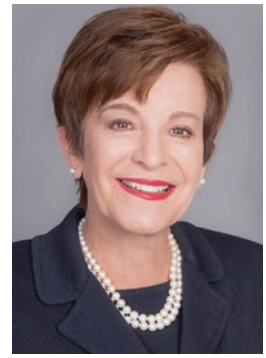
Mentorship is also much more comprehensive than structured mentorship programs. What I have found through the development of my craft has come more from understanding where I want to go and having the tools to identify and approach the correct potential mentor. The key is to understand who is leading the relationship. The consistent commitment of the mentee only realizes successful mentorship. The mentor does not drive it. If you seek mentorship, you must be fully committed to the relationship and set expectations with the mentor, not the other way around. Once you understand this concept, the approach will open many doors you did not think possible. I know this to be true as I have found myself in both the mentee and mentor roles. Leaders are drawn to those who have passion and purposefully seek their leadership journey. Many are willing to invest their time no matter how busy they may be if they identify the drive in the mentee. Genuine leaders understand the importance of sharing their experiences and want to pay it forward to the next generation. The most successful mentorship relationships are ones where the mentee understands the destination they want to go, even if it may only be in concept, and pursues a specific mentor with the skill set necessary to achieve that purpose.

If you find yourself on a leadership journey and are having difficulty identifying examples of what the journey may look like as a mentee or if you find yourself wanting to mentor others, this is must-read. The journey you find yourself in does not need to be the same as the examples provided but will provide the material for the necessary self-reflection to contribute to a successful relationship.

I wish all of you the best as you begin or continue your mentorship journey to reach your full potential in the nursing profession.

From Mentee to Mentor

Jeanette Ives Erickson



Introduction

The foundation of a successful mentoring program is the ability to articulate a clear vision that engages and inspires the mentee, is a part of the organization's strategic plan, and is embedded in the cultural fabric of the organization. Mentoring requires that the vision of caring for and about others in the nursing profession is understood and embraced by a wide range of audiences. In addition to sharing the importance of mentoring as a component of the vision [1], the agenda must:

- Articulate the importance of a structure that supports the mentor-mentee relationships.
- Identify strategies for creating a culture of openness and transparency.
- Describe mechanisms to improve support for engagement.
- Affirm the significance of developing strong relationships.
- Illustrate methods to ensure successful relationships.

In this chapter, the author describes the necessary dynamic interactions within a professional practice environment that allows for numerous mentor-mentee relationships including the description of selected mentor-mentee relationships that have grown in number and importance over time.

Practice Environment Framework

The conceptual model to guide the value for a mentoring program within the organization's vision and strategy begins with an understanding of a professional practice environment as "the organizational culture that advances the

clinical practice of nurses and other health professionals ensuring unity of purpose and organizational alignment" [2]. A professional practice environment is not only a framework reflecting nursing activities and professional behaviors "but is also a message about how the framework can be used as a guide for how a leader approaches the development of others" [2].

The values and philosophical underpinnings held by organizational members can be enhanced by the presence of a mentor to guide the professional growth and development of others including mentees.

Mentors are helpful for nurses at all stages of their careers. For novice nurses, mentors can support in strengthening confidence, decrease anxiety, and decrease reality shock [3].

For experienced nurses entering a new role, situation, or area of influence, mentors help with networking, career development, and finding solutions to new challenges such as adapting to new organizations and enhancing organizational fit [4].

The important dynamic interactions that occur within a professional practice environment are shown in Fig. 1, with an emphasis on the philosophical underpinnings including members' own personal influence and the dynamic interactions within a practice environment. The framework acknowledges that "Who we are as nurses and leaders is shaped by many influences, including values, family, colleagues, and life experiences" [2].

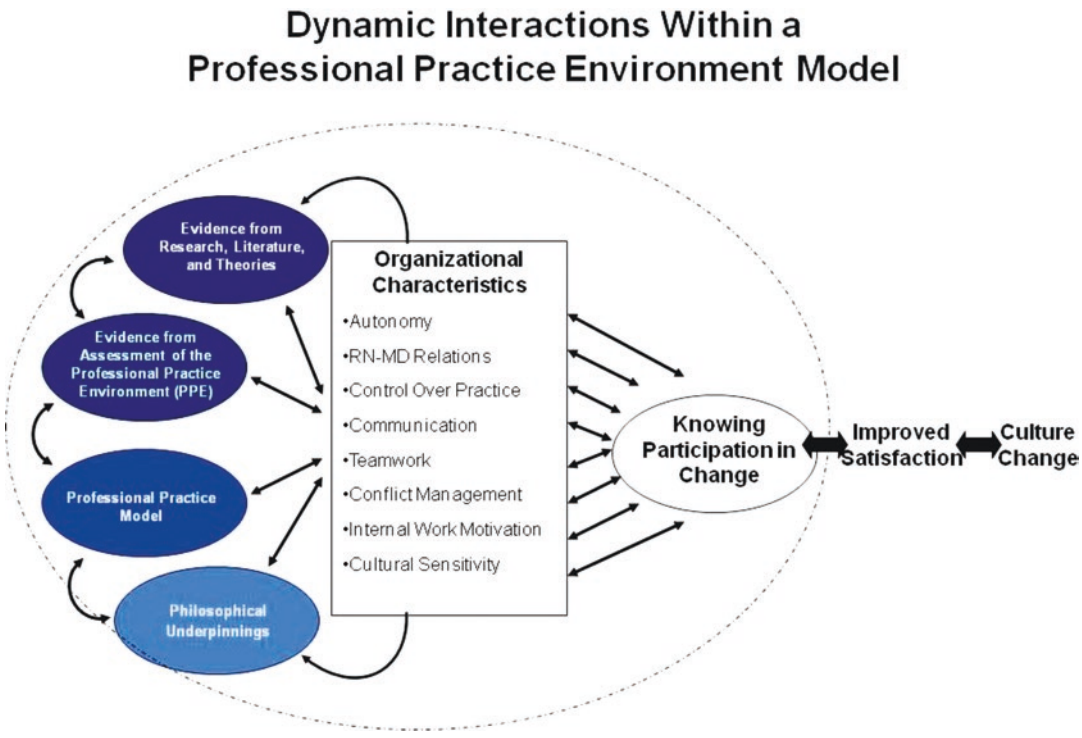


Fig. 1 Representation of dynamic interactions within a professional practice environment

Utilization of Practice Environment Conceptual Framework

In the early days of the author's tenure as a chief nurse, it was important to draw from the teachings of mentor Muriel Poulin, RN, EdD, who in 1981 led the Boston University graduate school of nursing executive nurse program and member of the original Magnet hospital study [5]. The Magnet hospital study investigated factors in organizations "that serve as 'magnets' for professional nurses; that is, they can attract and retain a staff of well-qualified nurses and therefore consistently able to provide quality care" [6]. In class discussions Poulin was clear; leadership is a critical factor in today's healthcare environment and is a key to achieving a variety of outcomes including excellence in inpatient and family care, the development of staff, the advancement of nursing as a clinical discipline as well as staff satisfaction and wellness. Poulin, through her teachings, established the importance of mentoring relationships. The following are examples of mentor-mentee relationships that draw from the conceptual model and the mentoring of this author.

Find a Mentor, Be a Mentor

The results of creating a partnership and a mentoring experience can lead to many changes both at individual and organizational levels. By achieving positive results mentoring can and should become an organizational priority embedded into the culture of the organization. Mentor to mentor relationships can provide a richness of the relationship with a commitment to do the same for other nurses wanting to lead in the profession. Here are some key characteristics of successful mentors:

- MENTORS model the way so that others can act.
- MENTORS are team players.
- MENTORS understand power and influence and incorporate that knowledge into their interactions with patients and others.
- MENTORS must act with integrity and have a strong code of ethics.
- MENTORS must be committed to continuous learning and self-development.
- MENTORS means having a passion for nursing, and the ability to inspire an optimistic vision for the future.

An Example of Find a Mentor, Be a Mentor

The development of the "Mentoring the minority nurse leaders of tomorrow program" was started at Massachusetts General Hospital with the value of diversity as crucial to the future of nursing [1]. The plan to make the program successful was to mentor a clinical nurse to be an expert in the field. The mentee came to understand the importance of mentoring and created a plan to assist diverse nurse leaders from across the country. This positive journey led to an understanding of the power and value of mentoring relationships.

From Mentor to Mentee

Succession planning is a strategic process involving identification, development, and evaluation of intellectual capital, thus ensuring leadership continu-

ity within an organization [7]. In this example, it is common that the person being mentored is someone who mentored many over the course of their career, but now move into the mentee role. Succession planning goes beyond mentoring, but mentoring is key to understanding the needs and expectations of the emerging leader. Mentoring in this scenario must be deliberate, consistent, timely, and informative.

For the succession plan to be successful, the mentee initially requires more support but as the mentee gains experience having the mentor available to discuss strategic direction is valuable but diminishes over time [8]. Success requires mutual respect and shared values.

Mentoring Can Come from Career Counseling

Career counseling is a type of advice-giving and support provided to help people manage their journey through life, learning, and work changes [9]. For many, career decision-making comes from family, personal experiences, and the influence of mentors and influential leaders. These relationships frequently lead to lifelong connections between mentee and mentor.

Paying It Forward

The onboarding of new Magnet Commissioners is built upon a foundation of the importance of mentoring. Welcoming and orienting new commissioners is incredibly important as the stakes are high as this volunteer group is the governing body that oversees the Magnet Recognition Program. The Magnet Mission (2021) clearly states the responsibility felt by members of the Commission.

The Magnet Mission (2021)

> *"The Magnet Recognition Program will continually elevate patient care around the world in an environment where nurses, in collaboration with the interprofessional team, flourish by setting the standard for excellence through leadership, scientific discovery, and dissemination and implementation of new knowledge."*
>
> *In a recent interview with a new Commissioner, the author (mentor) with the mentee discussed the importance of the structure and values "For me as a new commissioner one of the things that impacted me was the clear focus on how we could work together to elevate the art and science of nursing not only in the US but globally. As nurse leaders, we often become siloed into the goals and needs of our organizations, but through the magnet mentoring work and the values of seasoned commissioners, there is group think about how our presence as leaders impacts the profession of nursing."*

Conclusion

The mentor-mentee relationship is not only professional but also one that grows through interpersonal engagement and commitment. While there are numerous ways to establish a mentor-mentee relationship all grow from a belief system that there is an obligation to influence the careers of colleagues. The examples shared by the author demonstrate that networking and engagement can help others to realize goals.

Mentoring Moments: The Gestures of Generativity

Barbara L. Mackoff
A consulting psychologist and leadership educator.
A Fullbright Specialist and a senior faculty member at the American Organization of Nursing Executives.
Author of Leadeship Laboratory for Nurse Leaders and Nurse Manager Engatement.

> The very first nurse I interviewed, I chose, I hired, and I mentored. I realized the fact that I was actually shaping their future. They were just starting out. This was their very first job. They had no preconceived notions. They didn't know what to expect. I helped guide them and helped show them what nursing was really like here at this hospital as well as in the community in general [10].



The actions of this buoyant mentor can be understood by unpacking the practices of generativity—defined by psychoanalyst Erik Erickson in the 1950s as a commitment to establish and guide the next generation [11].

In the decades that followed, psychologists enlarged Erickson's foundation. For example, John Kotre's work on legacy widened the definition to include our desire to invest in forms of life and work that will outlive us [12].

The elegant research of Edward de St. Aubin and Dan McAdams yielded the verbs of generative behavior: Creating a legacy in one's image, cultivating and preserving ideas that link generations, offering up what has been created and maintained to the next generation as a gift, and finally, liberating this gift with its own autonomy and freedom [13].

Their studies established a three-pronged vocabulary of generativity. *Generative Concern* is described as an orientation or attitude driven by the wish to invest in, and care for, the next generation. *Generative Commitment is* evidenced by decision-making and goal setting that seeks to take responsibility for the next generation. *Generative Action* refers *to* specific behaviors that promote the well-being of future generations [14, 15].

Clearly, mentoring is grounded in these three facets. Studies of nurse/mentor relationships have noted the inclination toward generativity [16]. So how is the practice of generativity different from mentoring? The extensive literature of mentoring describes long-term, intentional, supportive one-to-one connections [17, 18]. In contrast, generativity refers to more widely applied attitudes and actions—the purposeful guiding of multiple members of

younger generations. Generativity results in what can be described as mentoring moments [19].

By considering acts of generativity, we can establish a broader framework of opportunity to inspire and instruct leaders-to-be. Nurse leader Debra Jackson suggests that generativity can be expressed in acts of "professional generosity" and "random acts of guidance" because they do not need to be framed or contained in a formal mentor relationship [20]. She underlines the value of a nurturing or guiding act in a single encounter.

In this spirit, consider five generative gestures that contribute to developing leadership capacity on your team.

#1 Be the Mirror: Describe Specific Strengths

> Often, people have a very limited view of themselves, and they need us, like a mirror, to show them quantities they are yet to appreciate [21].

Your team members see themselves reflected in your eyes and your words.

You may glimpse a future that is hidden in an individual's personality and abilities [22]. With generative observations, you can fan the flames of talent and potential they have not yet named or claimed in themselves.

Seek opportunities to show them that you see the unique strengths they bring to your team. To do this, avoid generic global recognition statements: ("Great job," "That was awesome," "You rock.") and be particular in your praise.

Convey generative guidance by using specific adjectives to describe the strengths and qualities you have observed. Did you witness them being accepting, articulate, flexible, insightful, good humored, open-minded, resourceful, persistent, patient, empathic?

A useful template is the 3-W model (when, what, why it matters), a practice that allows you to identify and convey the specifics of effort or contribution that stood out to you [23]. For example, "This morning in our meeting, you summed up all of the frustration our team was feeling. You showed how well you listen. When you calmly acknowledged the feelings in the room, you lowered the temperature so we could make a good decision."

#2 Practice Humble Inquiry: Ask Don't Tell

> He would say, 'Talk to me, I know you are thinking. What are you thinking, let me hear you.' He would keep asking me a lot of questions that I never even thought about it and so it made me think and think. Sometimes I would even run out of answers. He would say 'you have to think about it: you need to give me a good answer.' I did not go to him and ask him, he would not give me answers, he would let me think and come up with answers and then he would say, 'that is what I want; now you are thinking.' [24]

Generative leaders create opportunities for reflection and learning about nursing practice and leadership [25]. The inviting model for this process is what Edgar Schein calls "humble inquiry" [26]. He elaborates, "It the gentle art of drawing someone out, asking a question to which you do not already know the answer and building a relationship based on curiosity and interest in the other person."

Humble inquiry demands the discipline of *Listening to understand* (thinking about the other person's agenda, seeking to understand their frame of reference) rather than *listening to reply* (thinking about your agenda, staying in your own frame of reference) [27].

It also means asking open-ended questions. Such inquires invite you to depart from performance evaluation metrics to ask big beautiful questions: What makes you proud? What makes a great day at work for you? What are really getting from—and giving to—your work, your colleagues, yourself? How are your values reflected in your nursing practice? What were your early ambitions as a nurse and what are they now?

3 Work Out Loud—Inspire by Example

> Jan: "I try ... to inform people about things that I know, that I read, that I hear, that I am involved in. I try to share that with them so that they too have that background ... that's their platform to work from ... and also I guess helping them {encouraging them} to look at some of the issues—to see things—in lots of different ways." [28]

The importance of nurturing nurse leaders through exemplars—role models for the individual to emulate—has been well described [29, 30]. Regardless of whether you are in a formal mentor-mentee relationship,

Your team is watching and listening. Ask yourself: What are they learning about being in charge? About our organization? What would you want them to know?

The responsibility for preparing future generations and passing on the cultural meaning systems of your organization is integral to expressions of generativity [31]. For generative leaders, this means working out loud.

For example, nurse leader Eileen Magri suggests leaders "show your thought bubble" [32]. Another inspires by "Sharing my why: what drives me and motivates me to do my best every day, and what I value as a professional, as a nurse, as a person."

Showing your thought bubble can mean telling them a story—a way to convey knowledge and wisdom you have gained—and how it has shaped your values and leadership practice [33].

At a safety conference, Massachusetts General Hospital CNO Jeannette Ives Erickson told the story of being a novice nurse and being ridiculed by a surgeon for a mistake in her wound care. "I never forgot the feeling of humiliation. And I was determined that I would never make anyone feel that way" [34].

#4 Declare Their Independence: Provoke Leadership

> I think I've cultivated an environment where I don't have to be there all the time. I don't feel like everything just goes to heck when I'm not there. Honestly, I do not even think twice if I'm not going to be there. But that comes from not pushing down their throats, it's really from giving them the autonomy and giving them respect and letting them be professional. That makes them want to do a professional job [10].

This leader's generative gestures treat her team with respect, power, and autonomy. The approach echoes E.M Forester's tart one liner: "Spoon feeding, in the long run, teaches us nothing but the shape of the spoon."

Ti King suggests that actions offering your team responsibility and visibility will provoke leadership [35]. These provocations involve the crucial tran-

sition from *delegation reluctance* (driven by I-can-do-it-all perfectionism, risk aversion, rescuing, caretaking, needing to feel needed) to *deliberate delegation* grounded in trust and collaboration [36].

Start with a roll call of individual members of your team. Who might you ask to take your place or join you at a professional meeting? Become a champion or a first adapter of a quality or safety improvement? Craft a new policy? Continue their education? Conduct research or create a poster presentation? Take them put out a limb but continue to check in with a light hand.

Avoid delegation dead ends and mixed messages by being clear about the level of their authority. Avoid faux feedback; only ask for decisions that you will honor. Establish reporting process, creating checkpoints and benchmarks. Delegate the outcome or deliverables you desire—not the approach. Underline why you chose them and how they might benefit.

#5 Forward—Instead of Fix—The Action: Emphasize Agency

> "For the first three months in my new role, I promised my staff that I was available 24/7 for all their concerns. In the first three months, I received 425 communications after hours. I answered every call, page, and text. I also kept a log. At the end of the three months, I categorized each call, response, and intervention.
>
> The charge nurses and I reviewed each concern. We categorized each concern. We identified interventions and solutions for the categories. We developed a "*Why call Jane algorithm*." [37]

Jane's brilliant generative gesture enhances the team's agency by creating a formula for venturing into the new [28]. With wisdom and imagination, she emboldens her team members by moving them from the security of the known (calling Jane to fix it) toward the actions of agency (using group generated, planned for interventions and solutions).

More broadly, forwarding the action means that you kick micro-management to the curb, coaching team members to resolve their conflict instead of immediately jumping in to mediate and you help them recognize barriers to their achievement rather than rescuing them.

Psychologist Carol Dweck—who has described the difference between a fixed and a growth mindset—urges teachers and leaders to convey the conviction that success can be born of persistent effort rather than limited by innate fixed ability [38]. She suggests one word that defines a growth mindset and emphasizes agency: yet. As in, " You haven't learned how to do that, *yet.*" " You haven't mastered that, *yet*."

Consider a summary insight from researchers Andrea McCloughen and Louise O'Brien, who have captured the relationship between mentorship and gestures of generativity [39]. They explore the nurse leader mentor experience as "a mode of being." They inspire us to generativity by linking the word mode to its Latin roots of *Modus*: measure, extent, quantity, rhythm, a way, manner, fashion, style.

This mode of being allows us to imagine conversations about developing leadership bench strength that begin with juicy story telling about our mentoring moments. We could build upon the elemental belief that there can be no succession planning without generative investments.

Mindfulness, Curiosity, and Mentoring with Clarity

Sara Horton-Deutsch



In the fall of 2022, I gave a presentation at SIGMA's Chapter Leader Connections conference that addressed how mindfulness can help us to develop professional clarity. I suggested that the value of mindfulness, focusing on the present moment while calmly acknowledging and accepting one's feelings, allows us to remain open, engaged, and curious. Ultimately it assists in establishing a broader perspective and building more collaborative relationships while simultaneously developing professional clarity.

To extend this perspective, I would like to add the concept of curiosity, which complements mindfulness, and explore how it can also nurture clarity. Curiosity plays a vital role in learning and is a fundamental building block for education, professional development, and mentoring. Yet, I have often wondered if curiosity is not the most important attribute in education and professional growth. If someone is curious, they are open to learning, remaining humble, and engaged in the open and respectful exchange of ideas. They both listen and share in building a genuine connection.

Important to building the muscles of mindfulness and curiosity are education, professional development, and mentoring relationships as they remain places where diverse intellectual, disciplinary, religious, and political perspectives are curiously engaged. Whether we are mentors or mentees, mindfulness and curiosity are essential to supporting one another along our journeys. Moreover, like most worthy pursuits, they require iteration; for each of us to discover rituals and routines to remain focused and grounded and support us along the way.

In the rest of this preamble, I would like to focus on the concept of clarity, which, built from the pillars of mindfulness and curiosity, directs us to determine our goals and desired outcome. *Clarity* can be defined as a state of vivid and transparent certainty that illuminates the desired path. It is something we feel deep down inside with calm certainty. It requires taking time to see the big picture, the destination, and not getting lost along the journey.

According to Ginwright [40], three behaviors get in the way of clarity. First, being caught up in ego. Throughout my career, I have learned that hurt people, they do hurt people. When our ego gets in the way, it is hard to get a handle on it. But when we consider ourselves as healers and try to move through the world with compassion by doing our inner work, we not only build more genuine and collaborative relationships, but we also go a long way to ensure our clarity.

A lack of confidence or uncertainty is a second attribute that gets in the way of clarity. Another important reason is we must do our inner work. One way to build confidence is by reminding ourselves that we are the hope and dream of the future of the discipline and profession of nursing. We can also build confidence by reflecting on those who came before and inspired us. If we feel the power of their wisdom and courage of their journey, it inspires us to move with determination and clarity of purpose.

Finally, we must avoid getting caught up in resistance, see our work a few steps beyond, and name what we wish to see rather than what we are resisting. As Ginwright [40] extends, to see our work beyond the lens of opposition. If we want to live in a society based on belonging and inclusion, we must find ways to rise above resistance and respond from a place of higher consciousness. We must ask ourselves, "How can we move beyond resistance to people to see another way of being and create a culture of possibility?"

Just as behaviors get in the way of establishing clarity, there are strategies to help us create it. First, slowing down. Slowing down, and taking time to be mindful, distances us from the pressure to get it right and allows us to let the dust settle. By allowing the dust to settle, we can regain focus and determine what is most important. It means more time to clear our heads, reflect, think, ponder, and imagine.

Second, to establish clarity, we need to connect to our purpose. We do this by asking ourselves, "What are my goals and desired outcomes?" "How can I get specific about what I, and others, hope to achieve?" "What is the deeper purpose of my work?" "How can I gain a spiritual drive to walk daily toward my goal?" Finally, more than anything else, Ginwright recommends we practice reminding ourselves who we are, our purpose, and where we want to go. Like all meaningful pursuits, clarity requires iterative practice.

Significantly and collectively, mindfulness, curiosity, and clarity help us foster connections between people, even those with opposing views. To intentionally move beyond transactional ways of working, which are often void of meaning and purpose. In contrast, taking time to ask others to share their story, and sharing one's own, is a transformational process.

People we have yet to meet have their own story. Reach out to them and invite them to share their story. What is needed most is mindful and curious nurse leaders and mentors, with clarity of purpose, who are visibly passionate and committed to building connections across differences and supporting the next generation of nurses.

Mentorship: Historic Perspectives and Today's Experiences

Ber Oomen

Odysseus, Telemachus, and Mentor

The origins of the word *mentor* go back around 3000 years, to Homer's *Iliad* and *Odyssey*.[1]



Telemachus was the son of Odysseus and Penelope. When Odysseus went to fight the Trojan war, he placed Telemachus under the protection of his old friend Mentor. While Odysseus was at war, Mentor acted as a friend, counselor, and advisor.

We still use the term mentor for a person who guides and advises, and who supports a pupil's personal growth.

Balancing the Function of Solitude and Company

A rite of passage, a phrase coined by the anthropologist and folklorist Arnold van Gennep (1873–1957),[2] is the ritual enacted when people go through stages in their life. At every new stage is a moment of rebirth, with new insights, strengths, skills, and competences. Shakespeare's Hamlet, with his famous words "to be or not to be," signified a moment of choice and action, a new stage in his life.

How are these rites of passage related to mentorship and mentees? Mentors are chosen by their mentees, and are there to help their mentees through these stages of life. Mentors are service-minded, understanding, good listeners, and provide advice when asked.

The stage where the mentee ends the relationship is also important, whether it's with the ending of a contract, or simply ceasing contact. The mentor needs to know when it is the right time to try to restore the relationship, or simply to let go.

[1] https://www.ancient-literature.com/iliad-vs-odyssey

[2] https://www.researchgate.net/publication/327462542_Rites_of_Passage

My First Mentor

My first mentor and I took part in a mentoring program. This program was for nurses with ambition and who were willing to go the extra mile. It was organized by the Rho Chi at Large Chapter of Sigma Theta Tau International[3] Nijmegen in the Netherlands.

My greatest learning was that nothing has a value unless you understand its wider context. This was fundamental for me both in my earlier years and today. I still remember the first assignment my mentor gave me: to understand my values and to put them in context. This learning helped to make the 1-year mentorship period with my first mentor so successful.

Another thing that my mentor taught me was "don't invest in poor soil"; in other words, don't invest in what does not have an impact. I however, disagreed. This took bravery, as it felt somehow disobedient. Over the next decades I learned how to be influential, and used my influence to invest in people and make the "soil" more fertile. This became my real goal while establishing a European Specialist Nurses Association (ESNO), representing a great variety of European specialist nurses networks, alliances, and organization and European health institutes.[4]

> *A great teacher has always been measured by the number of his students who have surpassed him.*
>
> —Donald Robinson

Mentorship in the European and International Health Environment

In the first 5 years of my European nursing career,[5] I was full of uncertainty. I knew that I was welcomed, but I didn't know anyone. I had no individuals or institutions to advise me. I was on my own, and this was one of my "rites of passage." All I could hear was people telling me that I was not the right person for this kind of work. Within the European environment, it feels that you have to find your own way.

As I moved on with my career I began to feel that I was doing all right and the pieces of the puzzle slowly fell in the right place. During these years I made many connections within the non-nursing professional organizations and industry, as well as with representatives of the European Commission and members of the European Parliament. I learned my way around the buildings and organizations of Europe and developed a strong network of friends using optimism and a healthy sense of humor. I was able to do this with the support of mentors who were inspiring and who I could trust. They were great sources of wisdom who encouraged me and made me feel welcome. I learned

[3] https://www.sigmanursing.org/ Sigma Theta Tau what stands for 'Love, Courage, and Honor'.

[4] www.esno.org

[5] The ESNO is a voluntary-based association and officers are reimbursed for the cost made during their work.

that mentors need support too. They need to know how to find out what their mentees need.

As I connected with specialized nurses at events, meetings, and committees and created teams, I moved from being a mentee to becoming a mentor to novices in the European health environment. I realized that I needed to explain to my colleagues how I came to be there, and how this has made me a good learner. I also learned to listen to more than one source, and to be aware that people may give advice from their own perspective, learning about listening qualities seems a great asset.

Finding the Unexpected Mentors

You often only realize that you have done the right thing and made the right decisions after a long period of time. My decisions have been based on my own personal compass: who am I and what I should do. This has turned me into a good lobbyist who can network and create opportunities for specialist nurses, and who has a voice for the hearts and minds of European nurses, Non-Governmental Organisations (NGO), and European policies.

The greatest achievements happen when NGOs become your supporters and open doors that you haven't explored yet, or that you didn't even know that existed. At a meeting in the European parliament, at first I felt overwhelmed. After time, I felt comfortable enough to raise my hand and press the red speaker's button so that I could have my say. Afterwards I had a short conversation with the moderator who said, "you did well." These are magic words for anyone. This kind of support is crucial, not only for nursing but also health care in general. Make appreciations heard. For the near future, it will be important to establish an International Mentor Program for Nurses interested or working in the European and international health context, as nurses will be more present and active in the European and international health environment. Advocacy and health promotion is after all part of nursing and the role of nurses is today more relevant than ever before.

My takeaway is to be original, always put things in context. Always put the quality of care and patient safety at the first place and do all to make healthcare an inspiring and safe working environment. This is by always acting with modesty because you never know when you are on the right track; only after some time you will find out that what you did made a difference. It may sound surprising, but also over time, the patients I took care of became great inspiration, even advisors and supporters and then following this, let them know this and appreciate it. Act also according to conceptual thinking, keep learning, feel comfortable with your own decisions, and don't let the fear of making mistakes take over. Even when you are a mentor, you are also always a mentee. Be thankful at all times.

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Editors and Contributors

About the Editors



Nancy Rollins Gantz maintains a passion and endless energy for being a consistent mentor, motivator for leadership team growth, and point-of-care staff coupled with emphasis on quality outcome services and patient safety values. Her personal mission is to consistently add significance and positive contribution to the nursing profession, global healthcare, diversity, and the community. We are all one people that must be provided with the opportunity to not just survive but thrive in this world.

During an extended international journey, she successfully coached and mentored staff, managers, and leaders to a level of effective and positive collaboration, communication, and patient care services through a professional practice model in an integrated, multicultural work environment with over 2000 staff from 40 to 60 different countries and cultures. This led to Dr. Gantz's development of the CAPPS™ International model, Cultural Appreciation through Professional Practice and Synergy.

Dr. Gantz has published on numerous topics; extensively presented and consulted to over 45 countries; held adjunct professor positions at assorted institutions; and participated in international and national editorial boards. Dr. Gantz is a member of Sigma Theta Tau International Nursing Honor Society, former Middle Manager Board Member of the American Organization of Nurse Executives (AONE) (now AONL), and has held numerous national and regional positions with the American Association of Critical-Care Nurses (AACN). Most recently, Dr. Gantz was a member of the AONL Innovation Approaches to Recruiting and Retaining Early Careers in Nurse Manager's role. Recently, Dr. Gantz was elected Secretary for the Board of Directors of Sigma Theta Tau International Honor Society of Nursing and is President of Beta Psi Chapter of Sigma, Portland, Oregon, USA.

She is listed in Who's Who in America, Who's Who in Emerging Leaders in America, Who's Who in American Nursing as well as numerous others. She has received several other honors and awards including the American Organization of Nurse Leaders PRISM Award for leadership in cultural diversity, the Lloydena Grimes Award for Nursing Excellence from Lindfield-Good Samaritan School

of Nursing and, most recently, International Leaders in Achievement. Dr. Gantz is a Wharton Fellow through the completion of the Johnson & Johnson Wharton Program for Nurse Executives, the Wharton Business School, and University of Pennsylvania, USA with over 40 years of nursing leadership. She is the editor and author of the book *101 Global Leadership Lessons for Nurses: Shared Legacies from Leaders and their Mentors* published by Sigma Theta Tau International.



Thóra B. Hafsteinsdóttir, PhD, RN, is senior researcher at the Department of Nursing Science, Julius Center, University Medical Center Utrecht, and Department of Health care for people with chronic illness at the University of Applied Sciences Utrecht, the Netherlands. Dr. Hafsteinsdóttir, who was born in Iceland, moved to the Netherlands in 1990 where she received her PhD from the University of Utrecht in 2003. Her research areas are stroke rehabilitation nursing and leadership nurses and the development of leadership programs with special focus on leadership and professional development of postdoctoral nurses. She teaches and supervises master's and PhD students and secured funding for various research and development programs among others for the Dutch national Leadership Mentoring in Nursing Research Program for postdoctoral nurses, which she chairs and has been followed by many postdoctoral nurses in the Netherlands. She chaired the European the Nursing Leadership and Mentoring Online Educational Program for Doctoral Nursing Students and Postdoctoral Nurses in Europe, the Nurse-Lead project, a collaboration between six European countries: Iceland, Netherlands, Finland, Germany, Lithuania, and Portugal and followed by 50 fellows, doctoral nursing students and postdoctoral nurses. Further she is a work package leader in an international, EU-funded project: "Accelerating Master and PhD nursing education in Kazakhstan," The AccelEd, a European collaboration between universities in Kazakhstan and Finland, Lithuania, the Netherlands.

Dr. Hafsteinsdóttir is a member of Sigma Theta Tau International Nursing Honor Society and served as a director on the international board of directors of Sigma for the years 2014–2019. Currently she serves on the international board of Sigma Foundation for Nursing of Sigma Theta Tau International Nursing Honor Society. Earlier Dr. Hafsteinsdóttir served as the president of the Rho Chi Chapter at Large, Utrecht, the Netherlands, and as the first Regional Coordinator for the Europe Region for Sigma. Dr. Hafsteinsdóttir is a member of the European Academy of Nursing Science (EANS), a member of Academia Europeae which promotes European research, advises governments and international organisations in scientific matters, and furthers interdisciplinary and international research. Also, Dr. Hafsteinsdóttir is a Fellow *ad Eundem* of the Faculty of Nursing and Midwifery of Royal College of Surgeons in Ireland.

Dr. Hafsteinsdóttir is the author and editor of the book: *Leadership in Nursing: Experiences from the European Nordic Countries* recently published by Springer. Dr. Hafsteinsdóttir has over 100 international publications and has given over 100 lectures at international conferences.

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Part I

Mentoring of Early-Stage and Late-Stage Career Nurses

Introduction: Mentoring of Early-Stage and Late-Stage Career Nurses

Debra Jackson

In this section of the book, the focus is on a whole of career approach to mentoring—from early to late stage of career, and all stages in between. It is very important to consider the potential benefits of mentoring across careers, and the many ways mentoring can be incorporated into professional life regardless of career stage because, while mentoring may be most often associated with nurses earlier in career, mentoring is an activity that is necessary and important to nurses at all stages of career.

Much of the literature and discussion on mentoring in nursing focuses on mentoring in the context of newly graduated nurses. In the discourses around nursing, there can sometimes be a view that newly graduated nurses should be able to 'hit the ground running' [1]. However, there is considerable evidence to suggest that this is not a reasonable expectation. A newly graduated nurse has beginning-level skills and knowledge that will, with the right support and in the right environment, form the basis for a lifelong journey of learning and skill development. Rather than being able to 'hit the ground running', there is a raft of literature that tells us that the graduate year—the transitional year that sees the nursing student transition from student to registered nurse—is a very challenging year of professional life [2], with compelling evidence to suggest that if newly graduated nurses are to thrive in nursing, a range of immediate and longer term supports are needed [3, 4]. One recent multicentre study suggests that significant numbers of newly graduated nurses indicate an intention to leave [5]. Failure to provide adequate support in the transitional period is a likely contributor to graduate nurse attrition which has been estimated at being between 24.5% and 70% globally [6].

While all nurses in all settings have a role to play in supporting newly graduated nurses [4], formal and informal mentoring relationships can form a very important element of support during the new graduate year. Many health services and institutions recognise the key importance of this and offer newly graduated nurses' access to structured and formalised support programs that often involve a strong mentorship element. Mentorship can be very useful in a raft of ways for newly graduated nurses, but particularly so for the social support it can provide to new nurses entering the workforce. However, longitudinal research has shown that for the mentoring relationship to be optimally successful, the relationship has to be appropriately nurtured and adequate time allowed for the relationship to build and grow [7]. These authors also produce findings to show that feelings of failure and frustration can arise in graduate nurses where assigned mentors showed a lack of commitment,

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or there were other issues that impeded the development of relationships [7].

Over the years of a career, any nurse's need for support and guidance can change. Earlier in career, mentoring activities may focus on the development of skills that could be considered entry-level skills—for example, learning and embedding reflection on practice into daily nursing work, time management, prioritising and reprioritising activities (according to the changing demands of the environment), managing conflict or negative workplace issues, and a range of other issues. With experience comes the ability to navigate some of these issues independently. However, as we move through career, there is a need to be able to develop additional skills and these can include more advanced clinical skills as well the development of research, managerial, leadership and political skills, and many other skills. Mentoring can help with all of these activities and, in addition, can help nurses to continue to build robust and nurturing social networks around themselves.

Positive and nurturing professional relationships and networks are very important in the context of a career and have been identified as a key element of professional resilience in nursing [8]. These supportive relationships are crucial and can be enormously beneficial as we move through our careers and seek to take on new professional roles and activities. One of the great things about nursing as a career is that nursing can take us in many different directions. There are multiple career paths open to us as nurses—these paths include advanced clinical roles, research roles, faculty roles, leadership roles as well as roles in health governance and administration, policy development and politics and or any combination of these roles. Any and all of these roles have the potential to bring great rewards and challenges. Engaging in supportive and productive mentoring relationships can be a strategy for developing the skills needed to take on these important and crucial roles that will not only support individual careers but also take nursing forward.

So, with this in mind, it is a great pleasure to introduce this section of this book in which contributors from across the globe present a range of strategies and approaches to implementing and drawing on various forms of mentoring across multiple and different career stages. Moreno and Rangel consider the idea of caring mentorship for nursing leadership; Ham and McCammon discuss adopting the concept of 'being with' to mentoring relationships. Purposeful mentoring using the lens of working towards promotion is described by Waxman and Lyle-Edrosolo, and the power of mentorship is explored and discussed by Magbagbeola and Balogun. Falter and Meadows apply a theoretical lens to drawig on mentoring throughout a nursing career, and Garcia and Lai present a discussion on how nurses can be moved and inspired to career progression throughout career through mentoring relationships. Ben Ahmed, Brusseau, Cara and Watson reflect on multigenerational faculty mentoring. Maxworthy and Blue reflect on the importance of matching mentors and mentees appropriately, so that the partnership is well-matched and complementary to best meet the needs of each party, and finally, Prevost and Mumba present a discussion on building a culture of mentoring.

Through these chapters, we can see the multiplicity of ways that mentoring relationships can be constructed and enacted to meet the needs of nurses in many contexts, situations and over all stages of career. However, regardless of the ways that mentorship can be used for nurses over the course of career—all these relationships are underpinned by collegial generosity and humility—a desire to support others in their careers, and the ability to reflect and know that no matter how skilled anyone is, we can always learn more, and that through mentoring relationships, our peers and colleagues can be a great source of learning and support.

I hope you enjoy reading the global contributions in this section of the book and that the inspirational stories within each of the chapters are able to stimulate, encourage and motivate you, the readers to think of new and innovative ways you can apply mentoring to your own careers, and within your own workplaces and professional spaces.

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Caring Mentorship in Nursing Leadership

Janette V. Moreno and Jennifer Rangel

Authenticity is a collection of choices that we have to make everyday. It's about the choice to show up and be real. The choice to be honest. The choice to let our true selves be seen.

—Brené Brown

Objectives

1. Describe how mentoring can be a defining moment in a person's life journey.
2. Explain the four elements of a defining moment.
3. Examine how the Theory of Caring Science core principles such as the practice of loving kindness was integrated into the mentoring relationship.

1 Defining Moments: A Mentor's Perspective

I believe in the power of moments. There are certain experiences in our lives that, for some reason, have an extraordinary impact. In the book, "The Power of Moments" by Chip and Dan Heath, they explained how defining moments shape our lives as meaningful and unforgettable experiences based on its best or worst moments [1]. One of my defining moments was in November 2013, when I joined an education event sponsored by the Association of California Nurse Leaders (ACNL). Along with several thought leaders in nursing, I went cruising along the California coast for the weekend. For two nights, I networked and dined with different nurse leaders whom I got to know up close and personal. The defining moment for me was not the beautiful sunset along the Pacific horizon, but the experience of learning from and being heard and listened to by nurse leaders when I expressed my perspectives on the value of having one voice for the nursing profession. At the end of the 2-day education cruise, I developed long-lasting relationships with the nurse leaders who became my mentors throughout my career.

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Such a defining moment in my life made me the leader and mentor that I am today. Mentoring brings me joy. I have always considered my mentors as my lifeline, breathing in new life, inspiration, and courage. Mentoring throughout my career, I have surrounded myself with mentors, one who saw my potentials, one who takes time to encourage, insist, and persist that I can do it, one who believes, and one who gives hope. I never would be where I am right now in my career without the support, guidance, encouragement, and inspiration of my mentors. In an integrative review of mentoring among female health academics, one of the enablers of mentoring is having access to mentors who are experienced, committed to career growth, promote supportive relationships, and share common goals and interests [2]. There are multitude of benefits of being a mentor. La Fleur and White [3] identified four categories of mentoring benefits, which include personal satisfaction, positive impact on the person or practice, professional success, and professional and organizational contributions. In my role as a leader in professional development, I am committed to paying it forward in developing the future generation of nurse leaders.

2 Mentoring an Emerging Nurse Leader

In June 2021, I became a mentor to Jennifer Rangel through the ACNL Mentoring Program facilitated by MentorLead [4]. When I first met my mentee, I was in awe. She recently embarked on a new leadership role in nursing informatics, she sought mentorship for the new role, and at the same time, she also volunteered to mentor another person in the program. Oh, did I mention that she is a mother of six beautiful young children? This is my mentee's opening reflections, a defining moment she experienced after our first mentoring session:

> *"What to expect?" a question that often comes to mind when beginning a new adventure. As a mother of six, I have always tried to balance my love of nursing with my love of family. Caring and nurturing of others is the essence of nursing. But as one progress on the leadership path, family, intrinsic drivers, and personal views of self can often be detrimental to that path. My mentee journey began those questions, what to expect and how will I be perceived, or perhaps it was more a concern. A concern based on past experiences of poor mentorship relationships and, at times, hazing as I navigated new roles within nursing leadership. Relationships that were often built upon the "what is in it for them" philosophy of guidance and growth. Would this experience be any different?*
>
> *Approaching the project scope of my mentor relationship was difficult at first, what would look good on paper as opposed to what I felt was would be a true measure of success. Human nature is to focus on strengths and often ignore weakness. If only that mentality could shift to one of weaknesses bringing opportunities, motivational improvements, leadership development would be far more successful. Determining weakness can be eye opening. If you can "recognize and accept your weaknesses. You can turn weakness into strength."* [5]
>
> *Recently I had transitioned into a new role, a leap of faith you may say. Reflecting on advice given to me in the past, one piece stood out the most to me, "go in only being one-quarter of your true yourself." I struggled daily with how to be a fraction of myself. It wasn't until my first mentorship session with Dr. Moreno that we discussed this very notion, the notion of authenticity. I recalled the look on my mentor's face when I recited the past advice given to me, "What? How is it possible that you can show up only a quarter of yourself?" Show them what you got. Let them see your 100% self, your talents and skills, the real you." What a revolutionary moment, be yourself. I had been struggling so much with how to be a portion of my authentic self and even more so, what was wrong with me, that I never bothered to think the advice given to me was bad.*

3 Mentee's Project: Authenticity

My mentee and I were in the middle of a COVID-19 pandemic crisis when our mentoring relationship began. She is based in Central California; I was in Southern California. We connected virtually on a monthly basis via Microsoft teams. During our first session, I listened to my mentee intently as she shared with me her new role in nursing informatics, working at the regional level. I could feel her passion and joy when she talked about nursing informatics and

her new role. Through the virtual screen, I can sense her struggles and pain of belongingness and acceptance in this new work world. She expressed feeling awkward facilitating regional meetings. She knew she had much to offer given her expertise and background in the clinical setting. She was advised to show up in meetings, giving only a quarter of herself. How can one believe to only show up and present one-quarter percent of one's true self? Lack or inadequate mentorship can lead to increased job stress, psychological disempowerment, discontentment, discouragement, limited networking opportunities and a sense of isolation [2].

I knew, as a mentor, it is my commitment to have my mentee experience one defining moment during this first mentoring session. In Chip and Dan Heath's [1] research, they reported four elements that create a defining moment: elevation, insight, pride, and connection. To construct an "elevated" moment, I quickly dispelled my mentee's belief of showing up only a quarter of her true self in meetings. Moments of elevation are extraordinary experiences—they are big "aha" moments. The realization that showing up with your 100% self was the highlight and peak of our mentoring discussion. For elevation to occur, three things need to happen: boost sensory appeal by turning up the volume on reality, put pressure by raising the stakes, and break the script and change the narrative [1].

I had to rewire my mentee's understanding and spark a realization that would alter her "insights" from a quarter of true self to 100% authentic self. One strategy of creating a moment of "insight" is called tripping over the truth [1]. My mentee's reflection of our discussion on authenticity made her describe it as "revolutionary moment to be her authentic self." She was able to see the world in a different lens, sparking a sudden insight. Within the first few minutes of our first mentoring session, I focused on her strengths and her passion. I emphasized on building her "pride"—she would not have been chosen in this new role if not for her expertise; she would not have been facilitating the regional meeting if she does not have anything of value to contribute. She was chosen for her talent and expertise, why not show up with 100% authentic self? To create a moment of pride, it is important for mentors to call out and recognize others [1]. My mentee needed to hear and be recognized of her unique contributions to the team. Heath and Heath [1] also emphasize practicing courage. Courage to overcome fear—if I can do it, so can she!

To further inspire and encourage my mentee, I strengthened the "connection" by sharing a similar experience I had when I was new in my role as a nurse leader. As a new nurse leader 10 years ago, I was shy, insecure, and I cower at the thought of presenting or facilitating a meeting. Every time I enter a room full of nurse executives, I didn't feel I belong, and I felt judged when I present my ideas. It was not until I became a Caritas Coach when I truly understood the beautiful human being that I am. As a Caritas Coach, I journeyed through a self-discovery as I deepened my learning of the Theory of Caring Science by nursing theorist, Dr Jean Watson. According to the Theory of Caring Science, caring consists of Caritas Processes that facilitate healing, honor wholeness, and contribute to the evolution of humanity [6].

My defining moment during my self-discovery as a Caritas Coach was the realization of a profound lack of self-care! The practice of loving kindness for self and for others is first out of ten Caritas Processes, the core principles of Caring Science. My defining moment is the deeper understanding that before I can offer authentic love and caring for others, I have to learn to offer caring, love, forgiveness, compassion, and mercy to myself first. Overtime, I had to learn to treat myself with loving kindness by accepting myself and what I can offer, by allowing myself to see the beauty from within, by being myself, and being authentic. In the book *Caritas Coaching* by Horton-Deutsch and Anderson, relationship with self is the primary step to harmony, alignment, and consciousness, which leads to the development and sustainment of mindfulness and self-awareness [7]. If we treat ourselves with compassion, loving kindness, and equanimity, we will do them same for those we coach or mentor. As we forgive and surrender, we experience authentic human connections and embrace each

interaction with joy and fulfillment [7]. I shared such profound lessons with my mentee, and she found her defining moment as she described below.

Elevation. *Authenticity begins with self-awareness. "Focusing on your strengths, passions and self-development is key"* [8]. *Following the first conversation with my mentor, I began to look at my weaknesses, the drivers for my current state of overall self-doubt and uncertainty. Looking back to my education, I recalled a thought that emphasized the importance of recognizing one's own strengths and weakness before identifying the challenges others may have* [9]. *Focus on my own challenges before focusing on others … such a novel concept … my mentoring project then became ME!*

Insight. *My first mentee assignment was to review BJ Fogg's Tiny Habits. Determination to change my current path begins with the emotional investment in the goal. My goal was becoming a better version of me. Fogg states that "we are not going to make a long-lasting behavioral change if we're doing something that doesn't evoke a positive response or emotion"* [10]. *My emotions were in constant turmoil primarily due to the fact I didn't know how to walk into a meeting room with confidence and conviction. If I walk in as my true self, would I be valued as an equal participant at the table?*

Understanding my own weaknesses has made me think about how they have affected my performance in my role. Often, my peers with stronger personalities or ones that feed on conflict, will speak before me causing my confidence to dwindle. Not being able to articulate my meaning in the moment, to the appropriate crowd, has often led to other's taking the credit for my work. Maintaining my own relevance and how to do that effectively was truly the anchor for my own feelings of inadequacy. Next step, how to walk into that meeting room showing up 100% of my true self.

Pride. *"You can accomplish anything you set your mind to, no matter how big or scary your goal may seem. You've got this." My goal to walk into the meeting room with my head held high was a scary notion, attainable but latent with fear and uncertainty. My first tool to tackle my own self-doubt was the gift of mindful meditation. My mentor taught me the quick coherence, a mindful meditation that can be done in less than a minute, anytime, anywhere. The ability to balance my thoughts and emotions using a breath, a heartbeat, two things I carry with me everyday that hold the power of clarity and focus. Instead of hyperventilating at the thought of presenting, I began to use my mentor's suggestion prior to meetings to become laser focused on the goal, on the topic, not so much on the interpretation of me during the presentation.*

Connection. *The results, staggering, mind-blowing, and moment treasured that I will never forget. A month after our mentoring relationship began, my mentor invited me to share my experiences and I was confident enough to present my journey to the Women in Healthcare Los Angeles Chapter. I shared what I learned thus far in an unfiltered, completely raw depiction of resilience and determination that I would have never been able to before my mentorship began. The experience, although still scary, harnessed the importance of an emotional connection and a drive to focus on self-care and empowerment. I was stunned that the audience called me an "inspiration", an inspiration to other powerful women in healthcare.*

4 Caring Science in Mentoring

A defining moment articulately described my mentee's experience with the distinctive elements of elevation, insight, pride, and connect. Not every defining moment has all four elements but if it does, it is powerful and life transforming. Her "*elevation*" experience began as an "aha" moment that she can be her authentic self when presenting or facilitating meetings. Sharing her "*insights*" about her insecurities when walking into a meeting is profound. She exhibited "*pride*" in taking the courage to show up her 100% true self by doing a quick coherence technique of mindful meditation prior to the meeting. And finally, with confidence, sharing her mentorship journey at a local professional organization education event is establishing the "*connection.*" Establishing a "connection" entails the creation of shared meaning [1]. I expressed to my mentee that she is not alone in her struggles of self-doubt and uncertainties as a new leader in a new department. She felt validated when the participants in the education event called her an "inspiration." In a web blog posted by Ann Tardy entitled "Who are you validating?," she put emphasis on the importance of validating the mentees as one of the essential functions of a mentor [11]. I encouraged my mentee to provide her perspectives during an education event as a way of recognition, support, acknowledgement, and acceptance to dissipate fears, doubts, and uncertainty [11].

I contribute these powerful actions to the integration of Caring Science in our mentoring encounters. The Caritas Coach Education Program (CCEP) offered through the Watson Caring Science Institute expanded my skills as a mentor to prioritize my healing as a necessary first step in caring mentorship [7]. As I focus on self-care and self-growth, I learned to love and accept myself, evolving into a more compassionate and caring mentor who is able to guide my mentee to do the same [7]. Being a Caritas Coach is such a defining moment in my life as a leader that for the subsequent mentoring sessions with my mentee, I embodied and imparted the practice of loving kindness (Caritas Process #1) for self and others [6]. One of the Caritas Literacy is the ability to center, to quiet down the mind, cultivating caring consciousness and intentionality as a starting point. We started our meetings with a mindful meditation to exercise the mind and clear the inner negative chatter. I shared with her a simple mindful meditation called Quick Coherence [12]. The quick coherence is easy and simple 2-step process that takes less than a minute:

Step 1: Heart-focused breathing: Focus your attention in the area of the heart. Imagine your breath flowing in and out of your heart or chest area. Breath a little slower and deeper than usual.

Step 2: Activate a positive feeling: Make a sincere attempt to experience a regenerative feeling such as appreciation or care for someone or something in your life

Becoming self-aware, starting with our breathing, allows us to be truly present in the moment, making us more capable to respond appropriately on what's in front of us, rather than react from a place of threat, fear, anxiety, or resentment [6]. Overtime, one will discover that through the regular practice of centering, things will begin to shift. Being truly present in the moment has a ripple effect with others around us. We are more authentically present (Caritas Process #2), able to listen with authenticity (Caritas Process #3), and establish trusting relationships (Caritas Process #4). Through the practice of loving kindness, there is more space for creativity and innovation (Caritas Process #6) and opening up to life energy-life force for a more fulfilling life's journey with a purpose [6]. These concepts were further explored by Shapiro in his book, *The 5 Practice of the Caring Mentor,* wherein he emphasized the value of caring in the mentor–mentee relationship through active listening, creating a safe space for authentic expressions, devotion to the mentee's growth, sharing perspectives and insights, and acting in behalf of the mentee [13].

5 My Mentee's Continuing Journey: Mentoring Others

"Believe in yourself and you will be unstoppable. You got this." This became my mindfulness mantra. Inspiring is not a word I ever thought would define me. Inspiration has since become a challenge, a call to arms if you will. How can I inspire others as my mentor has inspired me? For me, spreading inspiration came from being told I could, as if I was given the internal power to mentor another.

Inspiration came from sharing my experience with others through my own mentee relationship as a mentor. I learned from my mentee's perseverance and strength as she battled breast-cancer AND embarked on her DNP program. My mentee found value in our meetings and began to see the support and guidance I had to offer. I never thought I could have such influence and impact on another person.

If my mentee, who is an incredibly courageous woman could endure so much and continue, so could I. "Never let fear decide your future." Relinquishing my fear, I sought out to find my own path which soon led me to the decision to take a leap of faith. I decided to advance my academic degree and pursue my goal of completing the doctorate in nursing practice (DNP). My next call was to my mentor who has guided me with her wisdom and support. I was so excited to tell her about my decisions to go back to school for the DNP! My mentor's passion for finding the meaning and empowering me to become the best version of myself gave me the strength to believe.

Believing in oneself is not inherent and often riddled with self-doubt, tainted by years of bad experiences. To meet one person who, in one-hour, l could peer into a person's soul and find meaning, that is the power of a mentor. Someone who looks behind the surface at the fragility and beauty to see

the person as, not just a mom, not just a leader, but a human being with purpose, that is the power of a mentor. Finding purpose is often so difficult in this world full of chaos. Purpose comes in many forms, purpose in life, purpose in work … the ability to blend it all together becomes caring, caring in a mentorship relationship.

6 Mentorship: A Transpersonal Moment

My mentoring relationship with my mentee was structured for 6 months, but our connection and mutual trusting relationship will remain for a lifetime. My mentee was not only inspired to mentor others but she also went back to school for the doctorate in nursing practice. In a study of self-efficacy between the mentors and mentees, Varghese and Finkestein [14] reported the transfer of beliefs between the mentor and mentee. Self-efficacy is a motivational behavior that drives the individual to attempt challenging activities and persist through the process despite difficulties. When I initially shared my lived experiences with my mentee to establish the initial connection, I was able to provoke self-efficacy beliefs. The regular meetings provided opportunity for persuasion and constant encouragement. Motivating her to share her mentorship journey in an education event further validated her acknowledgement and acceptance. Tardy reiterated how mentors can help mentees feel like their journey matters to sustain grow and exploration [11]. During our mentoring relationship, my mentee became a mentor to another individual. A positive mentoring relationship resulted to the mentoring of others as reported by Wagner and Seymour, who described mentoring as "multidimensional relationship that energizes personal and professional growth" [15]. Furthermore, as a Caritas Coach, it is important to start with the practice of loving kindness for self to establish a transpersonal relationship. The transpersonal relationship between mentor and mentee resulted in a biogenic (life-giving) experience in a caring mentorship [7]. The value of caring mentorship is a paradigm shift with an emphasis on making a sincere authentic connection through active listening and creating a safe space to allow for genuine expressions of feelings and emotions [13]. Working from the perspective of my mentee, a strong foundation of respect, honor, and acceptance was established leading to deeper connections, which created the transpersonal moment: a sacred space built on the power of defining moments. Caring mentorship is established when both the mentee and the mentor accept and treat each other with loving kindness and compassion. Through self-care, mindfulness, and caritas consciousness, we are able to be present at the moment, appreciate each mentoring encounters, and fully recognize and embrace the human to human connections, thus creating a transpersonal caring moment.

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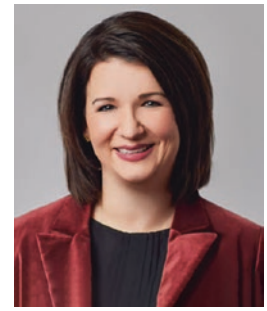
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Jennifer Rangel Nursing has been a blessing for over 23 years. Spending 20 of those years as a leader, mentor, and educator packaged with a passion for analytics has grown my skillset immensely. My goal is to elevate nursing through the incorporation of evidenced-based practice and technology into all facets of healthcare.

External Mentorship to Accelerate Early Career Impact in Nursing

M. Cynthia Logsdon and Kristen Choi

The best mentorships help both people grow.

—David Nour (2022)

Objectives

1. Define the role of external mentors in supporting nurse scholar success.
2. Describe components of historical and current nursing professional programs that incorporate external mentors
3. Outline best practice interventions by external mentors.

1 Definition of External Mentor

McBride & colleagues have advised early career nurse scientists of the importance of building a mentoring network [1]. This network of mentors may include experts outside of one's work organization, called external mentors. Utilizing external mentors has several advantages: The mentor is objective, unbiased, and not affected by organizational relationships; the mentor has desired area of expertise; and the mentor usually has a willingness and desire to work with the mentee. Disadvantages of an external mentor may be the mentor's lack of working knowledge of the politics, culture, and/or internal policies of the mentee's institution and lack of familiarity with the leadership and faculty of that organization, or challenges with availability to the mentee [2]. External mentors may be especially useful for early career nurse scientists who have a nontraditional career path and aim to make an impact outside of the usual domains of academic scholarship (research, teaching, and service), such as in policy or media engagement [3].

2 External Mentor Narrative

2.1 History of Motivation for External Mentoring

When I was a mid-career nurse scientist, due to family considerations I was geographically bound to a mid-size city without a core group of senior nurse scholars. I actively sought external mentors to fill local gaps in mentorship. I was drawn to two programs where external mentorship was offered, with the goal to expand my research skills beyond the foundation of PhD

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preparation: a remote post-doctoral program and an external mentor program.

Post-doctoral fellowships are temporary and mentored experiences in which scholars gain skills in research methods and substantive content areas of science. Due to personal, financial, or career considerations, some scholars are unable to relocate for post-doctoral work and may find alternative programs appealing, such as the University of Pennsylvania Summer Nursing Research Institute (SNRI) which operated for 10 years (1997–2006). As a fellow, I had on-campus learning experiences for 2 weeks during two consecutive summers and was immersed in content related to building collaborative partnerships, using culturally competent research strategies, and developing methodological strategies to address scientific gaps in knowledge regarding the health care of potentially vulnerable families [4]. In addition to coursework, my assigned external mentor was instrumental in analyzing scholarships completed to date, developing short-term and long-term publication, and grant submission goals, and identifying step-by-step strategies to begin this work. As a result of my participation in this fellowship, I produced several publications, small grant applications, and received research awards from professional organizations, which were instrumental in advancing my research career.

Simultaneously, I was hired into a university faculty role during a time of accelerated institutional research growth. I was drawn to the university because of the availability of a faculty research development model that used external mentoring to stimulate rapid growth and productivity in existing faculty [5]. The external mentor program had the following goals: (1) to assist the faculty member in developing a 5-year research career trajectory and (2) to assist the faculty member in developing a research proposal for extramural funding. As part of this program, a nationally prominent nurse researcher agreed to serve as my external mentor. My outcomes included the design of critical pilot studies that served as the foundation for larger external grant applications, and several publications, and national research awards. These positive experiences with external mentors motivated me to seek external mentoring opportunities myself later in my career.

2.2 Becoming an External Mentor

McBride and colleagues have discussed how one's own mentoring experience may influence their future mentoring, which reflects my story of external mentorship [6]. I served as an external mentor in the Sigma Theta Tau, International Maternal Child Leadership Program (MCHNLA, [7]). This 18-month mentoring program was an evidence-based leadership model with global applicability consistent with adult learning principles. The MCHNLA was launched in 2003 with Sigma Theta Tau International and private industry, Johnson & Johnson. Participants work with an external mentor and a faculty member to develop and refine their leadership abilities as they implement clinical projects designed to enhance patient outcomes. A second organization for which I served as an external mentor was The International Marcé Society for Perinatal Mental Health, an international, interdisciplinary organization dedicated to supporting research and assistance surrounding prenatal and postpartum mental health for mothers, fathers, and their babies. Over the past 4 years, I have worked with two international external mentees to solidify their career plans in perinatal mental health as part of the International Marcé Mentorship Program.

I then served as external mentor with the American Academy of Nursing (AAN) Jonas Policy Scholars Program. Launched in 2014, the Jonas Policy Scholars Program, funded by Jonas Philanthropies, supports early-career nurse scholars seeking to build their knowledge and aptitude in health policy, the policy process, and the interconnection of politics. The AAN Jonas Policy Scholars Program is a 2-year fellowship in which up to six highly qualified doctoral students, post-doctoral fellows, or recent doctoral graduates (within 2 years of graduation) in nursing, engage in direct policy actions that align with the AAN's policy priorities. As chair of the AAN Maternal

Infant Expert Panel, I served as mentor for Dr. Kristen Choi in the Jonas Policy Scholars Program.

2.3 External Mentor Self-Reflection

As an external mentor, I provided opportunities for mentees to have an active role in this esteemed national organization. In this case, the mentor–mentee role was synergistic, in which my leadership of the panel was more effective because of her energy, skills with technology, and fresh insights and ideas. Early in the fellowship, I led a policy advocacy article on reducing racial disparities in maternal mortality, mentoring her on policy writing, and using media for policy advocacy in the process. In turn, the mentee then wrote several policy advocacy articles herself, aligned with our expert panel's goals related to the COVID-19 pandemic. I mentored her in leadership, policy writing, and media translation in the process. Over time, independent policy and communication skills were gained through our external mentorship relationship, and the mentee proceeded to apply these skills to her own scholarship with continued policy and media advocacy. One of my proudest moments was sponsoring the mentees induction as a noticeably young fellow into the AAN because of her policy and media advocacy for nurses during COVID-19.

In mentoring, I observed how our external mentorship relationship facilitated honest and transparent discussions, connections to a national network of scholars, and the space for growth in policy and media advocacy while simultaneously making traditional academic progress (research, teaching, and service) with internal institutional mentors. Knowing that there was support in these domains with internal mentors, enabled us to focus on nontraditional domains of policy, media, and advocacy growth and allowed her, the mentee, to accelerate her impact in these areas early in her career.

3 External Mentee Narrative

As a Jonas Policy Scholar with the AAN, I was assigned to work with the maternal infant health expert panel and to the panel chair, Dr. Cindi Logsdon, as an external mentor. At the time, I was a post-doctoral fellow in the UCLA National Clinician Scholars Program (NCSP) and focusing most of my effort on research growth and developing skills for health services research. The NCSP is an interprofessional training program for physicians and nurses with doctoral degrees to learn how to conduct health services research, policy research, and community-engaged research in pursuit of health equity. Many physicians and nurses across the NCSP were engaged in policy advocacy and media, and I was eager to develop a similar skillset myself. The Jonas Policy Scholars Program presented an ideal opportunity to learn policy, advocacy, and media skills.

Prior to the Jonas Policy Scholars Program, I had worked with external PhD committee members, but at the time I started my PhD in 2014, external mentorship was not common at my institution. For example, in my proposal for a predoctoral fellowship wherein I proposed to work with external PhD committee members, reviewers viewed this idea with concern and doubted that external committee members could be sufficiently supportive or responsive. Fortunately, my PhD chair supported external committee members and helped me develop a plan for regular communication. Similarly, my mentor was a generous and responsive mentor despite working at a different institution in a different time zone. She was clearly experienced with external mentees and worked with me to establish regular communication. We set regular mentorship meetings and she ensured that our broader expert panel meetings were at a time when I was available. She would also meet with me to debrief after expert panel meetings and was responsive via email, text, and phone when issues arose. She connected me to other national experts on our panel and was honest, transparent, and authentic in sharing her own career experiences.

3.1 External Mentee Self-Reflection

I had a sense that I could trust my mentor to give me objective advice and perspective on institutional or disciplinary "sacred cows"—that is, ideas, practices, and cultural norms in nursing that were upheld unquestioned without reason—and groupthink that might have posed barriers to my career goals outside of traditional academic domains [8]. The external mentor offered guidance on new skills and connections to a broader network. She gave me insight on the subtle, but important, distinction between the duties of my job and the purpose of my career to help clarify the mission and vision behind my research endeavors. The lessons learned and best practices from our external mentor/mentee relationship are shown in Table 1.

4 Conclusion

External mentorship in academic nursing has become increasingly accepted and feasible, especially after rapid uptake of technology in academic nursing during the COVID-19 pandemic. Many faculty are now comfortable with digital communication, working across time zone and place, and seeking to build a network outside of one's home institution. Our narratives about an external mentor/mentee relationship between a mentor in Kentucky and a mentee in California within a structured fellowship illustrate the value of leveraging external mentors to build skills outside of traditional academic domains and best practices for promoting successful external mentorship arrangements. By embracing external mentees within a broader mentorship team, early career nurse scientists can ensure that they have

Table 1 Best practices for successful external mentorship

Best practices	Facilitators	Barriers
Establish regular mentoring meetings	• Technology • Multiple methods of communication (video, phone, email, and text)	• Geographic differences • Time zone differences • Competing responsibilities
Honest and authentic communication	• Relational trust • Shared frameworks • Structured mentorship programs • Clarity about institutional or disciplinary "sacred cows"	• Distrust • Poor communication • Lack of shared vision
Collaborative and mutually beneficial projects	• Co-authorship • Technology • Complementary expertise	• Competing responsibilities • Incongruent expertise • Poor communication
Identification of agreed-upon mentee goals	• Active mentee goal setting and career planning • Appropriate mentor expertise • Networking	• Goal uncertainty or confusion • Lack of shared goals • Absent or misaligned opportunities to achieve goals
Ensuring both mentorship and sponsorship	• Mentor: Nominating mentee for awards and opportunities • Mentee: Self-nominating and identifying opportunities • Networking	• Mentorship only without sponsorship and vice versa • Poor communication • Lack of shared vision

Note. The information in this table is a compilation of personal experiences by the mentor/mentee and the following resources. American Association of Colleges of Nursing. (n.d.). *Academic nursing*. American Association of Colleges of Nursing: The Voice of Academic Nursing. Retrieved September 13, 2022, from https://www.aacnnursing.org/Academic-Nursing/Professional-Development/Leadership-Development/MentorLINK, Ten Thousand Coffees. (n.d.). *Virtual mentorship programs & software: Coaching & peer mentoring network*. Virtual Mentorship Programs & Software | Coaching & Peer Mentoring Network. Retrieved September 13, 2022, from https://www.tenthousandcoffees.com/solutions/mentorship, and Nour, D. (2022, January 21). *The best mentorships help both people grow*. Harvard Business Review. Retrieved September 13, 2022, from https://hbr.org/2022/01/the-best-mentorships-help-both-people-grow

the skills and experiences necessary to make an impact on healthcare beyond traditional metrics of academic success.

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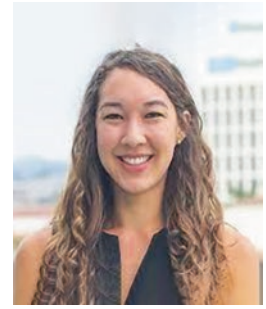
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Through a PhD Program and Beyond: The Ripple Effect Mentorship Model

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The delicate balance of mentoring someone is not creating them in your own image but giving them the opportunity to create themselves.

—Steven Spielberg

We make a living by what we get, we make a life by what we give.

—Winston Churchill

Objectives

1. Examine the benefits and challenges of professional mentoring.
2. Explore the benefits of group mentoring for the new nurse educator/nurse scientist.
3. Identify strategies for obtaining a professional mentor in nursing.
4. Describe a new model of mentoring, the Ripple Effect Mentorship Model.

1 Introduction

Mentorship is a unique opportunity, and each relationship is different and will lead to different pathways. Mentorships are recognized to be an opportunity for mentors and mentees to access resources, share ideas, and discuss the achievement of career aims [1]. Mentoring can go beyond the mentoring one receives from dissertation chairs and committee members and can be useful to nurses during and after graduate study in exploring research ideas and approaches and planning for professional development. Collaborating with persons with similar interests who are outside of one's own university, state, or country can bring perspective, ideas, and other benefits. Because of these benefits, we share the narrative of a remarkable mentorship opportunity experienced by a professor and two early career nurses during and after (for one mentee) their PhD studies.

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2 Sharing a Unique Mentorship Relationship Story

The starting point of this mentorship relationship was based on the experience of two early-stage career nurses, Camila Biazus Dalcin and Rachel Baskin. Because of membership in Sigma Theta Tau International, the two nurses had the opportunity to be part of the Nightingale Challenge, in different cohorts, in years 2020 and 2021. As part of the Challenge, participants were asked to select a mentor with whom to work throughout the 1-year program. Both mentees searched the Sigma website looking for mentors who had a background working in pediatrics and with expertise in academia and research. This was an important starting point in mentor selection, as both mentees were involved in their PhD studies and sought guidance with practice and research. As two PhD students, the mentees sought extra support from someone outside of their doctoral programs. While reviewing profiles in Sigma's online system, the mentees came across Dr. Robin Bartlett's profile. This profile reflected a researcher who has studied the adolescent population, had vast experience in academia and research, and who was a PhD Program Director (at the time). Each of the mentees got in contact with the future mentor, one in 2020 (Camila) and one in 2021 (Rachel). Each mentee decided to discuss research interests with the future mentor to determine if they meshed well as a potential mentor–mentee pair.

Upon meeting the mentor via videoconferencing, both parties decided that they were going to move forward in the mentoring relationship because of common interests and the belief that each's goals were compatible with those of the other. Initially, the mentor had individual relationships with each mentee, and neither mentee knew the other.

The mentor (Bartlett) was based in the United States. The first mentee (Biazus Dalcin) was from Brazil but was living in Scotland. The second mentee (Baskin) was also from the United States but living and pursuing a PhD degree in a different state. In both cases, the mentee and mentor had overlapping interests. Both relationships were highly collaborative with regular meetings at least once a month via videoconferencing. It was decided early on in each relationship that the mentees wanted to pursue some scholarly projects as a part of the relationship. Not only did the mentoring pairs have similar research interests but they also knew that their mentoring experiences were unique. In addition, the mentor recognized that both mentees were developing into potential leaders in the Sigma organization that had brought them together. In discussions about the goals of the mentorship relationships, dissemination activities were planned. Both mentor–mentee pairs experienced success with collaborative conference presentations and began to think about how to disseminate these products in written form as well.

Even though the 1-year relationship with Camila was meant to end, the mentorship had developed to a point that there were shared goals that both wanted to keep developing together. Near that same time Rachel began her search for a mentor, and the second relationship began.

Looking at Camila and Rachel's interests and commitments, Robin envisioned and explored ways to connect them to others who might provide them the support they sought. In addition, since Robin, Camila, and Rachel were in faculty positions, and since dissemination of works were mutual goals from which all could benefit, efforts to identify dissemination opportunities were a typical topic of discussion in the separate meetings (before the trio was formed). While working with two mentees at similar places in their careers, Robin thought it seemed reasonable to introduce them and look for opportunities to broaden the collaboration. Once the relationship between Robin and Rachel began it became clear that there might be synergy of ideas among all three and Camila and Rachel were introduced. All were generous scholars, and a great match was made; one that has the potential to be lifelong. Both Camila and Rachel possess incredible experience, are already scholars, and have the potential to be effective leaders and make important contributions to science. In the relationship and meetings, the trio began to explore new ways

to collaborate. Thus, the relationship that was initially between two people evolved into a relationship between three nurses who worked together. The trio identified a goal to share their unique relationship with others including how the relationship could be important for nurses' development in leadership, research, academia, and practice. We believe that this experience shows the potential of mentorship in nursing and the connections, relationships, behaviors, actions, and opportunities that will emerge from a solid and well-matched mentor–mentee(s) relationship.

3 Benefits and Challenges of Professional Mentoring

3.1 Benefits

Mentoring is rewarding and has benefits for mentees and mentors. The knowledge and experiences shared between the mentor and mentees throughout the experience described here has been invaluable to each member. Through the mentor's guidance and expertise, the mentees have learned how to become better nurse researchers and have gained insight into the nuances of being a faculty member in academia, which is not something explicitly learned in a PhD program. Between the three of us, it was possible to discuss topics that may be difficult to ask in a job setting where power relationships may be in place; such as the hierarchies in academia. Agreeing with our perception of the importance of having a mentor outside one's institution, McBride et al. [2] described the Robert Wood Johnson Foundation Nurse Faculty Scholar's program that implemented a mentoring network comprised of nursing faculty from within the institution, a non-nursing research mentor from within the institution, and a national nurse leader from another institution. The benefits of having a national mentor, as described by their participants, included working with someone with similar research interests, being provided a networking opportunity, being inspired, and being provided helpful career advice. Some of the challenges of having a national mentor were that the mentor was not always responsive to communication by the mentee, the mentee had regrets of not seeking out the mentor more often, and the mentor saying they would review something for the mentee but never getting around to it. The mentoring relationship described in this chapter had similar benefits but up to now, none of the challenges noted in the McBride et al. article.

Another important benefit of this type of mentoring relationship was the possibility of working on publications (such as this chapter) and the presentation of papers in conferences. Some of our publications have been associated with the benefits of international mentorship [3] and nurse resilience during the COVID-19 pandemic [4]. The dissemination of works can be a win-win experience for mentees and mentors. When the mentee(s) and mentor are in similar areas of science, or explore similar interests, this is possible. Moreover, in our case, plans have been made for future research studies to be conducted as a mentor–mentee–mentee triad. Results from a previous study [5] showed that having access to both mentoring and advising increased the odds of PhD students' perceptions of being ready for a career after doctoral study. The benefits of mentoring for doctoral students include improving proficiency in skills such as scholarly writing, teaching, and presenting, all experienced by our triad.

Another benefit of this relationship included international networking and collaboration. When collaborating across states or countries (different parts of the USA, Brazil, and Scotland, in our case), connecting mentees with others whose work may be in a similar area of scholarship can help build connections to further build the mentees' networks. As this mentorship experience was conducted primarily online, it provided the possibility of having a relationship with people from different continents because geographic location was not a barrier, and we sought face-to-face encounters when possible. One mentor–mentee pair in our triad has met face-to-face, and there are plans for the three to connect soon. The mentoring relationship has provided opportunities for the mentees to

expand their programs of research outside of their PhD programs and dissertation topics and to build a network of colleagues internationally. This example demonstrates that mentorship can expand beyond the mentor–mentee relationship, offering opportunities to get to know scholars from different parts of the world and connect with other mentees in the service of expanding understanding and building networks. In our relationship, the mentees connected with each other and with other nurses from several universities. Building these connections and networks can benefit mentees and mentor throughout their professional careers.

The mentorship relationship described here has developed beyond our expectations. The relationship was extended beyond any formal relationship, e.g., the 12-month period of the Nightingale Challenge. The mentor has played many roles including cheerleader, sounding board, confidante, and life coach. Not only do we celebrate abstract acceptances, paper acceptances, PhD milestones, awards receipt, and other professional accomplishments, but we also celebrate personal life happenings including weddings and travel. In addition, we support each other through life challenges, including COVID infections and other events. Our mentoring relationship has served as a way to examine, clarify, and advance career goals, and it has evolved into a lifelong friendship and partnership.

Taking specific actions as described above including connecting mentees to other scientists, looking for ways to disseminate works, and identifying future professional opportunities are some of the benefits of a mentorship relationship. Whether the mentor and mentee(s) are from high-resource or low-resource countries, there are opportunities for mentoring others. These opportunities include:

- Sharing ideas and experiences
- Exploring opportunities for collaboration on scholarly works
- Answering questions that might not be easily answered by persons with whom the mentee directly works due to politics, hierarchies, or leadership roles.
- Helping mentees explore ways to navigate challenging situations—since the mentor is in a different college/university, state, or country, the mentor can be honest, unbiased, safe, and help the mentee explore ways to manage a situation.
- After learning the mentee's strengths and needs, the mentor can serve as a champion for the mentee in seeking leadership opportunities and may serve as a reference or even a nominator for relevant awards and opportunities.

3.2 Challenges

A relationship between mentor and mentee also has challenges. For example, as previously stated, over time our relationship evolved into a friendship, with mentor and mentees being concerned about each other's progress and well-being. That can be positive, as it connects the mentor and mentee on both a personal and professional level. However, it can also be a challenge as it may increase workload and anxiety if those involved feel that there is not much they can do to help. Having an honest relationship helps in facing this sort of challenge with open dialogue, clear goals, and discussion of expectations of what can be done to provide mutual support.

Another practical challenge is associated with living in different time zones and organizing times to meet across different and busy schedules. It is a challenge to be able to plan meetings where the best time for everyone cannot be accommodated because there are three different time zones that span up to many hours' time difference. It is important to plan and schedule meetings, times and dates, ensuring these are checked by everyone to avoid mistakes. To manage the time difference challenges, we poke fun at the trials associated with scheduling meetings and try to be flexible and sensitive to one another's schedules. To avoid mistakes, we use tools such as the automatic diaries scheduler, to show different time zones. In cases with 10 or more hours of time difference between mentors and mentee(s), it is important to alternate meeting

times in order to share the burden of meeting during less desirable times.

The last challenges we identified were differences in internet connections depending on the country and locale within that country, and knowledge of the variety of videoconferencing software programs in use. As our mentorship is primarily online because of the structure of the Nightingale Challenge and due to the COVID-19 pandemic, it is important to take into consideration different areas and countries and internet connections/speeds, as well as standard software used. This online form of mentoring can be a challenge for people with poor access to Internet, which may increase the digital divide between individuals [6]. It is important to ensure that all participants have relevant software knowledge or are given instruction in its use prior to meeting. In our situation, we were fortunate to experience only rare instances with poor Internet connection, and we were all familiar with Zoom and Microsoft Teams, the two instances of conferencing software that we used. Thinking about digital inclusion for nurses and other individuals around the globe is an important issue to be addressed by organizations and leaders in order to best foster worldwide collaborations.

4 Explore Strategies for Obtaining a Professional Mentor

The mentorship experience described here was possible because of participation of the mentor and mentees in the international nursing organization, Sigma Theta Tau International. Being a member of Sigma or another professional organization is a good strategy to become aware of professional development opportunities, including mentorship programs. Professional organizations are important for developing professional identity (in our case, as nurse scientists) and for finding opportunities such as mentoring programs. However, professional organizations are not the only way for nurses to find opportunities for professional improvement and development [7]. Other options for identifying mentorship possibilities are the workplace or university. It is important to acknowledge that some of the benefits of our experience may not be available with all mentoring programs, but other benefits not identified here might be. It is always important to consider any potential power imbalances when identifying a potential mentor.

Another way to locate a potential mentor is by reviewing the literature in one's area of science to find a potential match, going to professional meetings and networking with those present to identify those with the skills and area of focus that might serve as a good mentor, and talking to one's friends and colleagues about their acquaintances who might be a good fit for you. Once a potential mentor is identified, it is important to become familiar with the person's work, in order to foster a connection when reaching out to the potential mentor. Ideally, you can interact with the potential mentor over time, to determine whether you think that person might be a good mentor fit for you. Once you determine this, Krbechek and Tagle [8] suggest having a well-crafted "pitch" that includes your goals and your ask when reaching out to the potential mentor. Be sure to share why you think your fit with the potential mentor is a good one, and what you envision each person's contributions will be. It is important to be clear in the beginning as to what you need and what you will do to make the relationship a success.

In our specific situation, being members of Sigma allowed us to be part of the Nightingale Challenge. This challenge provided training webinars and mentorship for professional and personal development in nursing leadership [9, 10]. One of the steps of this challenge was to look for a mentor, and that is how our relationship started. Because of that, professional development and mentoring were options for these mentees, beyond the workplace or study place.

5 Describe a Model of Professional Mentoring

A mentoring relationship, as described in this chapter, can be conceptualized as how a drop of water that falls into a pool of water affects that pool, creating ripple effects far from the location where the original drop entered the pool. Certainly, as in any relationship, the mentor affects the mentee(s) and vice versa, but the results of this relationship go far beyond the original pair/trio. As reflected in the Fig. 1 below, and as described above, the mentor/mentee relationship results in connections (worldwide), relationships develop from these connections, often proving beneficial in the future. Networking occurs as a result of these relationships. The mentor/mentee(s) relationship results in actions that create professional opportunities, not only for the original mentoring pair, but well beyond that relationship. The relationship between the mentoring pair and the "water" is bidirectional in nature. Because of the connections, relationship, actions, and opportunities in successful mentoring relationships, ongoing actions as a part of the relationship and from additional relationships that are fostered, professional development can move far beyond the original pair.



Fig. 1 Ripple effect mentorship model. (David Galinat, Graphic Designer (2022))

6 Self-Reflections

Mentor I agreed to be a mentor because of my own experiences with mentorship in Sigma. Much earlier in my career I had the chance to be mentored by past Sigma presidents including Faye Bower and Melanie Dreher, and from those impactful experiences I knew I wanted to give back to those currently joining the nurse scientist ranks.

When approached by Camila who was in Scotland, by way of Brazil, because of my interests in mentoring and international collaborations, and because we shared research interests, I quickly agreed to serve as her mentor. Not only did I feel like I was contributing to her growth, but it also became quickly apparent that the relationship was mutually beneficial. I had not entered the Sigma mentoring pool thinking I would be the beneficiary of a mentoring relationship, but I certainly have been. Camila is a bright and generous scholar who has seized opportunities with gusto. We have been successful with the creation of scholarly products throughout our relationship. Camila and I made plans for continuing our collaborations, and about the time her formal mentoring experience was ending, I heard from Rachel, another bright, motivated, and generous scholar, inquiring as to whether we might form a mentoring relationship. While mine and Rachel's interests were not exactly the same, there were commonalities that also led to scholarly products. I agreed to mentor Rachel because of my positive experiences with Camila, and because of Rachel's enthusiasm. Both Camila and Rachel are eager mentees and scholars, and I find that I gain motivation and renewed excitement for the nurse scholar role from our collaborations.

Soon after I met Rachel, it occurred to me that perhaps the three of us might join together and learn from each other. I presented the idea to both young scholars separately, and both readily accepted. Quickly we began thinking about ways we might pursue projects together.

The experience of our collaboration has not been in any way onerous for me, rather, we meet only as we need to, honor each other's commitments, yet we support and encourage one another. During our relationship, Camila has completed not one, but two PhD degrees, gotten married, and accepted a faculty position in a university. Rachel has successfully passed her preliminary exam, recently completed her PhD coursework, and traveled to Africa to help establish a pediatric intensive care unit in a country with few resources for sick children. I took a new role during our time together and had a large project funded. On the downside, we each had our challenges with the pandemic. We have supported and celebrated each other throughout these life events/changes, in addition to pursuing our collaborative works.

One of the most fulfilling parts of our relationship has been our project idea generation and the pursuit of understanding the value of our style of mentoring relationship. We are planning to conduct a collaborative research project on the outcomes of mentoring, we have introduced each other to additional scholars, and during our discussions, we realized we had created a model of mentorship called the Ripple Effect Mentorship Model—so named for the ways that our relationship has grown, affected others, and been bidirectional in nature. We give to each other, we give to others, and we receive from within our triad and beyond.

As a scholar who has greatly benefited from mentoring (and still does!), it is exciting, motivating, and fulfilling to help others identify and reach their own professional and scholarly goals.—Robin Bartlett

Mentee #1 I always wanted a mentor who could give me an overview of different nursing career opportunities and support me in professional challenges. When I applied to be part of the Nightingale Challenge as a Sigma member, I was fascinated by all the training provided, the network available, and the offer of a mentorship opportunity. Back then, I did not realize the impact that a mentor and the collaborations from the mentorship would have on my professional and personal development. It was, is and I hope it will keep being a fantastic experience.

I feel this is a unique opportunity and encourage every nurse to work with a mentor and try to experience group mentorship. I managed to have

open conversations with Prof. Bartlett that involved difficult and necessary discussions about academia, job posts, work environments, and how to set boundaries and maintain scholarly productivity. I am sure this was possible because of the trust and relationship we developed, and also because of all the experience that Prof. Bartlett has and kindly shares with her mentees like Rachel and myself. Prof. Bartlett saw a unique opportunity to connect us (Rachel and myself). This has been very important, as we are working together on different projects, learning about different contexts and cultures, and improving our understanding of health and well-being from an international perspective. Moreover, Prof. Bartlett put me in contact with other nurses who had a meaningful impact on my professional development.

My achievements during this time reflect my hard work but also the impact of this mentorship. Adding to the successes that Prof. Bartlett already mentioned, I was also awarded the Sigma Early European Career Researcher Award 2022. This group mentorship has been an inspiration during this time. Prof. Bartlett and Rachel are role models for me, and I admire their work and dedication to nursing and society.

This group mentorship experience proves that we need each other to have the best outcomes in the nursing profession. It is much more complicated when we try to do things isolated. My perception is that we are a team and that this leads to the ripple effect in which we support and influence each other. We developed a network, collaboration, research, and improvements to nursing practice supporting personal and professional development beyond one-to-one mentorship.

It is a significant achievement for me to be part of Sigma and to embrace the opportunities that were presented to me—such as the mentorship opportunity. Dr Lurdes Lomba from the University of Coimbra, invited me to be a Sigma member, demonstrating the possibility of a mentorship. This opportunity with Prof. Bartlett and Rachel would not have happened if I was not part of Sigma, demonstrating the importance of nurses being part of organizations for their professional development and to support outstanding achievements in nursing and beyond. I hope this group mentorship will be a long-term partnership, and I look forward to seeing what we can achieve together—Camila Biazus Dalcin.

Mentee #2 I applied to Sigma's Nightingale Challenge (now renamed the Nursing Now Challenge) because I wanted to become a more active member of Sigma, and I thought it would be a great opportunity to meet leaders and scholars within the organization. I was particularly interested in pursuing Dr. Bartlett as my mentor because I was newly enrolled in a PhD program and saw that she had experience as a PhD program director. Dr. Bartlett and I had our first meeting virtually and quickly established a connection. The journey through a PhD program is not linear—there are many twists, turns, and bumps in the road. Having a mentoring relationship with Dr. Bartlett through my successes and through times that felt like failure has been an integral part of my experience thus far and also beneficial for my well-being. Dr. Bartlett has always been encouraging and supportive of me while keeping my best interest at the forefront of all of the collaborative work we have done. When we finally met in person at Sigma's Convention in fall of 2021, I remember her saying that our mentoring program was almost over. I kindly replied back that she will be my mentor forever—because she will be! Now that she has introduced me to Camila, I can see our relationship growing into lifelong friendships—Rachel Baskin.

7 Conclusion

Mentoring relationships in undergraduate nursing education [11], among doctoral students and their advisors [5], and among practicing nurses [12] have been described by others. Mentoring provided by senior educators and scientists not affiliated with the student's university can also be helpful to those in PhD programs and to emerging nurse educators/scientists across the world. Developing mentoring relationships where the mentor and mentee(s) come from different states

and nations provides unique opportunities to avoid power imbalances in school or work settings and allows for sharing of ideas and experiences. In addition to sharing ideas, mutually agreed upon products can be developed, executed, and disseminated, to the benefit of all involved. Friendships can be created that may last well beyond the official mentoring relationship.

As depicted in the Ripple Effect Mentoring Model, through the connections and relationships that evolve from these unique types of mentoring experiences, and from actions taken, new opportunities are created, and others affected, well beyond the initial mentoring pair. In order to advance nursing across the globe, it is important for nursing educators and scientists to consider serving as mentor for student(s) beyond their own university. Emerging nursing educators and scientists might consider the benefits of having a mentor from outside their typical sphere of interaction. Through these relationships, greater and greater influence on nursing and healthcare can be realized.

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Born to Be in a Mentorship Dyad

Emily Rowen and Lisa Rowen

Objectives

1. Describe the concept of reverse mentoring.
2. Explain how reverse mentoring can help senior leaders grow and professionally develop.
3. Apply the value of divergent and diverse perspectives in a mentoring relationship.

Colleagues are a wonderful thing—but mentors, that's where the real work gets done.

—Junot Diaz

The real voyage of discovery consists not in seeking new landscapes, but in having new eyes.

—Marcel Proust

1 The Voyage of Discovery

In the past several years, the nursing profession has experienced an evolution of practice and shifting expectations to be a more flexible workforce at all levels of experience and expertise. We are often called on to change or adapt. The term "nursing practice" describes both professional engagement and performing nursing actions. An even more comprehensive definition of "practice" includes mechanisms to prompt reflection and incorporate feedback from others. The voyage of *adapting* one's practice to meet the evolving demands of the profession benefits from continuous reevaluation of knowledge and reflection through the eyes of others. Knowledge is not a replacement for life experience, however, experience is not a final resting point for understanding. Successful practice as a nurse is the equipoise of knowledge, experience and understanding.

The COVID-19 pandemic has exponentiated shifting expectations and rapid role adaptations for nurses which has contributed to clinician burnout reaching crisis levels. Many stakeholders call for systemic solutions to retain critical personnel while preparing a new generation to take the field [1]. It is critical for nurses to have their voices, ideas, and insights heard. The American Nurses Credentialing Center Magnet model for

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nursing leadership and shared governance offers valuable structures to elevate nurses' contributions and foster local decision-making [2]. Frontline nursing staff can act as drivers of change alongside C-suite and senior executives. When senior leaders go to the frontline of patient care or perform "stay interviews," they learn from nurses as they share their perspectives and challenges of care delivery. These types of discussions facilitate senior leaders to understand, assess and solve challenges collectively with the team. When senior leaders ask nurses why they remain at the workplace and what has them thinking about leaving, it offers a much deeper level of insight [2]. Equally important, these conversations demonstrate that senior leaders are not assuming they know why nurses stay or leave. Instead, it demonstrates curiosity and a willingness to listen and learn.

One strategy to reconnect the executive or senior-level leader with frontline team members is reverse mentoring. Reverse mentoring is a relatively new concept where the traditional hierarchy within the mentor/mentee relationship is removed and the mentee serves as an authority or expert. In a reverse mentoring relationship, a younger or more junior expert assumes the role of mentor and an older or more senior colleague becomes the mentee. First developed in the late 1990s by General Electric Chief Executive Officer Jack Welch, he realized that younger junior employees were more facile with emerging technologies than their senior team members. Welch paired junior and senior team members and encouraged the junior individuals to mentor the senior member of the pair [3].

The partnership between a senior-level individual and a junior-level individual facilitates a filling-in of possible gaps by the junior-level individual in the more experienced person's knowledge. The insight gained from fresh eyes offers powerful understanding for an experienced individual. Reverse mentoring can be an efficient and effective tool for sharing knowledge, navigating biases, creating engagement, and building intergenerational relations based on mutual acceptance and trust [4]. The benefits of reverse mentoring can be considerable. Making hierarchy and titles unimportant in a relationship can promote a level playing field where ideas and issues can be openly and respectfully discussed.

Including voices that aren't typically part of the dialogue adds perspective, supports inclusivity, and offers diversity of perspective. As a result, practicing reverse mentorship supports meeting the demands of not only the new generation but also everyone in the changing world of work.

As junior employees may be more inclined to stay at a company where they feel valued and have opportunities for development, some organizations have also found that reverse mentoring programs encourage inclusion by providing space for new relationships and interactions that otherwise would not develop. Reverse mentoring can also facilitate culture change if that is one of the organizational goals. Some businesses have found that one of the cultural changes that a reverse mentoring program can foster is an increased emphasis on technology in business operations and marketing [4].

Reverse mentoring programs may frequently focus on new technology and business practices. While labeled "reverse mentorships," the relationship is mutually beneficial for both people. For example, a reverse mentor junior colleague might teach a senior mentor colleague about technology use and what is most important to an incoming generation, while the senior colleague teaches the junior colleague about business best practices that they can use throughout their career. In this way, reverse mentoring and mentoring relationships can fill in knowledge gaps in both colleagues' backgrounds and help develop leadership skills at both the junior and senior levels. In addition, reverse mentoring can help facilitate respectful relationships between different generations in the workplace. In our post-pandemic world, as the Great Resignation continues to challenge organizations, it's time for senior experienced leaders to consider reverse mentoring from less-experienced individuals as this can offer leaders fresh perspectives on rising trends and the future [5].

The concept of reverse mentoring is founded in learning and social theories of mentorship and has been practically applied in information tech-

nology, business, and education fields. In addition, there is a role for reverse mentoring in healthcare education and the health sciences, particularly with the inclusion of new technologies in a changing health landscape and the emphasis on interdisciplinary teamwork and improved workplace culture [6]. We have found that our mentorship dyad, which includes both mentoring and reverse mentoring, to be helpful to both of us in our healthcare careers.

2 Reverse Mentorship in Action

2.1 Lisa (Mentor)

It has always been important to me to be a role model nurse and speak about the nursing profession in a positive and respectful manner. In particular, I wanted my children to understand and witness that nursing has not only been good *to* me, it's been good *for* me and offered countless opportunities to extend care to individuals in times of their need and vulnerability. Delighted when my daughter, Emily, disclosed she wanted to become a nurse, it was important to me to understand what she experienced in nursing school, her clinical rotations and her first role as a nurse. I was determined that her transition to nursing would progress smoothly and hopeful that I could serve as one of her nurse mentors. Little did I realize that the benefit of Emily becoming a nurse would be an equitable growth opportunity for me. Emily's reverse mentoring of me became critical to my growth and development as a seasoned nursing leader.

While throughout our careers, we were not in the same institution, we have been fortunate to be in a mentorship dyad, where Emily serves as my reverse mentor and I serve as her mentor. This relationship offers value to both of us as we navigate our respective roles. The following scenario illustrates the value of a dyad relationship that includes both mentoring and reverse mentoring.

3 Making Mistakes (Emily's Year 2 in Practice/Lisa's Year 32 in Practice)

3.1 Emily (Mentee)

News of my error spread like wildfire on our Pediatric ICU. It had been 3 days since I had unintentionally programmed a Lasix drip in error. That afternoon was spent answering leadership's "investigative questions," hanging fluid boluses and checking kidney function tests like my life depended on it. My internal narrative ranged from shame to rage by the hour.

Sleep deprivation was my retribution. My head echoed with the final moments preceding the event. Carefully replaying every provider order I reviewed, I double-checked the syringe against the order. The first and incorrect order. I had subconsciously averted my attention from the second order with the appropriate rate. A physician had entered the first order in error and forgot to discontinue it before rewriting the second correct order. The syringe barcode even scanned to validate that I was correct. But, I was the final step to ensuring no harm to my patient; I was the gatekeeper of safe practice. My small and vulnerable patient deserved better. *I* was supposed to know better. I couldn't take back my mistake. I told myself "To err is human," but, "First do no harm." Painfully, I experienced the fact that these two oft-spoken phrases are mutually exclusive.

"Mom?" My woeful voice broadcasted through the phone.

"Em, what's wrong?" She sensed it immediately.

"I messed up. I hurt someone." There. I said it. I unloaded my burden onto someone else.

"Oh no! Want to tell me about it?" she sighed. I could tell her pain was just as profound as mine. She felt it alongside me. This provided a momentary comfort.

I told her everything. The details of the day, the people I wanted to blame, knowing I could only blame myself. The shame, guilt and fear of returning to my workplace. Shuddering at the thought of receiving report on my first day back,

seeing the pitying eyes of those who knew. It was too much to bear alone. So I didn't; I shared the burden. She was a sounding board. Not only the kind that absorbs sound but also in the kind that reflects it back.

Then it was her turn. She shared about the time she gave a patient ten times the dose of a medication that was ordered. It was a decimal error on her part. She shared that 30 s after she administered the increased dose, she realized the error. Describing standing in the hall outside of the patient's room, she felt the heat of terror engulf her. She furiously questioned herself, asking, "Will my patient be okay? Should I tell anyone? Will they ever trust me again? Will I ever trust myself again? Will I get fired?"

Like my patient, her patient survived with no untoward effect. Like me, she was terrified. Unlike me, she didn't tell anyone about her medication error. Excusing her from this "transgression," I reminded her of the time period in which she practiced.

"Mom, you made your big error before medication barcode scanning, electronic medical records, and medication dispensing machines. This was before 'smart' mattresses, iPad interpreters and monitors. This was 'back in the day' when you had to calculate and manually count drip rates, before there were even departments called 'Patient Safety' and 'Continuous Improvement.' Before Root Cause Analyses and Just Culture. What's my excuse?'" I said. We continued on like this for an hour sharing battle wounds; me the newbie, her the vet, competing for who had it worse.

We processed why she didn't share her error and I chose to share mine. She still carries the guilt of not sharing. We discussed how she believes the concept of a culture of safety has created a relatively safe harbor for revealing clinical errors. Focusing on the value of integrity, we discussed that revealing my error was courageous and demonstrated personal integrity, while prioritizing my patient's safety above all else. My mom mentor continued to probe and question, asking, "It might be harder for you, no? So much technology and screen time."

"Fair enough," I responded. "I do hear alarms in my dreams now and spend half of my shift telling the computer what I did." This was the first quasi-quip I had made since the incident. I felt a sense of thawing, a small step to reclaim myself. My mother had a quiet way of softening the blow of my anguish. She helped me see the bigger picture, provided perspective on the evolution of safety in our collective clinical worlds, and gave me hope that over time I would regain confidence and belief in myself.

3.2 Lisa

I couldn't stop thinking about Emily's medication error and l felt like I was re-experiencing the trauma of the medication error I had made as a novice nurse. The subsequent conversation she and I had to process her pain, begin healing and ultimately learn from the event was important for both of us. I was gratified that she reported the error but I couldn't stop wondering if the nurses in my hospital—the nurses I led—would feel safe enough to report a similar error. I assumed they would but after listening to Emily's insights, I realized that was an assumption I couldn't afford to make. As we continued to talk, Emily urged me to ask the nurses in my hospital if they would report a medication error.

As additional perspective to the reader, Emily's medication error occurred years before the Radonda Vaught case, where a former nurse in Tennessee was sentenced to three years of supervised probation after being convicted of making a fatal medication error in 2017. The Vaught case offered a platform for nurses to express their concerns, disappointment and rage about staffing concerns, holes in medication processes that could easily cause errors and policies that were impossible to fully follow. Nurses freely explained that this combination of factors could easily expose them to making errors. Suddenly, a national discourse was commonplace, and nurses were able to honestly voice how some of the mistakes Vaught made could occur in their hospitals.

I took Emily's words to heart and decided to have open conversations about medication errors with my bedside nurse colleagues. I raised the question at our Staff Nurse Council monthly meeting and at staff meetings on the nursing units. I specifically asked, "If you made a medication error, would you feel safe to report it?" The responses were eye opening and sometimes concerning. Many nurses said they would definitely report a medication error if they thought the patient's safety and health could be jeopardized. Other nurses revealed that if the error was not life-threatening, they would opt not to disclose it. Upon further discussion, most said they would worry that their managers or peers would think they weren't safe caregivers and/or that there would be punitive outcomes for disclosure.

For me, this became a defining moment in my tenure as a Chief Nursing Officer. The impact of my conversations with Emily and honest responses of my nursing colleagues created an opening to discuss what we needed to do to ensure a culture of safety. The dialogue helped our hospital nurses to see how a medication error could be looked at more broadly to understand the system and process errors that currently exist, in addition to the potential for individual errors. Because a pharmacy leader was present for many of the discussions, it helped to expedite adoption of medication barcode scanning. It also led me to work with colleagues to create and implement a Just Culture algorithm for all team members at our medical center.

Emily's ability to share her raw grief and perspective about the event was a mentoring moment for me. She reverse mentored me because she was able to vividly describe her experience, thoughts and needs, and the challenges at the bedside. She urged me to further consider what nurses need to feel safe to discuss safety medication safety events. At that point I had 32 years of experience and had been away from the bedside for many of those years. The reverse mentoring I received from Emily inspired me to get close to nursing practice and consider the challenges from the perspective of a nurse who was administering medications. It was a reflection cycle that made me a more realistic CNO and my nurse colleagues appreciated my interest in their thoughts, feelings, challenges, and attention to a continuous improvement of our hospital's safety culture.

4 Research on Reverse Mentorship

There is a dearth of research on reverse mentorship in nursing literature, and we believe it is a critical area for future studies. Research on reverse mentorship is scant in human resources and business literature. Jordan and Sorrell studied the topic and their data revealed reverse mentorship can make multiple positive contributions to an organization [7]. They found that benefits included an increased retention of Millennials, a sharing of digital skills, a driving of culture change, and the promotion of diversity.

5 Self-Reflections About Our Experience

When we consider what we learned and valued about our experience, our key takeaways about a mentorship dyad and reverse mentoring follow.

5.1 Lisa's Self-Reflection

5.1.1 Insight

I considered myself a seasoned, experienced leader who had many answers. I realized, however, that I had been away from practicing nursing at the bedside for decades and while I frequently rounded on patients and team members, hearing first-hand honest and unfiltered comments, detailed examples and perspectives from a junior nursing colleague gave me a different level of insight that rounding hadn't provided. In the safety of a mentoring dyad, my reverse mentor was able to fill in insight gaps for me that I didn't know existed.

5.1.2 Trust

We found that at the heart of our mentor/mentee dyad that was inclusive of both mentoring and reverse mentoring, the bedrock was trust and honesty. Fortunate to have a life-long relationship of trust, we were immediately able to be honest with each other. The existing trust didn't make it necessarily easy to hear honest feedback from each other. We still pushed back when one spoke their truth that the other did not want to hear. The foundation of trust created the space to process challenging situations together and facilitated mutual growth and respect of a diverse viewpoint.

5.1.3 Match

We have come to realize that our "match" as a mentor/mentee dyad was formed by our original mother/daughter relationship; however, our match of personalities and mutual desire to learn were critical. There is an art to matching mentors and mentees, whether in a traditional or reverse mentoring relationship. Just like in any partnership, two people need to gel and mutually benefit from the experience. Since a role hierarchy exists with junior and senior individuals, it is incumbent on the senior person to ensure the junior person feels respected and valued, which will in turn offer the junior person the opportunity to grow in confidence [8].

5.1.4 Priority

We have had the benefit of making each other a priority throughout our lives. This practice facilitated our mentorship dyad. As we've processed our experience, we recognize that both the mentor and mentee of a dyad must prioritize their relationship. The dyad offers a rare opportunity for the unheard to have a voice, and it is this voice that provides the color and shading to the senior person's canvas of knowledge.

5.2 Emily's Self-Reflection

5.2.1 Who We Are as People Rather Than What We Do in Our Roles

We were able to capitalize on what we each brought to the discussion. Our roles influenced our perspectives but did not create boundaries that trapped us into not sharing a different or opposing perspective. Rather, our collective insight formed a Venn diagram, where we had both similar and divergent understandings and opinions about an event or situation. As humans, we seek validation from others and gravitate toward those with similar perspectives. I learned that a mentorship dyad where both the mentor and mentee benefit from divergent and diverse perspectives was key for both of us to professionally and personally grow. We did not want the luxury of simple validation. We believed that it was important to explore a broader perspective that has nuanced and conflicting truths. In this way, our formal roles and titles did not pigeonhole us into traditional role behaviors. Our agreed upon nursing mantra was "Everything is gray."

5.2.2 Act on What You Learn

We realized that learning and processing together wasn't enough; we both needed to act on what we learned to optimize our mutual mentoring. Failing to act on reverse mentoring learning, in particular, poses a risk because it could be perceived as being related to the power dynamic. Not following up on the issues flagged via reverse mentoring risks losing the goodwill and confidence of your workforce [8].

5.2.3 Fun and Meaning

We believe that there is a role for fun in a mentorship dyad. Fun and humor that both individuals enjoy create trust and a sense of equality. It allowed us to laugh at ourselves, learn from each other, and see a broader perspective. In turn, this added meaning and value to our relationship and expanded the learning opportunities each of us has capitalized on.

5.3 Emily and Lisa

For us, our mentorship dyad has been instrumental in our lives as nursing professionals. We've realized that great work happens when the hierarchy or power dynamic is fluid and flipped. Growth and learning at an organization occur when frontline team members learn from the wis-

dom of their senior colleagues. Perhaps, even more important, when senior leaders are connected to the experience, pain points, and nature of the work in a meaningful way and through the eyes of junior team members, an organization's culture can have more rapid advancement. Many mentor relationships begin on the premise that the more senior member of the dyad has something to impart. We agree that this is true. In addition, we are issuing a call to action to re-envision mentoring as a reciprocal relationship in which power dynamics and experience do not dictate the flow of information and understanding between the mentor and mentee. Interestingly, mentoring within nursing is fluid across different decades and requires a reframing of the roles. There is much to learn from a junior and senior reciprocal dyad relationship. We continue to mentor each other as nurses in our continuous voyage of discovery in our nursing careers, and we expect to do so for the rest of our lives. We were both born to be in a mentorship dyad and are so grateful for each other.

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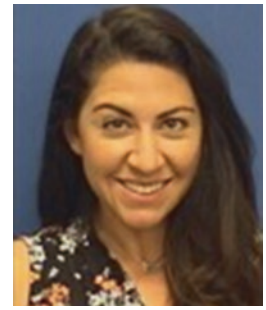
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Midwife the Mentee: Be "With Learner"

Jennifer A. Ham and Kristen McCammon

Dare to reach out your hand into the darkness, to pull another hand into the light.

—Norman B. Rice

Objectives

1. List at least five conceptual approaches identified in the narratives that align the "with woman" philosophical approach of relating.
2. Describe why it may be impossible to list all outcomes of the "with woman" approach early in the mentor–mentee relationship.
3. Explain how co-created knowledge is one concept critical to the success of this type of mentor–mentee experience.
4. List the benefits this mentor experienced from the relationship.

1 On Midwifery Mentorship

The American College of Nurse-Midwives (ACNM) represents certified nurse-midwives and certified midwives in the United States to support the vision of midwifery for every community. The reciprocal relationship developed through mentoring in midwifery is mutually beneficial to both mentor and mentee, and it has been posited that effective mentoring programs may be essential to sustain, diversify, and grow the midwifery workforce [1]. Guidance for best practices in the mentorship of midwives in the United States is scarce and novel in formal development [1].

2 On 'With Woman' Concepts

Embedded within the ACNM logo is, "with women, for a lifetime," and it has been argued that this is a philosophical approach unique to midwifery that can be applied to the way midwives relate to others [2]. While these concepts are commonly viewed as the way for midwives to practice with midwifery clients, "with woman" can be widened to include a way of relating to all others, even to those who do not identify as women. The ability of a midwife to be "with woman" can occur in all contexts, "hospitals, birth centers, home, community" ([3], p. 4). From the "with woman" lens, parallels can be drawn between the relationship a midwife has with her client and the relationship a mentor has

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with her learner. Borelli describes the kaleidoscopic midwife as a conceptual metaphor with four pillars:

1. Promoting individuality
2. Supporting embodied limbo
3. Helping to go with the flow
4. Providing information and guidance

Many conceptual approaches could fall under the umbrellas of the above pillars. Literature references to specific approaches include the ability to exert nonjudgment and reassurance [3], to be fluid, dynamic and with an "immediate" physical presence [4], to provide health care that is aligned with the client's agenda [5], to be able to balance many components at one time [6], to adhere to mutually respectful practices [7], to use the relationship as the source of knowledge for future actions [4], to recognize that the relationship is important and may serve as a foundation for future work, communication, and professional skill sets [8], and to be willing to participate in co-created knowledge innate to the relationship that may result in unpredictable and uncertain outcomes [9].

3 Jen's Reflection: Mentor

Uncertainty in Kristen's distinct journey presented intensely during stunted clinical opportunities as a result of the COVID-19 pandemic. This unpredictability presented as chronic schedule changes to both work and graduate school schedules, difficulties with license testing and the relentless search for her first midwife position. During those times, it seemed that her student and professional goals would go on hold for months, without answers or clear pathways to completion. We discussed temporary barriers as a normal part of the evolution to become a midwife and this approach is the metaphorical equivalent to the monitoring of normal labor that does not make expected progress. Life didn't always go to her own plan and I didn't have her answers, either, but we had many shared experiences during those times. It's important for the midwife to be dynamic, fluid, and with a physical presence that is immediately available [4]. Kristen worked a variety of clinical day and night shifts over the student years and we conversated on-demand via text, e-mail and in-person. While Kristen was in practice over the first few years, I continued to receive occasional texts such as, "busy? I have a question."

Midwifery care is renowned for excellent outcomes and central to these effects are the emphasis on care that is specifically aligned toward the woman's agenda [5].

As a midwife, I often inquire about what a good birth would entail and I want to know what details are most important to the client. As a mentor, I focused my attention on Kristen's individual approaches, similar to how I would a client. Different from a graded pass or fail, Kristen unearthed scenarios that would require personal change in order for progression to occur and it was through her diverse experiences that she learned how to create her way. The development of what was needed, personally, for Kristen's dreams to come to fruition was a highly innate process. It was the detailed changes she made, discovered together in the mentorship, that allowed Kristen to meet broad graduate nursing program targets. Women have reported they want nonjudgment and reassurance from midwives [3]. In that I could not always relate to Kristen's specific challenges, I held space for our conversations, and I suspended judgment. When I went through midwifery school, I experienced adjustments in many areas of my life all at once. I was a military spouse that raised two young children in a new community and I learned how to transition from bedside nursing to advanced practice.

My personal and professional life seemed to change continuously for a few years. I wasn't experienced with how to make all those transitions at once back then and I'm sure it appeared that way to my midwife preceptor. I am not an expert in the process of change and I didn't want to judge Kristen's personal journey from my personal perspective. In full disclosure, I also struggled to balance all of the demands on my time while in the mentor–mentee relationship. While I mentored Kristen, I balanced a doctorate pro-

gram with full-time and full scope midwifery work. I also tried to be a good mother and a present wife. With my time stretched thin, I didn't think I was doing my best at any one of those promises. I repeatedly unveiled these concerns to Kristen over the years and we developed trust over time. "With woman" is a trusting relationship built specifically over time, from a variety of experiences and within a safe environment [5]. I can see, now, how those shared experiences between Kristen and myself contributed to the strength of the relationship over time. I had extended myself and I felt vulnerable in all areas of my life for a few years. I depended on her to accept me as I was. Connection and safety is highly dependent on a mutually respectful relationship between a student and educator [7]. This harbor of trust allowed for the co-creation of knowledge which inevitably allowed each of us to progress.

Sosa et al identified that the midwife–client relationship balances many components during the intrapartum course, which includes coping strategies, progress, presence, and birth partners [6]. As a certified nurse-midwife, I balance and prioritize information and my actions continuously. During my experience as a mentor, I inquired regularly with Kristen about how she was surviving her life experience of working full time as a registered nurse, caring for her family and also attending school part time. Experienced now with the constant state of juggling client demands, I saw Kristen learning how to do the same. I could remember, 10 years prior, having had the same trio of responsibilities that filled my days. From my perspective, I wanted to be sure she took good self-care. We celebrated when one of us could squeeze in a short run within the busy schedule and we wondered together whether compression stockings were helpful or just a fad. Clinical hours were busy, but did we manage to pack lunches with produce? Inquiring about her self-care allowed me to reflect on my own habits. Despite myriad demands, we needed to know that she made progress toward her learning goals. This was measured objectively by her clinical faculty through the assignment of grades and check-off lists so that she could graduate and certify as a nurse-midwife, but between us it was the discussion of mentee-originated topics.

With the check-off lists in the background, she wanted to discuss how to stay calm during unexpected outcomes, how to stop feeling like she might pass out in the operating room, and the unexpected feelings of process-induced grief. Previous to this experience, her home life routines centered around typical office hours. The introduction of midwifery hours, which are around the clock and often include holidays, changed how she functioned at home. In response, her partner also learned how to shift his schedule to accommodate mutually shared priorities. Having never participated in a long-term mentorship prior to Kristen, I often sought feedback from her, so that I could know whether what I did or said was helpful. Borelli describes this type of process as, "relationship mediated being," and "knowledgeable doing," which is a main element of being "with woman" by a "good midwife" ([4], p. 107).

Over time, I have learned so much from the people who have allowed me to care for and with them. I have gratitude not only for the permission received to share those moments with women but also for the increased insight into lifespan events created from those collective experiences. Just like patients have informed me over the years, I also learned from Kristen. While she learned to chart her notes, we also discovered that my chart notes needed better organization. Sometimes, she saw miscommunication in my interactions when I did not. We held intense debate on ambiguous test questions. In my discussions with Kristen, I learned that some of my explanations for decision-making were dated and so I changed my practice to reflect newer information. Although my mentor–mentee relationship was primarily focused on Kristen's ambitions, my passions for parts of midwifery were exhumed intermittently throughout the process. Although at risk for "rusting out" after 20 years of bedside nursing, my professional purpose and innovative drive were reignited by her regular tokens of appreciation and gratitude.

4 Kristen's Reflection: Mentee

A relationship between mentor and mentee is not only a professional relationship but it can also be interpersonal, and it can lead to a lifelong connection. This was a voluntary relationship that involved socialization and trust development. This process seems similar to the way a midwife forms a bond with his or her patients. Along the journey that I had as a graduate student, Jen guided me through every step of the way and she helped me realize my professional potential. I doubted myself and my abilities and I never thought that my dream of becoming a midwife would actually come true.

She was there to listen, promote my learning and support me both personally and academically. She freely gave information and guidance to help me achieve my dreams. This process is almost indistinguishable from that of a midwife being "with woman." A midwife accompanies and helps a woman through all aspects of her pregnancy. Throughout this journey, we were able to strengthen our relationship not only with each other but we also saw how this journey helped us to relate to our patients.

The journey we took together, and are still taking, has led us through many triumphs and impediments, similar to the pathway a patient takes in pregnancy and throughout a woman's life. Together we were able to overcome all obstacles and, along the way, we taught each other ways to help our patients also overcome misfortunes and difficulties in their lives. Working through challenges together strengthened our bond. The mentor–mentee relationship can strengthen relationships in future work and enhance communication skills [8]. It may appear that being a mentor may only benefit the mentee, but our journey was so much more. We were both able to learn from each other and many aspects of our lives were touched as a result.

With the ups and downs I faced while being a student, continuous mothering to my two young children, and working full time, Jen was always there to counsel and support me whether it be during conversational clinical time or more informally on the nights or weekends. Jen used her knowledge and practice as a midwife to guide me through my struggles. She became more than just a preceptor. She set the framework to build a lasting relationship and this in turn gained my trust. We faced the COVID-19 pandemic in the midst of my last graduate year, which was supposed to be full of clinical practicum opportunities and transitional to my first midwife position (my dream!). Instead, it was full of unknowns and each week we didn't know what we were going to face. During that time, the connection and trust we had formed before helped us navigate the future unknowns together. My clinical hours at the hospital were cut short and my job options dwindled. Jen never lost faith in me. She pushed me to become the best that I could be. Having her believe in me has made all the difference in my life and it affects the way that I approach not only life, but my new practice as well. Now as a practicing midwife and in my reflections on that journey, I have come to discern that she mentored me to do the same with my patients.

Adjusting to the busy schedule during my master's program was difficult for me. I had to learn how to balance my family, work, and school. Jen helped me remember that not only did I need time for all of that but also I needed to take care of myself as well. We often have to remind our patients of this. I could not possibly juggle the full platter well if I was unhealthy. Anyone can be a mentor, but the development of a connection that lasts long after the assignment is done makes for a spectacular mentor. Jen did that for me. She not only cared about my journey as a student to become a "good midwife" but also she related with me on how to be a great midwife which enhances the field of midwifery. Having a mentor that cared about all aspects of my life and supported me is what made all the difference. She helped guide me to become a better mother to my children, a healthier version of myself, and to become more passionate about the field of midwifery. Her enthusiasm and drive also helped increase my sense of belonging to the midwifery community.

Clinicians seem to be "burning out" of healthcare, possibly related not only to global healthcare changes but also to the increased demands

related to the COVID-19 pandemic. Clinicians can focus hard on career requirements and keep pace with the most recent medical information, but we need to remember to care for ourselves as well. I learned it's not just about the patients, but also about us. Having a mentor like Jen helped me realize that my well-being was the foundation of my future practice. If I do not take care of myself how could I take care of others? We all strive to provide high-quality and safe care while being compassionate to others. We can take care of ourselves and also consider our well-being when caring for others. These two cares do not need to be mutually exclusive. This type of mentor–mentee relationship can contribute to overall well-being by enhancing how we look at relationships [8]. Jen guided me to improve my relationships at home by encouraging me to actively listen and to communicate openly. Improved relationships as well as improved communication can help promote clinician well-being, mental health, and engagement in careers with patients [8]. Relationships built on trust, physical and psychological health, and the support from others leads to high-quality patient care.

After finishing my master's degree, I knew that the relationship that we developed would still be there. I moved halfway across the country for my first midwife position and Jen has always been there for me.

Finding a position in the midst of the COVID-19 pandemic was difficult, and I knew that I would have to step out of the comfort of my own state to make my dreams come true. Despite this challenge to my perceived limits or to the physical distance we now have, she will always be a colleague to go to for support and advice. I think having a wonderful mentor that developed a lifetime relationship with me was the key to my overall success. With Jen's support, I feel like I can accomplish anything. She challenged me at times and made me move out of my comfort zone, but she was also there to walk me through new experiences. She helped to form me into the midwife I am today, and this will contribute to the midwife I will be tomorrow. I will be forever thankful for and indebted to her.

This mentor–mentee experience helped me transition smoothly into my new career. Comparing my mentorship I had with Jen to that of other classmates, I realized firsthand how important the mentor–mentee relationship was to my success as a midwife. Jen was present with me then and I believe she always will be … parallel to the continuity of care that I provide as a midwife who strives to be "with woman."

5 Conclusion

While Kristen formally integrated ACNM's core competencies and midwifery hallmarks through her graduate studies, the mentor–mentee relationship paralleled and enhanced her development as a professional. Under the shelter of trust, Jen and Kristen co-created innovative knowledge which resulted in outcomes that were both unpredictable and uncertain [9]. These innate outcomes turned out to be essential for each participant to grow and advance. With United States midwifery preceptors in chronic short supply [10] and the COVID-19 pandemic having further stressed the existing programs, Jen entered the mentorship without formal mentor or preceptor training and Kristen entered the relationship without many site or preceptor options. The application of the philosophical "with woman" way of relating to the mentor–mentee relationship not only amplified the benefits of the mentorship but also the examination of that relationship through the development of academic narratives using the "with woman" framework helped to elucidate those conceptual approaches that were most beneficial to each.

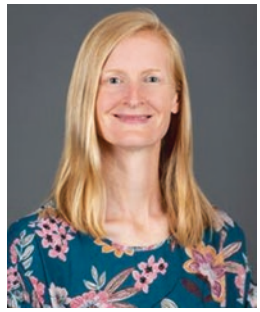
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Mentoring with a Purpose: Getting Promoted to CNO

KT Waxman and Giancarlo Lyle-Edrosolo

A leader takes people where they want to go. A great leader takes people where they don't necessarily want to go, but ought to be.

—Rosalynn Carter

Objectives

1. Articulate the relationship between the mentor and mentee.
2. Discuss test mentoring.
3. Understand the power of networking.

1 Mentor Narrative - Dr. KT Waxman

Mentoring has been defined as "a relationship in which a mentor supports the professional and personal development of another by sharing his/her experiences, influence or expertise" [1, 2]. Mentoring includes "psychological and social support-listening, caring, accepting, confirming and encouraging" [3, 4, 5]. I have been a mentor to many nurse leaders over the years and, in 2012, I met my mentee and co-author of this chapter.

As a Professor in an SF Bay Area University, I was teaching a financial management class to a group of DNP students which included both FNP and leadership students. Some of the students in the class were in the BSN-DNP program, while others were in the post-masters DNP program focused on leadership. I lectured that night on what leadership was and provided examples of my career including being promoted due to my leadership skills. I had a guest speaker who was a well-known nurse leader in our state provide her perspective on what leadership was and the opportunities within the profession of nursing for leadership roles. We spoke about the value of nursing practice. The class was intrigued, and their assignment was to write a reflection paper on their experience in nursing related to leadership. A week later, I read and graded the papers. One stood out to me. My future mentee, Giancarlo Lyle-Edrosolo, an FNP student wrote that after

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hearing my lecture and being in my class, he had a better sense of what leadership was and then that night, made the decision to shift his academic plan from FNP to leadership. In the reflection paper assignment, I had asked the students to identify their career goals for the next 5–10 years, and this student said he wanted to be a Chief Nursing Officer by the age of 40. He then asked me to be his mentor. After talking to him at length about his decision to change programs, I was confident that it was the right decision for this student. One important developmental experience that affects career success is effective mentor relationships [6].

We scheduled subsequent in-person meetings over the next few weeks and it so happened that the American Organization for Nursing Leadership's (AONL) annual meeting was fast approaching. I shared with my mentee that networking was probably the most important thing when searching for a new position and suggested he join me at the meeting. I was able to introduce him to several nurse leaders from around the country, and they were most impressed by his professionalism. I advised him to reach out to these individuals after the meeting via email thanking them for spending time with him and providing his contact information. He continues to network with those he met at that meeting. The following year, I was elected to the AONL Board of Directors as Treasurer and as a board, we agreed that we should have appointed board members the following year that reflected gaps in terms of diversity (age, generation, ethnicity, continuum, etc.). My mentee was appointed to be on the AONL Board the following year!

By now, he was getting busy, he received a job offer which was a promotion. I received a text asking me if I had time for a call. I did and we talked through the pros/cons of this job (which he took). We agreed that we would continue to meet periodically to touch base and check-in. After he was in his new role for around 6 months, I received a text asking me to talk through him running for another board position for the state association and I encouraged him to do so (he won). From there, my mentee went on to secure his first Chief Nursing Officer (CNO) job and I could not be prouder.

We still communicate regularly, set up in-person meetings when possible at conferences a few times a year (via Zoom during the pandemic). We planned to write together as we did co-author a publication while he was still a student, and it is exciting to be co-authoring this chapter!

2 Communication

This "rapid fire texting" worked well for us as, although I am not a digital native, I am very much a supporter of text messaging. It allows you to answer a question on the spot, provide words of encouragement, and not fill up your calendar. If the text message I received was longer than 3 in., I requested a phone call. Typically, with texting, long texts can have multiple questions in them and things do get lost in translation. Our alternate method of communication was Zoom, followed by phone. Even a quick phone call for a few minutes can be valuable especially if there is a time-sensitive matter. There may be opportunities to use Zoom if you want to share a document or an email you are about to send out, etc.

An example of text mentoring: Mentee: I know you are busy, but I want to bounce something off of you. Mentor: Sure thing, is this time sensitive? Mentee: yes, by the end of the day. Mentor: Can you send me something or do we need to chat? Mentee: Chat for 10 min? Mentor: OK, how about 2 pm.

Another example: Mentee: Hi, can you review the document I just sent to you via email today before 5 pm? Mentor: I am in a meeting all day; can you give me a summary?

It is also important to set some boundaries and have a clear timeline for responding. Asking for feedback periodically helps the mentor prepare for the next meeting. I feel I am a coach, advisor, and an overall cheerleader. Text messaging is a great way to send congratulatory and encouraging comments through emojis and periodically, I would just send a "thinking of you" note with a fun emoji.

3 Reflection of Mentor

Regardless of the chosen path, leadership skills remain essential to your success. From novice to expert, mentorship is vital. Leadership role models remain pivotal to future success as a nursing leader [7]. Identifying potential leaders to assume roles that are or will be vacant is essential and succession planning is critical. Mentoring in this decade is like no other. Having mentored others since the 1990s, I have seen a change in the way I mentor, the needs of the mentee, and the communication style we use. I recall that formal in-person meetings were typically scheduled as the technology was not yet available and the process was more formal. The other thing that has changed in my mind is the amount of time one stays in a job before they leave. It is not uncommon for nurse leaders to get a new job every 3 years versus back in the day where we worked for 10–12 years or more! The younger leaders are not as concerned about moving from one organization to another as we were when we were trying to move up the ladder. I do believe that it can be easier to move into a leadership role in a new organization than on your own. Colleagues that know you may have a harder time if you become their "boss" in the same organization. I have talked through that scenario with many mentees regarding the pros and cons of staying versus moving on. Making a difference in Giancarlo's career is extremely fulfilling to me.

4 Mentee Narrative - Dr. Giancarlo Lyle-Edrosolo

In the Fall of 2011, I entered the Family Nurse Practitioner (FNP) program at the University of San Francisco (USF). USF's program allowed students to obtain their FNP training and their Doctor of Nursing Practice (DNP) degree at the same time. I had every intent of finishing my FNP degree to achieve my goal. At the time, I wished to open a nurse-led heart failure clinic program. However, my intent was not to diagnose and treat patients but rather, to manage and lead the operations of the clinic. As a young nurse, it was very hard for me to see myself being in a formal leadership role. In reflecting, what I had a hard time doing was envisioning myself letting go of the reality that as a leader, you are not the clinical expert. At that time, I did not understand that leadership is a specialty like critical care, medical-surgical nursing, orthopedics, oncology, and the like. A large part of my nursing identity was tied to my role as a clinician and critical-care nurse. I had tremendous pride in my ability to manage complex patients in the intensive care unit. The transition to leadership meant that I would have to exchange my hat as a clinical expert to that of a novice leader.

At the start of my education, Dr. KT Waxman was the chair of the USF DNP program. I had many opportunities to interact with KT throughout my program, but it was not until the Summer of 2012 that I had her as a professor for my financial management course. In one of our in-person course intensives, she spoke about the role of the Chief Nursing Officer as an advocate for patient and clinician safety. She expounded on the concept that a leader's ability to articulate the need for resources using the creation of a sound business plan with emphasis on key business principles of return on investment, break-even analysis, and cost avoidance can hasten/solidify the acquisition of needed resources. For me, this single interaction, however, routine for KT, was the spark that lit the fire. In the years preceding this incident, I was nursing a growing curiosity for leadership. This was the event that helped me understand that leaders could have a meaningful and positive impact on systems.

I wish I could say that this moment of clarity was all that I needed to pivot effectively. That after this moment, I was able to visualize, verbalize, and effectively communicate my career goals and aspirations. Unfortunately, such was not the case. From the Summer of 2012 to the Fall of 2013, I continued to take the core classes necessary to obtain my CNL degree, DNP degree, and prerequisite courses to be able to start my FNP clinicals. Throughout this time, I was enrolled in several leadership courses that encouraged us to engage in reflective practice. The concept of reflective practice encourages nurses to reflect

before, during, and after action to advance one's own professional practice [8]. This was accomplished through journaling, discussion board postings, and facilitated group discussions. Through this facilitated environment, I had an opportunity to learn and gain insight from the varied experiences of my classmates, most of which were in leadership positions ranging from charge nurses to executives. It was also during this time that we were encouraged to seek mentors that can help us grow professionally.

Finding a mentor is often easier said than done. From experience, there are many individuals that are willing to be mentors for others. Often, experienced nurses take pride in being asked to be a mentor. It is viewed by some as a validation of professional accomplishments while many others see it as an opportunity to give back to our profession. Each mentee may have a set of characteristics they are looking for in a mentor that suit their individual needs. There is not one list of characteristics that is exhaustive or all inclusive. Mentor characteristics are varied based on the purpose or goal. I needed a mentor that can help me understand the many roles in leadership and identify a pathway to a potential goal. These were the five key traits, behaviors, and leadership practices I looked for in a mentor:

4.1 Expertise, Technical Competence, and Dedication to Professional Practice

As a novice, it was important for me to find an individual that had knowledge and expertise in the realm of leadership. Someone who can share their lessons learned throughout their journey and can help prepare me for what is to come. I needed to feel secure that the mentor I am seeking can provide sound advice and can help me navigate through difficult situations that I may encounter. Additionally, I was looking for someone that I can look up to and a professional with a practice rooted in continuous life learning—I was looking for someone with a practice and career that I can emulate.

4.2 Trust and Psychological Safety

I was looking for individuals in my professional sphere who has demonstrated over time key consistent leadership behaviors that help cultivate trust and safety. Behaviors such as keeping to commitments, being professional, and not exhibiting uncivil behaviors were among the actions that help build trust in any relationship [9]. Additionally, the ability to create human connections and the capacity to connect, relate, and empathize with others are also important in building an environment of trust and safety. Stephen Covey [10] in his book talked about the importance of building trust by depositing in the emotional piggy banks of those we lead. Behaviors that facilitate trust deposit goodwill into the bank which then enhance communication and ease the exchange of ideas amongst the team. Bad behaviors such as shouting, failure to follow through, and breaking trust are considered withdrawals. Avoiding toxic mentors who exhibit inconsistency, dishonesty, belief in toxic stereotypes, and those exhibiting antisocial behavior are also key cultivating a meaningful mentor–mentee relationship [11]. I needed a mentor that has established enough capital in my emotional piggy bank so I can have trust and psychological safety to be vulnerable and honest about my key issues and concerns.

4.3 Influence and Motivation

I pride myself in having a strong work ethic, internal drive, and a deep desire to leave my environment in a better place from when I started. It was important for me to find a mentor that mirrors those same characteristics. Another benefit of having a mentor is that they can introduce you to situations or individuals that you may not otherwise be exposed to. Hence, ideally, a mentor's sphere of influence should be larger than the mentee to help facilitate such experiences. This is also dependent on the purpose of the mentor–mentee relationships. In experiences where a mentee is trying to perfect or acquire a specific skill (i.e., crucial conversations), the

size of the sphere of influence may not necessarily make an impact in the outcome of the relationship.

4.4 Cheerleader and Mirror

A mentor is oftentimes your number one cheerleader. They push you to step outside of your comfort zone, they counsel you in times of stress, and they guide you in significant points in your career. Mentors also often see the diamond in the rough and help mentees realize their potential. An important function of the mentor is to also serve as the mirror, to help redirect the mentee and provide feedback when expectations supersede the current reality. A fully realized cheerleader and mirror relationship often does not come into the relationship until full psychological trust is established. However, in seeking a mentor, one must assess the potential for this relationship through events or interactions that validate the mentor's ability to establish trust in the relationship.

4.5 Time and Commitment

Perhaps one of the biggest challenges in any type of relationship is the time commitment required, especially in the beginning to establish a relationship. It is important to make sure that when finding a mentor, you establish clear expectations on meeting frequency and cadences. One should obtain alignment with the mentor to see if they have the bandwidth to commit to your needs. An ideal meeting frequency is once every 2–4 weeks at the beginning. Certain key events in your professional life may require you to meet more frequently with your mentor until the situation is resolved (i.e., job change or career move discussions). Don't be surprised if overtime, the frequency expands to weeks or months in between interactions depending on the need.

After I found my ideal mentor, it was time to formally establish the relationship. Engaging in a mentor–mentee relationship requires intent. Sometimes the relationship forms organically. However, one of the most common mistakes that prospective mentees make is that they assume an individual they have been in contact with is their mentor. You must formalize the relationship by asking "can you be my mentor?" and the mentor must in turn acknowledge and accept the relationship.

KT and I have established our mentor–mentee relationship since 2012. It has since evolved from a professional relationship to a lifelong mentorship and friendship over the past 10 years. The way in which we engaged has also evolved over time from formal in-person meetings to now episodic/just in time rapid-fire mentorship conversations. Our format has evolved based on our circumstances and the need of the conversation. There is not the one way to form or structure a mentoring relationship, and many individuals use a combination of meeting modalities to structure their time together. Here are a few ways in which I have been able to connect with my mentor effectively over the past 10 years.

4.6 In Person Meetings

In today's pandemic world, this modality may be the most difficult to accomplish. This type of interaction is ideal when the mentor and mentee share a geographic region or regularly attend a work or school function together. In the early days of my mentor–mentee relationship, this was easy to accomplish because I often saw KT during weekend intensives in my DNP program. After I finished school, I moved out of the same geographic region as my mentor. Moving out of state or out of the region does not mean that you must terminate the relationship. After moving to Los Angeles, we made a commitment that despite our geographic distance, we would try to meet during professional conferences that we both attend to catch-up in person. We used alternative ways to connect via telephone or other ways of electronic/web-based communication between in-person meetings. Your ability to pivot modalities will depend on the maturity of the relationship.

4.7 Text Messages

Text messaging has been our primary mode of communication this past few years. Many times, a mentee just need rapid answers to questions that may not necessarily require a lot of context building. I find text messages to be an effective way to stay in touch to check-in and get to the bottom of things when time is of the essence.

4.8 Phone or Video Conferencing

When I find that I must elaborate on a concept or if my mentor and I are going back and forth with multiple questions, one of us often suggests finding time to hop on a call or a video conference meeting. If I know ahead of time that I need assistance in discerning a complex situation, and I need just in time feedback to help me reflect on a key decision, I opt for a phone or video conference as well. I find telephone conversations to be the most reliable in terms of connectivity as it is not often dependent on internet bandwidth or phone capabilities. Some may prefer video conference such as Apple® Face Time, Zoom, or Skype. The method in which you engage will be based on your level of comfort and preference.

4.9 E-mail

I find that I rarely use email to communicate but rather as a vehicle to provide background information or share a document that I would like to discuss with my mentor. For some, email may be an effective way of communicating. However, like many leaders, I tend to have a constant flow of communication through my inbox and don't find email as valuable in facilitating meaningful conversations.

4.10 Social Media

Social media is a powerful tool to leverage opportunities to check-in with mentors and mentees. I often comment or like KT's social media post (and vice-versa) as a way of acknowledging presence, expressing gratitude, or just simply saying hi to a friend/mentor that you may not have had the opportunity to contact separately. It is a method of maintaining connectedness in between formal touch bases or conversations.

KT and I have used many variations of meeting format to help facilitate our relationship throughout the years. We adapt and evolve based on the situation at hand.

5 Reflection of Mentee

If one were to ask me to quantify the value of my relationship with my mentor, I would immediately say that it is priceless. KT Waxman encouraged me to get engaged with the Association of California Nurse Leaders (ACNL) and the American Organization for Nursing Leadership (AONL) (previously, American Organization of Nurse Executives—AONE). It is through my involvement within the DNP program, ACNL, and AONL that I have developed lifelong relationships with other leaders that have allowed me to grow both personally and professionally. When I met KT, I was an hourly supervisor, curious about leadership, and without a clear path whether to choose advance practice nursing or to invest and pursue a career in formal leadership. Over 10 years later, I am now a chief nursing officer having served in several boards, state/national committees, and taskforces in nursing. My progression and journey are attributed mainly in part due to my relationship with KT and her ability to connect me to others within her sphere of influence. KT helped guide and direct me by asking key questions about my goals and demonstrated through her leadership practice and experience of what is possible to achieve.

6 Best-Practice, Evidence-Based Practice Examples of Mentoring

From the mentor: In a cross-sectional study by Mikkonen et al. [12] to develop and test an evidence-based model of mentoring students in clinical practice, their results showed that mentor-

ship is important for both healthcare organizations and educational systems to enhance students' clinical competencies, professional growth, and commitment to the profession of nursing. Literature shows that mentoring does make a difference and should not stop after a student graduates. Industries outside of healthcare have robust mentoring programs that are proven effective for retention and career planning. Nursing models and programs have been implemented over time formally in organizations such as hospitals. The mentoring we focused on in this chapter is informal yet based on evidence-based practice. There is no magic formula but having a strong relationship, trusting one another and providing 2-way feedback are important to the success.

From the mentee: The mentor–mentee relationship must be formally established. This is key so that both stakeholders have shared accountability and ownership of the relationship. It is important to start with shared goals and both must understand the expectations required of everyone. There are many resources available on mentor and mentee roles and responsibilities that can be used as a template.

One of the myths we often hear is that one must have a mentor to be successful in life. There are individuals that flourish in the absence of having a formal mentoring relationship. It is not necessary for success, but it can certainly help facilitate it. In the same token, having a mentor does not guarantee success in one's career [13]. It is the synergy between the mentor and the mentee compounded by the intentional exercises surrounding development that creates success.

Evolution is paramount to survival. You must allow for the relationship to naturally evolve based on the needs of the participants. If we did not explore alternative ways of being connected, our relationship would have been terminated the moment I concluded my degree program. I would have missed the opportunity to have meaningful conversations that have helped guide my development. Finally, there is not one right way to structure a mentor–mentee relationship. The relationship must fill the needs of both involved and be structured to adapt to the evolving needs of mentees and the busy schedules of today's workforce.

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The National League of Nursing has developed a toolkit to guide communications related to, and measurement of, mentoring. http://www.nln.org/professional-development-programs/teaching-resources/toolkits/mentoring-of-nurse-faculty.



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The Power of Mentorship

Motivating Though Storytelling and Support

Temitayo (Temi) Magbagbeola
and Helen Balogun

Surround yourself with only people who are going to lift you higher.
—Oprah Winfrey

Objectives
This chapter focuses on three main objectives:

1. To illustrate the importance of motivation in supporting personal and career growth.
2. To discuss the concept of storytelling in mentorship.
3. To discuss the magnitude of storytelling in the process of mentoring

1 The Mentor and Mentee Narrative

1.1 Introduction

The African adage "It takes a village to raise a child" is a metaphor that describes the power of the community in influencing beliefs and the thoughts process. However, rejection, organizational bureaucracy, fear, past failures, lack of competencies, lack of exposure, knowledge deficit, not a good fit, gender differences, diversity challenges, hierarchy, political challenges, and lack of educational attainments are a few barriers that could paralyze the village and the child. When theseis bottleneck occurs, creating a relationship in the first place becomes impossible. An expert catalyst for creating a mentorship relationship that could help tackle the above-identified barriers starts when there is an acknowledgement of needs.

Mentoring process began from the scaffolding interpretation of the zone of proximal development [1] in helping knowledge creation through interaction and exposure. There are varied definitions of mentorship. The expectation is that Mentors are trusted advisers who support the Mentees, mirror the effect of learning through teaching, questioning, intellectual challenge, and exploration of thoughts [2].

In the United Kingdom (UK), the old nursing mentoring structure expected Nurse Mentors to have gone through the Nursing and Midwifery Council (NMC)-approved mentorship courses and be part of a local mentorship register in their organisations. The NMC code of professional conduct [3] expects every nurse to "support students' and colleagues' in the learning environment competence and confidence." The notion is to foster

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sharing of skills, knowledge, and experience in benefiting people receiving care and supporting colleagues. Mentors' unique function of serving as professional role model instils professional integrity [4]. There are a lot of validated platforms where nurses, those in the National Health Service (NHS) could assess mentorship support and guidance for professional and career development.

Back in Nigeria Nursing school days, clinical competencies in Africa Nursing and Midwifery institutions focused on learning and the richness of experience within the clinical areas. There was less emphasis on career progression and ambition realization in nursing. As internationally trained Nurse and Midwife, one could perceive something was missing from the lived experience in Nigeria and migrating into a developed country, the UK many years ago. With the identified knowledge deficits, the potential of missing opportunities is a major risk one cannot afford to take now.

2 Mentorship Relationship: Temi's Introduction - The Mentor

Being less exposed to the nursing profession's diverse career pathways could lead to underrating the richness of the nursing profession. The genesis of this naivety could be attributed to a lack of mentorship.

My journey as an official mentor started in 2003 when I embarked on a six months mentorship course at the University of Buckingham, England. The strive then was to be formally competent in supporting students within the clinical practice. Since then, I continued raising protégés through sharing, guidance, motivation signposting, and role modeling. I can also recall the impact of being a recipient of mentorship benefits from officially assigned mentors and through virtual mentors whom I have learnt discreetly from. I have grown from a bedside nurse to a leader, strategist, mentor, coach, researcher and entrepreneur with a wealth of educational attainments: BSc in nursing, Master of Science, MBA and many more. Through my conviction and guidance from a Practice Facilitator over 20 years ago, I have continued my career in nursing and still flourishing.

The analogy is simple, to whom much is given, much is expected. For this narrative, Helen Balogun is my Mentee. I will be referring her to as HB in the writing context. In 2004, I began a mentorship relationship with a colleague, HB. I have known her back in the days in the School of Nursing, Nigeria. HB is an internationally trained qualified registered nurse that migrated to the UK in 2002. Although this relationship started informally, I was able to share my career pathway and challenges. Little did I know that I had stimulated the creative juice and gained a Mentee.

3 Mentorship Relationship: Helen's Introduction - The Mentee

As an international qualified registered nurse and midwife, I transitioned into the country in the north-western Europe UK in 2002. It was somewhat fraught with many emotions, ranging from happiness and excitement to later being afraid, anxious, and full of uncertainties.

I remember being passionate about showcasing my sound clinical knowledge and excellent nurse–client relationships in my day-to-day practice. This was one of the ethos that was instilled in me from my nursing training days. I remembered that we were thought to stand tall and have the mindset of I can-do attitude in whatever comes our way. However, the fear and anxiety set in when I saw the vast different facets of nursing opportunities available in the UK I was overwhelmed not knowing, having the right information or support to navigate these opportunities.

However, I was fortunate to reconnect with my Mentor Temi, who has arrived in the UK one year before me. She had been able to adapt well and had a lot of good stories to share. Based on our initial meeting, those fears and anxiety were suddenly replaced with hope and a can-do attitude. Hence, it was very natural for me to continue to engage with Temi. Since then, she has continuously encouraged and supported me as a Mentor. On reflection, I owe it to her strong leadership skill and vast knowledge in helping my various academic studies and carrier pathway to date.

4 Our Journey

Traditionally, acquiring knowledge in the clinical settings could be hierarchically based and depends on who is involved. The notion that Mentors are more experienced than the Mentees is debatable. There seems to be a shift in this paradigm and focus is on development. Mentorship can be established spontaneously sometimes and can take a less formal approach. Despite the variety of mentorship approaches in existence, the key concept is to enrich both parties' development. In maintaining the mentor and mentee partnership, we were nonjudgmental, no hierarchical boundaries were set, and the focus was to grow our core skills through listening, trust-building, goal identification, and, most important storytelling.

With the advancement in the storytelling literature in the coaching landscape, its applicability in acquiring information and offering support during a mentoring session is becoming more attractive. The use of storytelling can be instrumental in changing perceptions, enriching perspectives, instilling motivation [5–8]. We used a mixture of meeting forums: face to face meetings, shadowing opportunities, text messaging, and telephone calls. With a great understanding of pressures around work schedules, our diaries were managed to suit both parties. Having shared stories with HB over the years, the accumulation of narratives built-in HB's subconscious level and subsequently led to carer fulfilment and dream actualization.

All mentorship relationship tends to go through phases. Our relationship was no different and we went through five established mentoring phases: rapport building, direction setting, progress making, winding down, and moving on [9]. The storytelling mentorship theoretical background, literature review, and the Mentee narrative are grouped under the below three headings: 1) Infancy, 2) Dependence, 3) Maturity.

4.1 Infancy

At the initial stage, we recognized the importance of sharing information in a trusted relationship. We focused on impacting knowledge through consistent ongoing relationships in a non-formal approach. Although there were no clear set goals as we sojourn into the mentoring relationship, our relationship originated from the need to be mentored and supported. This notion was supported by social learning theory that protégé development could be gained through direct observation and the social exchange of information such as storytelling [10].

The aspects of social learning are multitudinous, children observe the people around and then the process of identification begins. This is no difference between mentorship and raising a child. The outcome is often based on reproduction and mirroring concepts. However, imitating behaviors does not come automatically, and the mediation process needs to occur as the individual gives what has been observed a further thought [11]. Again, 'The authenticity and immediacy of a story of lived experience take us into the experience of another and its results in broadening the perspectives of those that lived the experience and those who will learn from it in the future" [5].

In our journey, we identified the need for academic attainment and shared the process of embarking on a work-based BSc degree. This exchange of information influenced HB's perception of how to gain a nursing degree in the UK. There was no timeline and no immediate expectation from HB but a seed was planted. The Mentee as an observer needs to experience vicarious reinforcement that triggers motivation [9]. The seed later germinated; HB embarked on a degree program along the way.

With different available descriptions and classifications of mentorship, we used a peer mentorship approach that subsequently led to the actualization of goals and carer fulfilment.

Peer mentoring give a sense of equality and fostering of sustainable relationship [12]. Although peer mentoring has its disadvantages and Mentees might struggle to understand the expectations of the Mentors, our relations helped in raising awareness and provided support that HB required for her development. It is true that our brain electrical impulses get stimulated when we hear other people's journey accounts. I became responsive to HB mentorship needs and focused on the solutions.

4.2 Dependence

The practice of caring among nurses extend to providing space where patients and colleagues can learn, grow, and feel valued. The concept of introducing storytelling into the world of mentorship is not a one-off exercise. There is a need for a continuous intentional means of constantly promoting the impact of nursing expertises through storytelling.

Along the line, I became HB's sponsor as we progressed in our mentorship relationship. I was committed to investing in HB's career advancement and the mentorship developed into a confident and trusted relationship. HB often run her career aspiration, job opportunities, interview preparations, coursework reviews, and other career related issues by me. We explored options, challenged assumptions, build confidence, and checked in, to ensure mutual agreement on plans. Understanding HB's career aspiration has helped in advocating for carer shadowing opportunities and signposting her to established professional networks.

Transiting from the acute sector-based clinical sister to a Lead Nurse in a community-based service was instrumental in HB further seeking advancement in her career path in the community. The peer-led support model has been embraced in the world of parenting, teaching and others. This has helped HB to navigate through her chosen path. It is facilitating to be part of HB's journey, support through identification of goals, facilitated her thinking process, and support her reflection process. Supporting HB and other Mentees, raise the importance of integrity, confidentiality and, embracing individual uniqueness as useful tools in maximizing mentorship relationship.

4.3 Maturity

There was a shift in my conversation with HB. We moved from supportive storytelling to a challenging storytelling approach. I could only put this down to a good level of emotional intelligence that has led to courageous conversations. The storytelling extended to appreciative inquiry to understand HB's thought process. This is based on a strength-based approach that supports our mentorship relationship.

HB has developed and understood the power of networking as she courageously observed and reflected on issues during our conversations. This was the beginning of the winding down stage. Although we never planned to close the mentorship relationship, I could see HB flourishing in her nursing career. HB completed her Master at Imperial College in Quality, completed her Non-medical Prescribing course, and currently works as a lead in her team.

5 Self-Reflection

As reflective practitioners, Gibbs reflective (1988) [13] is a useful starting point to reflect on our mentorship relationship. Reflecting on ones' learning experiences is part of improving and enhancing better future performance. This is useful in setting the agenda for the future Mentees and maximising personal growth [13]. The Gibbs model of reflecting is based on five stages: Description, Feeling, Evaluation Analysis, and Conclusion.

5.1 Description

5.1.1 Why Did You Engage in a Mentorship Relationship?

Helen Balogun, Mentee

My fundamental reason for engaging on this journey was for personal development. Readiness and willingness to share, invest time, energy, and personal knowledge in assisting my nursing education and pathway navigation matters to me. Having the opportunity in mentoring has played a vital role in supporting me to navigate learning in my field of work, as well as personal development.

Temi Magbagbeola, Mentor

Generally, I am known for my act of kindness and wanting to share knowledge. As previously alluded, I was deprived of mentoring at the early stage of my career. Meeting HB again in the UK, I was willing to offer my support. I understood the process of transiting to the UK could be daunting. One can "make it or leave it". I feel have a wealth of experience knowing that I could draw from. Equally, I know I will also learn to support others. Most important, I am ambitious and determined that I must never "eat the bread alone."

5.2 Feelings

5.2.1 Was There One Thing That You Were Able to Achieve as Part of Mentorship Relationship?

Helen Balogun

The achievements of my master's degree in one of the best Universities in the world, under the department of Medicine and Surgery were achieved through the help of my mentor. This is a product of my mentorship relationship. This, I will forever cherish and a good testament and influence on the development. Again, one can only achieve this milestone through a good mentor—Mentee relationship.

Temi Magbagbeola

I have learnt the importance of trust and integrity. In my opinion, these are the fundamental foundation for a successful mentorship relationship. I remember the day HB introduced me as her mentor in an open forum, I felt this better work! Most crucially, Helen and I trusted the process. Helen attaining a Master's degree was an important achievement and a product of mentoring engagement.

5.3 Evaluation

5.3.1 Are You Able to Describe What Went so Well and What You Would Like to Improve on?

Helen Balogun

What went so well for me in this relationship is my confidence to take up anything that comes my way. The understanding that I have a great network of support is such an asset. I will love to create more time for continuous improvement of myself through professional development and networking.

Temi Magabgbeola

There was definitely imitation and mirroring of behaviour that occurred in our mentorship relationship. Typically, I was a good role model who has achieved careerwise and it was great to share ideas through storytelling with someone of the same mindset.

There was no room for trial and error, we wanted theist work. What worked well was the flexibility of the approach that we used to communicate. Considering work-life balance, I was able to provide support flexibly.

5.4 Analysis

5.4.1 Why Is Mentoring Important to You as a Nurse

Helen Balogun

Mentoring is important in nursing. It is a system that helps the Mentee get established core nursing knowledge and skills required to flourish (both in practice and theory input). The essence of this is also for continuous development of the right and appropriate attitude in nursing education.

Temi Magabgbeola

With clinical deliveries challenges, economic instability, environmental pressures, and other variables, mentoring in nursing is not only to increase knowledge but it also helps competencies and resilience development. I believe both Mentor and Mentee equally grow as a result of mentoring relationship. It is true that "Iron sharpens iron," mentorship is an important process in developing skills.

5.5 Conclusion

5.5.1 What Was the Most Important Thing That You Learned About Yourself Through the Mentoring Process?

Helen Balogun

The most important thing I have learnt as a Mentee is the various opportunities that are there when there is an open mind to learning. The realization and sense of joy when your mentor sees you succeed, the feeling is priceless. It gives you the courage to do more.

The opportunity to have an open discussion about various aspects of topics.

Temi Magbagbeola

To raise protégés and future competent leaders take investment of time resources. I have learnt that learning is continuous, knowledge acquisition never ends and that one should remain coachable.

6 Conclusion

Based on the descriptive account of our mentorship journey so far, we reached several conclusions regarding the impact of storytelling in a mentorship relationship.

Although this narrative excluded accounting for the total number of hours, days, months, or years spent to date, a huge amount of resources has gone into building our professional relationship. Most Mentors aspire to instill knowledge and support their Mentees, the importance of motivation cannot be overemphasized in them achieving this. However, the Mentors can learn a great deal from the Mentees who are sorting guidance. This chapter demonstrate growth as part of mentorship. Perhaps all Mentors should consider the offerings as a process of their own personal growth. There are many facets of mentorship relationship building but one of the most important aspects is intentionality to motivate and develop. A barometer or guidance to measure the Mentor and Mentee's motivation levels as the mentoring journey continues might be an area to explore in the future.

There is something magical about space and time. The administration of storytelling is a classic approach in mentoring that is all about listening and support. While this chapter demonstrates storytelling magnitude, drawing on information from the story narrative is not only benefiting the Mentors but also serves as a good reflection focus. The bank of stories is not the only source to influence the mentors but it also provides an overview of the process, illuminates actions on areas of challenges, learning, and achievements. Such wealth of knowledge is useful for evidence-based practice and the development of skills.

There is a need for further research on storytelling in mentoring space to create other master tools to help Mentors. The benefits of storytelling could be a potential future research.

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Temitayo (Temi) Magbagbeola is an experienced Nursing Workforce Specialist and Entrepreneur with a demonstrated history of working in the hospital and the healthcare industry. Strong community and social services professional skilled in advanced clinical practice: Respiratory Nursing Specialist, Advance Nurse Practitioner, Clinical Research, Project Management, Innovation, Entrepreneurship, Nursing Development, and Health Improvement. A Speaker, a Coach, a Mentor, a Change Manager, an Entrepreneur, and a Strategist.



Helen Balogun is experienced in various aspects of healthcare industry, specializing in advanced clinical practice, clinical quality improvement, patient safety, process management, and sustainability. Clinical Commissioning Group (CCG), strong skills in in community and social care processes of NHS Continuing Health Care, Chronic Disease Managment/Long Term Conditions, Certified Quality Improvemement speacialist, appeals process and Management, Retrospecctive Reviews and Complaints nad Entrepreneurship (https://www.linkedin.com/in/helen-balogun-6a65a067/).

Mentoring Throughout a Nursing Career: Applying Transitions Theory to Guide the Mentor and Mentee

Rita E. J. Meadows and Elizabeth Falter

When I grow up, I want to be Aunt Betty.

—Rita Meadows

Objectives

1. To tell the story of a lifelong mentor–mentee relationship.
2. To use Transitions Theory to understand the foundation of the mentor–mentee relationship.

1 The Role of the Nurse Mentor and Transitions Theory

Mentorship is a concept that is more expansive than simply training, coaching, or supervising [1]. Mentors may be preceptors, coaches, or experienced nurses who foster long-term relationships with more novice nurses to increase clinical competence to benefit the healthcare system [1, 2]. Present literature shows that most mentorship programs are clinical and skills focused [1]. The few nonclinical focused programs also include emotional support, socialization, trust building, career advice and support, networking, and guidance in the interpretation and implementation of research in practice [1]. My personal experience with a lifelong mentor who provided clinical, social, psychological, and professional guidance was imperative to successful transitions between the many roles I encountered throughout my 30-year nursing career.

Very few mentorship programs are theoretical based [1]. Yet, a theoretical foundation, such as Transitions Theory, which explains the developmental, situational, health and illness, and organizational transition of students and nurses, can be used to understand the mentor–mentee relationship and support the development of nursing mentorship programs [3]. The nurse and their role in the nursing community is considered in terms of their relationships within their community and societal network, and their social context—the traditions, customs, and norms of the healthcare community [3]. It is the nurse's perception of self within the community in contrast to their perception of how other community members perceive them that defines the social context of the nurse's place in a community [3].

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Transitions theory can be broken down into two parts: (1) the nursing interventions that facilitate transition and promote health and well-being, and the mastery of changes resulting in the transition and (2) understanding the transition experience as one of changes, losses, and gains during the passage from one role to another [3]. These transitions are then evaluated by the healthy process and outcomes of a transition. These are observed through process and outcome indicators, such as feelings of being connected and situated in new roles, interactions with the community following new role mastery, and the development of confidence and coping skills required for the performance of a new role [3].

Transitions Theory defines nursing as "the art and science of facilitating the transition of populations' health and well-being and "being concerned with the processes and the experiences where health and perceived well-being is the outcome" [3]. Key factors of the mentor–mentee relationship between my aunt, Elizabeth Falter, BSN, MS, RN, NEA-BC (retired) and I have been identified in much of the literature. These include fostering of a long-term relationship, providing clinical education and facilitating proficiency in clinical competence [1, 2, 4]. Our mentoring story began when I was a young child.

2 Assimilation into Nursing and Healthcare

Growing up with a mother and aunts who were nurses gave significant meaning to my childhood. My mother role-modeled the art of nursing through the integration of health habits through my experiences during childhood illnesses and provision of safe and healthy physical, psychological, and psychosocial interventions. I spent countless weekends in the hospital with my Aunt Sheila, who worked as a hospital nurse supervisor and with my Aunt Cecelia who worked as an administrative assistant for a pathologist in the lab department. Betty provided me with a global picture of nursing—modeling the intelligence, organization, and command of nursing care. I witnessed nursing communication and consult behaviors with and between my mother and aunts, whether in the clinical setting or over coffee on our living room couch.

In high school, it seemed natural to volunteer as a candy striper. Also, an accomplished violinist, I volunteered to play for interhospital televised chapel masses which showed me the impact of music and art on patient care. Finally, I witnessed and experienced the social cohesion of nurses and other healthcare workers by participating in a musical dance act at the hospital winter follies with my mother and Aunt Sheila after an unexpected need for a nurse replacement in the dance troupe. This assimilation into the healthcare community became a second home for me.

The subliminal mentoring by my nursing family cultivated my passion to enter a nursing career. The moment I was accepted into the University of Maryland College of Nursing, a stronger mentor/mentee relationship was forged with Betty. Throughout my undergraduate education, my family of nurses was always ready for a quick clinical consult, but the intermittent consults with Betty helped manage the academic rigor of nursing, and the stressors of being a nursing student. Being a single parent, Betty also mentored me through physical, psychological, and psychosocial struggles such as health and time management, so that I could support my son, advance academically, and graduate with my nursing degree.

3 Mentoring in the Early Career Phase: Transitioning to the Registered Nurse Role

On the day I received notice of passing my nursing boards, I was attending one of Betty's leadership conferences. Before starting her lecture, Betty inducted me into the social network of nursing by asking me to stand to be recognized. A bit red-faced and holding back tears, I stood, and it was this action that initiated the development of my self-concept, defined both by my individuality and achievement, as well as the value ascribed to me by my new social network within the nurs-

ing culture and community [3]. My transition into the role of registered nurse and acceptance from the nursing community, facilitated by Betty, was symbolized by an ovation from an auditorium of hundreds of nursing administrators and expert practitioners.

Like many new registered nurses, my first acute care employer provided a skill-focused transition program to prepare for the physical and clinical demands of a nursing career [1, 5]. However, to become an independent, experienced registered nurse, I needed to adapt to new and diverse environments, relinquish any fear of failure and success, find strength and courage in newly found clinical competencies, and accept new opportunities as they were presented. Betty mentored the development of "myself" and provided me with a sense of belonging in the nursing profession, which was essential to my successful role transition [5].

After 1 year of nursing, I began staff agency nursing, and my career took on many lateral movements. Working both bedside nursing roles (medical, surgical, telemetry, ICU/CCU, and acute rehabilitation) as well as non-bedside nursing roles (nurse liaison, case management, utilization review, and management), my clinical and administrative skills flourished. For the next several years, Betty consistently provided a focused, intelligent, and safe environment in which to deliberate the potential facilitators and inhibitors of a healthy transition between career movements. Every nursing role was not a comfortable fit, and Betty was always readily available with expertise, counseling, inspiration, and encouragement to help me deliberate my next career move.

In 2001, our family of nurses was hit by the loss of one of our own. My Aunt Sheila was diagnosed with pancreatic cancer. We quickly created a team approach the patient herself was our supervisor who approved the care plan my cousin, also a registered nurse, and I created. My mother was our nurse manager, ensuring communication and execution of the care plan. Betty was designated as the administrator. Betty astutely got out of the way of the bedside team as we worked our magic but was ever present for consults. The diverse familial peer mentorship and support strengthened the family's bonds and alleviated the burdens of disease [6].

4 Mentoring the Experienced Nurse

My clinical skill competence and confidence grew, and it came time to explore new opportunities for advancement. After hours of discussions with Betty, I enrolled in a nurse practitioner program at Troy University. Throughout the program, Betty stood as my mentor while my clinical, leadership, writing, communication, and interpersonal skills sharpened. My observations of nursing peers led to an interest in mentorship and an inquiry of the concept of "caring" in nursing. With Betty's editing support, I published my first article, "Beyond Caring," which posed the question whether caring could be taught to students entering the workforce for more scientific and less altruistic means [7]. I concluded that I was begging the question; it required more investigation. My desire to mentor nursing students in the art and science of caring coincided with the development of my own mentorship skills which mirrored those of Betty: increased clinical competence and an opportunity to become a clinical preceptor. Mentors themselves also need continued long-term support during their professional development [2]. Betty continued to serve as my mentor to nurture my clinical and leadership skills as I evolved as a peer mentor and educator.

5 Mentorship Through Transition into the Family Practice Nurse Practitioner Role

Although my educational preparation and clinical knowledge were sufficient for entry into practice, the medical and nursing community posed a challenge to my transition from the registered nurse to nurse practitioner role. I found a lack of strong nurse practitioner mentors, an underdeveloped career framework at my employment,

obscure parameters of the nurse practitioner role, and a poor community understanding of the nurse practitioner scope of practice; much like current literature suggests [8]. For the first time in my life, Betty could not mentor me in my new nurse practitioner role. She encouraged me to find a nurse practitioner mentor.

Like so many novice nurse practitioners, I had difficulty articulating and defining my role, and developing my professional identity [8]. Some providers, as well as nurses, with whom I was confronted, were quick to diminish the nurse practitioner role or blatantly refused to work with one. I attended local nurse practitioner dinner meetings in attempts to connect with colleagues and identify peer mentors but did not sense a significant motivation for increased self-advocacy within the community. I continued in the role of educator, but this was not my future, nor was it a good use of my abilities.

My search for a nurse practitioner mentor landed me in Delaware, where I finally found a professional home. Like other new nurse practitioners, my primary mentor during transition into an independent nurse practitioner role was a physician. He was brilliant, understood my scope of practice, and respected my autonomy while always being available for consult. He expanded my social network by introducing me to other physicians and nurse practitioners in consult and social settings [8]. A benchmark of successful nurse practitioners' transitions, this mentorship transitioned me into a respected, trusted, valued and autonomous nurse practitioner within my local community [8].

As a seasoned nurse practitioner, I became a mentor to nurse practitioner students and peer mentor. Similar to many other nurse practitioners, my transition to autonomous practice was marked by involvement in my employment policy development, engagement in local and state activities, and contribution to local practice innovations and strategic planning [8]. Becoming a passionate advocate for the Type 1 Diabetes (T1DM) community, I volunteered as a nurse practitioner in the camp setting for children with T1DM, explored government advocacy, and accepted a board position with the Juvenile Diabetes Research Foundation Delaware Chapter.

As my professional and intellectual growth evolved, so did my desire for "more," but that "more" was not clear. As with other successful nurse practitioners, being situated in an environment that promotes collegiality, skill and knowledge development, teaching, communication, and expansion of my nurse practitioner role facilitated my professional growth and development [8]. Thriving in this environment was not enough. My intellectual journey had not reached its pinnacle. Once again I turned to Betty for mentorship.

6 Mentorship Through the Transition to the Nurse Scientist Role

Over the course of a year, we explored my need to understand the theoretical foundations of my nursing practice and career, and through hours of extended soul-searching, realized that the direction needed was one toward nursing research and policy. I enrolled in the PhD program at the University of Arizona College Of Nursing, where Betty herself in 2004 created The Arizona Healthcare Leadership Academy in collaboration with the University of Arizona Eller College of Management, The College of Nursing, and The Arizona Nurses Association. While at the University of Arizona, I was mentored by many brilliant professors. Also ever present through this rigorous academic journey was Betty to challenge and guide and provide feedback and encouragement.

While completing my PhD program, I continued as a full-time nurse practitioner, to mentor nurse practitioner and doctoral students within my practice and the T1DM camp setting, and to develop a leadership presence in my volunteer work. My mentorship needs changed and evolved at this time. Betty facilitated numerous academic and professional resources and relationships with diverse leaders in the nursing field, not just to guide me through the rigorous PhD program, but also to prepare me for a future transition after graduation. Upon completion of my PhD and dis-

sertation research, my faculty advisor, Marylyn McEwen, PhD, RN, continued to mentor me through publication of my manuscript and career changes [7].

7 Life-Long Mentorship and Its Continuous Cycle

My initial transition into a nursing career began in childhood through a silent mentorship by my family of nurses in the smells, sights, and sounds of the healthcare environment, which led to many transitions through nursing educational and career opportunities. Betty's role as my life-long nurse mentor followed the concepts of Transitions Theory, which included the prevention of risks to my physical and mental health, enhancement of my well-being, maximization of my intellectual functioning, and assistance in the mastery of activities and behaviors necessary for successful transition into each of my nursing roles [3]. There were many times during my nursing journey at which I was ready to give up—my physical, psychological, and/or psychosocial health being compromised by the processes of transition. It was at these times Betty was always present, guiding me toward healthier pathways, and nurturing my personal and professional needs.

There were process and outcome elements to our relationship that may assist the development of other nursing mentorship programs, such as the importance of maintaining the professional growth of both mentor and mentee, role-modeling evident in my seamless transition into the mentor role that mirrored Betty's, and feeling welcomed and integrated into the nursing community [3, 8]. Betty's mentorship style remained fluid and was based on the situation and environment in which my transition was situated. My transition was sometimes related to prior career events and paths and sometimes due to spontaneous opportunities and shifts in career direction [3]. Betty gauged my transition willingness and readiness, understood my transition experience, and acknowledged the changes, losses and gains through my passage from one nursing environment to another, while serving as my guide through difficult times [3].

Betty helped me identify the personal meanings of my transition, promoted my assimilation into the nursing community, and prepared me for each role transition [3]. She ensured that I felt connected to the nursing community and fostered meaningful nursing relationships. She maintained frequent contact throughout each transition process, ensured I was situated in my new role, and encouraged my confidence and role mastery [3]. After graduation, with Betty's guidance, I decided to remain in my present nurse practitioner role and explore health policy options, reaching back into my past career experience in and knowledge of health policy. The first step was through the Delaware Nurses Association, Government Advocacy committee. This opportunity served as a stepping stone to a governor appointed position to the Delaware Primary Care Reform Collaborative, which aims to improve healthcare delivery to vulnerable populations in Delaware.

Every year under the guise of a "girl's week," Betty and I meet in person to identify our professional and personal goals, and prepare for the upcoming year including forming outlines, schedules, and timelines for goal attainment. During these "girl's weeks," we deliberate my career options, discuss academic and clinical challenges and research updates, publication opportunities, and focus on self-care and health. Over the past few years, the generations of family nurses have expanded. I will stand as their mentor, guide, confidant, nurturer, and respite just as Betty has and continues to serve as mine.

8 The Mentee's Self-Reflection

Anyone who knows me knows my mantra: "when I grow up I want to be Aunt Betty". Despite the other mentors who assisted me throughout my career, Betty served as a personal, professional, and intellectual hero. My nursing transitional experience was unique. First, my assimilation into the social and physical healthcare environ-

ment began at a very young age and throughout all developmental stages of my life. My transition into the healthcare environment started subliminally through my family of nurses. They allowed me to sense, explore, understand, and live the artistic and scientific aspects of nursing. Second, I was blessed with a single mentor who was present through all of my social, psychological, developmental, educational, and career transitions throughout my entire lifespan. That is with the exception of one single transition experience at which time I was forced to seek out other mentors and blindly define my nurse practitioner role. Betty's absence in this transition is probably the most reflective of the importance of my lifelong mentor. I felt isolated and struggled to find my place in the nursing world—a feeling that I had never before experienced. Third, my mentorship skills were learned through my experiences of being mentored. Betty shaped me as a person, a free-thinker, and intellect, a peer mentor, and as a preceptor to students. This lifetime of mentoring skills will be passed on to future generations of nurses, within my family and the nursing communities in which I thrive.

9 The Mentor's Self-Reflection

While it is always flattering to have someone want to be like you, the job of the mentor is for the mentee to become the best of who they were meant to be. The metric I choose is twofold. Are they good at what they do and are they happy doing it? It is their journey, their strengths, and their obstacles to overcome to succeed and sometimes fail. Nursing is an incredible profession. The opportunities are endless. Be a value-based mentor. Instill professional values from the beginning. Encourage them to build strong relationships with their patients, their peers, and the profession. Be a listener when they need one. Be aware they have personal lives which accompany them everywhere they go. Know when they need to seek the expertise of someone else. Yes, Rita is extremely bright and loves Nursing as much as she loves her violin. But know each nurse has a special gift they bring to the profession, to healthcare and to our country. There is a reason nurses hold the highest trust of any profession. For me, I have enjoyed every success right alongside Rita. Currently, she continues her work in government advocacy while she oversees her own very large patient population that relies on her for their health. And once a month she serves as a nurse hospitalist in Endocrinology in a DC Hospital so she can hone her skills to keep her diabetic patients in primary care and out of the hospital. Mentoring is both a process and an outcome. I am proud to say Rita is both good at her jobs and happy doing them. She was even happy seeking a PhD! What a great outcome. Keep it up, Rita.

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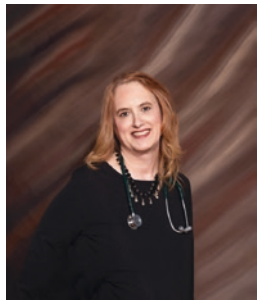
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Inspiring Late-Career Nurses Towards Career Progression Through Mentoring

Laurence L. Garcia and Claudia K. Y. Lai

The mind is not a vessel that needs filling, but wood that needs igniting.

—Plutarch

Objectives

This chapter aims to provide a background on how mentoring is beneficial for late-career nurses. This also provides an idea of the process of developing the mentor–mentee relationship, its advantages and outcomes, and the best practices from the perspectives of both the mentor and the mentee.

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1 The Mentor and Mentee Narrative

Mentoring is important in the career development of both novice and experienced nurses in the areas of clinical practice, nursing education, administration, and research, as it supports the novice's need to feel satisfied and successful as a professional nurse [1]. Mentoring is said to become more successful when the mentor and mentee are paired or matched intentionally. This happens always in most institutions where mentoring is formalized. However, it can also transpire in a spontaneous relationship that develops between two people, a mentor who has vast experience in the field and a mentee who is starting to grow in the profession [2]. The process can be similar to nurses in their early, mid-, or late-stage careers. And, this chapter will narrate how this can be a possibility.

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1.1 My Journey as Laurence's Mentor

I first met Laurence in 2016 when the Centre of Gerontological Nursing at The Hong Kong Polytechnic University hosted its inaugural conference. He was recommended by Dr. Jerome Babate, also a Sigma Member whom I have known since when I first became the first Asia Region Coordinator in 2011. As a plenary speaker, Laurence introduced to us the status of long-term care in the Philippines.

Laurence has a gentle and personable character. He is well-versed and thoughtful. Back in 2016, he was already an accomplished scholar in his country. We have tried to establish some form of collaboration since. Laurence was invited to join a multicity/multinational research endeavor of mine in 2016, but we were unable to do so due to logistics reasons. Academia can be a huge bureaucracy with lots of red tapes when funding is involved.

Our more formal mentoring relationship began in 2018 when I was invited to Laurence's university to share my thoughts and insights on doctoral education. With the opportunity to work together face-to-face for a longer period and not just via a conference, we became better connected, and a sense of a closer working relationship was gradually established.

1.2 My Journey as Claudia's Mentee

In my early years as a nurse educator, I have always looked up to nurses who excelled in the field. I got the chance to see a lot of them at conferences. That is where I had the opportunity to see Dr. Claudia Lai. I was able to listen to her talk in a forum of nursing scholars. My colleagues and I were amazed at how she delivered her talk and we desired to bring her to our institution as well. Unexpectedly, being a specialist in Gerontology, I got an invitation to join a conference sponsored by the Center for Gerontological Nursing of the Hong Kong Polytechnic University where Dr. Lai was the Director then. I was asked to present how the long-term care concepts were integrated into the nursing curriculum in the Philippines highlighting the experience of my university. From then on, Dr. Lai immersed me in so many opportunities for professional growth. I may be still young then, but was already holding key administrative positions in my institution—as the Dean at the College of Nursing at my University. Through her, I got the chance to be involved in several international projects. For instance, the review of an online program intended for nurses in Asia. I was able to speak at international conferences; I met experts in the field. I was able to take part in the Circle, a professional networking site of Sigma for a while as a mentor to members who are within my field. I gained also the confidence to mentor nurses from other countries like Thailand and Indonesia which led to more opportunities for collaboration. I was even fortunate to be awarded a scholarship to join ENRICH 2021 by the Academy of Communication in Healthcare (ACH) after she informs me of such an opportunity. More importantly, Dr. Lai is instrumental in my pursuit for advancement in the advocacies for the care of older persons through educating nurses. This inspiration led to me being recognized as one of the Inaugural Distinguished Educators of Gerontological Nursing of the National Hartford Center of Gerontological Nursing Excellence, the United States of America.

When I had the chance to know her better through the activities my university organized to enhance our curriculum for our doctorate program—it was there that I learned a lot. She may not have offered to be my mentor, or I may not have asked her to mentor me. However, through our interactions, I saw and learned how to do things properly. I was given a role model on how to become better in the teaching and research profession in nursing. To help others succeed requires not just telling them what to do but also showing them [3].

2 Self-Reflections

2.1 That of the Mentor

I did not think much about mentoring seriously when I first began my academic career. As I gained years in life, both as a person and as an academic, gradually I have taken up the role of a mentor without really thinking that yes, at this moment I am mentoring who and who.

I find myself always helping the upcoming younger nurse faculties to develop. That was then and has been what I have been continuously doing. Along with my academic career, I have come to learn that nurses, no matter in what practice area, can travel much further and achieve a great deal more when they support each other and work together. Therefore, I have been "mentoring" even without getting into formal roles or open acknowledgment from those whom I "mentored." I don't often think of myself as a mentor. I consider myself more of a nurturer.

As I reflected on the development of our mentoring relationships, at least two factors were key came into play. First, compatibility of personal characteristics, and second, mutual interest in engaging in international nursing. Also, as l look back, I believe Erikson's developmental stage in late adulthood has also played a part [4].

In our case, natural mentoring occurred without any structured initiation. I attribute it to personality compatibility and mutual positive regard. Hurd and Zimmerman [5] suggested that a strong bond (closeness of interpersonal relationship) may be needed for mentoring to succeed. The presence of a natural mentor is significantly associated with positive youth outcomes [6]. We were not youths of course, and the longer term outcomes for our mentoring relationship are yet to be seen. Yet, I humbly wish that the outcomes in this mentoring relationship would be positive for Laurence's career development, albeit he is already a well-developed and renowned nurse scholar in his own country and beyond.

Other than active engagement and consistent and reciprocal communication between both the mentor and mentee, similar interest was identified as one of the key attributes for positive mentoring relationships [7]. Both Laurence and I are interested in engaging in global nursing. Both of us are also actively engaged in the development of the younger nurses. Shared common interest explains our readiness and affinity to work collaboratively.

The National Academies of Sciences, Engineering, and Medicine; Policy and Global Affairs [8] discussed several theories to explain individuals' motivation in engaging in mentoring. I reflected on those theories and their applications as presented in their book chapter. I am yet to find a theory that best captured my inclination or intention to be a mentor. The seventh stage of the psychosocial development theory by Erik Erikson [9] suggested that during this stage, an adult person tries to nurture the younger generation, or develop something that lasts even after his or her life has ended. The eighth and also final stage of Erikson's theory is characterized as either reaching ego integrity or despair. The developmental task at this stage is to find meaning in life as one reflects on his or her life over the years. Thinking back, the drives for my interest and commitment to mentor younger generations could be best described by my journey as a person going through life, and my psychosocial developmental journey as I gained years in life, even before coming to the older age.

2.2 That of the Mentee

Mentoring is a reciprocal and collaborative learning relationship between two individuals with mutual goals and shared accountability for the success of the relationship. It may not be formalized in our case but Dr. Lai made herself accountable for my growth and development. She may not say it but I can feel the way she constantly communicates with me and sends learning opportunities. I too made myself responsible to learn from all those experiences since my role model gave me that chance to be exposed. Dr. Lai is indeed the mentor who served as the guide, expert, and role model who helped me develop, as a nurse leader in my own right in the latter part of my academic career [2, 10, 11].

From all of these experiences, I agree with the idea that mentoring is a partnership between the mentor as a teacher and the mentee as a learner. As adult learners, mentees are responsible for their learning and behaviors. As teachers, mentors act as guides or facilitators of learning. Each of us has numerous opportunities throughout our lives to be new at something, and it isn't always a pleasant experience. There is fear of the unknown, uncertain confidence, fear of making a mistake, and just the uncomfortable feeling of not being in control. We've all been there and will be there again at some point [2]. In the role of a mentee, it is very helpful to remember how to be grateful to people who despite the lack of formal agreement performed the role of helping a nurse grow. It helps to get in the frame of reference of the mentor to understand why they are constantly pushing the mentee to attain or be good at something. Thus, the practice of mentoring helps in the career development of both the early- and late-career nurses [1].

Mentees will become successful in their roles more quickly when they listen actively to what is going on and are willing to soak up as much learning as possible. Mentors are a rich source of knowledge and experience—they have been there, done that, and learned the critical pieces to perform successfully. Thus, mentees can gain a tremendous amount from an effective mentoring relationship [2]. I may not consider myself as successful as Dr. Lai right now, but with the many things I learned from her, I am sure I am better than before. I get the chance now to share what I learned with others. I gained more stories from all the opportunities I said yes to. And, whenever I share my thoughts and my experiences, it is not only to impart new knowledge but also for the listeners to be inspired. I am assuming the role of a mentor who aims to bring them also to where I am now.

3 Best Practice

3.1 From the Mentor's Perspective

For me, the best practice model in mentoring will be to work under a framework of mutual respect. Under this umbrella, the valuing of the autonomy and decision of the mentee is also an integral part of recognizing each other's worth as a faculty and being. Such mutual recognition is positively related to performance [12].

Active learning occurs when one is self-regulated. Motivation is what "moves" us. One learns better when he or she is motivated to pursue a goal that he or she wants for himself.

3.2 From the Mentee's Perspective

The best practice from this experience for me is the 'take it or leave it' setup. I am given the opportunity, but it is always up to me to take advantage of it or not. Since the relationship is informal, I get to discern which opportunities I should grab based on my own career goals. Another practice that I believe works best for me is being exposed to different opportunities. Being identified as a potential collaborator by an expert in the programs and projects she is involved in making me feel more responsible to do better if not best to be able to be at par with the experts. And, the most important practice is to listen and take part in their dialogue and meanwhile be enriched with their thoughts, ideas, and pieces of advice. And in the process of becoming better, it is always advisable to seek advice when needed. Learning is a lifelong journey, and the mentor–mentee relationship should be treated similarly.

4 Conclusion

The SARS-CoV-2 has fiercely tested humanity her ability to cope with a pandemic with disastrous consequences Mentoring for frontline nurses, as well as for executives in professional leadership development, is more critical now than ever. Both mentors and mentees need to broaden their hearts and minds in facing the challenges of our time. Continual growth in competencies as a professional and a leader must always be held at the forefront of our practice and based upon mutual respect and collaboration. Only through working together can we better serve those in need.

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Four Generations of Faculty Mentoring in Caring Science

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To reach the desired outcomes of transformative relationship empowerment of other, and mutual personal growth and healing, mentoring needs to be reflective and meaningful for both mentors and mentees … Mentoring is a complex multidimensional process that can be learned over time … [In other words], mentoring begets mentoring. A positive mentoring relationship encourages the mentoring of others.

— Wagner and Seymour [1, p. 210]

Objectives

1. Understand, from four narrative stories, the journey of mentorships informed by Caring Science.
2. Explore, from a Caring Science perspective, the nature of the mentoring relationship.
3. Conscientize mentors regarding the utmost value of Caring Science to nurture and contribute to transforming mentees in their learning journey.

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1 Narrative Stories Pertaining to Mentorship in Caring Science

According to Piper [2], sharing one's own story of caring mentor–mentee relationships can offer a mentoring approach for other mentors to nurture their mentees' journey. Likewise, Maykut and Wild [3] consider them useful in nursing education to assist students' learning through the discovery of shared meaning. They mentioned:

> Sharing of narratives, between nurse educators and students provides an opportunity to listen to another's story and brings context/insight into our own stories-creating an intentional, inclusive and loving space. Nurse educators must be cognizant that

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> narratives influence the learning experience, creating strengths and challenges, yet foundational for developing authentic relationships and critical thinking [3, p. 144].

Hence, we use this storytelling approach to inspire other mentors in the development of mentoring relationships with their mentees. This section offers our narrative stories, representing our journey in being mentored and mentoring within academia. The following section describes the experiences of four generations of mentorship.

First, **Dr. Watson** describes her story of mentorship as an exciting learning experience since she believes that mentors can learn from their mentees, and vice-versa. For her, students have always been primary, not the professors, not the administration, not the content to be taught … students are first!

In 1991, she accepted to mentor Dr. Cara, an international, French-speaking doctoral student, as her main supervisor. For Dr. Watson, her mentoring role as a professor remained imperative to her mentee's learning. Grounded on her work on Caring Science, she was also convinced of the significance of her mentoring relationship with her mentee, as being central to her overall doctoral nursing program adventure.

As she mentioned in a publication:

> Nursing education is an act of love and caring. It is love of humanity, love of nursing, love of learning, love of diversity, love of challenge of ideas, love of knowledge, and love of sharing knowledge with kindness and patience, in ways that inspire, invite, and create a safe space to listen, to ask questions, to disagree and to evolve together [4, p. 189]

Indeed, her mentee needed to feel safe to be critical about the literature she was reading in class and for her dissertation. Dr. Watson believed that she needed to be excited about disagreement and diverse points of view any students would have, rather than feeling threatened by it. For example, Dr. Watson perceived her mentorship role as engaging actively her international mentee to grasp important concepts, theories, and philosophical underpinnings, encouraging her to reflect upon diverse modes of knowing, inspiring her to translate Caring Science to find personal meaning that would make sense to, eventually, advance nursing knowledge and contribute to nursing as a discipline.

Being a caring mentor fostered her self-consciousness to realize that each meeting with her mentee was a "teaching caring moment." In other words, being a caring mentor transformed each teaching moment with her mentee into "transpersonal caring moments," creating a safe space where the co-creation of knowledge can take place, honoring mutuality, and shared learning. For Dr. Watson, this mentor–mentee relationship engaged them both in being co-learners, in living an authentic commitment in intersubjectivity.

Dr. Watson knew that her role as a caring mentor would have an impact on both Dr. Cara's personal and professional life in the moment, moreover in her future role as a teacher and mentor to her own students.

Dr. Cara's story took place in August of 1991, arriving in Denver, Colorado, USA, all the way from Montreal, Quebec, Canada, where she held an assistant professor position at a French-speaking university, the Université de Montréal. Arriving with her husband, her dog, and 18 boxes, she had the largest courage in the world because she was finally going to meet the nursing theorist that she admired the most, Dr. Jean Watson. In 1982, during her Baccalaureate, she first started to read Watson's book, *Nursing: The Philosophy and Science of Caring* [5], and used it as a framework in her Master's qualitative phenomenological study. Even in her clinical practice as an intensive care unit nurse, and later as a professor, Watson's Carative factors were guiding her interventions to develop relationships with patients and later with students, giving meaning to her work.

Being finally registered in Dr. Watson's Caring Science doctoral course was a dream come true. She was filled with overexcitement just being in the same room, sitting close to her *Icon*. Dr. Cara simply could not believe that she was given the opportunity to learn from her role model. Obviously, reading, speaking, and writing English at a basic level was a foremost source of stress for her but she strongly believed that she had the potential to succeed, considering herself as a motivated, resilient, and dedicated hard

worker. Dr. Cara was feeling so privileged and blessed the day she became "Dr. Jean Watson's doctoral student" from 1991 to 1997!

Being mentored by this great leader and inspired by her work over the years, invited Dr. Cara to realize that what matters the most in life is "being in a relationship with another human being." Humanistic values were always central in Dr. Cara's life; nevertheless, her mentor provided literacy and expanded her mindfulness about one's own moral ideal of being and becoming caring in her professional adventure as a nurse, a professor, a researcher, and much later a scholar. Dr. Watson's mentorship, compassion, openness, nurturing support, assistance, and guidance made a difference in Dr. Cara's life, in fact, all THE difference in the world! The fact that the mentor was creating a caring environment, instilling faith, and believing in Dr. Cara's potential fostered her trust to develop, during her doctoral program, a phenomenological method—*Relational Caring Inquiry* [6], grounded on Caring science as its ontology, seeing nursing research as a relational human process. She also learned from her mentor that a caring relationship is imperative to students' learning, success, and emancipation. Teaching is not simply about assessing the objective, giving content, and evaluating the students. It is about showing concern for their difficulties, respecting their rhythm, honoring their perceptions and beliefs, along with celebrating their success—and that is exactly what Dr. Watson did.

In fact, her relationship with her mentor was crucial in her overall success in her academic courses, her preliminary exam, her comprehensive exam, her dissertation, as well as her doctoral defense. Going back in 1997 to Montreal, Quebec, Canada, it was clear to her that she would, from now on, teach from a Caring Science perspective and act as a caring mentor for her own graduate students. For her, that was the only way! Dr. Cara is filled with gratitude for this lifetime mentorship, and she will always consider Dr. Watson as her greatest mentor!

Dr. Brousseau's story took place in the spring of 2008 when he was reflecting on the possibility of starting a doctorate in nursing at the Université de Montréal. He approached Dr. Cara to ask her if she would accept to be his mentor (academic supervisor) and if she believed he had the potential to carry out all the challenging steps to complete a doctorate in nursing administration grounded in Caring Science. Immediately, she supported him by acknowledging his potential and trusting that he would learn and succeed throughout his doctoral journey. After a favorable decision, a first formal meeting was scheduled with his mentor to discuss and look at the first draft of his project and both agreed to invite a co-mentor (co-supervisor), an expert in management and quantitative methodology. Indeed, considering that Dr. Brousseau selected a mixed research method (qualitative and quantitative), the decision was made to approach Dr. Blais. From that moment on, both mentors also assisted the mentee in developing each step of his research project path forward and obtaining external funding. Another example of mentorship toward the mentee was that they always supported him by involving the mentee in common publications and scientific presentations regarding his doctoral study as part of a continuous enhancement in his career as a new researcher.

During the first 2 years of his doctoral program, Dr. Brousseau set up several meetings with his mentors where they constantly provided critical and positive feedback to ensure that he achieved the planned work with respect to the agreed-upon timeline. This kind of feedback stimulated his reflection and improved each step within his doctoral research project (i.e., literature review, research problem, methodology, presentation of his results, discussion, as well as the implication of his finding within nursing domains). Based on a humanistic mentorship standpoint, both mentors empowered the mentee and helped him to complete all major academic duties and requirements in a timely manner, ensuring progress toward his doctoral degree completion. Moreover, their caring attitudes (e.g., authentic presence, comfort, honesty, sensitivity, opening, and nonjudgmental acceptance) and behaviors (e.g., being with, listening, and sharing knowledge) clearly demonstrated the interest of both mentors in providing humanistic

and professional mentoring during each meeting. Dr. Brousseau appreciated that his mentors also shared their own doctoral experiences, allowing him to feel more comfortable and even safer in sharing information about his own life. Such behavior fostered a "human-to-human" connection between Dr. Brousseau and his mentors, transforming their caring mentoring relationship into a collaborative process.

From his own lived experience as a doctoral student, Dr. Brousseau deeply believes that both mentors created a caring learning environment wherein he was willing to move forward. Furthermore, during his 7 years of doctoral studies, his mentors showed respect and valued Dr. Brousseau's human dignity, allowing him to feel like a human being, rather than an object. For the mentee, there is no doubt that his mentors' engagement significantly contributed to the success and accomplishment of all the courses of his doctoral program, his comprehensive exam as well as his dissertation defense. At the end of his doctoral program, the jury members recognized the high quality of Dr. Brousseau's research [7] and unanimously recommended his name to be added to the Dean's list of honor at the Faculty of Graduate and Postdoctoral Studies. Dr. Brousseau underscores that this highly distinguished recognition was obviously related not only to his academic engagement but also to his caring mentoring relationship developed with his mentors throughout 7 years of doctoral studies. Since that moment, Dr. Brousseau became more prepared to mentor students and nurture their journey as he was mentored by Dr. Cara and Dr. Blais.

Dr. Ben-Ahmed's story was quite different since he comes from a country that has a different culture from North America. In the fall of 2016, he moved from Tunisia to Montreal, Quebec, Canada, to complete his doctoral studies at the largest francophone university in the world. His first semester had been a woeful learning experience, impacting his motivation and willingness to learn. Indeed, coping with his new learning environment, new people (e.g., colleagues, professors, etc.), new culture, and new system made him feel excluded, vulnerable, and less confident in himself. Moreover, he felt lost during his first semester on account of the unfamiliarity with the learning-teaching methods used in his new university, as well as the important number of scientific and philosophical documents to read along with several assignments to fulfill. In addition, it appears relevant to mention that Dr. Ben-Ahmed has experienced some significant dehumanizing practices from certain nursing professors, exacerbating his vulnerability to the point that he decided to quit his doctoral program.

Being anchored in Caring Science, his dissertation mentors, Dr. Cara and Dr. Brousseau, have intensively supported and accompanied him throughout his doctoral nursing program. For example, they set up frequent open dialogue meetings (every 2 weeks) to listen to his concerns and to ensure that he was well-prepared for his doctoral path. His mentors were genuinely engaged to create a safe mentoring space that allowed him to freely express his feelings and ask questions. Being constantly available, honoring his presence, recognizing his learning rhythm, believing in his potential, valuing equity, diversity, and inclusion, advocating for him, showing compassion, and expanding his networking are just some examples of caring practices that his mentors adopted to empower him. Indeed, such caring mentorship encouraged Dr. Ben-Ahmed to work intensively to the point that he became one of the best in his cohort during his second semester. Hence, his caring mentor–mentee relationships, as well as his perseverance, resiliency, determination, assiduity, and scientific rigor, directly contributed to his outstanding academic success and commitment from that moment on. He successfully accomplished all the courses of his doctoral program, his comprehensive exam, as well as his dissertation research.

October 13, 2021, was a remarkable day for Dr. Ben-Ahmed when he brilliantly defended his doctoral dissertation and received, from all mem-

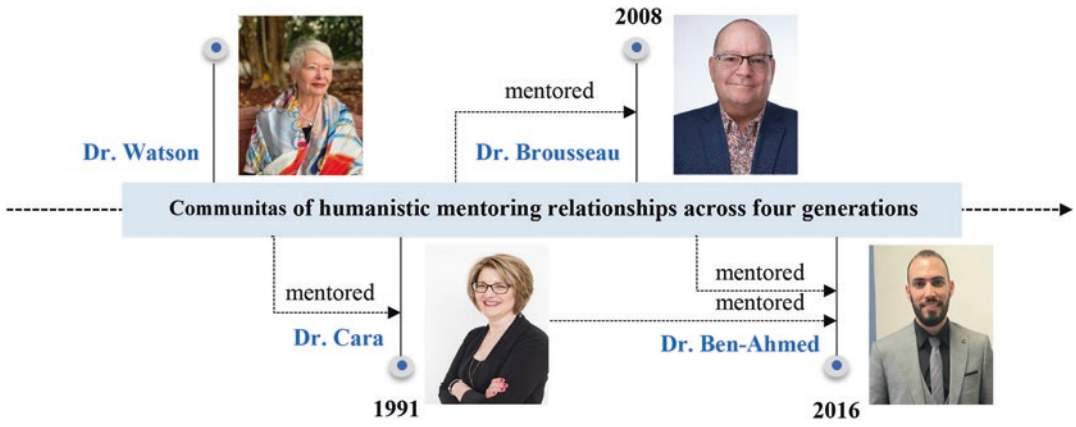


Fig. 1 Flow chart of four generations

bers of the jury, the mention "excellent" for his rigorous Caring Science research and the exceptional quality of his oral presentation along with his thoughtful responses to the jury's questions. Both mentors have recognized the profound transformation of their mentee throughout the overall 5 years of doctoral adventure. Dr. Ben-Ahmed underscores the significant contributions of his caring mentor–mentee relationships to his personal and professional growth, increasing his self-esteem and confidence along with making him more sensitive toward others. For instance, he enthusiastically accepted to act as a mentor for the international nursing students who newly arrived at his university to facilitate their integration within their new academic setting. As such, despite having a busy schedule, Dr. Ben-Ahmed generously mentored several students who had faced some difficulties throughout their undergraduate or graduate nursing program (e.g., overload sessions, conflicts between students, and French writing challenges). He recognizes that his willingness and motivation to mentor students were strongly influenced by a humanistic caring perspective that both his mentors displayed toward him. The following paragraph stresses the added value of this perspective for creating a meaningful mentoring relationship that brought us into a deep connection.

To sum up, these narrative stories revealed the *Communitas* of humanistic mentoring relationships across four generations (see Fig. 1). We privileged the use of the term *Communitas* since it conveys a profound meaning and represents, according to Watson [8, p. 66], "a culture and community of human caring and healing," resulting in the empowerment of both mentors and mentees. The *Communitas* of these mentoring relationships was grounded in Caring Science. According to some authors [1, 2, 9], it appears that caring mentoring generates another mentoring, and so on.

The following section emphasizes the utmost relevance of Caring Science to nurture and transform mentoring relationships between mentors and mentees in academia.

2 The Utmost Relevance of Caring Science to Mentorship

First, it appears relevant to define Caring Science prior to describing its added value to mentoring in nursing education. Indeed, according to Watson and Smith [10, p. 456], the latter corresponds to "an evolving philosophical-ethical-epistemic field of study that is grounded in the discipline of nursing and informed by related fields" such as feminist studies, theology, education, and so on. Cara et al. [11], Hills et al. [12], and Watson [8, 13] consider Caring sci-

ence, which differs from medical science, as the ethical, theoretical, philosophical, and disciplinary foundation that guides, inspires, and sustains the discipline and profession of nursing, as well as our values and actions as nursing professionals. For instance, from a Caring Science ontology, we could reflect on the meaning of being and becoming a caring mentor in nursing education. This reflection may endorse our authentic engagement towards our mentees in order to transform their learning journey. Indeed, the phenomenological research of Ben Ahmed [14] highlighted that this type of engagement is fundamental to empowering learners and making a difference in their learning experiences. More precisely, Ben Ahmed [14] along with Cara et al. [11] claim that our authentic engagement represents our moral imperative and responsibility in accompanying learners throughout their learning process to foster their academic success and development. According to Hills et al. [12], Caring Science may contribute to our personal growth and transform our conscientiousness.

We believe that Caring Science has strengthened our mentoring relationship to the point where we have decided to write this chapter to inspire other mentors in nursing education and related fields. Similarly, the works of Wagner and Seymour [1] underscore that, from a humanistic perspective, mentoring corresponds to a "caring action" that can contribute to the development of effective relationships between individuals and to the creation of conducive environments. Indeed, Caring Science reminds us of the moral and ethical aspects of our mentoring relationships with mentees and invites us to be authentically engaged towards them. We reckon that being informed by Caring Science is important since, according to the seminal work of Halldorsdottir [15], the modes of being with another may be classified from uncaring, and neutral, to caring encounters. For example, a mentee may live a negative experience and become vulnerable when he or she is mentored by an uncaring mentor. Whereas a neutral mentor may have no effect on the mentoring experience of the mentee. On the other hand, a caring mentor would make a substantial difference by empowering and contributing to transform the mentee throughout the mentoring journey.

This is supported by the interpretative phenomenological study of Al Makhamreh and Stockley [16], which has revealed three different natures of mentorship experienced by doctoral students, namely authentic mentorship, average mentorship, and below-average/toxic mentorship. According to the findings of the study, *authentic mentorship* represents the highest quality nature, which is characterized by the mentor's presence, engagement, sincere interests, confidence, mindfulness, and positivity. This mentorship allowed students to enjoy their experience, to become more motivated, resilient, and satisfied, as well as to develop their professional identity [16]. As regards the *average mentorship*, the latter corresponds to neither negative nor positive mentoring experiences, letting mentees need more attention and time from their mentor [16]. Finally, *below-average/toxic mentorship* conveys a gloomy mentoring experience that is characterized by the mentor's absenteeism, over-authoritarian, and negative attitudes [16]. This nature of mentoring has negatively impacted mentees by increasing their stress, decreasing their performance and engagement, as well as preventing them to move forward. According to Al Makhamreh and Stockley's research [16], it appears that mentorship, like other types of relationships, does not always have a positive connotation. In this regard, we strongly invite mentors to be aware of the different nature of mentoring relationships in nursing education and to be embedded in Caring Science, empowering their mentees rather than exacerbating their vulnerability.

To be informed about the latest evidence on mentorship in nursing education and to explore the most updated mentoring approaches to meet mentees' learning needs, we have looked over

the scientific literature. The research of Jacobs [17] appears to be a good example of a comprehensive literature review to visualize the evolution of mentorship models within the nursing discipline since Nightingale's era. Briefly, Jacobs' review revealed that the focus of mentorship models is moving away from a paternalistic relationship between mentor and mentee to a collaborative and reciprocal one. Similarly, Vance [18] added that today's mentoring relationships have evolved over time to focus more on collegiality along with mutual sharing and learning, within an environment of trust and respect. We consider that a collaborative and reciprocal relationship, anchored in Caring Science, as the utmost relevant mentoring approach to respond to the contemporary issues and challenges in nursing education (e.g., hegemonic practices in academia). Within collaborative relationships, mentors and mentees can work together as partners and share their unique perspectives to benefit themselves and co-create new knowledge. This aligns with the principle of a Relational emancipatory pedagogy [12] that is based on Caring Science and highlights that knowledge is co-created between partners rather than passively transmitted from one to another. Hence, the partners enter an egalitarian human-to-human relationship, which is based on mutual respect, reciprocity, empowerment, and shared power [12]. Hills and her colleagues [12, p. 83] point out that "collaborative caring relationships need time and usually require several mutual experiences with positive outcomes to develop." In this regard, since mentorship is a long-term relationship [17], we trust that Caring Science corresponds to a relevant disciplinary foundation to foster sustainable and effective mentoring relationships in nursing education.

Based on Caring Science and our narrative stories, we suggest the following recommendations to guide future faculty in mentoring students in nursing education.

Promising avenues for a sustainable mentorship grounded in Caring Science
• Believe in mentees' potential and value their learning aptitude
• Be authentically engaged toward mentees to create a positive difference to their journey
• Provide constructive, individualized, and timely feedback
• Recognize the tenet of diversity, equity, inclusion, and social justice while mentoring international mentees
• Advocate for mentees' rights when they experience dehumanizing and hegemonic practices from people
• Increase mentees' networking to be more visible nationally and internationally within nursing community
• Take time to understand mentees' concerns and show compassion to help them feel safe to express their feelings

3 Conclusion

This chapter shared different narrative stories from four generations of teachers on mentorship within Caring Science. The narrative stories provided some examples of successful mentor–mentee relationships, which may inspire other teachers in creating mentoring relationships with their mentees. Caring Science remains a fundamental ethical, theoretical, philosophical, and disciplinary foundation contributing to enhancing the humanistic nature of a relationship. Hence, Caring Science deepened the connection between the four generations of nursing teachers, and beyond. In this regard, we invite mentors to raise their consciousness regarding their way of being with their mentees and to transform their mentoring practices by embracing a relational mentoring approach, grounded in Caring Science. We believe that this approach can inspire the next generation of teachers on a mentorship informed by Caring Science and assist them to face the challenges of the twenty-first century while making a difference in their students' life, empowering them to become future caring nurses.

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Resources

In order to expand knowledge on caring mentorship and Caring Science, we suggest the following relevant resources:

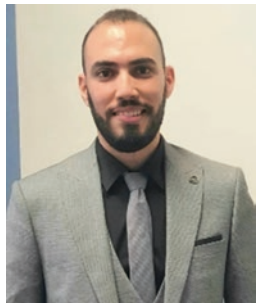
A *model for Caring Mentorship in Nursing*—developed by Wagner and Seymour in 2007 to facilitate mentoring programs and is considered as a tool to promote retention and professional development. For further details, please visit https://journals.lww.com/jnsdonline/fulltext/2007/09000/a_model_of_caring_mentorship_for_nursing.1.aspx.

American Nurses Association (ANA)'s Mentoring Program is an online networking tool designed to establish a virtual connection between novice and more experienced nurses. This innovative program aims to support mentors and mentees in finding their ideal match and facilitate the development of their mentoring relationship. It furthermore has a virtual forum where mentors and mentees can ask questions and discuss. To learn more about this program, please visit www.mentorship.nursingworld.org.

The *Massachusetts Regional Caring Science Consortium* (www.mrcsc.org) is a forum that gives nurses and stu-

dents an opportunity to explore the philosophy, ethic, as well as practices of Caring Science. This forum offers two programs a year on Caring Science that are accessible for those interested in this field across the world.

The *Watson Caring Science Institute* (WSCI) is an international nonprofit organization which holds various resources (e.g., books, articles, dissertations, measurement tools, etc.) on Caring Science and offers innovative programs and interesting events. To learn further about these educational programs and the forthcoming events, we invite you to visit www.watsoncaringscience.org.



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We Knew It Was a Match

Marshall H. Blue and Juli Maxworthy

The mentor/mentee relationship is a bidirectional gift.

—Juli Maxworthy

Objectives

1. Understand how a mentor/mentee relationship can begin at any point in your career.
2. Understand that leadership can be learned.
3. Developing a professional relationship can often lead to a lifelong friendship.

1 Mentee

It has been four decades, and I am still happy with the career path I chose. Throughout my tenure as a professional nurse, I have had several mentors. However, none are as distinguished, honest, motivating, and accomplished as my graduate school professor, doctoral degree chair, and now colleague and friend, Dr. Juli Maxworthy. She was there almost from the start of my reentry into higher education and the journey I still take today. She has been instrumental in my achieving my current success as a nurse leader and my mission to continue to strive for the leadership roles I never thought I could ever attain.

The year 2013 was a life changing one for me. I was a bedside nurse with an Associate of Science in Nursing (ASN). No one at that time could tell me I did not know my stuff. I could run circles around most nurses who had advanced degrees. I had finally developed a voice and wanted to express my ideas and thoughts on quality, safe care to improve the outcomes of the patients in my community. I also wanted to take part in the decision-making process on nursing education, nursing practice, and the profession's visibility as a whole. When I spoke up, I found that no one was genuinely interested in what I had to say. Most of the attention given was to those nurses who had baccalaureate degrees, who were also white and female. I began to take a much harder look at myself. Was I well positioned to assist in driving change, and what did I honestly have to offer without the formal foundation of higher education. I was not getting any younger and became restless in the current and extended positions available as an ASN. I was instructed in-charge nurse, coordinator, resource, and preceptor roles. Please do not think I was unhappy with my career choice; it felt stagnant

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and boxed in. Most people would describe the feeling of looking through a glass ceiling, seeing the top but just not being able to push my way there.

I decided to take the first step toward changing my circumstances and applying to a college to complete the bachelor's degree I did not finish years before. My options at the time were somewhat limited as I needed a degree path that would allow me to remain employed full-time and still complete my degree. The organization where I was employed had a contract with one of the national universities and offered reduced tuition and scheduling to accommodate those nurses who worked full time. I was accepted into the program and became entrenched in my studies while entirely intimidated by the process. The program was a hybrid of in-person and online learning. However, with each course completion, I began to feel this was the ticket I needed to ride the escalator up to break the glass ceiling. I began to think differently as a nurse, not just feeling proud of myself for taking this vital step but being able to visualize the larger picture of nursing and how it intersects and drives healthcare.

The program I chose was a rigorous 20 months long, and after being in for only 6 months, I had decided to not stop with just my Bachelor of Science in Nursing (BSN) but to complete a Master of Science in Nursing (MSN) as well. I have to say I got a little ahead of myself as I was just getting into the swing of things as I was beginning to come to grips with learning how to compartmentalize my life to accommodate work, study, and family. I have to state that if it were not for the understanding of my life partner, my educational venture would never have begun.

I searched online for universities in California that could again accommodate a nurse working full-time and be close enough to travel for classes. There were few options within my local community, so I had to widen my search. I soon stumbled upon a university in the Bay Area (San Francisco) that offered an ASN to MSN, the MSN, and a BSN to DNP. I had already started the BSN track, so the first choice was not for me. I looked at the MSN program offered by the nursing school and felt that if I was to travel that far from home for 2 years, why not just go for the terminal degree and be done in 3–4 years. I could either complete coursework for the doctoral degree or choose the additional coursework to add the master's. I decided on the BSN to DNP path to include the MSN.

The university had a program information session for the track I chose. I had to register online and wait for my confirmation. It came immediately. I was so excited about the chance to possibly continue my education. The date was set, and I discussed the day trip to San Francisco with my partner. We resided in the middle of the San Joaquin Valley, and the projected route would take about 3 h. The day finally came, and I remember it well. My partner and I looked at each other and said, "Day Trip" here we go! I had so many thoughts running through my head: what would I say, who would greet us, and how I would be perceived as having not yet completed my BSN.

We did arrive safe and sound. We were greeted in the lobby of the reception room, and a name badge was handed to me along with a folder housing the day's agenda. As a video started playing, everyone began to quiet, which described the university's mission, vision, and deep core values while providing the organization's rich history and current status in the local and world community. After the video, a curly reddish blonde-haired woman took her place at the front of the room behind the lectern. She was smiling and seemed happy to be there. She welcomed all of us into the room. I had a shocking feeling of connection right away with her. After her welcome and then her introduction to the programs offered by the school of nursing, I again got nervous as I was not ready to apply to the nursing school. I was only 6 months into my 20-month program and began to feel a little intimidated.

After the presentation, my partner and I mingled with the other guests. I was pleasantly surprised that I was not the only one eligible to apply to the program, and others were there to receive information just like me. At that point, I felt just a little more at ease with my choice to come and participate. I got up enough courage to go up to the professor, who so graciously welcomed us to

the campus. Yes, it was Dr. Juli Maxworthy. Her eyes beamed with delight as I approached and asked if I enjoyed myself. I said yes. I asked a few questions about the different programs offered. She answered them all. Then she asked if I was thinking of applying. I then told her I was not eligible yet as I had another year to complete my BSN. She said, well, you must be interested in us as you traveled all this way to gather information. I told her I was very impressed and would like to attend the university. Dr. Maxworthy provided her email address and told me to reach out to her if I had any further questions and then, with a warm smile, said good luck on the rest of my BSN journey.

In the spring of 2015, I registered for the BSN to DNP information session again. My partner and I returned and, to our surprise, found a few other participants from the previous year's information session also attending. Again, the video was shown, and then Dr. Maxworthy appeared. Then the presentation was over, and I immediately and without shame went straight to her and said, "I came back!" She responded with, "Oh yes, I remember you. You are the one who came last year and could not apply because you had not completed your BSN…well, are you done?" I sheepishly said, "Not yet, but I only have one class to two classes to complete this next semester." It was late spring, and I still had to attend the summer session to complete my coursework. I wanted to begin in the fall. However, I would not be done with all my course work until 3 weeks before the beginning of the Fall semester for graduate school. I asked her if she thought I should apply and somehow have a shot at being accepted and have a space held for me. She told me to go ahead and apply now, and as long as I had my core nursing courses completed, it would probably not be an issue. She introduced me to a few of her colleague's other graduate professors, telling them of my situation. They all concurred with her regarding my next steps. I would have to discuss my circumstances with the admission board and registrar's office. I told her I was an "A" student and the university was my number one choice. I had envisioned my attending there and had begun to embody the university's motto of "Change the world from here!" Dr. Maxworthy again gave me her contact information, and I gratefully retook it. This time to truly contact her and let her know my progress and intentions are going forward.

I provided an intent to apply for the Fall semester before I left that evening and completed the application the very next day. I met all the steps in the admissions process and then began the painstaking waiting process for the answer. Several weeks later, I got my answer. I had been accepted on the condition of completing all coursework before the Fall semester. The process could not have been any more succinct. I completed my BSN precisely 3 weeks before I began my graduate program. To my excitement, I received the admission packet from the nursing school, providing me with the confirmation of registration of my first classes and who my advisor would be. I had earnestly prayed to have Dr. Maxworthy as my graduate school advisor. If I am not mistaken, I did discuss, in my admission essay, her captivating presence and warm welcome at both informational sessions and how I would be honored and privileged to have her as my advisor. This would be the beginning of the rest of my "career!"

A bond that will never fade….. It is an early morning 1 week before the start of class. I arrived at the main campus, "The Hill Top," to review my final admission requirements and pick up my student ID. At that time I get a chance to walk the campus and engage with other students completing the same processes. I am overwhelmed with anticipation and begin to think about my education and utilize my newfound knowledge to create my seat at the table. At the time, I was working as a neonatal nurse in a large tertiary facility in Central California. Upon completing my BSN, I began reviewing my opportunities to move into a leadership position from the bedside. I interviewed and accepted a job as the clinical educator and nurse supervisor of a large home health agency in Southern California for their pediatric service line. With my BSN, I was in a prime position to review policies and practices for a quality improvement process for the agency. My role with the home healthcare agency was instrumen-

tal in understanding the gap in patient education and knowledge between the care provided to patients in the hospital and care required for the home.

As I matriculated through the first year of my master's program, I incorporated my learnings into my everyday workflows and improved our level of care. My master's program was the Clinical Nurse Leader specialty (CNL) which emphasizes the coordination of education and services from admission through discharge home and in-home healthcare. The CNL provides leadership in accessing all areas of hospital and community services for the best outcomes for individualized care. With that said, the pediatric service line began to thrive as we continued to build on evidence-based practices (EBP). My graduate program was assisting me with what I needed to succeed.

After a year at the home healthcare agency and completing a full year of my master's program, I received a call to join a leadership team in Northern California as the Assistant Nurse Manager for perinatal services. I jumped at the chance to return to the in-patient area and begin my tenure as a clinical nurse leader. I began to communicate with Dr. Maxworthy a few times a year at this point as she was required to keep track of me in the program. I truly enjoyed our sessions as I would explain to her my career moves and how my decision to return to school for the advanced degrees was paving the way.

At this stage in my journey, mentorship began to have real meaning. I understood how meaningful the mentor/mentee relationship could be for me. Mentors and mentees form professional relationships at various levels and a spectrum from highly functioning to highly dysfunctional, with most occurring in between [1]. I knew I needed a relationship with Dr. Maxworthy that would take me to the highest levels of success. I wanted to continue to move forward in my leadership journey, and I knew she would be the one who would motivate me to do so, remembering her journey was very similar to mine.

I am an African American gay man who comes from a lower socio-economic background. We were not the poorest families in the neighborhood. However, I knew I did not have all the advantages of most kids I attended school with. As a child, I was bused to predominantly white schools as my mother felt my younger sister and I would have the opportunity to learn and take part in programs not offered in our immediate community. I had difficulty reading, and with that came secondary issues in understanding all other subjects as reading was the foundation. I struggled with a speaking impediment; I stuttered. The stuttering compounded my problems as I hated to read aloud in class when called upon. I had very low self-esteem, which continued throughout all my school years. The mentor/mentee relationship during my time at the University of San Francisco was a support system I used to shore up my confidence and provided me with a guide to stay focused.

After completing my master's program, I continued to excel in my leadership skills and my communication with other healthcare professionals of my interest in learning and taking on new and challenging roles. My next step in leadership was offered to me in the Bay Area of California. I became the manager of a Neonatal ICU and Acute Pediatrics. I had finally arrived, I thought. I expressed my thoughts to my advisor and now my Chair for my DNP program project and prospectus. We communicated much more now, especially due to my proximity to her as my medical center was just three blocks away from the university. We began to learn more about each other, and I enjoyed our conversations. I think I told her more about myself over the next few months than I had to anyone I had met and called a friend in the past couple of years. She knew the role of mentorship and effectively got me to interact. Clutterback [2] have five areas commonly associated with efficacious mentors. These are self-awareness and behavioral awareness (understanding of others); business/professional savvy and sense of proportion; communication and conceptual modeling; commitment to own learning and interest in helping others to learn; Relationship management and goal clarity.

Dr. Maxworthy began digging deep to find those areas where I needed some assistance,

whether she knew it or not. She just knew what to say and how to say it to get my attention. I could feel her spirit and genuine self come through as she interacted with me, continually blustering my confidence. I took this as my cue to keep striving for more.

In the winter of 2017, I completed my master's program, and she was there to cheer me on. It was an exciting day for me as well. Walking into the beautiful cathedral on campus was something I had dreamed about for two full years. Now the day was here. Dr. Maxworthy has now created a lifelong relationship with me and will do all they can to sustain it.

In the final semesters of my DNP, I began to depend on Dr. Maxworthy more and more. I obtained a mentee checklist, something I think all graduate students should do, especially those who may feel they will be working outside their manageable comfort zone. Zerzan et al. [3] discuss mentoring as a lifelong process for individual career building and personal development. The author's checklist refers to a "Manage Up" process consisting of six different action areas. It begins with Getting Ready; the first step in the process reviews your motivation for your designated journey, personal and professional goals, and values, along with understanding your strengths and weaknesses in knowledge skills levels. This step is where I began to understand what I wanted from my decision to attain higher education and find a mentor to assist in that endeavor.

Luckily for me, I had already found a mentor in Dr. Maxworthy, so the next step had already been achieved, finding a mentor. The third step I required in a mentor was a little more difficult for me. As I have mentioned earlier, I came with lots of baggage. Low self-esteem, insecurities of not being a great reader still haunted me, and finally knowing I would have to engage in public speaking as well. Terrifying! Was I going to be able to trust her with the most intimate areas of my life I never discussed with anyone? Would she be supportive and would I perceive biased intent? Dr. Maxworthy provided me with multiple opportunities to chat with her and get to know me. All it took was for me to accept her gestures of goodwill. She encouraged me to take the risk. She had taken this journey before, it seemed, and I was ready to walk with her. The floodgates opened, and I provided her with more material about my life than most people would hear in a lifetime. Dr. Maxworthy made herself available and accessible. At this point in the "Manage Up" process, you schedule the first meeting. Again, we had already completed this step 3 years ago and began to create something special over time. Sharing in emails and phone conversations how she had already met my needs as a mentee. Next, we began cultivating our relationship. Our relationship was also structured on the Nursing Theory of Patricia Benner. If felt, we had a silent understanding to agree to move through each of the five levels in the structural framework to achieve our objectives: Novice; Advanced Beginner; Competent; Proficient; Expert. This step in the process reinforced active listening, asking questions, giving feedback, either wanted or unwanted, setting realistic smart goals, and learning to be responsive and flexible. The final step was the separation, involving an end of the relationship or a change in relationship positions. Dr. Maxworthy is now a colleague and friend. I do not foresee an end to our comradery as we have continued to share our daily lives with each other. She will always be a mentor even though we are the same age. My friend Juli discusses all aspects of my future career and I value her judgment and prowess in business leadership and taking on educational opportunities. Juli has almost completed a second doctorate, Ph.D., and seems never to stop. Knowing I had stated I wanted to be just like her when I grew up, I am now back in graduate school to attain my MBA. She has inspired me beyond all others to just go for it. Nothing will be given to me; I must create my own path. Mentoring is an evolving relationship that requires time and attention to develop and includes successes and challenges [3]. I know Juli feels I am a very challenging mentee. However, I also know she reveals in the fact that I have been and will remain successful for years to come.

In the summer of 2019, I embodied the motto of my university, "Change the World from Here,"

by once again donning my ceremonial regalia and gliding down the center aisle of one of the most stunning cathedrals in San Francisco. I felt all eyes were on me, and everyone was saying, WOW, look there, a black man has completed his doctoral studies, impressive. The thoughts of my accomplishments went back to earlier in the day at the doctoral candidate presentation and hooding ceremony, where Juli placed my doctoral hood over my head and onto my shoulders. This was a grand moment for both of us. I knew she was proud of me. I could tell from her gaze and the inflections in her voice as she spoke to me. At that moment, I realized I had made the right choice for graduate school and to have Juli in my life as a mentor and now a colleague and friend. As discussed earlier, our relationship did change just slightly; it became much more profound, and sharing my accomplishment with her was "Oh so sweet." Henry-Noel et al. [4] reference mentorship benefits both the mentee and the mentor in professional satisfaction and elevating the organizations in which the individuals serve. These relationships often can solidify more profound benefits to the local communities where each may live, and moreover, the world can be enhanced.

2 Mentor

I remember when I first met Marshall. As the Chair of the Healthcare Leadership and Innovations Program at the University of San Francisco, one of my responsibilities was to talk to potential students about our doctor of nursing practice program. I remember distinctly seeing Marshall in the room. He seemed so engaged and interested. After the program, he came up and introduced himself and explained that he was finishing up his bachelor's program and was interested in continuing his education. We chatted for a while, and I found out he had been a nurse for many years in the NICU and had realized that he wanted to open his opportunities and realized that additional degrees would provide him more options. I felt an alignment with his story as I had fortunately obtained my bachelor's, so I didn't have to go back to complete that aspect, but it took me about 20 years to go back to school to give myself options. A year passed, and I had given several presentations to different groups during that time. At this particular session, there was Marshall in the audience, and we chatted even more. Marshall was almost done with his program and had decided it was time to take the plunge. He started the subsequent fall in our Master CNL program. We kept in touch throughout his master's program, and I assigned myself to be his chair because I felt a strong connection with him.

When we would meet early in his DNP journey, we had many conversations about his potential project. For his DNP project, he had the option to continue and expand his CNL program to educate his department about the "golden hour'"in the post-delivery phase. He also expressed an interest in doing a project that would allow him to expand his exposure. He had mentioned that he had felt that for his career to continue to grow, and he would need to potentially do his project across the hospital to provide more leadership opportunities. I supported his idea as I saw great potential in Marshall. The one item he lacked was the initials after his name, which, as many of us know in nursing, can provide you with so many more options. Whether you take those options is up to you, but you control your destiny more. I saw my role as Marshall's mentor and Chair as a "cheerleader" and supporter for his pursuit of getting more of those initials after his name.

Marshall's DNP project [5] provided an opportunity for him to highlight his talent to the entire organization. Since his graduation in the spring of 2019, Marshall's career has grown.

3 Self-Reflection

3.1 Mentee

Using the Bassot model [6] of self-reflection has provided a foundation for my mentor/mentee relationship with Dr. Maxworthy. While in my past 2 years of graduate school, completing my DNP, there were many moments I felt I would never finish. I had multiple discussions with Dr.

Maxworthy on my barriers and personal limitations aloud for complete transparency of where I was and what was needed from her. Saturdays were my designated writing days, and I would get out of bed, complete my morning cares, make my coffee, and begin writing. I would meet with Dr. Maxworthy every Saturday morning in the last semester. I looked forward to these sessions as I was provided with positive reinforcement of knowing, "Yes, I can!" During each session, we would reflect on what was happening to me in the past week and how I was feeling on that particular day. Most of our sessions were just keeping me excited about my project, answering questions on writing techniques. She would listen to me vent on my most recent experiences at work the growing pains of learning to lead.

The mentor/mentee experience has been meaningful. I have gained confidence in my role as a leader and have begun to mentor others myself. I have mentored two BSN students in the past 3 years, one MSN student and one DNP student. I am very proud of my mentees, who successfully completed their course work and continue to reach out to me for guidance, much like I did and still do with Dr. Maxworthy.

I will continue to mentor as I have found the process rewarding as I learn more about my mentees and myself. I review the next steps regarding topics of concern and those areas of life that everyone finds challenging. I do my best to maintain a listening ear and check my biases with each conversation. We discuss many topics, and I try to create an environment for diverse, equitable, and inclusive support. Nothing is off-topic or out of bounds. "Recognizing what constitutes meaningful work requires reflection, assessing, improving one's skills, participating in relevant experiences, exploring diverse career options, and connecting as early as possible with professionals who work in your selected disciplines [7]."

The next step for me is to be published. Dr. Maxworthy is mentoring me through this process as well. Her support is unwavering and I continue to reach the highest levels of success. Thank you, Dr. Maxworthy, and now my wonderful friend Juli.

3.2 Mentor

Utilizing Bassot's [6] integrated reflective cycle model has guided self-reflection of this important relationship. There are four steps of the cycle: experience, reflection on action, theory, and preparation [6]. For myself, the experience was that of a chair DNP student working with Marshall over the course of several years with the intention that Marshall would graduate from the program and help him pursue more leadership opportunities. My reflection on my actions is that I monitored Marshall's progress successfully utilizing several leadership theories, including transformational and servant. The reason for utilizing these theories was their alignment with essential elements of our relationship. According to Scandura and Williams [8], transformational leadership describes a style in which the transformational mentor can motivate others to perform at their highest level by helping them help themselves. As a servant leader, it is important to give others opportunities [9–11]. One example of being a servant leader is encouraging Marshall to be the first author of this chapter; he has not had a publication other than his DNP final project write-up available through the university library. I want Marshall to feel the satisfaction when they are published.

Reflection on my actions included many as it was an iterative process of back-and-forth conversations as Marshall changed his topic from an expansion of his CNL program related to the "golden hour" in the NICU to a macro organizational program to implement the concept of "Triads," which included a team in each unit as a way to improve communication among management, staff, and physicians. The support of this project-assisted Marshall in providing a successful program to his previous organization, which provided him the opportunity to seek other leadership opportunities.

As far as preparation for future student relationships, I have realized through my experience with Marshall that one can have a relationship with their student as a teacher, mentor, coach, and ultimately a colleague and friend.

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Resources

Black Male Mentoring Program Western Illinois University. Mentor and Mentee roles and responsibilities. http://www.wiu.edu/diversity/bmmp/mentor.php, http://www.wiu.edu/diversity/bmmp/mentee.php.

Harvard TH Chan School of Public Health. Office for Alumni Affairs & Career Advancement. Mentor-mentee relationship. https://cdn1.sph.harvard.edu/wp-content/uploads/sites/36/2016/06/The-Mentor-Mentee-Relationship-Handout_October-2015.pdf.

Mentoring toolkit. https://cfe.smhs.gwu.edu/mentoring-toolkit.

NovEx. Novice to expert learning; innovation propelling excellent care. https://novicetoexpert.org/about/dr-patricia-benner/.

Reflection toolkit. https://www.ed.ac.uk/reflection/reflectors-toolkit.



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Part II

Mentoring in Inclusivity, Equity, Diversity and Belonging

Mentoring Diversity for Inclusion and Equity

Freida Hopkins Outlaw and Janet Jackson

We will all profit from a more diverse, inclusive society, understanding, accommodating, even celebrating our difference while pulling together for the common good.

—Ruth Bader Ginsburg

As we were thinking about how to approach the introduction to this chapter, we asked the "Why?," "What?," and "How?" questions; about how a section focused on mentoring racially and ethnically diverse nurses of color while mindful of diversity, inclusion, and equity would inform and enhance the overall project. Concurrently, we were reading S. R. Toliver's *Recovering Black Storytelling in Qualitative Research: Endarkened Storywork (2022).* Toliver defines "Afrofuturism" as "a cultural aesthetic in which Black authors create speculative texts that center Black characters in an effort to reclaim and recover the past, counter negative and elevate positive realities that exist in the present and create new possibilities" ([1], p. xxi). In her qualitative research approach informed by Afrofuturism, Tolliver was not interested in traditional qualitative methods where themes would be identified across girls' stories. Rather, she was interested in discovering how each Black girl's experiences were connected to the experiences of other Black girls, to her own experiences as a Black woman, as well as to the experiences of Black women nationally. The method she used to gather data was storytelling and listening in order to understand the history, the current world, and what the future might look like for her research partners (known in traditional qualitative research as "informants" or "subjects"). Toliver's approach, unlike traditional qualitative research, allows her to knit together the threads of the girls' stories to produce solutions in their voices. Thus, possibilities for their futures are generated by them, not from an analysis of their stories by others.

While this section includes the narratives (storytelling) of a broader group of racially and ethnically diverse nurses of color, we thought *Afrofuturism* as a concept identifies the tenets that answer the questions ("Why?," "What?," and "How?") regarding the critical importance of this section to the book. For example, in reclaiming and recovering the past, we note that while mentoring is not new, very little research has been

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devoted to the mentoring experiences of racially and ethnically diverse nurses who, historically, have not had the same access to being mentored and, therefore, have not had the career benefits associated with mentoring [2–4]. Additionally, the scant data that exist regarding the mentoring experiences of diverse groups of nurses provide mixed research findings as to the pros and cons of cross-racial, ethnic, and cultural mentoring [2, 4, 5]. Some of the narratives in this section will add to the knowledge of mentoring experiences from mentors and mentees who have been participants in the Minority Fellowship Program at the American Nurses Association's (MFP/ANA) formal mentoring program, which was developed with careful attention to racial, ethnic, and cultural factors.

Professional nursing in the United States has historically been, and continues to be, dominated by white, non-Hispanic women [3, 6, 7]. The most recent data from the National Sample Survey of Registered Nurses avaialble when this chapter was written disclosed that the nursing profession was more diverse in 2018 than in 2008 [8]. However, the survey noted that white, non-Hispanic nurses continue to account for the largest population of registered nurses at 73.3% while racially and ethnically diverse groups combined accounted for only 26.7%.

This growth in racially and ethnically diverse nurses is not surprising since increasing diversity has been a focus of nursing for at least the past two decades. Recently, more attention has been placed on mentoring to achieve diversity, inclusion, and equity in all sectors of society, including nursing [6, 7, 9, 10]. According to Hill et al. [2], mentoring nursing began to be studied in the late 1970s. The overall findings from studies found that among nurses who were mentored and those who were not, the consensus was that being mentored was instrumental in career development and advancement. However, until recently, Hill et al. [2] in their research found that there has been very little data about African American nurses in mentoring relationships. Mkandawire-Valhmu et al. [5] found that women of color in tenure-track academic positions face a plethora of challenges including not being mentored. To meet the goals of nursing to be more diverse and inclusive in leadership roles at all levels, mentoring of nurses of color is essential.

Diversity is primarily associated with the demographics of individuals and groups regarding race, ethnicity, gender, and other descriptive characteristics [11]. Inclusion is an active, intentional changing of organizational structures, values, beliefs, and behaviors that historically have been based on racism, sexism, heterosexism, and other invidious characterizations. The intention, as well, is the eradication of associated invidious power differentiations. Further, efforts of inclusion aim to create environments of belonging for all and of appreciation and valuing the uniqueness of the viewpoints of diverse people [6, 10].

Currently, the emphasis in nursing is on the adoption of an inclusive culture to increase diversity where racially and ethnically diverse nurses are not only in the room but will have active voices contributing to shaping healthcare research, clinical practice, education, and policy development. Racial, ethnic, and cultural diversity with inclusive participation from nurses who have the cultural knowledge from "lived experiences" and the theoretical knowledge from their academic studies will help eradicate health disparities and ensure health equity for minorities who have been overrepresented in heath disparities because they have not benefited from health equity. Mentoring—though still having unresolved issues associated with it—has been recognized as important for creating racially and ethnically diverse nurse leaders who will provide distinct and unique inputs to accomplish both these outcomes [2, 4, 7].

The mentor–mentee dyads in this section will illuminate how a formal mentoring program that includes racial, ethnic, and cultural understandings and approaches to the process is occurring successfully in the present producing a diverse group of racially and ethnically diverse leaders among nurses. The overall goals of these leaders are to help create new possibilities aimed at the elimination of health disparities and to create health equity for all people in mental health care systems. Five of the narratives are provided

by mentor–mentee dyads who participated in the formal MFP/ANA mentoring program launched in 2017. The MFP/ANA is a program initially funded by the National Institute of Mental Health, subsequently by SAMHSA, and has been continuously funded for 50 consecutive years to increase the numbers at masters and doctoral levels of rigorously educated psychiatric mental health nurses from underrepresented racially and ethnically diverse groups. The mission of the MFP/ANA is to diversity the profile of psychiatric mental health nurse leaders in education, research, practice, and policy development so as to reduce mental health disparities and to create mental health equity for people of color who have been underserved or unserved resulting in very poor mental health and substance-use outcomes.

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Mentoring Overseas Qualified Nurses Applying for Registration in the Host Country: Reflection on Successful Experience

Fred Saleh and F. I.

We often meet someone and think they are "different," but people are not inherently different: our differences lie between us, not within us.

—Lisa Fain

Objectives

1. To share successful experience in mentoring overseas qualified nurses in a preregistration program.
2. To discuss key challenges.
3. To recommend mentoring strategies to address these challenges.

1 Preface

For the sake of confidentiality, the place where the events described in this chapter took place as well as the nationalities involved shall remain anonymous.

Nursing education and practice have evolved over the years to address the evolving needs of societies and communities for qualified nurses [1, 2]. This could not have been achieved without nursing leadership. The latter takes different shapes and forms, such as new advanced degrees in nursing, curriculum development using modern approaches to teaching and learning, mentoring and precepting including advanced nurse practice, nursing and interprofessional research, building strong bridges and ties with various stakeholders, lobbying and policy advocation, accreditation, and licensing and registration, to name a few [3–8].

It costs governments dear money to get overseas qualified nurses go through preregistration programs before they are finally licensed to practice as registered nurses (RNs). Therefore, it is essential that these programs are regularly reviewed to ensure success. They should ensure that these nurses are treated right from day one with dignity and respect and that their overall physical and psychosocial well-being are protected. The equation should always be a win-win one.

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The message conveyed in this chapter is not meant to criticize any overseas nurses preregistration program. Such programs have been well planned. However, there are some critical issues that need to be addressed in the implementation phase.

2 Mentor and Mentee Narrative

2.1 Mentor

As an international consultant in nursing education, training, practice, accreditation, and licensing, as well as an Associate Dean, Chairperson, and Professor of Nursing, I have been exposed to nursing students and graduates from all over the world. It has been and remains an eye-opening journey given the cultural diversity of the students and the rich experience that these graduates bring with them.

Some common denominators that I have observed among these graduates when being assessed by a foreign mentor are fear and anxiety resulting in a mental block even in those who graduated with a nursing degree with distinction and who have been practicing as RNs in their home country for years. A typical example was F.I. and her cohort.

F.I. started her nursing career as Assistant Nurse (AN). She then pursued her nursing education at the vocational level, followed by completing a bachelor's degree in nursing. She was the top of her class.

One day I received a phone call from my assistants who were assigned to coordinate a preregistration program for overseas qualified nurses. The assistants sounded nervous and confused. "We don't know what to do… the cohort seems to be falling apart," they said.

I quickly called for a meeting with the concerned assistants, and we performed together a situation analysis. I also had one-to-one meetings with F.I. and her cohort. I ensured that one of our staff nurses who originally comes from the same country as F.I. and her cohort attended the meeting. This was followed by inviting F.I. and her cohort, as well as their mentors and coordinators for dinner the second day at a restaurant that cooks authentic food native to the cohort's country of origin.

Briefly, three fundamental issues were spotted in the situation analysis, one-to-one meetings, and dinner. These include:

1. Culture barrier.
2. Communication and learning barriers.
3. Unfriendly environment (feeling unwelcomed; discrimination; disrespect; looked down at).

2.1.1 Culture Barrier

Evidence has shown that understanding people's culture is the first step toward breaking the ice with them, and it is a key component in establishing trust among the parties involved, be it in education or business [9, 10].

Human beings are often shaped by the culture in which they were born and brought up. What is acceptable in one culture may not be the case in another. For instance, what is described in one culture as strange may be described as normal in another. Standing up to greet somebody when they enter the room is an obligation in some cultures, while it is not in others. Strict hierarchy and obedience take their toll on employees in some cultures, whereby relatively senior personnel are often feared by the junior staff who are treated as subordinates. Such an act is often considered unlawful and unethical in other cultures where people are supposed to be treated equal.

The mentors assigned to F.I. and her cohort were not at all familiar with their cultural background. Although they were not expected to know their culture, yet they should have at least been introduced to it.

2.1.2 Communication and Learning Barriers

Communication skills are among the pillars of nursing education and practice. We teach and assess them in every single nursing student and graduate. It has been evident that learning cannot take place without proper communication [11].

Some cultures encourage individuals to speak what they have on their mind, while others do not. Words and sentences in some cultures are pronounced fast, while their flow tends to be slower in other cultures. People from diverse cultures have learned to express themselves differently. Still, it takes few years for an individual born in the same culture to start speaking the local language fluently and to start understanding the accent and the slang words and expressions. Yet, we expect from newcomers like overseas qualified nurses to become native communicators in 3 months sometimes.

F.I. and her cohort were not deficient in their nursing knowledge and skills. They just could not keep track with the way the mentors were communicating with them verbally. They were hesitant to ask, just out of respect and shyness, which in turn are part of their culture. This repeated inability to understand fully the instructions conveyed to them by the mentors created confusion in them and fear of being evaluated as incompetent if they keep asking the mentors for clarification every time a communication took place. Moreover, this affected their abilities to perform certain nursing procedures and tasks, which they have already mastered back home. The problem was not that the nurses were unfamiliar with the local language. They already studied it back home, and they passed the language test as one of the requirements to enroll in the preregistration program. They just could not keep track with the accent and speed.

2.1.3 Unfriendly Environment

Nursing is a human profession that entails dealing with people at all levels, including patients, clients, and interprofessional team members. The overall goal is to provide the best care based on the available resources. For this to take place efficiently, harmony, respect, equal treatment, and sense of belonging to the team and the work environment are paramount.

Among the difficulties that F.I. and her cohort faced was the unfriendly environment in the clinical setting. It was a spectrum of indirect, and sometimes direct, resentment, unwelcoming behavior, jealousy, discrimination, and belittling of their education background and years of experience. This often occurred when the nurses were left unsupervised. Similar encounters have been reported elsewhere [12–14].

2.2 Mentee

"The simple fact that I now live in a new country after being born and have lived in another for 31 years is frightening. New people, culture, system, values, morals, tradition, habits… new everything. We were not introduced to all of these. We started reading about them on our own. However, reading is something, and living the experience is something else."

"My cohort and I immigrated to this country because we were looking for a better place to live and raise our kids. We were so grateful that we were given this opportunity, and we felt patriotic the minute we landed in the airport. We even started encouraging our kids to speak the local language at home all the time, and to mingle with the other kids in the neighborhood. We kept watching local TV series to get to know the local culture and accent."

"In order to practice as RNs in our new homeland, we had to go through a registration process that was divided into theory and practice (clinical). The former took place in classrooms, while the latter was at allocated hospitals. The total duration was 4 months in which we were assessed regularly. We excelled in the theory part, but we struggled in the clinical one for the following reasons."

2.2.1 Culture Barrier

"The cultures of learning and doing, dealing with mentors and preceptors, dealing with other nurses, interacting with other health care staff, and dealing with patients and their family members were all different to us. The pace of learning was fast and did not quite go along with the principles of adult learning. As for doing, we were very much familiar with basic and advanced nursing skills and procedures, but the way some of these skills and procedures were performed here were different. We were introduced to them,

but we did not have enough time and exposure to practice them, nor we were able to consult with other staff when needed. They were busy, and they encouraged us to learn and rehearse on our own, a culture that is different from what we used where we came from. The mentors were very formal, and we used to fear them a lot. There were time intervals when they left us on our own. That was frightening. You feel that you are totally exposed to the unknown. The patients were so nice and helpful, but we could still sense that they and their family members were not at ease when dealing with us, thinking that we are incompetent. We are by nature shy people in our culture, and we did not learn how to break the ice with foreigners. Even when we tried to use the sense of humor by telling some jokes, yet people did not understand these jokes and the whole thing ended up disappointing and thus added to our frustrations."

2.2.2 Communication and Learning Barriers

"Although we learned the local language as part of three courses (total of 9 credits) in our undergraduate nursing degree, yet we found difficulties trying to understand what the mentors and preceptors are saying. They were fast, and some of the words seemed as if they were swallowed during the conversations. The accent was strong. We used to monitor their lips trying to understand the instructions. The first week was a total loss for us. Since proper communication drives proper learning, we struggled with the latter because we struggled with the former."

"Added to the accent problem is the culture of feedback and help. Back home, if we needed quick direct feedback or help, we were able to get them by going around and asking the nursing and medical staff. Here the process was different. We had to wait, and sometimes the time lapse would make it inefficient anymore. Moreover, when feedback was provided, it was delivered in a constructive way by some mentors, and in a destructive way by the others."

"Some of the mentors had a clear understanding of the objectives that we need to cover, while we could see confusion in the eyes of other mentors. We used to talk to each other how lucky some of us are that they fell in the hands of the right mentors, while the unlucky ones kept trying to figure out what to do with their mentors. The good mentors were also consistent with the diverse types of assessment, something some of us did not find in the other mentors. Some of us were rushed by some mentors to demonstrate certain skills, while others were given enough time to do so."

2.2.3 Unfriendly Environment

"The last thing that we expected to face in our new country is disrespect, and sometimes open or hidden discrimination. Some local nurses made us feel that we are stealing their jobs. Others asked us why we came here in the first place. Still others treated us as if we were nurse assistant although we were all holders of a bachelor's degree in nursing followed by years of hospital experience. Most of these encounters took place in the absence of the mentors. These feelings of shame and inferiority hurt us all. This is when the cohort and I decided to quit nursing and go into other health-related career or profession. We informed the mentors of such decision accordingly."

3 Self-Reflection

3.1 Mentor

Cultural diversity, protection of minorities, and antidiscrimination laws are often promoted by governments. These are great humanity achievements so far. However, such laws do not change how some people feel deep inside about others who differ from them in relation to skin color, language, looks, culture, habits, etc. Although discrimination tends to be undisclosed due to existing laws, yet it could take many shapes and forms, such as lack of cooperation, ineffective and unhealthy communication, being unhelpful when one could be otherwise helpful and proactive, acting in a mean way, bullying, sending hid-

den signals, creating unhealthy, stressful, and demoralizing work environment, setting people up to failure, etc.

The case of F.I. and her cohort is not a new one. It is evident that no matter how scientifically sound a nursing preregistration program is, if the humanity touch is not taken care of, the program will face ethical and professional issues to deal with, let alone the wasting of human and nonhuman resources initially allocated to it. Money wise the cost is dear. Humanity wise the cost is exponential. The latter includes the loss of the fundamental goal of recruiting qualified nurses as a continuous partial attempt to address the chronic and continuous shortage of these nurses in an era when societies and urban and rural communities most need them.

The notion that one size fits all does not match with nursing preregistration programs. This is not a call for a change in the content and process of such programs because, and as mentioned earlier, these programs have been well planned to ensure patient safety among many other important competencies as well. Studying separately each cohort going through the program, and identifying during the first 2 weeks of the program matters of concern to the cohort is highly recommended. These matters should be then analyzed, discussed with the program team, get addressed individually, and changes should be adopted accordingly. The Recommendations section that follows describes how we did it.

3.2 Mentee

"Glad to mention that 54 out of 61 of my cohort including myself passed the preregistration program, and we got our registration and license to practice as RNs shortly after."

"The fear and stress that we endured at the beginning of the program could have led the whole cohort to drop out if the director of the program and the team involved did not intervene in a timely manner to address the challenges that we were facing. We are all grateful to what they did."

"Our advice for overseas qualified nurses going through such programs is to not to be shy to approach and ask for help. Keep trying. Some of us were brought up in our culture to be shy, and to keep unfair treatment to ourselves. Also, disagreeing, even politely, with more senior staff, including nurses and doctors, about matters concerning patients and the work environment is considered an act of disrespect in the culture where we came from. This is wrong. Other advice is to socialize and communicate more with the staff and locals and to resist the temptation to cluster with your cohort all the time. Try to step out of your comfort zone. Believe me it pays off significantly at the end."

"A big thank you goes to Professor Fred Saleh and the rest of the program team. What you did kept us in the nursing profession, and you have been an immense help during our dark moments. Your scientific and human approaches to troubleshooting the problems that we faced in the initial period of the program gave us a profound sense of security and confidence, which in turn made us work harder towards passing the program and getting registered. You were a turning point in our life indeed."

"Lastly, the nursing profession is a universal one. It does not discriminate against people based on their race, religion, ethnicity, language, beliefs, gender, sexuality, and skin color. We thank the patients and their families who accepted us as we are during the program. We hope that the recommendations below, which culminate from the challenges we faced, and the solutions implemented during the program, would help both program convenors and overseas nurses in their future endeavors."

4 Recommendations

The following are recommendations that we implemented, and which have proven to be successful in overriding the obstacles that FI and her cohort faced during their preregistration program. The core fundamentals around which all these recommendations evolve are standards related to patient safety, ethics, values, codes of conduct, professionalism, quality healthcare knowledge and delivery that are evidence-based,

critical thinking, problem-solving, and effective intraprofessional and interprofessional verbal and written communication:

- Easing cultural background boundaries and differences should be the first step. Mentoring the mentors in this aspect cannot be emphasized enough. They should be well inducted to deal with cultural differences.
- Introducing the mentors to essential cultural elements pertaining to a cohort of overseas qualified nurses seeking registration is essential. This could be achieved through a series of seminars or get-together workshops. In parallel, giving the overseas nurse enough time to live the new culture and adapt to it is paramount. This could be achieved by hosting them with local native families during their preregistration program. This also could be an excellent way of integrating them in the local community and society.
- The mentors should be trained to speak slowly and clearly to allow the overseas nurses understand the instructions being verbally delivered to them. In parallel, the registration program should involve an hour a day in which the nurses are introduced to and practice the local accent and slang words and expressions.
- Understanding and accepting the fact by the mentors that overseas-trained nurses have different learning styles, pace, and needs.
- Encouraging mentors and other health professionals to mingle more often with the overseas nurses to ease tension on both sides. A good example is to spend some coffee/tea breaks and lunches with these nurses.
- A sense of belonging and being accepted should be infused in these nurses. They should not feel isolated, which otherwise will encourage in them the tendency to "glue together," a phenomenon well documented in migrants [15, 16].
- Issues related to direct or hidden discrimination, unfair treatment, rivalry, and disrespect should be dealt with at various levels. This should be a joint effort among the various parties involved, including licensing authorities, program director, program coordinators, mentors, preceptors, nursing unit managers, hospital director of nursing, hospital medical director, nursing unit manager, fellow nurses, and other health care personnel at the training site. Adhering to the nursing ethics, codes of conduct, and labor and nursing league laws in relation to creating and maintaining a healthy work environment should be reinforced. There should not be a gap between teaching ethics and professionalism in the nursing schools, nursing preregistration programs, and practicing these two fundamental entities of the nursing profession in real life. They should be an integral part of the personality of each practicing nurse. One successful method to achieve this is through regular and frequent role play.
- When possible, having local RNs, who speak the same language, and share the same cultural background of the overseas nurses, part of the mentoring and preceptorship team during the preregistration phase is an extremely helpful strategy that should be implemented. They could function as co-mentors and co-preceptors.
- The program should include an initial assessment of the needs of the overseas nurses, and interventions should be developed and tailored to these needs. This should be completed during the first 2 weeks of the preregistration program. We should remember that one size preregistration nursing programs does not fit all. These nurses should be given a fair go.
- The mentors should initially assess the knowledge and skills level, as well as strengths and weaknesses of the nurses. They should be documented in the nurse's portfolio, and various feedback mechanisms should be developed and maintained in a timely manner.
- The mentors should have a sense of humor and empathy without affecting their judgment and decision-making abilities.
- The mentors should already have excellent relations with members of the healthcare teams at the clinical site. Familiarity with the setting and teams' members is extremely helpful in ensuring that the program is running smoothly and in overcoming obstacles often facing newcomers.

- Enough time should be given to orient the nurses to the clinical environment and setting, available resources, delegation, communication methods, policies and procedures, and specific measurable goals, competencies, outcomes, as well as how to achieve them during the program.
- The mentors should be enthusiastic and should have prior exposure to a multicultural environment. They should possess excellent listening, communication, and problem-solving skills.
- It is highly desired that a mentor is also a nursing academician due to the rich experience that can be conveyed to the nurses in relation to the notion of evidence-based nursing education and practice, up-to-date nursing literature, and modern principles and methods of learning (including mature age and adult learning), types of learners, and domains of learning.
- A window period should be allocated every day of the program for practicing and refining skills and competencies by the nurses followed by timely feedback by the mentors. This should also include nurses teaching each other the skills and competencies that they are practicing since practice makes perfect and we often remember 95% of what we teach others [17].
- The airing time. Each day should end with time allocated for get together nurses and mentors to verbalize and ventilate any frustrations or negative energy that accumulated during the day, as well as to recharge positive energy for the next day. The presence of a well-trained psychologist in these sessions would be an advantage. The psychologist, along with the mentors, could also help the nurses overcome reality shock.
- The mentors should encourage the nurses to ask questions as they arise, and they should assure them that there are no such thing as silly questions when it comes to healthcare.
- The mentors should be well trained in relation to helping the nurses proceed from novice to experts using the four stages of competence.
- The mentors should allow the nurses enough time and exposure to complete tasks and to learn or adjust to the information technology being used at the site.
- The ratio of mentor to nurse should ideally be one to one. If this is not feasible, no more than three nurses should be assigned to a mentor.
- The mentors should not leave the nurses unsupervised, and a typical supervised shift should not exceed 8 h.
- Briefing and debriefing should be used by mentors as frequently as possible.
- Mentors should be well trained on formative and summative assessment methods using Satisfactory/Unsatisfactory scales, followed by good constructive feedback and not "feedback sandwich."
- Remediation should be well planned and integrated in the program early on.
- Nurses who fail the program should be allowed to enroll again next time the program is offered. Meanwhile, they should be allowed to work temporary as Assistants to RNs under complete supervision. This will help them gain more experience while waiting for reenrollment.
- Summative assessments are often accompanied by anxiety, stress, fear, and sometimes psychosomatic illness on the night and day of the actual assessment, despite the fact they are often preceded by formative assessments. This is human nature. We call for joining efforts on a research project investigating whether nurses going through summative assessments thinking that they are formative would significantly perform better and would display less anxiety and fear, as compared to nurses going through assessments that are clearly labeled as summative.
- The mentors should provide overseas nurses with a safe learning environment, which, in turn, is an essential element to prevent unsafe practice by these nurses.
- The mentors should practice with the nurses specific exercises pertaining to dealing and reporting bullying, abuse, and misconduct. There should be similar exercises pertaining to working in a multicultural environment.

5 Conclusion

From economic point of view, recruiting overseas qualified nurses to help partially address the chronic nursing shortage is cost-effective. All the cost pertaining to their upbringing, including primary, secondary, and tertiary education, has already been endured by the country where they came from.

We have witnessed a significant global mobilization of qualified RNs in the past 25 years due to the significant global shortage in qualified nurses that is paralleled with aging populations (including nurses), unfair work conditions for nurses in the workforce, and other socioeconomic and demographic factors. Such shortage is unfortunately projected to increase, and the significant mobilization, burn out, and other challenges observed during the COVID-19 pandemic and afterwards are lessons to learn from.

The key to successful nursing preregistration programs for overseas qualified nurses is by ensuring that such programs create an environment that makes these nurses feel that they are welcome, they belong, and that they are valuable and respected members of the community, society, and health care system and settings, right from day one.

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Mentorship as a Tool to Support and Retain Faculty Members of Color

Layla Garrigues and Toyin Olukotun

It is important to develop a reciprocal relationship, establish trust and compassion which fosters open dialogue. My mentor role involved being a confidant and providing support and validation.

Objectives

1. Provide the tools to develop better mentor/mentee relationship for new faculty of color.
2. Describe considerations to increase retention of faculty members of color using intentional mentorship.

1 Nursing Faculty Mentee Reflection

As a first-generation college graduate and academic, I have mostly found myself relying on the guidance of professional mentors to navigate the murky landscape of academic institutions. This pattern became more evident after I completed my doctoral degree and prepared to begin my journey of building a career in academia. My experience is not atypical as evidence indicate that underrepresented academic professionals overwhelmingly report feelings of social isolation, discrimination and are less likely to be aware of the implicit expectations and norms associated with their academic positions, amongst many other challenges [1, 2].

With knowledge of the potential challenges, I may experience as racially underrepresented, first-generation faculty in academia, I accepted my first tenure-track faculty position at a University in the Pacific Northwest. Though I was filled with excitement to be accepting an academic job, I was also somewhat apprehensive about the availability of resources and support at the university. While interviewing for the position, I was eager to find out about what mentorship programs existed for new faculty at the university and was informed about the availability of such opportunities. While learning about those opportunities quelled some of my concerns, I still had some reservations about the effectiveness of mentorship in addressing my needs, particularly in revealing the "unwritten, implicit" rules at the institution and in validating anticipated experiences at a predominantly white academic institution. Given that I experienced what impactful mentorship at different levels of the course of my career as a student and postdoctoral

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scholar, I was eager to discover how the mentorship opportunities now being provided to me would support me in getting acclimated to my new professional environment and role.

One of the opportunities available to new faculty at the university was a peer mentorship where new faculty would be matched with more experienced faculty within the department. Peer mentors met with their mentees regularly to share information and discuss experiences and concerns over the course of the academic year. As I reflect on my mentorship experience within my first year as a tenure-track faculty member, I realized how impactful it was in supporting my acclimation to my role.

After being matched with my mentor, she initiated communication which led to the scheduling of biweekly meetings. During the first few meetings, my mentor and I spent time learning about each other, our backgrounds, our goals, and our values. To promote safety and openness, she shared that anything discussed within the context of our meetings would be confidential. Having laid that groundwork for establishing trust, subsequent meetings were spent reviewing resources, opportunities, concerns, and processing experiences.

Thoughtful and intentional mentoring has been identified as one of several helpful interventions to increase retention and improve the experiences of underrepresented faculty in predominantly white institutions [3, 4]. As a junior faculty member who benefitted from effective mentoring, I strongly believe that such opportunities should be available to all new faculty, particularly those who are underrepresented. After reflecting on my experience and my relationship with mentorship, below are some steps mentors can take to ensure an impactful mentorship experience that is beneficial to all parties.

1. Mentor and mentee should intentionally work on building rapport and developing trust. Building trust creates a space where both parties can be open, vulnerable, and transparent when sharing their experiences. This is particularly important for underrepresented faculty who may not share negative experiences if trust and safety have not been established within the mentor–mentee relationship.
2. To decrease the likelihood of gaslighting and minimizing mentees' experiences, mentors for underrepresented faculty should have a good awareness of how structural factors like discrimination impact their mentees' lived experiences. Mkandawire-Valhmu, Kako, and Stevens [5] provide in-depth guidance on how mentors can support faculty of color while acknowledging the role of institutionalized racism on their experiences.
3. Mentors can support mentees in building social capital. Mentors are likely more experienced faculty members with more social connections within the institutions. Hence, mentors are well-positioned to introduce mentees to support mentees in their social networking efforts.
4. Mentors should be open and willing to share resources that have benefitted them and contributed to their success. Helpful resources may include funding or scholarship opportunities, among many others.
5. Mentors can assist the mentee in deconstructing and making explicit professional expectations that may be implied and not clearly stated. Similarly, mentors can review explicitly stated expectations for tenure and promotion, when applicable.
6. Mentors can help mentees identify what pertinent information and resources are needed to fulfil their professional duties.

In 2022, the American Association of Colleges of Nursing (AACN) released a report on the increasing diversity of nursing students in the United States [6]. However, recruitment and retention of diverse faculty lags [3]. While mentorship alone does not guarantee the retention of faculty members, it can increase the feeling of support [4]. Mentors should recognize the institutional climate is a strong determinant of the experiences of underrepresented faculty. Hence, mentors can demonstrate ally-ship to improve institutional culture at their respective universities through advocacy. Though advocacy can occur at different capacities, senior

faculty who are typically able to serve in university committees advocate for more inclusive and just cultures using their level of influence and positions of power.

2 Nursing Faculty Mentor Reflection

Faculty mentor service positions are formally appointed at our school of nursing. I had the honor to serve as a mentor to a new faculty who joined our university during the COVID-19 pandemic. Our faculty mentorships are typically over one academic year, but because my mentee joined the school at an unusual time of the semester, I had the opportunity to extend the mentorship over the summer and throughout the new academic year as well. This allowed me to develop a deeper relationship with my mentee and invest in her academic career.

Our institution's call to recruit and retain nursing faculty of diverse backgrounds involves mentoring into the faculty teaching role and culture of our academic community. Being aware that faculty of color (FOC) experience barriers to retention that include discrimination and racism within schools of nursing across the United States [7–9], I tried my best to provide a smooth and supportive transition into our institution. Although my cultural and ethnic backgrounds are different from my mentee, I felt at ease and we both leaned in with compassion, kindness, and mutual curiosity. My experiences as a minoritized faculty member have provided me with insights about different approaches in supporting FOC in nursing education. During my graduate program, my chair provided excellent mentorship which was balanced with compassion and wisdom. In addition, I have had experiences with assigned mentors who did not provide substantial guidance. As a mentor, I was not required to report to anyone, so in that way I was able to provide a safe and confidential space for my mentee in processing and discussing any issues.

Mentors at our school of nursing are presented with a checklist of items to cover over the year. This checklist includes items that need to be addressed before the semester begins such as logistics, setting up courses, and online teaching platforms. We met biweekly to discuss initial teaching issues and struggles, navigating the online teaching platforms, resources on the university portal, and reviewing questions regarding the concept-based curriculum. Most of our meetings were via Teams and Zoom platforms due to the COVID-19 pandemic, but we had a few meetings in person as well. Before mid-semester, we discussed entering mid-term grades, filling out academic warnings, and providing support for our students. Other items of discussion included requesting for faculty peer evaluations and receiving constructive feedback of teaching.

Toward the end of each semester, we reviewed entering final grades for students. We also discussed accessing and reviewing students' course evaluations and applying students' feedback for future course refinement. Orienting my mentee to the role of educator included discussions about teaching practices and concept-based learning. In addition, we discussed scholarship, development of research focus (which she had a solid foundation from her post-doctoral fellowship), administrative support for scholarship, tenure requirements, and future academic career planning. Promotion of socialization into our university community included mentor–mentee luncheons and gatherings. The checklist was helpful to keep on track of specific items to address, but I branched beyond the list to provide a confidential processing space for my mentee. It is important to develop a reciprocal relationship, establish trust, and compassion that fosters open dialogue [10]. My mentor role involved being a confidant and providing support and validation [11].

Throughout the mentorship program, I tried my best to provide deep listening, genuine support, upliftment, and encouragement. I found it intriguing to learn from my mentee about her strengths, academic and personal interests, and life outside of the academic setting. During our conversations, her perception as a new FOC enriched my understanding of my institution and blind spots that needed improvement. Throughout the entire mentoring experience, I did not feel a power differential, and although

I could share more about the institution's culture and guide her through any academic challenges, I felt like a colleague who was continuously co-learning with my mentee.

There is always discussion about work-life balance and self-care for nursing faculty, so exploring ways to achieve this on a personal level was somewhat challenging due to our workload and teaching during the COVID-19 pandemic [12].

Specific considerations I learned that are important for a faculty mentor experience include

1. Acknowledging the time commitment for both mentor and mentee.
2. Investing in the mentee's success. Resource: National Black Nurses Association Collaborative Mentorship Program [13] https://www.nbna.org/mentorshipprogram
3. Reviewing materials and resources available, identifying any gaps for FOC, and addressing these gaps with supplemental resources and support.
4. Being aware of timing in the institution's mentor checklists and adjusting as necessary.
5. Committing to mentorship in a sharing, reciprocal, co-learning relationship [14] for mutual growth, development, and sense of belonging.
6. Consulting other expert mentors across disciplines for retaining faculty of diverse backgrounds.

In conclusion, my mentoring experience was a co-creation that included discovering and instilling hope in nursing education and transforming into nursing faculty leadership roles. It was a privilege to co-learn while also guiding my mentee and I am blessed in the experience of getting to know an incredible human and colleague. I am thrilled to see my former mentee thrive and engage in pertinent collaborative research projects, teaching, and in her leadership role within our academic community.

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Walking Side By Side: The Mentor's Role in Guiding the Mentee's Scholarship and Academic Career

Giovanna Cecilia De Oliveira
and Angel Johann Solorzano Martinez

One of the greatest values of mentors is the ability to see ahead what others cannot see and to help them navigate a course to their destination.

—John C. Maxwell

Objectives

1. To illustrate collaboration within a mentor–mentee dyad in scholarship and academic career pathways.
2. To review specific outcomes achieved by mentorship in scholarship and academic career.
3. To reflect on the mentorship experience from both the mentor's and mentee's perspectives.

1 The Mentor and Mentee Narrative

According to the "Best practices in academic mentoring: A model for excellence" [1], a formal mentoring program can be reflected in the following six categories:

1. *Achieve appropriately matched dyads*
   As part of the SAMHSA Minority Fellowship Program (MFP) through the American Nurses Association (ANA) [2], I was assigned to be a mentor for Angel Johann Solorzano Martinez in 2018. The selection process by the MFP leadership took into consideration our common interests in research, academia, and professional clinical experience. I then proceeded to contact my mentee to formalize our mentor–mentee dyad by signing the appropriate forms and sending them to the MFP leadership staff for record-keeping. We then realized that our professional relationship was going to take place from "coast to coast" (Angel was living in California and I was living in Florida). Once our mentorship dyad was formalized, we set up a date for our first meeting.

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2. *Establish clear mentorship purpose and goals*
   During our initial meeting, Angel and I reviewed the content of the MFP manual in detail. We proceeded to exchange information about our current professional roles and discussed each other's expectations. Angel was working as a psychiatric nurse in California and teaching as adjunct faculty, and I was a full-time faculty member for a nursing school in Florida. We reviewed our curricula vitarum to gain a better understanding of our respective professional accomplishments.

   To our surprise, we were able to identify a number of mutual clinical, academic, and scholarship interests. Clinical similarities included working as registered nurses in adult and geropsychiatric units. Our similar academic experiences included working as clinical instructors in the field of psychiatric mental health nursing. Our shared research interests included the topics of mental health and substance use disorders among Hispanics, workplace violence, and nursing simulation.

   Early identification of these connections helped us tailor short- and long-term goals for scholarship and academia. Among the short-term goals we developed were: submit abstracts for national and international conferences, develop and submit manuscripts for peer-reviewed journals, and attend and present at nursing conferences to enhance our knowledge. Our long-term goals included publishing in peer-reviewed journals and collaborating on research activities related to minority populations. As a doctoral student, Angel also focused on completing his required PhD coursework.
3. *Solidify the dyad relationship*
   We enhanced the dyad relationship in a variety of ways. Communication was one of the major key factors that solidified this relationship. I communicated with my mentee using several methods, which included phone calls, email exchanges, Skype meetings, and Facetime sessions. Maintaining regular communication was especially important in enabling us to stay connected literally and figuratively and continue working toward our goals. In addition, our virtual communication was bolstered when we were able to meet in person at conferences and when Angel came to Florida to attend monthly doctoral classes. Every time we met, we were able to set dates for future meetings, which reinforced the continuity of our communication and our ongoing work toward established goals.
4. *Advocate for and guide the mentee*
   As the mentor, I made sure I guided my mentee to the best of my ability. After determining the short- and long-term goals, as well as scholarship interests, I proceeded to share scholarly activities on which we could collaborate. We set up specific meetings during which we discussed progress made on our short- and long-term goals.

   First, I informed Angel about upcoming conferences where he could present his research and build on his scholarship along with me. In preparation, I helped him brainstorm ideas for poster and oral presentations. I also guided him in the process of abstract submission for several national and international conferences. In fact, we were able to collaborate and submit abstracts to various conferences. As the mentee, Angel valued the expertise and mentoring guidance I provided as it enabled him to further develop his scholarship.

   Second, I encouraged Angel to write manuscripts and submit them to peer-reviewed journals. I had previously published several manuscripts, and at the time, I was collaborating with other researchers at my academic institution. I always kept Angel in mind as a potential collaborator. Given Angel's strong psychiatric nursing background, I informed my colleagues about his expertise, noting that he would be a good addition to the team to write manuscripts. In concert with this recommendation, I provided Angel with guidance about the entire manuscript writing process and in particular about the sections of the manuscript our research team assigned to him. As the mentee, Angel reported feeling honored to be part of the research team and being able to contribute to the manuscript. He saw this

opportunity as particularly useful and indicated that he learned about collaboration, commitment, and scholarly writing development.

5. *Integrate the mentee into the academic culture*
   As a full-time nursing faculty, I learned the importance of developing and growing in the role of mentor. I made sure to share my insights from the experience with my mentee. Our discussions covered how to better prepare for a full-time faculty position and grow into the role. When Angel was offered a full-time position in the graduate program of a nursing school, I was able to instill wisdom and insights from my own learning experiences as a full-time educator. In addition to providing practical tools, such as teaching techniques, I addressed with Angel the value of collegiality and importance of pursuing scholarship. As a new full-time faculty, Angel valued the guidance I provided about how to grow into this role. This close guidance and mentorship are critical to keep faculty in academia, especially important during these times of shortage of qualified nursing faculty [3].

   During this period, Angel and I submitted several abstracts for conferences which were accepted. We both shared our research at national and international conferences. After publishing a manuscript with my research team, Angel decided to write one manuscript about his previous research. On this manuscript, I was able to assist Angel with the qualitative data analysis. I also gave him feedback and guidance on another manuscript he was contemplating writing. Angel shared ideas he had drafted for a potential literature review he wanted to write. I was able to help him narrow down the various ideas to one. We then started working on the manuscript together until publication.
6. *Mobilize institutional resources*
   As a full-time faculty at a research institution, I had access to various resources and active grants. In collaboration with other faculty members, I was co-principal investigator for a study called *ActuaYa*, "Act Now," which targeted older Hispanic women residing in South Florida. The study's aim was to maximize physical and psychological well-being, health promotion, and disease prevention in this population. *ActuaYa* required research assistants, so I asked my mentee Angel to join our team in order to gain research experience. After completing the university's onboarding process, he was officially given the title of research assistant.

   As a result, Angel had the chance to collaborate alongside other researchers from the University of Miami. His main duties as a research assistant on the *ActuaYa* project consisted of interviewing participants, data collection, data analysis, and manuscript preparation to publish study results. The experience also allowed Angel to complete his PhD requirement. Additionally, he was invited to continue working with my research team on another mixed-methods intervention study tailored to heterosexual Hispanic women, called SEPA+PrEP. The study aimed to educate this population on how to avoid risky sexual behaviors, the use of PrEP as HIV prophylaxis, and other topics. For this study, Angel collected and transcribed interviews and collaborated on manuscripts.

   Developing a research network is important in order to reach scholarship goals [4]. As a mentee, Angel truly appreciated the opportunity to collaborate with seasoned researchers and other members of the research team. This opportunity provided him direct experience in conducting research with vulnerable and minority populations. Moreover, it helped him build on his research, scholarship, and academic career.

2 Self-Reflection

The Integrated Reflective Cycle [5] guides our self-reflection through four steps to explore our mentorship as a whole.

1. **The experience**
   The mentee's perspective: The mentor–mentee relationship was an enriching experience for

me. It was a professional partnership that allowed me to gain insight about my current skills and knowledge to excel in my role as new faculty member. Several factors contributed to the dyad's positive impact on me. These included the mentor's level of expertise, effective quantity and quality of communication, learning new teaching skills, obtaining feedback from my mentor, sharing ideas, and receiving appropriate guidance to become a better faculty member. In addition, I acquired more knowledge about research by collaborating with other researchers. This also enabled me to complete various scholarship activities. I was amazed at how much I was able to learn from my mentor and the other researchers, not to mention how much I accomplished over the course of this mentorship.

The mentor's perspective: Being part of SAMHSA's Minority Fellowship Mentorship Program [2] was fulfilling. I was able to help my mentee and learn from him as well. Despite our physical distance from one another, we were able to walk side by side, being productive in scholarship. I found satisfaction in guiding my mentee during his new faculty appointment. It was gratifying to watch my mentee become a more productive academician. Our scholarly collaboration yielded multiple outcomes, including oral and poster presentations at various national and international clinical and research conferences, several publications in peer-reviewed journals, work in research studies, among others. My mentee has established professional relationships with faculty and PhD students at my work institution, and he continues to collaborate with our research team.

2. **Reflection on Action**

We produced several assumptions at the beginning of our professional relationship in order to guide our actions. We worked conjunctively to develop specific strategies that could help us attain our goals. The following are strategies that were pivotal in our mentorship experience:

Communication: Communication is pivotal to develop a strong relationship in mentorship [4]. Frequent communication was vital to achieving our goals. We communicated at least twice a month using a variety of methods.

Being available: Technology can facilitate the connection between the mentor and mentee overcoming the distance [4]. Being there for each other showed respect for the professional relationship. We allotted time to meet, responding to queries, giving feedback, and making suggestions using technology.

Accountability: Frequent communication helps improve accountability in reaching mentoring goals [4]. An elevated level of accountability was maintained in the dyad. For example, if we were working on an abstract with specific deadlines, we made sure we discussed the steps to take to meet those deadlines to the best of our possibilities.

Perseverance: Mentorship can help nurture and empower the mentee [6] Scholarship activities require persistence. In order to reach our goals, we edited abstracts and manuscripts regularly. We continued this process until our projects were accepted in conferences and publications. We never gave up on reaching our objectives as a team.

Supporting Goals: Mentorship supports the professional and personal growth of nursing faculty [7]. In this mentor–mentee relationship, we supported each other's goals by listening and giving constructive feedback. The mutual support improved our professional relationship and allowed us to achieve our desired goals.

Collaboration: Mentorship can promote socialization and networking with other professionals [4]. Constant collaboration was essential to our success. This collaboration enabled us to become a stronger team of two, allowing us to stay focused on our objectives.

Respecting each other's time: Time constraints are common when mentoring new faculty [8]. Valuing and respecting each other's time was key to maintaining individual and joint commitments. At times, we had to postpone meetings and extend deadlines as needed. In this context, follow-up was crucial

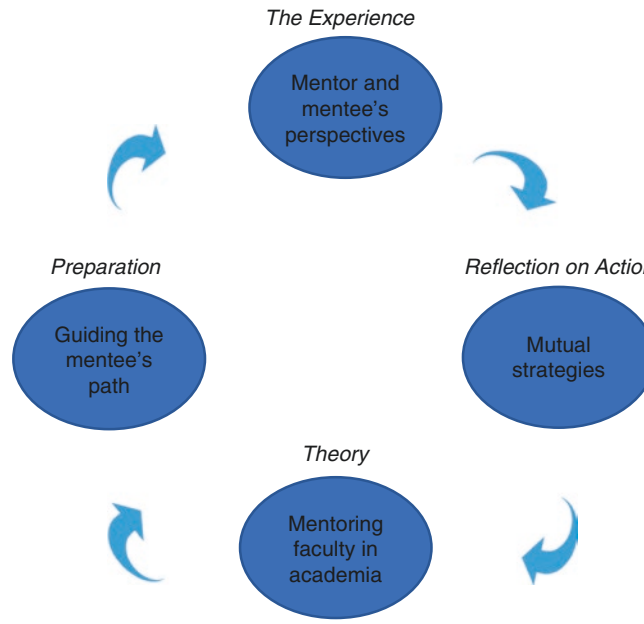


Fig. 1 The integrative reflective cycle. (Adapted from The Integrated Reflective Cycle [5])

as well. By checking in with one another regularly, we ensured the ability to continue working toward our progress on different scholarly activities.

3. **Theory**
   Mentors have a key role in supporting the transition of novice instructors who are changing roles from nursing clinical practice to nursing faculty [2]. Mentorship goes beyond the transition period, as the mentor–mentee relationship is constantly evolving and adapting. Helping the mentee to evolve in his new faculty role can have long-lasting effects that significantly impact the new faculty member's satisfaction and competency. In this case, the mentorship dyad aided in enhancing the mentee's professional development. According to research, positive outcomes from mentorship improve chance for promotion, increase in salary, and tenure [9].
4. **Preparation**
   This mentorship dyad was a rewarding experience for both mentor and mentee. We both learned more about each other and discovered new ways to accomplish our professional goals. My willingness to guide the path of my mentee and his eagerness to learn from me as his mentor were pivotal in this dyad. In such relationships, both the mentor and the mentee should acknowledge each other's goals and merge them in a way that benefit both individuals. Geographic distance made frequent communication particularly crucial, and the use of technology played a key role in ensuring that open communication was maintained (Fig. 1).

3 Best-Practice, Evidence-Based Practice Example

The transition from clinical practice to academia can be complex, challenging, and dynamic for new faculty. Mentorship enables new faculty work side by side with an experienced faculty mentor to learn and evolve in their role. In accordance with current studies, mentorship facilitates the transition from clinical practice to navigate the complexities of the academic role [4, 6, 7, 10].

There are several evidence-based mentorship models that have been utilized with new faculty [6]. The dyad mentorship model enables a dynamic collaboration which can be beneficial for both, the mentor and the mentee [4, 6, 8]. In this dyad mentorship, the mentee identified and maximized his existing teaching and scholarly

skills, promoting his professional growth. He also acquired and employed new teaching strategies that helped him flourish in the academic role. He collaborated with other researchers and worked on various scholarly activities that benefited him as a scholar. The dyad mentorship also benefited the mentor who shared her expertise in teaching and research, gained mentoring experience, and attained several scholarly goals.

A mentor can recognize the mentee's talents and potential for success. Being able to see what others did not see was particularly important in our mentoring relationship. I saw Angel's potential, based on his strong clinical and teaching background and his passion for research and scientific writing. This was evidenced by his academic achievements and active enrollment in a second doctoral degree, Doctor of Philosophy in Nursing. As I continued collaborating with him, Angel himself started to realize that his potential in the scholarly and academic fields was growing, based on his deliverables. As a mentee, he was curious, organized, good listener, and honest. He accepted constructive feedback and was incredibly supportive of our teamwork, crucial aspects for a collegial mentor–mentee relationship [11, 12]. Just like my path was and continues to be guided by outstanding mentors, I continue to help Angel navigate a course to his professional destination.

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Mentorship in a Clinical Setting: From the Lens of Diversity, Equity, Inclusion, and Belonging

Kunta Gautam and Aliyah C. Nicome

A mentor is someone who sees more talent and ability within you, than you see in yourself, and helps bring it out of you.

—Bob Proctor

Objectives

1. Recognize the strengths and challenges of a nurse practitioner student in role transition to a provider.
2. Provide nursing professionals with tools to practice autonomy with knowledge and skills that bring value to the nursing profession.
3. Describe compassion in guiding mentees and leading successful mentoring strategies.

1 The Mentor and Mentee Narrative

Mentorship is a process of learning that occurs between a mentor and their mentee. Knowledge and skills are self-learned behaviors by the mentee. Mentorship requires commitment and good interpersonal skills. It involves clear objectives, expectations, and boundaries [1]. Mentorship is effective with updated information by applying evidence-based practice (EBP). EBP is identified as a best practice as it provides quality care based on the policy and protocol of the health care setting. Best practice directs nurses or nurse practitioners (NP) to derive an optimum management plan after identifying the problem. This chapter covers two domains of best practices in the nursing literature: (a) educational and (b) clinical [2].

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2 Dialogue Between the Mentor and Mentee

2.1 Recognize the Preexisting Knowledge and Potential

Mentor Kunta Our urgent care clinical setting is a fast-paced outpatient environment where we see children with acute illnesses and minor injuries. As one of the best teaching hospitals, we mentor NP students all year round. As an experienced NP, I had an opportunity to mentor Aliyah during her clinical rotation at my practice. I was able to identify her knowledge based on my first day of interaction with her. She was a registered nurse currently working in the pediatric cardiovascular intensive care unit. She reflected a strong interest in acute care and seemed comfortable working with children and families.

Mentee Aliyah Before I started my rotation in urgent care, I was eager and excited because I knew I would be able to see a variety of acute illnesses. My other clinical rotations were more focused on one specialty, but urgent care gave me the opportunity to be exposed to a variety of common everyday illnesses. During my hours with Kunta, I learned a great deal and saw some diseases I only read about in textbooks. This rotation gave me the fundamental skills and a significant amount of exposure to different conditions to be successful as a new pediatric provider.

2.2 Foster Leadership and Inspire Diversity in Nursing

Mentee Aliyah Kunta Gautam is an international nurse, an experienced NP, and a scholar in nursing science. From the moment I met her, I knew she was also an experienced mentor. She spoke about what was helpful in the past for other NP students and her methods of teaching. She started me out by seeing one patient at a time in the beginning, and as time went on and I gained confidence, I could see more patients on my own. She took time between patients to ensure I was learning and answered all my questions. This proved to me that she has good leadership qualities. Kunta also served as a great role model among nurses of color. I admired how she went above and beyond for each patient she worked with. She was thorough and made sure every family was satisfied with the care that she provided. She was sensitive to families of different races, ethnicity, and background. I learned how to utilize resources to overcome language barriers and understand the problems from the parent's perspective.

Mentor Kunta Aliyah is a woman of color of Caribbean descent. While in urgent care, she recognized and valued patients with various backgrounds. She treated everyone with dignity and respect regardless of their similarities and differences. Aliyah was flexible with making last-minute changes to care plan so that the treatment plan was individualized to the patient's background. NPs are uniquely positioned to take the leadership role with advanced practice knowledge. Leadership is defined differently depending on the roles and responsibilities. In clinical practice, leadership can be defined as the ability to lead and support other NPs through clinical supervision and mentoring [3]. Clinical leadership is strongly manifested in evidence-based practice. It involves developing and implementing standards, quality assurance, and practice guidelines [4]. NPs are mentored to integrate science into practice, have increased autonomy in making clinical decisions, and strive to achieve the best outcome holistically [5].

2.3 Autonomy as Best Practice

Mentee Aliyah As an independent practice provider, you have complete autonomy. How do you navigate clinical decision-making during challenging situations? Do you also consider yourself an autonomous learner?

Mentor Kunta I function independently, but I still learn daily from my patients and collaboration with other professionals. If I have any unique case or challenging situation, I refer to our resources, like UpToDate and our hospital clini-

cal guidelines and protocols. I also have a network of the leadership team and other co-providers as a support system. Autonomous and independency are the central concepts in the health care provider role. An autonomous practitioner requires two types of knowledge of: (a) health promotion and disease prevention and (b) medically oriented content [6]. An effective mentor helps the mentee to gain confidence and step out of their comfort zone. The mentorship process should include a vital clinical component to develop clinical assessment and decision-making abilities to enable the new graduate NP to become an autonomous provider [7]. In my career, I have always been an independent learner. During my initial years as an NP, I proactively learned independently as I practiced. As a result, I developed a self-learning habit. Although I have 13 years of experience in an NP role, I continuously learn and will always be a lifelong learner.

2.4 Nurse Practitioner-to-Patient Interaction

Mentee Aliyah A child with a complex medical history and disability comes into the clinic. The parents have a different belief system and speak a foreign language. How do you communicate with those parents? How do you gain their trust in you and make them feel heard? Although I have a designated language interpreter with me, I sometimes feel like the parents are confused when looking at their facial expressions and body language. I am not sure if this is my unconscious bias. One method that I find helpful is making sure that the family knows exactly what I am telling them by having them tell me the plan for the patient. Having them read back my instructions and care plan is how I confirm that the message was received.

Mentor Kunta Communication is crucial in mentoring [8]. The mentor must have good communication skills to build a successful relationship with the mentee. The mentor plays a role model to the mentee by demonstrating bedside manners, interacting with children and their families, and handling difficult conversations. I actively listen to the parents and are mindful of their cultural differences. As the interaction progresses, I use different forms of verbal and nonverbal communication, such as eye contact, gestures with the parents, and playful activities with the child. This process helps me to build the parents' trust in me and the child.

2.5 Patient Advocate and Inclusive in Care

Mentee Aliyah Patient advocacy is an art I have learned in my nursing career. As a nurse, I consider myself a potent mediator for my patient. I use my knowledge and experience at the bedside to help create a more inclusive environment for my patients and families. I listen to the parent's point of view before making my assessment.

Mentor Kunta I mentor and advocate for individuals who are similar and different from me. I understand that every individual is unique in their way. Variations and diversity are unavoidable in healthcare practice. We strive tirelessly to provide equal care across different cultures and ethnicities. I work with diverse patients and tailor my plan to provide individualized care. This creates a more inclusive environment for children and families. We can provide quality care and perform the best practice by being more inclusive.

2.6 Compassion and a Sense of Belonging

Mentee Aliyah In your fast-paced environment, how do you demonstrate compassion in your practice? There are chances of being overlooked and unheard as a patient, but I see you consistently working to have an empathetic approach towards the family. I also encountered mothers sharing their fears and concerns related to the child. How do you make compassion your priority? In my opinion, compassion is a fundamental part of nursing. I am the person that the patient

and family encounter the most. This establishes a rapport and helps families feel more comfortable sharing their concerns. Providing a listening ear and raising concerns to the appropriate people helps increase patient satisfaction. I learned this skill over time with my vast experience as a bedside nurse and my recent experience as an NP student.

Mentor Kunta You described compassion very well. Compassionate practice includes role modeling compassion toward the mentee and motivating the mentee to be compassionate towards the patient and families. Mentors must support the mentee to enable them to be compassionate toward their patients [9]. Grobecker's [10] study on bachelor's nursing students revealed that an increased sense of belonging leads to decreased stress. The mentor's efforts to promote positive, welcoming experiences can create a sense of belonging for the mentee [10]. Therefore, compassion and the art of creating a sense of belonging are two essential qualities mentees possess to make the patient feel cared for.

2.7 Management and Follow-Up Care

Mentee Aliyah It was a learning curve for me to formulate a management plan for the children depending on their health problems. I also learned many times to do mutual decision-making with the family. How do you make a discharge plan for a child at risk of losing follow-up? I usually help them establish a follow-up appointment and emphasize the importance of following up with the family. Lack of awareness and understanding is a huge part of why some families do not return. The best thing as a provider that can be done is to make sure the family knows the plan of care, why this plan is put in place, and the importance of follow-up.

Mentor Kunta That is correct. As a mentor, I make the mentee feel accountable and responsible for providing clear discharge teaching to the patient and family. Before completing the care, well-coordinated discharge planning and follow-up recommendations must be created. Lack of proper communication between the health care provider and the families can generate confusion and a poor health outcome. Therefore, mentoring on management and follow-up care is integral to the clinical domain under the best practices.

2.8 The Mentor: Self-Reflection and Mentorship Journey

Mentor Kunta I am an international nurse with a foundation in nursing from Nepal. The nursing curriculum in Nepal was highly structured with less flexibility for students. The mentor represented an individual who was an expert in their field and believed by the mentees to know everything. The mentor played a traditional role, and the relationship with the mentees was strictly focused on educational requirements rather than helping the novice nurses to recognize their strengths.

My perspective on mentorship made a radical shift during the Master of Science in Nursing (MSN) program at the nursing school of the University of Texas Health Science Center in Houston. My academic advisor was my strong mentor during the entire program. We had a great professional and interpersonal relationship. Under her guidance, I completed the clinical preceptorship, where she taught me to be more independent in my clinical decision-making skills. She was my role model.

As the saying goes, "When you know, you know!" This is how mentorship is for me. I see myself connected in lifelong teaching and the learning process. I enjoy an educational environment where enthusiastic mentees and professionals surround me. I have continued my mentorship journey throughout my practice in the NP role. I believe that mentees help mentors grow to be better educators. Mentees also help us keep our knowledge updated with current EBPs.

2.9 The Mentee: Self-Reflection—Role Transition into a Compassionate, Skillful Provider

Mentee Aliyah I have not landed a position as a provider yet. I do not feel confident as a newly licensed NP, but I also know this feeling is normal. This was similar to when I received my Bachelor of Science in Nursing (BSN). I do realized that even though I have the license and the degree, there was still so much to learn, and I am still learning today. Now that I have my MSN, I have the textbook knowledge and clinical hours, but I know that once I secure an NP position, there will be an even steeper learning curve as I transition into that role. It is an intimidating and worrying feeling that I will be making the decisions for my patients and taking on more responsibilities. The important questions I plan to ask as I continue to go on NP interviews are: is there an established orientation, and is this position appropriate for a new NP? I know that transitioning into this new role will be challenging, especially for the first year, but I hope that the company I work for will give me the resources to succeed and care about my growth as a provider as much as I do.

3 Summary

Overall, mentorship is a collaborative process that involves the growth of both mentor and the mentee. The mentoring process helps the mentor recognize the mentee's potential and provides knowledge and skills that bring value to the nursing profession. Mentors incorporate leadership, autonomy, communication, and compassion as best practice methods. These best practices serve as guiding principles for the mentees when working with diverse populations. Mentorship that holds best practices provides equal quality of care, is inclusive, and gives a feeling of belonging to the patient and family. Effective mentorship enables mentees to identify their strengths and prepares them for upcoming role transitions toward their professional trajectory.

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Mentoring for Courageous Leadership

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A single act of courage, particularly by those in leadership roles, can inspire others to be more committed, to work harder, to do things of benefit to the organization that they can't be made to do (scholars call these "citizenship" or "extra-role" behaviors), and even to perform their own courageous acts.

—Jim Detert [1]

Objectives

1. To identify the benefits of mentoring.
2. To seek mentoring opportunities as either a mentor or a mentee.
3. To nurture leadership potential.
4. To practice courageous leadership.

The quote above, by Jim Detert, a nationally recognized professor of business administration and public policy at the University of Virginia, refers to taking action within an organization. This resonates with the profession of nursing, regardless of practice setting, specialty, or years of experience. The nursing profession is not without leaders. Those of us involved in professional organizations, such as Sigma Theta Tau International Honor Society of Nursing, the Transcultural Nursing Society, the American Nurses Association, and the Royal College of Nursing see the scope of nursing leadership within these organizations, and the work that these leaders are doing locally, nationally, and globally. In practice, interdisciplinary collaboration where nurse leaders are involved in decision making leads to improved quality of care and patient outcomes, better working conditions for nurses, and increased job satisfaction. In education, innovative programs, curriculum, and certifications have been the result of the vision of nurse leaders. In all nursing settings, traditional and non-traditional, nurses are performing essential research using evidence-based practice, leading interdisciplinary teams, fighting for the rights of nurses and patients, running for political office, teaching the next generation of practitioners, organizing networks to promote care for underserved populations, and serving

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on the front lines, all avenues where they are greatly needed. We are so proud of our profession and what we represent to society.

However, even with all these positives, there is a crisis in nursing. We have known for a long time that this crisis exists, but it became more evident during the COVID-19 global pandemic. Where was the nursing leadership? [2]. For example, in the United States, the nightly news press conferences during the height of the pandemic were led by physicians and/or politicians, not by nurses. Yet we know that there were nurse leaders working in federal positions affecting public policy. Within many organizations, nurse leaders were at the table making decisions, fielding questions, and optimizing healthcare resources. In professional organizations, nurse leaders wrote position papers, conducted research, and organized healthcare teams. Nurses are doers, and as such, they were organizing healthcare testing sites, staffing vaccine distribution locations, and setting up temporary hospitals. Nurses were putting their lives in jeopardy working on the frontlines.

But the nation needed to see a nurse leader giving the press conference, fielding questions, guiding the public, teaching, and inspiring confidence. If one was not a member of a particular healthcare system or professional organization, nursing leadership was not visible. The lay public did not see nursing taking a leadership position. They did not see nursing in partnership with other healthcare leaders. We missed this great opportunity for visibility, to showcase what we do best, to demonstrate that nursing is at the forefront of healthcare policy and practice. We needed a courageous nursing leader to step forward and take charge.

Nursing is facing numerous challenges: moral distress from caring and decision-making during intense phases of COVID, fatigue and burnout from autocratic, command and control management styles during the pandemic, a lack of personal protective equipment affecting workplace safety, emotional and mental exhaustion, anxiety, low morale due to feeling undervalued, pay disparities related to the high cost of living, nurses leaving the profession or retiring early, dependence on internationally educated nurses (IENs) recruited from low-income countries, and many nurses dying or suffering from Long-COVID and being forced into retirement due to poor health, just to name a few.

We need to be cognizant of these challenges and ***work toward a change***. In this post-pandemic world, the need is for courageous leadership in nursing. Our leaders need to be expert communicators. They must be authentic, confident, inspiring, compassionate, visible, and provide trauma-informed people-centered leadership. Mentoring is essential to the development of great leaders. Through mentorship, developing leaders envision what leadership looks like. The mentor guides the mentee by helping them to gain knowledge, skills, and clearer perspectives in their professional performance [3]. The mentor serves as a coach, teacher, cheerleader, sounding board, and shares wisdom, experience, proficiencies, and insights with the mentee. By having a mentee, the mentor also further develops professionally and personally. Both parties benefit from the relationship. Through effective mentorship, leaders emerge who are ready to address professional challenges and serve as role models.

Visibility of nursing leadership is also vital during challenging times. During the global pandemic, the nursing voice was often missing. Yet, nurses and midwives played a pivotal role in providing nursing and midwifery care. Nurses and midwives also required advocacy especially when there were challenges around PPE and redeployment of community nurses to in-patient settings. As the pandemic has progressed, new challenges have emerged including Long-COVID and how nursing colleagues with Long-COVID will be supported to remain in work. Nurses are well-positioned to play a pivotal role in improving health and reducing health disparities as set forth in the United Nations' Sustainable Development Goals (SDGs) [4]. Other challenges include ethical recruitment, especially as many countries are practicing international recruitment to address the shortage of nurses. Nursing leaders must be courageous to ensure that nurses continue to be advocated for, home grown nurses, as well as international recruits.

1 My Journey as a Mentor: Beth

As a registered nurse for 40 years and a nurse educator for the past 15 years, my career has been varied and exciting. I am a Certified Transcultural Nurse, a Certified School Nurse, and a cultural anthropologist. My dissertation research was culture care beliefs and practices of Ethiopian immigrants in the United States; other research interests include transcultural nursing, reproductive health, genetics/genomics, immigrant health, culturally competent healthcare, human rights, and inclusivity in the classroom. Over the course of my career, I have cared for patients in the hospital setting as a nurse in Labor and Delivery, high risk antepartum, and the intensive care nursery, as a genetic counselor, and as a case manager in the postpartum area. In industry, I was a medical-legal consultant and a case manager handling health, disability, workers' compensation, and automobile insurance cases. In the school setting, I cared for children requiring behavioral and emotional support, primarily due to the trauma of abuse, neglect, and addiction.

When I entered the profession of nursing, I was determined to keep learning and never get bored. I think that my openness to new opportunities and willingness to take risks prevented me from ever suffering burn-out as a nurse. Working in different nursing specialties and settings allowed me to feel confident, challenged, resourceful, positive, and fulfilled. Nursing was an excellent profession for me. Over the course of my career, I have been challenged numerous times in the work setting to demonstrate courageous leadership, i.e., standing up for an ethical or legal principal, advocating for my patients, upholding the standards and scope of practice, taking action for a cause, practicing with autonomy, and supporting colleagues. With experience, this becomes easier and being able to pass on this knowledge to others as a peer mentor has helped to give them a voice.

For me, mentoring is caring. I benefitted from the wisdom and sage advice of my mentors, and now I can pay it forward. Leaving a legacy is my way of supporting other nurses and our profession. I have mentored new nurses in the clinical area, graduate nursing students in their nursing education practicum, and doctoral students in their dissertations and scholarly projects. For the past 6 years, I have served as a mentor in the Global Leadership Mentoring Community (GLMC) of Sigma International. This experience has included working with nurses in academia, clinical practice, leadership, and management from all over the world.

The relationship between a mentor and a mentee, built on commitment and trust, is special and has many benefits. I have found that for both mentor and mentee, professional experience and confidence increases, leadership skills are enhanced, respect for cultural diversity strengthens, exposure to different perspectives occurs, goal setting improves, and a mutual dedication to furthering the profession of nursing develops. In these roles, mentors and mentees learn about nursing education and nursing practice particular to each other's country, view the challenges that nurses face in other regions of the world, and see the profession of nursing through a global lens [5, 6]. This growth that the mentor–mentee relationship provides is referred to as capacity building, in which there is an improvement in knowledge, skills, attitude, competence, and adaptability [6].

Through the GLMC, this supportive professional relationship which Ruth and I developed became even more important during the past 2 years of the COVID-19 pandemic, when life was difficult for everyone, plans needed to be flexible, goals were postponed, job performance changed, resiliency was tested, and healthcare inequities became more evident. Through all this turmoil, working with Ruth, a very accomplished professional, was exciting. Being able to learn of Ruth's achievements, share in her successes, support her impressive ideas, collaborate on projects, and experience her fierce positivity bolstered my leadership skills, empowered me, strengthened my self-efficacy, increased my scholarship, and helped me to continue to advocate for our profession.

Now as we are slowly emerging from the COVID pandemic, Ruth and I are building upon the work we have begun. Strong courageous leadership in nursing moves the profession forward and remains essential, since nursing contin-

ues to be presented with many challenges post-Covid, i.e., inadequate staffing, mandatory overtime, caregiver fatigue, uncertainty, and the threat of further pandemics. Motivating practicing nurses to remain in the profession and encouraging the newer generations to embrace nursing as a meaningful profession are goals of nurse leaders. Leadership builds capacity and we are looking forward to continuing our work together.

2 My Journey as a Mentee: Ruth

Prior to the COVID-19 pandemic, I had a determination to leave a legacy for the nursing and midwifery professions. Having worked as a nurse, midwife, and health visitor in multicultural, diverse, and deprived areas for over 26 years, mostly in community settings, I have always been passionate about social justice, reducing health inequities and improving health outcomes. Most of my career, I had worked with marginalized groups of patients and clients including patients with sickle cell disorder, women and children living with HIV, pregnant teenagers, teenage parents, vulnerable children, teenagers and their families who required safeguarding support, women (and their partners) who had pregnancy loss or assisted conception. The pandemic provided ample opportunity to demonstrate responsive and visible leadership. I was able to use my initiative and influence to develop and contribute to numerous innovative projects during the pandemic.

I commenced year 2020, The International Year of The Nurse and Midwife, spending 6 weeks in the United States undertaking the first leg of my Churchill Travel Fellowship, investigating trauma-informed approaches to care in order to develop a toolkit for health professionals to support young people with adverse childhood experiences. Upon returning to the United Kingdom (UK), it was evident that the National Health Service (NHS) was overwhelmed with fighting COVID-19 due to nursing shortage of over 50,000 nurses. I returned to support the NHS, taking up a role as a locum health visitor. Within a couple of weeks, I was infected with COVID-19 due to a lack of PPE and I was very unwell. Within a few weeks, evidence started emerging about the disproportionate numbers of black and brown nurses that had died from COVID-19. Like myself, many had not been provided with PPE. Courage was required to advocate for black and brown colleagues not just locally, but on a national level and I was actively involved in setting up listening events to gather evidence about their experiences to ensure robust risk assessments were in place to protect them. Many were supported to either work remotely or move to safer areas to work.

During the first wave of the pandemic, many health visitors and school nurses were redeployed to other settings causing them distress. Many of these colleagues had not been consulted and the decision to move them was made by leaders who had little understanding of their roles and the pivotal role health visitors and school nurses played in supporting and safeguarding vulnerable children and their families especially during the lockdown when many families experienced social isolation and required extra support. I was involved in advocating for these colleagues and developed a leadership program called *Thriving in Times of Uncertainty* to support colleagues to heal from these traumatic experiences and plan for further waves of the pandemic.

On Nurses' Day 2020, having recently recovered from the acute phase of the COVID-19 infection, I felt the need to be more courageous with my nursing leadership. The year had been chosen to celebrate nurses and nursing and midwives and midwifery. Unfortunately, due to the pandemic, many conferences and events were cancelled. Fear that the year would pass without the opportunity to showcase our talent and the global contribution nurses and midwives, including students were making to tackle COVID-19 overcame me. As part of Nurses' Day celebration, I made a video stating my intention to celebrate the year of the Nurse and Midwife showcasing one colleague a day for a whole year between May 12, 2020, and May 12, 2021 (366 days in total). I created *Nurses & Midwives Talk*, an online platform to celebrate the wonderful

contribution nurses and midwives make to people throughout the life course from before conception right to the end of life, and how they have responded to the challenges of working through a global pandemic. By the end of the project, I completed 381 interviews of different members of the nursing and midwifery professions (students, nursing associates, nurses, midwives, leaders, and numerous legends who have left legacies for the profession) during the pandemic. The greatest learning was the diversity of the roles of nurses and midwives and how innovative all members of the nursing and midwifery professions were during the pandemic to continue to provide services that are patient/client focused. I also learned that we are best placed as nurses and midwives to tell our stories if we are to inspire more people to join our professions. I was able to collaborate with colleagues from over 30 countries spanning six continents and have learned the power of influencing colleagues to create sustainable change [7].

Courageous leadership had to be demonstrated especially after the murder of George Floyd in the United States and the collective trauma it triggered. At numerous nursing leadership virtual conferences and summits, I courageously spoke about racism in its different forms including institutional racism and its detrimental impact on health and social care professionals, especially those in our care. A few years before, the *Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries* across the UK [8] report had highlighted the disproportionate pregnancy outcomes linked to the colour of one's skin. Five times more black women died in the perinatal period than white women; Asian women were twice as likely to die than white women and mixed-race women three times more likely to die than white women. Yet, in the United Kingdom, money is not a factor as care is provided free at the point of access. The curiosity around the reason required courage to investigate. To facilitate my investigation into the reasons for this disparity, I applied for a Florence Nightingale Foundation senior leadership scholarship which I completed during the pandemic. It was important that women who were the recipients of maternity care led the investigation and developed the proposed solutions to ensure professional accountability and sustainability of the project. A model of coproduction, actively involving the local Maternity Voices Partnerships, a team of women and their families, commissioners, and providers (midwives and doctors) working together to review and contribute to the development of local maternity care was developed. Reasons for the disparity in outcomes for black and brown women included women not being listened to and a lack of cultural humility from maternity care professionals. Standards for cultural humility have since been developed and the project continues to be the focus of our local Maternity Voices Partnership main priorities to ensure women of color have improved pregnancy and childbirth outcomes. The findings of the project are due for publication. Work continues at a national level with grassroots organizations committed to changing black and brown women and birthing people's maternal health outcomes in the United Kingdom. Through engagement of women and their families, faith and community leaders, academics who are passionate about reducing health inequities, and campaigns involving political leaders, recommendations for practice are being made. The long-term goal is to ensure cultural safety of every woman and her family through the education of maternity healthcare professionals to provide safer culturally sensitive care throughout the perinatal period. Women are also being empowered to make informed choices and advocate for themselves throughout their pregnancies and after childbirth. A further goal is to share lessons learned with maternity care professionals in other parts of the world where maternal and infant mortality rates are high.

Toward the end of 2020, once the mass vaccination program commenced in the United Kingdom, it was evident that certain communities did not have confidence in the COVID-19 vaccine due to the poor uptake. I was actively involved in setting up listening events to elicit the reasons why many people from ethnic minoritized backgrounds chose not to have the vaccine and what they required to develop vaccine confidence. Medical mistrust was the main reason many

reported. In response, insight and influence groups were set up with the aim of communicating directly with diverse communities enlisting the support of community and faith group leaders [9]. The goal was to enable all to make an informed choice about taking the vaccine [10]. Employing a cultural humility approach, where power imbalances are addressed and non-paternalistic partnerships with communities are developed, I was able to encourage many colleagues and members of the public to take the vaccine. As the pandemic progressed, a big challenge that was emerging was the lack of culturally sensitive mental health support for Black, Asian, and minoritized ethnic health and social care staff. Many had reported that the psychological support systems in place were Eurocentric and did not meet their needs. Having learned a great deal about trauma-informed approaches to care from my Churchill Fellowship, I successfully applied for a COVID-19 Action Fund grant to support this work. I used the funds to create a 1-day awareness program and develop a train-the-trainers program; to train frontline "champions" such as health and social care professionals, community and faith leaders, to cascade the nurse-led trauma resilience informed healing program to those they support spiritually or in their communities. The project continues to support clinicians and has been positively evaluated. Having successfully completed the above projects, my confidence in courageous leadership has grown. It left me with a desire to further develop my global nursing leadership skills, which I fulfilled by applying for GLMC. Although I was initially anxious about the pairing, especially as I had specific needs and goals, it has been successful. One of my goals was to obtain more funding to transcribe the remaining 171 of the 381 interviews from *Nurses & Midwives Talk* series (210 interviews are already transcribed and published on dedicated website). Upon completion of the transcripts, my desire is to publish the findings of the project based on the themes that emerged. Having developed Long-COVID after my initial infection, another goal of the mentorship program is to acquire funding to develop a Long-COVID program for nurses and midwives suffering from Long-COVID. Sadly, many who contracted COVID-19 have not received adequate financial and emotional support from their employers to remain at work, with many now encouraged to take ill-health retirement. These nurses, despite their expertise, will no longer be able to be part of the workforce, despite the increasing shortage of nurses. Yet, these nurses with some support to remain in work could prove invaluable in the provision of care for many patients who are suffering Long-COVID, a number that continues to grow. My goal is to codesign a pilot Long-COVID program with colleagues who have Long-COVID, evaluate and publish the findings, and then develop a train-the-trainers program which can be rolled out.

Learning and growth should be a lifelong objective. It is easy but incorrect to assume that one is too senior to benefit from mentorship. Despite being a senior nurse, I have benefited from mentorship. Global mentorship has broadened my perspective and provided further opportunities for collaboration and global partnerships. It has been an interchange of learning and growth between my mentor and me. My advice to other senior nurses is to find a mentor who will enhance their growth and development and not be threatened by one's prior experience and achievements.

My mentor was not fazed by my ambitious goals and acted as a cheerleader and champion for my projects. She demonstrated incredible belief in me and has acted as a sounding board which has further grown my confidence. It has been an incredible partnership that has led to collaboration in writing a book chapter together, planning to present together at future conferences, and writing a joint bid to complete one of my projects. My mentor has employed active listening skills to understand my needs to provide adequate support. Despite being very experienced, she has displayed humility and respect for the skills and expertise that I brought to our partnership, further enhancing the respect I continue to have for her. My mentor continues to provide support and has signposted me to resources of which I was unaware. She was proactive in seeking ways to collaborate on future projects. My experience of being mentored has been one of continuous learning and growth, a rich and rewarding experience. Once the program is

completed, I plan to support the learning and development of others by becoming a mentor in the GLMC.

3 Mentor Reflection

I have found that each mentoring opportunity is unique and fosters meaningful relationships. Collaborating with Ruth has been particularly rewarding since we are both seasoned nurses, with similarities and differences. We have like passions as they relate to fostering human rights, eliminating healthcare disparities, and advocating for our profession. Our career pathways are different, but we share a professional nursing background in reproductive health. Our mentoring success was built upon reciprocal support, a dedicated time commitment, open and honest communication, mutual respect and trust, and flexibility. Although we set goals and re-examined them periodically, often the knowledge each of us gained by our interactions and our exposure to new ideas was more important than rigidly adhering to an agenda.

Through Ruth's professional trajectory from Nurse Midwife to Nurse Entrepreneur, she has had to be assertive, confident, creative, and comfortable with taking risks. I greatly admire her entrepreneurial spirit and forward-thinking approach, which is so inspiring. One of the most interesting discoveries I made about myself while working with Ruth was that I was in danger of losing my courage by becoming depressed and fearful due to factors occurring during the pandemic: having COVID and a life-threatening complication, losing family and colleagues to COVID, feeling profound sadness about the political climate, and allowing my introverted personality, which was hindered by more than a year of lockdown during the pandemic, to affect me. Collaborating with Ruth facilitated my efforts to reconsider the big picture, seek challenging work opportunities, resume scholarship interests, and recommence my advocacy activities. Our joint venture benefitted both the mentor and the mentee.

4 Mentee Reflection

It has been refreshing working with Beth as my mentor. Despite my numerous accomplishments, Beth was not threatened by me or my ambitious leadership goals to continue to lead courageously on a global scale. She actively listened to me, was generous with constructive feedback, has been an invaluable sounding board and champion, and been a great source of accountability. Beth has always created a safe space enabling me to discuss difficult topics including structural and systemic racism, bullying and misogyny within the healthcare systems and academic institutions we work within and my ideas to address some of these. I have felt comfortable speaking about the ideas I have to tackle these because Beth listens not to respond, but to understand.

Throughout our conversations, Beth has demonstrated empathy and emotional intelligence and this has helped foster our relationship and I know our working relationship will continue well beyond the mentoring programme as we have drawn up plans to collaborate on other projects. This has further strengthened my determination to utilize my clinical expertise in combination with my entrepreneurship skills to further reduce global health inequities. I am currently simultaneously undertaking two leadership programmes—the International Council of Nurses Global Nursing Leadership Institute programme and the Acumen Global Fellowship to continue to get bolder and more generous, remaining committed as a leader to bridge the divides that exist in the UK and globally.

5 Conclusion

It is our strong belief that nurses and midwives are pivotal to leading locally, nationally, and internationally. Nurses and midwives have the most touch points with the populations we serve throughout the lifespan, in wellness, illness, dying, and after death. Our dream is for us to know our worth, value our expertise, and collaborate with each other to lead on delivering the

SDGs, especially to reduce and end poverty and hunger, increase good health and well-being, enhance quality education, improve gender equality, and reduce inequality. To achieve this, courageous leadership is necessary. Mentorship can enable one to develop the required courage.

One of our professional goals should be to mentor nursing colleagues to take a leadership role in local, national, and global healthcare. When we empower nurses, we support healthcare experts. Nurse leaders need to be seen by the public and be visible to address the healthcare challenges made evident during this global pandemic and into the future. Mentoring in nursing benefits the mentor as well as the mentee. Mentoring for courageous leadership benefits the profession.

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Transforming the Compass: Mentoring LatinX Psychiatric Nursing Students for a Multicultural Society

Mary Lou de Leon Siantz and Juan Herrera

Excellence is never an accident. It is always the result of high intention, sincere effort, and intelligent execution; it represents the wise choice of many alternatives—choice not chance, determines your destiny.

—Aristotle

Objectives

The goals of this chapter are to describe the unique needs of LatinX graduate students using the mentor/mentee narrative of one LatinX graduate student and their mentor.

1. To illustrate the changing demographics of Latinos in general and implications for this population in higher education especially psychiatric nursing.
2. To identify the barriers to success with the LatinX population,
3. To appraise the mentorship model and self-reflection between a LatinX graduate mentee and mentor.
4. To describe the lessons learned from the mentorship process.

1 Introduction

Building health professional capacity among Latinas/Latinos is important. Studies have established that diverse health care personnel are more likely to work with minority and underserved communities, increasing their access to health care services and reducing health disparities [1]. The need for, and the advantages of, a diverse health care workforce has been extensively documented [2]. Racial and ethnic diversity of the health care workforce is associated with better care quality [3], greater patient satisfaction and better health outcomes [4, 5]. This is especially true in psychiatric/mental health nursing. The stigma of mental health problems among LatinX individuals across the life span is well known. Mental health problems are frequently identified as somatic with stomachaches, nervousness, headaches, loss of appetite, and inability to sleep reported more easily and without stigma than feelings of sadness and loss. Language barriers, the stigma of mental health problems, and mistrust of care providers, also influence hesitancy to seek psychiatric care. Furthermore, LatinX indi-

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viduals need support from their family and peers to seek help [2, 3]. The perceived limited understanding of Latino culture among non-LatinX mental health providers also affects willingness to get help. Together these cultural factors reflect the need to increase the number of LatinX mental health providers. They are likelier than non-LatinX psychiatric nurses to fill this gap in understanding cultural traditions. They are also likelier to lead change in new and emerging health systems that will address this mental health disparity and promote its equity in the growing Latino community of the United States [2].

2 Changing Demographics

Shortages among Latinos in the health professions is a continuing concern [3]. Latinos represent 16% of the U.S. population. They will comprise 29% of the population in the United States by 2050 [6, 7]. Yet, from 2010 to 2020, there were 7753 Doctor of philosophy (PhD) in nursing degrees are conferred across the United States to a majority white nursing workforce with few doctoral degrees conferred on LatinX nurses [8].

It has become increasingly clear that Latinos are and will continue to be essential to the potential growth of undergraduate and graduate enrollment in the United States. However, Latino enrollment will not happen without planned intervention [9]. This is especially true in nursing, especially, psychiatric mental health nursing which continues to be aging and largely white.

3 Barriers to Entry

Studies have found that among Latino youth some were born outside of the United States and arrived with limited formal education [10]. In addition, many Latino youth are learning English [9]. Some LatinX students with English as a second language may need remedial English and related forms of instruction before undertaking a college degree [9]. Unauthorized Latino students are less likely than U.S. citizens to complete high school and attend college [11]. Furthermore, many Latino students have limited economic resources, making it difficult to meet college tuition costs. Many are first-generation college students, unable to depend on their parents to help them navigate higher education systems [9]. With half of Latino students enrolling in a 2-year community college [12], additional challenges impede their transition to a 4-year institution to complete a bachelor's degree and consider graduate school professional education [13].

4 Barriers to Success

Many students are successfully transitioning from their Kindergarten to 12th grade education, to enrollment in schools with professional higher education. However, growing animosity against Latino immigrants has increasingly marginalized these students. Many experience feelings of not belonging on the campuses where they are enrolled or want to enroll [9, 14].

Barriers that prevent Latinas and Latinos from pursuing careers in health care, especially those that require a professional or advanced degree, have also been studied [15]. Research has shown that the educational system beginning in preschool and continuing through elementary, middle, and high school presents formidable obstacles starting with limited opportunities to learn about science, technology, engineering, and mathematics and understand the educational path to the health professions. For example, middle school students are already tracked into general math instead of pre-algebra or advanced mathematics, which prepares them for advanced mathematics in high school required for college entrance. In high school, students are placed in General Science instead of biology and chemistry or physics with a laboratory experience. These middle school and high school Science, technology, engineering, and mathematics (STEM) courses are the building blocks needed to not only enter but also successfully complete educational programs in the health professions, especially in psychiatric/mental healthnursing [16].

5 Mentoring

One critical component of successfully completing graduate professional education for Latinos is identifying culturally sensitive resources to support and guide them through the challenges they in their personal educational journeys. Mentors can range from family members to peers, professional colleagues, and teachers. All are potentially essential to that process [17]. Mentorship is not a new concept. Greek mythology first identified its importance to successfully navigating the life course. Homer in 7BC originally described Mentor in *The Odyssey.* Odysseus entrusted his son to his oldest friend, Mentor. He asked him to guide and share his wisdom and experience as a helper, teacher and advisor when Odysseus left for the Trojan war [18].

Over time mentoring has formalized into an evidenced-based skill driven by knowledge needed to guide the development of the next generation of health professions and other disciplines [19]. Mentoring is one approach to individualized support of students. It pairs a mentee with an expert who may attend to professional development of graduate students through ongoing observation, reflection, and assessment of practice as well as technical and emotional support [20]. Reflection has long been viewed as an interactive way for learning to occur from a student's own and others' observations [21]. It builds on integrative reflection as the following mentor/mentee narrative illustrates.

6 Mentor - Mentee Narrative: Mentor - Mary Lou de Leon Siantz and Mentee Juan Herrera

InitiatingtheMentor/MenteeRelationship Three stages occurred during the period of the mentor/mentee relationship between Dr. de Leon Siantz, the mentor, and Mr. Juan Herrera, the mentee. These stages included: (1) initiation, (2) negotiation, and (3) separation [21]. Each stage is built on self-reflection. The defining characteristic and first stage of mentorship is the personal relationship initiated between mentor and mentee [22]. Promoting a sustainable relationship is essential to maintain a long-lasting relationship, which will yield greater benefits to the mentee [23]. Using texts, email communication, and electronic meetings, it took time to enter the second stage, negotiation [22]. Time zone differences in schedules challenged both the mentee and mentor to schedule times to regularly communicate. However, once the relationship was cultivated, the mentee clearly communicated the challenges he faced in his educational progression and the guidance he needed from his mentor to help him overcome the challenges faced during his program. The mentee readily commented to his mentor: "Dr. de Leon Siantz, I am overwhelmed with work. I need to support my family, complete my class schedule, locate my clinical placement, and communicate regularly with my academic advisor".

Building on Bassot's 2013 model [23], Mr. Herrera, the mentee, initially identified several **"experience,"** issues integral to his current educational program. In this case study, the LatinX student mentee experience was driven by his long-term goal of completing a master's degree in psychiatric mental health nursing in a timely manner. Together, we (mentor & mentee) used structured and free-flow reflections about their real-life daily experiences [24] to develop a strategic plan. Mentee self-reflection was needed to identify the knowledge on which to build short- and long-term strategies and the timely execution [25].

Self-Reflection Using the four F's (Facts, Feelings, Findings, Future) of active reviewing for self-reflection [26], the Mr. Herrera (mentee) shared **"Facts,"** as the constraints and requirements for graduation and the real-life experiences of being an adult graduate student with family and employment responsibilities. He also identified personal "**Feelings**," by communicating his anxiety and stress about his personal educational challenges, especially his available resources and time to fulfill academic program deadlines. Dr. de Leon Siantz (mentor) used **"Findings,"** that Mr. Herrera (mentee) provided the required data for mutual problem solving and identifying potential solutions concerning educational program requirements and coping with family and

employment challenges. Dr. de Leon Siantz (mentor) guided Mr. Herrar (mentee) in creating short-, and long-term plans designed to help Mr. Herrera (mentee) successfully achieve deadlines and requirements in a timely manner. Building on structured data/findings, the mentee established his short-term plan. It included: (1) meeting with his academic advisor, (2) identifying a clinical placement with supervision, and (3) actions needed for course completion during each semester. Factors that affected Mr. Herrera's (mentee) short-term plan were essential and could not be overlooked as they reflected the stress and anxiety the mentee was experiencing from employment, family responsibilities, and ultimately graduation. All converged on developing his personal competence in psychiatric/ mental health clinical skills needed at the graduate level for his patients. Identifying personal "Facts and Feeling**," by** applying self-reflection, Mr. Herrera (mentee) used a process to recollect personal data and structure his own personal experiences as he progressed through his academic program. Dr. de Leon Siantz (mentor) used these "fact," data to guide mutual problem solving. As a mentee, Dr. Herrera integrated each component of his self-reflection to develop his own personal creative, "**Future.**" With Dr. de Leon Siantz (mentor), he developed a long-term plan with specific action steps. Bassot's, 2013 theory was critical to developing long and short-term goals with a timeline. These goals were key elements to Mr. Herrera's (mentee) strategic planning. A personal, individual, strategic plan was critical to Mr. Herrera's (mentee) ability to successfully complete his clinical education [25]. A critical component of strategic planning is the ability to translate goals into action steps [24]. Execution of such steps is through the creation of short- and long-term goals with a timeline and results.

Negotiating Short-Term Goals During the negotiation stage [21], the Mr. Herrera (mentee) learned to successfully manage his time with a short-term semester plans as exemplified with courses and clinical placements he completed the program. "I finally met with my advisor!" "I established my clinical placement and preceptor." The student followed through on developing: (1) a clinical preceptor contract for psychiatric nurse practitioner clinical skills when those courses taken, (2) continues to prepare for the spring semester, and (3) identified a clinical preceptor. Using texts, the internet, and zoom meetings, Mr. Herrera (mentee) continued to meet with Dr. de Leon Siantz, (mentor) with a weekly plan that included the time needed to successfully complete both course and special requirements of his fellowship.

Negotiating Long-Term Goals "I am going to graduate!" Mr. Herrera's (mentee) progress toward his long-term goals (course completion and graduation) remained consistent with time managing activities that include: (1) regular communication with the mentor established on their academic calendar, (2) documentation of follow-up with mutually agreed upon timeline and recommendations, (3) evaluation with results of long-term goals, and (4) fulfillment of requirements in the Psychiatric Mental Health Nurse Practitioner program at the student's University exemplified by graduation August 2021.

One additional experience that solidified commitment to short- and long-term goals was our mutual planning for the presentation of our experience at a national conference. The conference did not occur due to COVID-19. However, we were able to present our model for the implementation of a mentor/mentee workplan using long- and short-term goals at a Zoom presentation later.

Closing and Separation: Creative Future Planning The separation stage was the final stage of the mentor/mentee relationship [23]. Once the short-term and long-term plan had been designed, the Mr. Herrera (mentee) started to share future goals beyond graduation. The mentee declared, "Dr. de Leon Siantz, I want to establish a private practice as a psychiatric nurse." The Dr. de Leon Siantz (mentor) talked about the importance of gaining clinical experience with a preceptor before launching independently. The mentor further discussed the importance of developing a plan to prepare for a practitioner's licensure exam.

Dr. de Leon Siantz (mentor) asked Mr. Herrera (mentee) about his experience with developing a business. The mentee responded that their experience was limited. Therefore, Dr. de Leon Siantz (mentor) next asked Mr. Herrera (mentee) about the possibility of undertaking a business course to expand thinking and experience with a business plan. Mr. Herrera (mentee) agreed that course work in business would be considered and planned when possible. The Dr. de Leon Siantz's (mentor) final communication with the Mr. Herrera (mentee) occurred shortly after his graduation. Communication was not only congratulatory, but also a final review of the mentee's plan for licensure and potential future employment.

7 Best Practices

Best practices identified in this mentorship example were (1) initiating the relationship with expectations for timely communication between mentor and mentee [17]; (2) cultivating and negotiating the mentor/mentee relationship, through the development of short- and long-term goals [25]; (3) closing the relationship with a plan for the future [24]; and (4) dissemination [20].

Timely Communication Mentor: Regularly communicating with my mentee was essential as we were not connected through a traditional relationship between an academic advisor and student. Exchanging telephone contacts and email were the primary means of maintaining communication. Zoom meetings were made when possible. Successful communication would not have impossible without the use of technology. All were used to establish and maintain our relationship as we moved toward successful results and completion of goals.

Short- and Long-Term Goals Mentor: With time constraints, a strategic plan was essential to Mr. Herrera's (mentee) achieving his academic deadlines. Dr. de Leon Siantz guided Mr. Herrera in establishing a long-term goal for graduation and certification. The long-term goal was the first piece of Mr. Herrera's strategic plan. **Mentee**: He next needed to design short-term goals for each semester of the program to accomplish meeting the requirements for graduation and certification. Short-term goals included a timeline, action steps needed to meet each goal, and evaluation of results. Our communications focused on meeting each goal and identifying challenges to goal achievement. Challenges to each goal were also discussed with strategies identified to overcome the challenges and achieve the targeted goal for that academic term.

Planning Future Supporting Mr. Herrera's (mentee) creative plan for his future not only focused on graduation and certification but also identifying new long-term goals after graduation. Inherent was the "dream" to establish an independent practice to support the family. Potential challenges were identified with strategies developed to overcome them. Strategies included learning more about creating business models, a core component not included in the mentee's academic program. The need to continue education was further discussed and additional leadership development needed to achieve the next long-term goal.

Dissemination One of the most significant outcomes of regular mentor/mentee communication was creating a presentation of the model that we used. It challenged us to be concrete about what had worked and what had not worked. It also made us reflect on our communication and what could be shared about our process. For the **mentor and mentee**, this presentation reflected the essence of our mutual collaboration as mentor, mentee, and colleagues as we progressed in our relationship. Our final dissemination collaboration, now as colleagues, is documentation of our experience for publication.

8 Lessons Learned

Value the Whole Person For the **Mentor:** humanistic mentoring is an approach to mentorship that places special value for mentors to view their mentees as a whole person. For the mentor,

this view encompasses "a commitment to a mentee's professional *and* personal growth, incorporating an understanding and appreciation of a mentee's life, culture, and goals, both inside and outside of the classroom" ([27], p. 129). For the mentor, an essential characteristic of humanistic mentoring is concern for the whole person not just a graduate student seeking a professional credential. In addition to the transactional features of the mentoring relationship, in which the mentor shares their own knowledge, skills, guidance, and professional networks, humanistic mentoring equally considers the shared human relationship of the mentor/mentee interaction. The mentor, therefore, not only connects with the mentee in relation to their academic work but also as a unique individual as they work together developing a collegial relationship and problem solve for mutually agreed upon solutions.

Positive Cultural Self-Identification A mentee's positive cultural self-identification is a belief in the development among LatinX students. The importance of observing, interacting, and collaborating with successful role models who are from the mentee's own culture cannot be overstated among students of color [17]. Such mentors positively reflect a mentee's personal cultural identity and potential for achieving success. Having a role-model/mentor who is of the mentee's similar culture and ethnicity reflects understanding that eliminates the need to surrender their personal identity to fit in. Seeing yourself through your mento means that the mentee can see the potential that exists within themselves, to develop themselves. It should be a mentor's goal to foster their mentee's belief in their own ability and right to claim a professional identity with leadership potential. Assisting a LatinX mentee to reach this attainment, unique cultural factors must be acknowledged. For example, the importance of the family to their achieving academic goals needs acknowledgement. Familism [28] is a key cultural value among LatinX students. It emphasizes support and attachment, loyalty, honor, and obligation to the family. It is a core component of shaping family dynamics and individual adjustment among LatinX students. Among adult graduate students, this means helping to integrate family obligations as a mate, a parent, son or daughter of elderly parents, and head of household with school and career goals.

Navigating Expectations Inherent to guiding a mentee are conversations about learning to balance family life, employment, and school expectations. Our strategic plan with long-and-short term goals was essential. The plan offered a means of navigating the entire experience. It was the pathway to a determined goal with the concrete action steps needed. The timeline must be outlined when goals not only need to occur but must be accomplished. Outcomes provided the evaluation of intended results. Technology though email, texts, and telephone kept communication ongoing, offering access as needed.

Evaluating Process and Outcome Process evaluation considers the social processes and mechanisms that occur during the implementation of the mentor/mentee relationship [29]. Process evaluation questions can be asked throughout the stages of the mentor/mentee relationship. Mentors and mentees should ask (1) what are barriers/facilitators to communication, (2) what short-term goals have been accomplished, and (3) what positive and negative factors have promoted or impeded these goals. By understanding factors that influence outcomes, whether positive or negative, more information can be derived for use in the future.

Inspire the Future Every nurse, especially in psychiatric mental health nursing, needs to visualize themselves as potential leaders and change agents. Mentors must consider leadership potential whether in the clinical, educational, research, or administrative sector, especially if they are a nurse of color to promote health equity. Using the mentor/mentee relationship is an important mechanism to inspire mentees to continue to navigate their professional roles and see themselves as transformative leaders. Helping them to

understand the importance of strategic planning, starting with their professional education is the first step. Continuing their educational path, whether formal or informal, must be a mentor's goal to inspire the mentee. As a part of the completion of a mentor/mentee relationship, future action steps needed to be visualized with concrete outcomes. For example, in this example when independent practice was visualized. The mentor was in a position to ask the mentee, "how," and "when," not "if," this goal could be achieved.

Mentoring with self-reflection not only contributes to the priorities, academic styles, and career patterns of future graduate nurses but also shapes and inspires future post graduate psychiatric nurses. Mentoring offers opportunities to address important gaps in the educational experience, especially for LatinX students [30]. To this end, the mentoring process and its components should be more carefully examined. The mentoring process can be made explicit using Bassots model [23] and identifying the four F's (Facts, Feelings, Findings, Future) of active reviewing for self-reflection [26]. This model can be modified, extended, applied, and integrated by using the four F's. Together, they are essential elements of the mentoring process, especially with LatinX students. Hopefully, this chapter is one step in helping to understand the mentoring process.

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From Minority Fellowship Program Mentor–Mentee to Colleagues Impacting Healthcare Policy

Shaquita A. Starks and Marie Smith-East

One of the greatest values of mentors is the ability to see ahead what others cannot see and to help them navigate a course to their destination.

—John C. Maxwell

Objectives

1. Describe two ways to establish a mentee's goals in health policy.
2. List two strategies that can be used to expand a mentee's networking opportunities in health advocacy.
3. Explain two approaches to fostering the mentor/mentee relationship.

1 Mentoring in Nurse Policy, Advocacy, and Mental Health Inequities Among Minority Groups

Being a mentor is a privilege and one of the most honorable roles that I, Dr. Shaquita Starks, have assumed. Mentorship in any profession is essential as water is to foliage and can be likened to the reciprocity or "mutual responsiveness" that exists within the ecological system. Endowing knowledge and experience to successors in any field transfers experience and wisdom benefiting the receiver and those whom they encounter thus resulting in mentorship that establishes legacy, contributes to other's growth and success, and to a profession's evolution.

Mentoring nurses from racially and ethnically diverse groups such as African Americans, who are looking to advance their education or career, is imperative for their success in the profession. Mentorship provides the necessary motivation, support, role-modeling, and guidance that nurses need to advance their careers. African American nurses specifically are not excluded from inequities their patients often experience—facing mistrust, discrimination, micro-aggressions, and unequal treatment (i.e., inadequate mentoring, lower rates of tenure and promotion, and lower monetary compensation). Therefore, quality, culturally responsive, and strategically planned mentorship programs and plans are critical for their advancement and achievement [1].

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In nursing, mentoring promotes professional development, role integration, leadership, and clinical skills that prepare individuals to provide complex care in an overburdened and inequitable health care system. Mentoring African American nurses is critical because they face many barriers and challenges that impede professional development and career success. Many nurses within the profession may face imposter syndrome; however, this feeling of being a fraud is commonly experienced by many African American career women [2]. The dearth of talented African American nurse scientists who have received competitive funded grants necessary for tenure and promotion to professorships leave these nurses feeling like imposters. The imposter syndrome has negative effects on their academic performance impacting their career advancement. Additionally, experiencing imposter syndrome can be extremely self-limiting and impact African American nurses' self-confidence and motivation to excel. An effective mentor can assess needs and provide support and guidance to redirect a mentee's perspective about their capabilities, improve confidence, and assist them in realizing their potential—including acknowledging their accomplishments to eliminate self-doubt.

The mentorship that involves the transition of nurses from various roles such as being in clinical practice to academia to health policy advocacy requires a multifaceted approach [3]. To eradicate health disparities, African American nurses must understand the policy process and their role in influencing health policy to advocate for and influence the care provided to their respective communities. Effective mentoring among African American nurses can enhance their ability to advance in leadership, academia, policy, and advocacy to impact the outcomes of the growing and diverse population of health consumers.

Policy governs all aspects of nursing care, education, licensure, and practice authority; thus, not understanding and engaging in the policy process can delay African American nurses' capacity to improve health outcomes for the populations they serve. Currently, there is a paucity of racially and ethnically diverse nurses involved in policy development. Nurses' role in health policy involves patient advocacy and looking beyond providing direct care to improve outcomes for individuals [4]. Nursing's foundation is holistic and rooted in the solicitude for the emotional, physical, and social needs of the most neglected and underserved in our society [5]; therefore, it is imperative that nurses from racially and ethnically diverse groups are involved in the policy arena.

2 The Mentor–Mentee Narrative

The following narrative describes the formation of the mentorship dyad of myself, Dr. Shaquita Starks, and my mentee Dr. Marie Smith-East regarding how we collaboratively worked to identify her goals and objectives focused on policies related to mental health care access. As Dr. Marie Smith-East's mentor, I received guidance through the Minority Fellowship Program at the American Nurses Association's (MFP/ANA) formal mentoring program. Marie Smith-East (hereafter described as the fellow), an early career African American nurse practitioner, Ph.D. student, and MFP fellow and I were matched according to similar interests and goals and placed within a mentorship triad. The triad consisted of Dr. Hines-Martin, a senior MFP alum, the fellow, and myself as part of the mentoring process based on the principles of an African proverb, "each one, teach one." I was assigned the responsibility of mentoring the fellow and directed to consult the senior MFP alum. The fellow and I also received a formal mentoring manual from the MFP/ANA to use as a guide.

After the fellow and I received the formal mentoring manual, our initial step involved getting acquainted, conducting a face-to-face, informal assessment of the fellow's goals, interests, current experience, needs, and mentor–mentee expectations. The fellow verbalized an interest in improving mental health care access for underrepresented populations, particularly those living with schizophrenia spectrum disorders. Her desire to return to school to pursue a Ph.D. to

study this phenomenon became a focus of interest after working in a federally qualified community mental health center. At this center, she noticed marked disparities among young African American men diagnosed with schizophrenia. She saw an association between a lack of psychosocial resources and sociodemographic factors with higher psychiatric hospital readmissions.

After we discussed her goals, interests, and needs, I assisted her in identifying organizations and health policies to help meet her desired research goals and objectives. We also met to work on approaches and strategies to help her become more involved in selected organizations. Out of this meeting, I guided her to create a document with a table to outline goals with one column detailing action plans for each goal, and another column listing a timeframe to complete each identified goal. We also developed a meeting schedule and a communication plan.

3 Advocacy

The fellow shared her interest in Geographic Information Systems (GIS), and I encouraged her to join the most impactful local, state, and nationwide organizations focused on GIS. I encouraged the fellow to identify all influential leaders and researchers and those who currently served underrepresented populations in this area. We thought networking within her local state organizations was one important step toward meeting her goals.

The fellow joined the nursing organization in her state, and subsequently had an opportunity to collaborate with local legislators. As a result of these networking opportunities, she was able to influence legislation regarding the expansion of psychiatric care in her state. Within 6 months after the new legislation was passed, the fellow joined a team of influential nurse leaders advocating for autonomous practice authority specific to mental health.

After identifying a mentee's policy goals as seen in this narrative, incorporating advocacy is the next integral step to impact health outcomes for individuals. Advocacy involves connecting and networking with important stakeholders, policymakers, and community members. As described above, the mentee connected with the state organization with a mission, policy, and advocacy efforts to improve healthcare. Bringing awareness to the nursing organizations and legislators about an important topic associated with mental health disparities and health equity is a key step to improving access to mental health care for individuals with serious mental illnesses. Nurses who are connected and engaged with the community, and who share a passion to improve conditions within their respective communities can network with policymakers and voice the communities' concerns while offering their expert advice about improving outcomes.

4 Preparing Mentees for Advocacy to Serve Underrepresented and Marginalized Populations

Providing effective nursing care to underrepresented and marginalized populations requires thinking beyond what mentees may learn in their respective nursing programs. Social factors, or social determinants of health (SDOH), have more impact on individual health outcomes than the actual care that patients receive. While culturally sensitive nursing care is essential to patients' health care experience, understanding SDOH that impacts them is necessary. For example, during the rise of the COVID-19 pandemic, health care providers were required to quickly shift to telehealth. Many assumed that telehealth would improve access to health care, but they failed to consider families who lacked the reliable technology and broadband services needed for telehealth. We collaboratively authored an editorial that addressed an issue associated with depression and anxiety in children living in poverty, which was a lack of internet access to virtually attend school during the COVID-19 pandemic. We recognized that children with mental health issues would also encounter barriers accessing their mental health providers, increasing disparities and a lack of

health equity. When combined with existing distrust and dissatisfaction in healthcare, the lack of internet access potentially widens disparities [2]. Addressing the above would require multifaceted efforts including advocacy and involvement in health policy to influence insurers and health care organizations that serve these communities.

For example, the mentoring process can enhance knowledge about dissemination and the use of social media. Traditional forms of dissemination such as peer-reviewed journals and conference presentations are integral, but I guided the fellow to also use nontraditional methods of dissemination such as op-eds, blogs, podcasts, and social media. As a result of her social media dissemination efforts, she was invited to do an interview on a national podcast which aired on the OWN network and was invited as the keynote speaker for a national association for Black faculty.

5 Reflections from Mentor and Mentee

As a mentor, I, Dr. Shaquita Starks, have enjoyed seeing the growth in my mentee and I have such a high regard for the process of mentoring. The dyad that I have experienced from my own mentor to now being a mentor demonstrates to me that the power of mentorship truly facilities helping the mentee to become more of who they already are and to make those connections.

As a mentee, I, Dr. Marie Smith-East, have had such an admiration from the beginning of my mentor's accomplishments and the manner in which she was always so focused and willing to help which was in turn, extremely inspiring. Upon reflection, our mentor relationship has helped me to further my success in various areas, particularly in mental health policies and advocacy which has provided the encouragement that I hope to also provide for future mentees when I one day become the mentor.

Both Dr. Shaquita Starks (myself) and my mentee Dr. Marie Smith-East can attest commonly that upon reflection of our time spent together in a mentorship relationship that it was life-changing and continues even after the formal mentorship program has ended. The value in uncovering one's potential as a mentee can be just as powerful as that of the mentor witnessing the growth within the mentee in increased leadership opportunities, greater confidence, and refined skills that guide the change for diverse groups that is much needed in health care. Ultimately, through our mentor and mentee relationship, we have recognized the mutuality of our growth into a synergistic relationship as colleagues influencing impactful policy changes in mental health care.

6 Summary

Our mentor–mentee relationship began with the use of a formal manual which laid a blueprint to help build a dyad based on mutual trust, respect, motivation, inspiration, goal attainment and sustainment. The fellow and I honored each other's time and communicated effectively throughout this process. Because we were matched according to similar interests and goals, we continued our relationship and developed a collaborative partnership advancing us as colleagues. The mentoring program allowed us to form a professional relationship supported by our belief that policy development is an effective strategy to create change, especially as it relates to underserved, poor minority populations. Since representation matters, it is imperative that racially and ethnically diverse nurses of color engage and have a strong voice in policy development.

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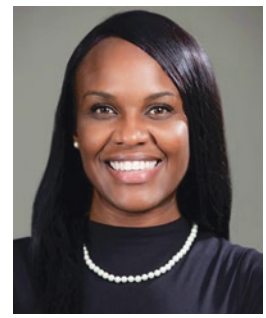
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A Native American Way of Mentoring

John Lowe and Cynthia Greywolf

Mentoring is an old Native American idea that works.

—Chief Jim Henson, United Keetoowah Band of Cherokee Indians

Objectives

1. To appraise the characteristics related to how Native Americans experience mentoring
2. To apply the mentoring process as it relates to the Native-Reliance theoretical framework and model

1 Background

Mentoring has its roots in Homer [1] Greek mythology story of King Odysseus who entrusted his son Telemachus to Mentor, his servant/advisor. Mentor served as a role model, counselor, advisor, and teacher to Telemachus. Their 10-year relationship was a comprehensive mutual commitment. The relationship has become the prototype for contemporary mentorship relationships. Most of the research concerning mentoring in earlier decades has been conducted within the disciplines of management/business, psychology, education, and nursing. In the field of management/business, Kanter [2] and Roche [3] are generally credited as being the first contemporary researchers on mentoring. Both reported findings that underscored the association between having a sponsor, or mentor, and achieving success in business. Kram [4] implied that mentoring, as derived from the Greek mythology, means a relationship between a young adult and an older, more experienced adult that helps the younger individual learn to navigate in the adult world and the world of work. Studies within the field of management/business continue to support the positive impact of mentorship on career success and job satisfaction [5–7].

Psychologists Levinson et al. [8] concluded that the mentorship relationship is one of the most developmentally important relationships a person can have in early adulthood and that being a mentor with young adults is one of the most significant relationships available. Psychologists have also investigated the effects of mentorship on specific behaviors. Zimmerman et al. [9] discovered the protective effects of mentorship on school attitudes and academic behaviors. Similarly, de Anda [10]; Barron-McMckeagney et al. [11]; Jackson [12] conducted studies that examined the impact of mentorship on social

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skills and delinquent behaviors. The findings of these studies indicated that mentorship had an impact on effecting behaviors toward positive changes. Lester and Johnson [13] theorized mentoring as a function of educational institutions that can be defined as one-to-one learning relationships between an older person and a younger person that is based on modeling behavior and extended dialogue between them. Several studies within the field of education validate theories that suggest academic performance and success is either directly correlated with or enhanced with mentorship [14–16].

Early research conducted in nursing concerning mentoring originated with studies that equated mentoring with preceptorship [17]. Fagan and Fagan [18] conducted a study that examined nurses' experiences of mentorship and concluded that mentorship correlated strongly with job satisfaction and traits of self-discipline, honesty, and persistence. Nursing scholars have continued to examine mentorship in relation to sex role socialization, the development of leadership and scholarship skills, and the essential elements needed in a mentorship relationship within nursing [19, 20]. Recent researchers have concluded that nurse mentoring programs have the potential to strengthen the nursing workforce in a sustainable manner, especially from within the profession itself [21].

2 Our Story

Our story begins with the mentor and mentee being Native American. Both reflect on the mentoring process as it relates to the Native Reliance theoretical framework and model. The Native-Reliance theoretical framework, model, and questionnaire emerged in response to limited available [22]. The Native-Reliance model describes the holistic worldviews, values, beliefs, and behaviors characteristic of Native American culture. Their mentoring relationship was consistent with the qualities of Native Reliance that include (a) being responsible, (b) being disciplined, and (c) being confident. Being responsible refers to caring, having provisions, and accepting assistance for what is necessary. Being responsible also refers to providing for others by respecting others, being present and accountable, and calling on the Creator through speaking the traditional Native language and honoring the Creator during ceremony. Being disciplined refers to seeking a vision by making decisions based on honor and defending the vision. Being disciplined also refers to sharing the vision by counseling with elders, accepting the vision, and speaking the vision in the traditional Native language. Being confident refers to having a sense of identity, by being proud of one's Native heritage, and accepting Native or tribal beliefs and values. This also involves having a sense of self-worth by facing and overcoming challenges and contributing to Native or tribal knowledge and preserving ancestral stories.

The Native-Reliance theoretical framework, along with the Native-Reliance Questionnaire [22–24], has supported several studies and programs focused on preventing substance use problems among Native American youth [24, 25]. The cultural themes of "seeking truth" and "making connections" cut across being responsible, disciplined, and confident. This involves a circular and connecting pattern so that there is a knowing of the spirit in everything, including each person individually, which allows for connections to emerge and become known in all aspects of their lives. This also involves acknowledging one's Native American heritage and living according to a Native American worldview. The worldviews of Native Americans are circular and holistic, where all things are believed to come together to form a whole [26]. Figure 1 depicts the interrelatedness of the three qualities and cultural themes of Native-Reliance. Two outer circles encompass the major components of the theoretical framework, depicted within three interlocking circles. Within each of the interlocking circles are the descriptive elements of each belief and value, as well as the way Native Americans experience them within the context of their lives, families, and communities.

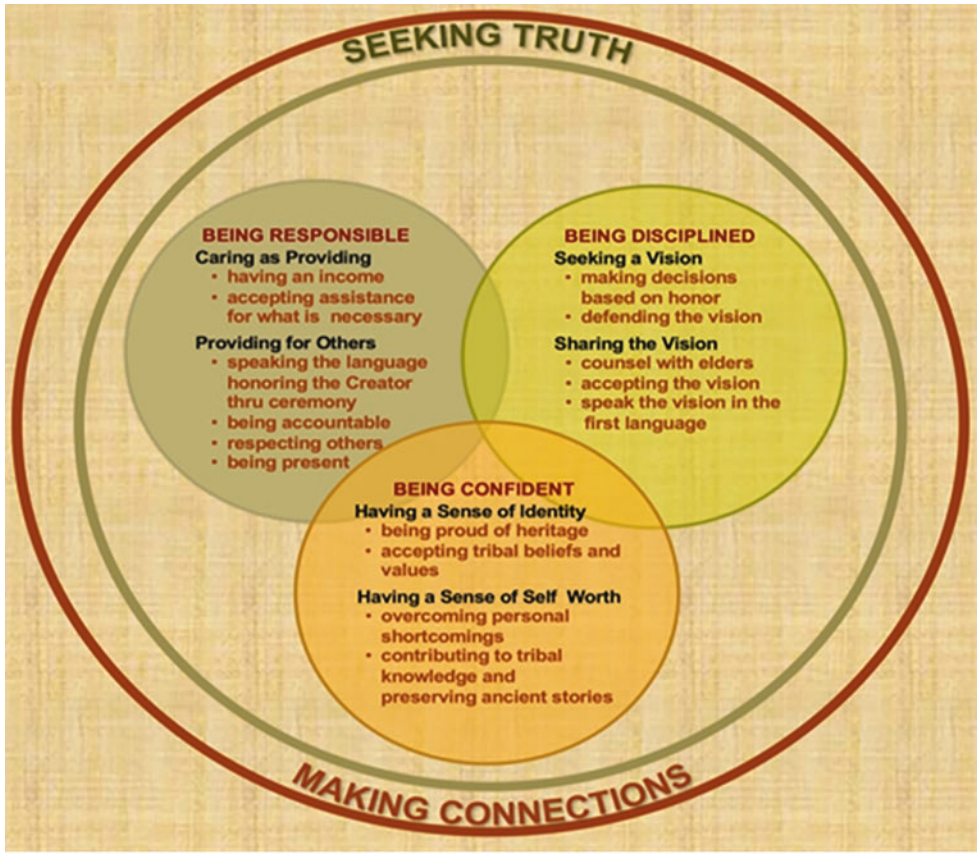


Fig. 1 Native-reliance theoretical model

3 Reflections by the Mentee and Mentor

Outcomes of the mentorship relationship resulted in a process of being influenced by example than by formal teaching. It took the form of demonstrating and modeling by the mentor. The mentee felt supported by the mentor who believed in the mentees' significance and value as a Native American who is on the journey of becoming a nurse researcher and leader. Support included: (a) being advised; (b) receiving encouragement and inspiration; and (c) being cared for and nurtured. The mentee found the mentor's belief in her to be encouraging and inspiring. The mentee experienced feelings of being respected by the mentor and was provided with an environment that was not judgmental, condescending, or demeaning. The mentor encouraged the mentee to ask for assistance and helped the mentee explore resources. Advice was provided through the sharing of wisdom and guidance at various times. The nurse researcher and leader that the mentee had the potential to become was being cared for and nurtured. The mentee was advised by the mentor to recognize her own and others' gifts and talents by (a) being encouraged to become aware of their academic surroundings and environment to see what is of value; (b) viewing participants involved in research projects as having gifts and potential; and (c) conceptualizing she is a being in a continual process of being and becoming. The mentee viewed this support as helping her to acknowledge and connect to her own strengths

and to other resources to be able to care for themselves and others.

The mentor was aware of certain situations and factors that could hurt and hinder the mentee from being and becoming the person they should be. The mentor conceptualized "being connected" as a way for the mentee to avoid being in high risk and vulnerable situations within the academic and research journey. He also discussed the importance of being responsible, especially in relationships with members of family, community, and academic settings. Avoiding harmful situations involved being responsible and disciplined to use the gifts, talents/insights, and resources inherent and available to the mentee. The mentee was inspired to be disciplined to set and pursue goals and to be true to herself by acknowledging her own Native American heritage, values, and beliefs. Sharing of cultural traditions between the mentee and mentor was a process where participating together in traditional teachings and ceremonial activities provided a connection to a way of life. This resulted in the acknowledgement and integration of the significance and value in all of creation. The mentor processed with the mentee that making decisions, setting, and pursuing goals coincides with her unique gifts and talents given to her by the Creator. Her confidence, sense of identity, and self-worth are the foundation of her sense of being whole which enhances her ability to make a significant contribution to the well-being of others. Both came to understand that their uniqueness and belonging to a larger group and purpose are rooted in their Native American heritage and worldview.

Additionally, the mentor viewed one of his most important roles was to open doors and present the mentee with opportunities to develop gifts and talents. The mentee describes the development of her gifts and talents resulted in a sense of confidence with a sense of knowing she had something to offer to others. The encouragement to consider and value the gifts and talents of others were also explored between the mentee and mentor. The emphasis was on the being interdependent. The mentee felt inspired to identify others who have strengths in different areas and how we must connect to them as everyone has strengths and weaknesses. In her role as an emerging nurse researcher and leader, the mentee gained insight into approaches that involved interdependence so that the strengths of others are pulled together. There must be a connectedness in a way that everyone's ability is utilized which results in the development of skills for working together as a team. This is especially an important way of being for Native Americans and has attributed to harmony, balance, and survival.

4 Native American Mentorship

The Native American way of mentoring experienced by the mentee and mentor has both similarities and differences to the concept of mentoring noted in the disciplines of management, psychology, education, and nursing. Both the Native American way of mentorship and other mentoring models describe a relationship that occurs between at least two people, where one is helped by the other. Table 1 is a comparison of the review of literature description of mentoring and the Native American way of mentoring.

Mentoring is described by the disciplines of management, psychology, education, and nursing as a deliberate and planned process. The purpose and functions of mentoring relationships occur as an activity for the educational and career advancement of the mentee. A specified amount of time is usually set for the mentoring relationship. The mentor perceives the role as a duty and sometimes as a professional obligation and requirement within their job description. Serving as a mentor often results in the advancement of the business or profession and at times the advancement of the personal careers of the mentors. As a function of mentoring, advice is given in the form of "telling" or "informing." Mentees are often told and encouraged to take certain actions or steps in order to advance educationally or to "climb the career ladder." Role modeling in the above disciplines is also seen as a function of mentoring which entails the mentee's observing certain behaviors of the mentors and being

Table 1 Native American way of mentoring compared with mentoring within professional disciplines

Characteristics	Native American way of mentoring	Mentoring in management	Mentoring in education	Mentoring in psychology	Mentoring in nursing
1. Mentor (either male or female)	1. Usually a member of tribal community and heritage. Someone who is older with lived experiences	1. A senior or advance person in a position of power	1. A teacher, professor, colleague, or supervisor. Someone who is older	1. An older and more experienced person	1. An older and more experienced person
2. Purpose for relationship	2. Provide opportunities facilitate the development of Native-Reliance; facilitate the process of being and becoming; imparts the native American culture; a way of giving back	2. Facilitate access to key organizational networks; enhances career development and placement	2. Further develop and refine proteges' skills and understanding	2. Assist a younger transition into adult and professional world; give approval and blessing to the younger person and her/his dream	2. Facilitate and guide an inexperienced younger professional in acquiring the professional qualities of an older, more experienced person
3.Time span	3. No limits	3. Limits set by the mentor	3. Usually limited to 1 year	3. Usually limited to 2–3 years	3. Limits set by the mentor
4. Age of the person being mentored	4. Adolescence and adulthood	4. Young to mid-adulthood	4. Young to mid-adulthood	4. Young to mid-adulthood	4. Young to mid-adulthood
5. Functions	5. Sharing wisdom and advice; exampling by showing and modeling; encouraging and inspiring; developing individual gifts and talents	5. Professional socializing, role-modeling, sponsoring, guiding, teaching, supporting (professional and organizational)	5. Professional socializing, role-modeling, sponsoring, guiding, teaching, supporting	5. Professional socializing, role-modeling, sponsoring, guiding, teaching, supporting	5. Professional socializing, role-modeling, apprenticing, nurturing
6. Setting	6. Professional setting, community, i.e. job, school, ceremonial events	6. Professional setting	6. Professional setting	6. Professional setting	6. Professional setting

expected to emulate the behaviors. Opportunities are given to mentees to develop certain skills and talents that usually enhance their abilities at work. Sponsoring occurs as a function where the mentee has the endorsement and support of their mentor. Mentees often describe a feeling of admiration toward their mentors.

In contrast, the Native American way of mentorship in our story often reflected a nondeliberate and unplanned process. No time limits were usually set. As life events, professional and cultural situations happened, mentoring occurred. The purpose for mentoring someone is to allow that person to be and to become. The mentee was never told that they are to become a particular type of person. The mentee did not feel forced to develop skills or talents that are foreign to her as a person. She was not forced to do anything she was uncomfortable with. She was encouraged and given opportunities to develop into that special person as a nurse researcher and leader that she was designed to be by the Creator. Mentoring was also done through the process of sharing wisdom about the Native American world view and way of life. Sharing wisdom was seen as a way of providing input and guidance into the constant process of the mentee's being and becoming. In the process, the mentee was encouraged to identify and connect to her own and other's gifts and talents. Doors and opportunities for the growth and development of her gifts and talents were provided by the mentor in various ways as life and professional situations occurred. Modeling behaviors and teaching often occurred informally. At times, structured and formal instructional sessions did occur. The mentor's described his ultimate role in the mentorship relationship was steeped in a process to facilitate the development of talents and skills of the mentee. The mentor perceived this as a way of making a contribution or giving back. He did not see this as a means for personal gain or notability. During the mentorship process, the mentee often described feeling cared for and nurtured by their mentor. She perceived the mentors' motives for investing in her as "pure unselfishness."

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Mentorship in Diversity, Equity, and Inclusion to Promote Human Flourishing for All

Coretta Jenerette and G. Rumay Alexander

Hello! I am somewhere in the world promoting fairness, equity, inclusion, and human flourishing for all and not at my desk at this time. Please leave me a message, and as soon as possible, I will return your call.

—Voicemail message of R.G. Alexander

Objectives

1. Describe the importance of mentorship in diversity, equity, and inclusion (DEI)
2. Based on Coleman's success pie explain the importance of exposure in the mentor–mentee relationship.
3. Explore evidence-based resources to support mentorship in DEI

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1 The Mentor: A Body of Scholarship and the Desire to Mentor

1.1 Biography of the Mentor

G. Rumay Alexander, Ed.D., RN, FAAN, noted presenter and consultant, is currently a professor in the School of Nursing, Assistant Dean of Relational Excellence at the Adams School of Dentistry, and formerly the Associate Vice-Chancellor for Diversity and Inclusion/Chief Diversity Officer of the University of North Carolina at Chapel Hill. At the end of 2019, she completed her National League for Nursing presidency, the national voice for nursing education with over 40,000 nurse educators and 1200 schools.

In February 2021, she became the American Nurses Association's Scholar-In-Residence and advises the National Commission to Address Racism in Nursing. She most recently was appointed to The LeapFrog Group Board. The Leapfrog Group is a nonprofit watchdog organization that serves as a voice for healthcare consumers and purchasers, using their collective

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influence to foster positive change in U.S. health care. Leapfrog is the nation's premier advocate of transparency in health care—collecting, analyzing, and disseminating data to inform value-based purchasing and improved decision-making.

As one of nursing's prominent thought leaders, guiding individuals in academic, corporate, healthcare, and religious organizations in exploring marginalizing processes and lived experiences of difference, her expertise has been frequently sought. She has been appointed to several transformative healthcare initiatives addressing diversity, equity, and inclusion. These include the Commission of Workforce for Hospitals and Health Systems of the American Hospital Association (over 500,000 copies of the report have been distributed nationally and internationally), the Tri-Council of Nursing, and the National Quality Forum's steering committee, which developed the first national voluntary consensus standards for nursing-sensitive care. As the Senior Vice President for Clinical and Professional Services at the Tennessee Hospital Association and their first vice president of color for 2 decades, she designed and executed one of the nation's first minority health administrators' programs, Agenda 21, which exists to this day. As a result, over 250 minority healthcare executives serve and steward healthcare nationwide. Her passion for equity of opportunity and penchant for holding courageous dialogues to steward and promote human flourishing is evident in all her encounters. It characteristically describes her as a prophetic and caring leader.

She holds a Bachelor of Science in Nursing from the University of Tennessee—Knoxville, a Masters of Science in Nursing (MSN) and Family Nurse Practitioner from Vanderbilt University, and an Ed.D. (Doctorate) in Education Administration and Supervision from Tennessee State University.

2 The Mentee: What She Saw in Me

2.1 Biography of the Mentee

Coretta M. Jenerette, Ph.D., RN, AOCN, CNE, ANEF, FAAN, is a native South Carolinian and first-generation college graduate. Dr. Jenerette received a Ph.D. and MSN from the University of South Carolina and her BSN from Clemson University. She completed a certificate in nursing education at The University of North Carolina at Chapel Hill and is a certified nurse educator. Dr. Jenerette went on the complete post-doctoral fellowships at Yale University and The University of North Carolina at Chapel Hill. She has also completed certificates in Diversity and Inclusion from Cornell University and Multicultural Mentoring from the University of Florida.

Dr. Jenerette has taught students across academic programs from fundamentals, health assessment, research, and medical-surgical nursing in undergraduate programs to research methods in doctoral courses. She enjoys teaching small groups in both formal and informal settings. Additionally, she enjoys creating co-learning experiences to enhance student-centered outcomes. She is a 2018 Macy Faculty Scholar, and her ongoing project, Simulation in Ph.D. Programs or SiPP© is an initiative to blend Ph.D. students' conceptual understanding of social determinants of health and diversity and inclusion using experiential learning (simulation) to cultivate social justice advocates. Dr. Jenerette is a Fellow in the Academy of Nursing Education (ANEF) and the American Academy of Nursing (FAAN).

2.2 Research

Dr. Jenerette's internationally known program of research aims to enhance health outcomes for individuals with sickle cell disease by addressing health disparities and seeking health equity. Shortly after entering the nursing profession, Dr. Jenerette was exposed to the plight of adults with SCD and quickly learned that the same rules for pain management did not apply to this population. She now knows that much of the inequity in care for individuals with SCD is due to social determinants of health, implicit and explicit bias, lack of knowledge, myths about Black people, and racism. Because the healthcare system is not willing (or able) to provide adequate care for individuals living with SCD, her research has

focused on improving self-care management for individuals with SCD. Specifically, she uses both qualitative and quantitative methods to identify vulnerability factors to intervene by enhancing self-care and family management resources with the goal of improved health outcomes. Individuals in the sickle cell community often use "Nothing for us without us." That is very impactful and almost certainly requires the skills of an inclusive servant leader like Dr. Jenerette. In 2020, she was selected by Sickle Cell 101 as the National Sickle Cell Advocate of the Year.

Currently, Dr. Jenerette is a Professor and Associate Dean for Diversity, Equity, and Inclusivity in the College of Nursing at the University of South Carolina. She is also active in the Midlands of South Carolina Black Nurses Association and the International Association of Sickle Cell Nurses and Professional Associates.

Dr. Jenerette is able to integrate her passion for social justice advocacy as an administrator, educator, researcher, and servant leader. She has had help to arrive where she is and where she is going. Most of it was not planned—at least not her plan, but it has positioned her always to be "somewhere in the world promoting fairness, equity, inclusion, and human flourishing for all," just like her mentor.

2.3 How It Started…

The paths of Drs. Alexander and Jenerette would meet at The University of North Carolina at Chapel Hill School of Nursing (SON) in 2007 when Coretta (mentor) arrived to complete a 1-year postdoctoral fellowship. Rumay (mentee) had joined the School of Nursing in 2003 and was the Director of the school's Office of Inclusive Excellence. In 2008, Coretta transitioned to a tenure-track faculty position. Coretta earned tenure in 2014, focused on her program of research, but also quite active in advocacy work in the SON. She was never afraid to show up and speak up.

As time went on, in 2016, Rumay continued to grow in her roles in diversity, equity, and inclusion (DEI) and needed additional support in the SON as she was asked to take on university-level responsibilities including becoming the Associate Vice Chancellor and Chief Diversity Officer for the flagship school of the UNC system. Coretta did not know it at the time, but this was when her commitment to DEI was formalized.

Coretta needed a title for the new role she would be taking on, so Rumay suggested one. It was the Inclusive Excellence Advocate. It sounded a bit lofty to Coretta, and she told Rumay, "Nobody will know what that is." Rumay responded, "You will tell them." Coretta served in this role for only 1 year, but it was impactful. Although Coretta did not know it, Rumay provided her with a pathway to success as a leader in DEI. Through additional training, Coretta learned that the path to success is very dependent on exposure to people, resources, and opportunities [1]. This is the case regardless of how hard one works and how others perceive them. Here are examples of how Rumay, the mentor, contributed to Coretta's success by exposing her to people, resources, and opportunities.

2.4 People

Each year at UNC-Chapel Hill, a women's leadership luncheon was held. Select leaders brought a mentee to the luncheon. In 2017, Rumay chose to invite me as her mentee, to my surprise. Because Rumay was a part of the Chancellor's cabinet at this time, we were seated at a table with the chancellor—who I had never officially met. Not only did I meet her but I was also able to have a conversation with her. Then, to my surprise, Rumay and I got to introduce each other. What I said about Rumay was no surprise to anyone in the room because everyone knew about her greatness. However, when she talked about me, a light came on. She made me feel valued, supported, and welcomed among the giants in the room. She told them about my passion for advocacy in DEI. Rumay had been observing me when I did not even know it, and now I knew she saw me and my potential. Exposure to people can be life-changing as it is not as important who you know, but who knows you!

2.5 Resources

Communication is an absolute necessity in everything. In nursing, that is one of the first things we learn. However, a staff nurse's skills are very different from those needed to navigate DEI in the ivory tower of academia as a Black woman. I recall attending a conference where Rumay was a featured speaker, and one particular part of her talk resonated with me. It was when she taught us how to CUS! It has made all the difference with me navigating countless challenging situations.

The CUS Toolkit [2] is a life changing but simple acronym that stands for I am **C**oncerned!, I am **U**ncomfortable!, and This is a **S**afety Issue! Leading DEI initiatives often requires communicating in ways that don't make others, especially those in power, defensive. I have often used CUS to achieve my goal of bringing others' attention to what is an apparent diversity, equity, or inclusion issue. For example, suppose a decision has been made to offer a position to someone without allowing others to apply. In that case, I might say, I am **c**oncerned that others have not had a chance to apply for the position. There is often a lack of transparency in workload and pay in academia. When these types of issues come to my attention, I can easily say, help me **u**nderstand the discrepancy in this workload or salary. The last part of the acronym pertains to safety. This can pertain to any type of safety, from psychological to physical. Consider a case where an administrator tells an inexperienced female staff member to stand in a parking deck, near dark in the evening, to direct dignitaries. It would be pretty important to CUS at that administrator in this scenario. One could say they were **c**oncerned, didn't **u**nderstand why this happened, and express questions about **s**afety. There are other communication strategies, but Rumay taught me that if you can't remember anything else, CUS!

2.6 Opportunities

Often individuals in DEI roles are promoted from within organizations. These internal promotions may be due to interest and passion from internal candidates. It also may be due to a lack of funds for an external search. In my case, there was a mandate for each unit to have an associate dean or equivalent. About 90% of the units promoted someone from within. In the College of Nursing, there was a national search. I stood out and was eventually hired because of the opportunities Rumay provided. Very few other candidates had the experience as an Inclusive Excellence Advocate or an equivalent position. Because of the opportunity to work with Rumay for a year as the Inclusive Excellence Advocate, I was ready to transition to my current role as the Associate Dean for Diversity, Equity, and Inclusivity.

As noted in her biography, Rumay is prominent in diversity, equity, and inclusion in healthcare. She is often in positions to make recommendations for others to serve on committees or be speakers. She has provided those opportunities for me to build my resume'. These opportunities also introduce me to people. All of these opportunities supported by my mentor contribute to my potential to be successful in DEI work.

3 Self-reflection

3.1 Coretta's Self-Reflection

Minoritized faculty do not choose DEI. They are born into it. Those who choose to take a more formal role, such as an academic diversity officer, only add to the heavy burdens we already carry or inherit as part of the academy. Many of us have lofty titles that don't come with equivalent authority. We do not benefit from the cloning bias our peers receive. Instead, we struggle, often alone, to do our work. We live our work, and it can take a heavy toll when we do it without the benefit of mentorship. Sometimes, we don't learn this early in our academic careers because we don't have the possibility of like-minded mentors. Instead, we work hard without the results.

I have always worked hard and had exemplary evaluations, but as a Black woman in academia, I know these performance and image indicators are insufficient. Luckily, early in my academic career, I met Rumay.

Rumay personifies and role models networking and using resources to move our work as social justice advocates forward. I recall experiencing Rumay entering a room and feeling like a burden was lifted or at least understood and shared. I remember making eye contact and knowing I had her full support to move forward with a challenging conversation. Because of Rumay, I have much more confidence to do the important work of an academic diversity officer. Moreover, I know I must be a mentor for others because that is what the legacy of giants like Rumay deserve.

3.2 Rumay's Self-Reflection

To be, while becoming is complex and full of questions to be answered by those who have shown resilience, navigation skills for managing change, an insistence to be who they are, a growth mindset brimming with curiosity and courage to go into the brave spaces of life and the ability to teach. It also requires recognizing another's cry for guidance and not necessarily a formal contract. Mentoring is a knowledge and insight exchange distributed in many forms. I know what it is like emotionally to be hired for diversity, and once hired, required to lose my authenticity and uniqueness. I know what it is like when deeply buried stereotypes were applied and allowed to operate while simultaneously stealing my identity. I wish there had been someone who understood in the nursing space during my becoming years. But, when you are the first over and over, you just cry in private and bring daring ingenuity, passion, and impact with you to deploy when necessary.

An insistence on being like the mentor would be a mistake. Instead, incorporating shared insights into behaviors is a hallmark of successful mentorship. Since all stories lead one to where they are in the present, passing them on is vital as the mentee seeks to grow with grace, understanding about change in the midst of ambiguity accompanied by psychological homelessness and a desired way of being. Mentorship provides the most intimate way to do so. Coretta asked for that help from me. What an honor, given I identified with the hope inside her that was so much like mine when I was at the same career point as she. The obligation to make it better for her to flourish stirred, once again, the fire within for my life's work. We began with a story. After all, storytelling is experience sharing, a form of data sharing that possesses a soul. By the way, I am still becoming, and so is Coretta.

4 Summary

Coleman's [1] framework, also known as the "success pie," provides an understanding of our mentor-mentee relationship. In the success pie, 60% of the pie is success based on exposure. This is exposure to opportunity, resources, and people. The narrative provided examples of each of these. However, a simplistic model could never convey the value of true mentorship that can only come from a genuine shared commitment for the mentors to meet the mentees wherever they are and provide support.

Ocobock et al. [4] reviewed mentorship literature to compile recommendations on building a mentorship network, establishing formalized mentorship training, describing how to build a productive and mutually beneficial mentormentee relationship, and instituting a system of mentorship. a mentorship network, establishing formalized mentorship training, describing how to build a productive and mutually beneficial mentor–mentee relationship, and instituting a system of mentorship accountability. Individuals involved in these types of mentoring relationships can contribute positively to inclusive environments. Although we did not have a formalized mentor–mentee agreement, our relationship has been productive and beneficial for each other and the academy.

Lastly, mentors can prepare mentees to overcome the hidden curriculum in the academy [3]. For minoritized faculty, understanding unwritten rules to know how things in the academy work can be the difference between success and failure. Dr. Alexander has been a bridge for me and has helped transition her into an impactful academic diversity officer.

With the limited number of minoritized faculty in leadership roles, it is important to continue developing networks among mentors and mentees and pay it forward to others who choose or are chosen to be a part of academia. With this approach, one day the academy will have more people focused on being somewhere in the world promoting fairness, equity, inclusion, and human flourishing for all. This is the path to inclusive excellence.

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Resources

American Association of Colleges of Nursing (AACN) Mentoring Program Toolkit. https://www.aacnnursing.org/Portals/42/Diversity/Mentoring-Toolkit.pdf.

National Center for Faculty Development & Diversity (NFCDD). https://www.facultydiversity.org/home.



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Increasing Diversity in Nursing Leadership Through Mentorship and Sponsorship

Dewi Brown-DeVeaux and Kimberly Glassman

A mentor takes people where they want to go. A great mentor takes people where they don't necessarily want to go but ought to be.

—Rosalynn Carter

1 Significance of Diversity in Nursing Leadership

Racial and ethnic minorities patients often do not attain resources and services within the healthcare sector. In addition, cultural differences between patients and providers are frequently attributed to disagreements such as distrust and medical literacy. Therefore, mentoring and coaching minority leaders to undertake decision-making roles in an inclusive environment can raise awareness of traditional and distinctive racial and ethical healthcare needs [1].

Diversity in nursing leadership increases intellectual diversity and enables new ideas to address the changing demographic landscape. Therefore, healthcare organizations must support a diverse workforce and encourage diversification at the senior leadership level. Even though there has been significant progress in the career development of racial and ethnic minorities in the last few years, more headway is needed through mentorship, sponsorship, and coaching a direct career path.

2 Mentor and Mentee Narrative of Their Lived Experiences

2.1 Dr. Glassman Reflects

My nursing career advanced because of the support from many mentors, and as a white woman, I benefitted from both my privilege and access to mentors. During my time as a nurse leader at NYU Langone, I was introduced to the Leadership Institute for Black Nurses (LIBN), at New York University's Meyers College of Nursing. Developed by notable Black nurse leaders, NYU Langone was among the first hospitals to sponsor several nurse leaders to attend this program. Later in my career, I was further advantaged by attending the RWJF Executive Nurse Fellows Program and being introduced to the concept of structural racism. My nurse leader colleagues

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informed me in the program of their experiences compared to mine. One comment has remained with me—a Black nurse, who is now a dean at a large nursing school, said to me, "every single day, I am reminded of living in my Black skin." I recall being both shocked and saddened by this revelation, which provided a compelling realization that I, as a white nurse leader, was going to have to change the system and work to increase the promotion of Black nurse leaders into higher executive positions. Despite her early academic and practice accomplishments as a nurse, I now recognize her experience as being fraught with overt and microaggressions.

2.2 Dr. Deveaux Reflects

Having a mentor who believes in your success as a minority leader is invaluable, and KSG's identification of me as a high achiever boosted my confidence. KSG made herself available for individual coaching, either in person or via the phone, and her accessibility reinforced my comfort in this emerging relationship between mentor and mentee. KSG offered frank advice about my managerial approaches, and some of those comments, while at times difficult to hear, demonstrated KSG's willingness to spend the time to critique my approach and offer alternatives to try out. One of KSG's advice was, "Treat the team, inclusive of the nurses and support team, as professionals, and they will conform. Great leaders lead their team and set a shared vision for your team."

KSG introduced me to the local and state nurse leader organization and helped me build my network. She pushed me to present at conferences, which allowed me to develop the persona to deliver a lecture in front of hundreds of people.

KSG was very open about her desire to increase representation in nursing. We have a very open and honest dialogue about the importance of increasing diversity in nursing. She is comfortable confronting the tough topics of structural racism present in nursing and healthcare. I knew her support of my leadership journey would allow me to develop my work to increase diversity and deconstruct inequities in healthcare.

Our mentoring relationship was humanized and cultivated over time. I remained my authentic self with KSG, unthreatened by her title or the idea of being judged. Therefore, when I decided to pursue my Doctor of Nursing Practice degree, I felt safe and reassured to approach KSG with an idea for a scholarly project in my DNP Program. I also fully recognized that a project using a mentorship approach to address the underrepresentation of ethnic minorities in senior nursing leadership would be a controversial topic to some. Diversity in nursing leadership was not discussed openly in many healthcare organizations. However, I knew this was an important topic that I have both lived and am passionate about. I was thrilled that KSG welcomed the topic and emphasized that diversifying nursing needed much more visibility and exploration.

3 Mentorship Program to Increase Diversity in Senior Nursing Leadership

3.1 Dr. Deveaux's Perpective

My passion for this topic extends well beyond leadership. I was interested in preparing racial and ethnic minority leaders to excel beyond the role of a nurse manager. I wanted to share and imbue in clinical nurses and emerging nurse leaders the same enthusiasm and passion for leadership. My research led me to contact Dr. Yvonne Wesley, the originator of the LIBN. My idea to develop a leadership mentorship program was shaped, and I scheduled a meeting to present the concept to KSG. I outlined the background, goals, and methodology with supporting evidence and rationale for each topic.

KSG suggested: Allow middle managers to pick their mentor. Allow them to create a list of their must-haves in a mentor and assess what they can compromise on within the list. Then they can choose a mentor that embodies the assets they desire. If they cannot find a mentor, you can assign one. You both should also act as a mentor in this process. But you must first

understand who you are and self-reflect because you can't help others understand themselves on this journey if you don't appreciate them. Next, identify your triggers and your own explicit and implicit biases. There are structured systemic barriers that we cannot excel beyond unless we unpack and understand them. Also, let me know how I can extend my privilege as your mentor to encourage, support, and provide equality even though I do not share the same racial and ethnic identity.

I am aware that the words "*I am not racist*" can no longer be accepted as a society. However, as a society, we must be allies and invest in the growth of everyone equally.

Dr. Deveaux: I understood that being part of a population that has been historically marginalized through racism, discrimination, barriers, and exclusion needed special attention. There is a dearth of ethnic and racial minorities in executive leadership [2]. I knew that creating a program geared to attract individuals who identify as ethnic and racial minorities could be the first step to attaining senior leadership roles to change the diversity and equity landscape. The meeting concluded with four defined topics for the Minority Leadership Mentoring program: self-efficacy and self-confidence, networking and collaboration, paradigms of leadership, and what success is. Additionally, for the program's success, Dr. Glassman outlined the budget to purchase books, buy lunches for the participants, and connect my colleague to leaders who could serve as facilitators for the various workshops.

With KSG support, both academically and financially, allowed the program, to begin with 16 participants.

4 Self-Reflective Questions

1. Is our current effort to increase diversity in nursing leadership working?
2. Are we answering the call set forth by the Future of Nursing report to increase diversity as a means to increase equity and equality?
3. Is diversity seen as an urgency in healthcare and nursing leadership to help balance the scale?
4. Do you see diversity as a gateway to help combat stereotypes and implicit bias?
5. How do you address implicit bias in your own experience?
6. How can you ally or create allyship across racial and ethnic lines?
7. Do you understand the viewpoint of others around you?

5 Translating Co-constructed Mentoring to the Literature

KSG mentorship exceeded beyond the program. She supported me in submitting my scholarly project for publication and regional and national conferences. Mentoring is customarily a long-term designed program purposely implemented to integrate beginners into organizational culture [1].

Studies have shown significant improvement in business and education when mentoring is incorporated into the essence of the profession [1]. KSG established the mentee–mentor relationship with DBD by scheduling monthly touchpoints to assess my needs throughout the relationship. Predominantly, connections between mentor and mentee in nursing have been tailored on regulated rules, official, and unofficially [3]. Recent modifications to promote a more collaborative relationship benefit both parties in the relationship [1]. This changing outlook positions the mentor as a professional friend and thoughtful partner, necessitating interpersonal, interactive, and communication skills showcased in our relationship.

As KSG and DBD reflect on their mentor–mentee relationship, we journeyed through the various stages of mentorship as conceptualized by Kram [4]. The first stage is an initiation that involves connecting and establishing commonality. The second stage, cultivation, forges a relationship and builds a supporting bond. The third stage, separation, changes the relationship structure and provides the space for the mentee to be autonomous in their decisions. Finally, the fourth stage redefines the mentee and mentor seeing each other as colleagues, which might create discomfort in the transformation [4]. Both Dr.

Glassman and Dr. DeVeaux had the agency to develop a relationship within inside and outside prescribed boundaries. Their relationship hinged on the principle of openness and honoring diverse perspectives.

6 Conclusion

In summary, a mentoring relationship can mature naturally through various platforms when both parties are fully invested. Nurse leaders need to make sense of and purpose of our unexpected environments. In this case, the mentor and mentee utilized their stories and co-constructed them together to make meaning of their mentoring journey.

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Part III

Mentoring in Clinical Practice

Mentoring in the Clinical Practice of Health Care

Bernadette Mazurek Melnyk

Never has there been a more urgent need for strong mentorship to improve healthcare delivery, policy, and outcomes with a focus on developing mentees who have strong knowledge and skills in key areas that will benefit clinical practice, including evidence-based practice (EBP), innovation, well-being, and leadership. The United States (US) spends more money on healthcare than any western world country but ranks poorly in population health outcomes [1, 2]. One key reason for this underperformance is the inconsistent use of EBP in clinical care. EBP is a problem-solving approach to the delivery of healthcare that integrates the best evidence from a body of evidence with a clinician's expertise and a patient's preferences and values [3]. For the US healthcare system to reach its goal of the quadruple aim (i.e., improving the patient experience, which includes quality and safety, improving population health outcomes, reducing costs, and enhancing clinician well-being), organizations need to become consistent in implementing evidence-based care. Yet, EBP is far from becoming the norm in our healthcare system. A recent national study found that nurses from 19 hospitals and healthcare systems across the US reported not feeling confident in meeting any of the 24 EBP competencies [4]. Unfortunately, many clinicians in a multitude of settings across the care continuum continue to deliver care to their patients based upon tradition, outdated policies and procedures, and information learned years before in their educational programs [3]

For years, it has been said that it takes 17 years to translate evidence into clinical practice [5]. However, findings from a recent study by Khan et al. [6] indicated that the average time from publication to 50% update/routine implementation of five evidence-based cancer control practices, which included mammography screening, smoking cessation, colorectal screening, HPV testing, and HPV vaccination, was 15 years. As a result, it will take another 150 years to reduce the research–practice time gap to zero [7]. This time lag is adversely impacting healthcare quality, safety, and outcomes and needs urgent action.

The body of implementation science has supported the multiple barriers to EBP that exist in healthcare systems, including: lack of EBP mentors who work with bedside clinicians to consistently implement EBP; inadequate leadership investment in and support for EBP; insufficient clinician knowledge, skills, and competency in EBP; absence of cultures that make EBP the norm or default choice; inadequate support by leaders, supervisors, and managers; and lack of EBP mentors that work with point of care clinicians to consistently deliver

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EBP in healthcare systems [3]. Facilitators that speed the translation of research evidence into include culture, leadership, communication and networks, resources, champions and evaluation, modeling, and feedback [8]. Other factors that heavily influence the speed of translation of research into practice include the characteristics of the EBP, characteristics of the clinician (e.g., understanding of and cognitive beliefs about the intervention, and confidence to implement it), the process of implementing it, and environment and support [9]. Mentorship in evidence-based practice also is a key facilitator of EBP as it has been shown to positively impact clinician competency in EBP as well as the beliefs about the value of EBP and its implementation as described in the Advancing Research and Clinical practice through close Collaboration (ARCC©) Model [10]. Therefore, mentorship in EBP, including the seven step EBP process, is critical for healthcare services and outcomes to improve [3].

When there is not enough evidence to make practice changes in healthcare, innovative solutions must be developed. Therefore, mentorship must include design thinking and innovation, which is desperately needed in healthcare. Innovation usually involves the creation of a solution to something when a solution or evidence does not exist [11]. Innovation is defined as the process of implementing new products, services, and/or solutions that *create new value* [12]. However, for an innovation to "stick" or sustain, evidence must be generated that supports its value or outcomes. Studies have supported that clinicians involved in innovations that generate solutions to healthcare problems are more satisfied in their roles [13].

Mentors also must "walk the talk" and take good self-care as well as teach their mentees to do the same because burnout, depression, and high rates of job dissatisfaction continue to be pervasive in the nursing and healthcare workforce [14–16]. Poor mental and physical health in clinicians also is associated with a high prevalence of medical errors as well as low patient satisfaction [4, 15, 17]. Burnout, stress, and depression also lead to high absenteeism, presenteeism, and turnover, which is very costly for healthcare systems. Job turnover in relation to job dissatisfaction is especially concerning as one-third of the nursing workforce will be eligible for retirement over the next 10–15 years [18] and 1.1 million additional nurses will be needed to prevent a future shortage [19]. Therefore, mentoring clinicians and upcoming leaders on how to create cultures of wellness and caring is critical as culture eats strategy and influences how people feel and behave. Findings from recent studies have indicated that nurses who perceive their workplaces as supportive of their wellness have better mental and physical health outcomes as well as healthier behaviors than nurses who do not perceive support from their institutions [10, 14].

It must be remembered that no change takes place in clinical settings without strong leadership and that people will not usually change unless they see that their leader is willing to change. Mentorship in leadership, including how to ignite a common vision and build functional teams who are passionate about their work, is necessary to turn burnout cultures into wellness cultures and improve outcomes [9].

The series of chapters in this section are a wonderful array of exemplars of how mentoring had a positive impact on these key areas and healthcare as well as patient and mentee outcomes. These stories of mentorship are heartwarming and provide valuable lessons on the significance and positive impact of mentoring. Enjoy!

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Fearfully and Wonderfully Made to Care

Diane Gerzevitz and Nicoleta Mitrea

I praise you Lord because I am fearfully and wonderfully made; your works are wonderful; I know that full well.

—Psalm 139: 14 NIV

Objectives
At the end of this chapter, the reader would be able to:

1. Describe the characteristics, circumstances, and skills needed to mentor.
2. Describe the experience of cross-cultural mentoring and the methods used.
3. Describe the challenges in this cross-cultural mentoring experience.
4. Describe the benefits, joys, and successes of the mentor and mentee in the narratives provided.

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1 The Mentor Narrative

It all began for me Diane Gerzevitz, in April of the year 2003. I was an Assistant Clinical Professor of nursing at my university. I had recently become an ELNEC (End of Life Nursing Education Consortium) Trainer and had connections with the End of Life and Palliative Care community of nurses and Sigma Theta Tau-Delta Upsilon here in Rhode Island. In addition to my campus teaching responsibilities, I was working in a Primary Care practice with a Board-Certified Palliative Care Physician. My clinical focus was adult primary care. My teaching focus was adult assessment and adult primary care.

Then through an unexpected connection, I received an invitation to consider joining the US Board of Directors of the Hospices of Hope. That was my introduction to the Hospice Casa Sperantei and the educational facilities associated with the Hospices of Hope. I was invited on an "insight Tour" to Romania to gain an understanding of the work of the HOH. We toured the countryside and the facilities and visited with patients and watched and wondered at the skill of the nurses and the lack of resources necessitating

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different practices in comparison to the United States. I had not yet met Nicoleta Mitrea that would happen several years later.

In my role as a Board Member and Educator, I was to wear two hats. After several years, changes in the Romanian government and the pending application to the EU affected our funding sources. My role on the Board of Directors was to assist in fundraising activities and to introduce the HOH to the New England area. It was while wearing my Hospices of Hope Board of Directors hat that I first heard of Nicoleta Mitrea. She had authored and published an excellent guide for palliative care that I was to showcase at a fundraising event at the Romanian Embassy in Washington DC. To my chagrin, the attendees were mostly business men and not interested in the clinical side of the Hospice. But now I knew more of Nicoleta Mitrea and her work and I was anxious to meet her face to face. As more fundraising events were held, I found that nurses at all levels were interested in what was happening in this post-communist country and how hospice nurses were able to care for the neediest patients in this environment. How could we as USA nurses help? Travel at that time was not possible and shipping medicines and other supplies was prohibitive. However, the idea of teaching over the internet was a possibility. Funding for equipment to facilitate access was sought and provided by the Rotary International in the United Kingdom and through the University of Rhode Island and St. Elizabeth's Hospital in Boston MA. This began regular teleconferences which are ongoing and now reaching farther than ever expected. As you may know, nurses are interactional here in the United States and expect others to be the same. However, it became evident in our first teleconference that our Romanian counterparts expected lectures from us (a throw-back to the communist days) while we wanted to discuss cases and learn from each other. No one wanted to speak in the Romanian classroom, they seemed intimidated. We in the United States had not planned or prepared a lecture and we stumbled. We were all disappointed and knew that something had to change. After much discussion, it was decided that we needed the Romanian nurses to trust us and we believed that trust could be achieved if we walked in their shoes and worked alongside them sharing their struggles and their achievements. We enlisted a team of nursing educators and students and other clinicians to travel to Romania and build relationships so that trusting dialog would occur in our future teleconferences.

2 The Relationship Begins

Knocking on a broken garden gate. Heat is sweltering. I'm jetlagged and thirsty. We are in a small hot car. It is early July 2009. Next to me is an enthusiastic, confident nurse named Nicoleta Mitrea. She is the driver. We have some very minor language difficulties but communicate well. We are in the countryside on a house call. We are there to visit a Roma woman who is the wife and care-giver for one of the Hospice Casa Sperantei patients. I decide to stay in the car and watch and listen. Nicoleta is greeted with appropriate kisses on each cheek. She exudes caring and competence. I cannot understand a word that passes between them, but I watch and marvel at the care and guidance she seems to convey to this woman. Their relationship is not just nurse and caregiver. It is more than that. I am sure I am going to learn a lot about Nicoleta and the work that she and her colleagues are deeply devoted to here in Brasov, Romania.

3 The Mentorship Begins

How was I ever to become Nicoleta's mentor? She was energetic and I was sorely lacking as I tried to get a grip on the many planned events. I was the leader of a group of nursing colleagues

and promising students. We had come to Romania as a team to teach palliative care skills and address and advise on clinical problems. We hoped to to create trusting relationships in this post communist environment. Nicoleta as the clinical educator at Hospice Casa Sperantei was charged with facilitating a well-planned program of classes linking the Romanian Nurses with the USA nurses. Some of the Romanian nurses spoke English. None of us spoke Romanian. However, it was clear that the Romanian nurses were interested to learn and compare practices. It was a good start. Our team had brought much needed stethoscopes and palliative care texts that the nurses had requested. The USA nurses were anxious, not sure how they would be able to communicate and teach in a foreign language. This was eased when it was learned that Nicoleta was to be our translator. We quickly learned that we were not the American experts here to show how things ought to be done but instead we were partners in caring and learning. We had a lot to learn about each other and Nicoleta was to be our guide and our facilitator.

Mentoring needn't follow the traditional older experts teaching the younger. Mentoring can take place between peers across functions or industries. It can be about evaluating skill deficits and work situations and helping each person learn and grow. Mentoring relationships are advantaged when partners have similar backgrounds, nursing education in our case and Christian values. As a mentor, you are someone who knows something your mentee doesn't, and you care enough to help them learn and succeed. It was clear that Nicoleta did not need to learn about palliative care skills. She had already written a book on the subject. In the role of educational leader and facilitator of the planned course, she needed the collegial relationship for support and validation. She needed to be seen as a competent respected leader among her peers. These were my observations as I worked through travel challenges, time, fatigue the unexpected joys, and anxieties. I was also engaged in helping my university students achieve success in teaching in that setting through a translator. It was a stressful but fruitful time.

Most successful people build relationships and gather intelligence from a wide variety of experts in all industries and age brackets. Over time and back in the United States, I sought to facilitate the relationship that would help Nicoleta achieve her personal educational goals and also her other great dream that her nursing peers in the Hospice of Hope would catch her educational view and pursue appropriate degrees through the University of Transylvania. Here at home, I sought and was invited to a Sigma Theta Tau-Delta Upsilon Board meeting where I presented the work being done in Romania and the desire and need for funding Romanian nursing colleagues to advance their education at the University. My request was graciously accepted and Sigma Theta Tau-Delta Upsilon began to contribute annually to the nursing education fund at the Hospice. In addition to funding coursework the monies enabled Hospice of Hope nurses to accept invitations to present posters at palliative care conferences throughout eastern Europe.

The methods Nicoleta and I used to communicate included emails, WhatsApp, telephone calls, and ZOOM. We had time constraints as we were very busy with our daily activities, and there was a 6 hour time difference so telephone time had to be planned in accord with the time differences. We also had a USA face-to-face opportunity when Nicoleta was invited to come to Boston Ma to be a part of a well-renowned conference of experts. In 2011 we traveled to Romania again as a team from our USA universities to present lectures and consultations to a variety of palliative care nurses from the surrounding countryside and also the local nursing school. All were facilitated by Nicoleta. It was a time of building trust, renewing, and cementing relationships and introducing new experts.

Our cross-cultural issues were minor. Friendships developed. Trust was building as we cared for patients and comforted suffering together. We made house calls in the countryside and clinics and in tiny apartments touching, praying and doing the best under the circumstance to alleviate physical, emotional and spiritual pain.

As iron sharpens iron, so one person sharpens another. Proverbs 27:17.NIV. My biggest role in mentoring Nicoleta was to be a listening ear. Intently listening to a mentee as they communicate and ideally sort their way through confusion and tasks is often enough to get them through the day. Any mentor that is worth their weight spends considerably more time listening than they do speaking. What were our conversations like? Sometimes tears of frustration from an overwhelming problem while she was working on her PhD. Sometimes seeking direction and counsel. We did know that we both had a deep relationship with Jesus Christ and that knowledge further solidified our relationship. We cried, we prayed, and we hoped for our families and our future. We loved through Jesus Christ. HE was our mentor.

4 The Mentee Narrative

My name is Nicoleta Mitrea. Currently, I am the leader of palliative nursing practice, education, research, and policy change for Central-Eastern Europe. December 1998 marked the beginning of an unexpected fruitful career in Palliative Nursing for me, when I joined the Hospice "Casa Sperantei" (HCS) as a home care nurse, caring for children with life limiting and life-threatening conditions and for adults suffering from cancer and their families. In 1992, palliative care (PC) was introduced as a specialty in the Romanian medical system by HCS. Since then, my knowledge, abilities and unorthodox style have developed and have become recognized. Starting as a nurse graduate of the nursing high school (the ex-communist way of forming nurses at undergraduate level of education), following with the nursing college in 2005, and obtaining the nursing Bachelor degree in 2012 and the multidisciplinary Master Program in PC in 2012 and the Doctoral Studies in November 2017. Since 2020 I am the Senior Lecturer at the University of Transylvania in Brasov and the Director for nursing practice, education, and research in HCS. Over the years, I have covered different roles in HCS: Pediatric Department Coordinator, Director of Nursing, Nursing Education Coordinator, jet I have never gave up caring for patients (children and adults) and their families on different services: pediatric home care team, adults home care team, inpatient unit for adults, lymphedema ambulatory nurse led clinic. Currently, I continue to perform my clinical duties in the ambulatory clinic of HCS. My future plans will be to break a next-level status quo in Romania and Central Eastern European countries by opening my own independent private practice office as a Palliative Care clinical nurse specialist. Since 2016, I run in marathons to fundraise for free-of-charge care of children and adult patients, and their families. In 2022, my intensive efforts for the 24 years of career on behalf of children, adults and families in need for PC and on behalf of professionals—particularly nurses, in need for developing PC competencies at all levels of education (undergraduate Bachelor degree, advanced and specialized) I have received the highest international recognition by having been inducted as a new Fellow in the American Academy of Nursing.

My side of story for being mentored by Diane started sometime in July of 2009. For me the day started as a regular day at work, planning already in my head on my way to the office what children and families need my input. While preparing for the trip in the rural area, ordering the necessary drugs and materials from the pharmacy, making the phone calls for scheduling my visits, while picking up the patients charts for the day, the colleague that was in charge of organizing the day for the American team of supporters that were visiting us during those days, announced the colleagues around me which one of my colleagues will go together with whom and comforting them by saying "do not worry, the American that seem to be the most rigid among the visitors goes with Nicoleta." An ini-

tial thought of worry and anxiety had crossed my mind. Then, remembering one of my readings from that morning: "*I praise you Lord because I am fearfully and wonderfully made; your works are wonderful; I know that full well.*" (Psalm 139: 14) my thought switched to "Diane is wonderfully made, she is the creation of my Lord, so am I, we will have a wonderful day today together, this is a huge opportunity for me to learn more as a PC nurse and this is even a bigger opportunity for the patients and families that we are going to visit today, as she might definitely have a new, fresh, wiser input to bring into their plan of care."

That day, together with Diane, we visited several pediatric patients and their families, exchanging ideas for an improved plan of care, discussing how new evidence-based practices can be incorporated in order to enhance the overall quality of care of these patients and their families. I remember ending that day with the two of us taking the time to express the reciprocal gratitude for the time we have spent together and praying for the patients we have cared for together, for the team members that I was responsible to, for the future opportunities and activities that we were planning and hoping to create in the near future linking the two sites—USA and Romania.

After this first visit, Diane and I were planning, organizing, and rolling-out monthly teleconferencing held between USA and Romania, where nursing students, palliative nursing educators, and palliative nurse specialists were to gather together to share experiences, discuss difficult situations and cases, and share experiences [1].

Coming from an environment where nursing in general, palliative nursing in particular, our self-esteem as a professional is discouraged and undervalued. This was the truth for myself. Diane had been the great motivator for changing my inner patterns of thinking about myself as a specialized palliative nurse, promoting self-awareness and influencing the challenge of continuously changing and disciplining myself as a life long journey.

Diane has become the role model for me; in between the two of us we will say that she is "my American mother." What did she do in order to have this major influence on myself? By being:

- a great listener
- a competent and experienced palliative care nurse and educator
- an overall supporter of myself
- making herself available for me
- respecting me
- having achieved what, I was struggling to achieve
- guiding me toward, not just giving me, answers
- challenging me
- providing constructive feedback
- sharing common success [2]

Diane and I, along with members of the USA team, have engaged in different constructive activities regarding clinical practice in the Hospice [3], research for evidence-based clinical practice [4], and education in palliative care [5].

I would like to detail on some of the skills and abilities that Diane as my mentor has continuously manifested towered me as her mentee.

Listening actively was and continues to be the most basic skill we use throughout our relationship. **Active listening** not only establishing a rapport but creating a positive, accepting environment that permits open communication between the two of us. By listening actively, we ascertain both our interests and needs. Concrete examples from our journey together are:

- Showing interest in what we both are saying, and reflecting back important aspects of what each one of us said to show that we understood each other completely;
- Use body language (such as making eye contact) that shows we are paying attention to what we say to each other
- When we talk on the phone, via WhatsApp, via ZOOM, via BigBlueButton, we both pay attention to reduce background noise and

limit interruptions. We both feel that we give one another undivided attention. When utilizing e-mail, we answer within 24 h as much as possible and be make sure our messages are clear and to the point to the original message.
- We reserve time discussing own experiences or giving advice until after we both have had a chance to thoroughly explain our issue, question, or concern.

Building trust happens over time. We increased trust between the two of us by keeping our conversations and other communications confidential, honoring scheduled meetings and calls, consistently showing interest and support, and by being honest with each other.

Building capacity to one another. Although we started our relationship as mentor and mentee, now when looking back we realized that we have both learned from one another, we both have been role models between ourselves. I was always inspired by Diane's story about her goals in her career, about the new challenges that she was taking on board at 75 years old (creating and actively teaching an on-line program for the assessment module for nursing students) and I'm sure Diane has been inspired by the changes in the legislation that I was able to lead that concerned palliative nursing education. Examples from together building capacity are:

- Assisting each other with finding resources such as people, books, articles, tools, and web-based information;
- Imparting knowledge and skills by explaining, giving useful examples, demonstrating processes, and asking each other thought-provoking questions;
- Helping one another gain broader perspectives of our responsibilities in the organizations we work for; and
- Discussing actions, we have taken in our career and explaining the rationale.

Encouraging and inspiring was and continues to be the most powerful mentorship skill/ability that we practice. We share profound common values, faith being one of the top three for ourselves. The fact that we continue to pray together for people, situation, thoughts, concerns, ideas, etc., expressing our gratitude for each encounter guarantees the success of our experience together on the mentoring journey.

In time, over the many years of supporting each other and investing time and effort into our relationship, we developed monthly teleconferences with nursing students, educators, and specialist palliative care nurses from USA, Romania, Albania, Moldova, Hungary, Greece, Armenia, Kazakhstan, Kyrgyzstan, and others. We currently are planning, organizing, and rolling out yearly palliative nursing masterclasses (Studii Paliative – International Palliative Nursing Masterclass (12h) 2023), and we are now brainstorming and building up from scratch several ideas of enlarged collaboration.

5 Self Reflection

5.1 The Mentor Self-Reflection

Reflecting on this mentoring experience some questions could be asked:

What experiences and learning did I bring to the mentoring relationship? Age and experience go a long way. I may not have the recent palliative care bedside experience, but I do have the knowledge based on my ELNEC credentials and teaching expertise and I am a lifelong learner and follow the literature. Wearing two hats for the Hospices of Hope introduced me to an incredible teaching and learning relationship.

What were my expectations for the relationship?

I anticipated that wonderful surprises come to those who wait patiently. It is true. Nicoleta continues to surprise me with her energy and enthu-

siasm in her role. Her knowledge and influence extend throughout Southeastern Europe. She is well respected in the HCS among her peers and has risen to become the senior lecturer at the university. I know I want Nicoleta to achieve her long-term goals, and I am determined to help her find her way by establishing linkages for her further growth and a listening ear. I do not consider myself to be a mentor any longer. I am her colleague and I will help and facilitate when asked. I also like the idea of "American mother."

What obstacles could impede the mentoring relationship? None perceived at the moment. War and communication via technology can always be an issue.

5.2 The Mentee Self-Reflection

What experiences and learning did I bring to the mentoring relationship? Asking the right questions, sharing my daily experiences, expressing my dilemmas, narrate the lessons learned from previous discussions and encounters with my mentor, being a facilitator of learning myself, and having trust and confidence in my mentor are few of the experiences that I've brought into the relationship. I had to learn to resist the temptation to control situations and outcomes, I was helped to see alternative interpretations and approaches, and contribute myself to building my own confidence in my knowledge, skills, abilities, competencies. I could use the encouragement, the inspiration, and the challenge that I was getting from Diane and multiplied it around me, between my colleagues. I like to believe that I have come with my spontaneous way of being and my joyful spirit.

What were my expectations for the relationship? None. From the beginning, I have enjoyed every moment of the encounter. I still do.

What obstacles could impede the mentoring relationship? None. We have made the relationship growing and maturing over time and we are committed for life to be supportive to one another. We are family. We are sisters in Christ and mother and daughter in the nursing profession.

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Resources

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Worlds Apart But on a Journey Together: The Power of Mentoring in Making a Change

Margrét Guðnadóttir and Alison Kitson

You cannot teach a man anything. You can only help him discover it within himself.

—Galileo Galilei

Objectives

1. To evaluate an understanding of the challenge of creating connection and trust between mentor and mentee.
2. To identify how mentorship can build competences and confidence within a profession.

1 Introduction

In this chapter, we focus on the process of individual personal and professional growth and how leadership competences and confidence can be built in the nursing profession with the help of powerful role models and mentoring.

Mentorship can have a great influence on how nurses evolve as professionals and a relationship between a mentor and a mentee can build up a confidence to take bigger steps in taking a lead in their profession. In line of worldwide lack of nurses, it is vital that leadership practices can promote nurses to remain in the field of nursing [1]. But it has for long been noted that it is important for nurses to feel an interest is taken in their career development, and to feel valued [2]. When the mentor genuinely shows passion, generosity, and interest in the mentee's professional outcomes, it can significantly impact his/her future. The passion is mostly demonstrated through a shared, lived experience between the mentor and the mentee and generosity comes to light in the mentor's actions beyond his academic role, when the mentor acts on what was developed from their shared life experiences and has bridged a personal connection between the mentor and mentee [3].

But building up a connection between a mentor and a mentee does not come instantly as our narrative below will show and each mentorship is a road of a unique and personal journey [4]. In our case, it turned out to be an experimental journey that demanded commitment on both sides, a generosity of our time and dedication, along with the willingness of the mentee to do her work between meetings. During a mentorship process,

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the mentor and mentee are said to move through three developmental phases: the first phase of recognition and development, the second phase of emerging mentee's independence, and the final phase of letting go [5]. This maturation or life-cycle process strongly relates to other growing and maturing processes of a living organ.

2 The Mentee's Narrative

Here I share with you my experience and benefits of getting in touch with and establishing a trustful relationship with a mentor, giving you an example of how my mentor has been the boost I needed on my journey. I am a clinical nurse specialist in home care nursing with 20 years of clinical experience, plus being a mother of three young adults. A few years ago, I took the step to become a PhD student in nursing at the University of Iceland, focusing on improving services and support to people with dementia, who are living at home with their family. My ambitions do lie in strengthening the clinical home care service, but to be able to do that, I needed to strengthen and develop my inner self, personally and professionally.

Through my years I have always had my eyes open for admirable role models in my surroundings, but I have never had a formal mentor guiding me on a systematic basis. I have regularly watched people's strengths and competencies and tried to mirror myself in their roles and situations. How would I act in their situation? How can I develop and improve my own capabilities which I admire in others? What kind of a role model do I want to be?

Because of these underlying questions in my head, there was no doubt in my mind when, as a part of my PhD program, I was chosen by my professors and offered to take part in Nurse-Lead, an international program on Nursing Leadership. I saw this as an opportunity to step out of my comfort zone, challenge me to be in an international communication, and learn new ways to strengthen and mature as a professional nurse.

One of the first assignments in this program was to establish a formal mentorship connection with an international nursing leader. We were encouraged to aim high and address our request to the most competent ones. At first, my thought was, why should some hotshot leaders in the big world be interested in mentoring a girl from small Iceland?

I discussed this with my main supervisor, Professor Kristin Björnsdottir, and she thought this was a brilliant opportunity for me and we should absolutely aim high and find someone that not only had reached high in the success of the nursing profession but one who also could have an important input in my field of studies. Eventually, my supervisor came up with a name that fitted this aim, Professor Alison Kitson, who not only was a successful leader and spokesperson for the nursing profession internationally, but also had her focus on strengthening the fundamentals of care. Her ideas harmonized very well with the nature of my studies, strengthening the care of families on their own premises. Now I had to toughen up and make that contact!

It sure was a challenge to push the SEND button. With my heartbeat up in my throat and the surrounding swirling around, I pushed the button. This first step was huge and important, but the process was just beginning…

Alison did not accept my request automatically. She said she found it interesting but asked for a thorough argument on why she should be my mentor, what I thought she could contribute to my professional development. There I had my first real challenge. How could I rationalize this request and sell this international leader the importance of her becoming my mentor for the next 18 months? My heartbeat and dizziness reached a new level, I can tell you. But I did push the SEND button again! My argument was a success, and I had a formal approval for setting up a mentorship relationship. You can just imagine the joyful feeling of victory and courage I felt.

Now the challenge of creating a connection and trust began. First, finding time and space for the conversation was not simple. We were literally situated on opposite sides of the world, resulting a meeting time in extremely early hours for me and late in the evening for her. So, both of us had to make some extra effort in making the meetings possible.

An effective collaboration between a mentor and a mentee demands both commitments and

sincerity in their conversation, giving their complete focus and attention to the project. It was important for us to schedule regular meetings every six to eight weeks and respect that time as a holy hour dedicated to this mentorship project.

For me, the common PhD student from Iceland, it was precious to feel that my mentor took the project seriously. The meetings almost always took place as scheduled, aside from a few inevitable technically problematic moments. I got the feeling that these meetings were meaningful for us both, and that I was not only creating trouble and unnecessary workload for my mentor.

3 Creating Trust Does Not Happen Instantly

The first months, or I should say the first year, our conversation was mostly an information gathering on my behalf. I was interested and curious to know how this successful expert and nursing leader had walked her path. What challenges she had fought and how she had found her pathway.

I felt shy to talk about my own challenges and obstacles; it was much easier (and more interesting) to listen to her stories and secretly mirror me in her steps. Just like I had been doing for so long regarding the role models I found in my environment.

But then there was a turning point in my mode of expression towards my mentor. At that point, I felt the strength and courage to express my thoughts and challenges. Now our connection was no longer a one-way interview and information gathering but had evolved to a sincere exchange of thoughts, ideas, and resolutions. It was here that I found the power and therapeutic value of mentoring coming to light.

With me expressing myself in full honesty, there was created an opportunity of a purposeful mentorship. Now my mentor started giving out some assignments, for me to complete between our meetings, and here is where the magic began.

The assignments involved finding my inner voice and follow it through: to take chances and finding out on my own skin that the more often you go outside your comfort zone, the easier it becomes. Also, to be aware of my destination, to have a goal but still be open for flexibility and use the opportunities that lie out there. Be ready to jump on to the small sideroads on my pathway, and thereby increase my vision, competencies, and possibilities in reaching even further than my goals were set.

My ambitions lie in improving the home care services but with more open eyes and increased courage I have taken challenges that have led me even further on. I have reached big opportunities by listening and taking part in debates and by speaking up and showing that I offer a contribution that matters. It has resulted in invitations to take seats in committees, let my voice be heard and my ideas taken into perspective.

Being true to myself and using my voice and strength has been fruitful in my professional development. I was offered to develop and implement a new approach in a specialized home care service provided by an integrated team of nurses and doctors. This project was like a dream come true for me. It involved making home care more visual and strengthening its contribution to the chain of healthcare service with emphasis on integrated services and collaboration between multiple service providers.

4 Self-Reflection of the Mentee

One of my weaknesses is perfectionism. Because of that, I have difficulties in taking on any task unless I know in advance that I can and will do it perfectly. This compulsion has intensified all my challenges. This is something me and my mentor have also been working on, making use of my ambition to do well, but not to get stuck in it and my perfectionism.

That weakness of mine both makes it harder to start a task, not to overthink the procedure, and makes it difficult to finish and deliver it. Our work has aimed at motivating me to dive into my fear, be aware of it, and address it.

One thing that has helped me is to not have too much free time to overthink my tasks. If I find myself stuck in my overthinking zone, I must disrupt that situation: stand up regularly, take a walk, or be sure to run multiple interesting tasks.

This is something that takes up my time so I don't have the space to overthink my ideas and try to deliver with 170% contribution.

This has been an enormous challenge for me. I know that I am a long way from mastering the skills of delivering tasks fast and certainly way further from the aim of not remaining long hours on every detail or the struggle of finding my mojo to start working on tasks that I fully do not know how to finish… But I am aware of my weaknesses and, because of that, my possibilities to overcome them will most likely increase.

This might be the reason my mentor did not want to end our collaboration after our predetermined 18 months of mentorship. She offered me a continuation of our regular communications. The Nurse-Lead program came to an end; it gave me a lot and I am extremely grateful for having accepted that challenge. But my mentoring program continued. There had been created a valuable trust between the mentor and the mentee which still could be built upon.

What I have learned is that trust does not come instantly. It takes time and effort, but I feel the benefits. I feel the effect of having a motivating and reinforcing communication with a successful leader in the nursing profession, and feel the impact of urging myself to speak up. Last, but not least, I perceive the importance of a good role model and am aware of what kind of role model I want to be. It was a significant learning experience that I will continue to use in my professional career.

5 The Mentor's Narrative

As a rule, I will always ask a potential PhD student or someone who wants to be mentored by me the question "Why me?". This is because my beliefs about mentoring (and generally supporting younger or less experienced professionals) are grounded in my view that mentoring is a way to optimize personal learning (of the mentee) that promotes social transformation. Now while I know that mentoring can equally help individuals develop their own career, I'm more interested in those people who want to take on the system, who are indignant about the inequalities and injustices that they see around them and that they want to do something about it. But not only that they want to do something about it, but they have the intellectual and moral courage to make a difference.

So, given my worldview is very action-oriented and steeped with high expectations, I think it is only fair that the first mentor–mentee conversation needed to lay these things out on the table. If Margret had only been interested in moving to the next level of nursing leader in her organization, then I would have not been the right mentor for her.

When we first met—for Margret early in the morning and for me early in the evening, I knew that she was someone with passion and a sense of mission. My job was to help her recognize, articulate, and celebrate this gift she was given. The reason I call it a gift is that she could choose to listen to her inner voice or to ignore it and provide herself with lots of (very valid) reasons why she didn't need to go on this transformational journey for herself and for her patients and her wider community. My job primarily was to help her believe in herself more.

My strategy in the initiation or recognition phase of our relationship was to share with her my career story—the passion that had driven and still drives me to improve nursing care wherever it takes place; how that passion needed to be harnessed and refined into developing a whole range of skills such as patience, evidence-based argumentation, taking the opportunity when it arises, thinking carefully about peoples' motives, and who you can trust and who you trust at your peril. These are all the basic skills of nursing leaders who get things done, whether in clinical, education, or research roles. I tried to share the failures as well as the successes and to reflect on what I had learned in the multiple experiences.

Slowly Margret's confidence began to develop, and she felt comfortable sharing what she really wanted to do. It was then my job to help her translate that growing confidence and self-efficacy into how she was going to communicate her vision and mission to her colleagues, friends, and family. How would the people who knew her respond to this new independent thinker who was on a mission? These new experiences were dis-

cussed at our meetings and options and reactions rehearsed. We talked about practical things like how to go into a meeting having rehearsed all the potential arguments so that the likelihood of being successful was greatly enhanced. We conjectured on how you work out who the resisters to ideas are and who the enablers are. We laughed at the fact that the first rule of leadership is that you never take No for an answer!

We had lots of examples to draw from and over the months we talked I could see Margret moving from needing to check out my views about what she should do to telling me what she had decided to do and what did I think about it! This progress reflects the second and third stages of the mentoring process—development (of skills and confidence) and emerging independence. During this phase, I also encouraged Margret to think much more consciously about her own leadership style and how she was nurturing and developing the people around her. There are lots of simple techniques to do this and we talked about how she could start to routinely involve colleagues in decisions and demonstrating the importance of relationship building between colleagues and colleagues and clients.

The emerging independence phase took longer than the allotted mentorship timeframe so we both agreed to extend our sessions for another year. Now we have come to the final stage in this cycle of our mentoring relationship in that I can see that Margret is ready to redefine our relationship. And I am also looking forward to finding out what this will be.

6 Self-Reflection of the Mentor

My self-reflection of the journey we have taken together has been to remind me of a significant decision point in my career where I had to listen to my inner voice. I think I shared this with Margret during our conversation (sometimes with the dog sitting at my feet and joining in!). If not, then here it is.

I was finishing one major executive role and was thinking about what my next career move was going to be. I'd done the usual work around self-assessments, job profiles and indeed had several people interested in me working with them. But it was a conversation with my mentor who really challenged me when he said:

> Alison, what do you really want to do? What's in your heart?

I was taken aback not only by the force of the question but by my reaction to it. I knew exactly what I wanted to do but I was afraid. I told him that I wanted to transform the way we deliver basic or fundamental nursing care to our patients. He said then

> "Go and do it!" And I'm still trying.

My final reflection is on the nature of mentorship. Whilst rather long, I find this definition inspirational as it gets to the heart of mentoring as a deep learning experience that leads to social transformation:

> Mentoring-as-living-organism' is an alternative metaphor for envisioning mentoring relationships as part of a complex social web and as dynamic configurations that transform and have the power to modernise norms and practices… issues from mentoring bring forth discussions around power, control, and vulnerability with institutional senior-subordinate relationships [4, p. 24].

And perhaps if we reflect on this description, we might be able to think more creatively about how we eliminate some of the institutional maladies that continue to undermine our great nursing profession across the globe.

7 The Fruit of the Mentee's Journey with the Help of Mentorship

7.1 A Clinical Example of How the Mentorship Encouraged the Future of Enhanced Home Care Service for Frail Elderlies Living in the Community

Throughout our sessions, the aim was to build up on the strength and vision of Margret's practice and pioneering work. In line with the mentoring models based on evidence of practice [4, 5] Alison pushed Margret to "go and do it", to take action, and confront the stakeholders needed for

the vision's development. With the support of the mentoring program, Margret gained the power to take charge of design, development, and implementation of a specialized home care service for frail older people, provided by an integrated team of nurses and doctors. The challenge was to be the leader of this new culture in service, bringing together different sectors of the healthcare system (breaking down the much-mentioned silos) to create a more seamless service aimed at improving a person-centered care at home for frail elderlies and families, by using both the Fundamentals of Care framework (https://ilccare.org/the-framework/) and the elements from The Queen's Nursing Institute on developing nurses' skills to find their voice and articulate their value (https://qni.org.uk/voice-and-value/) (Fig. 1).

Homecare in Reykjavík, Iceland is a nursing-led municipal service, integrated with the social home service. However, the medical services are provided by the government and run by Primary Health Care, with little interaction between the systems. In our aging population, frailty and hospital admissions have increased, but most of the elderly want to live at home for as long as possible [6]. There has been a call for a stronger homecare service, with enhanced integration of homecare and primary care and the development of more competent homecare nursing, to be able to lighten the pressure on hospitals and giving people a better chance to stay longer at home with more healthcare support. To reach that, an integrated team called SELMA was formed, in November 2020, with clinical nursing specialists from the Department of Welfare in Reykjavík and GPs from the primary health service, hired through a private healthcare company. It was designed as a designated support system for the homecare service. The SELMA team now in 2022 provides services from Monday to Friday from 8 a.m. until 8 p.m., with two nurses and one doctor per shift, offering telephonic counselling to nurses in homecare and additional home visits to patients, for proactive and semi-acute interventions.

The most important element of the SELMA is coordinating and empowering the collaboration and communication with homecare nurses and primary care as well as outpatient clinics. The emphasis has been on clear and simple messaging, aiming at a better flow of services and information between homecare and primary care.

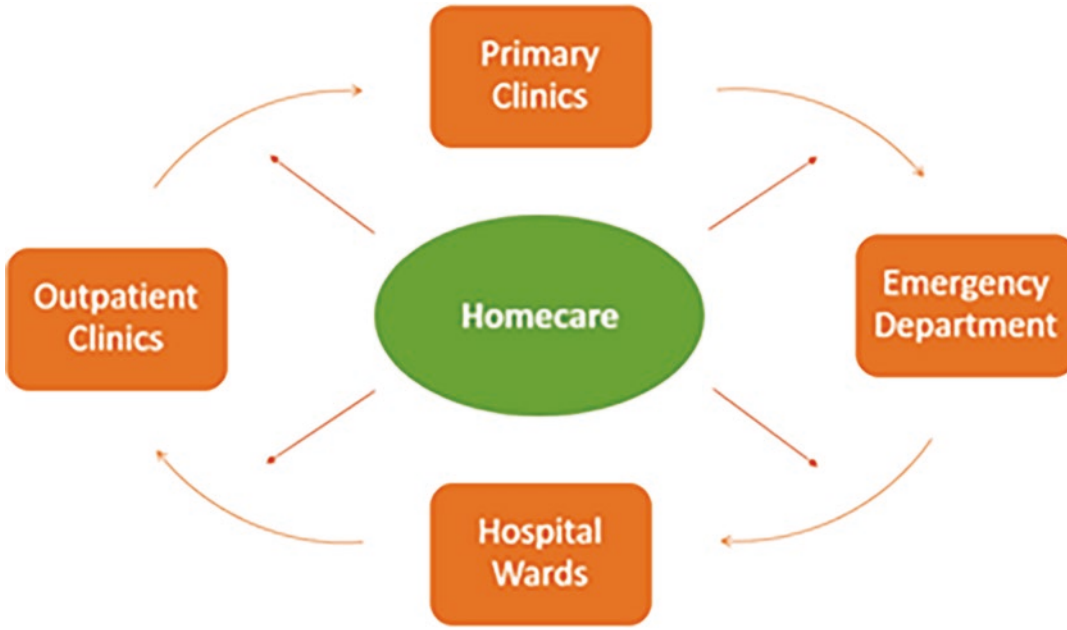


Fig. 1 Margret's vision of creating a platform for homecare to be the primus motor and centre of service to frail elderlies in a seamless collaboration with the primary care, hospital, and outpatient service

SELMA's contribution has steadily increased during its first year and a half of practice with good results. It has proven to be an important support for the fundamental services of homecare, strengthening the resources of homecare nurses and contributing to the improved care of frail elderly living at home. During its first 18 months, SELMA was called for support in 400 cases of homecare patients. That counts for the frailest 10% of the total population receiving homecare in Reykjavik. For 305 of those, ER admission and hospitalization were prevented (77%). The results have also shown that SELMA's backup for nurses in homecare can also play a key role in enhancing the flow and continuity of service by encouraging and leading a conversation across health and social services in difficult and complex cases, characterized by helplessness at each level of service. Like this quote from one homecare nurse shows: "This is a great team and a great addition to the resources of homecare nurses in providing the best care available for our patients at any given time" (Homecare nurse, NN1).

8 Conclusion

Our stories show that mentoring can make a magnificent difference in development of leadership and clinical practice. But that does not come instantly, and the success cannot be taken for granted. Mentoring relationship is built on trust and commitment that has been earned through humble conversations but also structure of time-limited guidelines where the mentor and mentee go through these three phases: (1) recognition and development, (2) emerging mentee's independence, and (3) letting go, giving the new leader wings to fly higher.

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Resources

The International Learning Collaborative: https://ilccare.org/the-framework/.

The Queens Nursing Institute: https://qni.org.uk/nursing-in-the-community/.



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Navigating Your Scholarship of Discovery and Research as a DNP

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We rise by lifting others.

—Robert Ingersoll

Objectives

1. Describe the mentoring styles utilized through their DNP education.
2. Confirm why mentoring is vital for DNP graduates working in academia/education.

Concepts

- Friendtor: A mentor whose mentoring is accessible and tailored to you and your values [1].
- Informal Mentorship: An effective supportive relationship that develops spontaneously between colleagues with similar interests and career goals, allowing flexibility and longevity [2].
- Networking mentoring: An "effective way for people who didn't know each other before to exchange mutually valuable information" [3, p. 4].
- Peer Mentoring: A form of mentoring that involves informal, dynamic relationships within a group of individuals who are similar in experience and rank. It is based on the premise that there is a pool of skills, experiences, and resources within the group that is deliberately or subliminally used to support and empower one another and foster everyone's development. Because of the equality among group members, relationships are generally personal and mutual, and ideally, each participant has something of value to contribute and gain [4, p. 2].
- Scholarship of discovery: Original research that expands or challenges current knowledge in a discipline [5, p. 8].
- The Doctor of Nursing Practice (DNP). One of two terminal degrees in nursing. The Ph.D. provides a research focus, while the DNP offers a practice focus. Ideally, both degrees work in tandem. The DNP educational program prepares the graduate to translate the Ph.D.'s research into a nursing practice solution [5].
- Virtual or e-mentoring is "a computer-mediated, mutually beneficial relationship between a mentor and a protege' which pro-

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vides learning, advising, encouraging, promoting, and modeling that is often boundaryless, egalitarian, and qualitatively different than traditional face-to-face mentoring" [6, p. 214].

1 Introduction

Kimberly and I, mentor and mentee, met in person in 2016. We seemed to hit it off right away. No doubt we had similar professional interests since the focus of our research was almost identical. She developed a face-to-face novice clinical nursing educator course, and I developed an online accessible version. We found through our research and experience that clinical nursing instructors were not adequately prepared to teach pre-licensure nursing students. Without preplanning, we both presented our posters at the same conference, even wearing similar outfits! While we both hold the Doctor of Nursing Practice (DNP) degree, she graduated four years before I did. Since our first meeting, we have collaborated on several projects. We recently conversed about our journey in mentorship.

2 Conversation

1. **Why did you decide to earn the Doctor of Nursing Practice (DNP) Degree?**

Kimberly: (mentor) I had already accomplished much since graduating from nursing school. I had worked as a recent graduate in the Intensive Care Unit at a large metropolitan hospital, attained my registered nurses (RN-BS) degree, finished two master's tracks, one in Leadership and Business Management and the other in Nursing Education, and was teaching pre-licensure baccalaureate nursing students as a full-time faculty member. The DNP had recently been endorsed by the American Nurses Credentialing Center (ANCC) [7]. The DNP program was a good fit for me because it contained the outcomes I felt were essential in a terminal degree: the scientific foundation of practice, systems and organizational leadership, translation of research into practice, health policy and advocacy, incorporation of technology, prevention, and population health, interprofessional collaboration, and advanced nursing practice [8].

When I decided to return to school, I was fortunate to receive grant funding from the Health Resources and Services Administration (HRSA) to attain my terminal degree. Having worked in academia for several years, I knew that the doctor of philosophy (Ph.D.) track would not be my love, but the DNP was perfect for what I wanted to accomplish. I wanted to take research and see how it applied to practice. I was interested in using best practices in research to orient and mentor clinical faculty who teach as part-time adjuncts for clinical courses. However, once I completed my program and graduated, I was surprised to learn how challenging it would be to be a DNP in an academic environment. I soon realized I needed mentorship to help me accomplish specific writing goals to meet tenure expectations and promotion [9] because I felt underprepared to develop my scholarship of discovery and research as required by my academic institution.

Susan (mentee): As I contemplated retirement from full-time nursing education, I wanted to end my nursing career with the highest terminal degree. My thought was to earn the DNP degree to complete my clinical career as a nurse practitioner. I did not seek advice or mentorship as I wanted this to be my decision. I chose the program based on reputation, cost, and time to complete, especially since I was nearing the end of my career, or so I thought at that time. I chose a specific university because I wanted to be part of the historical legacy of the program, even though I did not have a particular direction I wanted to go with the degree. At the time, my only goal was to obtain the degree. Initially, I believed the DNP was a terminal clinical degree only for nurse practitioners [10]. However, as I was to learn, this degree is not only for nurse practitioners but also for those who want to translate theoretical research into action, someone who can design a solution to a problem [10].

Once I learned this, my decision was made as I knew this was something I would enjoy. Today, as I reflect upon my early thoughts, I realize how superficial my thinking was at that time.

2. **What was your experience like regarding mentorship while seeking the DNP?**

Mentor: Unofficial mentorship is an integral part of my journey. During my DNP program, I had the opportunity to attend the National League for Nursing (NLN) summit as a doctoral student. In exchange for helping at the conference, I received a tuition discount. At the conference, I met Dr. Elaine Tagliareni, the chief program officer at the NLN. She showed interest in me and invited me to come to New York to visit the NLN office and discuss my project and goals. I was so grateful and decided to go there to meet her.

Over the next month, I set up a time to visit the NLN. When I got there, Elaine and I immediately felt a collegial connection. Unknowingly, she became a mentor to me. She helped support my doctoral project by being my third committee member and taught me the importance of making connections in the academic world. She introduced me to two Jonas scholars in Ph.D. programs at the time. We were all moving toward different paths yet similar. Unofficially these Jonas scholars additionally mentored me during that time. They used their knowledge and skill set to teach me how to take my DNP project and translate it into research. Their mentorship helped me to understand so much about faculty attainment of scholarship through discovery, research, and teaching and the best ways to disseminate. We continue to work together on research projects because of our connection during our doctoral programs.

Mentee: I embarked on the DNP journey without knowing anyone who had earned this degree or where my journey would lead. The DNP program was set up in cohorts using a hybrid model. Students were required to meet face-to-face on campus at the beginning and end of the program, which was when we presented our DNP projects. During the program's first week, we attended the capstone presentations of those completing the program. We were fortunate as our Program Director encouraged our cohort to create a private Facebook group before attending the on-campus orientation week [4]. Joining the group gave me an immediate sense of belonging. This online connection from the beginning allowed our cohort to arrange transportation and hotel accommodations for our orientation trip to campus. My classmates became my unofficial peer-mentors. About halfway through our program, the Director strongly encouraged our cohort to attend the DNP conference, which many of us did. This shared experience deepened our social connection, an essential aspect of peer mentorship [11], and it gave me my first glimpse of where I could disseminate my research. We continued to meet monthly using zoom [12], which was new to all of us at that time. Reflecting on my DNP educational journey, I can see that I was mentored. However, at the time, I did not realize it. Most of my mentorship came from my classmate. My peers became my mentors, a relationship that began when I joined the private Facebook group [11]. Throughout the program, we supported each other through stressful times when we felt lost or unsure how to complete assignments or if we were going in the right direction. An online virtual presence with one another afforded us a continued sense of belonging. A testament to the strength of our relationships can be seen in our continued support seven years after our graduation. I can see now that the seemly insignificant things of joining a student Facebook group, attending a hybrid program using a cohort model, and attending the DNP conference with my peers and faculty were profoundly important to the development of our peer mentorship.

3. **How would you describe your mentorship experience after graduating?**

Mentor: Luckily, while I was in my DNP program, I had been working in academia. I worked in an environment with many faculty who held research-based doctoral degrees, such as Ph.Ds.,

DNS, and EdDs. These tenure-track faculty became my peer-mentors because novice nursing faculty often require assistance writing publications or mentoring activities related to scholarship [13].

My colleagues were happy to have me join the team as a DNP since the institution was developing a master's to DNP program and welcomed my input into curriculum development. I did feel very supported where I was working and was mentored by several of my colleagues. We worked together on research projects and grants, which further helped me develop my skills. As the DNP, I had a valuable skill set for the team because I was doing much of the "boots on the ground," working together with the Ph.D. researcher to help my colleagues move their research to practice. This academic networking is an essential type of mentoring for faculty to transition into an educational setting successfully [9].

My evaluation for promotion required the dissemination of research, publication, and teaching. Because I was the first DNP hired at my university, I wanted to demonstrate my abilities and showcase my work. Although I was highly supported, I did find I was underprepared for this endeavor. It became apparent that my DNP program prepared me to think at a higher level. However, I was not at the level of my colleagues, who had spent many years developing their research programs. Therefore, I knew I had to work harder and collaborate with other researchers to help me develop myself and my research. I found collegial mentorship in this process. The tenured track faculty mentors highly influenced me and helped me as I found ways to disseminate my research. Through their mentorship, they influenced me and helped me to find ways to propagate teaching and practice scholarship [14].

Soon I found my scholarship of discovery and research as I moved my DNP project into a reality. My project focused on faculty development and orientation programs. My specific target was clinical faculty who taught in pre-licensure nursing programs. I took my project and implemented it statewide and nationwide, which was truly incredible. I believe it was the environment I worked in that was supportive of me that enabled my project to happen. Soon I had my first publication and then worked on the next. I was presenting at research conferences and making connections that would help me further my research endeavors.

Mentee: The Dean of Nursing at Cochise College offered to read portions of the online faculty development course I had developed as my DNP project. She asked questions, made suggestions, and rendered support. She was my friend and now my mentor [1]. We had worked together on numerous writing projects as fellow master's degree students, which helped me to feel comfortable with her feedback. Soon after I graduated, she asked me to mentor a novice faculty member through the course I had developed, not realizing I had yet to place it on an online platform. Her mentoring request pushed me to implement an early online version using several free platforms, including zoom [12, 15]. While this was not the final version of my online program, it was the start. She also encouraged me to place my project on our college learning management system. By doing this, I received early feedback from my fellow faculty to help refine some aspects of the program. I received faculty peer mentoring. Not realizing it at the time, the Dean gave me the motivational push I needed to get to the next step.

4. **What are your recollections of how we met?**

Mentor: I met Susan at a conference. I was there presenting my research, and because our topics were similar, I wanted to meet her to discuss her poster presentation. Susan was also a DNP. I always felt that fostering mentorship for other DNP-prepared faculty was essential. Susan's work was in faculty mentorship. She and I began to talk about her DNP project and what she was doing to disseminate her work. We shared a passion for faculty development, support, mentorship, and orientation. Because I had been working on dissemination now for several years, I was able to give her ideas to drive her project to another level. I learned that collaboration with others is so important and plays a cru-

cial role in dissemination. At the time, I had been leading the Quality and Safety for Nurses (QSEN) task force for clinical practice in academia. Susan joined the task force. She and I began to work together on a project that we were able to move to publication because of our collaborative efforts.

Mentee: While continuing to translate my project into an accessible online program, I came across videos created by Kimberly Silver Dunker, DNP, RN, posted on the QSEN website. I knew immediately that her videos would be an ideal addition to my online course. I emailed her for permission to use the videos, and she graciously consented for me to use all of them. I was amazed at her generosity. I then realized she was a few steps ahead of me on a similar path. It was not long before we had a chance to meet while attending a nurse educator's conference. It was apparent from the first meeting that we had a similar passion for nursing education and faculty development. It was here that Kimberly invited me to join the QSEN task force. She encouraged me to participate in future QSEN conferences to present my work. She continued to encourage me and started sharing ideas about advancing my research. We met virtually to collaborate on poster presentations, webinar presentations, and articles [15]. She became my informal mentor [16].

Mentor: Since our first meeting, Susan and I have collaborated on and off with ideas, brainstorming, and just working on disseminating our work. We continue to connect when we know there is a topic that we both will be interested in working on. Sometimes a mentoring relationship finds you; in this case, I feel that we have discovered a mentoring relationship through networking [13].

Mentee: I don't think it matters where we are in life or our career regarding our ability to see into the future [17]. After all, who has a crystal ball and can see into the future? When I signed up for my bachelor's degree, I remember saying, "all I want from this educational experience is the degree." I didn't expect to learn anything, and I was incorrect then as I was years later when I decided to earn my doctoral degree. I did not realize the windows of possibilities that would become visible to me. I offer this advice to others, be open to the "big picture," do not hesitate to peek through those windows, and accept the hand offered to you because it might lead to the opportunity that you did not or could not imagine. This is how I think of my first meeting with Kimberly. On the off chance that she might also be attending the AACN educators' meeting, I asked her. When she said yes, we agreed to meet. Here we are collaborating again on this book chapter.

3 Self-reflection Mentor

After I became a DNP, my journey was filled with many mentors who helped me along the way. Without each of them, I would not have been able to pursue areas of scholarship in my career. I feel very fortunate to have found them and, in turn, thankful that I found others to mentor in their journey. Being a mentor to Susan in her post-doctoral work was not hard. It was fun to collaborate and for me to share my experiences to help her move her scholarship forward. Today we remain connected, and it is because of this collegial mentorship we continue to work on projects together and discuss ideas and strategies for our scholarship of discovery and research.

4 Self-reflection Mentee

Mentoring is, no doubt, the key to success. We might think we are going it alone, but in my experience, that is not true. It is obvious now that I would have felt totally isolated during my online doctoral studies without my peer mentoring group. They provided the richness of color, cheer, guidance, support, and, most importantly, validation. Finding an informal mentor in Kimberly after graduating with similar scholarly interests empowered me further.

5 Summary

Through this conversation, we have realized that the bulk of our mentoring came from our peers and informal relationships. We also learned that our doctoral educational journey mirrored the evolution of the DNP degree. Interestingly, the first DNP degree students graduated in 2005 [18]. Kimberly began her program just three years after the AACN Essentials of Doctoral Education for Advanced Nursing Practice were published in 2006 [19]. I graduated four years after her and remembered my program strongly emphasizing the DNP Essentials by embedding them throughout our assignments. Kimberly recalled that her doctor of philosophy (Ph.D.) faculty colleagues mentored her to disseminate her research since this was an area where she felt underprepared, which is why she now says that she was happy to extend her mentorship to me. As we reflected, we were reminded that Ph.D. and DNP graduates are prepared as full scholars with different emphases [20]. The DNP is a Practice Scholar, and the Ph.D. is a Research Scholar, which, through collaboration, have the potential to "strengthen nursing research and practice" [20]. We chose the DNP degree because we are passionate about teaching clinical nursing practice.

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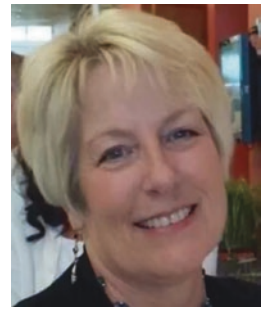
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Always Learning from Each Other

Beth A. Brooks, Jasmine Bhatti, Amy Trueblood, and Kathleen Muglia

Let us never consider ourselves finished nurses… We must be learning all our lives.

—Florence Nightingale

Objectives

- Differentiate between coaching and mentoring.
- Define approaches to mentoring.
- Differentiate between traditional and relational mentoring.
- Illustrate relational mentoring though personal stories.

1 Introduction

According to *Fast Company*, more than half of all professionals, particularly those from diverse groups, say they do not currently have a mentor but would be interested in having one, yet they do not know where or how to start [1]. Interestingly, potential mentors seem to be having just as much difficulty in knowing where to start and who to start with as do their possible protégés. Of all those who want to become a mentor, more than half do not know where to begin, and more than one-third have also noted a hard time finding the right protégé [1]. And because there are still relatively few men in the nursing profession, aspiring male protégés in particular may find it more difficult to find a mentor who is also a male nurse [2]. But these difficulties aside, securing a mentor is still one of the most effective ways for individuals to receive the valuable guidance, resources, and support needed to help them advance in their careers.

Because mentoring is so important to the future of the nursing profession, nursing organizations now define mentoring as a professional role competency. For example, the American

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Organization for Nursing Leadership's Nurse Executive Competencies [3] detail the skills, knowledge, and abilities that guide nurse leaders in executive practice regardless of their educational level, title, or setting. Included under the Leadership competency, Succession Planning objectives are to "mentor current and future nurse leaders" and to "establish mechanisms that provide for early identification and mentoring of staff with leadership potential." A mentoring expectation is also included in the Professionalism competency under career planning, specifically, "to seek input and mentorship from others in career planning and development." In other words, nurse leaders are expected to fulfill dual mentoring roles—both to mentor and to be mentored (i.e., as the protégé).

Over the course of one's career, mentors can and often do change; likewise, the nature of a high-quality mentoring relationship evolves and changes over time. Mentors are vitally important for career development whether you lead an organization, business unit, classroom, clinic, department, unit, or team. Accordingly, this chapter will provide insights into the difference between mentoring and coaching, describe two approaches to mentoring programs, and explore the unique characteristics of high-quality mentoring relationships, illustrated by several personal stories of mentoring journeys which evolved and have changed over time.

2 Mentoring or Coaching?

The terms "mentoring" and "coaching" should not be used interchangeably, as they are totally different approaches nurses use for career development. Coaching is an assigned, shorter-term relationship; the coach is focused primarily on developmental strategies. A fair description of coaching is that of a partnership where one partner (the coach) provides structure and guidance while seeking to elicit solutions from the other partner (the client), so that the client can formulate actions that will help the client realize their goals [4].

3 Coaching Approaches

Coaching helps nurses prepare to address the major issues they will inevitably face in their work. The practice of coaching has produced a variety of coaching types: personal life coaching, executive coaching, health and wellness coaching, and career coaching, just to name several. Each coaching approach has features that can help nurses in some way to improve, develop, achieve aims, and/or manage life changes and personal challenges [5]. All nurses at all stages of their careers can benefit from coaching.

4 Mentoring Approaches

There are two broad types of mentoring approaches: informal and formal. Formal mentoring programs are typically characterized by an organization assigning a more senior leader to mentor a newer, less experienced employee for a finite period of time [6, 7]. Participation may be mandatory and the assigned mentor might even be the protégé supervisor, which can often result in very little personal information being readily shared by the protégé. Since it is the degree to which more personal information is shared that influences the program's potential success, it is often best to remove the supervisory aspect from the mentoring relationship [7]. But not all formal mentoring programs assign the direct supervisor to be the mentor, specifically because they can assuage concerns about sharing personal information. In some cases, an assigned mentoring relationship can even last beyond the program's defined duration, thereby evolving into a more high-quality mentoring relationship.

While formal mentoring programs can have the same features that characterize the other mentoring approach, informal mentoring, they usually do not [8]. Informal mentoring is voluntary, career oriented, longer-term, takes a broader view of the individual, and the "protégé" has already identified his or her career development needs prior to entering into the mentoring relationship. Webster's Dictionary defines protégé as

"one who is protected or trained or whose career is furthered by a person of experience, prominence, or influence" [9]. Some protégés may be motivated to form a mentoring relationship to help fulfill individual goals and aspirations relative to their current status, while others are more interested in being connected to a mentor who has influence in the organization.

The mentor is typically a more senior person, either within or outside of the protégé's current organization, who has "been there before" and can therefore pass on knowledge to help shape values and beliefs in a positive way. Since there typically is not a direct line supervisory relationship within the informal approach, the mentor can be a more neutral and confidential sounding board, with no agenda other than to assist the protégé. Mentors here are facilitators and teachers, and can open doors to opportunities that otherwise might be out of reach to the protégé. The emphasis is on active listening, providing information, making suggestions, and establishing connections. Whether a formal or informal approach to mentoring is used, the quality of the mentoring relationships is the key; it can be thought of as being on a high to low continuum. This next section begins by distinguishing between traditional and relational mentoring, ending with just a brief description of low-quality mentoring relationships.

5 Traditional Mentoring

Recall that one of the key purposes of mentoring is the development of the protégé's career and career-based skills. Traditional mentoring relationships can be positive, fruitful professional connections that support the protégé's career aspirations, but often the learning that occurs is one-way—from mentor to protégé. The protégé may contact the mentor seeking advice or guidance for a single, specific issue occurring at work in which the mentor has particular experience or expertise. Or the protégé may contact a mentor for pearls of wisdom and feedback on how to handle a situation differently because the result of a decision or project was not what the protégé expected or had hoped for. Protégés may network with their mentor during a job search, perhaps seeking the mentor's advice on competing job offers. Because of the one-way nature of traditional mentoring, the degree of personal connection between mentor and protégé is lower, inevitably limiting the amount of time together and personal information shared. With the sharing of less personal information, the mentor may not experience the deeper level of personal identification with the protégé found in relational mentoring relationships. But this does not mean traditional mentoring is not valuable or important for career development. Like many nurse leaders, I have had many traditional mentoring relationships.

Research describes that without the establishment of such deep personal connections, not all mentoring relationships are as effective as they could be; for example, the protégé may not reap intended benefits of the relationship or the mentor may not feel invested in the relationship [7, 8]. One partner or the other may lose interest for a variety of reasons—unfulfilled expectations, difficulty connecting or communicating effectively, cultural misunderstandings, behavior issues, changing life circumstances, or different career priorities. For these reasons and others, mentoring relationships do change, reaching a natural separation over the course of a career.

Finally, and just to span the continuum, there are the low-quality mentoring relationships, that is, those best described as dysfunctional. Not to dwell on this type in any great length, but in the event you are concerned about a current mentoring relationship, remember that a healthy, productive, career-affirming mentoring relationship should never include bullying or sabotage, deceit, manipulation, and/or harassment, and in the event it is encountered, it should be summarily ended.

6 Relational Mentoring

The relational mentoring relationship is characterized by *personal identification* and is a two-way relationship. When the mentor and the protégé initially meet, the more they can identify

with each other, the more likely they are to forge a personal connection [8]. As they spend more time together, they start to know each other better and begin to share personal information. Sharing of information of a more personal nature leads them to find meaningful similarities among themselves. As they continue to cultivate their relationship, they connect on a deeper level discovering they share similar values and beliefs, resulting in personal identification. Personal identification is key to building higher quality relational mentoring relationships. With such solid personal identification, it is not uncommon to hear a mentor mention "seeing a former version of myself" in a protégé.

Protégés may identify with a leader by recognizing that they share similarities with that leader. Protégés engaged in a mentoring relationship are considering where they would like to be in the future, since the relationship's primary purpose is to support career development. Some protégés tell a story of career success which includes the notion of "seeing a future version of myself" in a mentor. Quite often personal identification between protégé and mentor occurs when the protégé envisions that picture of their future self in their mentor.

Through observational learning, protégés model the behaviors and activities of their mentors and identify with them, viewing the mentors as the models of who they want to become in the future. A protégé may also actually change his or her sense of self to become more similar to their mentor; one is living vicariously through the other (in a healthy way) and they can empathize with each other's experiences. While traditional mentoring is important to career success, traditional mentoring usually is not a two-way relationship providing for personal identification and the mutual growth of, and learning between, both the mentor and protégé[8]. It is the mutual give and take that characterizes high-quality relational mentoring.

As relational mentoring relationships progress from initiation to cultivation, the relationship may reach a natural separation when the circumstances surrounding the mentoring relationship change. The protégé may transition to a new organization or role, may want to separate themselves from their mentor, the mentor determines they have little to offer in the new circumstance, or the dynamic quality of the relationship changes over time. This is why over the course of one's career, mentors can and often do change. But there are some relational mentoring relationships that evolve into a new, final phase redefinition, a friendship or peer-based relationship that can last throughout one's career [8].

During the transition from separation to redefinition, mentors and protégés still identify with each other, but in the present. The mentor is no longer seeing their former self in the protégé, nor is the protégé seeing their future in the mentor. The former mentor and protégé can now continue to change and grow together as peers on more equal footing. Often mentors say I learn as much or more from my former protégé (now peer). And while offering career advice, acting as a job-related sounding board, and making connections may still occur, the friendship includes new and different conversations such as information sharing, career strategizing, personal feedback, and emotional support. Mentoring relationships that began as traditional mentoring evolved and deepened next into relational mentoring and finally into friendships. The mentoring journey stories described here are just that, but before the stories, it is important to share characteristics that make a "good" protégé.

7 The Nurse Protégé's Role

Being a "good" protégé is about any number of characteristics. Balancing when and how often you seek a mentor's advice. Deciding how motivated you will be to the exchange of personal information that deepens and strengthens the relationship. Your openness to a mentor's suggestions and recommendations, and your willingness to change your behaviors as needed. How quickly you follow up on an introduction made by your mentor, and circle back to update and thank your mentor for their assistance. Finally, offering to assist your mentor and then reciprocating in a timely fashion. If all goes well, the

relationship engenders good will and builds trust. In addition, a nurse can have more than one mentor and a mentor does not necessarily need to be working in the same type of organization. For example, if you desire to work in a healthcare technology start-up or tele-health company or move into higher education, finding a mentor in those types of organizations is a perfect way to begin to talk with someone who can help open doors [10].

8 Our Reflections

It is common to hear a protégé's story of career success mention "seeing a future version of myself" in a mentor. Similarly, it is common to hear a mentor mention "seeing a former version of myself" in a particular protégé. Below we reflect on three relational mentoring relationships from nurses in different types of roles in different types of organizations, for example, a technology start-up company, academic medical center, and higher education. The purpose in sharing three protégé's stories is twofold: one, to illustrate how mentoring skills are transferable across organizations and roles; and two, to illustrate how our mentoring relationships progressed through initiation, cultivation, separation, and redefinition. The final reflection is from the mentor.

9 Jasmine's Reflection

Like many of my colleagues, I have always had a deep sense of purpose in helping others. However, I had deep clarity from the beginning that I wanted to make a bigger impact beyond one patient at a time. I just did not know how it would unfold, or what that would look like. I simply knew I needed to surround myself with nurses who were already change makers within our profession. With this in mind, I happily acquired an array of mentors over the years. This is how I came to know Dr. Beth A. Brooks. I met Beth through Amy Trueblood whose mentoring story is below. I knew the moment I met Beth that I wanted to be just like her. She walked into the room dressed like she was ready to take over the world. I admired how she was fully authentic and present in her interactions and made people feel unstoppable.

She also thought outside of the box and acted courageously. I cannot imagine how many other nurses wrote to Jeff Bezos suggesting that it was in his best interest to ensure a registered nurse was part of Amazon's healthcare programs, but she did. To me, Beth was my north star. I had no idea how she would play a role in my life. I just knew I had to stay connected to her. She possessed so many qualities of who I wanted to become as a person, as a nurse, and as a leader.

Despite living in different parts of the country, we kept in touch and my connection only grew. While sharing my dreams and goals, we came to know each other better and I learned about her goals. One of her goals is to support nurse entrepreneurs and to advance nurse-led healthcare technology innovation. My dream was to leave the bedside to pursue building a technology-enabled start-up company. When I took the leap to follow it, Beth was by my side. She was familiar with the healthcare technology start-up world and had access to people and resources that would be helpful for me. Always only a phone call away, she has been privy to my greatest struggles and accomplishments, and she always will be. Most importantly, in every success I achieve, we learn together since the start-up world changes so quickly.

The common thread among mentors like Beth is their deep desire to leave a legacy. I like to believe that it is a legacy that is co-created by the mentor and protégé and rooted in the passion to help others. Since becoming a mentor myself, I have found that clarity of self is the key. Clarity of who we are as individuals allows us to grow as human beings first, then as professional nurses. It further serves as the core to forge the most profound relationships. This is how my relationship with Beth has evolved into something extraordinary over time. It is how we have come to exist as kindred spirits.

10 Amy's Reflection

In the Fall of 2003, I was finishing my first semester in the Family Nurse Practitioner (FNP) program at a university in Chicago. I had been struggling with finding my passion within the FNP program, as I had always felt passion for the nursing work environment and professional nursing practice in the acute care setting. One day in my Nursing Research class, we had a guest lecturer from a different department in the College of Nursing. That guest lecturer was Dr. Beth Brooks. As I listened and learned during class that day, I was so inspired by Dr. Brooks' style of teaching, her energy, her humor, and her wisdom on how nursing theories can really come to life in practice. Dr. Brooks was immediately inspiring to me as she was a young and accomplished nurse leader. I turned to one of my FNP colleagues and said, "I think I'm going to study Nursing Administration." I waited after class to talk with Dr. Brooks, and the rest, as they say, is history. Dr. Brooks helped me through the process of transitioning my major focus and brought me in to work closely with her and others on a research grant related to the nursing work environment. She served as a leader and mentor to me during my graduate studies and, 19 years later, continues to be a source of inspiration and wisdom for me.

I would describe the mentoring experience between myself and Beth as "relational mentoring." It was an organic introduction and start to our relationship, followed by relational intention on both of our parts throughout the years. At the point in my life and career when I met Beth, I had not really had a mentor or understood what a mentoring relationship was about. I remember feeling immediately understood and respected by Beth. She spent a lot of time with me, listened to me and my ideas, got to know me as a human being, and encouraged me to be confident in my contemporary way of thinking about nursing and leadership. Her authentic nature encouraged me to know that I could be authentic, and add some humor into my career, as well. Beth also was very intentional about introducing me to her extremely large network. I know her endorsement of me as a nursing leader was important to learning confidence and understanding that even though I was young and inexperienced, my voice mattered, and I could and should get involved in conversations with thought leaders in nursing.

Beth and I only spent a couple of years living and working near each other, though we have stayed in very close contact over the years. Over the course of my career, Beth has encouraged me to publish, present at national conferences, stay updated on current literature, and to stay connected and develop a national network of colleagues and friends. I have made a lot of transitions in my career and Beth is always my first call to discuss options and impact of the opportunities.

Most importantly to me is that over the past 19 years, though I cannot recall when, Beth and I have become close friends. Beth has been there for me at all my important career and life transitions, and even drove for hours through a winter storm to attend my wedding! Beth has known and understood my aspirations and dreams and has been a part of fulfilling some of my major career dreams. I am incredibly blessed to have Beth in all aspects of my life, and I believe she exemplifies nearly all of the characteristics of a tremendous mentor.

11 Kathleen's Reflection

As I finished up a long week of teaching undergraduate clinical classes, working in the clinic as a Nurse Practitioner, and managing the "second shift" household family duties, I opened my email to see a message from Beth, the president of our university, asking me to consider being on the new leadership team. Although I was honored that Beth, someone I admired, considered me "leadership material," I was not sure this was a good time to advance my career. Beth was someone that I highly respected, and someone with whom I could envision myself in a similar role someday. I always appreciated the opportunity to

work closely with and learn from her. This was my chance! After being introduced into the leadership team, I felt trusted, respected, and quickly gained confidence that I indeed belonged on the team. Even though she was not my direct supervisor, we had many meetings with the team, in smaller groups, and just the two of us. It was during the time we spent together when we learned how aligned our values and beliefs are about high-quality higher education. I found myself reenergized by the long workdays and passionate about making positive changes in the organization.

At first, I was careful to balance how frequently I touched based with Beth, but I wanted to share my latest successes. In typical fashion, she was genuinely thrilled by my success and then arranged more opportunities, with greater responsibilities that eventually led to promotions. After one mishap, she was calm, kind, supportive, and handled the situation with grace. This transformative mentorship taught me many things: how to craft a perfect email, how to have crucial conversations, what to wear to a board meeting, how to network and connect with innovative leaders, and how to foster a positive culture.

Even though it has been quite some time since we worked in the same organization, now Beth is on my personal board of directors. Over time our mentoring relationship changed to include more personal stories of growing up in Chicago, sharing family photos or discussing life's most treasured and difficult times, like grieving the loss of a family member. We've even met for dinner during Sigma's Nursing Research Congress in Ireland! She's my "go to" person because she asks thoughtful questions, listens carefully, is genuinely kind, and has a deep interest in my well-being and success. We still talk about work challenges, long-term career goals, or professional transitions, but now when we meet for coffee we talk about the nursing profession and the future. I often wonder why life happens the way it does and how certain people can have such an impact on others. Beth started as my mentor and evolved into a treasured confidant and friend.

12 Beth's Reflection

My heart is filled with joy and pride at everything these three nurse leaders have accomplished. One of the many benefits of being a mentor is to be part of a protégé's journey as they grow, develop, face tough challenges, succeed, and excel in their career. I have been on three different mentoring journeys that began at different phases in my career, yet these three relationships have a number of common traits. What may have initially begun as traditional mentoring quickly morphed into cultivating a relational mentoring by sharing values, beliefs, hopes, and dreams, strengthening my ability to personally identify with Jasmine, Amy, and Kathleen, but each in a unique way. In Amy, I saw the future chief nurse executive I initially wanted to be early in my career. In Kathleen, I saw the faculty leader both in the classroom and in the executive suite I aspired to later in my career. And in Jasmine, I see the nurse entrepreneur and start-up chief executive officer I would try to be today if I was able to start my career over again. So, while I quickly was able to personally identify with each one, there are other common traits I bring to mentoring relationships.

I was also able to support each of them because I was a neutral and confidential sounding board, with no agenda other than to assist in and support their career success. Because my network is wide and deep, I was able to open doors to opportunities that otherwise might be out of reach. My colleagues know me as a connecter with a network that spans both the healthcare and technology ecosystems, higher education, marketing, advertising, and public relations. For Amy, I assisted when she secured her dream job as a chief nurse executive. For Kathleen, I saw an excellent clinician in a faculty role who was impacting students in the classroom but had greater potential to be a senior academic leader. And Jasmine had the passion, drive, and idea for a new tech business, but as a woman and nurse needed introductions in the male-dominated technology start-up world.

In addition to establishing connections, I provided information, made suggestions, listened,

and was a cheer leader celebrating achievements. But I also provided a dose of reality when needed. What began as relational mentoring are now peer relationships. I am one of those former mentors who learns as much or more from my "former" protégés. I expect we will continue to learn, grow, and change together as friends. I am grateful that Jasmine, Amy, and Kathleen included me on their journeys.

13 Conclusion

Many nurse leaders have enjoyed the benefits of both traditional and relational mentoring relationships. Since high-quality, relational mentoring is more time intensive, where both protégés and mentors experience mutual growth, learning, and career development, a nurse leader likely will have only a small number of these relationships. All nurse leaders regardless of their educational level, title, or setting should be prepared to mentor future nurse leaders and to seek input and mentorship from others in their own career planning and development.

Participating in both traditional and relational mentoring relationships will bring you joy and a smile to your face the next time you open your inbox. Being both a protégé and a mentor are competencies integral to nursing leadership roles. Becoming a mentor can not only be rewarding for you personally, it also provides you with opportunities to impact the nursing profession.

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Nursing Knowledge Tools and Strategies to Improve Patient Outcomes and the Work Environment

Maria-Eulàlia Juvé-Udina and Jordi Adamuz

The secret of change is to focus all of your energy not on fighting the old, but on building the new.

—Socrates, 470 B.C.

Objectives

1. To present a bundle of mentoring strategies and nursing knowledge tools employed to shift from a task-based nursing care organizational model to a patient-centered care model, in the main public hospital system in Catalonia, Spain.
2. To exemplify the role of knowledge-based mentoring, along with nursing knowledge tools and leadership strategies in improving nursing work environment and patient outcomes.
3. To evaluate the mentoring experience using the 4F's model and discuss the impact of this bundle on improving patient care and nursing practice, education, and management.

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1 Mentor's Narrative

Mentoring is an ongoing process of learning experiences with transformative value and capacity, based on positive and trustful relationships between the mentors and their mentees. In this chapter, we introduce the concept *knowledge-based mentoring*, scarcely found in the scientific literature, to describe a translational knowledge, multi-level mentoring strategy aimed at generating passion on applied nursing fundamentals, as a basis to transform daily bedside nursing practice, and shift toward the implementation of an operative patient-centered care model.

Chronic nursing shortage, nurse understaffing, and their effects on nurse-sensitive outcomes, such as mortality, readmissions, avoidable critical complications, and disabilities, have been extensively studied for the last three decades. The recently published WHO State of the World Nursing Report [1] contains updated data on the global situation, and probably worsened by the impact of the COVID-19 pandemic. While professional nurses are health asset managers at individual and population level, patient care engineers, and a knowledge-based workforce, for

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years they have been considered task-performers, and this stereotype remains in many minds around the world. Taylorian (refer Resources) and task-oriented models described within the scientific management framework during the industrial era have been applied to manage nurse staffing, work organization, and nursing care provision in many private and public healthcare systems. One-size-fits-all policies, temporary jobs, workplace violence, unpaid hours, gender inequity, and other factors have pushed nurses to leave or intention to leave the profession.

Care rationing and scarcity of registered nurse hours for patients have become acceptable standards for the financial markets. Nursing and nursing care were considered as a burden to the economy in many parts of the world. The Nursing Now Campaign (refer Resources) and the media visibility of registered nurses working with COVID patients have contributed to a certain reduction of these historical trends; however, the pressure to replace professional nurses by nurse aids or technicians is today more vibrant than ever in the financial and political arena. This misunderstanding and disregard toward professional nursing care and the omission of the complexity of nurses' workflows also root in gender inequity, along with the subservient position of many nurses that has been identified as the root cause of nurse staffing problems [2].

This narrative starts back in the early 90s, when a young nurse (mentor in this chapter) started a project aimed at developing a nursing language system to meet the need for high-quality nursing data. At that time, known standardized nursing classifications were perceived by nurses in clinical practice as too abstract to properly represent patients' status (assessment), problems (diagnosis) and progress (outcomes), as well as nursing interventions. Named ATIC (refer Resources), the Catalan acronym for Architecture, Terminology, Interface-Information-Nursing and Knowledge, it evolved over time to a set of nursing knowledge tools and data models [3] including:

1. An interface concept-oriented terminology (*ATIC Terminology*)
2. A set of nursing ontologies and archetypes (*ATIC Types)*
3. A managerial system of outcomes and indicators grouped in four clusters: activity, safety, quality, and efficiency (*ATIC Outcomes*)
4. A complexity and intensity nursing care model with a patient classification system able to predict required nursing intensity and required nursing hours per patient day (*Acute to Intensive Care – ATIC PCS*).

ATIC has been progressively used in the clinical practice in medical-surgical wards, maternal-child and pediatric units, step-down and intermediate care, emergency departments, critical care, outpatient day hospitals, primary and community care outpatient clinics, home care, elderly care, palliative care, and mental health facilities. The ATIC tools have been employed to develop and sustain a nursing harmonization program to set nursing care standards (named the ARES program) [4], subsequently used by nurses in practice to support clinical decision-making and to effectively e-chart the nursing care process and its outcomes in the electronic health record (EHR), as well as by nursing and other healthcare administrators to support managerial decision-making.

In this sense, the nursing harmonization program to set nursing care standards (ARES program) started 15 years ago in the Catalan Institute of Health (CIH), in Catalonia, Spain was aimed to:

1. Generate evidence on the impact of nursing care in patient outcomes
2. Introduce expertise-adjusted reflective practice in daily nurses' work with patients and
3. Improve patient outcomes and nursing work environments to contribute to shift the traditional task-based operational nursing models toward a real, effective patient-centered care delivery model.

To achieve these goals, the mentor trained and supported a mentee team of ARES program integrated by registered nurses that represent hospitals and other healthcare settings.

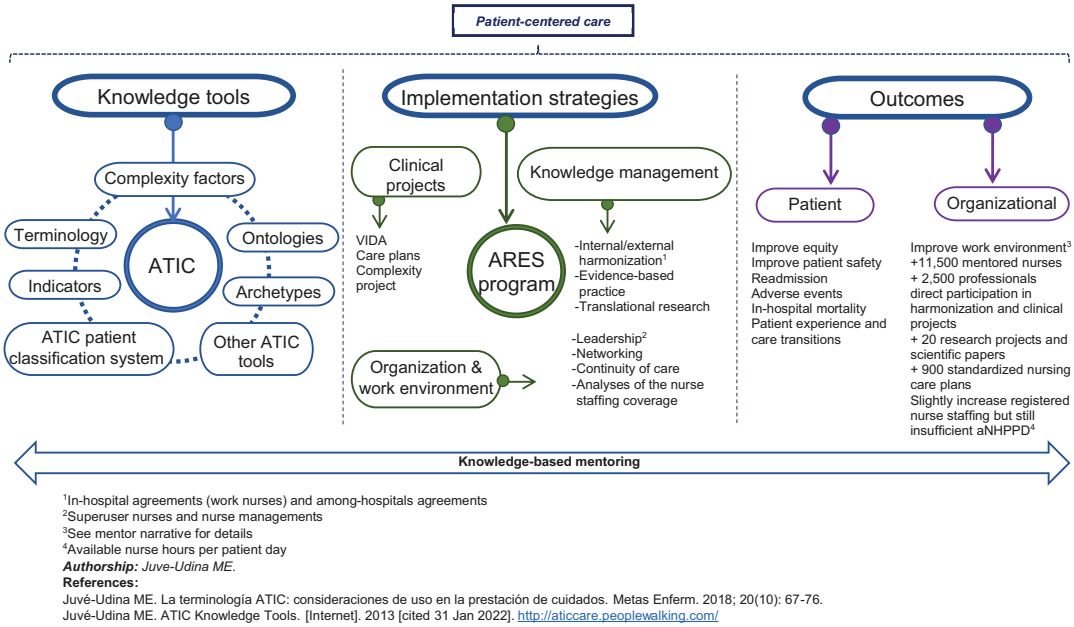


Fig. 1 Mind map. Toward patient-centered care: mentoring, tools, strategies, and outcomes

In this context, the Board of Nurse Executives from the CIH agreed and planned the following statements and strategies:

1. Knowledge tools and electronic health records software are means not ends.
2. The ARES program is based on the practical use of these tools, all-level transformational leadership, and knowledge-based mentoring.
3. All-level transformational leadership involves the implication of all nurses in the public healthcare system, regardless of their position (ward nurses, clinical and advanced practice nurses, nurse managers, nurse executives), based on the general understanding that nursing fundamentals and nursing knowledge are core to nursing evidence-based practice and key to patient safety and patient outcomes.
4. Change management must be planned and implemented in a progressive, non-disrupting, and positive way. Evaluation and improvement orientation are essential to report ongoing decision-making according to results.
5. Knowledge-based mentoring hinges on the idea of expertise-adjusted peer-to-peer support, and *any-time* in situ reflective nursing practice, with knowledge management and information system nurses—named superuser nurses in our context—acting as essential nodes to connect nurse clinicians and information systems, and bidirectionally transfer data, information, knowledge, and wisdom, creating an effective and agile collaborating net within and among all facilities.

Operational implementation of these tools and strategies and achieved results during the past decade in this public hospital system are summarized in Fig. 1, and briefly herein explained in two sections—mentoring process and achieved results—according to each goal.

2 Goal 1: Generate Evidence on the Impact of Nursing Care in Patient Outcomes

2.1 Mentoring Process

To facilitate mentees' transitions in knowledge and skills development toward the generation of evidence, the mentor used combined techniques

of role modeling, empowerment, long-term thinking, commitment, honest communication, and door opening. The mentee in this chapter as well as other mentees had the opportunity not only to collaborate but lead research projects, complete a PhD program, and become active members and leaders of formal nursing research groups.

2.2 Achieved Results

Multiple research studies on the ATIC tools and their use in practice have been conducted and published in national and international journals, covering topics such as analysis of the nursing work environment, care complexity individual factors and their association with NSO, surveillance-oriented nursing diagnosis and patient outcomes, individualization of standardized nursing care plans, effectiveness to screen delirium and other complications, patient experience on readmissions, or nurse staffing coverage, missed care, and patient outcomes [5–12].

3 Goal 2: Introducing Reflective Practice

3.1 Mentoring Process

In order to evolve toward a more prone reflective practice at the bedside, it required the mentor to encourage the mentees to manage their own learning process and assume responsibilities. This was facilitated through active listening, open discussions on the goals of each mentee, providing feedback on their strengths and improvement areas, and instructing them to become mentors of bedside nurses, using and adapting mentoring skills in daily interactions in the workplace.

3.2 Achieved Results

More than 10,000 registered nurses have received training and mentorship on reflective practice, and have participated the harmonization program and the operational implementation of clinical projects. Their expertise is self-assessed and evaluated every 3 years. Most facilities have incorporated nursing clinical brief sessions to give nurses the opportunity to discuss real patient cases on a regular basis to contribute to their clinical thinking skills improvement.

4 Goal 3: Improving Patient Outcomes and the Work Environment to Advance from Task-Oriented to Patient-Centered Care

4.1 Mentoring Process

The mentees were challenged to acknowledge own strengths and weaknesses, to reflect on mid- and long-term goal setting for their own professional careers, and to raise gaze to consider beyond their own professional goals, how they could effectively contribute to improve patient outcomes and the nursing work environment. Mentees had opportunities to participate in managing risks when preparing and implementing clinical projects and were vouched for the mentor to present and discuss them to different audiences within their hospitals and in other healthcare settings. They have also been encouraged to communicate the projects and their results to the media.

4.2 Achieved Results for Patient Outcomes

Introducing the project of surveillance-oriented nursing diagnosis in patient care planning contributed to decrease the number of patients transferred from ward to ICU and resulted in higher patient survival after in-hospital cardiac arrest [8]. From the onset of the pandemics, the VIDA clinical project contributed to better nurse-physician collegial relations and communication and enhance surveillance and early detection of avoidable critical complications, resulting in

reduced mortality for COVID patients [12]. Care complexity individual factors monitoring and analysis ease prediction of hospital readmissions and the need to better prepare patient hospital discharge [6].

Between 2012 and 2017, overall in-patient mortality due to avoidable complications in the whole Catalan healthcare system increased 7% [13]; however, at separately analyzing in-hospital mortality in the facilities using the ATIC tools and the strategies presented, in-patient mortality has not increased [11].

Hospital admissions raised 8.3% between 2015 and 2021 in these facilities, while in this same period, in-patient cardiac arrests halved, and catheter-related phlebitis, hospital-acquired pressure ulcers, and in-hospital delirium decreased 2.5%, 1.1%, and 0.6%, respectively.

4.3 Achieved Results for Organizational Outcomes

We used the Practice Environment Scale of the Nursing work index (PES-NWI) [14] assessing the nursing work environment in our hospital system in 2007 [5] and 2019 (unpublished). Comparing data of these studies and considering that during that decade public healthcare systems were extremely constrained by the global financial crisis, we achieved to upgrade from unfavorable nursing work environment to a mixed environment (Table 1). All factors have improved but *Staffing and Resources adequacy*. The ATIC Patient Classification System [10, 11] allowed hospitals to analyze the balance between available and required nursing hours per patient day (NHPPD). The factor *Foundations for Quality of Nursing Care of the PES-NWI*, which contains components such as nursing philosophy, care plans, or nursing diagnosis, directly related to the tools and strategies implemented, experienced the most significant improvement, with 95% of inpatients having a documented care plan in the electronic health records [11]. The same tools and strategies have been implemented in the elderly care setting [4] and, recently, in all public primary and community care outpatient clinics.

5 Mentee Narrative

A young nurse (mentee in this chapter) joined the ARES program, as advanced beginner superuser nurse in 2011, after seven years in clinical practice. He also joined the nursing research group (GRIN) at the Biomedical Research Institute of Bellvitge (Barcelona, Catalonia, Spain) led by Dr. Juvé-Udina since its foundation in 2013 (refer Resources).

As knowledge management nurses, we autonomously work on the action plan designed and directed by the mentor: (1) proposing standardized care plans working in situ with ward nurses and nurse managers to design them using the ATIC terminology, ontologies, and archetypes tools, (2) conducting clinical meetings on real patient care scenarios to foster reflective practice and improve the proposed plan directly with bedside nurses, and, finally, (3) before uploading the standardized care plan in the information system database, to allow nurses their application and individualization to each patient, we perform pooled harmonization sessions with superuser nurses from all hospitals participating in ARES, to debate and agree the final standard of care. The

Table 1 Nursing work index results at the CIH hospital system

PES-NWI factor	2007[a]	2019[a]
F1: Management and leadership of head nurses	6.07	6.81
F2: Staffing and resource adequacy	5.57	5.25
F3: Collegial nurse-physician relations	5.52	6.16
F4: Nurse participation in hospital affairs	5.37	5.85
F5: Nursing foundations for quality of care	5.91	7.27
Overall	5.6	6.2

[a]Values are presented translated into a scale 0–10 to ease understanding

current database contains more than 1000 standardized care plans, daily used by registered nurses to care for patients and their families.

Superuser nurses are also responsible for supporting the training process of all staff and provide on-site mentorship in clinical practice and methodology, on the use of the information systems, in clinical case analysis and discussions to improve nursing care provision. As superuser nurses, we lead the process of harmonizing care standards, achieving a high rate of implication and participation from nurses, physicians, and other healthcare workers [4]. We also use output data, based on the ATIC outcomes and indicators sets, to analyze weaknesses and opportunities of improvement for patient care. Similarly, we facilitate the implementation and evaluation of several clinical projects designed by the mentor, participated by nurse mentees and other healthcare providers, and approved by the steering committee. One of the clinical projects is called VIDA, which is the Catalan and Spanish word for "Life," and it is used as an acronym to name the project of Surveillance and prompt Identification of Acute Deterioration [8, 12]. VIDA was aimed at improving patient outcomes through a multidisciplinary approach, and has evolved into an early warning score system that is used on a daily basis to assist clinical decision-making and improve nurse-physician communication [12].

Finally, considering the three goals of the ARES program, in my experience these years with multiple concurrent difficulties such as the COVID pandemics, the ATIC tools, the mentorship strategies, and the continuous support of the mentor to all of us have resulted in significant positive changes in clinical practice and the work environment leading to:

1. **Produce evidence** on care complexity and nurse-sensitive outcomes. Complex patients are more vulnerable to developed complications and are often burdened by multiple chronic conditions and psychological issues. The term "complexity of care" has been widely used in international research papers, has been applied to patients with functional and health limitations, and has been related to social or non-medical issues. Care complexity individual factors (CCIF) in hospitalized patients were classified into five domains: developmental, mental-cognitive, psycho-emotional, sociocultural, and comorbidity-complication [6]. Highlight the impact of CCIF on patient and hospital outcomes such as mortality and adverse events, which increase up to 10% in patients with six or more factors, as well as adding new discoveries on the role of psycho-emotional and sociocultural factors in health outcomes [7]. Similarly, we examined the patient's opinion on preventable readmission, and the extent to which patients, nurses, and physicians agree on readmission preventability, demonstrating that almost one-third of patients believed that their readmission was preventable [15].
2. **Foster the culture** of knowledge-based mentorship, peer-to-peer support for reflexive practice, and net leadership to improve patient care, though there is still work to do to further improve the practice environment. Although we need to further improve nurses' autonomy and symmetry with physicians, the uses of the tools and strategies have contributed to enhance interprofessional communication and foster nurses' autonomy, helping us to advance from task-oriented to patient-centered care.

Professionally, this led me to the opportunity to be selected for the position of Leading Research Nurse Coordinator in my hospital in 2017, combined with my role and responsibilities as a superuser registered nurse. In this position, I provide support and advice on research methodology to nurses, ease data mining for research projects, identify educational research needs, promote nurses training and empowerment in evidence-based, decision-making, and propose and support initiatives that facilitate the development, dissemination, publication, and translation of research into clinical practice.

Since 2013, the number of research projects led by nurses has quadrupled and the number of scientific articles published in impact factor jour-

nals has doubled [16]. The number of PhD and doctoral students has also increased. Many research projects may benefit from the use of anonymized data from electronic health records, based on the ATIC tools and data model.

To the extent of my exploration, there are no specific tools to evaluate the nursing research work environment; however, using selected criteria such as the number of research calls open to nurses or formal acknowledged hours for nurses to dedicate to their research projects, we identified a mixed nurse-friendly research environment in our context [16]. Networking with other disciplines enhanced nursing research but more funding and managerial support is still required to improve the research environment for nurses. Moreover, further education on research and methodology would be necessary to increase the number of projects and the quality of nursing research outcomes.

In a sense, I have been a mentee, and currently also a mentor, to assure transfer of knowledge and the implementation of improvements in clinical practice to enhance patient outcome.

6 Mentee and Mentor' Self-Reflection

The 4F's model (Facts, Feelings, Findings, and Future) is an evolution of the original Greenaway's reflective model (do-review-plan) [17] that evolved to include specific areas considering emotions and future targets, plans, and opportunities (refer Resources). We chose this reflection model since it is one of the most frequently use in the healthcare settings [18].

Introducing reflective practice using knowledge tools and peer-to-peer mentorship in our experience allowed registered nurses to deliver patient care plans, previously agreed as evidence-based standards through the harmonization processes. The use of these care plans in practice provided opportunities to review and update them from the perspective of the bedside clinicians and the best available evidence, which led to reflection and debate among all teams to better adjust patient care needs and anticipate future potential needs. Table 2 summarizes the experience and reflection of the mentee and mentor using the 4F's model.

Table 2 The 4F's model applied

	Mentee	Mentor
Facts	Harmonizing care standards process to ensure patient quality Implemented standardized care plans in the information system Improved patient indicators and health outcomes through nurses-mentorship strategies and reflective practice Improved nursing knowledge on research methodology	Improved patient care Improved outcomes Improved Nursing work environments Advance toward actual patient-centered care
Feelings	Positive: • Commitment and responsibility • Optimism • Empathetic communication • Gratitude Negative: • Stress • Impotence • Occasional emotional exhaustion	Positive: • Satisfaction and Joy • Courage and Passion • Proud and Belonging • Creation and discovery Negative: • Stress and constant pressure • Vulnerability • Occasional disgust or frustration

(continued)

Table 2 (continued)

	Mentee	Mentor
Findings	• More than 90% of patients with documented care plans • Nurses-mentorship strategies improve quality of data in the EHR • ATIC tools and implementation strategies playing an important role in healthcare outcomes (readmission, adverse events, and in-hospital mortality) • High satisfaction of nurses on the use and usefulness of ATIC tools • One-third of patients believe that their readmission is preventable • The preventability readmission agreement increased when the opinion of nurses is considered • Mixed nurse-friendly research environment (funding, managerial support) • Nursing research support resources increase scientific productivity and evidence-based practice • Further education on research and methodology would be necessary for many nurses in practice	• Healthcare politicians and non-nursing managers are still in need for extensive education on what is a registered nurse • Vertical structures and top-level managers feel uncomfortable with multi-leadership strategies • Nurses benefits from mentorship and training on Nursing fundamentals and knowledge tools • Nurses are able to incorporate formal integrative care planning in patient care and documentation • Missed Nursing Care and registered nurse understaffing are structural • The ATIC tools are proved to be applicable and useful in clinical practice
Future	• To further implement CCIF to better predict other health outcomes • To include the patients' and nurses' opinion about the readiness to discharge on care transitions • To increase the number of research projects, led by nurses • To improve strategies for disseminating nursing research results	• Use of artificial intelligence tools • Improve registered nurse staffing • Advanced Nursing Practice • Achieve a favorable nursing work environment • Generalization of reflective practice and evidence-based practice

7 Best Practices

7.1 Conceptual/Theoretical Best Practices

More than 7000 languages are spoken in the world. Speech patterns are lenses to human behaviors, as language has the power to shape life. Language has influenced major social movements and advances, playing a huge role on our perception and behaviors as experienced in global challenges like gender equity or climate change. Each of these tongues is unique, and although a few are predominant and widely used all around the world, like English, Chinese, or Spanish, all of them shape and reflect part of the history, culture, and social values of the people who communicates with one (or more) of them. Focusing on professional and disciplinary languages, the Nursing profession has developed multiple standardized language systems over the last five decades, most of which are classification systems, while ATIC is an interface terminology. The development and use of diverse nursing language systems should be understood as a professional wealth, as each language system is unique and contributes to nursing scientific growth and professional epistemological flow.

The ATIC tools are framed within the *Data, Information, Knowledge, and Wisdom* framework [19], and their philosophical and theoretical foundations, explicated in several scientific

papers one decade ago [3, 20, 21], constitute an eclectic mid-range theory derived from the interpretative conceptualization of the Nursing metaparadigm concepts—Person, Health, Environment, and Nursing—as well as the Nursing process [22].

The uses of these tools along with the operational implementation of clinical projects, supported by transformational leadership and knowledge-based mentoring strategies, have contribute to advance in the internal collective understanding of the significance of nursing foundations to ground clinical practice and to shape registered nurse behaviors toward advancement in self-recognition, empowerment, expertise, questioning abilities, and critical thinking in our context. They have helped us to reintroduce many aspects of basic nursing care at the bedside that had been missed [11, 23] and have inspired and encourage many nurses to reflect on their roles and responsibilities, scope of practice, autonomy, and skills to improve patient care. It is not a single factor, it is the combination of tools, strategies, and clinical projects that lead us to this transformation and achievements, with nursing knowledge and foundations being the guiding threads.

7.2 Administrative/Managerial Best Practices

Hospitals have become intensive care settings. Nurse managers face challenging constant imbalances among patient safety and quality of care, work environments, financial constraints, understaffing, and high turnover. They also administrate patients' assignment based on available resources, adjusted nurses' expertise, key to relate patients' problems and needs, and properly prioritize nursing care to achieve safe patient outcomes. Nurse administrators are also challenged by the emerging data-centered organizational culture, the poor value given to nursing e-charting, and the ethical issues deriving [11, 14].

We identified the need for further education of nurse administrators related to data analysis and knowledge management, including the relationship among Nursing foundations, language systems, standardized care plans, and their adjustment to each individual patient, to improve patient care. Nevertheless, most of them were aware of their own limitations and the need for diving into knowledge management [23]. Their commitment with patient care and their leadership in horizontally working, side-by-side with the superuser nurses, to operationally create networks and flows that enable peer-to-peer knowledge-based mentoring have been key. Facilities where Nurse Executives and Head Nurses integrated knowledge tools and strategies on their daily practice made a huge difference from those settings following a more traditional task-based approach. This was clearly evidenced during this last 2 years, when we kept on using these knowledge tools and strategies focused on COVID inpatients, and found out that nurses from other areas, such as theaters or outpatient care, moved into wards and ICUs to care for COVID patients felt supported and more safe with the guidance of these tools and strategies and, more important, regardless of patient acuity, mortality was higher in areas where task-based models still prevailed over patient-centered care [12].

Altogether has contributed to open the path to initiate political and regulatory debates on the need to address registered nurses understaffing and work environments to avoid their deleterious effects on patient and organizational outcomes.

7.3 Education and Learning Best Practices

In our project, we applied knowledge-based mentor to mentee and peer-to-peer mentoring, including building relationships and developing and implementing ongoing learning plans on nursing fundamentals application, as one of the pillars of the ARES program, which could be equivalent to mentoring as a knowledge translational intervention refereed in other experiences [24].

Superuser nurses led the formal training of clinical staff and support managers, update the information system database, mentor young nurses, organize clinical briefings, and collabo-

rate with multiple universities' programs. They also evaluate and monitor the progress to identify improvement areas, such as the process of adjusting nursing care plans to each patient needs. A previous study [24] identified barriers and facilitators. Acquired routines in the wards, tradition of narrative records, and understaffing were considered obstacles. Clinical care sessions, the use of the ATIC tools, care plans, nurse's expertise, and willingness to individualize were identified as enablers to adjust care plans to patient needs. Another study showed that nurses using the ATIC terminology and ontologies, and participating in clinical care briefings, exhibited greater diagnostic accuracy, and better clinical and documentation skills in relation to care plan individualization and patient outcomes. In this sense, language specificity and proximity to natural language also eased communication among different healthcare providers improving the multidisciplinary care process. Finally, the results of a study presented at an international nursing research conference suggested nurses were highly satisfied on the use of the ATIC tools and the way they have learned to use them in clinical practice.

7.4 Clinical Best Practices

The mentor developed the conceptual framework and led the development of several clinical projects. The mentees had the opportunity to preparing and implementing these clinical projects in their hospitals, training nurses, and other healthcare professionals, supporting them in their clinical practice and analyzing with them the outcomes to create a circle of improvement.

The care complexity individual factors (CCIF) studies suggested that it is necessary to identify specific care models that include global health conditions to predict increases in medical needs during hospitalization, emergency department visits, or 30-day readmission rates. CCIF related to psycho-emotional needs and sociocultural factors play a significant role in healthcare outcomes including in-hospital mortality, adverse events, and readmissions. The frequency of adverse events and in-hospital mortality rose with increasing numbers of risk factors and surpassed 10% in patients with at least six CCIF.

Surveillance-oriented nursing diagnoses ease the identification of the risk for patients' deterioration leading to major life-threatening or fatal outcomes such as cardiac arrest [8]. Nurses' judgments on patient status or progress documented in the care plan are contributing to the early detection of preventable complications. As previously mentioned, the VIDA project of Surveillance and prompt Identification of acute deterioration allowed us to improve COVID-19 inpatients care and outcomes [12].

Before the ARES program onset, just one of the facilities in our context contemplated formal documentation of nursing care plans. At that time, only a few registered nurses voluntarily charted selected parts of the nursing process [4], and most nurses felt standardized nursing classifications were not useful for practice since they were too abstract and incomplete to properly represent nursing assessments diagnoses and interventions [25]. Employing an interface terminology and the other ATIC tools to build standardize nursing care plans, and ease their individualization, along with ongoing knowledge-based mentoring have contribute to shift toward all-patients care plan culture, improving equity and patient safety.

8 Conclusion

This chapter presented the implementation of a bundle of strategies, including mentoring, the use of nursing knowledge tools, and the implementation of bedside clinical projects, to improve nurse-sensitive outcomes in a public hospital system in Catalonia, Spain.

Main results include advances in reflective and evidence-based nursing practice, improved nursing work environment, and enhanced patient outcomes, such as mortality, readmissions, or adverse events.

In a context of registered nurses, structural understaffing, mentorship, and applied nursing

fundamentals have been key to safety and quality of care to reduce missed care, enhance the practice environment, minimize adverse events, and improve health outcomes.

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My Life Transformed and Healthcare Quality and Safety Improved…by a Mentor

Lynn Gallagher-Ford
and Bernadette Mazurek Melnyk

Mentors change lives
—Richie Norton

Objectives

1. Describe the qualities of a great mentor–mentee relationship.
2. Discuss how the outcomes of healthcare quality and safety have been improved through mentorship in evidence-based practice.

1 The Mentor/Mentee Narrative

1.1 The Mentor's Perspective from Bern Melnyk

A goal of mine as a mentor is to embrace mentees who are BIG dreamers, innovators, passionate, enthusiastic, energetic, pro-active, persistent through "character builders," and receptive to mentoring in order to grow professionally and personally. You might think this is a long list, but I have typically found that people who have a few of these qualities are likely to possess all of them. I was incredibly fortunate to find all of these wonderful qualities in my awesome mentee, Lynn Gallagher-Ford.

Mentors are so much more than teachers; they are trusted coaches who take their mentees under their wings and ensure doors are open for them to grow, both professionally and personally. Many people are surprised to learn that I really never had a mentor in the true sense of the word throughout my career in the way I view mentorship, which is a major reason why I am so committed to the role. As a mentor, I am incredibly invested in my mentees. I actually want them to

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be more successful than I was blessed to be throughout my career.

I believe that there are three Ds for career and personal success: the ability to dream, discover, and deliver [1]. I always ask my mentees this question "In the next five to 10 years, what will you do if you know you cannot fail?" This one question tells me how capable a person is of dreaming big. I still find it hard to understand why so many people have a difficult time answering this question as nothing happens unless first a dream (Carl Sandburg), or as I add—a BIG dream. I so enjoy mentoring BIG dreamers, like Lynn, who always says that she wants to change the world for the better through evidence-based practice (EBP) as I do. All too often, people look at those of us who are big dreamers like we have two or three heads. As I've grown more mature, when that happens, I smile and say to myself "I'm on the right track" and I keep going. I tell this to my mentees all of the time and encourage them not to get derailed from accomplishing their dreams by listening to people who don't believe they can achieve them or who tend to be negative or skeptical about those dreams. Near the end of life, people often don't regret what they did—they regret what they didn't do. The second D is for discover, that is, the ability to take risks. The most successful people in life are the biggest dreamers, innovators, and risk-takers. They also have another important quality—the third D, which stands for the ability to persist through challenges or "character builders" as I refer to them in order to accomplish the dream. I have always taught my mentees that "success is going from one failure to the next with enthusiasm!" Lynn possesses those three Ds in a BIG way.

As a mentor, I always provide transparent honest constructive feedback to my mentees to enhance their growth. I provide this feedback like an Oreo cookie—I give the positive first, then the constructive, and always finish with a positive. Too often, I have seen people and their careers destroyed by destructive feedback and I have made a commitment that I would never provide my opinions in that way. Although sometimes challenging to hear, I so value that I have always been able to be honest with Lynn and she has been receptive to my feedback in order to grow professionally and personally.

I never take my mentees for granted—they ignite a flame in me that warms my soul—Lynn is extraordinaire at that. You know you are blessed with a great mentor–mentee relationship when you can dream big together, have fun, be honest with one another, trust each other, and grow together. I've been incredibly blessed with Lynn as my mentee, colleague, and wonderful friend.

1.2 The Mentee's Perspective from Lynn Gallagher-Ford

When I decided to attend a 5-day immersion course in evidence-based practice (EBP), I thought it would be a "game changing" experience because I was so deeply passionate about EBP and I was going to learn it from the best EBP experts in the world: Bernadette Melnyk and Ellen Fineout-Overholt. I brought my "Melnyk" EBP book along with me [2], tattered and overly highlighted as it was… hoping that, *maybe, just maybe*, I could get it autographed while I was at the course. On the first day of the course, I heard Bern Melnyk speak about EBP, including why it was important, why it was necessary, why it was non-negotiable to improve care and outcomes for patients. I was already a believer, but after that 90 min, I was a disciple! Bern's energy and passion combined with her knowledge and expertise in EBP were simply electrifying for me. I went to the hotel that night and did not sleep a wink. The week flew by. The content was amazing, and the tools and resources showered upon the participants were fantastic, but the true gift of the experience was the beginning of the most important relationship of my entire (and long) professional life. When you meet someone you admire so highly, you hope that they will remember you… in some small way. That you will do something or say something that will resonate with them and, later they might think… "hey, that was a great point," or "wow, that person *really gets* EBP." That was what I was hoping for when I rallied my courage on the last day of the course and found my way

into the line of folks who wanted a minute with Bern. I had my tattered book in hand and a fresh Sharpie ready for action! As it was my turn, I felt a bit woozy and thought to myself… "geez, I'm as nervous as when I met Paul O'Neil from the Yankees and got his autograph!" Bern greeted me with a huge smile and I literally could *feel her energy* and then, she said, "*Lynn it has been so fabulous having you at the immersion this week… you are an EBP rockstar!*" I would love to tell you everything else she said to me after that if only I could remember, but I can't because I was lost in those moments and my memory of that conversation is a complete whiteout in my mind. All I know is that when I walked out of the building into the sweltering heat of Phoenix AZ a few minutes later… my book was signed with a personalized note and Bern's card was wedged into it.

Over the next months, I thought about that course daily, I used every template/resource provided, and I was infusing EBP at my organization enthusiastically. As the months rolled along though, I felt I needed to understand more about EBP and I knew where I had to go to do so. The problem was I couldn't afford to take the 5-day program again as I was already enrolled in a PhD program and finances were a bit "tight." I thought, "Well, Bern DID give me her card, so I have her number… I am going to do exactly what she said at the immersion… 'Dream BIG!'" So, I called Bern. Obviously, her Administrative Assistant had no idea who I was, but for whatever reason, she put the call through to Bern… who happened to be in between meetings and "had 5 min." Bern got on the phone and was "*super excited*" to hear from me. I told her about my dilemma and that I was wondering if I could return and "audit" the immersion course. She said no one had ever asked that before… and in an instant she also said, "*I think it would be fantastic. It will be great to see you. Let's try to have dinner while you are out here the next time. Keep me in the loop and let me know when you're coming back. I'd like to know more about you and what you are doing at your hospital to get EBP going! In the meantime, if there is anything I can ever do to help you on your EBP journey…or your PhD journey as well, I want you to call me. I'm serious*."

Thus, began the most powerful mentoring experience of my professional life.

I think it is important to mention that when I met Bern and our mentoring relationship began, I was not a "kid." I was 50 years old, had been a nurse for three decades and more than two of those decades I had been in nursing leadership positions, including being a Chief Nursing Officer (CNO). We are a perfect example of the timeless nature of mentoring. It can happen anytime, anywhere if the two parties are interested, willing, and engaged. After attending the 5-day immersion course multiple times (due to the graciousness of Bern), we began to know each other. Over the course of the next year, I was given the opportunity to work with Bern and Ellen more and more at Arizona State University where Bern was the Dean of the College of Nursing and Ellen was the Director of the Center for the Advancement of EBP there. Ultimately, they invited me to join their team. This was a spectacular, "once in a lifetime" dream come true opportunity for me… while at the same time a scary leap into an unknown new world…academia! After 30 years of steady progression in clinical practice and nursing administration, I was looking at a new job, in a new setting, in the opposite side of the US, with no idea of what was ahead. Of course, I said "YES!" Interestingly, I seized this opportunity because I thought it was going to be about being *mentored in EBP* [3, 4]… little did I know the mentoring experience I was embarking on was about so much more that that!

I was in Arizona for only a few months when Bern came to me and asked… "*how would you like to go to Ohio with me? I've been recruited to The Ohio State University for a pioneering position as the first Chief Wellness Officer at an academic institution in the country, a big dream I've had for a while, and I need a leader to go with me and build an EBP center there. I absolutely know you are the perfect person to take this on. It will be amazing, and we will have so much fun working together. Will you come with me and help me change the world with EBP?*" Of course, I said

"YES!" In that phone call alone, Bern demonstrated many of the key characteristics of a successful mentor as described by Burgess and colleagues including enthusiasm, generosity, a sense of humor, the ability (and willingness) to advance opportunities for the mentee, and a commitment to advocate for the mentee [5]. At the same time, my enthusiastic and immediate affirmative answer demonstrated many of the key characteristics of a successful mentee as described in the literature as well: a commitment to the mentorship relationship, active participation in the mentorship relationship, full engagement in the work to be done together (not merely receiving the mentor's advice passively), willingness to ask questions and learn, a positive attitude/showing enthusiasm toward working together, openness to suggestions by the mentor, and a demonstrated desire for professional growth and further development [6]. Interestingly, Bern and I are the exact same age, and although we grew up in very different places, in completely different circumstances and faced very different "character builders" along our unique professional journeys, we discovered that we shared some attributes that sparked our almost instantaneous connection. Obviously, we shared a passion for EBP and would surely be considered "EBP activists." In addition, we recognized early on that we were both BIG dreamers, who were highly motivated and hardwired to "get things done." We both move fast, love a challenge, and are not afraid to fail as we enthusiastically pursue visionary goals, and quite frankly we also have a great affinity for supporting each other in difficult times when few others show up. We energize each other intellectually; we understand each other's needs to move forward continuously. Our natural characteristics served as the underpinnings for the mentoring relationship that emerged…naturally.

1.3 Outcomes of an Exemplar Mentor–Mentee Relationship

Together, Bern and I have been able to do many things and achieve great success in numerous ways. We have *conducted groundbreaking and relevant research* that has advanced the body of knowledge about EBP and how to steadily move it forward. We have *developed many tools, resources, frameworks, and models* to help leaders and clinicians build, sustain, and measure their EBP work. We have influenced the necessity of appropriate *integration of EBP content across all levels of academic preparation*. We have *taught* EBP to thousands of clinicians in real-world practice settings and they, in turn, have profoundly changed their organizations through routine integration of evidence into decision-making and problem-solving to improve care and outcomes for patients as well as clinical colleagues. We have *mentored* dozens of emerging EBP champions who will enthusiastically and persistently continue the work needed to advance EBP further than we have. We have *boldly raised awareness and expectations* related to the critical necessity of leaders in creating organizations and cultures where evidence-based practice and decision-making "takes hold" and becomes the standard methodological approach to problem-solving…that *solves problems* efficiently and effectively! We have framed and engaged in new conversations about the synergies of Research, Process Improvement, EBP, and innovation that must be leveraged to create effective quality work, leading the call for all quality improvement work to be evidence-based. We have pushed those doing EBP work to *be strategic* through connecting their work to the mission of the organization and measuring/disseminating the impact of their work in terms of important, "*So What*" outcomes. We have created a broad and diverse network of EBP champions, mentors, leaders, and dreamers…from healthcare settings across the US and the globe. These individuals enthusiastically collaborate on EBP initiatives, generously share resources and expertise, and intuitively support one another in evidence-based work despite all the "character builders" that come with it. This global EBP network is a growing and more energized every day and the impact of their collective energy, passion, and intensity for bringing best practices to every bedside,

chairside, and tableside in every clinical setting…is a force to be reckoned with! We look forward to doing more of course because we never think about/discuss doing less! However, there is new joy these days, afforded to us, by the opportunity to see our work proceed, advance, evolve, and gain momentum beyond what I ever imagined was possible when I went to that first EBP immersion!

1.4 Final Thoughts from the Mentee

Bern is the epitome of a gifted and giving mentor; she is a close, trusted, experienced counselor/guide who has engaged in a long-term, relationship-oriented, development-driven, mentoring relationship with me [7]. She has been a teacher, a counselor, a guide, and a role model [5]. Bern is the only person in my professional life who has consistently seen the possibilities in me that I could not see in myself, she has nudged me to take risks and stretch my wings while steadfastly standing behind me (in case of a fall). She has given me tough feedback at times and stood by me while I processed that feedback and found ways to gather myself and improve. Although she is the busiest person I have ever known, when I need time, she finds a way to provide it. It may not be a lot of time, but it is MY time; fiercely focused and it always ends with… "*what do you need from me right now*?" With her guidance and support, I believe we have achieved many of the goals that mentoring is meant to bring: lifelong learning, professional advancement, engagement, and succession planning [8]. I have been afforded the gift of experiencing both the career *and* life benefits associated with mentorship as described by Jakubik et al. belonging, career optimism, competence, professional growth, security, and leadership readiness [8]. In our work together over the past 12 years, we have achieved spectacular milestones and surpassed many of our BIG dreams! We remain mentor and mentee to this day and if I am lucky… this will continue for many years to come. There is always more to learn from Bern.

2 Mentee Self-refection

As I reflect on my mentor/mentee experience with Bern I am struck by five key things. First, mentoring is about growth. If you are not willing or interested in growing, which requires *changing yourself*, even a great mentor will not be able to help you very much. Second, always be open to adventure and opportunity, no matter how "seasoned" you are in your career (or life path). There are endless possibilities out there, but you need to be open to them, aware of them, and ready to take hold of them with action and intention. Third, be humble and ready to *take* advice, *hear* all kinds of feedback, and *do* something about you. Otherwise, what is the point? Fourth, be grateful and let your mentor know what an impact they have made. Mentors need their cup refilled as much as others do, maybe even more! Fifth…have fun. Fifth, recognize the gift of mentoring while it is happening and enjoy it. The "in the moment" experiences of great mentoring are the ones that change your life. Don't wait or have to *look back* to celebrate the gifts of a great mentor.

3 Mentor Self-reflection

One of the greatest gifts in life is being able to be an outstanding mentor and seeing first-hand the incredible growth and impact made by your mentees. I have been so blessed to watch Lynn develop and grow into the phenomenal EBP leader that she has become—making a powerful difference in others' lives as well as improving healthcare quality and safety across the world in EBP. Don't ever hesitate to engage in the mentorship role with a mentee that has a twinkle in the eye and fire in the belly. The rewards are immeasurable and will bring so much joy to your life.

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When the Going Gets Tough

Terri Thompson and Charmaine Rausch

The pain you feel today is the strength you feel tomorrow. For every challenge encountered there is opportunity for growth.

—Unknown

Objectives

1. Describe the challenges that may occur in the mentor–mentee relationship.
2. Identify the effective communication strategies for the mentor–mentee relationship in clinical practice.
3. Explain how the modeling-role modeling theory and the humor-relief theory may be useful in mentoring.

1 Introduction

This chapter provides examples of challenges that can arise in mentoring, in the clinical setting, and challenges within the mentor–mentee relationship. This chapter will address evidenced-based theories that support the importance of the mentor as a role model and utilizing humor in interactions. This chapter will include self-reflection of both the mentor and mentee, will then conclude with recommendations and lessons learned from the relationship, and long-term impact upon the mentee in her professional career.

2 The Mentee and Mentor Narratives

This section provides narratives of the mentee (Charmaine) and mentor (Terri) about a mentoring experience from 17 years ago. The setting was a Labor and Delivery unit with many high-risk OB patients.

3 Our Experiences

3.1 Charmaine: The Mentee's Experience

I met Terri in 2002, while working as a postpartum (PP) nurse. I had the unique opportunity to work in the same department in which I was com-

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pleting my senior practicum. I desperately wanted to train on Labor and Delivery (L&D), instead I was offered a night (NOC) shift postpartum/antepartum (PP/AP) position eventually to train on L&D. After completion of my PP orientation, I asked when I could train to L&D. I was told I had to wait. I was 25 years old, had very little life experiences, and was expecting my second child. I was a task-oriented, unassertive, new graduate nurse.

When I began working closely with my new mentor, Terri, I had worked in PP for two and half years. I remember feeling like I knew enough and was ready to take on learning L&D. I had practiced my skills in PP/AP and felt confident that I would be able to manage laboring patients. I was scheduled to orient on L&D, after several months of working on an IDP (Individualized Development Plan) that was put into place by my Charge Nurse on the PP/AP unit. I was told that I had to "make improvements" in various areas, in order to be able to cross-train to L&D. The charge nurse was specific in identifying things that I needed to work on, including teamwork, charting, assessments, and communication with the provider. I completed all of the items on my list and was commended on how I had improved. I was given one last challenge, being a team leader for the PP/AP unit. I worked diligently to make improvements and to show my readiness to move over to L&D.

Off I went to orientation in the land of L&D! I had finally made it! Initially, I thought that my orientation was going well. My preceptors all took the time to show me how to do things; little tips and tricks on ways to start IVs; ask certain questions of my patients to get accurate answers; or even different positions to help with fetal monitoring. I was soaking it all in, but toward the end of orientation, Terri, my future mentor, stepped in to help precept me. She was the L&D Charge Nurse. Terri and I were given patients that challenged me and my critical thinking abilities. Each shift Terri would push me to stop and think about my patient and the "why" behind what I was doing. Although a bit intimidating to be placed on orientation with the Charge Nurse, I thought I was doing good, until one shift I was given a challenging patient and was expected to manage her on my own with little guidance from Terri. My orientation was almost completed, I should have been able to manage the patient well. I thought that I did a good job until Terri pulled me (Charmaine) aside and asked to evaluate my performance.

At first, I was not happy about being pulled aside on the unit, in front of my peers. I knew that everyone probably saw me go into the room with the door shut. Anytime someone is asked to talk with the Charge Nurse it usually is not good. Second, I felt intimidated because the Charge Nurse was critiquing my care, which I thought was good. Third, I was angry that Terri did not see that I was doing a good job. My response to Terri was that I thought it went well. She proceeded to tell me all the things I missed or could have done better. I felt defeated. I had just spent the last several months orienting, thinking that I was doing well, plus had spent the last two and a half years working on postpartum/antepartum. Upon orienting to L&D, I was feeling good about myself and my care of the patients. How could I suck that bad I wondered?

Until having Terri mentor me, I had not been given constructive feedback on poor performance. The next several months I had Terri and all the Charge Nurses/Relief Charge nurses telling me where I needed to do better and calling out different things I needed to improve upon. Some Charge Nurses were more subtle than others. This really weighed upon me. I wanted to be an EXCELLENT nurse and make Terri and the other Charge Nurses proud of me. I was feeling the pressure of the constant call outs. Terri continued to pull me aside whenever there was a learning opportunity. Terri and the other Charge Nurses would assign me patients that not only challenged my skills but challenged me as a person. At times I felt like I was being "dumped on" and that the Charge Nurses were thinking of ways to make me fail. I continued to persevere until the critiquing slowed.

At the time, Terri pulling me aside was not terribly helpful. No other Charge Nurse was doing this to me, though they were doing other things, like giving me an assignment that they knew was

going to be difficult then not being available if I needed help. I felt like an annoyance if I requested help. Apparently, they did not like the way in which I asked for help. Therefore, I felt like, by Terri pulling me aside, was feeding the Charge Nurses narrative that "I was not going to be good enough for L&D." I was more worried what everyone thought which was getting in the way of my success.

3.2 Terri Mentor Experience

In 2005, Charmaine cross-trained to L&D. I was the Charge Nurse on NOC shift. I was 37 years old, had been a nurse for 15 years, and a Charge Nurse for 12 years. My nursing background was Critical Care, Emergency Department, and L&D. We worked on a high-risk OB unit where most of the NOC shift nurses were younger, with few nurses from different generations, who would offer their expertise and support. On the NOC shift, I got many new graduates and newer and younger nurses. I was accustomed to mentoring nurses who cross-trained. I was very involved in ensuring the orientation process was going smoothly and that the newer nurses and new graduates gave safe care and understood how to manage labor and high-risk conditions. On NOC shift, we had to rely upon each other, as there are less resources at night. The team needed to be cohesive with each other and well trained.

Charmaine was assigned preceptors on L&D to help her cross-train. Although she understood basic laboring patients, her preceptors had voiced concerns about Charmaine's critical thinking skills, with the higher acuity patients. I am unsure if her preceptors were communicating directly with Charmaine or just passing on the information to me. As Charmaine would be working with me on L&D, my manager instructed me to work with Charmaine and create opportunities for learning, to help improve her critical thinking skills and the management of high-risk OB patients. I assigned more complex patients to Charmaine and would often manage them with her, in order to help her learn about the patient's condition and how to care for these types of patients. Additionally, when Charmaine was ending her orientation, she was consistently given more complex or challenging patients to challenge her and to promote critical thinking.

Although I gave Charmaine positive and constructive feedback on the unit, I would try to do it in a private place, not in front of her peers. I know that she felt singled out or embarrassed at times, which was not the intention of the communication. I believe issues should be addressed when they occur not waiting until later, as there is a chance of missing some of the details [1]. The goal in giving Charmaine more complex patients was to challenge her when she had someone available, as a resource, to help and guide her if she needed help or had questions. This was in preparation for her to be able to function independently.

During our time together, Charmaine and I had quite a few challenges. First, Charmaine did not choose me to be her mentor. I was assigned to work with her and was the Charge Nurse who would be evaluating her performance. Charmaine was frustrated with the extended orientation and my involvement in the process. Charmaine's orientation was extended to promote her success. Each person learns differently, at a different pace. Charmaine was trying extremely hard, ultimately, she just wanted her orientation to be over. I wanted to ensure that Charmaine was ready, prepared, safe, able to critically think, detail oriented, and would be prepared for the unexpected. I give direct, honest communication, trying to be tender on Charmaine's feelings but tough on the issues. I was honest with Charmaine, in all of our interactions. I did add humor in situations where it was appropriate to do so. I know that Charmaine felt singled out and thought that the leadership team may not have wanted her to succeed. On the flipside, the leadership team really wanted Charmaine to succeed and worked diligently in giving her feedback and opportunities to help her do so. I think that for Charmaine, this was an emotionally charged experience. It appeared that Charmaine may have taken the feedback on a personal level rather than utilizing the feedback as an opportunity for professional growth.

From my standpoint, I had no personal issues with Charmaine and really liked her. To me it was not personal, it was professional. The goal was Charmaine's success. It was very apparent that Charmaine had hard feelings, some resentment, and did not want to be near me or interact with me, after the completion of her orientation. It took many months of working alongside Charmaine before she began to warm-up and started to communicate more freely and openly. Although our relationship began as a preceptor, it turned into mentoring relationship. Charmaine began to grow in her role as a L&D nurse, started doing more leadership duties, and realized my intentions were to promote her professional growth.

4 Our Reflections

4.1 Charmaine's Mentee Reflection

There was a time where I absolutely did not like, my mentor, Terri. I avoided seeing her and working with her. If we worked together, she would give me feedback where I needed to do better on something and I did not want to hear it. However, now that I have had 18 years of experiences in L &D, I have experienced a WHOLE lot. As a seasoned nurse, who mentors new nurses, I find myself doing many of the same things Terri did with me. Honesty, being specific, provoking thoughts, adding humor, and sensitivity were strategies Terri used to mentor me.

Terri was extremely honest with me on where I needed to improve. She gave me specific examples of things that needed improvement and the ways to improve. She took the harder road, as a mentor, by telling me what needed to be better instead of just letting it be. Often mentors are not sure how they should call out a miss or how to address a concern for fear of hurting someone's feelings. At the time I did not appreciate Terri's honesty. I have found that it is unfair to not tell someone where to improve. Ultimately, not letting the person know what needs to be different or how to improve is setting them up for future failure.

Terri asked a lot of questions that provoked me to think about the process or the pathophysiology of whatever I was faced with. When mentoring others, I have realized that it is important not to have all the answers and to ask questions so that others can come to their own conclusion. Frequent questions seemed annoying at the time. I can now look back and know that it was getting me to think critically about my patient, consider all scenarios, and how to manage them.

Humor is known to activate our sense of wonder. One study found that students were better able to recall a statistical lecture when jokes that were relevant to the topic were used [2]. I cannot count the amount of times Terri made me laugh, either at myself or the situation. The humor made me stop to think about what I was about to do and sometimes would elicit a laugh, from both of us, as I was probably about to do something I should not. She routinely used humor to get me to think about what I was doing and where I should go. This was done in conjunction with asking questions and pointing me in the right direction. Even now, I find myself trying to utilize humor when coaching people. This helps to retain information better and therefore are able to think about what is happening with their patients.

Sensitivity or, more importantly, empathy, is essential in leadership. Understanding and being humble to what your mentee is going through can help a mentor coach. I know that Terri was trying to be sensitive/empathetic on how or where her message was given. Even though, at the time, I did not like being pulled into a room I realized that she was trying to be private. When you really stop and think about it, honestly no one really knows what is being said in private anyway! It could have been a promotion!

If I could do anything differently as a mentee, I would say that I needed to stay focused on what my mentor was saying and not worry so much about what others thought. I spent numerous hours worrying about what others thought about me instead of paying attention to what I could do differently and trusting Terri. I know that she had

my best interests at heart, but I was consumed with the naysayers. Even now, when I mentor staff, they are so caught up in why others are calling out their mistakes or what others are thinking and not what the mentor is telling them.

Looking back at my experience, I understand and appreciate all that Terri did. She took to heart what it means to be a mentor. In the years since my orientation, I have often told people that Terri is the reason I am the nurse I am today. Without her willingness to mentor/coach/teach, I do not think that I could be where I am at now. I take all of her tactics and apply them to mentoring others. By the way, I really like her now!

4.2 Terri's Mentor Reflection

Reflecting on the situation involving mentorship with my mentee, Charmaine, I know that I am not perfect, nor is any mentor. In the hind site, there are always alternate ways to manage situations, but you may not realize it until you stop and reflect upon them. In retrospect, there are decisions that I made that I would have done exactly the same as I had done previously with mentoring Charmaine or anyone else.

I could have changed my communication approach, which included ensuring Charmaine did not feel singled out or embarrassed. I do not think that Charmaine's peers knew what was happening behind closed doors, but she felt they did. It is important to take a mentee aside and give one on one feedback [1]. Charmaine was task-oriented and lacked assertiveness. I could have encouraged Charmaine to be more involved in setting goals for herself and set a timeline for the achievement of these goals [1].

Things that I would not have changed were consistent communication and feedback. I believe this consistency helped Charmaine with the expectations of her new role and gave her the information that she needed to help in her success. I have a good sense of humor. I believe that humor is a way to lighten the atmosphere and help a person "decompress." I functioned as a role model for Charmaine, in that I modeled what I expected. I believe you should practice what you preach. I was also very involved in the management of Charmaine's patients. I would ask Charmaine many "why" questions about her patients, to get her to think deeper into what was going to or could be happening with her patients. I asked Charmaine about the policies and protocols that were applicable in her care, and to anticipate changes in patient status. I stuck with Charmaine through the times and challenges. It would have been easier to throw up my hands and say, "forget it." I had a vested interest in Charmaine and her successes. Charmaine was part of my team. I took her success seriously. Charmaine really wanted to be a L&D nurse. I wanted that for her too, but I also wanted her to be an excellent L&D nurse. I wanted Charmaine to be the L&D nurse that was able handle ANY situation that came her way. I not only pushed Charmaine to be assertive but also got her out of her comfort zone. Charmaine is now assertive and understands that the best way to learn is to be outside of her comfort zone.

I worked with Charmaine on L&D, until 2017, when she to relocated to another state. I have seen her grow in her understanding of high-risk OB patients and succeed in her leadership role. I appreciate how Charmaine precepts and mentors' other nurses and nursing students, similar to how I mentored her. Charmaine had impressive growth in her career, in her understanding of high-risk laboring patients and in leadership. I am proud of her accomplishments and that I was able to witness this growth. I am also thankful that Charmaine has maintained a relationship with me throughout the years and shares her successes and accomplishments with me. To me, this makes all the challenges and struggles worth it! These are the rewards that come with being a mentor!

5 Best-Practice-Evidence-Based Practice

These reflections identified the importance of role modeling and the use of humor in the mentoring process. This section will provide a brief review on Modeling-Role Modeling and Humor Relief Therapies and their value in the mentoring process.

5.1 Modeling-Role Modeling Theory

According to Erickson's Modeling and Role Modeling theory, the role model is the mentor, and the mentee will model what they have learned from the mentor [3]. Role modeling involves interactive facilitators who develop a relationship with those they are mentoring, which encourages active involvement of both the mentor and the mentee. The mentor role models showing the mentee how to enhance their skills, improve their knowledge, and enhance critical thinking [3]. Role models share previous mistakes, how to prevent them, and give words of wisdom to promote the success of the mentee. A role model that leads by example, can demonstrate, to the mentee, strategies for success and how to elevate in the workplace [3].

Most mentors are exceptional nurses, who are considered to be excellent role models, and have qualities that others may want to imitate or model [4]. Qualities that make mentors excellent role models include being detail oriented, creating personal connections with coworkers, patients, and their family members. Additional qualities include being easy-going and approachable, exhibiting both positive and professional behaviors, and celebrating the accomplishments and success of others [4]. Role models, in the clinical setting, are considered beneficial, relevant, needed, and important in supporting learning. A mentee may feel stressed and vulnerable [5]. Positive role models make mentees feel valued, provide positive affirmation that the mentee is human, will make mistakes, and then celebrate their successes [5]. The goal of having the mentor role model their behaviors, attitudes, and qualities is to have the mentee in turn, model the same attributes [3].

5.2 Humor-Relief Theory

According to the Humor-Relief Theory, laughter releases internal pressure inside a person allowing decompression, releasing nervous energy that is welling up inside of them [6]. Humor is an emotional response, used as coping mechanism to release tension [7]. Humor can also be brought on by pleasure, which leads to laughter [6]. Humor triggers laughing, which decreases heart rate and blood pressure, and promotes relaxation [8]. Humor promotes motivation in creating communication and receptiveness toward others [7]. In the learning environment, the introduction of humor enhances learning, and piques the learner's interest, helping them remember what they learned [2]. Humor can also help the mentor and the mentee improve their lines of communication [7].

6 Recommendations

We, Terri, and Charmaine have gained valuable insights and lessons from our mentor–mentee relationship as we have reflected upon this process. In our many conversations and reflections including exploring the evidence we have reviewed has helped us develop and grow as we continue to mentor others. We have developed the following recommendations for mentees, mentors, and nursing organizations in clinical settings.

As a Mentee:

- Understand that mentors are not always chosen. They can be assigned.
- Stay focused on what the mentor is saying.
- Expect constructive feedback and be willing to make changes, even if it challenges you.
- Trust your mentor and do not worry about what others may be saying.
- Focus on you and your success.

As a Mentor:

- Know that you are not perfect and will make mistakes.
- Give open, honest, direct, consistent, and timely, constructive feedback, making sure it is not personal. Make sure that you emphasize the positives. Ask the mentee how they like feedback and how well they take accept feedback.
- Be tough on the issues but tender on the feelings of the person. You do not want them to feel deflated or attacked personally.
- Allow the mentee to be actively involved in the goal setting and progress. Let them openly discuss their perspectives.

- Learn that not all mentor–mentee relationships go smoothly. Use resources to improve these relationships.
- Utilize humor in interactions, especially to help with nervousness or anxiety.
- Learn from the stories of other mentees and mentors to create an understanding that each set has different strengths and limitations and utilize these. Be positive, respectful, and kind to one another. Do not give up quickly. Decide to work together and commit to that decision.

In our mentoring relationship, you can see that there were times of challenges and turmoil and then ultimately times of joy. Being a mentor created an opportunity for growth and being a mentee provided a chance to be inspired. Our story proved that regardless of the circumstances at the time, it ended up being a rewarding experience for both of us. Our mentor–mentee relationship created the gift of a long-lasting and fulfilling relationship, which we have continued on for nearly two decades.

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Charmaine Rausch In her most current role she am an Assistant Nurse Manager for Nampa Women's and NICU at St. Luke's Health System in Idaho. she has held this role since our opening 4 years ago. Her career has spanned the last 19 years and has been one of the most rewarding experiences I have had. I have been blessed to have spent most of my career in OB where I have grown from a new graduate, bedside RN to an OB Nurse Leader. During this time, I even got the opportunity to be a clinical informaticist.

‘When Things Go Wrong’: The Importance of Mentorship for Agency Nurses Undergoing a Regulatory Investigation—A United Kingdom Approach

Fiona Millington and Luke Goto

Reach back and give others the same chances that you had, to succeed.

—Michelle Obama

Objectives

1. Recognise the importance of candour and transparency in the healthcare sector in relation to the management of adverse incidents.
2. Appreciate the impact that a ‘Fitness to Practise’ (F2P) referral may have on an individual and the importance of having a collaborative approach for effective mentoring.
3. Understand how a framework approach to mentoring nurses going through a F2P referral can both support them and impact on the eventual outcome of an investigation.

1 Introduction

The concept of mentorship is an essential component of continuing professional growth and should not be regarded only as a mechanism for those progressing through the early stages of professional development.

Whilst the nursing literature commonly examines mentorship from the standpoint of ‘junior’ nurses transitioning through the stages of novice to expert, it is evident that a gap exists from the perspective of the nurse, at any stage of their career, facing a regulatory investigation and their specific needs in relation to the cause of the referral.

2 Framework

In the UK, there is a consistent disconnect between the National Health Service (NHS) and the Social Care Sector (SCS) in relation to standardised operational processes and development opportunities. Furthermore, the challenge of having a high percentage of nursing vacancies within both sectors exists and those individuals entering the profession do not plug the gap left by those leaving. As such, the importance of having a robust recruitment programme is crucial to addressing the gap and retaining the current workforce with the concomitant expertise that they bring.

Within the NHS, there is a recognised governance framework. This framework includes support and guidance for nurses who have found themselves facing a Nursing and Midwifery Council (NMC) investigation in the event of an adverse incident or clinical error. However, due

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to the often-fragmented nature of the UK Social Care Sector, which is a patchwork of both privately owned and local authority-owned services, nurses are more likely to experience punitive and reactive actions in the event of an adverse incident. Rather than benefiting from a shared approach to learning from incidents, nurses will often face dismissal from their role, followed by a direct referral to the NMC, instead of receiving support to remediate and learn from the error.

Moreover, if the nurse is part of the temporary workforce and working as an agency nurse, the likelihood of an immediate referral to the regulators is greater still as there is no direct control of the registrant by the organisation within which they have been temporarily assigned to work. Here it is seen as the only option for those organisations, who must demonstrate that they have taken action to address the adverse event and therefore reduced the likelihood of a recurrence of the incident.

In the 2019/20 annual report, the NMC identified that they had received almost 6000 'Fitness to Practise' (F2P) referrals over the 12-month period [1] and that people from Black, Asian and Minority Ethnic backgrounds were disproportionately referred [to the NMC] by employers. Under these circumstances, it is realistic to surmise that nurses feel disempowered to seek support from their employers where internal disciplinary investigations have directly resulted in their dismissal. Consequently, nurses often report experiencing a sense of hopelessness and a feeling of inevitability around losing their professional registration, as they attempt to navigate the investigatory process without targeted support and guidance [2, 3].

3 Mentorship

Mentorship is widely believed to be pivotal in the development of junior nurses through the support of a mentor who is commonly identified as more experienced and knowledgeable than the mentee. According to Davy et al. [4], the mentoring relationship can be used to solve workplace issues, promote development and increase competence and self-confidence. Furthermore, it is recognised that the mentorship arrangement primarily focuses on the four distinct phases, these being preparation, negotiation, enabling growth and closure [5]. These successive phases rely on a mutual agreement between the mentor and mentee to achieve the best outcome from the experience. Despite this, there is little evidence that focuses primarily on the professional support required by nurses of all levels in the aftermath of a significant incident or adverse event. Where mentorship of these individuals exists, it is known to be a critical component of the recovery of the nurse [2] and essential to demonstrating remediation and learning within the investigatory process. Furthermore, in an age where there is an ongoing challenge in the recruitment and retention of nurses, it makes sense therefore to support those going through such a process and retain them and their expertise, where appropriate, within the workforce.

3.1 Mentor

As a senior nurse in a social care organisation, I feel that one of my primary roles is to safeguard the profession and ensure that there is a strong element of professional fairness. It is both a privilege and a challenge to maintain a senior role in this sector and as such I strongly feel that I have a responsibility to support nurses and make a difference to the way they feel able to develop and grow because of experiencing an adverse event. I am constantly challenged by the frequency that nurses and in particular agency nurses are referred to the regulators because of remediable incidents. As a result, my focus is on standardisation in the provision of support and the ability to reach out to nurses to help them to reflect and remediate to reduce the risk of them losing their registration through both ignorance and fear of the regulatory process.

Adverse incidents are common in healthcare and according to Maran [6] at some point, most healthcare professionals, including nurses, will be directly or indirectly involved in adverse events, such as medication errors, patient safety

incidents, witnessing adverse events and near misses. Within the NHS, there is a strong focus on clinical governance and as such clear policy and procedure for the management of adverse incidents exists. Within the Social Care Sector, the wide variation between the plethora of independent organisations can leave the registrant without clear guidance and support when errors occur.

In 2104, the duty of candour became a regulation under the Health and Social Care Act 2008. These regulations were implemented as a result of the Mid Staffordshire inquiry into poor care at Stafford Hospital in the UK [7]. It sets out a legal obligation for organisations to provide information and support to individuals and their families affected by adverse events, offering those individuals a timely apology and sharing the lessons learned within the organisation to reduce further risk. It is logical, therefore, that an organisation which operates within a culture of transparency and openness will learn from those adverse events, supporting their employees to feel able to report adverse events in safety, and accept the guidance they need to learn from the incident.

Conversely, due to the often-independent nature of the role, nurses working within the agency sector rarely seek support from the organisation where the adverse event occurred, primarily because they are not part of the permanent workforce. As such, they find themselves very much at the forefront of blame. The risk exists then that they choose not to report adverse incidents, as the prospect of punitive actions coupled with the fear of losing their ability to practise becomes very real. As a result, the opportunity to learn and remediate from such events is lost and risk of repeated incidents remains. Openness and transparency within an organisation therefore are essential, not only for the development of good governance and reduction of risk, but in relation to the retention of nurses within the organisation and continuity that this will inevitably bring.

Despite this, nurses do remain fearful of the repercussions of reporting an adverse incident [3] and this is particularly evident within the workforce primarily working within the agency sector.

3.2 Mentee

I qualified as a registered mental health nurse in the early 2000s and worked primarily in the Social Care Sector. I needed the freedom to work flexibly and was passionate about providing care to individuals experiencing mental health issues. Working within the temporary staffing sector is not easy. The challenges you face include poor communication, difficult relationships between the permanent staff and the agency staff, lack of information at handover and an increased risk of becoming the focus of blame for errors or adverse events that may not be attributed to you as a practitioner. I did not see that I was beginning to experience mental health issues of my own until it became too difficult to handle and I became involved in two separate significant events that were brought to the attention of my employers.

I knew at the time that it was a strong possibility that I would face a huge challenge to my professional registration, and I was fearful of not only losing my job but losing my registration. The prospect of not being able to work as a nurse was overwhelming and my first reaction was to deny that I had a 'problem' and try to work my way through it on my own and hope that it would work out ok.

Working as an agency or temporary staffing nurse, brings challenges from both a professional and organisational level. Agency nurses are a diverse group who choose to take on additional shift work or work entirely independently for a wide variety of reasons. Regardless of motivation, these nurses are often very experienced and competent in their field. They are passionate about their profession and respectful of the organisations within which they work. Agency nurses will often be the panacea for the vacant shift, 'the stand' in for the Home Manager who has not had the opportunity to take time off, the person who turns up to work in a pandemic when others cannot and yet the rhetoric around the temporary worker is almost always negative.

Commonly, temporary workers are seen as an expensive option to permanent staff. They are widely believed to be synonymous with poor clinical care, lack the motivation to remain

updated or professionally behave in a way that can undermine the stability of the permanent team.

Undoubtedly, due to the wide diversity of nurses working within this sector, there may be circumstances where this is evident, but this concept of professional fatigue can also exist within the permanent workforce. It is widely known that high levels of agency workers are commonly found in organisations struggling with poor or transient leadership. As such, care quality may be reduced because of inconsistency within the workforce and not as a direct reflection on the capability of the agency nurse. In such circumstances, it can be surmised that poor care may be endemic within an organisation that lacks leadership and a consistent workforce, which is why high levels of temporary staff are needed, and not because of their very existence within the system. According to Andersson et al. [8] and Davy et al. [4], adverse events in healthcare occur because of multiple human factors, including fragmented teamwork, poor communication and stress. A lack of communication, shared information and inconsistency are frequently experienced by the agency nurse and seen as a key component in the event of adverse incidents. Intrinsically therefore, when incidents do occur, the 'agency nurse' will bear the brunt of the regulatory 'duty of candour expectations' and as such Fitness to Practise (F2P) referrals to the NMC are made, without effective consideration of the wider context.

3.3 Mentor

When I first became aware of the mentee, it was as a result of an isolated incident that had been out of character for the individual. As a well-respected nurse and a prolific worker for the organisation, it was a surprise that an allegation had been made that he had been witnessed to be acting in an unprofessional manner and as a result had not been allowed to continue working the shift. I made the decision to meet with the mentee and give him the opportunity to explain what had caused this event and he appeared to be genuinely affected by the incident which he claimed had been caused by an adverse reaction to medication. The provision of support and a programme of remote monitoring was commenced and for a couple of weeks this appeared to be having a positive impact. However, within a couple of weeks an additional event occurred, and it became apparent that this nurse had wider health issues which placed him at significant risk of harm to himself and those individuals he was responsible for providing and directing care. The decision to refer a nurse to the NMC is not one that I take lightly but I knew that I had a duty of care to prevent risk to the service user population and to the nurse who I now believed was experiencing significant health concerns.

The overarching aim of the NMC is to protect, promote and maintain the health, safety and well-being of the public. Importantly, the work of the NMC is to oversee the conduct of its registrants, of which there were almost 750k registered in 2021, and promote and maintain public confidence in the profession. The NMC also plays a significant role in the development and monitoring of standards within the profession and is the only organisation that can both add and remove nurses from the professional register in the UK.

According to the NMC, in 2021 there were 5547 F2P referrals made, of which more than 68% (2788) were closed with no action as they were not considered to fall within the remit of requiring an investigation [9]. Nurses can be referred into the NMC through several routes and whilst most referrals do generate from the employer, members of the public, other professionals and the nurse themselves can also be the source of the referral. Naturally, given the diversity of healthcare organisations, there is a wide variation in the type of incident that results in a F2P referral. Medication errors, professional conduct, criminal activity and fraud are common reasons for referral, but the likelihood of referral increases if the registrant is from a minority ethnic background, or they identify as male [1]. Anecdotally, what is also clear is that if the registrant works within a temporary staffing organisation, there is almost an expectation that a F2P

referral will be made following a 'significant incident'. This action will often be made to 'demonstrate' to the external regulators that actions have been taken to address the cause of the adverse incident. Furthermore, if the registrant is a temporary worker, then there is less perceived benefit from the provision of support in relation to organisational outcome, and the simplest course of action is to refer to the NMC, to investigate the clinical competence of the nurse involved.

Over the last decade, the NMC has made a considered effort to move away from their reputation of being a punitive organisation. In realising that such an approach is likely to hinder the progress of transparency, learning from incidents and encouraging openness, they have transitioned towards the approach of having a much better understanding of the context and circumstances surrounding the errors and adverse events that result in a F2P referral.

As such, in 2018, as part of this shift, the NMC published the 'employer guidance' for those considering making an NMC F2P referral [10], with the purpose of reducing the number of inappropriate referrals made and encouraging a more local approach to investigation and remediation in the aftermath of an incident. But confidence within the profession has not been quick to adjust, and nurses referred to the NMC through this process continue to feel the impact in a way that causes distress and significant anxiety. A recent wholescale review of F2P cases Bryce et al. [2] found that following a referral to the NMC, early engagement by the registrant in the investigation process usually resulted in a much more positive outcome. In a review of 34 cases, where 21 of those resulted in the registrant being struck off the register, there was little or no engagement by the nurse in the process, and those who did engage lacked formal representation at the hearing stages. The remaining 13 who did engage openly with the investigation, and sought representation to support them, found that the outcome typically resulted in lesser sanctions or no further actions required at the conclusion of the case [2, 3]. It is evident then that mentorship, support and a structured framework are essential components for nurses responding to a F2P referral, and this must be part of an organisational process if they are to retain nurses under investigation within a transient and diminishing workforce.

3.4 Mentee

When I was referred to the NMC because of two separate adverse events I believed that this would be the end of my career. I lost my professional identity, I experienced significant financial challenges and found myself estranged from my family. I had worked for my employer for less than 6 months but, in that time, I believed I had built up a good reputation within this organisation. I knew that things were becoming more difficult with my drinking when I had my first formal meeting with my employer but believed I could control my condition and as such I didn't make any determined attempt to address the problems I was experiencing. A second lapse in professional judgement occurred and I was removed from the shift I was working, and a complaint was raised against me for the second time. This resulted in a referral to the NMC by the complainant and my employer, but conversely this simultaneously started me on a process that would eventually change my life. At my initial NMC hearing, I attempted to justify my actions and now I can see that I failed to demonstrate any insight into my activity. My worst fears were realised and I was suspended from the register and overnight was stopped from working as a nurse.

> *I lost my identity overnight… my profession, part of who I was… it just went.*

Being suspected of intoxication at work is in direct conflict with the NMC Professional Code of Conduct [11] in that it has the potential to both result in compromising the safety of the service user and bring the reputation of the profession into disrepute. One of the initial outcomes of a referral may be to suspend the nurse whilst an investigation takes place if it is considered to be a significant risk to allow the nurse to continue to practice.

3.5 Mentor

It was with a real sense of disappointment that I learned of the second adverse event; I had risk-assessed the situation when the mentee and I had met initially and at the time felt satisfied with the controls we had put in place. The second incident alarmed me as it came very shortly after the first and I knew that the registrant was clearly experiencing some health challenges. As a senior nurse, I felt I needed to move rapidly to protect him, the service users and the reputation of the organisation. Making an NMC referral is not an action to be taken lightly, and despite having a duty to report, I was conflicted because I knew it would result in a significant challenge to the registrant. However, once the NMC implemented the Interim Order suspending him from practicing as a nurse, and he had reached out to us for support, it became clear that there was an opportunity to salvage the situation and assist the registrant to recover.

When I spoke to the registrant for the first time after his NMC hearing, it was to discuss converting him to a Care Support Worker within the organisation which would enable him to work and regain some financial stability. In the initial meeting, I was focussed on finding out where he was in relation to addressing his dependency on alcohol and gaining assurance from him that as an organisation we could be confident that he would not repeat his actions again. During the meeting, I was not convinced that any of the remedial actions he had taken would provide the assurance I was seeking. As such, we spent time working out a recovery action plan and began the process of reflection to enable him to accept the circumstances of his case.

3.6 Mentee

At my first meeting with my employer, I was so apprehensive. I did not know what to expect and I was in a real mess, psychologically and financially. I had never been in a situation that had had such a deep impact on every aspect of my life, and I had no clue where to even begin to piece together my situation. I had reached out to the church and made a full commitment to abstinence immediately after the NMC referral had been made. In my heart, I knew the NMC would remove me from the register, and I would not work as a nurse again. I spoke to my professional colleagues, friends who knew me well. They warned me against fighting the allegations for multiple reasons; they also believed, as I did, that I would not be able to get a satisfactory outcome and that the NMC would strike me off. I had not got access to union representation, and I could not afford a lawyer. I was in a hopeless situation.

- *'Give up…. You don't stand a chance' (friend)*
- *'You are a foreigner—there is no hope for a good outcome here' (friend)*
- *'Look for another career' ('friend/professional colleague').*

But nursing was my life, it was my passion and once I had had my first meeting with my employer and embarked on a programme of mentorship and remediation, I was determined to demonstrate my commitment to my profession and fight to be reinstated.

The NMC recognises that remediation and reflection are an essential component of any investigatory activity relating to professional misconduct. Watters and Hacket [3], however, suggests that engaging openly with the regulator when, ultimately, they are in control of you being able to work or not is very difficult. As such, the existence of a clear policy and framework of support for nurses can have a significant impact on the eventual investigatory outcome and may even be the deciding factor in whether a nurse is reinstated back to the register or removed permanently [2].

According to Hunt [12], mentoring supports the mentee to recognise and cultivate their own strengths, through listening and guiding. Furthermore, the concept of 'hope' and optimism is important in such circumstances because as a mentor you look to instil in another person hope for the future and a positive belief that you can influence outcomes [12]. The mentee experiencing challenging circumstances such as these will

also require pastoral mentoring and guidance in relation to building their confidence, which invariably diminishes because of the investigatory process.

3.7 Mentor

As a Mentor, I knew I would need to support the nurse through this critical scenario by working in partnership with him. He was not a junior nurse; indeed, he was an experienced nurse with multiple skills, and I was aware that I would have to convey exceptional listening skills with an empathic approach to enable the development of trust between us as employer and employee. I took the approach that we would begin with a clear set of actions, but I was also mindful that I was supporting someone with both mental health and physical challenges, through a very complex set of circumstances.

At our initial meeting, the mentee spoke about his fear that the NMC would have already made up their minds to dismiss him and this had resulted in a tremendous loss of confidence. However, it was clear as we progressed through the meeting that he was committed to understanding his journey and eager to do all that he could to demonstrate this. Early in the process, we agreed to a programme of fortnightly meetings, which focussed on physical recovery and professional reflection. This I felt provided him with confidence that he was supported and gave him a focus and a goal. Whilst the initial meetings were slow to gain traction, it was evident that as he recovered physically, he was also beginning to grow in confidence. He became an equal participant in the process to the extent that he was able to lead the meetings based on the independent work he had done. This authenticated his effort, and I could see that he was beginning to believe he may have a chance at being reinstated. As we progressed through the first 6 months of the mentoring journey, as the mentor I had the opportunity to review our work and re-design the organisational policy and process to reflect the lived experience. I learned that flexibility and enablement were key to the success of the process and that enabling the nurse to lead the process with guidance was much more effective than working rigidly through set expectations. The breakthrough came when the nurse began to speak openly about his alcohol dependency and how with his new sobriety came a real opportunity to re-design his life. I also knew as the mentor that remediation and understanding was in essence the blueprint for the nurse to successfully demonstrate understanding and recovery. I was looking for genuine remediation, which comes from looking inwardly and gaining clarity around how to prevent the recurrence of the initial error. In this case, demonstrating learning, taking preventative actions and having a consistent approach to the ongoing management of his health issues were fundamental, I believed, to the nurse's recovery and subsequent reinstatement. And for me, it was the turning point for our meetings and an acknowledgement that we had reached the stage where we could start to plan for the next NMC hearing.

Remediation encompasses the process of recognising events that had a causative effect on the original incident and establishes that the nurse is seeking to apply corrective action whilst demonstrating responsibility. As a registered nurse, the concepts of both accountability and responsibility are embedded within the UK Professional Code of Conduct [11] and it is this framework by which the conduct of all UK nurses are measured. Being able to demonstrate remediation and accountability is very much part of any NMC investigatory processes and will indicate that the nurse is engaged with restorative action.

Adverse events, however, do not only impact on the individual; they can have far reaching consequences for the service user and the organisation as a whole.

Governance structures within the organisation must consist of clear professional policies and be guided by the principle of openness and transparency. The overriding existence of these will provide assurance to both the clients and the nurses that they will be supported in the event of an error and that the organisation has the capacity to oversee remediation. In essence, a recognition that incidents do and will continue to occur is

critical to the design of such frameworks to manage adverse events, and policies written in a practical and flexible way will enable mentoring to commence using an approach that works for both the organisation and the nurse.

3.8 Mentee

As a registered Mental health Nurse, I began to see how I could use the skills I had developed professionally to support me in my recovery phase. I used the tools I had to remain abstinent and reached out to my community and my family for support. I removed myself from situations that I knew would hinder my recovery and committed myself to working hard to show how important my career was to me. As we approached the second NMC hearing, I knew that the opportunity I had been given to go through the mentoring programme was a demonstration of both mine and my employers' commitment to my recovery and the preparation I had done was a strong reflection of my hope for reinstatement. I had begun to collect evidence that would provide accounts of my good work and these included testimonials from the clinical areas that I had been working in. My mentor was able to provide a reference which detailed the work activity we had undertaken and the chronology of meeting dates when this had occurred. I provided certificates of education for every formal learning opportunity I had attended and most significantly my health workers who had supported me through my physical recovery from my substance misuse provided reports that confirmed my abstinence. I felt more confident than I had been for a very long time and whilst this had not been an easy journey physically or mentally I was confident that I could present a very clear picture of recovery.

3.9 Mentor

As we approached the hearing date, it was essential to provide the mentee with as much knowledge about the hearing process as possible. This was a unique situation for our organisation as it was the first such hearing with our new approach and I was mindful that we did not have the usual line up of legal support and union representation. Nonetheless, I was confident that at the commencement of the hearing, we could provide really robust evidence of the work that the mentee had completed, and at the least prevent any further sanctions being applied. The NMC implements an automatic 6-month review period following the application of any restrictive order. It is unusual that restrictions are revoked in their entirety at this state, but there may be alterations to reflect progress or lack of in some circumstances. I had confidence in the mentee that he would be able to present genuine and compelling evidence to demonstrate both his recovery and his commitment to the profession. I believe we presented the Hearing Panel with an unusual and comprehensive approach to illustrate the work we had done collaboratively. Consequently, we were rewarded with a revoking of the Interim Suspension Order in its entirety, meaning the mentee could return back to work as a nurse, with no restrictions on his practice. A year on from that outcome, the case was closed completely.

3.10 Mentee

As I approached the interim hearing, I was confident that I had done enough to demonstrate that I had worked hard and been committed to my recovery. Having the mentoring structure in place meant that a lot of my apprehension was controlled by knowing that I could provide clear and unambiguous evidence for my case. As the hearing panel deliberated on what would be the outcome, I was almost certain that I would not be working again as a nurse for some considerable period of time and I was mentally preparing myself for that and the ongoing work I knew I would have to complete to provide assurances at the next hearing.

I was not however prepared for the ISO to be lifted without restriction.

When the ISO was lifted, it seemed that the 6 months of hard work had paid off—with the commitment I had shown to both my physical and

professional recovery. I know it was the culmination of the work my mentor and I had done together and the faith that she had in me that ensured the outcome was a good one. It was gratifying to see it work out knowing I was in a much stronger position than I had been for a long time.

3.11 Mentor

I was aware that despite the euphoria of having the ISO revoked, the mentoring process needed to continue albeit with a less frequent cadence of meetings. This continuity hosted a recovery period and enabled the nurse to return to a schedule of normality. Essentially, the ongoing impact of such a significant challenge to a nurses registration may be felt for a prolonged period of time and I was mindful of the risk of relapse once the initial pressure to remain abstinent had been removed. I also think as a mentor I was eager to see a prolonged period of good professional conduct and as such I wanted to have a controlled reversion back to normality so that the nurse continued to feel supported. The early mentor/mentee relationship was intense as we began to define boundaries and actions, following the hearing; it was clear that the mentoring relationship had developed beyond that of the initial remedial process, to one of professional support and guidance. Consequently, ending the mentoring relationship without the opportunity to enact the closure phase appropriately carried a risk of leaving the nurse feeling abandoned without the opportunity to reflect on the situation. The initial meeting following the hearing provided the opportunity to both reflect on the process as a mentor and take the opportunity to review how the process could have been improved. It also gave the mentee the opportunity to debrief from what had been an intense and life-affirming 6 months and to metaphorically take back control of his career. Whilst some mentees will choose to end the process rapidly to move on from the event, I was aware that others may choose to take a more sedate approach, as they return to normality. Providing each mentee with an option to choose either approach is key to the ongoing commitment and success of the process. Going over and over the original incident is not helpful; looking to the future and continuing to hold those lessons learned will enable the mentee to transition away from being the nurse under investigation to a more grounded individual who understands that adverse events happen, but has an insight into how to learn from those experiences and prevent them from happening again.

4 Final Reflections from the Mentee

When I reflect back on my journey, I so very nearly listened to my peers and gave up. I did not believe that I would ever make an organisation like the NMC listen to me and believe the commitment I had to the profession. Asking them to understand the overwhelming sense of fear that I felt when I began to reflect on the original incident, looking back and trying to plan a way through. The anxiety I felt at the thought of facing the system head on, failing and having to start again with a new profession, when nursing was all I wanted to do. I recall the helplessness I experienced at the beginning and the fear of discrimination, of being a foreigner and a person of colour going through this process. I also recollect the relief of knowing I had support from my employer and the control that came from having a comprehensive plan. Knowing that I could put my faith in a process that understood the actions I needed to take and above all else I now had hope that I could prove to the regulators that I was serious about remediating. The process of recovery was a difficult but cathartic process. I learned a lot about myself and my resilience. Throughout the reflective meetings, I became motivated to change and enthusiastic about the new opportunities for learning that were presented to me. Above all else, I can now see that with hard work and determination, anything is possible to achieve if you understand the process and believe in the manifestation of the eventual desired outcome.

If I had faced this process alone without guidance and support from my clinicians, family and

mentor, I genuinely believe that today I would not be able to call myself a nurse. As such, this is a lesson that has not only been rigorously learned, but it is one that will exist to support others going through the same process and one that I will continue to share for the good of others.

5 Final Reflections from the Mentor

Conversely, this has served as an opportunity for me as a mentor to develop personally and professionally, whilst contributing to the sparsity of literature available to support others through this unique process. Underpinned with a strong element of pride in how hard the mentee worked in the face of adversity, I could clearly see the effort the mentee had applied to his recovery. As such, the final outcome enabled him to recover and engage with a new energy in the profession he is fully invested in, as a confident and capable practitioner.

On reflection, this was a successful outcome that had come about as a result of hard work and commitment. It was not a journey that was easy to navigate as not only were most meetings conducted virtually, but they also had to take place often with the mentee in a clinical setting. Would I use this approach again? Yes without question although not all our virtual meetings were as succinct as they could have been, either due to technical difficulties or just a lack of being physically present. Despite the success, there are subtle changes to make in the cadence of meetings. We realised early on that fortnightly meetings were too frequent, they didn't allow for actions or recovery time; monthly meetings were better, more fruitful, more engaging and provided a greater opportunity for the mentee to lead the process and engage fully. Each situation must be managed individually, to allow for differing styles of learning, reflection, remediation and action. Above all else in circumstances such as these, where there is a foundation of anxiety and concern, the provision of hope of someone championing your cause and holding out a hand of comradeship is perhaps the lesson I learned as being the most important to convey to the mentee. And for the mentor? Well knowing you made a difference and perhaps had a lasting impact on someone, who will then reciprocate and offer the same support to another individual, is surely an incredibly rewarding outcome and one that reinforces the very essence of being a nurse.

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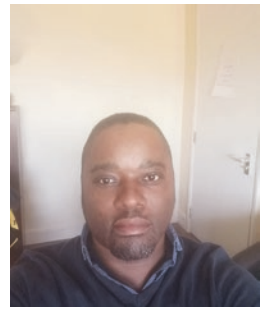
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Just Culture: Mentoring New Leaders in the Pursuit of a Culture of Safety

Kimberly Ternavan and Michele Maines

A mentor must always guide, never push. It was my job to listen to them, offer my perspective, and encourage them to pursue the ideals they believed to be true.

—John Wooden, head coach of UCLA basketball 1948–1975

Objectives

1. To illustrate the importance of mentorship in the development of future nurse leaders through one clinical nurse's mentored experience in the rollout of nurse peer case review within her institution.
2. To share one nurse leader's organizational development as she creates a new platform for "Just Culture" within her organization.
3. To describe the development of a Just-Culture-focused peer-to-peer mentorship program to aid in the successful implementation of a nurse peer case review committee.
4. To discuss the creation of an environment of mutual respect and trust.

1 Introduction

In 2014, the leadership of UCLA Santa Monica Medical Center and Orthopaedic Hospital were tasked with improving their peer-to-peer feedback structure as part of their Magnet® journey. As a result, two members of the hospital's administrative and clinical leadership collaborated to develop the health system's first nursing peer case review committee with the help of a staff nurse committee chair. The impact of the committee on the health system's development of Just Culture and on that first nurse chair was profound.

2 "Just Culture" and Nursing Peer Case Review

In a "Just Culture," the goal is to develop an atmosphere of trust where staff are encouraged to report safety-related information in order to enhance process and systems improvements in the work environment. While every employee is held accountable for patient safety and the quality of his/her practice choices, ample focus is also

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placed on identifying opportunities to improve system design. One mechanism for achieving Just Culture is nursing peer case review.

Nursing peer case review is "the process by which practicing registered nurses (RNs) systematically access, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice" [1, p. 3].

In our organization, the existing tools and processes commonly employed are simply not capable of assessing performance or encouraging of non-punitive discussions. The new nursing peer case review process supported "Just Culture" by providing frontline nurses with an opportunity for facilitated, peer-to-peer, non-punitive dialog with a focus on clinician performance and systems improvement. It fostered action planning targeted on legitimate root causes, stimulated performance improvement initiatives, and provided a forum for shared learning throughout the organization [2].

3 Mentor's Perspective: Kimberly Ternavan

When establishing any new initiative within our organization, it is vital to have the right people on the team to make it successful. Our Chief Nursing Officer at UCLA Santa Monica was recruited to guide the facility to its first Magnet® recognition, given her rich experience from previous leadership positions and understanding of organizations' impact on patient care and nurse development. She was truly influential in my leadership development, as she taught me how to apply the 14 forces of the Magnetism framework within an organized structure. One of the areas that needed refinement was the evidence of peer-to-peer feedback. Quickly, one of the Clinical Nurse Specialists and I volunteered to take on the process of learning about peer review and how we could apply it to our teams to strengthen our culture of safety.

I don't think anyone realized the impact that we would make on the hospital culture and our first clinical nurse chair. We needed a clinical nurse chair with some leadership experience and was aware of the shared governance structure and the Magnet® model. Michele, a mentee, easily fits that description. She had a positive attitude, worked well with others, was an active preceptor, taught undergraduate students at UCLA, and was willing to take a chance on this new committee. Most importantly, she demonstrated strong clinical practice and a sense of patient advocacy and safety that would be important for this role. She was committed to change and was willing to put the time and energy into its success. Initially, we set up monthly meetings with prep and debrief touchpoints as we navigated these new concepts. Michele had a great historical knowledge of the hospital and knew what would support our success.

Naturally, it was enjoyable to watch Michele in action. She communicated well with her nurse peers and exhibited mutual respect, which put them at ease. Most of her peers had never been comfortable with discussing an event that might have caused patient harm. Michele's creation of a positive experience helped them open up and impact our recommendations to change a practice or policy within the organization. During our planning meetings, I was incredibly transparent, collaborative, and open-minded, which led to a sense of psychological safety that translated into this strong working team. There were a couple of meetings where clinical nurses were not comfortable with discussing their practice and even contacted the union to ensure representation. We all took this seriously and together developed additional steps in our process where a clinical nurse committee member would mentor the nurses involved in the reviewed events. The extra step of mentorship reflected our current mentor/mentee relationship that was infused from my and Michele's existing relationship, and it became the norm. It was easily replicated, creating the additional safety layer that the team and participating nurses needed.

Nurses became more and more willing to share their stories. There were more and more small tests of change, which made an impact, allowing them to be vulnerable. In the absence of Michele's colleagues, she would often role model behaviors, as she had seen from her mentors. Engagement remained strong, and we had a year and a half without any committee members missing our meetings. Fast forward to the current day, our hospital has renewed its Magnet (R) designation; Michele was promoted to Clinical Nurse Educator and acts as a

mentor in her own service line nurse peer case review committee. In addition, we have successfully replicated our model to create five additional service line-based nurse peer-review committees with mentors throughout our health system.

4 Mentee's Perspective: Michele Maines

Two years after the nursing peer case review committee was established, I transferred to a leadership role at a different hospital within the organization. In this position, I was able to establish another nurse peer case review committee which has now expanded into multiple groups representing the specialties of the health system, as described by my mentor Kimberly above. I frequently cite this work as one of my most valuable experiences in becoming a nurse leader. While working as a bedside clinical nurse, I was highly engaged in education and professional governance, but it was the mentorship received and given during nursing peer case reviews that tipped the scales and gave me the confidence to pursue new opportunities.

When the option to be the first clinical nurse chair of the committee was presented in 2014, I agreed to it with nervous excitement. From the start, Kimberly's focus was getting the committee off the ground and building depth on the bench to sustain it. To accomplish this, she assumed the role of a nurse leader coach [3]. In contrast to a traditional manager, a nurse leader coach focuses not only on performance but also on professional growth through collaboration, feedback, and building on a nurse's strengths. Kimberly recognized what I enjoyed doing and what I did well and gave me those workflow pieces. In turn, I was able to grow within the role both in skills and confidence. She provided regular feedback, both positive and constructive. As a result, the experience was both busy and fun.

Kimberly's leadership approach also exemplifies Transformational Leadership (TL) [4]. TL is embedded in UCLA Health's nursing professional practice model through its foundation of Relationship Based Care [5] and the organization's endeavors to maintain a thriving Magnet® culture. Transformational leaders inspire motivation toward a common vision through individualized consideration and intellectual stimulation. They recognize team members' strengths and guide them toward responsibilities that they find interesting and rewarding. Transformational leaders also provide idealized influence. They model exemplary behaviors that build trust and become a blueprint for their team's own standards and performance. I continue to apply what I've learned through Kimberly's focused, enthusiastic, and supportive leadership in my day-to-day work.

5 Reflection from Mentor

Early in my career, I worked with some of the most incredible nurse leaders willing to provide one-on-one mentorship, which truly impacted on my career. They role-modeled transformational leadership qualities, and I witnessed them change department cultures by investing in leadership development of new staff. They taught me about being a leader and how each team member provides value to the patient care continuum. They provided an open and safe environment where I could be myself and learn without the fear of blame or scrutiny. This has always stuck with me. I have translated these learnings into the opportunity to spearhead this program within UCLA and with my own teams. Working with Michele reminds me of the fulfillment and success that they must have felt seeing me succeed in my first nursing leadership role.

6 Reflection from Mentee

Just as UCLA's legendary basketball coach John Wooden stated in the quote above, an effective mentor guides, listens, offers perspective, and provides encouragement. Through this strategy, Kimberly provided the ability for me to discover my strengths and areas of opportunity. I was able to gain confidence and develop my leadership skills. I now utilize this type of mentorship with members of the perioperative/procedural nursing peer case review committee I co-founded and co-led with a member of Kimberly's quality management staff.

7 Summary

Our teamwork was a pivotal factor in the improvement of the culture of safety within our patient-centered organization. Individually, we each continue our leadership journey utilizing our learned experiences to impact change and improve the health of our patients. And together, we use our voices and influences to create an ongoing impact and establish additional mentorship experiences which have become part of our organizations' journey to zero harm. UCLA Health has shown commitment to us as learners and created an environment where this relationship was cultivated, fostering personal accountability, better communication, and an environment of trust.

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Kimberly Ternavan, RN, MS/MBA, NE-BC, CPHQ is a nursing leader with a strong clinical background and more than 20 years of progressive leadership responsibility for patient care operations, financial performance of nursing services, development of staff and managers, clinical quality, and regulatory requirements for major quaternary teaching hospitals and medical centers. She is self-directed leader with a proven record of improving professional nursing practices, mentoring new nursing leaders, increasing patient satisfaction, patient safety, and quality outcomes while building a collaborative environment. She began her career as an adult critical care nurse and held several unit/directorship positions in Boston and Los Angeles before her current role as Director of Strategic Quality Management at UCLA Health. She received her BSN from Georgetown University, in Washington, DC, MS/MBA from Northeastern University in Boston, Massachusetts, and holds several certifications in Nursing and Quality.



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Part IV

Mentoring in Nursing Education

Mentoring in Nursing Education

Judith A. Halstead

1 Introduction

Developing and sustaining an academic career in nursing education is an intricate process that requires nurse educators to navigate a series of career transitions as they begin and advance their academic careers. The multi-faceted nature of the faculty role in a practice profession such as nursing encompasses teaching, scholarship, service, and practice. It can initially be overwhelming to the novice educator, who is typically expected to establish short and long-term career goals addressing each area. However, with support and guidance from those more experienced in academia, the transition can be successfully, and even joyfully, navigated. For many nurse educators, a key factor in their success at doing so is the presence of mentors in their professional lives. The collection of global narratives in this section on mentoring in nursing education beautifully illustrates the importance of mentors in beginning and sustaining a rewarding career in academia.

The higher education work environment that faculty inhabit, at first glance, appears to be more unstructured and free-flowing than the health care practice environment from which many new educators are transitioning. The new educator finds that their time is no longer driven by emerging, time-sensitive patient care needs; rather, it is now driven by the institution's mission, teaching schedules, committee work, student demands, and the need to establish their own record of teaching excellence, scholarly accomplishments, and meaningful service contributions, all while maintaining practice competence. But this apparent lack of structure can be misleading. It is up to the individual to create and provide their own structure to their work world, using their time wisely to meet all these obligations. Structure needs to be created among all the professional demands that exist, both in expectations and opportunities, and mentors can provide meaningful guidance as choices are made.

The faculty role in academia is entrepreneurial by nature, as there are many ways by which an educator can choose to structure their career path. With so many choices and decisions to make about how to structure their academic career, it is not surprising that mentoring relationships have long been thought to be essential to helping novice educators successfully initiate their academic careers. The mentoring relationship "is a developmental relationship that is embedded within the career context" [1, p. 5]. The mentoring relationship's unique nature is focused on career growth and development [1].

Hall and Chandler [2] stated that careers could be thought of as having "learning cycles," with cycles lasting a limited number of years as the

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individual moves through career transitions (or learning stages) that are defined by exploration, trial, establishment, and mastery/high performance (p. 472). Conceptualizing an academic career trajectory in such a fashion works well. The novice educator begins by exploring the options available to them as they decide how to establish their teaching role, develop their area of scholarship, and select appropriate service contributions. Then, through trial and re-assessment of their goals, they gradually establish a record of accomplishment in all aspects of the faculty role. By mid-career, faculty are exhibiting mastery of their chosen areas of expertise and demonstrating high performance that will allow them to be promoted through the professorial ranks. When career trajectories are conceptualized in this manner, it quickly becomes apparent that mentoring relationships are not confined to career beginnings but can be beneficial across the various career stages.

By nature, mentoring relationships in academia can be formal or informal. In a formal mentoring relationship, mentors are assigned, while in an informal mentoring relationship, the mentor is approached by the one seeking mentoring, or the mentoring relationship may be peer-to-peer [3]. In a study [4] of mentoring among junior athletic training faculty, the faculty attested to the value and importance of having informal mentoring relationships with faculty from within their institution to help them understand policies, tenure requirements, and other aspects of the faculty role that were unique to their institution. Likewise, the faculty also attested to the importance of having formal and informal mentors that were external to their institution to help guide them in their professional growth. The authors concluded that junior faculty need internal and external mentors, benefiting from formal and informal mentoring relationships. It appears that developing a network of mentors is most beneficial to meeting the many developmental needs of novice faculty [5].

What makes for a successful mentor-mentee relationship? The Mentorship Effectiveness Scale, developed by the Ad Hoc Faculty Mentoring Committee at Johns Hopkins University School of Nursing, identifies 12 characteristics of effective mentoring, and is derived from characteristics that are thought to be desirable for mentors to possess [6]. Many of these characteristics relate to personal attributes such as being able to be supportive and encouraging, motivational, approachable, and accessible. Professional characteristics such as being an expert in one's field, having professional integrity, being respected by one's peers, and being honest were also deemed desirable characteristics [6]. A trusting relationship was also identified in one study as being the most important characteristic of a successful mentor-mentee relationship [7]. An individual's own experiences of being mentored can also positively affect how they subsequently approach mentoring relationships with their mentees [5], leading to more successful mentor-mentee relationships. The chapter narratives in this section on mentoring in nursing education serve as exemplars and provide "real-life" examples of how these mentor characteristics have positively influenced the mentor-mentee relationships represented in these chapters. We can learn much from their experiences.

Despite reports that mentoring is beneficial and promotes job satisfaction and faculty retention among nursing faculty [7, 8], the literature has also noted that many academic nurse educators do not receive mentoring in their roles [3]. In an era of nurse faculty shortages along with an accompanying desperate need globally to increase enrollment in our nursing programs, the nursing profession cannot afford to lose promising new nurse educators because of a lack of support and orientation to the role. Nurse leaders must consider strategies for the successful retention of nurse educators in the academic setting. Successful mentoring programs require significant administrative vision and support as well as systems support [9].

While the majority of published mentoring literature addresses the needs of novice nurse educators, our vision for successful mentoring programs should not be confined to novice educators. Not only does the nursing profession need to support and retain new nurse educators, it also needs to nurture educators in their development

as scholars and leaders in the profession. A systematic review on the effect of mentoring on research productivity [10] yielded findings suggesting that mentoring post-doctoral nurses promoted increased research productivity and leadership development. These findings imply that mentoring nurse educators into the mid-career stage of their careers and beyond is a crucial step toward developing the next generation of nurse educators, scholars, and leaders.

Supporting the development of mentor-mentee relationships in nursing education has the potential to create caring environments in our nursing programs that will nurture the careers of the next generation of academic nurse educators, leading to increased job satisfaction and retention. We owe it to our faculty, students, and patients to continue to explore the nature of successful mentoring, as illustrated in these chapters.

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Mentoring New Faculty: Being an Ally and Advocate

Debra Jackson and Nancy Rollins Gantz

The future depends on what we do in the present.

—Mahatma Gandhi

Objectives
In this chapter, we will:

1. Introduce readers to some of the factors facing nurses becoming nursing faculty;
2. Describe strategies that can be helpful in establishing an academic career in nursing; and
3. Reflect on the importance of mentoring in faculty development.

1 Introduction

'Becoming part of the faculty was exciting and I felt very privileged to be involved in supporting contributing to the learning of the next generation of nurses, but it was also stressful and hard to establish healthy boundaries. For the first few months I was totally exhausted all the time and was working well into the evenings and over weekends just trying to get my head around the new role. I always felt there were a dozen things I should be doing but didn't have time to do. I eventually started to feel like I was on a treadmill, and I would never be able to catch up and that I would never get to have any downtime at all. Thankfully I was able to talk to my mentor about my concerns and get some help to think about and decide on some personal boundaries and managing workflow to ensure that I can get some regular downtime' (new nurse faculty).

The future of nursing as a strong and evidence-informed discipline to improve human health is dependent on the quality of the workforce. The nature and quality of nurse education is a crucial element in ensuring a robust nursing workforce. However, in many parts of the world the nursing academic workforce is under stress—there are shortages of academic nurses, and the recruitment and retention of faculty is an issue of ongoing concern [1–4]. This issue makes it crucial that new faculty are appropriately supported as they transition into the academic sector.

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2 Mentor and Mentee Narratives

Our Journeys We would like to begin our shared narrative by introducing ourselves and revealing a little of our stories, and what brought us together. Following this, we will share some of the key issues that have shaped us in our careers and relationship.

Debra Jackson *My nursing career began when I entered a hospital-based training program as a 16-year-old. My entry qualification was a certificate in nursing from a hospital-based training school and following on from earning that certificate, I worked at the bedside for a number of years in mostly acute medical and surgical settings. After about ten years, I decided to apply to go to university to upgrade my qualifications to diploma and then degree. When I began this journey, I was plagued with doubts and uncertainty, as to whether I would be able to be successful with academic work. However, over time I slowly gained in confidence and came to develop a real love of learning and for this I credit the caring and dedicated faculty who gave me the skills to learn how to learn and, in so doing, transformed my life and my career. I started to see the value of education for its own sake (not just for the purpose of getting 'that' piece of paper). I threw myself into getting more and more opportunities to learn. At this time, I was a single parent and find it so had to continue to work in paid employment to support myself and my family while I was studying. During these years, I was mostly working in women's and children's health in hospital and community settings. On completion of my degree, I commenced and completed a Master's degree and then a PhD.*

I have been fortunate to have had some wonderful mentoring over my career but the most influential has been from my doctoral supervisors, who guided me in so many ways. I have been interested in the nature of professional relationships in nursing for many years and have done some supervision and research on this over my career, particularly around nurses who move between clinical and educational settings. I am an active mentor now and greatly enjoy my mentoring relationships. It is a source of pleasure for me to be able to be a sounding board and supporter as they navigate the challenges and opportunities of their careers. My mentoring relationship with Nancy is especially enjoyable, despite the vast geography between us.

Nancy Rollins Gantz *My career has many similarities of Debra's in that I began in a diploma program as I wanted the 'hands-on' experience of caring for patients. Knowing that the theoretical education would be incorporated into the enrolled program, this was the most important element for me. Then came graduation and straight into a trauma, open-heart ICU unit which was exciting and an education in itself. And my heart has always remained with critical care nursing. The following years were administrative positions, Director of Critical Care and Vice President of Nursing coupled with the education of an MBA, MSN, and PhD. The education never stops as now I am in a DNP program. Looking back, academia was never an interest for me. Spending 30 plus years in international consulting to over 45 countries in hospital/nursing administration finally brought me to where I want to give back to the profession and that is in the academic world, the younger, new generation of nurses. It is a heartfelt belief that we evolve in this world, and we must give back generously to what was our stepping-stone in our life and career. It would be an honour to be a replica of my very first nursing instructor who was the epitome of the nursing profession, human caring, and excellence.*

The frosting on my cake is having the mentor that I do. How blessed I am! Never would I have thought that such an internationally, well-known, and accomplished professional would become a mentor for my move into the education world. Debra provides the platform I need to grow and develop my skills as an educator and learner. She empowers me and proactively supports me in every endeavour or situation I present to her. My mentor is options and refers me to research and

resources that assists me in decision making and clarity. She has provided a new perspective on mentoring and having had my first mentor when I was 25 years old and embarking on a leadership position, I never thought I would continue to be amazed and challenged at this stage of my career. But my mentor has opened this new world of academia in a way that is using talents and skills I had no idea that I possessed. Every meeting we have there is a list of goals and queries I have for my mentor to open new light into my mind. And she does just that. My mentor is always present and listening.

3 Mentoring and New Nurse Faculty

When nurses move from clinical work to faculty, they often also move sectors—from the health sector to the higher education sector. These two sectors have vastly different functions, expectations, and key performance indicators. While new nurse academics/faculty are able to access formal orientation in some settings, there are still many settings in which there are no formal orientation programs, or only a generic program that covers wider university orientation, but still leaves the nurse newcomer with many questions. In some settings, newcomers are simply assigned an office or workstation and are expected to be able to figure out the job for themselves. Others have a buddy or mentoring system to help with the day-to-day issues in the new role. However, it is our view that mentoring needs to be comprehensive and ongoing for new faculty, and that while there will be generic elements, there will also be elements that are bespoke, that are specific to the needs of the individuals within the mentoring relationship. This relationship will likely change and grow over time in response to the needs of the mentoring partners.

During transition to the academic environment, new faculty can benefit enormously from having allies and advocates– we believe that allyship and advocacy are crucial to the mentoring partnership. As with any other mentoring relationship and connection, the quality of the relationship between the more experienced and the newer faculty member is important, and the relationship should be underpinned by respectful communication, a reasonable degree of accessibility, a preparedness to exchange knowledge and insights, a willingness to collaborate and share, and varying levels of role modelling and coaching as needed. McDermid et al. [5] present a model to support nurses making the transition to nursing faculty from the clinical environment. This model highlights the centrality and importance of factors such as support, orientation to the new environment, faculty development, socialisation and coaching through the transitory period. These authors position mentoring as central to successful transition, and state, '*effective mentoring is an integral part of the transition process of new nurse academics … socialisation through a mentoring programme is essential in the socialisation of new nurse academics and creating an awareness of workplace culture*' [5, p. 271].

In addition to the above, mentoring faculty involves of a number of additional elements that are common to these specific relationships. While these will likely vary slightly depending on the needs, experiences, and aspirations of the individuals within any particular mentoring relationship, in our view these elements are all important areas for discussion and consideration. These elements are career development, goal setting and planning, building and sustaining networks, developing and maintaining relationships, self-care and nurturance and reflective practice. We will briefly discuss our experiences and views of each of these elements.

Career development—Great careers don't just happen—they are the result of seeking out opportunities to learn and to grow. It is important to be open to taking opportunities that come along. Faculty life is replete with opportunity, though many times opportunities may not appear as opportunities. Massey et al. [6] have written a very useful set of tips to help nurses as they transition to faculty. These authors highlight that it can be the excitement of something new and adventurous that has never been presented to you before that you want to take that leap of faith—the educated leap of faith that a mentor supports

and coaches you on. When confronted by opportunities, we discuss them within the mentoring space, and consider the following:

1. What are the potential benefits and learning opportunities?
2. What are the resources required?
3. What is the timeline?
4. Will this impact other agreed commitments?
5. Will another similar opportunity come along?

After considering these questions, the mentee is better able to make a decision about whether (or not) to take up the opportunity.

4 Strategies for Nurses to Support Their Career Development

Goal Setting and Planning As we have noted above, great careers do not just happen—they are planned for. So, we feel it is very important to have a mindset of planning for success. Over the years, we have come to realise that many nurses do not fully and completely understand their faculty role when they are first appointed—this is because many do not have the benefit of formal orientation and mentoring into the role. So, the very first thing to do here is to take the time to become familiar with what is required in the role. Start out with the following questions:

1. What are the key dimensions of the role?
2. How is my performance measured and by whom?
3. What are the main key performance indicators of the role?
4. How can I demonstrate growth in each of these?
5. What resources can I draw on to help here?

Reflecting together on these questions can help begin the process of identifying goals and the resources needed to actualise those goals. This process helps with being successful at each stage of career.

Being Part of Multiple Networks Relationships are important and this remains so across the whole of career. Supportive networks are not only useful for professional socialisation and as a way of contributing to the profession in a meaningful way, but they have also been shown to help nurses and midwives to deal with workplace adversity and therefore are known to contribute to personal and professional resilience [7]. Networks become our professional support system:

> We each need a network of people who can be called upon for guidance and support when needed. It is especially important to develop networks with people outside the immediate work area. These colleagues can provide validation and take on the role of 'sounding board', especially at times when tensions are running high in the workplace and when seeking such support within their own workplace may expose individuals to unnecessary vulnerability [8, p. 7].

Professional organisations can be a lifeline for developing a network of new, like individuals. Organisations such as Sigma Theta Tau International historically have a solid foundation in education from its inception 100 years ago. The network and professional and personal relationships one can develop through participating in organisations can be the future for one's career and mentoring opportunities. We developed our relationship through our shared membership of Sigma Theta Tau International.

Fostering and Contributing to Relationships That Will Enhance Growth Mentoring is primarily a relationship between two (or more) people. For relationships to be optimally useful, beneficial, and sustainable, they should be experienced positively by both parties. This is important because most people are busy and have many demands on their time. An enjoyable activity is more likely to be honoured and continued even in busy times, than one that is dreary and not experienced as enjoyable. In a qualitative study conducted to capture and analyse the experiences and perceptions of experienced academic nurse mentors supporting early career nurse academics, mentors reported they did enjoy having the

opportunity to be a mentor to a new academic nurse [1]. These mentors felt fortunate to be able to support and guide newer nurse faculty and be able to help newer faculty avoid the pitfalls they themselves had fallen into earlier in their own careers. In this study, mentors felt they also benefitted from the relationship, although they did recognise that the relationship existed primarily to meet the needs of the mentees.

Mentoring relationships can be either formal or informal, and internal or external to institutions and all of these ways of constructing mentoring relationship have their strengths. However, we believe that environments that feature nurturing relationships between faculty of different experience levels can contribute to a more compassionate environment that can potentially benefit others within the environment. One thing that can happen through the presence of mentoring in workplaces is all faculty having heightened awareness of the need to support and provide developmental and other opportunities for colleagues. Reflecting on our careers, we know we have both benefitted enormously from the generosity of colleagues, and the 'random acts of guidance' gifted to us by others [9].

4.1 Self-Care and Its Relationship to Personal Resilience

Resilience is a word that carries some baggage, but we do believe that the ability to work in contexts of adversity and difficulty without being damaged is crucial to career success. We do agree that this shouldn't be necessary but between us we have worked in several countries and organisations, and we are aware that all settings have periods of difficulty and adversity. A concept analysis of personal resilience highlighted the importance of building and maintaining positive and nurturing professional relationships and networks [8] and states that seeking mentoring relationships is an important supportive strategy when facing workplace adversity. We do believe this.

Self-care is central to personal resilience and to sustaining a career over time. Sometimes we find ourselves taking on way too much. Massey et al. (2019) highlight the need for nursing faculty to be able to have healthy boundaries to care for ourselves:

> practicing self-care also ensures you prioritise time for yourself and your family, eat well, get enough sleep, and engage in health-giving activities such as exercise (Massey et al. 2019, p. 3373).

Massey et al. (2019) go on to say that self-care includes being able to say no when faced with demands that are unreasonable in nature, or where there are not adequate resources to support the activity. Many of us do not find it easy to say no, as we are keen to help colleagues where we can. But sometimes, saying no is an act of self-care and so we do have to do it. The mentoring space is a great place to be able to discuss and articulate boundaries, and for those who find it difficult, to practise saying no!

4.2 The Importance of Self-Reflection

Mentee: *Every morning I am up at four in the morning and with my coffee in hand I begin to reflect on the day I just had. The reflection of new ventures and avenues in education that are so different than what my previous career of administration provided for me. I want to dive deeper into those feelings of giving, caring, and teaching the new generation of nurses.*

Kemmis [10] provides a definition of reflection that resonates with us both:

> Reflection… looks inward at our thoughts and thought processes and outward at the situation in which we find ourselves; when we consider the interaction of internal and external, our reflection orients us for further thought and action. Thus, reflection is meta thinking-thinking about thinking in which we consider the relationship between out thoughts and actions in particular context (p. 40).

Self-reflection not only creates critical thinking, deep thinking, and values awareness [11]. In our own careers, self-reflection has provided a deeper understanding of new opportunities and an appreciation for the phenomenal learning that has encompassed our careers and lives. However, in times of difficulty, Rollins Gantz [12] again

draws on reflection and speaks of pulling oneself out of 'a black hole' and considering strategies such as personal discovery, meditation, prayer, and ongoing reflection in order to heal and to get on with living.

What Is Best Practice in Academic Mentoring? In order to consider best practice, it is important to first review the evidence in relation to mentoring for their own particular context. This will mean that mentors and mentees can then draw on the evidence to help inform and shape the ways they construct their own mentoring relationships. However, while the potential value of mentoring in academic nursing is recognised, in general, there is a paucity of literature about the nuts and bolts of mentoring in academic nursing. Thus, it is important for those with the capacity and desire to do so to consider also contributing to the literature in this essential area of development and support for staff. Both the mentor and mentee have published works on mentoring and stay active in having a mentor and being a mentor to others. They strongly believe that you 'get what you give' in life. However, mentoring is about human connectedness and relationships. Jackson [9] has previously commented that:

> these types of relationships, premised on professional generosity and human connectedness are each unique. It is difficult to capture and uniformly replicate the human elements that will either make a relationship meaningful or render it insignificant. Who can say what it is that makes a person react in a particular way to a particular influence? Or see something in another person that makes them want to give a gift to guide the way? Then there is the need on the part of recipients to be able to see these gifts for what they are; to be prepared to listen and learn. It may take time and a period of reflection before a message is really heard and understood. Furthermore, the role of each party in any such relationship varies according to the needs and responses of the other. Therefore, no two could be the same. Each has its own ebb and flow. These relationships form, grow, develop and, often naturally, conclude, according to the needs of those experiencing them.

The individual human elements to these relationships makes it difficult to establish best practice. However, McCloughen et al. [13] highlighted the importance of esteemed connections, leadership vision, and being a strong champion is crucial to effective mentoring. We also believe that allyship and advocacy are crucial to the mentoring partnership for new faculty and are of great benefit as the new faculty member enters and takes their place in the new environment, and as they continue through their careers.

5 Concluding Messages

The future of nursing is reliant on nurses being able to access and benefit from a robust and relevant education, and this is necessary at the undergraduate or preservice level and also through continuing development and graduate education. In order to provide this, it is crucial to have a strong and effective academic nursing workforce. Mentoring relationships to support nurses new to academic life is one strategy that can support this important transition from clinical to academic nurse. In order to be optimally beneficial and sustainable, mentoring should be enjoyable for both partners and the mentee should benefit from the allyship and advocacy provided by the mentor. In this way, it can contribute to the social capital of departments and schools. Mentoring is a practice that can benefit individuals and schools and ultimately strengthen and nurture the academic nursing workforce.

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Dr. Gantz has published on numerous topics; presented and consulted/lived in over 45 countries; held adjunct professor at numerous universities; and participated in international and national editorial boards. Dr. Gantz has been an active Sigma member since 1990; a former Middle Manager Board Member of The American Organization of Nurse Leaders; and has held numerous national and regional positions with the American Association of Critical-Care Nurses (AACN). Dr. Gantz is currently president (2019–2023) of the Beta Psi Chapter of Sigma in Portland, Oregon. Dr. Gantz has a never-ending passion for Sigma International, the staff, and its membership and she holds the position of Secretary (2021–2025) on the Sigma Theta Tau International Society of Nursing Board of Directors.

She has received several honors and awards, including the American Organization of Nurse Executives PRISM Award for leadership in cultural diversity; the Lloydena Grimes Award for Nursing Excellence from Linfield University-Good Samaritan School of Nursing; and, most recently, the International Leaders in Achievement. Dr. Gantz is a Wharton Fellow through the completion of the Johnson & Johnson Wharton Program for Nurse Executives, The Wharton Business School. She is the editor and author of the book 101 *Global Leadership Lessons for Nurses: Shared Legacies from Leaders and their Mentors*, published by Sigma in 2010. Dr. Gantz recently received her certification as a Global Nursing Consultant through the International Council of Nurses and CGFNS. She also holds a CNEn as her direction in nursing is now to help educate future nursing generation professionals. Dr. Rollins Gantz holds fellowships in the American Organization of Nurse Leaders and the Royal College of Surgeons and Midwives of Ireland.

Building a Sustainable Academic Career

Deanna L. Reising and Judith A. Halstead

In order to be a mentor, and an effective one, one must care. You must care. You don't have to know how many square miles are in Idaho, you don't need to know what is the chemical makeup of chemistry, or of blood or water. Know what you know and care about the person, care about what you know and care about the person you're sharing with.

—Maya Angelou

Objectives

Upon completion of this chapter, the reader will be able to:

1. Describe the benefits of mentor–mentee relationship across the continuum of an academic career in nursing education.
2. Explain the benefits of developing a mentoring network that meets the professional development needs of nurse educators at various stages of their academic career.
3. Discuss the importance of allowing the mentor–mentee relationship to evolve over time.

This chapter shares the narrative of a long-term mentor–mentee relationship between two nurse educators that helped shape the academic career of the mentee (Dr. Reising) from when she was a novice educator developing her teaching expertise to achieve tenure and rank as a full professor and the recipient of an international award for excellence in nursing education. Throughout the course of this long-term mentor–mentee relationship, the mentor (Dr. Judith Halstead) continued to develop her academic leadership roles leading to national and international influence in nursing education, which has allowed her to career opportunities that were a good fit for Dr. Reising's growing expertise as a nursing education scholar. This mentor–mentee relationship provides a case study of how mentor–mentee relationships can develop and change overtime, providing mutual benefits to both individuals.

1 The Mentor and Mentee Narrative

Dr. Reising (Deanna): Like many nurses in academia, I began my nursing career in direct care in medical-surgical and intensive care nursing. I was fortunate, though not common at the time, that my first nurse manager was held a master's degree in nursing and appreciated the value of advance nurs-

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ing education. I knew I wished to practice at a more advanced level and did my own investigation of master's programs, settling on a Clinical Nurse Specialist (CNS) program. My manager was highly supportive in arranging my schedule and allowing me to leave shifts early to pursue my master's degree. I knew early in my master's degree that I wanted to pursue teaching nursing as a possible career.

Soon after, I began a full-time position as a lecturer at the regional university in an Associate Degree in Nursing (ADN) program, while also working part-time as an Assistant Director of Nursing (aka: house supervisor) at the local urban hospital. In this first full-time teaching position, the guidance of my course leader in the ADN program was highly important to me in "learning the ropes" of how to teach. While I had been a clinical instructor before that was nothing compared to the day-to-day responsibility of ensuring student success in a program where students needed continuing support.

Within a year, I moved from the regional campus to the flagship, large university campus, and began my pursuit of a doctoral degree in nursing. I was fortunate that my campus was closely associated with the academic health center campus of the same university located about 50 miles away. It was through that association that I was able to build an enduring relationship with my primary mentor, Dr. Judith (Judy) Halstead. Both Judy and I were also fortunate to be mentored by our colleague Dr. Diane Billings.

Dr. Halstead (Judy): From the beginning, I recognized Deanna's drive to improve nursing education. While Deanna's faculty position was on the flagship campus, and my faculty position was located 50 miles away on the academic health center of the same institution, the two campuses functioned as one and we frequently interacted on curriculum and student matters. I noticed that she was an early adapter, pushing boundaries in educational strategies and technologies. In fact, our first collaboration was a 1995 publication on the use of technology to facilitate student communication with an information network, co-authored with a nursing student and Dr. Diane Billings. Deanna volunteered to participate in the development of the information network and was eager to co-author a paper describing our project. Our institution, Indiana University School of Nursing, was receptive to innovation, evolving into a well-known and respected leader for nursing education scholarship. Being at an institution that recognized excellence in nursing education hugely influenced how both of us developed as scholars in nursing education. Even though I was still relatively early in my own career development as a nurse educator, I realized the importance of being mentored, and in turn, the importance of mentoring others.

Dr. Reising: Early in my academic career, I was mentored into investigating innovations, developing methods of evaluation, and introduced to publishing my work, the cornerstone of any academic career. I was an avid reader of both nursing education literature and clinical literature to build my expertise in both. As I traversed the many different official position titles (Visiting Lecturer, Lecturer, Clinical Track Assistant Professor) during my PhD program, I was well on my way of building scholarship related to teaching innovations. Dr. Halstead was with me every step of the way, reaching out, seeing what was new, asking probing questions to help me think deeper and more substantively about the phenomenon. These mentorship strategies continue, thankfully, to this day. While my PhD dissertation, "Socialization of Critical Care Nurses" was not directly related to nursing education scholarship, the tenets of transition and methods to study these transitions are directly related to how we navigate students successfully through their nursing programs, and such tenets can also be applied to how we help novice faculty navigate career transitions.

Dr. Halstead: As Dr. Reising finished her doctoral degree, she embarked upon one of the first major transitions in her career, an appointment to the tenure-track rank of assistant professor. This new appointment came with the typical tenure-track timeline, requiring her to focus her scholar-

ship efforts to be successful in achieving tenure. While she had previously been engaged in clinical scholarship, it was clear that this was not an area of research that was driving her and lacking that drive would be difficult to sustain. As Dr. Reising's mentor, I could see that she needed some guidance and encouragement in going with her strengths—which was her innovative approach to teaching and connecting with students. It was clear to me that she would be able to make substantive contributions in the field of nursing education if she narrowed her focus on a particular area of scholarship. Indeed, a successful tenure case at our university demands a narrowed focus for scholarship, but also allows for and encourages a focus in the scholarship of teaching. I encouraged her to develop her tenure portfolio to demonstrate excellence in teaching, which requires scholarship of teaching, but also requires being satisfactory in research and service. Observing Dr. Reising's teaching accomplishments, I felt she had already developed a focused area of scholarship in nursing education, one that would allow her to combine her clinical expertise with her teaching expertise. This area of expertise was in service learning.

Dr. Reising: At Indiana University, service-learning workgroups were developing and once I joined a work group, I knew that was a possible area of scholarship for demonstrating the linkages and transitions which students needed between theory, practice, and service to the community. Pursuing this area of scholarship would allow me to combine my clinical expertise with my teaching expertise. Seeking consultation from Dr. Halstead, I decided to focus my program of teaching scholarship on evaluating student outcomes in service-learning experiences. In addition, I also planned to study patient outcomes that resulted from the service-learning community events in which students participated, thus hopefully demonstrating the value of practice-education linkages to improving patient outcomes. This allowed me to build a body of research that would support my bid for tenure.

Dr. Halstead: Dr. Reising's emerging scholarship in linking academic-practice learning experiences to improving patient outcomes was an area that had much potential. While I was not an expert in service learning (Deanna was), I did understand the growing importance in the healthcare professions of linking evidence-based education methodologies to improving patient outcomes, and that her area of research was timely. As her mentor, I was instrumental in helping her identify grants, publication opportunities, and awards for her service-learning scholarship. Her tenure and promotion case were successful, and after achieving promotion to associate professor and tenure, she was ready to plan the next stage of her academic career.

Dr. Reising: As I entered my mid-career stage as a tenured associate professor, I focused my work on achieving promotion to professor, requiring me to continue to nationally and internationally extend my influence and impact on the nursing profession. As such, the trajectory to my next promotion was a little slower. My primary goal was to continue to connect my clinical expertise to my scholarship in nursing education, linking practice, and education. I began substantive consultative work with our clinical agency for American Nurses Credentialing Center (ANCC) Magnet Recognition Program. This had been a longtime vision for me—using a research-based blueprint for nursing excellence in practice would surely improve clinical learning for students, our eventual practitioners. I was fully committed to pursuing this work. Fortunately, I was introduced to a retired surgeon joining our medical school faculty who was very interested in co-education of nursing and medical students. In one of my conversations with Dr. Halstead, she became energized over this new partnership. As a nursing leader for some time, she was well aware of the Institute of Medicine reports calling for more integrated health professions learning, the impetus of the interprofessional education (IPE) and collaborative practice movement.

Dr. Halstead: Dr. Reising's growing expertise in measuring patient outcomes and her emerging interest in pursuing a collaborative partnership with the medical school to implement IPE provided the next logical step in her career development. With her medical colleague, she began a thriving program of IPE on their campus, just ahead of the university's foresight to invest in a health professions interprofessional education and practice center for all university campuses. As I was asked by the university to lead the development of the center, I was in a position to clearly identify how Dr. Reising's IPE scholarship would be a good fit with the new center's mission. This provided Dr. Reising with the opportunity to collaborate with me and others on the ground level of growing the university's developing program of IPE research. This involvement further propelled her next area of research and further strengthened the mentoring relationship we already enjoyed. We were essentially learning about IPE together and collectively growing our network of university colleagues who were interested in IPE, and eventually at the national level. This led to Dr. Reising submitting a competitive proposal to the Josiah Macy Jr. Foundation to support her interprofessional "Navigator Program."

Dr. Reising: The "Navigator Program" sought to train interprofessional teams of nursing and medical students to provide home visits to patients enrolled in a hospital's transitional care program, targeting patients who were discharged but deemed at high risk for readmission. Dr. Halstead was my primary mentor, and I also benefitted from my Macy mentor Dr. Christine Tanner. As I mentioned before, Dr. Halstead's methods for mentoring, successfully executed previously, were in play for this continued relationship. Some would call it "pushing." It was, but not in a negative way—this mentoring pushed me intellectually. I could not initially see an important research implication that was right in front of me. Because she got me through this "aha" moment, we were able to substantively improve the project, not only documenting positive student outcomes but also improving patient outcomes such as reduced 30-day readmissions and longer days to readmission. Dr. Halstead assisted me in developing the whole package: student outcomes, patient outcomes, with critical impact on the cost of care, in other words, we were fundamentally impacting each part of the Institute for Healthcare Improvement's (IHI) Triple Aim [1].

Dr. Halstead: Creating a scholarship trajectory was not new to Dr. Reising, but the political implications around this particular project were new to her. While Dr. Reising had considerable expertise in IPE, measuring patient outcomes, and collaborating with interprofessional teams, a project of this scope also required her to develop an understanding of how to network and successfully navigate a project through the various levels of key stakeholders, garnering support for the project. I was able to provide her with insight on navigating the power structures that would be necessary to both execute the full extent of the project she had designed, but to also do so in a manner that would be sustainable past the initial funding. At this point in my career, I had a successful track record in developing "start-up" infrastructures resulting in sustainable programs and was able to guide her in the steps she needed to take for implementing her proposal.

Dr. Reising: Without Dr. Halstead's observations and advice, this valuable navigator program would not be serving patients today. The results of the project were disseminated, and the project received the recognition it deserved. For example, our IPE team presented the results of the navigator program at multiple national and international nursing and interprofessional conferences. Our publications were focused on advancing faculty training that served as a background to interprofessional collaboration, including the development of a new measurement tool to measure student outcomes in interprofessional collaboration which has been used by other faculty. This led to opportunities for further awards and distinctions, shepherded by Dr. Halstead

including: induction as a Fellow in National League for Nursing Academy of Nursing Education (ANEF), induction as a Distinguished Scholar and Fellow in the National Academies of Practice (FNAP), and the prestigious Elizabeth Russell Belford Award for Excellence from Sigma Theta Tau International. As a result, Dr. Halstead had once again mentored me through another promotion, this time to full professor.

One might think, then, that this mentoring relationship has diminished since my full professor promotion. Not at all! I am fortunate that I now serve on an innovative National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA) taskforce with Dr. Halstead, and she (and Dr. Billings) once again mentored me through my successful fellow application to the American Academy of Nursing (AAN). Further, Dr. Halstead has served as a role model as I mentor others, consistent with the findings of one study on whether having being mentored affects subsequent mentoring [2]. One of my most rewarding career experiences has been participating as a mentor in the mentoring program offered jointly by NLN and Johnson and Johnson, allowing me to "pay it forward" to a new generation of nurse educators. This mentoring experience used the traditional dyad experience, my same experience with Dr. Halstead, to enhance the scholarship production of mid-career nursing education faculty. The mentoring model that I developed with my mentee during that experience has been published and is still being cited to this day [3].

I have also been an active mentor of lecturer, clinical track, and tenure track faculty in my organization, leading me to seek service on my school's promotion and tenure committee. I have also worked to revitalize a previously successful clinical track faculty mentoring program [4]. Further, like many faculty, continuing to mentor undergraduate and graduate students in research is a primary endeavor for me. Building nursing research capacity is dependent upon successfully mentoring the next generation into the skills and excitement for conducting such research. Through these mentorships, I continue to harness the lessons I gleaned from Dr. Halstead, to pass on to my own mentees, including a recent PhD graduate who has published her doctoral work on mentoring in nursing [5, 6].

Dr. Halstead: Having worked with Dr. Reising over the course of our careers, I highly value her expertise and for that reason, recruited her as a member of a taskforce for the accreditation agency I led prior to my retirement. This is an example of how our mentor-mentee relationship has evolved over the years, as I recruited her because I knew I could learn from her extensive experience with linking practice-education outcomes—she would be mentoring me! Furthermore, her commitment to mentoring others is a testament to how having experienced a positive mentor-mentee relationship can ultimately benefit future generations of nurse educators, as she continues to "pay it forward".

2 Self-Reflection on the Mentoring Experience

In reflecting on the success of our mentor–mentee relationship, we believe our experience hinges on key themes consistent with the literature on mentoring, particularly in academia: (1) the mentee should be responsible for their own learning and growth and receptive to feedback [7]; (2) trust and support are critical to the relationship [8]; and (3) the mentorship focuses not only on caring conversations but also outcomes of productivity [4, 9]. As the mentee, Dr. Reising was always actively engaged in identifying her own learning needs as she designed her career trajectory and was receptive to feedback from Dr. Halstead. Dr. Halstead's role as mentor was primarily one of support, constructive feedback, identification of opportunities for Dr. Reising to pursue, and the occasional encouraging "push" to enable Dr. Reising to realize her full potential as an educator and scholar. The success of this mentee-mentor relationship is due in large part to the mutual trust and respect for what each person brought to the dyad.

3 Best Practices

The mentor—mentee relationship described in this chapter has been characterized by several best practices. This mentoring relationship is one that has existed for over 15 years, tracing the evolution of the career growth of both the mentor and the mentee. This attests to the observation that Hulton et al. (2016) [10] made in their research on a faculty mentoring program and the importance of allowing room for the relationship to evolve over time as the needs of the mentee and mentor change. Eventually, the mentor and mentee roles can merge into a relationship that is characterized by mutual reciprocity which has happened in our case.

As noted by McBride et al. (2019) [2] noted, the mentoring relationship can be critical to supporting academic success that is sustainable and allows the mentee to cohesively integrate teaching, scholarship and practice into their academic role. This integration is clearly evident in what Dr. Reising has accomplished throughout the various stages of her career, skillfully combining her teaching expertise and research interests into interprofessional service-learning experiences that have benefited scores of students and patients. At various times, as her mentor, Dr. Halstead was able to provide insights that informed Dr. Reising's "next steps" as she made decisions on how to best plan her professional growth and development. McBride, Campbell, and Deming also acknowledged that "challenging" the mentee may have more meaning if it encourages the mentee to integrate their teaching, scholarship, and practice into a program of research that is innovative, much as Dr. Reising stated that Dr. Halstead had done by intellectually "pushing" her to dive deeper into the phenomenon she was studying to uncover important linkages.

The literature has also been clear in stating that multiple mentors are most likely to be most beneficial to faculty who are building their teaching and research careers [2, 9]. This was indeed true in our experience. Throughout this narrative, Dr. Reising has often mentioned other mentors besides Dr. Halstead, chosen for their expertise in a given area. Often, Dr. Halstead role modeled the importance of developing a network of mentors and reaching out to others to seek their input and expertise. With this approach, the circle of mentors is enlarged benefiting all involved.

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Resources

National League for Nursing The Mentoring of Nurse Faculty Tool Kit: http://www.nln.org/professional-development-programs/teaching-resources/toolkits/mentoring-of-nurse-faculty.

Robert Wood Johnson Foundation New Careers in Nursing: https://campaignforaction.org/wp-content/uploads/2020/04/Mentoring-Toolkit-2017.pdf.



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Distance Can Enhance Mentoring: A Nurse Education Example

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Sometimes the people who are thousands of miles away from you can make you feel better than the people right beside you.

Objectives

1. To understand mentoring priorities within faculty and nurse education contexts.
2. To connect research evidence to implementation within mentoring relationships.
3. To understand how leadership strategies may be transferred to inform mentoring relationships.

Selected elements from Kouzes et al.'s [1] practices of exemplary leadership are utilised as a framework to structure the narrative. These are: *Encourage the Heart*, *Model the Way* and *Inspire a Shared Vision.* The practice termed *Enable the Heart* [1] informs much of this narrative while other practices are included in a smaller way. The narrative uses these leadership practices to highlight the developmental nature of leadership capability within this mentoring relationship. Mentoring relationship initiation and development is emphasised (Encourage the Heart) followed by sharing knowledge, skills and experiences to enable development, reframe perspectives (Model the Way) and guide actions (Inspire a Shared Vision). Threaded through these three practices [1] is a personal and leadership capability development trajectory that illustrates how a mentoring relationship may be facilitated by both in the dyad, toward mutually agreed aspirations.

1 Mentee/Mentor Narrative

1.1 Introduction

Mentoring within nurse education contexts has a similar intent to that of other areas of nursing, in that relationships aim to promote the professional growth and development of an individual, the mentee, to enable improvement. Common with mentoring broadly [2], the mentor draws on experience and expertise to offer wisdom and share knowledge that accelerates or augments the mentee's progress towards solutions or goals within the nurse education environment [3]. Mentoring relationships have a reciprocal dimension too and mentors can benefit from authentic

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connections and alternate perspectives raised during interactions [4, 5].

The tertiary nurse education sector is a strongly competitive environment where individual performance is linked to future job security and advancement. Teaching practices are frequently on display and are evaluated often in a very public way. Innovation is highly valued as is student satisfaction. This makes for an intimidating environment for a novice educator and new faculty member. Adding further complexity, a traditional mentoring relationship within a nursing education context where both participants are situated within one organisation is inevitably constrained by this competitive and highly scrutinised climate. Conversely, a dyad with each located in different and distant nursing education contexts preserves common ground yet removes the competitive element and enables connection, trust and sharing. In the relationship explored in this narrative, the mentor was located external to the mentee's employment in another country which prevented perceptions of competition or scrutiny. Rather, the distance provided a sense of anonymity and safety for the mentee, positively influencing the mentoring outcomes.

Nurses by virtue of their background in leading therapeutic relationships with patients have existing skills in alliance building which can be easily adapted to a mentoring relationship. Mentoring relationships are built on trust [6, 7] and that was so within this dyad which began with an intentional and explicit focus on creating and nurturing an empowering connection. This dyad relationship was implemented around leadership skills acquisition. At its heart, leadership is about behaviour, our own behaviour as a team member and leader and how that behaviour influences others. As a new faculty member, the mentee focused initially on self-leadership and her own behaviours, laying groundwork for skill acquisition and value clarification to inform future leadership opportunities. How this mentoring experience unfolded, our reflections and key learnings follow.

2 Encourage the Heart

Faculty positions in nurse education are tough [6] with teaching and service elements contending for a person's time and focus, within a competitive and highly scrutinised environment. Thinking about leadership within this context, leadership is at its heart about people and relationships. Kuozes et al. [1] explain the leadership practice of *Encourage the Heart is* formed by two elements which are *Recognise contributions by showing appreciation for individual excellence* and *Celebrate the values and victories by creating a spirit of community*. Genuinely encouraging and acknowledging contributions and achievements is an important part of creating community within a team. A mentoring dyad can be thought of as a small team.

Within mentoring relationships, there is power in being authentic and vulnerable and it is upon these attributes that connections are made [5]. We believe time spent in getting to know each other, each person's particular context and aspirations is time well spent. This enables both mentor and mentee to be able to 'Encourage the Heart', recognising contributions and celebrating successes, no matter how small. Taking this a step further we believe that 'Encourage the Heart' is implicit within successful mentoring relationships.

2.1 Recognise Contributions by Showing Appreciation for Individual Excellence

Nurses in academia are uniquely positioned to *Encourage the Heart*. Our therapeutic communication skills, our holistic health focus, our capacity for compassion and our determined grit all work together to create a practice of academic excellence. Educators consistently contribute to the educational trajectory of students; however, novice faculty may be uncomfortable with promoting their successes. They may not recognise their own value, but as Patterson et al. [6] suggest, there are many opportunities to *Encourage the Heart* by celebrating another's contributions. This mutual celebration of each other inspires deeper connection and joy in the complex work environment of nursing education. Nurse faculty mentorship dyads are well placed to shift perspectives, recognise small or large achievements and appreciate individual excellence [8].

Mentor: In my view, many nurses who are attracted to faculty roles are high achievers who

often set lofty goals for themselves, and I include myself here. Such individuals may have a strong inner critic and the mentor has an opportunity to balance this critical voice and reframe perspectives positively. As a mentor I see one of the essential elements of my role as one of encouragement and enthusiasm, operating from a strength's perspective. Meaning I select and promote positive aspects within mentoring situations or interactions, no matter how small and deliberately build from there. Acknowledging progress towards a goal is almost as important as the end point in my view. This approach is derived from my clinical practice background and therapeutic communication skill set. In my experiences of nursing culture as a clinician and new academic, feedback was largely absent unless there was a major issue. This meant operating in a vacuum and I had to assume that if I hadn't been told of an issue I was doing ok. This is not a practice I perpetuate.

Mentee: One of my favourite aspects of our mentorship dyad is that we both love to laugh. Our time together is a rich mixture of reciprocal sharing and vulnerability with a splash of humour. We are comfortable laughing at ourselves and alongside one another, which enhances our spirit of safety, unity and oftentimes our shared learning [9]. This is one of the ways we celebrate each other. The shared value of humour enriches our time together, allows us to celebrate victories and fosters a sense of community.

2.2 Celebrate the Values and Victories by Creating a Spirit of Community

In considering nurse education contexts, a spirit of community is the ideal environment within which a mentoring relationship may be located. A sense of community includes connection and trust, features of successful nurse mentoring experiences [4–6]. If both in the mentoring dyad are located within a single organisation, professional competition and political undercurrents may erode trust and reduce a sense of community. Mentorship relationships where dyads are drawn from different organisations, as in this narrative, can facilitate a safe environment for professional development.

Mentor: Although our mentoring relationship occurred at a distance over Zoom in different countries, time zones and tertiary systems we had a lot of commonalities in terms of successes, challenges and experiences. For example, the known challenges of teaching interactions, learning delivery, student satisfaction and the relative value organisations place on student feedback scores. This gave us a basis to use our nursing therapeutic communication skills to quickly connect, build rapport and develop a solid platform for the formal elements of our mentoring relationship as well as the informal and social side of interactions.

Mentee: Another way we fostered a sense of community is through a radical acceptance of one another, just as we are. I'll never forget one evening when we were scheduled to meet. At the time I had a two-year-old son and a brand new three-month-old daughter. This particular evening I was able to put my daughter to bed, but did not have enough time to do the same for my son before the beginning of our meeting. Consequently, he joined our mentoring session. My mentor spoke to him as if he was the only person in the world who mattered and made him feel welcome in the space we made for him. That one moment solidified our relationship in my mind. It showed me that she did not just care for me as a professional. She cared for me as a human being. Her care for and interest in me extended beyond the four walls of my office. It spilled over into my home and into the people I love. To this day, over 3 years later, my son still asks me, 'How is your friend with the kangaroos in her backyard?' Our radical acceptance of one another enhances our sense of community.

Mentor: Looking back on the interaction that my Mentee has described of including her son in our discussion and continuing on in our Zoom session with a small boy present and participating, this was a small gesture on my part at the time. We easily switched back and forward between discussing kangaroos (for the Mentee's son) and leadership capabilities. This highlights how mentoring relationships can overcome potential barriers when participants are flexible and make the most of any interaction. Additionally, I think sustaining a spirit of community and acceptance of where a mentee is

at, both professionally and privately is a priority. This links to trust and safety both of which are essential elements for a productive mentoring relationship. For me, it also raises a question—do other professions prioritise and value trust, safety and acceptance as important dimension of mentoring? Literature [4, 6, 7] indicates that this is a recurring feature in nursing mentoring. It is perhaps this aspect that may differentiate nurse mentoring relationships from that of professions outside the humanities where the interpersonal element of relationships may be given less priority.

3 Model the Way

The next Practice of Exemplary Leadership [1], *Model the Way* is comprised of two elements, the first of which is most relevant within this experience (*Clarify values by finding your voice and affirming shared values*). Values and actions are inexorably linked, in that actions are driven by values and vice versa. Being clear on your own values is the first step in developing leadership capabilities where you participate as an effective member of a team and begin to nurture your own capabilities as a leader.

3.1 Clarify Values by Finding Your Voice and Affirming Shared Values

Mentor: Reflecting on my experiences as an academic, I've learned some hard lessons that informed some of my mentoring discussions with my Mentee. I don't want others to fall into the same traps I did. In academic practice I've found it's advantageous in terms of career advancement, performance and job satisfaction to be able to focus time and work activities on the areas that you are passionate about and where you have expertise. That way there is a synergy between focus in your work role, passion and time apportioned. Also, if you are passionate about something you are likely to put in extra effort, do a good job and stand out in the competitive environment that academic nursing is. This was a piece of my shared wisdom that we discussed at length and my Mentee has adapted to suit her situation since. First though, you need to know what you value and where your passion lies.

Mentee: Since these discussions I have continued to hone my area of passion and expertise. My Mentor challenged me to link each branch of my tripartite role (teaching, outreach/service and research/scholarship) and that piece of advice has served me well. I have been able to create clinical experiences, perform outreach initiatives and am now enrolled in a PhD in nursing program with a research trajectory in the same area. Each branch of my tripartite role informs the next. My Mentor used her wisdom in this area to help me gain necessary skills to shape my own trajectory. Because she enabled me to shape my personal trajectory, I've developed the ability to do the same for others. I've helped other new academics refine their strengths and merge those passions into their tripartite role so that each of their branches informs the others as well. In this way, this mentoring relationship has impact in that I've further honed my ability to lead my peers and I've begun to *Model the Way* in my own workplace.

Mentor: In our interactions, my Mentee discussed her values very honestly with me and as I was removed from the Mentee's work environment (in another country) this allowed close examination and consideration of what was valued and understood, without assumptions. Speaking about and discussing values over Zoom enabled the Mentee to initially clarify her values as an early career academic, then clarify if her long term plans and intended actions in upcoming teaching and faculty activities aligned with her values. Meaning teaching in areas that she was passionate about and creating opportunities to demonstrate expertise in what she wanted to be known for in her workplace. In this way, the Mentee was creating her academic profile and a unique niche within the organisation that matches her values and sets her up to begin to *Model the Way* as a leader in community nursing education. An outcome of our mentoring relationship was that my Mentee aimed to maximise her investment in her own development and be ready to create or take on opportunities when they came along.

Taking on leadership roles in nurse education and leading a team by modelling the way [1] relies on initial values clarification and such

activities are helpful in mentee development [4, 6]. In that if you clarify what you value, acquire skills or develop as needed to align with your values, you can then model the behaviour and values you aspire to as a leader.

Mentor: Reflecting on my academic experiences I recognise that in my career I was often not as focused as I could have been at times, being distracted by new and creative options or activities which were interesting and diverting but not my core focus. Passing on my learnings, knowing who you are as an academic and what you want to be known for is driven by your passion. I've learned *time on task* counts in terms of academic success, so in mentoring discussions I recommended the Mentee find her voice, passion and define values early on and nurture them through her career.

Mentee: Following on from my Mentor's points, we both enjoy the creative challenge that new opportunities bring however we also share a tendency to be distracted by the new, to the detriment of the current project completion. I am visionary and can see the big picture. With my enthusiasm, it is one of my largest strengths. On the other side of this capability though, can be a tendency to continue envisioning new things instead of practically seeing the original vision through to its fruition. My Mentor's sharing of her experiences have helped me prioritise and focus on the tasks at hand and the exciting opportunities right in front of me. She's exemplified the expression, 'You can have it all – just not all at once'.

4 Inspire a Shared Vision

A further Practice of Exemplary Leadership helpful in illustrating how our mentoring relationship worked is *Inspire a Shared Vision* [1] and is comprised of two elements. The first element, *Envision the future by imagining exciting and ennobling possibilities*, is important to nursing because we are an ageing profession and looking to the future, mentors need to raise a new generation of leaders as a priority to perpetuate the values and standards of this demanding profession. This notion becomes more important when it is contextualised in a global nursing shortage and more recently a pandemic. Closely related, the second element of *Inspire a Shared Vision* is *Enlist others in a common vision by appealing to shared aspirations* [1]. Actioning this, it is important that mentors have a future focus in prompting the mentee to explore their individual aspirations for their future possibilities, in terms of leadership opportunities and personal development [6]. Within this we believe a mentor role should encourage a mentee to be bold and courageous in focusing their attention on an exciting future in nursing. Such an approach creates a climate ripe for personal development and innovation.

4.1 Envision the Future by Imagining Exciting and Ennobling Possibilities

Mentee: My Mentor saw various attributes of leadership in me that I did not see in myself at the time. She pointed them out, named them and helped me see that I am much more of a leader than I ever gave myself credit for. Her recognition of those leadership qualities gave me the confidence I needed to explore them more intentionally. During our time together my Mentor challenged me to map out my plan for advancement and promotion. She asked me to start this process by listing my strengths and also the areas I felt were my largest areas of opportunity for growth. My Mentor then asked me where I'd like to see my professional self in 6 months, 1 year, 3 years and then 10 years. Through this exercise, Mentor helped me envision exciting and ennobling possibilities for my future. She shared her own personal experience with professional advancement and gave sage advice for how to keep my goals in view. Her advice has served me well.

Mentor: The career planning my Mentee has described above comes from my experiences as a mentee. It's my observation that planning leadership development in detail, as you'd plan a research grant or curriculum, and subjecting your personal plan to scrutiny through peer or mentor review is an action of highly successful academics. Documenting formal development plans using goals and such is a widely used approach in

nurse mentoring literature [2, 7, 10]. We took this a step further and applied this to leadership development and skills acquisition. It also important to note that what I refer to here is different to job performance plans undertaken as part of organisational supervision. Individuals may plan development as part of their work performance, but the goals and outcomes are largely organisation based in terms of better work performance. An individual's career and leadership aspirations are unlikely to completely align with better work performance in their current job. Therefore, I recommend new academics take a personal development approach, envisioning a future alongside or separate to workplace based options.

Two of the most successful mentoring experiences I've been privileged to participate in used interactions that explicitly included envisioning a career goal and then a series of concrete actions, together with timeframes, that mapped progress towards the goal. Common to both experiences were use of an approach like project planning in terms of articulating a personal development journey using clear language and iterative mentor review. The act of intentionally articulating each action towards a career goal along with timeframes seems simple but in my experience individuals infrequently articulate, action and complete detailed plans for their own leadership skill acquisition and career development. Rather relying on imprecise intentions that may or may not come to fruition. In my own career, I have used both approaches and learned that being very explicit in my personal leadership skills development through use of a formal personal plan was more effective that a casual approach.

4.2 Enlist Others in a Common Vision by Appealing to Shared Aspirations

Mentee: My Mentor has graciously invited me to join her in on multiple projects, such as participating in the development and sharing of international presentations and the writing of manuscripts. In these projects, she's given me ownership that has helped shape my leadership skills in so many ways. She shows me that she has much more confidence in me than I have in myself. The more she hands to me, the more I trust myself. This has huge implications for nursing education. As healthcare education continues to evolve to meet the changing demands of healthcare itself, younger generations of nurse educators need to be given opportunities to learn, stretch and grow.

Mentor: In my view, the mentoring relationship should be a place for shared endeavour. Inviting a mentee into a team isn't a free ride. It's a challenge to step into a new experience with support and with the intension to learn new skills. Mentees bring a fresh perspective and skills that with judicious guidance can enhance team dynamics and productivity. Willingness to try something new, to aspire to a different result and take a chance is an essential leadership capability, no matter the context. Learning happens when people are challenged and sharing aspirations for how a situation could be different or a new option explored is the first step in using leadership skills to meet the challenges of dynamic healthcare and education environments. A mentoring relationship within a nursing education context should be the ideal learning environment where learning is prioritised, both participants 'walking the talk' to use a colloquialism.

5 Conclusion

In summary, attention to mentoring relationship initiation and development enables success (Encourage the Heart). Sharing perspectives, knowledge, skills and experiences enables a mentee's development (Model the Way) and influences their actions (Inspire a Shared Vision), personal learning trajectory and leadership capability development. In conceptualising this narrative and how leadership practices connect, we see mentoring relationships having an overarching aim of *Enabling Others to Act* while leadership practices [1] inform the *how* or method of mentoring and guide shaping interactions and outcomes. Recommended resources to aid further exploration are provided at the end of this chapter.

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Resources

This resource was used in the development of this chapter and provides an accessible overview of leadership practices relevant to many nursing leadership contexts. If our narrative has resonated with you, you may like to explore this framework.

Kouzes JM, Posner BZ. The leadership challenge: how to make extraordinary things happen in organizations. Hoboken, NJ: Wiley; 2017. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/qut/detail.action?docID=4836524. Created from qut on 2021-12-10 04:22:02.

This resource offers a starting point in what types or models of mentoring have been used in academic/faculty type environments and for thinking about future mentoring options as both a mentor and mentee.

Nowell L, Norris J, Mrklas K, White D. A literature review of mentoring programs in academic nursing. J Prof Nurs. 2017;33:334–44. https://doi.org/10.1016/j.profnurs.2017.02.007.



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Devoted Mentoring Leaders for Nursing-Midwifery Professional Development in Thailand

Tassana Boontong and Prakin Suchaxaya

As a professional leader we should have a big heart, commit and devote ourself to achieve the best for our nurse-midwives in all sectors. I would do my best to ensure that our nurse-midwives are recognized and treated with fairness to get what they deserve. I believe that I can do and achieve any goals with my inspiration, commitment, passion in nursing and midwifery profession and supports from our nurse-midwives. It is our responsibility to mentor talented new generation both informally and through structured mentoring program to assist them to be competent and advance in their role, career and leadership.

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Objectives

This chapter is aimed to:

1. Describe mentor-mentee relationship and mentoring role to enhance leadership and professional development.
2. Identify factors contributing to successful mentor-mentee relationship.
3. Demonstrate the examples or best practices of mentor and mentee relationship and mentoring process for nursing professional development.

1 The Mentor and Mentee Narrative

Associate Professor Dr. Tassana Boontong, or in short "Ajarn (which in Thai means teacher) Tassana" has been a mentor of Associate Professor Dr. Prakin Suchaxaya for more than four decades. Prakin first knew Ajarn Tassana in 1977 when she was in the fourth year of the Bachelor Program in Nursing at Faculty of Nursing, Mahidol university, Thailand and Ajarn Tassana, a young, bright, high enthusiastic teacher, recently graduated with doctoral degree from the United States. Ajarn Tassana, an Assistant Dean in Academic Affairs, encouraged and wrote recommendations for Prakin to pursue graduate education in the United States. In 1984, Prakin returned to Thailand to be a teaching staff at Faculty of Nursing, Chiang Mai University, in Chiang Mai province in the northern part of Thailand. In 1985, Prakin joined the Joint Doctoral Program in Nursing Project under the chairperson, Ajarn Tassana, and since then the mentor-mentee relationship started and lasts a life time.

Our model of mentoring is a mix of apprenticeship at the beginning and developed into nurturing and friendship models. Prakin has never been a student in the class or a full-time staff in the same organization of Ajarn Tassana. Our mentor-mentee relationship is natural and spontaneous without any intention or plan. It occurred because of mutual interest in professional development. Prakin was nominated by her Faculty to be a member of the 10-year joint doctoral program in nursing project. Ajarn Tassana welcomed Prakin warmly because she knew Prakin from undergraduate education and believed in her capacity potential. She realized that Prakin was a junior novice, 14-year difference in age, with no experience in working in this type of project. Ajarn Tassana worked closely with Prakin in project development and implementation. She clearly explained about the project justification, objectives, goals, and Prakin's role. During the work process, Ajarn Tassana encouraged Prakin to share ideas to untapped wisdom, reinforce self-confidence, and shape the knowledge on the subject. When she did not have answers to some of the questions, she would seek information from various sources including experts or experienced people in her network. At the initial phase, Prakin was afraid of Ajarn Tassana in view of her status as a former teacher, seniority, position, knowledge, and expertise. After working with Ajarn Tassana for sometimes, fear was replaced with admiration and respect because of her intellectual capacity, openness, caring, approachability, supportiveness, and friendliness which the last three are the most desired traits in a mentor [1].

After the first project finished, more projects followed and the mentor-mentee relationship between Ajarn Tassana and Prakin continues in recognition of the value of being together and mutual benefits. Our mentorship is informal. There is no mentoring plan or schedule, written expected behavioral outcomes of the mentee, or formal evaluation of the mentee's performance per se but there is a project plan, constructive feedback on the work, and advice on the behavioral improvement. Mentoring has four attributes: (1) relationship between two individuals with difference level of experience, (2) relationship based on mutual respect and common goals, (3) demonstrated willingness of mentor and mentee to engage in the relationship, and (4) sharing of knowledge [2].

Today Prakin has a successful career and effective leadership capacity. At the age of 67 years old, learning never ends, she still enjoys being a mentee of Ajarn Tassana in the ongoing or new projects. The current aim of our mentor-

mentee relationship is not for personal role or career advancement but striving toward the achievement of our mutual goal in development of nursing profession in Thailand.

2 Self-Reflection

2.1 Reflection of Dr. Tassana

I was born in Surajthani province in the south of Thailand. My parents taught me to be a good child and citizen. I started my primary education in the famous school in the district where I learned academic subjects and Buddhism philosophy. I was educated about religion, fairness, honesty, righteousness, public benefit oriented, and the concept of system which I still very much hold on throughout my life. I was a good student in all levels of education. When I first got into Nursing and Midwifery school at Siriraj, I was disappointed and did not understand much what nursing was. My parents explained about the responsibilities of nurses in helping people who suffer from illness. After I got into the program, I realized that nursing was an honor profession which could help and save other people's lives so I decided to finish nursing education and devoted myself for the profession since then.

I started my career as a staff nurse at Siriraj hospital, Mahidol University, then became a teacher at the Nursing and Midwifery school, Siriraj (at present is the Faculty of Nursing, Mahidol University), and got opportunity to study Bachelor degree at Chulalongkorn university, Thailand focusing on mental health and psychiatric nursing, Master of Science degree in adult psychiatry, and Doctoral degree in health and higher education from the University of Boston, United States under the scholarship of the China Medical Board of New York.

When I was an Assistant Dean under Dr. Vichien Thaveelap, the Deputy Dean for Academic Affair, my great mentor, she assigned me to assist in all aspects of academic work and introduced me to the members of Thailand Nurses' Association Board which was drafting the first Nursing and Midwifery Act. By observing and working under the leadership of Dr. Vichien who was later became the Dean, Faculty of Nursing, Mahidol University and working with nurse leaders from various institutions broadened my experiences and perspectives on education and nursing-midwifery professional issues.

Thailand Nursing and Midwifery Council (TNMC) was established under the Nursing and Midwifery Act in 1985. Dr. Vichien encouraged me to run for an election and I was elected as a member of the Board and later as the President of TNMC for four terms, a total of 16 years. In addition, I held many key administrative positions in educational institutions, professional organizations, and politics. For example, I was Dean Faculty of Nursing, Mahidol University, President Thailand Nurses' Association, founder Deans of five nursing educational institutions, Vice Chairman of the House of Senate, and a member of the National Reform Council. At present, I am a General Secretariat of the Princess Srnagarindra Award Foundation, Founder Dean Princess Agrarajakumari College of Nursing, Chulabhorn Royal Academy and the General Secretariat Chulabhorn Award Foundation.

Throughout my career, I might have hundreds of mentees for a short- and long-term duration for different purposes. I was never offered a formal mentoring program. I apply what I learned from family, mentors, education, and work to an individual or a group of mentees who are mostly women. Even though I have many responsibilities, but with mentees, I am committed to give insights, guide, provide feedback, and assist them to learn, be competent, accomplish the work, advance in their role and professional development, and succeed in their career. Great leaders mentor naturally because they are internally centered with strong desire to see others grow in their roles and succeed [3].

When I appointed a taskforce/committee to undertake a project, I usually had a mix of experienced/knowledgeable persons as well as active young persons. The team members were mostly younger than me but I always learned something from the dialogues and interactions as well as had an opportunity to see their capacities to enable me to assist each of them grow based on

their uniqueness. Mentoring is a process for the experienced and wise person to share one's experiences and wisdom with the inexperienced person as well as to provide open, honest, and timely feedback. Feedback and counsel from trusted, competent colleagues is essential for the mentee to improve the way they think and work. Timely feedback is a gift to be cherished not a stressor [4].

My relationship with Prakin has many facets and grows deeper with time. Prakin is not only my mentee but she is also my student, sister, and colleague. At the beginning, I did not intend to be a mentor for Prakin but because of her inexperience and willingness to learn and take the challenge I decided to work closely with her to provide information, advice, and guidance. After years of working together in various projects, it led to better understanding, trust, and respect in each other. Mutual respect lays a strong foundation for mentoring relationship [3]. Positive elements of mentorship include time, trusted relationship, mutual respect, scheduled meeting, mentor availability and support, and constructive feedback [4]. Prakin is a fast learner, has her own style of working, can work independently, and is able to seek advice from others.

2.2 Reflection of Dr. Prakin

I was born and grew up in Bangkok, the capital city of Thailand. During primary education, because I was in the top five of academic ranks in the class, friends selected me to be the class head. Although my mother was a nurse, an excellent one, I was disappointed to be admitted to nursing school especially when my high school classmates studied medicine, dentistry, engineer, or economy. Nevertheless, I graduated with second honor, gold medal and later completed doctoral education. I started my career as a faculty member in the pediatric nursing department, Faculty of Nursing, Chiang Mai University. At that time, there were only three doctoral prepared teachers so I was assigned to assist the administrators to do the work that I was unfamiliar such as curriculum development and strategic plan development. I was fortunate to work closely under two great deans and mentors, Professor Emerita Dr. Wichit Srisuphan and Associate Professor Wilawan Senaratana for 16 years. With administrative support, I was able to do various works outside the faculty and university. It gave me excellent opportunities to work with people from various disciplines and in many nursing projects with Ajarn Tassana including serving as her deputy General Secretariat of TNMC. By working beyond my area of education and teacher's role under great mentors, I have been groomed to be competent in management and leadership. Mentoring is an invaluable tool for future of nursing leadership and should be highly regarded as a way to promote nursing leaders and the organization must support mentoring as a critical succession planning strategy to attract and retain new nurse leaders [3].

After the term of Dean of Graduate School, Chiang Mai University ended in 2005, I decided to join the World Health Organization (WHO), Regional Office for South-East Asia as Regional Adviser for Nursing and Midwifery. Ajarn Tassana was confident that I had adequate experience and capacity to work at the international level and strongly supported and encouraged me to undertake the challenges. While working in India, we continued to work on few areas in particular on the Princess Srinagarindra Award Foundation and I sought her advice on some nursing and midwifery issues.

Ajarn Tassana guides me on what to think and do by information sharing, constructive feedback, and being an excellent role model. Being with Ajarn Tassana during lunch or her free time is my favorite. Ajarn Tassana would talk about her childhood, the way her parents disciplined her, her teachers and mentors, her working style, as well as techniques in dealing with challenges in and outside nursing profession. I could learn so many things just from listening to those stories including strategic thinking, out of box thinking, techniques for lobbying and negotiation, importance of networking, and acting as a smart person.

Ajarn Tassana sacrifices her personal life to work on nursing-midwifery issues and other areas of responsibilities regardless of night time

or weekend. At the age of 80 years, she is still very sharp in her thoughts and decisions. She fights in any forum to ensure equity and fairness for nurses. She also knows who to ask for guidance and support to move nursing agenda forward at the policy levels. Her active contribution to nursing development for four decades led nursing in Thailand be one of the best in Asia. Even though Ajarn Tassana's term as the President of Thailand Nursing and Midwifery Council ended in February 2022, she has been appointed as the adviser to the Council and always engages me to her new roles internationally as the President of World Academy of Nursing Science, the member of Global Florence Nightingale Foundation Committee, and the General Secretariat of Princess Chulabhorn Award.

Ajarn Tassana is one of the most powerful and influential nurse leaders in Thailand for decades. I'm proud and privilege to have Ajarn Tassana as my mentor, my coach, my teacher, my role model, my leader, my sister, and my colleague. I admire her vision, wisdom, attitude, strategic thinking, careful decision, passion of nursing and midwifery profession, as well as her beauty, elegance, proper attire in all occasions, great personality, and beautiful heart. Her public appearance is very professionalism. Her response to difficult situation is straightforward with minimal stressful. I would never be able to reach her capability and personality. Her ways of encouragement, guidance, and empowerment make me more confidence in my role and career development in my own ways. Individual in the fast lane was affiliated with mentor who serves as influential and powerful conduits for the protégé. Mentoring occurs when a senior person in term of age and experience undertakes to provide information, advice, and emotional support to a junior person (the prestige) in a relationship lasting over an extended period of time and marked by substantial emotional commitment by both parties. It is the process of passing from one generation to another the values, standards, and norms of the former generation [5].

3 Best-Practice, Evidence-Based Practice Example(s)

The mentor-mentee relationship and mentoring process are to be further explained through three examples of the nursing professional development projects as follows.

3.1 The Joint Doctoral Program in Nursing

The doctoral program in nursing was in the fifth Education Development Plan (1982–1987) of the Faculty of Nursing, Mahidol University but it could not be opened due to inadequate number of doctoral prepared teachers. Ajarn Tassana, an Assistant Dean for Academic Affair, strongly believed that Thailand was ready to open a doctoral program in nursing and she shared her belief with two close colleagues, Professor Emerita Dr. Wichit Srisuphan, Dean Faculty of Nursing Chiang Mai University, and Dr. Duangvadee Sungkhobol, Dean Faculty of Nursing, Prince of Songkhla University at that time. All three leaders shared the same vision and recognized that no nursing educational institution was ready to open the doctoral program by itself. After many dialogues, a decision was made to do a joint doctoral program in nursing by pooling the doctoral prepared teachers from six institutions, namely, Faculty of Nursing, Mahidol University (Bangkok); Nursing Department, Ramathibodi Hospital, Mahidol University (Bangkok); Public Health Nursing Department, Faculty of Nursing, Mahidol University (Bangkok); Faculty of Nursing, Chiang Mai University (north); Faculty of Nursing, Prince of Songkhla (south); and Faculty of Nursing, Khon Kaen University (north-east).

Together the project was developed in consultation with respected graduate schools and submitted to the Bureau of University Affairs (at present, a division in the Ministry of Higher Education, Science, Research and Innovation) for approval. The project was approved on June

30, 1985 and the "Subcommittee on the Joint Program to Produce Doctoral Students in Nursing" was appointed under the chairmanship of Ajarn Tassana. The Subcommittee had to develop the administrative plan, the curriculum, the teaching plan, and teaching staff development plan. In consequence, the curriculum on Doctoral Degree in Nursing Science was approved; 15 teachers were identified from six institutions; teaching learning was conducted at Faculty of Nursing, Mahidol University in Bangkok and Mahidol University conferred the degree to the graduates. Ajarn Tassana was selected to serve as the chairperson of the joint doctoral program.

This Senior Administrators of the Bureau of University Affairs complimented that it was the first joint education program to be developed and it tended to have potential of success. In 1989, the Cabinet approved the 10-year project plan and allocated the funds to the project. The joint program to produce doctoral student in nursing was opened in 1990 with ten students in the first batch. After that, the program admitted students every 2 year.

Prakin did not involve in the project initiation but was appointed later by Ajarn Tassana to be a member of the Subcommittee on the Joint Program to Produce Doctoral Students in Nursing and later a teacher and thesis adviser of the program. It was a big challenge for the youngest member who never managed or taught in the doctoral program but with the guidance and encouragement of Ajarn Tassana and all involved Deans/Department Heads, Prakin gradually learned the management strategies of the joint program and the teaching skills. The experienced mentor helps the mentee to avoid unnecessary missteps and additional stress. Mentor characteristics consist of being genuine, caring, compassionate, trustworthy, nurturing, experience sharing and efficient meeting [6].

This joint program was the first of its kind. All members learned and supported each other tremendously. Ajarn Tassana would tell us that there are not always ready-made solutions available but we should study hard by reading and consulting experienced persons abroad or in other fields and work together. She would encourage a young mentee like myself to be brave in sharing the ideas with the group, learn from the mistakes, and seeks advice when required. Mentoring environment should include security, protection and openness to diversity [6]. Ajarn Tassana's voice is still on my mind that "we can do anything as long as we hold hands and work as a team and tackle the issues with brain and good heart for professional development."

After the tenth year of the joint program implementation, the 58 doctoral prepared nurses graduated and each participated institution opened its own doctoral program in nursing. The lesson and experience gained prepared Prakin to be an effective Deputy Dean for Graduate Study at the Faculty of Nursing, the Dean of Graduate School, Chiang Mai University, and the chairperson of the multidisciplinary graduate programs of Chiang Mai University. Without a mentor and other senior colleagues, this would have not been possible.

3.2 The Study on Needs of Workforce in Nursing and Midwifery

In June 1991, the Cabinet of Royal Thai Government approved the list of the professions with workforce shortage and provided additional remuneration to faculty and civil servants working in those disciplines to prevent brain drain. Ajarn Tassana strongly felt that nursing and midwifery profession should be on the list too in view of 50% of nurse's positions in the public health care facilities were vacant due to the inadequate number of nursing workforce, the high workload, and increased turnover rate. Ajarn Tassana raised this issue in the TNMC Board Meeting in July 1991. The Board agreed and nominated Ajarn Tassana to be the chairperson of the taskforce to study the nursing shortage situation in Thailand. The study was submitted to the Ministry of Public Health but it was not submitted to the Cabinet because the Ministry viewed that the shortage in nursing and midwifery profession was not critical.

Ajarn Tassana still felt that nursing and midwifery shortage in Thailand was serious and this could affect the quality of care and quality of life

of nurse-midwives. In early 1992, Ajarn Tassana as the chairperson of "the Dean of Faculty/School of Nursing Consortium" discussed with the consortium on the need to create evidence and develop a national production plan of nurse-midwife. The ideas were brought to discuss with the Bureau of University Affairs (at present, it's an office in the Ministry of Higher Education, Science, Research and Innovation). Fortunately, the Bureau of University Affairs decided to develop a 15-year plan on needs for workforce in various disciplines including nursing. The Bureau of University Affairs appointed a "Subcommittee to study the needs for workforce in nursing and midwifery" with Ajarn Tassana as a chairperson. The study on the needs for nursing and midwifery workforce was urgently conducted with excellent co-operation from all selected nursing and midwifery educational institutions and related organizations throughout the country. The findings indicated clearly that there was nursing-midwifery shortage in both number and qualification. The Bureau of University Affairs submitted the study results to the Cabinet.

The Cabinet approved nursing and midwifery profession as a shortage profession on August 24, 1992 and approved the "Increased Production and Development of Nursing and Midwifery Education Plan" in May 1993. It consisted of three sub-plans as follows: (1) Increased Production of Nurses and Midwives Plan (between 1993 and 2001) to admit more students in the public nursing education institutions under the Bureau of University Affairs and Thai Red Cross Nursing College as well as to increase number of qualify teachers, buildings for classrooms, laboratories as well as dormitories, and education equipment, supplies, and furniture; (2) Development of Faculty Members under University Affairs Plan (between 1994 and 2001) to increase teaching capacity including scholarships to study doctoral degree in the country and abroad, short course training, and visiting professors from abroad; and (3) Development of the project entitled "Improvement of quality of education of the nursing and midwifery education institutions under the Ministry of Public Health".

This was the first ever major nursing and midwifery project that was approved by the Cabinet and the fund, the highest amount in supporting nursing and midwifery education development, was allocated. It was a key milestone in the development of nursing and midwifery education and profession in Thailand. Under this project, there are currently more than 200 faculty members with doctoral degree from universities abroad working in education institutions throughout the country.

Ajarn Tassana kindly engaged Prakin in the taskforce even though Prakin had no experience on workforce shortage, workforce planning, strategic thinking, policy formulation, policy-based research, and policy advocacy. Sitting in a mix group of leaders from various institutions and Ajarn Tassana as a chairperson was like a student in the classroom. Nothing to be shared only to listen, tried to understand the discussion, and assisted in certain task when assigned. Prakin learned many things in particular on building a trusted network, mutual goal, commitment, fact findings, and holistic and integrated plan. A mentor who is a leader of the project with strong leadership skill is able to guide the mentee to develop mutual goals and translate the mutual vision of her own and mentee to achieve the mutual goal of a team to take action as they beliefs [7]. Mentoring between generation provides an opportunity to leverage generational diversity in an ongoing manner. It is an opportunity for workforce generation to get to know each other better and not just in a line of authority relationship. Each can learn from each other in a relationship that lasts more than one encounter; information exchange by multigeneration workforce leads to learning without authority overlays and generation bias [7].

3.3 The Princess Srinagarindra Award Foundation

Thailand Nursing and Midwifery Council under the leadership of Ajarn Tassana and the Council Board initiated the establishment of the Princess Srinagarindra Award Foundation under the Royal patronage in 2000 to celebrate the 100th birthday anniversary of the Late Princess Srinagarindra, the mother of Late King Rama IX or King

Bhumibol Adujyadej, the Princess Grandmother of all Thai and the mother of Thai nurses. The Foundation is aimed to give the Award to honor distinguished nurse, nurse-midwife, or midwife globally who contributes significantly for the development of nursing profession, health, and/or public health. Ajarn Tassana has been serving as the Vice President and General Secretariat of the Board of Trustee of the Foundation and the Chairperson of the International Committee since the beginning up to today. Even though Prakin worked in India, Ajarn Tassana has been kind enough to engage Prakin to work as a deputy secretariat to oversee the foundation office, a secretary of the Scientific Committee, a secretary of the International Committee for Selection of the Awardee, as well as a Member of the Board of Trustees since 2005. Ajarn Tassana thought that it was important to have at least one person working in all steps to ensure the continuity of the work.

The work for the Award was new to Prakin; in addition to the Award itself, working with distinguished persons in and outside nursing profession and with foreign experts as well as to follow the Royal protocol related to the Board of Trustee meeting and ceremony which was earlier chaired and presided over by Late Her Royal Highness Princess Galyani Vadhana and at present Her Royal Highness Princess Maha Chakri Sirindhorn are very challenging. Ajarn Tassana taught Prakin on the process to establish and maintain the Foundation, the selection and communication with the committee members, and the decision for the potential Awardee(s). In setting criteria for selection of the Awardee, Ajarn Tassana advised to have one criterion on the difficulty/the struggle for a person to do certain work and succeed in consideration of country and nursing context. In addition, she showed Prakin on how to organize a Board meeting and a Royal ceremony in the Grand Palace, give live interview on television, write concise citation to the Awardee, and socialize Thai nurse leaders on the ceremony and so on. Ajarn Tassana would put attention in all the detail to ensure the proper preparation and effective implementation. Even though Prakin has been working on the Award for 15 years but stil, new learning occurs yearly. Each year there is always new issue that requires new way of thinking and doing and adjustment. With Ajarn Tassana being there, realistic and practical solutions are provided and she would overview all of our work to ensure the correctness and appropriateness.

The Princess Srinagarindra Award has been recognized as one of the two highest Awards in the country and the Award Ceremony is organized in the Grand Palace; the nominations are from countries globally between the year 2000 to 2022, 24 distinguished nurse leaders from Africa, America, Asia, and Europe were awarded. This Award gives good image of Thailand nursing profession.

The success of the Award ceremony is due to the commitment and efforts of many people and many factors. Nevertheless, the effectiveness of the mentor-mentee relationship throughout the years led to the high capacity of the mentee in fulfilling all of her roles related to the Award. The mentee is able to deliver the work with good understanding, creativity, and confidence under the support and guidance of the mentor. This makes the mentor more relax and could focus on other aspects of the Award. In the mentoring relationship, mentor must focus on avoiding the tendency to create a clone to herself and must focus on guiding healthy behavior and the mentee must be open to listen to new ideas but not to replicating ideas without careful consideration [4]. Mentoring is a process of experts facilitating learning through interactions that allow learner to construct her own knowledge and understanding. Relationship during learning process provides both instrumental and psychological components for success. The instrumental supplies the necessary knowledge and psychological provides feedback in a non-threatening manner [7].

4 Conclusion

Effective mentor and mentee relationship is a key factor for career, leadership, and professional development. It is important for the wise and experienced mentor to share ideas, wisdom, and insights and assist the mentee to develop her own style of working and leadership to meet the challenges. Mentor not only provides guidance to accomplish the work but also instill accountability, self-worth, and confidence and provides psychosocial and emotional support when needed. Mentor and mentee may not need to be in the same organization but they come to do or work on a special project/assignment. Sometimes, mentee does not select the mentor and mentor does not plan to have any particular person to be a mentee; by working together, the bond is developed and the mentor-mentee relationship evolves and it could last for a lifetime. There is no gender, age, or position to determine the good mentor-mentee relationship. Even though when the mentee has acquired higher level of competencies and leadership, she may continue to seek advice from the mentor. Trust and respect of each other and mutual goals keep the mentoring relationship strong and sustained.

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Resources

A book on "Life is work and work is life," to celebrate the 72th birthday of Tassana Boontong.
Official documents (archive) of Thailand Nursing and Midwifery Council and Princess Srinagarindra Award Foundation.
Stories recalled by Associate Professor Dr. Tassana Boontong and Associate Professor Dr. Prakin Suchaxaya.



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A Crossed Mentoring Story

Luz Galdames Cabrera
and Amaya Pavez Lizarraga

1 Introduction

We understand mentoring as a recursive act, a sorority relationship [1] in a reciprocity gift. This is maintained over time, in which new agencies are incorporated in an interrelationship web that strengthens the Nursing institution in the scope of health, by the conscious and disciplined praxis of care.

***Amaya Pavez Lizarraga Learner*:** Our experience began 40 years ago. At that moment, Luz Galdames was my mentor in Nursing's initial education. Within all teachers, I distinguish the imprint she left on me, her sweetness, empathy, and calm, that helped me to dip into the care world. As an adolescent at that moment, I, as a student, and other persons we care about, treated us with kindness and showed me how to learn and understand the relevance of care as a substratum of the techniques and specific knowledge. This learning was coordination for professional practice. However, Chile's health field was unwilling to value Nursing as a science and an art of care, restricting its autonomy to medical subordination. In the dictatorial historical moment and installation of the neoliberal model over Chilean society, efficiency and effectiveness was the emphasis of health management from the biomedical perspective.

Despite this, this learning left a deep mark that strengthened the arguments that validate the Nursing proposal.

***Amaya Pavez Lizarraga Mentor*:** Life found us again. I collaborate with my mentor in this new episode in her doctoral formation. What is interesting in this new relationship is the gift reciprocity [2], she was my first mentor, and I gave back all my positive energy, the knowledge I had acquired I could contribute to her doctoral research reflection. There's a fine dimension, hard to identify, with the overtime and in the light of feminist theory, I have been able to clarify. I refer to the feminine imprinting, in knowledge transfer and personal qualities reinforcement, in a tacit vindicatory act for the necessary empowerment in self-perception and self-efficacy. Our experience converges in individual questioning and searching for autonomy in health careers and our inalienable condition of women whose profession is ontologically feminine. A situation that begins in this first third of the twenty-first century is to be shattered in health care dispute as a well common in every health profession until now identified with scientific knowledge of medical science.

We are part of a collaborative experience of women in the autonomy process; Teresa del Valle [3] says that the transmission of power and knowledge has to be under mentor tutelage. They

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are the space empowerment starters, not only the performed ones because someone has given.

Luz Galdames Cabrera* Learner*: The experience of moving toward the transformation of understanding Nursing as a reflexive practice happened as a learner in a mentor, elapsed in more than a decade, over a self-critical reflection to understand how was the comprehension of Social role's meanings and the professional autonomy of Nursing in Chile [4], *Dr. Amaya Pavez Lizarraga* was highly relevant in this process as a co-advisor, in the developing of my doctoral research, highlighting spaces for discussion propitiated by her critical gaze of social, politics, cultural and gender structures, enriching my understanding of what happened in nurses collective, because, in the cultural ideology of nurses, the meanings and beliefs rooted in traditional biomedical models remained and hegemonic culture marked for such a long time, when nurse became to emerge as a political subject. In this process it was relevant for me to nourish this understanding with the emancipatory proposal of Chinn and Kramer [5] that motivated me to observe reality with another lens. Then I began to understand how nurses had been subjugated for so long time by hegemonic structures described earlier. At the same time, I improved my comprehension of Nursing disciplinary knowledge and the understanding of how this wisdom has permeated care in Nursing theories.

This leads to another mentoring moment, but this time, assuming the role of mentor in my desire to transmit and immerse care to undergraduate and Master's degree Nursing students from the epistemological and ontological perspective of Nursing that is the knowledge required by nurses to strengthen the practice of care that distinguishes us from other professions and take us away from instrumental care, focused on disease. This is how it is introduced in the subjects context, the theoretical bases of Nursing, and the narrative of Nursing situations. The Nursing situation is understood as the lived and shared experience between the nurse and cared person, also the expression of values, intentions, and actions between people who choose to live a caring relationship. Through an authentic presence, the nurse and cared person grow together in that experience. This experience takes as reference concepts developed by female theorist Boykin y Schoenhoffer [6], in their Nursing theory of care. The narrative of Nursing situations have the potential to illustrate the depth and complexity of lived experience.

In general terms, the narrative is an organized description, a lived experience by a nurse in her capacity as a student or graduate nurse, who realizes that the reflection the nurse does about a care experience has been significant for her and for the person being cared for Gómez y Gutiérrez [7]. The advantage of Nursing situations narrative over clinical cases description, allows one to focus on what is happening to the person as an object of care and the nurse as a care manager. This way, the emphasis is on care, not only on interventions guided by medical diagnosis and treatment.

Undergraduate students interviewed a nurse who shared with them a significant lived experience.

Graduated students described a significant care situation about their professional experience.

Sensitize the nurse collective related to the meaning of "praxis" take us to the next mentor moment, which is gestating in parallel to the understanding that appears with self-reflection and the interest to contribute to a transformation process of Nursing practice to a reflexive practice. This reflexive process gets strong support from the emancipatory proposal of Chinn y Kramer [8], researchers who have studied Nursing evolution from a critical paradigm. To explain how this transformation process of Nursing practice should be to a reflexive practice, we took from Habermas [9] the person's evolution as a political subject and the process of critical consciousness from Freire [10]. Nursing praxis requires a new lens through which nurses look at the world, which reveals what is not perceived because it is difficult to recognize with a natural gaze. That is, examine critically their own experience, assumptions, actions, and the situated context. "Praxis is the reflection and action that happens in tune towards worlds transformation" [8]. The critical consciousness of Freire

[10] constitutes a fundamental element if it wanted to achieve a critical and reflexive nurse.

Is that how, in the pandemic context, I could summon nurses from academic and public health systems to constitute the Chilean Web of Nursing in Management of Care (REDGECU), a scientific society to support the nurse collective to the understanding of the management of care as a praxis and contribute to the empowerment of nurses, opening reflexive spaces that aloud nurses analyze their own task from a critical gaze of care, in the context they develop.

2 Conclusion

The result was a continuous learning process while the nutritious experience for both was in the knowledge that each one had acquired, two people meeting in the confidence of a tacit pact of support and loyalty, the complicity in front of surprise that was supposed to discover comprehension keys. These positive emotions impulse the conviction to stand up for the visibility of the specific contribution of Nursing to people's health. This political act had different expressions in our singularity, but we have found a positive backing in this crossed mentoring that has changed us for an active exercise of our embedded agency with a long life of nurses in different and close ways.

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Mentoring for Role Transition: Clinician to Academia

Lori Martin-Plank and Sarah J. Locke

Let us never consider ourselves finished nurses…We must be learning all of our lives.
—Florence Nightingale

Objectives

1. Identify strengths common to clinician and educator roles
2. Understand the role of organizational culture in the successful transition
3. Learn how to use resources to support a new role
4. Recognize the importance of mentorship in role transition to academia

1 Narrative

Mentor When I first "met" you and viewed your resume, with clinical and management experience, I wondered why you were applying to work in academia. The pay scale is inferior to that of clinical practice, and clinical faculty seem to be undervalued by their tenure-track peers. At the same time, I was excited that someone with your practice credentials, including episodic and chronic care experience and management in a corporate medicine environment, would consider working in academia. That being said, what are your goals, short and long-term, as an advanced practice nurse educator?

Mentee I taught "on the side" throughout my career, but the clinical practice was always my main focus. As I progressed in my career, I gravitated toward leadership and management and made it a focal point of my professional development. When the COVID-19 pandemic hit, I took a step back and realized I needed a better work-life balance, concluding it was the right time to transition to academia full-time. I did take about a 25% decrease in pay from my clinical position. Having time to focus on myself and my family makes it worth it. I also have time in my schedule to still practice clinically, which supplements my income. Ultimately, I make about the same as I did before. As I have shifted to the fortieth decade of my life, it is not just about balance but also refocusing priorities. In 2020, the American Academy of Nurse Practitioners (AANP) reported the findings from their 2019 National NP Sample Survey, which found a median salary of $108,000 for NPs in the clinical role [1].

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Whereas, in March 2020, the American Association of Colleges of Nursing (AACN) reported the average salary for a master's-prepared assistant professor was $79,444 [2].

Short-term, my goal as an advanced practice nurse educator is to feel comfortable and confident in the role. My long-term goal is to promote and expand advanced practice leaders' roles. I can achieve this in academia by leveraging my education, experience, and expertise to grow and develop novice advanced practice nurses and become a leader in education myself. Lori, as an experienced advanced practice nurse educator, what did you see as my weaknesses when I first started? How did you recognize the areas where I needed support?

Mentor I was very impressed by your decision to immerse yourself in courses to learn what was being taught and become acquainted with the system, especially volunteering to co-chair the health policy course with me. I also realized that our particular division, similar to other nursing colleges, has a history of hiring strong clinicians but does not provide much support for transitioning to the educator role. I see this as a system weakness that needs to be addressed [3]. As we teach in the DNP program, and with the focus of the DNP role being to translate evidence into practice, we need to do a better job within academia. Lots of evidence and best practices are published by peer faculty, but there is still a gap in the implementation of recommendations. A bit of irony there, I say. Literature supports that mentorship helps ease the transition for new faculty, particularly formal mentorship programs which aim to bridge the gap between the clinical expert and the educator role [4]. In 2006, the National League for Nursing (NLN) published a position statement on the need for mentoring nursing faculty. The report states that mentorship is an endorsed primary strategy for novice nurse faculty to promote career development and a healthy work environment. Mentorship should include role orientation, socialization with the academic community, development of teaching skills, and growth as a leader [5].

On a practical level, you received a very little introduction to our learning management system, making it difficult to update online courses or create new ones. On a more conceptual level, you lacked a background in the scholarship of teaching, curriculum development, and student engagement. I hope that inviting you to be part of the core committee on the new curriculum will give you some beginning insight into curriculum development.

Mentee I agree, Lori; it is always a challenge to go from expert to novice when taking the next career step. I realized that my expertise alone is insufficient to succeed in an academic role. I know our College of Nursing is working on improving and standardizing the onboarding process, but it would be nice to see the implementation of a formal mentoring program within the College of Nursing. Since starting in my faculty role, I have engaged in every professional development and engagement opportunity I can, by joining committees, watching webinars, and volunteering for projects. In July 2022, the American Association of Colleges of Nursing (AACN) released a statement re-affirming that in addition to mandatory advanced education in nursing, further preparation in the educational role and pedagogy is recommended. Recognizing gaps in my own education, I plan to pursue formal instruction in nursing education to learn about teaching and learning strategies, pedagogy and andragogy, and evaluation methods. Nursing education is truly its own specialty, and being properly prepared for the role is a key component for a successful transition to academia.

As with the role of a nurse or nurse practitioner, to be a successful nurse educator, one must meet certain criteria or competencies. The United States primarily uses the Core Competencies for the Academic Nurse Educator, published in 2005 by the National League for Nursing (NLN), which are:

1. Facilitate Learning
2. Facilitate Learner Development and Socialization
3. Use Assessment and Evaluation Strategies

4. Participate in Curriculum Design and Evaluation of Program Outcomes
5. Function as a Change Agent and Leader
6. Pursue Continuous Quality Improvement in the Nurse Educator Role
7. Engage in Scholarship
8. Function within the Educational Environment

Also in 2005, the NLN introduced the Certified Nurse Educator Exam to demonstrate competency. As a goal, I plan to take and pass this exam. The resource book outlining these competencies, with task statements, is *The Scope of Practice for Academic Nurse Educators and Academic Clinical Nurse Educators, third Edition* [6].

Upon doing some internet research, I found that, internationally, the World Health Organization published its *Nurse Educator Core Competencie*s in 2016. These were developed to clearly outline and set base expectations to guide the educational preparation of nurse teachers, ensure quality and accountability in education, and improve nursing care and outcomes of health services [7]. The WHOs [7] Core Competencies are as follows:

1. Theories and Principles of Adult Learning
2. Curriculum and Implementation
3. Nursing Practice
4. Research and Evidence
5. Communication, Collaboration, and Partnership
6. Ethical/Legal Principles and Professionalism
7. Monitoring and Evaluation
8. Management, Leadership, and Advocacy

I want to explore both sets of competencies to see the similarities and differences and ensure that I align my teaching practice with both. As a member of Sigma, the International Honor Society for Nursing, since 2001, the organization has helped me appreciate the importance of my role as a nurse within the global context and my ability to impact others on a global scale. For further exploration, their website is sigmanursing.org.

Mentor I think this is a wise decision if you plan to embrace the nurse educator role as your primary career-track. For academic promotion, you will need to demonstrate you are meeting, or exceeding, the competencies as a nurse educator. Another caveat for those of us who are advanced practice clinicians–it is a challenge to remain current in both areas, but I believe that this is necessary to be a credible role model for our students; the National Organization of Nurse Practitioner Faculties (NONPF) is a good resource for nurse practitioners who aspire to the faculty role [8, 9]. Consider how you will incorporate clinical practice while focusing on the primary role of expert educator. Another area that is very important to success in academia, but is not taught in nursing education programs, is learning the culture of the educational organization where you are working. This includes discovering how formal and informal lines of communication function, when to speak out and when to be silent, how the dynamics of power play out, and how to find a mentor who is trustworthy and can support you and promote your success.

Mentee Yes, I have found balancing the numerous responsibilities a challenge. In clinical practice, the day is structured with a primary focus on patient care. In academia, strong time management skills are needed to manage the competing expectations in teaching, scholarship, service, and clinical practice. Some duties include curriculum development, grading assignments, daily meetings, supervising clinical students, committee work, writing articles or preparing presentations, and attending conferences and college activities. Maintaining clinical competence, as a clinical-track faculty member, is an essential component of the advanced practice role and allows me to stay relevant in the constantly changing healthcare environment. For nursing programs to be accredited, they need to demonstrate that the faculty have clinical expertise in the courses they teach. NONPF put out a statement in September 2017 endorsing their commitment to clinical practice being required for NP faculty [9]. In 2016, NONPF released a *Faculty Practice Toolkit*, as a resource for NP faculty and academic institutions to guide them with best practices for engaging in faculty practice [8].

Learning, and navigating, the organizational culture has been another challenge. The academic world is different, and the culture does not have the same motivations, or time constraints, as a healthcare organization does. I have experience traversing the politics of an organization, but I have noticed more peer-to-peer power struggles in academia, whereas healthcare organizations have a more hierarchical dynamic of power. Having you (Lori), as a supportive senior faculty, has eased my role stress, culture shock, role socialization, and understanding of expectations, all of which have been found as problematic for new faculty and can lead to departure from the role [10].

Mentor Discovering resources, both human and technology, and learning how to use them, is critical to success as a nurse educator. Most higher learning institutions offer some type of on-the-job training in course design, assessment and evaluation, managing large classes, and engaging students. Course designers can work with you as the clinical expert to create student learning outcomes, relevant content, and formative and summative assessments, including rubrics.

Learning communities, facilitated by experienced faculty in other disciplines, offer an opportunity to focus on a theme and socialize with faculty outside of nursing while gaining valuable skills and concepts that will enhance your knowledge of graduate education.

There is also a team of consultants at the university level to assist with learning platform issues, in addition to our College of Nursing technology team. We are fortunate to have a Quality Matters™ team who offers training to faculty to optimize their course to national standards of excellence. Quality Matters is a program that includes professional development, rubrics, peer review, and best practices for continuous improvement in student learning. It is a certification of quality and a demonstration of excellence. Their website, to explore more, is qualitymatters.org.

Two other valuable resources for faculty (and students) are our writing coach, who holds monthly sessions where faculty can dedicate time to scholarship, and our librarian, who is a wealth of information for doing searches and can assist faculty in finding new resources for teaching, scholarship, and practice.

Equally important resources outside of the university include colleagues with similar interests that you can meet at professional meetings, or through outside committee participation in an area of interest, such as the NONPF Health Policy Special Interest Group (SIG). These contacts offer the potential for joint presentations, research, or authorship opportunities. Again, use your CON business card or cell phone sharing to connect.

There is a tension in academia between tenure-track nurse researchers/educators and clinical/career-track clinicians in terms of valuing and worth to the profession. In some settings, they collaborate, but more often than not, this does not happen. Therefore, I am cautiously encouraged that in the September 28, 2022, American Association of Colleges of Nursing (AACN) *News Watch*, Integrating Nursing Education and Practice, the leadership speaks of the need for new joint initiatives between education and practice, including new clinical models. Adding practice leaders on AACN boards, committees, and task forces will hopefully bring cohesiveness to the nursing profession and support all levels of nurse educators [11, 12].

Mentee Yes, the resources available have been a wealth of information to support my transition as a faculty member, both new to the university and newer to education. Knowing my resources not only helps me, but I direct students to use them as well. Technical support, the writing coach, and the librarian are fabulous resources for the students too. Through my work email, I have been invited to attend numerous webinars on the various technology systems we use and how to maximize their use to improve student learning and engagement. It is time-consuming, but an important part of my learning process.

In addition, I did join a mentoring cohort within the university. It is led by an experienced educator and is more of a support group to help learn the ropes. To date, we have discussed where

we are at in our academic careers, our goals, and the steps we need to take toward promotion. Knowing others are in the same boat as I am is reassuring.

As you mentioned, I have noticed the differences and tensions between the tenure-track and clinical-track faculty. There is definitely more opportunity to collaborate and make translating evidence to practice more streamlined and effective. As this situation is not unique to our College of Nursing, it is a positive note that professional nursing education organizations have opened the doors for further discussion and innovative ideas.

On a personal side, I did join the NONPF Health Policy SIG, as well as the one for Faculty Practice and Distance Learning. Becoming involved in professional nursing education organizations has helped to strengthen my comfort level as a nurse educator. It is reassuring to know that even seasoned educators continue to learn and must navigate the changes and innovations in healthcare and education. It is humbling to participate in groups and projects as those who are well-known, and accomplished, within the field of nursing. You, Lori, are in that echelon as well. For you to receive a Fellows of the American Association of Nurse Practitioners (FAANP) 2022 *Living Legacy* Award is nothing short of amazing [12, 13]. You are truly inspirational, and it is an honor to be working with you and learning from you.

2 Mentor Self-reflection

I have really enjoyed the opportunity to dialogue with Sarah on this. As a senior clinical faculty member and seasoned advanced practice nurse, I am happy to share what I have learned along the way and feel the commitment to support and mentor newer faculty for the benefit of our profession and their career and our students and our patients. I am continually impressed by what these newer faculty bring to the position – their expectations, their clinical skills, and boundless enthusiasm, among other things. Yet many of them will leave disenchanted after a few short years due to a lack of support for their efforts, heavy workload, and no one to guide them along the way to leverage creativity and eagerness to change, with the realities of being a nurse educator in a system which is resistant to change, lives in silos, and rewards research more than it values practice. I am encouraged that Sarah has invested so much time and effort into launching her career as a nurse educator. She has built a broad base of support within and outside of the university, which will serve her well. The knowledge and experiences that she is amassing now can be applied in a variety of nurse educator settings and will help to build her repertoire for a successful career as a nurse educator.

As a mentor, I am also learning along with Sarah, and reflecting on my experiences in building my career as a nurse educator and practitioner. I also appreciate the need for multiple mentors in different areas and thank those who have supported me in my journey.

3 Mentee Self-reflection

The learning curve transitioning to a full-time faculty position has been sharper than anticipated. Time management, learning all the different systems, and needing to focus on the various aspects of the role have been the most challenging so far. It is a shift in mindset to a different culture, different pace, and interacting with peers differently. In general, the nursing educators I have worked with support new faculty. With the mindset in academia of thinking, growing, and innovating, I feel like I am in my element. Having Lori, a senior faculty member, take me under her wing to help orient and guide me in my transition to academia has made all the difference. I am glad I chose to shift my career to nursing education, as it is a role that maintains my clinical expertise but expands my scholarship and service to the profession. It is a way to give back and make an impact in growing new generations of nurse practitioners. In going through this process, and appreciating the importance of having a mentor, I hope to pursue further scholarship on role transition to the academic setting.

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The Power of Mentorship: In Learning, We Teach, and in Teaching, We Learn!

Nellie Naranjee and Vasanthrie Naidoo

A mentor is someone who sees more talent and ability within you, than you see in yourself, and helps bring it out of you.

—Bob Proctor

Objectives

- Discuss behaviors for successful mentoring relationships
- Understand the responsibilities of the mentor and the mentee
- Foster symbiosis in a mentor–mentee relationship

1 Introduction

Mentoring is often perceived as a one-way relationship where one person (mentor) gives and one (mentee) receives. Our mindset has been that of a mentor as one who has power over another by virtue of expert experience and knowledge. In this chapter, we reflect on our mentor–mentee relationship, which has been an enriching a mutually beneficial experience of motivation, knowledge, and achievement along the challenging but fulfilling journey of nursing academia.

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2 The Mentee: Nellie's Story

My heart was pounding, and my mouth felt dry. I peeped into the room, already full, with people laughing and engaged in conversation with each other. The words of my previous colleagues came flooding back "they will eat you at the Departmental Research Committee, be prepared." I felt like a lamb entering a room filled with wolves. I was filled with trepidation as my doctoral study, set out to explore the financial management developmental needs of nurses, received negative criticism by several research committees. The feedback came flooding back that I was wading into unchartered waters and would not succeed based on the perception that nurses do not have financial management responsibilities within the health sector. I was determined and passionate about making it work by enlightening nurses on their responsibilities to become active participants in influencing healthcare financial decisions and their important role in the financial management of their institutions. This was the year 2016. I was presenting my proposed doctoral study before another research committee.

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Before I could enter the room, a lady I had never seen before came to me. She had the kindest face and spoke to me in a calm, reassuring voice, sensing at that moment I needed encouragement and reassurance. She told me that I should not despair and be intimidated by the people in the room. She reminded me that I was the expert in this study and that I must hold my ground despite the criticism I received. I should not let anyone discourage me from continuing this study. I felt an immediate connection with this "unknown lady" as someone here sensed how I felt.

Feeling reassured and encouraged, I walked into the room and presented my study. All this time, this "unknown lady" stood at the back of the room. I looked at her occasionally, seeking validation, and she nodded reassuringly, indicating that I was doing okay. Being human entails needing reassurance sometimes. In those moments of self-doubt and uncertainty, her presence reassured me that I was cared about and not alone. Yes, there was a lot of criticism around my topic choice; however, I successfully defended my study.

In the words of Maya Angelou "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel" [1]. I kept recalling how this 'unknown lady's' words were such a comfort to me. That day I felt that a guardian angel was watching over me and that everything would be all right. Little did I know that this 'unknown lady' would play such a critical role in my career destiny. I returned to the University a few weeks later and enquired about 'unknown lady' as I had now named her. I was informed that she was the Departmental Research Coordinator, Dr. Vasie Naidoo. Needless to say, I completed my Doctorate Degree and got a job in the Nursing Department at the same University in 2020, and Vasie became my mentor.

In my first month of employment, sensing my desire to become better at what I do, and ready to do whatever is necessary to move to the next level, Vasie, adopted me and took me under her wing, unofficially becoming my informal mentor. I have been fortunate to trust Vasie enough to discuss my goals, aspirations, shortcomings, and approaches, while she has been incredibly patient and generous with her time to listen and steer me along.

Willing to learn from those I trust, I accepted the mentee role and thus began our academic journey. Vasie, then evolved from being an informal mentor to an important career mentor, forming a solid background of friendship and trust.

Vasie was successfully on her way to her own professorship quest and offered to mentor me on this trajectory. Both of us have a growth mindset which created the right conditions for the mentee–mentor relationship to be extremely rewarding and satisfying. She sees potential in me that I do not see in myself by encouraging me to do things I do not think I can.

She has helped me to improve my research direction. She is very conscious of publishing in reputable journals and only attending seminars and conferences that will benefit me or my goals directly. Having tapped into her own professional networks and resources, she connected me with key individuals, creating lasting and valuable connections. Mantzourani et al. [2] find that mentors and mentees benefit from self-enhancement through the development of their own professional abilities and the achievement of personal learning. Within healthcare environments, mentoring aids in the mastery of higher-level professional skills and supports the protected progression of mentees.

We have a deep, mutual respect for each other, our different levels of expertise, similarities, and differences. Vasie is very supportive, and she engages my passion, encourages me to extend myself, and sees greater prospects for me. I am able to multiply my own performance by my unfathomable appreciation for her expertise and values and by trusting in her as my mentor. Bauça [3] adds that for the mentee, success may be reached by integrating abilities, effort, and enthusiasm and with irreplaceable feedback and advice from a trusted mentor. It just requires having fun.

I can say that Vasie, my mentor's commitment to my academic and professional growth and successes, which have resulted in many positive academic and career outcomes, is indeed unique. The time and energy she invests in me have been invaluable to my career path. Our combined strengths have generated meaningful outcomes for both of us. We have successfully published many journal articles, book chapters and formed local, national, and international collaborations within a very short space of time. Her intelligence, experience, and my aspirations as a mentee have moved us closer to our mutual goals and ambitions. Manthiram and Edwards [4] confirm that a successful mentoring relationship can generate considerable benefits for the mentee regarding academic research productivity and career satisfaction. Similarly, through their mentees, mentors can also navigate new and rewarding research directions.

The academic world is continually changing and advancing, and I want to make certain that I can keep up with these changes. Having a mentor like this can definitely help me meet these goals. Because of her deep inner commitment, she has opened that door to ensure I succeed in my academic journey, for which I am deeply appreciative.

3 The Mentor: Vasie's Story

I entered the Nursing profession at the young age of 19, and coming from humble beginnings with aspirations of being a teacher, and I was thrown head first into the daunting and overwhelming world of being a brand-new nurse or "nurse skivvy," basically doing the most menial and belittling of tasks such as the washing of bedpans and chest drainage bottles. Eager to get an education, I persevered and found my "calling." Six months down the line, with the recruitment of new "nurse skivvies," I was not the most junior anymore, and maybe it was just me or my thinking, but I had vowed long before never to treat a junior counterpart the way I was treated. Besides, teaching, assisting, and guiding a brand-new nurse while sharing whatever limited knowledge I had gained in the prior 6 months, helped me cope and gave me a sense of purpose.

That was in 1987. Many years later, in 2006, I entered the exciting academic world of Nursing Education. Armed with experience and knowledge, I pledged to emulate the characters of two Nurse Educators whom I trained under and who taught me that humility and selflessness were two important ingredients in the dynamic world of academia, where we learn every day and from each other. Being an educator, I was fortunate to have been a part of many lives and often found myself playing the "hidden" role of counselor, social worker, big sister, mum, and sometimes just a pair of ears for frustrated students who needed to vent.

Mentorship, for me, can mean many things. For some, it is traditional, where someone senior takes someone junior under their wing. Mentoring is broadly defined as an interactive, reflective, participatory process of relationship building, engagement, and development between mentor and mentee, during which the former develops and evaluates the achievement of specific development needs in order to achieve the outcome of empowerment and capacity-building with regard to specific competencies [5]. Smailes [6] also agrees that peer mentoring is a learning approach or technique that is increasingly used among education professionals to improve an institution's overall performance.

For others, it is a little bit more unconventional, and learning might come from many different sources over the years, some formal and some informal. Having understood that wisdom shows up in unexpected places, I believe we should be mindful that any mentorship journey can be a deeply personal and gratifying one with mutual benefits. "Tell me and I forget, teach me and I may remember, involve me and I learn."—Benjamin Franklin. These words certainly hold true, and as a novice nurse climbing up the ranks of seniority, I learned to trust people who shared their knowledge and wisdom and felt a sense of

gratification as I grew in the profession and was able to do the same.

So many years later, when I met Dr. Nellie Naranjee, I saw a smart but nervous young woman standing outside the boardroom in one corner, waiting for her turn to defend her research proposal in front of the Departmental Research Committee. As the Departmental Research Coordinator, and being a student in the same boat at one time, I knew full well the anxiety and panic that one feels when it appears that you are being thrown into "the lion's den." There was something about her that struck a chord. Trying to allay her fears, I did offer a few words of comfort and wished her the best of luck. Needless to say, Nellie "owned" her topic that day and sailed through, successfully defending her topic. Two years later, I sat on the graduation stage as part of the academic procession and applauded as Nellie was conferred her doctorate degree.

A few years later, to my pleasure, this smart, vibrant nursing lecturer educator was pulled into our "fold" and the departmental impact that followed was one that was strengthened with Nellie's unique blend of wisdom, knowledge, patience, and understanding. It is often said that first impressions are lasting, and this holds true to this acquaintance. As her mentor, I was immediately welcomed with professional courtesy and a friendly demeanor that grew on me. I embraced these qualities to offer as well as seek direction and guidance and do so to date.

Mentors acting as peer teachers can ease the transition into the rigorous world of academia by assisting with problem-solving and the work's emotional impact. Some mentors may encounter resistance from the mentee, but notably, this helps mentees develop and enhance a range of skills, including teamwork, collaboration, reflection, and communication skills, which are important requirements in any profession [7]. On the other hand, Nellie immediately took responsibility for their own learning and active participation in the learning process.

As a mentee, Nellie has been a source of great intellectual wisdom and advice. Her pride in work matters, student affairs, and teaching and learning, remains a very treasured avenue of advice in my academic journey as a mentor and colleague. As a mentor, I, too, have sought her counsel and assistance at odd hours, and she has always been willing to lend an ear and guide me within the ambit of ethics and policy.

Sometimes correcting or teaching a colleague is difficult, but Nellie is not easily swayed when confronted with situations that require a firm stand. She has always firmly steered me away from error and gently enlightened me on a better way to ensure optimum work operations. Make no mistake, we have occasionally disagreed, but this woman's professional integrity has cemented our mentor/mentee relationship. Confronted with adversity or resistance, she has had the grace and ethics to rise above the situation to bring about resolution and work in harmony, and it is this fine quality that earned my immense respect and admiration of her.

I have sought her advice on many matters that required objectivity and guidance and her advice always ensured resolution to the benefit of all. In the face of confrontation and conflict, she remains a calm and rational mediator who has diffused many fires of conflict to ensure smooth work operations. Harper [8] concurs that mentors also learn from the new perspectives of their mentees, who may have very different backgrounds from their own. The fresh outlook of mentees gives mentors new opportunities for personal and professional growth.

As part of the mentoring process, Nellie was ushered into the world of departmental and institutional research projects and has very proudly and humbly taken the nursing profession to new heights and represents DUT on many national and international forums. Her special attributes for negotiation, communication and leadership have seen her supervise and co-supervise many professionals in the Health Sciences departments and in the Nursing Department with a resounding success rate. This has allowed her to network and build capacity at the faculty and institutional levels. Her abilities, skill, knowledge, experience,

leadership, willingness to learn and character have given her the persona of one who comes across as the type of person who loves teaching but learning.

As I mentioned earlier, I was blessed with certain teachers and mentors who found time to take a kind interest in me as an individual. They encouraged, guided, and inspired me to believe in myself and accept more of my true potential, and their wisdom stayed with me. Over time a mentor and mentee can become a constant, positive presence in a largely uncertain working world and in each other's lives. However, it can become very gratifying to be that person for someone and a great way to thank those who helped you. Acting as a mentor to Nellie and others like her has given me a way to thank those who helped me on my life's journey. Not only does it honor them, but it also helps me to guide, encourage and walk beside the next person on their journey!

4 Mentoring Is a Symbiotic Relationship

Bauça [3] adds that the mentor shapes the mentee, who in turn does shape the mentor. This two-way street demands focused listening, confronting the mentee with increasingly complex challenges, giving them self-sufficiency, let them take risks and face both wins and failures. This environment involves flowing communication with emotional support and psychological encouragement. In addition to the direction a mentor provides, additional key contributions must be made by the mentee himself- or herself. Hunt [9] confirms that the mentoring relationship is a two-way street. A mentor instills in another leader a positive belief in hope for the future. The mentors give of themselves with full commitment and transparency; therefore, seeing another leader's growth and development will give them personal hope for the future and is part of their legacy.

5 Conclusion

Our experience with the mentee–mentorship relationship is growing increasingly as we realize that we both have the will and fervor we need to succeed and achieve our goals. We consider our mentor/mentee relationship a symbiotic one, where the mentor provides advice, encouragement, and wisdom while recognizing that mentee's execution, accomplishments, successes, and contentment can give far more to the mentor than they could ever give in return. Irrespective of the background, education level, or career, a mentee needs someone like my mentor, Vasie, to help empower them to achieve their dreams.

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Experiences and Impact of the Jonas Nursing and Veteran Healthcare Scholar Mentoring Program

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Show me a successful individual and I'll show you someone who had real influences in his or her life. I don't care what you do for a living—if you do it well, I'm sure there was someone cheering you on or showing the way. A mentor.

— Denzel Washington

Objectives

1. Discuss the Jonas Nurse Scholars and its impact on addressing the next generation of doctoral prepared nurse leaders.
2. Describe the unique experiences of four Jonas Scholars and the relationship between mentor and mentee.

1 Introduction

The Jonas Nurse Scholars program was launched in 2008 to address the *Future of Nursing: Leading Change, Advancing Health* report recommendation to double the number of doctorally prepared nurses by 2020 to mitigate a nationwide nurse faculty shortage [1, 2]. In response to this recommendation, the Jonas Philanthropies created a

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partnership with donors and foundations to invest in the nursing profession – this partnership has yielded over $25 million dollars in scholarship funding to support the development of the next generation of doctorally prepared nurse leaders [1]. The scholarships provide financial assistance, leadership development, mentoring, and networking support to expand the pipeline of future nursing faculty, researchers, clinical practitioners, and policy leaders. The program includes a comprehensive mentoring component that engages scholars in peer-to-peer interactions, and nurtures relationships between scholars and faculty mentors through regular meetings, national mentors and meetings, and attendance at the Jonas Scholars Conference. Funds distributed to the scholars include financial support for tuition, project or dissertation research, and travel expenses to conferences. The Jonas Nurse Scholars program includes over 1700 scholars with representation from all 50 states.

The Jonas Policy Scholar program was launched in 2014 in conjunction with the American Academy of Nursing [3–6]. The American Academy of Nursing Jonas Policy Scholars program supports early-career scholars seeking to build their knowledge and aptitude in health policy, the policy process, and the interconnection of politics. Like the Jonas Scholars program, the American Academy of Nursing Jonas Policy Scholars program is a two-year fellowship program that builds upon three pillars: mentoring, engagement, and leadership/policy [3–6].

This chapter describes the experience of a faculty mentor with four Jonas Scholars that represent diverse geographic and ethnic/racial backgrounds as well as research, clinical, policy, and leadership interests.

2 Mentor's Perspective: Rita D'Aoust

Mentoring creates great leaders, researchers, educators, clinicians, managers, and political advocates through "giving back." There is no way that I would be where I am as a faculty mentor without incredible support, contribution, and mentoring over the years. As the child of immigrants and the first to graduate from college, I am deeply aware of the gift I have been given that has contributed to my professional and personal life, and how chance and mentoring separate me from my childhood peers. I feel it is crucial to support those who follow us. When we teach new and inspired nurses, or nurses who have been in the profession for some time, we are making a monumental contribution not only to the profession but to healthcare globally. Equally important, giving back and supporting a mentee allows a mentor to change the trajectory of a mentee's career and life.

Our world exists within a socio-political environment that impacts education and healthcare practice. Within this environment are structures of power that impact resources and opportunities – or limits them due to implicit and unseen biases. As a mentor, I have the ability to help navigate those structures to assist a mentee to reach their highest potential. With each mentee, a gift is given in return – lifelong colleague and friend.

My story is a varied patchwork of mostly informal but crucial mentoring from faculty and colleagues. Although I have served as a mentor locally and nationally through various programs, I have only participated, or should I say, was "nominated" as a mentee for one formal program—the American Association of Colleges of Nursing-Wharton Executive Leadership Program, thanks to the direct intervention of Mr. Donald Jonas, who together with his wife, Barbara, founded the Jonas Scholars program. While the impact of faculty who have mentored me is clear, the benefits of a formal program cannot be described. The network that is gained is immeasurable along with the transformation that occurs in that environment. Equally important is the generous support of colleagues who opened their networks and helped situate me within interprofessional education and care, writing skills, research methods and analyses, quality improvement, leadership, and education. I am indebted. When I asked one mentor how I could repay her, the response was simple – "pay it forward," and so I have, through social justice, by advancing

health for veterans and their families, and by mentoring doctoral students.

The following are stories of four of my mentees, all Jonas Scholars, and the impact they have had on the nursing profession.

2.1 Mentee: Alicia Rossiter

I had the unique pleasure of meeting **Alicia Rossiter** at the University of South Florida. As a veteran and nurse practitioner, Alicia had a passion for improving the impact of military service on the health of veterans and their families. Alicia chose a practice doctorate and there were several strong perspectives on the role of the researcher over the clinical leader. Together, we mapped strategies that allowed her to overcome selected but powerful concerns about a Doctor of Nursing Practice (DNP) project examining the impact of a novel therapy on Post-Traumatic Stress Disorder due to Military Sexual Trauma. Research and scholarship need financial support to conduct studies – and thanks to the Jonas Foundation, she received this scholarship as well as additional funding for her project. This led Alicia on a path of advocacy, engagement, and leadership nationally. Through our relationship, we created a veteran healthcare course, a veteran to Bachelor of Science in nursing program, and recently published a first of its kind book entitled *Caring for Veterans and Their Families: A Guide for Nurses and Healthcare Professionals.*

2.2 Mentee: Timian Godfrey

Timian Godfrey is a gentle soul and brilliant nursing scholar and leader. As a nurse practitioner, Timian's interest focused on improving the understanding, care, and outcomes for her people, the Navajo Nation, and other Indigenous populations. Through the Jonas Scholar program and a volunteer opportunity to participate in a collaborative DNP/Doctor of Philosophy (PhD) study, it was clear Timian could reach even a higher potential. The mentoring relationship allows support, role modeling, facilitating resources, and creating an enduring network. It felt important to work within her culture and value system to expand her vision beyond the horizon she could see.

2.3 Mentee: Darryn Dunbar

Darryn Dunbar is an incredible practice leader. However, it can be difficult being different in nursing and healthcare when the individual does not conform to expected norms. We learn more from our struggles and failures than our successes, and likewise, there is a risk when challenging societal norms. The Jonas Scholar program provided critical resources to support Darryn through his career. My role was to help Darryn to believe in himself in the face of challenges that arose when changing the status quo. When the pandemic hit Hawaii, Darryn's primary leadership role in emergency and critical care at a major hospital impacted the health of thousands of lives. As a mentor, it is important to help navigate, and, if necessary, eliminate obstacles that prevent a mentee from reaching their potential.

2.4 Mentee: Vanessa Battista

Vanessa Battista is a rare individual who dares to speak for those who cannot. Vanessa has a well-developed network of national mentor colleagues through her work in palliative care. She is nationally recognized in her own right. With her interest in pediatric palliative care, we had countless conversations on how to approach her DNP project which involved discussing goals of care and establishing advance directives for pediatric patients with serious health conditions that will likely end in death. Like her other colleagues, we had many conversations on career opportunities.

My experiences with each of these mentees impacted me both personally and professionally and my efforts as a mentor can be summed up simply: be available and continue to be available for a lifelong relationship. The rewards are priceless. Just as I have "paid it forward," so will each

mentee. I am blessed to have the opportunity to work with each of them; what follows are their brief perspectives on the benefits of being a mentee.

Mentees' Perspectives Alicia Rossiter A mentee-mentor relationship requires a bidirectional commitment and engagement from both parties – equally important to having a good mentor is being a good mentee. The goal of the mentor-mentee relationship should set the stage for the mentee's success and career trajectory. Upon meeting Dr. D'Aoust when I joined the University of South Florida College of Nursing faculty as an instructor, I knew that she was someone I wanted to emulate from a professional perspective and that she would serve as a role model for how I envisioned the trajectory of my career in academia. This led me to seek out Dr. D'Aoust as a mentor, initially in my role as faculty member, and later when I was accepted into the University of South Florida Doctor of Nursing Practice (DNP) program with focus on Veteran Health. Upon hearing about a scholarship and mentoring opportunity through Jonas Philanthropies, she submitted a nomination on my behalf, and I was selected as a Jonas Veteran Healthcare Scholar and later into the inaugural cohort of American Academy of Nursing Jonas Policy Scholars.

Dr. D'Aoust was instrumental in the success of my doctoral project which focused on implementing an emerging therapy, Accelerated Resolution Therapy, with women veterans with Military Sexual Trauma (MST)-related post-traumatic stress disorder (PTSD). My experiences, both on active duty in the United States Army Nurse Corps and the Air Force Reserve, served as the impetus behind my research and scholarly work focused on women veterans who had experienced MST. In addition to graciously offering her expertise and support, she also connected me with individuals and organizations which led to additional opportunities to expand my education and expertise in this area. While I had connections within the Department of Defense (DoD) because of my military service, as my DNP committee chair, she was able to help me expand my area of focus by connecting me with leaders within the Veterans Administration, legal experts who represented veterans with service-connected disabilities, and healthcare and veteran service organizations that implemented policy to impact change within the veteran community. As a result of these opportunities, I was able to set goals for myself and seek out additional opportunities that I presented to Dr. D'Aoust for feedback which she provided both formally and informally. Results from this project ultimately led to integration of this highly effective treatment into DoD PTSD treatment protocols and inclusion as a trauma-based therapy in the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices. Upon graduating, I was promoted to Assistant Professor, and later Associate Professor.

After establishing our mentor-mentee relationship, we transitioned into a collegial relationship that allowed me to share my expertise in military and veteran health as we collaborated on numerous projects and grants that focused on improving the physical and psychological health of servicemembers, veterans, and their families. Examples of this included the development of a first of its kind *Introduction to Military and Veteran Health* course that received recognition from First Lady Michelle Obama and Dr. Jill Biden when they launched the Joining Forces Initiative, support for my appointment as Military Liaison for the College of Nursing, creating a Veteran to Bachelor of Science in Nursing Program, and finally serving as co-editors on a book – *Caring for Veterans and their Families: A Guide for Nurses and Healthcare Providers*. Each collaboration built on the other and allowed for more autonomy because of the relationship created. Furthermore, it helped build my portfolio and credibility as a national leader and subject matter expert in military and veteran health. These experiences prepared and inspired me to seek out opportunities to transition into a mentor role with incoming Jonas Scholars through my service as the Jonas Philanthropies Alumni Board Vice President and Military and Veteran Health Scholars Subject Matter Expert. In addition, it

paved the way for my induction as a Fellow in the American Academy of Nursing where I currently serve as the Chair of the Military and Veteran Health Expert Panel. Without the support of Dr. D'Aoust's mentorship, I do not believe I would have achieved the success that I have in my career – I am forever grateful and thankful for her mentorship and friendship. It is imperative that mentor-mentee relationships are encouraged, cultivated, and celebrated as this is critically important for preparing the next generation of doctorally prepared nurse leaders.

Timian Godfrey As a Doctor of Nursing Practice (DNP) student at Johns Hopkins University School of Nursing, I was selected as a research assistant by Dr. D'Aoust for a study whose aim was to examine the alignment of nurse practitioner programs to prepare graduates to perform office procedures required in contemporary primary care practice. We met regularly and the research effort resulted in a journal publication and two presentations at a national conference. This experience changed the trajectory of my career toward that of academic nursing. I am now advancing as a professional in academia, research, and policy working with underserved populations and committed to advancing opportunities in nursing education for students from underrepresented populations.

Not only did the jumpstart on scholarly research activities provided by Dr. D'Aoust's mentorship make a tremendous impact on my professional and personal life, but her encouragement to apply for the Jonas Scholars Program was my catalyst to academic empowerment. The Jonas Scholars Program afforded me additional multilayered mentoring and peer support networks to develop and excel in academic and professional endeavors. Along with being a Jonas Scholar, Dr. D'Aoust guided me to apply for and receive several scholarships and honors because of my work with Indigenous communities and leadership skills (e.g., Nurse Executive Leadership Mentorship Award, Elizabeth A. Sackler Public Health Scholar). Dr. D'Aoust was instrumental in helping me succeed academically and graduate as the first Native American from the Doctor of Nursing Practice – Executive program at Johns Hopkins University School of Nursing and simultaneously receive a Public Health Training Graduate Certificate for American Indian Health from Johns Hopkins Bloomberg School of Public Health.

Dr. D'Aoust's mentorship has extended beyond graduation, and I continue to pursue academic and professional growth. I am a nursing faculty member working on numerous initiatives to diversify the nursing workforce. Additionally, I am pursuing a PhD in Nursing to become a nurse scientist and health equity scholar to generate evidence that improves health outcomes and policy development for underserved communities. These achievements are all attributed to the expertise and long-term dedication Dr. D'Aoust has for my development as a scholar, professional, and leader. The culmination of her mentoring empowered me to gain the expertise needed to lead efforts to advance health equity through service and policy, all of which has supported my induction as a Fellow of the American Academy of Nursing, one of the highest distinctions a nurse can receive. Throughout my academic and professional training, Dr. D'Aoust has displayed a commitment to learning and service by offering sound counsel through regular communication and encouragement to advance and develop academic and professional success for her students. Dr. D'Aoust's generosity to share her time to be accessible was invaluable to my success as a doctoral student and continuing professional. The key attributes of mentoring I learned from Dr. D'Aoust includes role modeling, friendship, and endurance [6]. These practices are ones that I have adopted into my own mentoring practices for future nurses and nurse leaders.

Darryn During my admission interview for the Executive DNP program at Johns Hopkins University School of Nursing, a faculty member inquired, "Why Hopkins? Why now?" The answer came easily, and I replied, "I have finally solved my identity crisis." This perplexed the interviewer who requested additional context. I shared how my career in nursing encompassed

roles in clinical practice, leadership, and academia. It became challenging to remain expert in all three areas simultaneously; however, as my career evolved, so did my role as a nurse leader passionate about educating and developing others. After being accepted into the program, students participated in a week-long immersion session during which I met Dr. Rita D'Aoust. Her energy, enthusiasm, and passion as a faculty leader was palpable and commanded my attention immediately. As she shared her trajectory in nursing, it resonated with my professional journey, having had positions in nursing practice, leadership, and academia. I was both intrigued and excited to be able to learn from someone as experienced as Dr. D'Aoust. I felt a strong connection with her before she knew who I was beyond one of 42 incoming doctoral students.

Early in my first term, I received an email from Dr. D'Aoust sent to all doctoral students (DNP and PhD) seeking research assistants for a collaborative PhD/DNP faculty/student research project evaluating the importance and prevalence of the "fourth P" (procedures) in advanced practice nursing programs across the United States. I was subsequently selected as one of the student researchers assisting with data collection and synthesis of the findings resulting in a published systematic review.

Approximately three weeks into my second term of the DNP program, I required emergency surgery. The surgery went well, but the recovery was slow as was my ability to keep the pace of the academic requirements that term leading to academic jeopardy. One course faculty suggested it would be best if I did not progress to the next term, take electives the following semester, and join the next cohort. I was devastated yet understood; the program was structured such that subsequent courses were based on successful completion of the courses in previous terms. I received a call from Dr. D'Aoust one afternoon checking in on me after learning other faculty suggested I "stay back." She inquired about specifics related to my surgery and recovery. A few days later, I received a call from a different faculty member advising me of the option to take a grade of incomplete for the semester to complete course requirements over the holiday break. I was given a deadline and informed I would work closely with my advisor to keep on track. Little did I know that Dr. D'Aoust advocated on my behalf and encouraged the faculty to follow the School of Nursing's own guidelines regarding requirements to qualify for a course grade of "incomplete."

Mentors model many useful behaviors for those they help develop including professionalism, passion, commitment for work, and facing reality when life circumstances present themselves. Mentors can assist in removing barriers by helping the mentee navigate through various situations the mentor may have encountered in their own experiences. Dr. D'Aoust afforded me the opportunity to rise above a situation outside my control to complete a semester with success, allowing me to progress with my peers as planned. Dr. D'Aoust's mentorship was not limited to my academic progression or the research team she led; it went beyond that from discussions of "what would you do in this situation" regarding my professional work as nurse leader, to sharing aspects of our personal lives with one another. Later in the program, Dr. D'Aoust inquired why I had not applied to the Jonas Scholars program. I responded I did not think my academic focus made me qualified to apply; she promptly described how it absolutely was applicable. What I did not share with her was a pervasive sense that I was not "scholarly" material. She convinced me I was wrong, strongly suggesting I reconsider my perspective and apply to the Jonas Scholar program. I followed her guidance which proved fruitful when I later learned I was selected to be one of the Jonas Scholars.

The confidence I have developed because of Rita's mentorship has been a critical feature of my success during very challenging times associated with the COVID pandemic. Leading in a health system in a state of several islands not immediately connected to the contiguous United States presented different challenges than those experienced by peers and colleagues on the mainland. Dr. D'Aoust believed in me when I was unable to believe in myself. Because of that example, I now believe anything is possible if

one works for it. Words alone cannot express the gratitude I have for my personal and professional relationship with Dr. Rita D'Aoust. Mahalo!

Vanessa: I still remember the distinct day on which I met Dr. Rita D'Aoust, as a fledgling doctoral student at the Johns Hopkins University School of Nursing orientation. I was given the news that my previously assigned faculty advisor was leaving the program and I could weigh in on who I wanted to be my new advisor. I asked Dr. D'Aoust if I could speak with her about my decision and we chatted for a while, during which time Dr. D'Aoust told me about all the ways in which she could immediately see my future successes as a dual degree DNP and Master of Business Administration (MBA) graduate. She encouraged me to pursue my passion for palliative care, told me she believed in me, and promised me that I was going to soar. I walked away from that conversation not only with a heart full of gratitude, but also proudly with a new faculty advisor and mentor, Dr. Rita D'Aoust.

I can say with 100 percent sincerity that it was a true privilege to have Dr. D'Aoust as my advisor, mentor, advocate, professional confidant, and "biggest cheerleader" through every step of the doctoral program. Dr. D'Aoust always challenged me to think critically and encouraged me to work to my full potential, and she took an interest in helping me and all her students find our individual strengths by applying for scholarships, writing grants, submitting research proposals, teaching other students, publishing manuscripts, taking on new professional responsibilities, or striving to find more work-life balance. One of the most impactful experiences I shared with Dr. D'Aoust was being a Jonas Scholar. Not only did the Jonas Scholar program award me with a financial scholarship, but it also afforded me the opportunity to be a part of a national network of other nursing leaders and aspiring leaders. I remember sitting next to Dr. D'Aoust at the Jonas Scholar Leadership Conference listening to a panel of Jonas Scholar Alumni speak and being in awe of the leaders in my midst. Dr. D'Aoust was one of those leaders and recognized in me the potential as a future nursing leader. From day one, Dr. D'Aoust embodied the role of mentor.

Throughout my doctoral program, I continually appreciated Dr. D'Aoust's thoughtful feedback, along with her humble approach to challenging me to think deeper, question further, and lead with a fearless spirit. These attributes served me well when I ran into some challenges in completing the data collection portion of my project, particularly with one of my project stakeholders. Dr. D'Aoust encouraged me to pursue my project even though discussing goals of care and advance directives with adolescent and young adult patients made many people uncomfortable. She taught me that leadership may mean that not everyone likes you some days but that standing up for what you believe in and being an advocate for your patients is always the right thing to do. I feel so fortunate to have been a mentee of Dr. D'Aoust's through the Jonas Scholar program. On the first day that I met her, she promised me that I would soar, and on our final day of class she told us it was "time to leave the nest and spread our wings." And so now I proudly fly, as a better professional, colleague, and human being, all due to the benefits of having an ongoing relationship with an incredible mentor and colleague, Dr. Rita D'Aoust.

3 Reflection of Mentor

Martin Luther King, Jr. once said, "Life's most persistent and urgent question is, what are you doing for others?" Mentoring is a way to contribute to others by dedicating yourself to your mentee's well-being and advancement without concern about one's own personal gain. No two mentor-mentee experiences and interests are the same. Each of the mentee's reflections describe a different interest, need, and opportunity.

The impact of the Jonas Scholar support is crucial and indelible. The program includes a comprehensive mentoring component that engages scholars in peer-to-peer interactions, and nurtures relationships between scholars and faculty mentors through bi-monthly calls

and attendance at national professional nursing conference.

I recall the incredible attributes of my mentors and try to incorporate those qualities in my relationship with my mentees as a way of "paying it forward." By investing in my mentees, I hope to contribute to the profession through others; something I could not accomplish with merely my own contributions. Their successes bring me more joy than my own. It truly is a privilege to work with each of the Jonas Scholars mentees who embody commitment, excellence, humility, and brilliance. More than anything, each of mentees is a life-long colleague and friend. Alicia, Timian, Darryn, and Vanessa – thank you for the opportunity.

4 Conclusion

This chapter summarizes the experience of a faculty mentor with four Jonas Scholars and the impact of their relationships on creating the next generation of education, research, practice, and policy nursing leaders. The critical importance of the Jonas Scholar program allows for the structure of a formal national program as well as individual mentoring with a faculty mentor to allow doctorally prepared nurse leaders to meet nursing workforce demands and improve access to quality healthcare. Each mentee selected to be a Jonas Scholar is different, just as the mentor's role is different. From the perspective of the mentor portrayed in this chapter, we learn that attributes of an excellent mentor (e.g., role modeling, nurturing, friendship, experienced person, regular meeting, and endurance) significantly impact the academic and professional success of a mentee [6]. From the stories shared by the mentees, we learn that each experience with a mentor is unique and challenges them to thrive and grow to be the best nursing clinicians, scholars, researchers, and leaders possible. Beyond immediate impact, excellent mentoring lends to the intergenerational success of nursing for years to come.

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Resources

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The Jonas Philanthropies: investing where it matters most. https://jonasphilanthropies.org/.

Washington Center for Nursing, Mentoring Resources. https://www.wcnursing.org/career-leadership-development-in-nursing/mentoring-resources/.



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Leadership Mentoring: Peer Mentoring Experience in Nursing Education

Huda Al-Noumani and Judie Arulappan

We rise by lifting others

—Robert Ingersoll

Objectives

1. Describe the process of establishing a mentorship experience.
2. Provide examples to illustrate various opportunities to strengthen the mentorship relationship.
3. Integrate the experience of peer mentorship within the evidence-based literature.

1 Introduction

Mentoring is a relationship between a novice and an expert practitioner, wherein the mentor inspires the novice to achieve their learning. Mentoring is considered a best practice as it fosters success in career transition [1–3]. Mentoring promotes socialization and the development of roles within a supportive environment [2]. It embraces both transitional and emotional relationships in which the experienced mentor serves as a guide to the mentee. People involved in the mentoring relationship feel encouraged, valued, and exposed to leadership opportunities [4, 5]. During the process of mentoring, the mentor and mentee understand the fundamental principles of mutual respect, acknowledge the influences, value diverse viewpoints, and communicate and share resources; the relationship between the novice mentee and experienced mentor is empowered, and the practice is enriched [6, 7]. Becoming a mentor is a transformative lifelong process; it grows from varied experiences and powerful role modeling rather than formal instruction. Further, the novice becomes self-reliant in acquiring new knowledge, skills, and abilities and continues to have motivation in professional development [8].

In nursing, mentoring is considered an effective leadership strategy and has been used for many years [9]. Nurses use mentorship as a tool for succession planning through which the leadership roles are passed down to other nurses [2]. Leadership in nursing is essential for organizational growth, enhancing quality improvement,

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financial productivity, strategic growth of the organization, and improving patient care experience. Therefore, fostering the development of nurses and nurse leaders through mentorship is vital to enhance the retention of current nurse leaders, ensure acceptable performance, and make succession plans for future nurse leaders [10]. Professional support models of mentoring in healthcare can be informal, formal, and peer mentoring. In addition, other mentoring models include clinical supervision, preceptorship, and e-mentoring [11–14]. The novices are modeled through personal balance and professional behavior by influential mentors [15]. As cited in the previous literature, we feel empowered by our organization's personal, professional, and strategic growth; this is how we described our journey as peers and enriched our knowledge and experience through peer mentoring. Peer mentoring is a mutual relationship where both mentor and mentee are at the same stage of experience or age, which is common in higher education [16]. We valued and supported each other in our professional development. This chapter will share our experiences as a mentor-mentee or what we initially thought it was, which widely evolved into solid, practical, and productive peer mentoring.

Informal mentoring, especially if initiated by a mentor, is linked with positive outcomes, fostering acceptance and interpersonal interaction, decreasing the sense of threat, and maintaining lifelong relationships [17]. Our mentoring relationship started and remains informal mentoring, which we believe is the reason for the success of this relationship as it evolved naturally and over time. This informal mentoring allowed us to experience different emotions, feelings, expectations, sorting doubts, and personality matching.

2 The Beginning and Our Journey

Our narrative should start with how and when we met. We met as faculty in 2017 during an exit examination in the College of Nursing. During our first contact, we barely knew each other because our relationship was only between a course coordinator of the final-year exit course and an examiner. The first encounter was unsatisfactory, wherein the examination process was unclear as perceived by the examiner, resulting in a chaotic situation during the examination that was carefully managed by the examination team; this created an unfavorable first impression about each other. Literature mentions that a first impression could determine outcomes and shape expectations [17]. Luckily, we both had several other opportunities to work together on different occasions, which created chances to understand each other to improve ourselves.

Usually, mentoring is confused with coaching, managing, or precepting. Nevertheless, mentoring outspreads beyond these concepts because one person invests personal knowledge, time, and energy to assist another person in their professional growth and development [18]. Similarly, we understood the concept of "be all that we can be." This understanding assisted in developing trust and mutual regard in fostering the development of our relationship [19]. Moreover, experiencing high-quality mentoring contributes to the advancement and success in academic and corporate settings [20]. In our case, we are advancing and heading toward many successful achievements in the academic environment. The American Credentialing Centre has placed significant emphasis on mentoring as a gold standard for excellence in nursing practice [21]. Thus, a mentoring culture develops leaders, identifies staff with high potential, and supports them in retaining talents [22, 23]. This is precisely true in describing our mentoring culture. After the first encounter as an examiner and a course coordinator, we then grew together professionally as administrative leaders in the college. We interacted daily and learned to appreciate and support each other in retaining and enhancing our talents.

Although a structured mentoring program is recommended in nursing to promote employee engagement and job satisfaction [23], we developed ourselves without a structured mentoring program as we mutually understood the presence and value of each other in our career growth. We had an opportunity to work together in a

Standardized Examination Committee, which was set up to prepare Omani nurses for the national licensure examination. We functioned as chair and co-chair of the committee with other college members. We developed many procedures and documents supporting the training course and the learning process. It took us around 1 year of hard and continuous work to prepare for this course to finally be recognized at the national level as the first course of its kind. Currently, the course is named Preparatory Course for the Omani Examination for Nurses (PCOEN). Working as chair and co-chair to lead the team to this national achievement aligns with the literature that mentorship offers opportunities for nurses beyond the descriptions of their current job title [23, 24].

Furthermore, we continued our professional journey as Head of the Department (HOD) and Assistant Dean for Training and Community service (ADTCS). During this period, we lifted each other in our professional lives by exchanging ideas, thoughts, and support in the functioning of our offices. We were optimistic, self-aware, resilient, motivated, open to changes, ready to learn from our strengths and weakness, fostered the development of others, engaged with colleagues, and had self-control [25–28]; and these are the competencies needed for a mentor. Additionally, we were active listeners and could reflect and share feedback [29], further enhancing our mentoring experience.

Evidence suggests that mentorship has a significant impact on developing efficacy of leaders when there is a strong trust between mentor and mentee and the mentee is open and willing to seek constructive and critical feedback [30–32]. Therefore, our professional journey continued working as ADTCS and Chair of Continuing Education and Orientation Committee (CEOC) of the College of Nursing, and it expanded our professional network. We collaborated to identify our academic faculty's teaching and learning needs and implemented many faculty development programs to enhance their knowledge and competency. Moreover, we developed induction and orientation policies and procedures for full-time and part-time teaching faculty. We, along with our committee, formed a partnership with international organizations in training nurses on various courses to enrich the knowledge and competency of the nursing workforce. Evidence proposes that a healthy work environment enhances organizational performance, employee satisfaction, and retention [33]. We experienced a healthy work environment with strong leadership at all levels, enhancing our productivity.

The nursing profession bases itself on the scientific body of knowledge [34]. In nursing, the generation, dissemination, and application of research evidence are essential to maintain and expand the nursing discipline [35]. In addition, nursing as an academic discipline and a profession is notably dependent on evidence-based practice (EBP) [36]. The research that produces new nursing knowledge is translated into practice, contributing to improved patient outcomes, enhanced clinical skills, reduced healthcare costs, increased patient safety, and maximized standards of care [35, 37]. If the nurses are mentored on the importance of EBP, they will be well prepared to translate it into clinical practice [38, 39]. Because we understood the benefits of EBP in nursing education and were willing to work together more, our peer mentoring relationship expanded to get involved in research. We continued our collaboration in nursing and nursing education research as we had a similar passion. Together, we were engaged in research related to nursing professional identity, preparedness for nursing practice, and the brand image of nurses in Oman. Then we expanded our professional network by conducting an international study with China and the United States of America; this widened our professional network beyond teaching and community service, further enhancing our scholarship skills. We understood that we both developed more confidence in nursing research and EBP as we functioned collaboratively from the project's inception until its completion [40].

Professional development can be achieved in many ways. It depends on the interest of an individual nurse, beneficence to patient care, and recognition of achievements by employers. Similarly, developing a nurse toward peer-

reviewed publication supports the professional development of the nurses within their organization [41]. Sharing and receiving knowledge in publication benefits both the mentor and mentee [41]. We realized that peer mentoring helps gain publication experience and develop expertise and success across various professional roles [42]. Hence, our relationship continued in writing manuscripts for publication. Literature indicated that formal mentoring is required to enhance our writing skills, involvement in producing peer-reviewed publications, and professional development. Expert nurses use mentoring and developing nurse-led teams within their organizations to generate empirical findings and reinforce the importance of disseminating new sound knowledge [43]. However, we did not have formal mentoring in writing manuscripts during our mentor-mentee relationship. But, having previous experience in publication helped and supported us, and we learned from each other in writing and publishing our manuscripts in national and international peer-reviewed journals. This experience enabled us to mentor other novices to write and publish manuscripts.

American Nurses Association [44] states that "professional development is a vital phase of lifelong learning in which nurses engage to develop and maintain competence, enhance professional nursing practice, and support the achievement of career goals." Being a member of a nursing organization or association empowers nurses to stay up-to-date on the current standards of practice, access nursing resources, get personal advancement and networking opportunities, gain new skills, and develop leadership skills [45]. As a mentor, the president of the Alpha Beta Delta chapter of Sigma Theta Tau International (STTI), and Mentee, the chair of the publicity committee of STTI, we joined hands with the other members in establishing the chapter in the College of Nursing, Sultan Qaboos University, Oman. We successfully inducted international and regional participants and developed policies, procedures, and job descriptions for our chapter leaders; this exemplifies how our mentoring relationship guided our professional development and connection with an international organization beyond our teaching and research activities. Jointly, we expanded our network to the Sigma Global Regional Council Middle East network, which enabled us to collaborate with global and Middle East leaders. With this, we advanced our professional network and increased the visibility of our organization internationally, showing how strong peer mentoring is impactful.

Again, our professional collaboration extended to being members of Ad Hoc committees in the college. Usually, these committees are formulated by the Dean with expert team members to brainstorm and make recommendations on specific areas. We had various opportunities to work together in Ad Hoc committees. We expressed similar thoughts and suggestions during these meetings, which made us realize and appreciate that we can connect with people who share similar ideas and interests [46]. Generally, the people who surround us can influence us in drastic ways. When we get the opportunity to be surrounded by like-minded professionals, we can produce quality work. With unique and passionate professionals, many avenues can be created for professional development. We behave desirably and expectedly as we understand our professional roles, learn to sort out what nurses need, and understand our social and moral values [47]. Our mentoring relationship drives us to have a win-win relationship, which we believe is peer mentoring.

As we realized that professional identity (PI) necessitates having a commitment to lifelong learning and service to the community, we started reflecting on our relationship and internalizing it [48]. We, therefore, recognized that "the attainment of PI occurs when we internalize and reflect on the core values of the nursing profession, engage in personal and professional development, and gain life-long experience and learning while growing in the profession" [49]. We also understood that the PI in nursing school could be developed by embracing the core values of nursing through engagement with nursing faculty,

students, and patients. Consequently, we continued to nurture the development of our PI by engaging with other nursing faculty, practicing nurses, and stakeholders. It is worth noting that nurses and nursing students with solid PI are motivated to remain in nursing practice and work with dedication [50]. We both have solid ideals for nursing, increased commitment to the nursing profession, career longevity, and continued professional development [51].

2.1 Mentor Reflection

The first encounter between my mentee and me was a negative experience; if that first impression had remained, the outstanding experience of our mentor-mentee (peer mentorship) would not happen. In any setting, we should not be driven by the first impression and interaction with others. The opportunity we provided to interact with each other deleted the first experience we encountered. In our case, we took opportunities to work together and understand each other, significantly improving our achievements and performance throughout our journey. Our informal peer mentorship experience opens the door for both of us to grow personally and professionally. In the end, and based on my experience, I would highly encourage all to find a mentor and enjoy the mentorship experience. My final words are that what I experience may not necessarily be what you will experience. My message is, "try and navigate mentorship until you reach the optimal and favorable expectations."

2.2 Mentee Reflection

I enjoyed working with my peer mentor during the last 6 years. Though we initially struggled to understand each other, our continued interaction and working relationship enriched our professional learning experience, and we understood each other very well. The approach of my mentor was optimistic, making me feel comfortable working with her. My mentor acknowledged my professional contribution through words of appreciation, which allowed me to function at my full capacity. I utilized every encounter with my mentor as a learning opportunity. The peer mentoring experience enhanced my knowledge, competence, and attitude in teaching, research, and community service. I grew both personally and professionally during these years. Though 6 years passed, we are nurturing and continuing our relationship until today and I am sure our professional journey will continue forever.

3 Summary

In summary, in this chapter, we described our relationship, initially thought of as a mentor-mentee relationship. Still, when working together on various occasions, we describe it as peer mentoring. Peer mentoring allows both of us to grow personally and professionally concurrently. We are grateful for the events that opened these opportunities, but we made this mentoring process successful and a lifelong relationship.

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Resources

American Nurses Association. https://www.nursingworld.org/organizational-programs/ana-consultation-services/tips-articles-and-videos/mentoring-or-succession-planning/.

Canadian Nurses Association (CNA). https://www.cna-aiic.ca/en/certification/exam-preparation/mentorship-program.

NSW Government. https://www.seslhd.health.nsw.gov.au/mentorship-a-guide-for-mentors.

Registered Nurses Association of Ontario. https://careersinnursing.ca/late-career/mentorship-matters.



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Innovation and Entrepreneurial Mentoring in Nursing for Life Transformative Education

Tiffany Kelley, Kelsey MarcAurele, and Ellen Quintana

A mentor is someone who sees more talent and ability within you, than you see in yourself, and helps bring it out of you.

—Bob Proctor

Objectives

1. Describe how a mentorship formed between a faculty member and two undergraduate nursing students.
2. Explore the students' reflections as mentees in the specialty practice of innovation and entrepreneurship.
3. Reflect on the mentor's approach toward mentoring undergraduate students in nursing innovation and entrepreneurship.

1 Introduction

Nearly a decade ago, the University of Connecticut School of Nursing embarked on a mission to educate the next generation of nurses to become changemakers through the inclusion of innovation education within their undergraduate programs [1]. The vision at that time was to provide undergraduate nursing students with the knowledge, skills, and abilities to create transformational change as early as their first year as a registered nurse. For the nursing profession to make and influence change, we must equip our nurses with an education that allows for this to occur [1]. In this story of mentorship, Dr. Tiffany Kelley PhD MBA RN-BC mentored two undergraduate nursing students, Ellen Quintana BSN RN and Kelsey MarcAurele BSN RN, how to innovate for nursing and healthcare needs through a unique, now patented solution, ReduSeal, that led to several innovation and entrepreneurship awards by the time of their graduation from nursing school.

2 Background

In August 2018, Dr. Tiffany Kelley PhD MBA RN joined the University of Connecticut School of Nursing as the Frederick A. DeLuca Foundation Visiting Professor for Innovation and New Knowledge. In this new, one-of-a-kind role, Dr. Kelley was charged with developing and execut-

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ing on a strategic plan to educate nursing students on concepts and principles of innovation across all degree programs. This initiative was groundbreaking for the nursing profession with the University of Connecticut being one of the first to take on this transformational learning opportunity for students [2]. Dr. Kelley was excited to be able to mentor nursing students early in their nursing career and provide insights that she learned through her own innovation and entrepreneurial endeavors to offer a resource that is not always easy to find when pursuing such a path. She was fortunate to have mentors in her academic studies that greatly influenced her career trajectory. Dr. Kelley hoped to be able to do the same for her two students, Ellen Quintana and Kelsey MarcAurele.

Dr. Kelley [3] defines nursing innovation as a new product, process, or service that addresses an unmet need for a population of people to address a gap in healthcare quality. Registered nurses are known to leverage innovative behaviors in their day-to-day care of patients. However, the outcomes are primarily workarounds rather than innovations. Workarounds work around existing challenges that persist within a healthcare organization and/or system. Workarounds are clues of systemic opportunities to innovate for better solutions [4]. The earlier nursing students and nurses are mentored to this approach, the sooner we can build scalable and sustainable solutions.

In her first academic year in the role at the University of Connecticut, Dr. Kelley was introduced to Ellen Quintana, an undergraduate nursing student who had been working on her glove waste reduction invention and innovation, ReduSeal. ReduSeal was invented to address the unmet need of unnecessary glove waste. Every time a nurse reaches for a single glove from a box, several gloves often are attached and fall to the ground.

Ellen was awarded an IDEA grant through the University of Connecticut to work on her invention idea. In the few interactions Dr. Kelley had with Ellen and Christine Meehan MA, BSN, RN, her faculty advisor at that time, she saw the opportunity to expose Ellen and other healthcare innovation students on introductory entrepreneurial principles and pathways toward commercialization for new innovations and inventions. Dr. Kelley believes that as a mentor, she has a responsibility to individualize learning needs [5] as they relate to the emerging specialties of nursing innovation and entrepreneurship.

Through a grant from the School of Nursing's Center for Nursing Scholarship and Innovation at the University of Connecticut, a two-day Healthcare Innovation and Entrepreneurial Essentials (HIEE) workshop was held in the Fall of 2019. Ellen Quintana attended that workshop as part of an independent study course requirement that Fall semester. Kelsey MarcAurele also attended that workshop. Kelsey was an incoming student to the University of Connecticut having transferred from another nursing school. Kelsey was drawn to the University of Connecticut's emphasis on nursing innovation.

Dr. Kelley noticed during the HIEE workshop that Ellen and Kelsey had sat next to one another and began to converse during the 2 days. They were the only two undergraduate nursing students in attendance. At the end of the weekend, Kelsey had shared with Dr. Kelley that she had an interest in participating in nursing innovation activities and I kept her in my mind as that Fall semester continued onward.

Toward the end of the Fall semester, Dr. Kelley and Ellen Quintana discussed a grant opportunity for her to consider through VentureWell for an Entrepreneurial Team Stage I grant. The grant application required that Ellen have another team member to submit the application and work on the grant if awarded. They discussed what she was looking for in a team member to advance the project. Dr. Kelley recalls hearing other faculty that weekend recommending that Ellen identify a business student to join her team. However, she had spent enough time with Ellen that to know that she would benefit from a team member whom she already knew and who she could work with for the grant period of a year. The first person that came to mind was Kelsey MarcAurele, from the HIEE weekend. This would also give Kelsey an opportunity to be involved in an innovation project. There were learning opportunities in nursing innovation for both students. In Dr. Kelley's own entrepreneurial efforts, she can attest that having an ability to communicate and

collaborate with someone is extremely important for success. If there was not synergy between the two students, Dr. Kelley was concerned that the project may not progress as well as it could. Dr. Kelley felt strongly for Ellen and the benefit of her project that her team member be someone whom she already knew and with whom she could work with in a team.

Dr. Kelley mentioned Kelsey's name to Ellen as a possible team member. She agreed with that idea and excited about the opportunity. The timing of this discussion occurred at the end of the semester and had a very short time frame before part of the grant was due. Dr. Kelley told Ellen that she would write Kelsey and ask if she would be interested in the opportunity, but that it was not a guarantee. Dr. Kelley was hopeful. Ellen was hopeful. Dr. Kelley reached out to Kelsey on Ellen's behalf, and Kelsey was interested! She was delighted and so grateful for her interest. The Spring semester would start in a few weeks and that is where the collective mentor-mentee relationship continued for the following year and a half.

3 ReduSeal Team Mentored Innovation Independent Studies

In January 2020, following the winter break, Dr. Kelley recommended a team-based innovation-focused independent study for Ellen and Kelsey to have mentored guidance to advance the ReduSeal invention and innovation through learning the new skills of grant writing and design thinking methodology. The independent study was in addition to the students' core education requirements. Dr. Kelley met with Ellen and Kelsey once a week for an hour at a time.

Ellen and Kelsey started the Spring 2020 semester not having written a nationally competitive grant. By the end of the semester, Dr. Kelley had mentored Ellen and Kelsey to write and submit three grant applications. Two of the grants were national competitions. One of the grants was a university competition. The ReduSeal team was awarded $5000.00 from the VentureWell Entrepreneurial Team Stage I grant with Dr. Kelley serving as the Principal Investigator. The mentored experience writing that grant gave both students the confidence to apply for the University of Connecticut competition of Innovation Quest and win the second place prize of $10,000. The third grant application resulted in the ReduSeal team selected as a finalist for the Johnson and Johnson Nurse Led Innovation Quick Fire challenge. Under Dr. Kelley's guided mentorship, Ellen and Kelsey developed new skills in grant writing, developing a pitch deck, and presenting to a series of judges, all in one semester. The learning outcomes exceeded expectations. The ReduSeal team had been awarded $15,000 in non-dilutive grant funding to support their product development efforts toward commercialization.

The ReduSeal team continued onward with structured mentorship from Dr. Kelley in the following academic year (2020–2021) with one independent study per semester. Advancements in ReduSeal product testing continued with valuable learning experiences in teamwork, flexibility, and adaptability considering the everchanging environment with the ongoing coronavirus pandemic. Despite the challenges, a most exciting outcome evolved for Ellen Quintana. She was awarded a non-provisional patent from the United States Patent and Trademark Office (USPTO) prior to graduating from her undergraduate nursing program.

4 Mentor and Mentee Reflections

4.1 Mentor Reflection

As the faculty advisor and mentor for Ellen Quintana and Kelsey MarcAurele from January 2020 through May 2021, Dr. Kelley's goals were to encourage and further develop their knowledge, skills, and abilities specifically around innovation and entrepreneurship. Innovation and entrepreneurship endeavors are challenging for anyone. Dr. Kelley knows from her own professional experience how challenging it can be to invent, innovate, and start entrepreneurial endeavors without appropriate guidance and effective expertise. She also knows the benefits and opportunities that can come from venturing down a new pathway, albeit

intimidating at times. Dr. Kelley created a unique opportunity for the students to thrive and what followed exceeded her expectations.

Every time Dr. Kelley mentors a student, she remembers being a mentee as a master's student at Northeastern University. Her mentor, Dr. Jane Aroian EdD RN often saw abilities in her that she could not see in herself at that time. She credits Dr. Aroian's mentorship to exposing her to new career possibilities, Dr. Kelley shared:

> I would not be where I am today without Dr. Aroian offering me opportunities that she felt I was qualified for, even if I did not feel the same at that time. I have never forgotten her impact. As a result, I aim to do the same for the students whom I mentor. Ellen and Kelsey are two of those students. A phrase that Dr. Aroian would say to me when I was not as confident as she was about my abilities was, "Just apply, see what happens, and then you can make your decision." I used this phrase often with Ellen and Kelsey many times. Two of those specific times were regarding submitting grant applications for the Johnson and Johnson Nurse Led Innovation Challenge and the University of Connecticut's Innovation Quest university wide competition. I believe is part of my professional responsibility to mentor others who can benefit from what I can offer but also who are willing to be mentored.

Grant writing was a new skill for both Ellen and Kelsey to learn. Learning how to effectively write a grant can be intimidating and overwhelming for anyone on their first attempt. To counter these thoughts, Dr. Kelley focused on building the students' confidence in taking on new challenges. She wanted to see how much they could accomplish as nursing students without putting any limits on their mindset. Dr. Kelley shared, "students can often exceed your expectations if you do not impose arbitrary limits on their capabilities."

The mentorship continued through the 2020 to 2021 academic year when the world was amid a pandemic. Dr. Kelley adjusted her approach to mentoring during this time.

> I knew both students were in their clinicals, experiencing frequent, sometimes daily, changes and while we had work to do, my primary concern was their overall wellbeing. I believe that mentors have a responsibility to have a holistic approach in their mentorship with students.

As a mentor, Dr. Kelley felt a responsibility to learn from her mentees in the same way that the mentees were learning from her.

4.2 Mentee Reflections

Ellen Quintana and Kelsey MarcAurele were both asked to reflect on the meaning of mentorship from our experience in working together. Dr. Kelley had slightly more time working with Ellen Quintana while she was a student. Ellen shared her definition:

> to me, mentoring means guiding a less experienced person to develop their knowledge and abilities. Over time, a connection is built between the mentor and mentee which allows for an honest relationship to form so that the mentee can feel comfortable sharing their concerns and downfalls.

Kelsey MarcAurele defined mentoring as:

> an invaluable relationship. It can be conscientious or circumstantial. I have found that mentors foster learning and excite you to grow your skills while allowing you to leverage their experiences and perspectives to assist in your decisions. I have found mentors to freely give of themselves asking nothing in return. Mentors encourage mentees to mentor others. Mentoring allows learning to be directed towards goals and turned away from possible roadblocks. Such an opportunity allows for learning slowly through trial and errors.

The ReduSeal Innovation Independent Studies required that Ellen and Kelsey work together as a team. Both were asked to reflect on how working together on their innovation and entrepreneurial project with ReduSeal helped advance their knowledge, skills, and/or abilities in their nursing career. Kelsey shared the learning benefits she saw to team-based mentorship:

> being mentored with another peer was beneficial for me in multiple ways. Having a team mate to bounce ideas off was important especially as we worked to innovate a project and find ways to bring it to market. As we were both nursing students, we understood the rigor and time commitment nursing school had on each of us. The common bond allowed us to effectively split up the work. Additionally, Ellen was a year ahead of me, so I was able to be mentored by her on what to expect in the next academic year.

Ellen also reflected on the impact of working as a team and having a nursing peer as another source of mentored support.

> My experiences working on ReduSeal challenged me to grow as an entrepreneur and a leader. Before being introduced to Kelsey, I was challenged with forming a team to advance the project. Through this process with Dr., Kelley, I learned how invalu-

> able communication and teamwork are for progress. When working with Kelsey, we shared a similar nursing knowledge base but through our communication we often looked at challenges differently that led to us finding new and often better solutions to the problem.

Reflecting on the experiences of Ellen and Kelsey, Dr. Kelley identified an unexpected benefit of peer mentoring during these independent study courses. Peer mentoring has been shown to influence students learning in actionable learning opportunities [6].

5 Life Transformative Educational Experiences through Mentorship

The initiative to educate undergraduate students to become innovative and effective changemakers in healthcare truly came to life through the mentor and mentee relationship between Dr. Kelley, Ellen Quintana, and Kelsey MarcAurele. The relationship initially began in the Fall of 2019 at the Healthcare Innovation and Entrepreneurship Essentials (HIEE) program and continued through three semester long team-based independent studies focused on advancing the ReduSeal innovation and invention. Both students have since graduated from the undergraduate nursing program at the University of Connecticut and are both registered nurses working in direct care settings. Dr. Kelley asked Ellen and Kelsey to reflect on how the mentored experience working together prepared them outside of their nursing program. Transitioning from a student nurse to new graduate nurse is a major milestone. Ellen shared that the mentoring experience with Dr. Kelley,

> brought what I thought to be a trivial idea into a patented product. Through the direction and connection with resources, I was encouraged and able to continue working on my innovation, ReduSeal, even as a full-time nursing student. Through mentoring, I was able to ask questions and explore careers beyond bedside nursing. With the experiences I have had with ReduSeal, I am able to feel comfortable working with other clinical and non-clinical staff in the hospital, learning their roles, and utilizing them when needed. I am also comfortable in the skills I gained in the project to pursue careers in nursing I might not have been aware of without this experience.

As Ellen prepared for her new graduate nurse job interviews, she often asked about the possibility of becoming involved with innovation activities at prospective healthcare organizations. Once one learns how to innovate, it is only natural to look for environments that allow for innovation and positive changemaking to occur.

Kelsey shared how the mentoring experience prepared her for all aspects of nursing including the emotional toll of professional practice.

> I found this very beneficial, and it was nice to have guidance from someone who has been in this situation before. Additionally, having experience writing grants and working with other disciplines gave me the confidence to pursue other opportunities outside of bedside practice. For instance, I had the confidence to apply for an internship in Congress because of my interest in health policy. I considered applying to be a student nurse intern for the summer but took a leap of faith to work in policy because I had the confidence to pursue out of the box opportunities for nurses.

Now as a new graduate nurse, Kelsey recognizes opportunities for innovation from our discussions on workarounds:

> Having experience with innovation in healthcare, I can see the work arounds in my practice as a Registered Nurse. Even though we as nurses instinctively make these changes because we are trained to find creative solutions. It is adding another step to our care process. Working in innovation, I can easily recognize these sorts of workarounds in healthcare. Having worked to bring a solution to the market gives me the confidence to know that I can create solutions to daily problems that I may see on a unit.

6 Conclusion

Once one learns how to innovate and identify opportunities for making positive change, that skill and ability is ever present with the individual. In the case of educating undergraduate students, such knowledge and skill developments can provide transformative experiences for their professional lives. Ellen Quintana and Kelsey MarcAurele were both selected as recipients of the Regina Cusson Healthcare Innovation Award in their respective graduating classes. Dr. Kelley is quite proud of their accomplishments thus far.

Mentorship in nursing education is known to have the possibility for unique learning experiences [7]. This experience was no different as the shared mentorship experience will remain an impactful story to share with other nursing students and nurses that follow in their footsteps.

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Resources

UConn School of nursing healthcare innovation online graduate certificate program. https://healthcareinnovation.online.uconn.edu/.

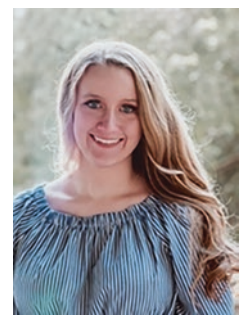
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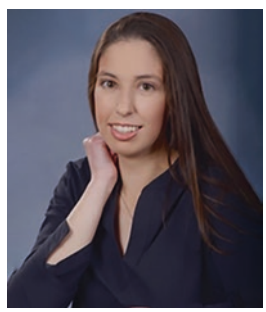
University of Connecticut IDEA grant. https://ugradresearch.uconn.edu/idea/.



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Global Mentorship in Nursing Education

Nuhad Yazbik Dumit and Intima Alrimawi

Your wings already exist, all you have to do is fly.

—Nyakim Gatwech

Objectives

At the end of reading this chapter, the reader will be able to:

1. Explain the mentor-mentee relationship process and development.
2. Examine the value of mentorship from a global perspective.
3. Apprise the outcomes of a mentorship program to both the mentee and the mentor.

Mentors help mentees discover what is within them such as the talents they have, the achievements that they do not recognize, and the abilities to do what they can. They help mentees discover and recognize their wings exist and encourage them to bring them out, and all they have to do is fly. We share our story as mentor and mentee and our experience of academic mentorship across the globe.

1 Mentor and Mentee Narrative

I am the mentee, an assistant professor of nursing newly moved to the US. I decided to join the Global Leadership Mentoring Community (GLMC 3) within Sigma Theta Tau International (STTI) after I heard about it during one of the Sigma-Biennial Convention Presentations in 2019. It seemed like a good idea at that time as I was looking for expert support in my career path, so I applied for it. The aim of this program was to connect mentees and mentors from different global regions and foster a supportive relationship between them that would enable the mentee to grow at different levels, including leadership, research, practice, community services, and education. My particular interest was to develop myself in academia, as I was working at a small university at that time, and I wanted to move to a highly ranked university in the US. One of my biggest challenges in doing that was understand-

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ing the educational system in the US, as I was educated outside the US (in the Middle East and the UK), so I was not completely familiar with the system. Moreover, the transition from the professional practice role as a nurse into the nurse educator role was not an easy one. The lack of expert mentors around me that could understand these challenges and support my transition to the new role as a nurse educator made the move more challenging. The challenges in role transition, lack of expert mentors, and lack of mentoring models in nursing at the higher education level are common in the nursing discipline [1–5]. Realizing these issues exist and that I am not the only one, I was sure I want to join the GLMC3.

*I am the mentor. A colleague who served as a mentor in the GLMC2 asked me if I would be interested to join GLMC3 as a mentor since I have been mentoring colleagues in nursing education for some time. My response was immediate and positive for two reasons, I have a passion for mentoring new faculty members who just started their role as nurse educators and researchers; and second, it is a great opportunity to serve under the STTI. I was then an associate professor of nursing at the American University of Beirut; the university is registered with the New York State Education Department and accredited by the Middle State Commission on Higher Education and the School of Nursing is CCNE accredited. I did my Ph.D. in nursing in the US. Accordingly, I applied and I was selected as a mentor paired with a mentee who was an assistant professor of nursing in the US. She was seeking support of a seasoned colleague and I was ready to provide such a support; this is what is called "**M**ake compatible pairing," the first step in the 6-step MENTOR intervention* [6].

The program officially started in March 2020 and ended in May 1, 2021, so the duration of the program was around 14 months. However, the relationship that I developed with my mentor was a long-lasting relationship as we still connect with each other until this moment. Throughout the program, we met 14 times, once a month. I remember the first time we met, it was after I received the approval letter for joining the mentorship community and my mentor initiated the connection between us through emails. Then we agreed on the first meeting date and time, and we concurred to meet virtually through skype each month. During our first meeting, the focus was on getting to know each other and breaking the ice between us. It was a great surprise for me to learn that she was from Lebanon, as I am originally from Palestine, and I lived in Jordan and Palestine for a long time before I came to the US. This made me realize that we share the same culture and background which strengthen our relationship from day one. Through our conversation in the first meeting, I discovered that we have so many common things, not just the culture but even the personality and the challenges that we face in our lives. Looking back, I think that this helped this relationship and fostered trust between us. After that, we agreed that I would write my goals for our second meeting to share them with her so we can work on them. Cross et al. [3] claimed that mentees prefer mentors with similar career and personal interests, those from ethnic minorities and foreign-born faculty considered having the same background.

*In that first meeting that took over 1 h, we discussed our backgrounds in terms of education, experience especially in teaching and research, and expectations of each of us. I made sure I understood Intima's goals of joining the GLMC3 and the support that she needed. We agreed that reference to her needs and ultimate goal to develop her portfolio in teaching, research, and service there will be a focus to be discussed each month we meet based on the objectives set by Intima and that would need preparation from both of us. We made a commitment to act earnestly on each target, with "**E**xpectation of active involvement," the second step in the 6-step MENTOR intervention* [6].

Before the second meeting, I had to do some brainstorming to think about the specific goals that I want to achieve within the coming 3–5 years. I mean I had a long list of things that I wanted to accomplish, but the main reason that drove me to join this program was the need for outsider support in my journey in academia in the USA. So, I had to figure out what does this really mean. Digging deeper, I was able to identify the

specific objectives that I wanted to achieve, such as developing my skills as an educator, developing a clear research trajectory, and networking with other educators, and actively participating in key nursing organizations in my field nationally and internationally. Accordingly, I focused my objectives on academic guidance in research, teaching, and service, professional decision-making, and building professional networks, three aspects that Brody et al. [7] and Cross et al. [3] highlighted as needed areas for novice faculty members.

After that first meeting, I reflected on our conversation several times asking myself whether I would be able to provide the support Intima needs. I contemplated my mentoring approach considering the virtual meetings and whether I have the right mentoring enablers as described by Cross et al. [3] *in their integrative review of barriers and enablers of mentoring female health academics; the enablers are availability, expertise, supportive relationship, and mutuality. I asked those questions such as would I be able to be available to meet her every month and more if need be? Do I have the right expertise of teaching, research, and service to role model for her need of "academic crafts(wo)manship"? What kind of supportive relationship at a personal and professional levels should I prepare myself to give to her so that she develops her independent academic identity? One enabler, mutuality, was obvious from the very first meeting where we could establish rapport and shared understanding and interests, a quality that Busby et al.* [1] *and Cross* et al. [3] *highlighted in their articles as essential aspect of the mentor-mentee relationship. I wanted to make sure I am prepared and ready to* ***N****urture the development of Intima by being present for her, listening to her needs, and offering resources for success, the third aspect in the MENTOR 6-step intervention* [6].

In the second meeting, we reviewed these goals and started working on a detailed plan for each goal that we discussed in our monthly meetings. For example, we worked on developing my resume in a way that highlights all my skills and abilities, and we also worked on the networking aspects and potential conferences and faculty development training that I needed to attend to develop my skills as a health academic. All of these suggestions were helpful, but I think that the most useful aspect of this relationship was that someone really cared about my success, listened to me, and believed in me. This is particularly important for me as a novice educator, as I needed to work on developing my self-confidence and this relationship did extremely help in that direction, specifically **N**urturing the development of our relationship to successful outcomes.

From the second meeting on, a clear path started emerging making sure that we are addressing goals that are realistic, current yet prepares for the future, and fitting to the context of the mentee. In addition to the points/issues specified in the goals, we were sharing challenges and ways to deal with them given that the mentorship took place during the COVID-19 pandemic. For the teaching goals, we discussed challenges in online teaching and clinical instruction including finding clinical placements and addressing students' needs concerns, and concerns. In research, though we do not share the same research interests, we discussed funding and where to find related opportunities, research collaboration with an interdisciplinary team and from different organizations in different countries, and research ideas related to the mentee's area of teaching and practice; research took most of our discussions. Service was deliberated in its various forms and types such as how to select the type of professional, university, and community service relevant to the mentee's academic, career, and personal development goals highlighted as the benefits of academic mentorship by Cross et al. [3] *in their integrative review. In that intriguing role, the mentor strives not to influence the mentee to create a copy of herself but to empower the mentee to discover and create her own academic identity. During these meetings, I tried not to* ***T****each but to* ***T****ap into her talents from start to finish, the fourth step in the MENTOR 6-step intervention* [6].

At the beginning of 2020, COVID-19 hit the US, with all the challenges and the uncertainty that comes with that such as the quick shift to online education, financial hardship, and isola-

tion. For example, I was the coordinator of the pediatric nursing course, and we were told by the hospital whereby the students conducted their clinical that they will stop the clinical immediately due to the pandemic, and the university where I was working switched to online teaching and closed the main campus. Therefore, I have to come up with a plan for the didactic and clinical sections of this course and to maintain the students and instructors' safety, which was very demanding and stressful. Now, when I look back at what happen, I can see that it was a learning curve for me and that having this mentorship relationship and our regular meetings was very supportive for me during this difficult and hectic time of my career and life. The discussions that we had in our meetings alleviated some of the stress that I was facing at the time and learning that my mentor was facing the same challenges and even bigger ones made me see the big picture.

During the last formal meeting, we discussed and reflected on our mentor-mentee relationship and ***O****ffered commitment to continue our connection open, the fifth step in the MENTOR 6-step intervention. Nevertheless, we had extensive communication after the last meeting as the GLMC3 group was preparing presentations for the STTI, the 2021 Biennial Convention.* At the end of this mentorship program, the whole mentorship team including us developed and presented a symposium at the 2021 Biennial Convention that highlighted the essence of this experience and the learning lessons from it.

Finally, be a **role model**, *the sixth step in the MENTOR 6-step intervention* who inspires and encourages professional development. I look at my mentor as a role model and I can say with confidence that I learned a lot from her. I was inspired by her initiative and innovative approach to problem-solving. Learning about her experience in helping her community in Lebanon during the pandemic due to the lack of services in that context did teach me a lot about the importance of nurses' role in the community and how we can utilize our skills and wisdom to serve our communities. I also was impressed by her achievements in her career, her courage, and her high ethical standards.

2 Self-Reflection

2.1 Mentee

Reflecting on my experience as a mentee in the Global Leadership Mentoring Community (GLMC 3), I can see that my relationship with my mentor within this community provided a safe and supportive environment to support me in my academic journey. Such an environment did empower and motivated me to move forward. It also put me on the right track to growing in my career. During the mentorship time, I did advance my skills in many areas, including the leadership domain as I became a board member (the Awards Chair), in the Honor Society of Nursing, Sigma Theta Tau International (STTI)—Epsilon Zeta Chapter. I also developed a more robust research project, had one manuscript accepted for publication, and had two abstracts published in conference proceedings, after presenting them at these conferences. In addition, I polished my skills as an educator, and I could successfully handle all the challenges that COVID-19 impose on me as a nursing educator. Respecting networking, I was able to initiate a strong and sustainable network with numerous professionals inside and outside the US.

The accomplishments in my career did continue even after the mentorship officially ends, as we kept our long-lasting relationship, and I had the strong foundation to continue on my own. To name a few, I was elected to be the President-Elect at Sigma/Epsilon Zeta Chapter and I was able to publish and present my research work in prestige's journals and conferences. I also moved to a highly ranked university in the US, and I was promoted to the Associate Professor academic rank.

Reflecting on the challenges that I faced during this mentorship, I would say that lack of time

was one of the biggest challenges, as I was overwhelmed with the teaching responsibilities, which increased during the pandemic, as we needed more time for planning and to ensure the students' safety. Also, extra time was needed to do the training and learn about the new teaching modalities. Moreover, due to the time difference between the two countries, we were limited with the meeting time options. Despite these challenges, I do feel that this experience did worth the time and the dedication, as it helped me to grow at personal and professional levels.

2.2 Mentor

I am intensely grateful to the GLMC and to Sigma Theta tau International for giving me this unique opportunity and experience in mentoring a colleague. Though I mentored graduates in their professional career path [research and/or teaching] who were my students and junior faculty members from Lebanon and the region, but it is my first time in mentoring across continents and in this format, an experience that is highly valuable in many ways.

I am very proud of the achievements my mentee made during our mentorship program despite the difficulties caused by the COVID-19 pandemic in relation to teaching and conducting research as usual. My mentee and colleague made achievements in research and service and maintained her excellent teaching practices. The following are a few of the many lessons learned:

- We started a long-lasting professional relationship that we both cherish and will continue.
- We appreciated the wise selection of a mentor living in an Arab country being educated following the American system and working in an American university for over 30 years, and a mentee recently living in USA educated in her Arab country and UK trying to adapt to a new system and way of professional and personal life. We both deliberated cultural adaptation and what it takes to make one.
- While mentoring I was mentored by the reflections from my mentee and my own during our monthly meetings, a win-win relationship.
- While brainstorming how to teach and do research in these difficult times, we came up with creative ideas for the mentee such as collaborating research with the international community; sharing her creative ways of teaching in a manuscript with one of my colleagues at the American University of Beirut.
- We exercised career path analysis and development so my mentee is sure about what she wants in terms of moving forward with her professional progression.

Despite the problems that occurred in my country at the time the mentorship program started namely, the financial crisis and subsequent revolution, COVID-19 pandemic, and the Beirut port blast, meeting with Intima was my refuge that gave me space to think differently and constructively to lead efforts in support of people in need. I like to end with this inspiring saying by Maya Angelou that reflects effective mentorship:

> I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

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Resources

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https://www.nursing.upenn.edu/faculty-affairs/faculty-mentorship/.
https://www.sigmanursing.org/learn-grow/sigma-academies/nurse-educator-development-academy.
https://www.umass.edu/advance/faculty-mentoring.



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A Mentoring Perspective on Caring for Caregivers: A Contribution from Nursing in Colombia

Daniel Arturo Guerrero Gaviria
and Lorena Chaparro-Díaz

Life it's not which one lives, but the one which one remembers and how it's remembered to share.

—Gabriel García Marquez

Objectives

1. Illustrate the transfer of the knowledge generated in the line of care research to caregivers.
2. Distinguish the contributions to leadership in nursing through the use of social appropriation strategies of knowledge and care innovation.

1 Introduction

Being a mentor and mentee is an unexpected relationship that could be formalized; however, it is the good relationships, trust, and concern for the other that influence each other's life projects. Living mentorship around care is a way of BEING A NURSE; caregivers have given their lives for others without recognition, and this is our dyad's opportunity to care for them (and the team behind it). The excuse is research, but the essence is our passion for what we do. This writing reflects the transfer of decolonized knowledge in Colombia, and it is now up to the young people to criticize, improve, and transform it.

2 A Vision as a Mentor

In 2010, the opportunity to publish a similar experience arose for the first time, when the mentor of this chapter was a mentee; today, it could be said that we have matured and the roles have been reversed. We have always stressed the importance of maintaining a mentee attitude regardless of the role we are in. This is the best position to respond to nursing's central concept: care as an action to grow, interact with others, and transform ourselves as people.

At this time, we bring knowledge transfer experience from the "Caring for Caregivers®" Program, as well as the formulation in Colombia of a Theory of the Specific Situation of Adoption of the Role of the Chronic Patient Caregiver, which will be published soon. Around 200 publications involving undergraduate, specialization,

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master's, and doctorate research, as well as research from the "Latin American Network for Chronic Patient and Family Care – Red CroniFam," have been used to generate evidence. This was the rationale for recognizing that nursing talent should be sensitized during their undergraduate education. Thus, in an undergraduate course, the mentor-mentee relationship was established, and the pandemic provided an opportunity to consider a clinical practice mediated by technologies with family caregivers of people with chronic illness. Daniel, in addition to being an undergraduate nursing student, was a caregiver for several members of his family, including his grandfather, who had lymphocytic leukemia; his grandmother, who had stage III kidney disease; his mother, who had Systemic Lupus Eritamatosus at the time; and his father, who was hospitalized for pericarditis. Living the experience of being a caregiver is essential for recognizing a subject of care that necessitates evidence-based nursing interventions and self-awareness.

Daniel is now a registered nurse, having graduated from Universidad Nacional de Colombia. At the same university, he is currently pursuing his master's degree in nursing with a research focus. He is very interested in and passionate about conducting research with caregivers of people with chronic illnesses. He has been a member of the Research Seedbed "Nursing Care for Chronic Patients – CroniSem" since 2020, as well as the research group "Nursing Care for Chronic Patients" and the "Latin American Network for Chronic Patient and Family Care – Red CroniFam." He was an outstanding student during his undergraduate studies because of his leadership, critical thinking, interpersonal relationships, second language skills, and academic performance. We chose him as a student to participate in various research projects because of this, as well as his activism and participation in the nursing.

The Colombian Ministry of Science, Technology, and Innovation (MinCiencias) has been working on strategies to involve young people in research, for which it has promoted calls to financially support these young people for 1 year with a fixed salary to develop projects; in this sense, as members of the research group, we applied for a call with two undergraduate students and two professional nurses; however, this call, from which we benefited, had a unique feature. The MinCiencias Young Talent Call was used to develop this project, titled "Adoption of the role of the family caregiver of the person with chronic illness based on the community." The work team included two university professors with doctoral training in nursing who were classified as senior researchers by MinCiencias, two nursing professionals with a research interest, and two outstanding undergraduate students who were active participants in research seedbeds. Daniel was among those two students.

This project's methodological development was based on formal mentoring because we had a "contract" that established the responsibilities of each party, the objectives to be achieved, both at the group and individual levels, and a schedule of activities established for the entire project. This project started in February 2021, at the height of the COVID-19 pandemic, so we had to hold virtual meetings the entire time. The beginning and adaptation were difficult. We had to adapt to technological means, with their advantages and disadvantages; to each young talent's rhythms of learning and work, as well as their other responsibilities; and to each one's basic knowledge, as they did not all have the same experience or level of training.

3 A Vision as a Young Talent

Professor Lorena Chaparro and I first met in January 2020, when I was working as an induction monitor for the School of Nursing. She had an Academic-Administrative role in the faculty at the time, where she performed duties as faculty Secretary and a professor. I was updating the positions and training of the faculty directors for the induction ceremony of those admitted to the 2020-I semester of the Nursing Program during that first interaction. It was a short, concise, and fruitful interaction; I got the information I needed, but never in my wildest dreams did I imagine

we'd end up where we are today. The second time I interacted with my mentor was during a class, a few weeks after we first met. At that point, I realized how much knowledge she had, in addition to the great gift of making the complicated simple, of understanding and teaching topics as complex as nursing care for people with chronic illnesses and their families. Later, the pandemic arrived, and life as we knew it was disrupted; we were confined to our homes, academic activities were halted, and our lives were drastically altered.

It was one of the years of greatest growth for me during the pandemic period, at the first peak, when the paradigm we lived in changed. Despite the fact that my academic activities were on hold, I joined CroniSem. I started working on several projects, assisting the professors of the "Caring for Caregivers®" program, which was an awakening for me, an eye opener, a realization of the great potential that I had as an individual, which, when combined with the possibilities of the profession, could make a difference, not only for me, but for the caregivers with whom we worked. It was no longer about personal accomplishments and goals, but I shifted from an individualistic to a more altruistic approach, where the collective benefit is sought. Despite my active participation in 2020, I did not have as close contact with my mentor. However, everything changed when the research seedbed's leading professors, including Professor Lorena, approached me about participating in a MinCiencias-funded research project that would benefit many family caregivers. I expressed my interest in participating in this project without hesitation or asking further details. Months passed, academic activities resumed in theory, but this class with Professor Lorena had been rescheduled due to university logistics. Finally, in January 2021, I received an email inviting me to meet with the other project participants.

The young talent project finally started in February 2021. I met my coworkers, one of whom I had previously worked with and the other two of whom were professional nurses with research experience. In addition to meeting my colleagues, I met my tutors, Professor Lorena and Professor Sonia. It was there that I realized a fundamental aspect, not everyone sits down to have weekly consultations with two feats of nursing and research in Colombia, so I had to put in even more effort and agree with them, in that, choosing me from a list of potential candidates was the correct decision. They saw something in me that set me apart from the crowd, so I realized I had to see it in myself and believe in my abilities and talents.

The beginning of the project was difficult for me because it moved at a different pace than I was used to, and my first presentation of the assigned topic to review was disastrous. From that point forward, I was always trying to improve and live up to what the project expected of me and what it meant to be a young talent. We had weekly meetings with my project tutors, where I showed them my progress week by week. Initially, each of the young talents conducted a literature review; it was my first, and the theme was burden in Colombian family caregivers. The search process was difficult; refining the equation and managing the tools of each database are subjects that cannot be learned overnight. However, after nearly 3 months of work, I had completed my search and reading of articles, so the next step was to compose the manuscript. This is not just anything, because writing a high-quality scientific article necessitates a wide range of abilities. Many factors must be considered before it can be considered by journals, including guidelines for journal authors, methodological rigor, following the guidelines for literature reviews, and handling bibliographic references, among others. This required a significant amount of effort because they had no prior experience writing scientific articles. After many reads, revisions, corrections, and feedback, I had the manuscript ready for submission to a journal, the project's first individual product.

The following stage of the project involved another round of literature review, this time in a group setting. The interest was in learning about the various methods used in global projects to advance social knowledge in health, as that was what we hoped to accomplish with our project. As this was my second scoping review, my knowledge was fresh, so my colleagues approach

me to inquire about the methodology, process, and evaluation of the articles. After several months of searching, refining, and returning to search for, read, and extract information from the articles, the manuscript of our revision was submitted and published [1]. Now, in addition to the publication of this article, one of the key products is understanding the methodology of social appropriation strategies for health knowledge. Based on the foregoing, we began our immersion in the field, searching for and getting to know the communities of caregivers with whom we could carry out interventions. Going out into the streets, looking for and getting to know the caregivers in their environment, breaking free from the bubble of privilege, and learning about the caregivers' daily lives were a reality experience. Lorena, my mentor, assisted me with the relationship with the caregivers; seeing her interact with them instilled calm and confidence in me to do it on my own.

Many of the lessons learned during the course of this project's existence were through verbal lessons; however, I had the good fortune to learn on my own through my mentor's actions in response to the project's situations, challenges, and opportunities. Although we had established products for the project, the response from caregivers to our participation in their communities was overwhelming. As a result, during the months of December and January, when we had no scheduled activities, we held virtual workshops with all of the caregivers with whom we work, including the Cuidarte para Cuidar collective, the Vinotinto group, the CAPS San Benito group, the Cajicá caregivers, and the "Caring for the caregivers®." In these workshops, we discuss high-interest topics such as personal data protection, the use of digital platforms, civic participation platforms, and learning to care for oneself in the digital world, while keeping in mind the virtuality situation that forced us to migrate due to the COVID-19 pandemic.

In addition to the foregoing, we as Young Talent were very interested in being able to support caregivers who are just beginning their role as caregivers. This early intervention allows them to avoid or reduce anxiety, depression, loneliness, and overload, among other conditions. As a result of this, and as a result of the project, we recorded four testimonies in which expert caregivers from all of the groups worked participated and told us about their experiences and the support they required. Each video was organized according to the following themes: social appropriation of knowledge [2], caregiver overload [3], transition of the family caregiver role [4], projection of personal data [5], and support networks [6]. Similarly, in order to assist new caregivers, an editorial microproject was established at the suggestion of expert caregivers, in which caregivers who wished to participate wrote a literary product in which they described and shared their experience as caregivers. However, because we were young talents with limited writing experience, a caregiver who is a poet and writer assisted in the orientation process for the other caregivers. We have the participation and sending of 20 caregivers in this literary product.

This project would not have had the products, results, and lessons learned that it did without Lorena's advice, support, and mentoring, who illuminated the path, cleared doubts, and inspired and motivated us to improve and give our best. Similarly, we know that learning and mentoring are reciprocal, just as we learn from caregivers and they from us, and we learn from our mentor and she from us. Although it is difficult to describe and specify all of the lessons learned, we are aware that this process altered, transformed, and shaped our way of seeing, thinking, and acting. On a personal level, I believe it is impossible to determine the true scope of this mentoring; what began as simple data collection has evolved into continuous work, as my mentor Lorena is also my master's thesis tutor. Lorena is also the president of the Sigma Theta Tau International Upsilon Nu chapter, of which I have been a proud member since 2022, the same day I was awarded the Julián Gallegos Leadership Scholarship on the day of my induction. I recognize that this process is still in its early stages, but I must admit that the lessons learned thus far have been invaluable.

The project "Adoption of the role of the family caregiver of the person with chronic illness based on the community" aims to transfer knowledge gained in the line of adoption of the caregiver role of the person with chronic illness. This will be accomplished through a social appropriation strategy based on a community-based participatory research approach, which will include the phases of actor identification, situational diagnosis, strategy planning, strategy development, control, and monitoring. It was conducted in two work sites in the cities of Bogotá and Cajicá, with a population of family caregivers of people with chronic conditions who require long-term care. The outcomes of this project include the creation of five scientific articles, all of which have been submitted and two of which have already been published, the creation of a Facebook page for caregiver interaction, the production of four videos depicting caregivers' experiences in their roles, the publication of a collection of literary products depicting caregivers' experiences and lives, four December workshops on the use and behavior of digital platforms, and, most importantly, the empowerment of caregivers, both novices and experts Graph 1 shows the building care logo, a product of the co-construction with family caregivers. Correspondingly, a literature review was conducted within the products with the goal of describing the methodologies used in the design of strategies for social appropriation of health knowledge in the prevention of noncommunicable diseases in adults around the world. This review is critical because noncommunicable diseases are a public health issue that affects health systems as well as economies and society. There are strategies for preventing these diseases, such as social appropriation of knowledge, community empowerment, and improvement of health indicators. A search of the Google Scholar, OVID, Virtual Health Library, Medline, EBSCO, and SciELO databases was conducted for this systematic review of articles on the strategy of social appropriation of knowledge in health. Publications in indexed journals in English, Portuguese, and Spanish between 2016 and 2021 with themes of interventions for social appropriation of knowledge in health worldwide were included. This search yielded 39 articles, 36 with a qualitative design, two mixed, and one cross-sectional. Furthermore, it was discovered that the community-based participatory research methodology was used to design the strategies. The young talent identified four common phases among the review articles, which are as follows: community diagnosis, intervention design, implementation, and evaluation. Based on the foregoing, we can conclude that community-based participatory research is the most widely used methodology in populations at high social, economic, and health risk. Furthermore, the investigative trend enabled the identification of the importance of community diagnosis as a gateway in the design, implementation, and evaluation of the strategies developed collaboratively, via an anchor and leader of the community with which the intervention is desired [1].



Graph 1 Building care logo

4 Self-Reflection

The experience as a mentor and mentee has been strengthened by the principle of reciprocity; we do not believe that knowledge transfer creates hierarchies, but rather that it should allow us to co-create interventions with our young researchers and talents, generating new ways of caring. Family caregivers make excellent mentors because they express their needs and challenge us to find the best evidence to resolve their situation; the mentoring process is a co-creation process in and of itself. Colombia is a middle-income country with limited health-care systems, and young people who participate in this type of initiative will be able to contribute to long-term care options with trained professionals who are sensitive to these needs.

5 Conclusion

The attraction for this relationship between mentor and mentee has been disciplinary knowledge; without a doubt, there is little use of own theories in nursing practice; our experience has allowed us to understand that there are theoretical proposals that evolve, but that rely on discussion within work groups, research teams, and even with other disciplines such as administration, design, and anthropology to co-create interventions that provide answers and solutions.

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Resources

Research Group. Nursing care for the Chronic patient. https://gcronico.unal.edu.co/investigacion-y-extension/.

Research Seedbed. “Nursing care for the Chronic patient” members and responsibilities. http://www.hermes.unal.edu.co/pages/Consultas/Semillero.xhtml?id=1001#integrantes.

Upsilon Nu Chapter, Sigma Theta Tau International “Excellence bulletin”. https://upsilonnu.sigmanursing.org/upsilonnuchapter/boletin/boletin-excelencia.



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Authentic Leadership by the Bedside and Beyond

Aileen F. Tanafranca and Brittany Taam

Authentic leadership is leading from the core through great self- awareness and being the most inspiring version of yourself to create a positive impact for yourself, others and the greater good.

—Martin Probst

Objectives

- Define authentic leadership.
- Demonstrate how authentic leadership improves a mentee's self-awareness, balanced processing, internalized moral perspective, and relational transparency behaviors.
- Describe the importance of mentorship during a pandemic.

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1 Mentor Narrative

As a nurse leader in nursing administration in New York, my leadership development started as a bedside nurse. It was strengthened when I was doing my scholarly work for my doctorate of nursing practice degree. During my DNP studies, I asked myself, "what type of leader am I?" also asked myself, "how can I share my knowledge as a nurse leader to others?"

Throughout my career, I learned that there are many types of leaders. There is authoritarian leadership where power emanates from their *title and position* in the organization. Servant leadership is another type of leadership. Although this has been a popular leadership style, it lacks the presence of explicit presentation of the leader's true self. Charismatic leadership uses persuasive speaking strategies to influence the audience. Transformational leadership focuses on having a clear sense of purpose, of empowering and valuing others. Lastly, there is authentic leadership. In this newly researched leadership style, people identify with

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authentic leaders and admire what they stand for. The followers are apt to trust authentic leaders and *choose to follow them* [1].

All positive forms of leadership are rooted in authenticity [2].

Authenticity is also rooted in Greek philosophy. Authenticity is being true to one's self, and one must have clear understanding of morals and values that guide his or her life. Authentic leaders understand their own purpose, establish enduring relationships, exhibit relationship-centered principles, promote transparent relationships, foster trust and commitment with others, and lead with compassion. Authentic leaders have self-discipline and have balance with professional and personal life [3].

Authentic leadership is measured by four components. These components are self-awareness, relational transparency, balanced processing, and internalized moral perspective. Self-awareness demonstrates an understanding of how individuals are cognizant of their leadership and the world around them. Relational transparency is the ability to present his/her true self when engaging with others. Balanced processing is the ability to show that they can objectively analyze all relevant data before coming to a decision or conclusion. Internalized moral perspective is the ability for self-regulation of behaviors and alignment of these behaviors with personal values [4].

Many research articles show that nurse leaders who display authentic leadership behaviors can create safe working conditions by shaping the quality of information, support, and resources available for their staff in the workplace [5]. Moreover, organizations that provide authentic leadership training to its nurse leaders can help improve staff retention [6], create an empowering and positive working environment for nurses [5], improve work engagement of nurses [7], increase in perception of interprofessional collaboration [8], and help in employee creativity [9]. More recently, authentic leadership can result in psychological empowerment [10], help reduce burnout [11], and team effectiveness in patient safety [12]. All of these outcomes can lead to better nurse job satisfaction. Further research is needed about authentic leadership, but it has certainly created an impact in my career, and I continue to practice authentic leadership in my current role as Vice President of Nursing, current President of Sigma Upsilon chapter, and as a mentor for Brittany Taam.

The mentorship of my mentee, Brittany, is currently in its first year. During one of the Sigma Upsilon social/networking events is when I physically met Brittany Taam. During the pandemic, the Executive Board Members, which comprise of Brittany, who is our current secretary, have interacted virtually. In the Fall of 2021, the networking event in downtown Manhattan is when I learned more about each member who attended, including Brittany, an oncology nurse.

At the end of the event, she approached me and asked me if I can be her mentor. She mentioned she was interested in pursuing a nursing leadership track. Although our Upsilon chapter has a formal Mentorship cohort program, I did not hesitate and accepted Brittany as my mentee. When I was a bedside nurse, I also asked nurse leaders such as a Chief Nurse Executive and a Vice President of Nursing to be my mentors. It seems to have come in full circle where I am in the administrative leadership position, and a bedside nurse has asked me to be their mentor.

Mentoring Brittany was my opportunity to start instilling positive role modeling of authentic leadership attributes, which includes self-awareness, balanced processing, relational transparency, and internalized moral perspective [13]. I wanted to increase her self-awareness that her profession as a pediatric oncology nurse not only impacted patient improvement but also offered the opportunity to be a leader great position to be a leader in her unit. There were staffing challenges during the pandemic, but I reminded her that her chosen profession of nursing and the values instilled in her by her family can help her get through these challenges.

Providing my own experiences when staffing challenges occurred in the units I worked in and the charge nurse duties I had to perform, with lack of sleep, increased the stress levels and anxiety provided some comfort to her. She was not alone, and as a mentor I was there for her. I also helped Brittany increase her balanced processing ability as an authentic leader by the bedside. I made her aware of the objective data to analyze when it came to the challenges of the pandemic, such as staffing shortages and loneliness or isolation from friends and family. She mentioned she had other work challenges and that she missed seeing her family or friends in person. I listened and provided comfort that the nursing profession has surges of nursing shortages, and her hospital has always been great with recruitment. I reminded her that we enter the profession for the love of caring for our patients, and although it may be difficult right now, we must remember why we chose this profession. Loneliness and isolation from loved ones can be remediated temporarily by virtual phone calls or events. I provided strategies of setting up time in her schedule to take some time off so she can see her loved ones in California more often. I encouraged her that she deserved to take some time off and go back home as she was entitled to have days off from work. Suggestions of taking time to meet friends outdoors on days off, even for a couple of hours, can help relieve that feeling of isolation. Technology was also suggested to be utilized more often, and although working in the night shift can be challenging, there are some positive outcomes. I mentioned that I enjoyed running errands on a weekday or day time where there are less people, enjoyed exploring the different sights and activities of New York City, such as walking in Central Park or sitting for hours at a café or restaurant and watch passerby, thinking of different stories about them, where they are going, what they are doing next. This helped me keep my mind off from work on my days off, and I hope she had some strategies to create a work–life balance as an authentic leader.

As the months went by, I also helped increase Brittany's relational transparency and internalized moral perspective abilities as an authentic leader. I encouraged her to continue to have that open communication relationship with her manager, letting her manager know her true self with perspectives to the challenges in the current work environment and the night shift. Brittany already had high scores for me in terms of her internalized moral perspective abilities. She has been raised by her supportive parents. She has the support of her brother and friends from California and New York. I just inserted some hints or comments of these great support system she has and with the morals/values she carries, her role as a nurse leader by the bedside can only keep getting better every year. It is my greatest hopes that my mentorship of Brittany can increase her psychological empowerment [14], increase team effectiveness in the workplace [12], and help reduce burnout [11].

1.1 Mentee Narrative

Entering the nursing profession during the COVID-19 pandemic posed unique challenges to new graduate nurses globally. I started my career as a pediatric hematology/oncology nurse in New York in early 2021. The transition to practice during a tumultuous time in healthcare where new discoveries, changing policies, and revised guidelines became the new normal was difficult. Transitioning from being a student nurse without the support of nursing school anymore, moving across the country away from family, and starting in a specialized field created a very steep learning curve. I anticipated these challenges and actively sought ways to build a network of support and guidance in and outside of the hospital as a new nurse.

I started to build my support network through the hospital-based programs including the new graduate residency and mentoring program. When I joined the Sigma Upsilon Chapter and met impactful and seasoned nurses, it provided a

nursing community away from the bedside. I knew from attending nursing school in New York that having a strong support system would help me maintain resilience and self-care measures as I started my career. Throughout college, I held leadership roles in nursing and sought a mentor experienced in nursing leadership and implementing positive change throughout his or her career. I was inspired by my conversations with Aileen Tanafranca about nursing leadership, which led me to ask her to be a mentor as I started my career.

The pandemic took its toll on healthcare overall, and I felt isolated and overwhelmed like many others. As a new nurse navigating postgraduate life during a pandemic, Aileen has provided guidance through mentorship and practicing authentic leadership. Our conversations about creating a positive work–life balance, national nursing shortages, and nursing in New York provided insight into creating self-awareness and balanced processing. I implemented the strategies Aileen suggested to improve self-care by scheduling time to call and physically visit loved ones in California, and spending time outside on my days off. This helped tremendously as I was able to reset, refresh, and take one hurdle at a time. Talking about situations and feelings with an individual who has similar experiences provided a relieving sense of validation that helped me cope with new and difficult situations. Our informal mentoring relationship outside of a structured program has allowed us to build a mutually beneficial relationship without pressure or obligation. I did not know at the beginning that our mentor/mentee relationship would not only help me professionally but also personally as I adjusted to working life in a big city during a public health crisis. Building this relational transparency with Aileen and other nursing leaders in the hospital has allowed me to work through the challenges of entering nursing during the pandemic.

Having a strong mentor and guidance can help nurses provide the best patient care.

I am lucky to have a mentor who is engaged and truly cares about fostering my professional and personal growth. I am a better nurse from the informal and formal mentorship experiences I have. I am grateful for this mentoring relationship and all Aileen has helped me with, and someday I plan to give back to the nursing community and be a mentor for others.

2 Mentor Self-Reflection

2.1 Feelings

I am happy that I have the chance to mentor someone that is someone from the bedside, a new nursing graduate. I am thinking that this is an opportunity for me to instill some positive authentic leadership behaviors that I practice as a nurse administrator. Will this mentorship have an impact on the mentee by the bedside? Will it have a lasting effect in her development as a nurse in the future years by the bedside and beyond? These are some of the things I think about when I meet with her. I care about her well-being as a person and as a nurse in this profession full of challenges, yet there are also rewards that cannot be described by anyone except for that person at that moment in the interaction with patients, families, and loved ones.

2.2 Evaluation

This mentorship experience has its pros and cons. What is good about the experience is that it was not planned. It was started informally so to speak. A nurse asked an experience nurse leader to be her mentor. This is very refreshing to have as in other formal venues, one is forced to find a mentor or mentee or interact with them because they are required to do so. In this mentorship relationship, there is an authentic, organic way it occurred where one discovers the potential to be mentored by someone who

knows to lead and the leader to contribute her knowledge and experiences to another nurse. It is also good that there is no set time or expectation of how often the mentor and mentee should meet or interact. The meetings are held whenever one reaches out to the other. I am mindful to keep in touch with her via text message or in-person. The in-person meetings, even during the pandemic, serve to be really beneficial for both of our well-beings and in the development of the mentee as a nurse leader by the bedside. The negative aspect of the mentorship is the time we meet. As much as I would like to meet with her as often as possible, my long work hours and responsibilities as President of the Upsilon chapter can be challenging to do other activities, such as meeting with a mentee. Other than that, the mentorship experience has been really beneficial for both sides. I get to impart my knowledge on the nursing career and beyond as a person trying to juggle personal and worklife priorities.

2.3 Analysis

Mentorship is great for the nursing profession. There are not enough mentors and mentees out there. Newly grad or hire nurses should really take their opportunities available to them through their professional nursing organizations, such as Sigma, to seek a mentor that can help guide them through their nursing career. Sometimes a different perspective or feedback from mentor is an added benefit from friends and family advice. Also, the experienced nurse leaders should also volunteer to be mentors. Before I received my doctorate degree, I never thought about being a mentor or getting involved in a leadership position such as Sigma. I just paid the membership, read the emails, and that was all. After my doctorate degree, my eyes were opened to giving back, contributing to the greater good for the profession. Selfless act of mentorship is one of them. I want to impact other nurses' lives even if it takes one nurse at a time.

2.4 Conclusion

I think that I just need to be open to these opportunities to be a mentor or contributor to improving the profession of nursing. When we close off ourselves to possibilities in the world, like in our profession, there is no growth within oneself as a person or as a registered professional nurse. We must continue to learn, to teach others, and improve as human beings and as nurses.

2.5 Action Plan

I think if a mentorship opportunity in a formal or informal way arises, I will definitely accept it again. I think in life and in our careers, we sometimes make excuses. We say there is not enough time or I cannot do it at this time. What does it really cost that person? Helping the nursing profession in any way is a greater reward for me than monetary means. It gives me self-fulfillment especially when I have those really tough days at work. I can think of others may be having a worse day than me like my mentee whose patient is dying or not doing well. That emotional toll it can take on a nurse and the strength of my mentee to endure these challenges at work make me think that my job is not that hard compared with hers. My mentee sometimes teaches me more about patients or patience? and to be more empathetic more than she will ever know, and I am thankful that she is my mentee.

3 Mentee Reflection

3.1 Feelings

I am very grateful for the opportunity to work closely with and learn from an experienced nurse in healthcare leadership. The majority of my nursing professional network was comprised of nurse educators and nurse practitioners, so it was exciting to meet individuals who are involved in administration and systems change. This relationship has grown to include mutual support for

both professional and personal challenges. Its positive impact on my well-being created more balance and resilience that will last throughout future challenges and my career.

3.2 Evaluation

This partnership started and has developed organically where both parties learn from each other. This has been a positive experience, and I am glad I initiated this mentorship despite my nerves. Although we do not meet at a scheduled frequency, each meeting or text exchange we have is insightful and beneficial for the both of us. Many of our conversations revolve around self-care and implementing strategies to reduce burnout, and it is encouraging to see a mentor role-model self-care behavior.

3.3 Analysis

During nursing school, I served as informal mentor for other students and enjoyed giving back and sharing knowledge. I did not have much experience as a mentee on the other side of the relationship and found it daunting to seek out mentors of my own. I believe that nurse mentorship at any career stage, but especially at the beginning, can have a lasting impact on the profession. When both the mentee and mentor are equally engaged, it makes for a successful partnership. I hope to give back and help others how my mentors have helped me.

3.4 Conclusion

I believe that it is important to have structured and unstructured forms of support when starting as a new nurse or in any new situation or career shift. I have felt its positive impact firsthand and am grateful for my mentor's willingness to provide guidance and support. I think mentorship plays a key role in professional development and overall will benefit patients in the larger picture.

3.5 Action Plan

If a mentorship opportunity develops again, I will seek it out. It is important to build support systems at and away from the bedside to create a sustainable nursing career.

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Virtual Mentoring

Joy Whitlatch and Jacqueline Tibbetts

Success is not final; failure is not fatal: it is the courage to continue that counts.
—Winston Churchill

Objectives
1. Describing asynchronous mentoring
2. Providing a component of the education tool in mentoring
3. Providing evaluation methods for mentoring

1 Mentorship

Mentorship may be described as the guidance provided by a mentor, especially an experienced person in a company or educational institution.

2 Mentee Narrative Jacqueline

I believe it was not until I aspired to the specialty of nurse education that I truly understood what it meant to be mentored. Benner taught us about the process of being a novice and the growing process to become an expert [1]. What then happens when the expert nurse clinician steps out of their comfort zone and becomes a novice again in academia? Will we experience similar feelings to novice nurses who encounter negative experiences, bullying, and lack of support in the first year, and quit before or soon after their period of orientation? What about novice nurse educators; will we have a similar experience? What if instead of having a wait and see attitude, a nurse educator residency (NER) program was available, just as there are now residency opportunities for new nurses? While all novice roles potentially have elements of experiential negativity, novice nurse educators who are mentored by a strong supportive role model stand a good chance of a smoother transition [2]. Novice nurse educators who teach in the online environment with their mentor in the course as a Teacher's Assistant, creating a safety net, and offering regular debriefs and feedback are more likely to evolve into expert nurse educators. Mentees then become mentors as they pay back on the journey from novice to expert in one form or another.

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3 Mentee Reflection

I have read those well-known renaissance artists, such as Leonardo da Vinci or Michelangelo, who often had apprentices seeking to learn from the great masters [3]. What is apprenticeship if not mentoring?

3.1 Transitions

As I have already mentioned, transitioning from novice to expert and then back to novice is traumatic. The transition without mentorship is more so [4]. There is a global nursing shortage, and faculty are needed to ensure that great nurse candidates are not turned away. Creating competent, confident nurse educators is crucial. During my educational journey, I have been down the novice to the expert road more than once, yet I still worry about my ability to take on and learn something new that affects other people. I do not want to let anyone down and there lies the key. We need a plan to facilitate novice faculty [5].

4 Mentee's Story

I love nursing, it fulfills my childhood desire and passion to help people. I didn't know how I could help and that didn't seem to matter. It was not that I had my dolls lined up in beds, bandaged head to toe; yes, I had the prerequisite child's nurses dress up kit, but that was it. All through school, I tried to be inclusive and kind, no kid left behind. In high school, I was another pair of hands at the local hospital for people with special needs, and a volunteer for activities there for the residents. It was a natural progression responding to an advertisement in Reader's Digest, stating people remember nurses that I sought an interview and was accepted into a 3-year program. As with education in nursing schools attached to hospitals, we worked on the wards and spent time in the classroom for the didactic components. I had several educators, both clinically and academically, that I looked up to. I respected their roles and supported my insecurity. In the United Kingdom (UK), I graduated in the specialty, then went on to general nursing, and graduated, then midwifery. After honing my skills in the UK, I came to the United States, with a new culture and more skills to be learned, and worked on. I can see on reflection, I don't stay in my comfort zone for long, before pushing myself into new waters again. Novice, many times! Expert?

5 Imposter Syndrome

Imposter syndrome is something I have suffered from, do suffer from, and apart from the obvious unworthiness from a lifelong, chronic lack of confidence in myself, is something I mask well. John [6] noted as women advance the professional ladder and step outside their comfort zones that they may be discovered by their new peers as being inept or unworthy. This is particularly true of expert nurse clinicians who excelled in the most stressful and challenging of environments without turning a hair, yet are reduced to tears when coming to terms with the mysterious world of academia. Does that sound familiar? It has been suggested that nurses who relinquish their clinical roles take part in a grieving process. I am fortunate at least that I maintain my clinical role, which validates much of my teaching research to evidence-based practice course.

5.1 You've Got This

After completing and graduating again from a 2-year-long graduate degree in Nurse Education in 2016, I doubted my capabilities, but I had a desire to teach for the nursing college I graduated from, thus I applied to be accepted into their NER program. I was interviewed and accepted into the NER program.

Of course, I doubted my decision to apply for and undertake this relatively new program, too. The interview over the phone was tough, I didn't know the faculty, and I couldn't see or sense them. To be honest, I didn't realize until later that Dr. Joy Whitlatch was one of the interviewers. I was just a little surprised when I was accepted.

You will not be surprised to learn; I didn't think I was good enough. An asynchronous learning environment has many challenges.

As part of the program, new faculty were paired with a mentor to help us transition into the complex world of online teaching, where misinterpretation of a couple of words can lead to strife and ambiguity. As a new mentee, I had to identify my goals with the new mentor and set frequent meetings to ensure that I stayed on track. The first few weeks were challenging, as I was onboarding new experienced faculty who were not in the program. This led to some confusion and distress on my part, as I did not realize the hoops and tests did not apply to me, as I once again was in the student role. I was very fortunate to be paired with Dr. Joy Whitlatch, who has a broad range of knowledge and skills, as well as a doctorate in education. As a mentor, she was able to share her specific abilities assisting me, as new faculty, to develop and hone my skills as an educator, researcher, and scholar. This was essential as I had my workload teaching a class of RN-BSN students online, under her astute and watchful eye, as my teaching assistant in the class.

Benner's theory of novice to expert comes to the fore throughout our nursing careers, from the early beginnings of a new nurse, through repeated new to specialty experiences. I am considered a clinical expert with a certification in my specialty, yet I came to academia as a novice [7].

6 Nurse Educator Residency (NER) Program

The NER course was structured and based on the National League of Nurses (NLN) competencies, which are reviewed and updated appropriately [8]. Although we had a 2-hour time difference, Joy was always available and graciously responded to my copious emails, texts, and calls responding to every type of question. I was required to complete a presentation and answer a Likert-style survey of do not agree through neutral to strongly agree referring to the NLN competencies shown below.

6.1 National Leagues of Nurses Education Competencies

1. Facilitate Learning
2. Facilitate Learner Development and Socialization
3. Use Assessment and Evaluation Strategies
4. Participate in Curriculum Design and Evaluation of Program Outcomes
5. Function as a Change Agent and Leader
6. Pursue Continuous Quality Improvement in the Role of Nurse Educator
7. Engage in Scholarship
8. Function within the Educational Environment

Reflecting on my time with Joy and reviewing the statements I made, the majority of assessment boxes moved from neutral to agree. I felt that as I grow and learn, I would not lose my fire to inspire and teach, but instead improve my knowledge and skills to improve technique and efficacy. This reflection seemed to say that I was making a pledge. I believe under Joy's patience and generous mentoring that my role as a nurse educator in the scholarship of teaching has grown as my confidence has grown, I can now state I Strongly Agree with all elements to a greater degree and will continue to grow.

I want to share with other "born again" novices that I remember clearly at 3 weeks into the program feelings of being overwhelmed and inadequate, with concerns about letting my students, mentor, other faculty, and myself down.

Gilbert and Womack [9] suggested that a structured program is important, but intentional role modeling and mentoring are impactful. During the program, and my novice teaching efforts, I was reminded of lessons I had learned during my nurse educator graduate program's Capstone, where I performed in the role of the teacher's aide. My instructor for my Capstone shared with me when grading that I could not express disappointment. Instead of subjective comments that included my feelings, I must create objective feedback referring to the guidelines and rubric. This is a lesson I carried forward and was echoed by Joy, who shared many tips and tools as I grew my basket of skills and experi-

ence. I have consistently received incredible support from my mentor and friend Dr. Joy Whitlatch, who has been and continues to be responsive to questions, concerns, "good catches," and sage advice. I have tremendous respect for her vast amount of experience and knowledge, kindness, and care.

Humor is a wonderful leveler, and Joy has a great sense of humor. She has rescued me on many occasions and pulled me back from the abyss. I am happy to say we have met on several occasions to share a meal, adult grape juice, and hugs. Our relationship has flourished, and I am happy to call her a friend. She has helped make me the caring and thoughtful educator and mentor that I have become. Because, mentorship is meant to be passed on, and I do that to pass it forward. On the whiteboard above my desk is a comment, from a few years ago that states, you've got this; no really!!! I believe I have!

7 Mentor's Story Joy

Nursing has always been my passion. My mom made me a nurse's uniform when I was young, including a nursing bag and cap. I was part of an Air Force family and went to over 20 different schools during my grade school and high school years. Everyone told me I would need to be an expert in science, math, and Latin. The first is true. My nursing education was a 3-year diploma school attached to a major hospital. We had over 100 in our class, and less than 25 graduated. I was immediately hired at a small hospital in their ICU. Two months later, I took my 2-day state test. I then flew to England to join my husband stationed in England. Six weeks later, I found that I had passed my test and applied to be a nurse in England. They let me work in a rural hospital while they investigated my background and credentials. My former Director of Nursing was an English nurse and was invaluable in forwarding information to England to help with this process. The staff welcomed me and let me work as a graduate nurse. Everyone wore a black dress uniform with hard collars and cuffs. These were provided for us by the facility. I felt like I had walked back into Florence Nightingale's era. I was a novelty to each staff member and patient. All the patients were in wards and had privacy curtains. Each morning I made and served tea and toast to the patients. I was not able to give medications but was able to do assessments and treatments. I worked there for 2 months, and then we had to transfer to a different Royal Air Force Base. We moved close to London, and I was looking for work when we had a major car accident, I spent the next week in an English hospital before I was transferred to an Air Force Hospital for three more months. I was in the hospital when I received word that I was accepted into the Royal College of Nursing. Unfortunately, I was not able to return to work until we came back to the United States.

I started back at the original hospital and started a path to leadership. I was very fortunate to find mentors along my nursing path. Since then, I have always been eager to share the knowledge I had and mentor new staff. We started a nursing student externship in the Emergency department and mentored them during their clinical. I was surprised that not all nurses wanted to do this. No matter what workplace I went to, I would offer to mentor. After I went back to school for further education and started in academia, I was surprised to not see this in my new workplace. Eventually, I started a remote position in virtual academia and was given a great mentor to work with. That school started an NER, and I offered my services. I mentored MSN students in their virtual clinical teaching. Then I started working with the nurse educator program. This was a 12-month program with a new nurse educator. After the program was completed, they were offered an adjunct position at the college.

I mentored many nurse educators. We created bonds along with the mentoring process. A few of them continued for their DNP, and I unofficially mentored them through that process. Because of the pandemic, I was only able to connect in person with some of them.

I enjoyed mentoring a group of them that submitted an abstract to the NLN regarding our men-

toring program and were able to do a podium presentation. Jacqueline and I still have that mentoring bond and have become excellent friends.

Sigma also has a great Academic Cohort for leadership and education mentoring. I appreciate the chance to work with peers in the last two cohorts. It is intensive for both mentors and mentees. I learn from my mentees. I am able to share my previous education and learn new information daily. When I work with students or mentees, I always ask them if they take time for themselves. Not many do. I tell them many of us think putting yourself first is self-indulgent, but it is not. Remember when you get on a plane and you are told to put your oxygen mask on first? As nurses, we need to take care of ourselves first, or we will not be able to care for others. We also need to take care of ourselves by getting the right amount of rest, exercising, and eating healthy foods. That is what we all tell our patients. Some workplaces have instituted a culture of care. In her book on changes made at the Chamberlain University College of Nursing, Groenwald outlines the process of instituting a model of care that was shared across the organization [10]. The focus on self-care adopted at Chamberlain University provides foundational support to students, and as many know, you can't pour from an empty cup. Some of the concepts that can be integrated across the curriculum are self-care opportunities, time management, learning to communicate needs and concerns with those around you, collaboration with others to develop support systems, flexibility within personal and professional life, self-responsibility, and self-awareness of needs. I ask everyone if they are doing something for themselves. I did not do this in my early years, but I make sure I do it now.

Also, from my students and mentees, I hear of the incivility that is present in some workplaces today. Support from leaders and managers, support from colleagues, and mentoring are important for creating a healthy workplace. For the individual nurse, positivity, respect, and resilience are vital. As Clark [11] noted, "Ultimately, caring for ourselves and building our resilience leads to healthy workplace environments for those we work with and those we serve" (p. 27). Resilience is another topic I like to discuss when I mentor. We may teach critical thinking or analysis, but do we teach our students how to be resilient?

8 Mentor Reflection

As I look back at my humble beginning as a mentee and growth into a mentor, I want to thank all of those nurses that have been part of my process. The education and mentoring I received helped me mentor others. This is part of my nursing legacy. I want to be remembered as a mentor who is always there to coach, guide, share, question, and push the mentee forward: to be the best mentor available to go forward and replicate the process. Nursing should be a team and never leave a nurse behind.

9 Conclusion

Novice nurse educators who teach in the online environment with their mentor in the course as a teacher's assistant, creating a safety net, and offering regular debriefs and feedback are more likely to evolve into expert nurse educators. Mentees then become mentors as they pay back on the lifelong learning journey from novice to expert, demonstrating humanity, compassionate care, and validation that comes full circle.

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A Cross-Cultural Perspective of Mentoring in Nursing in Israel

Yulia Gendler and Ayala Blau

A mentor is a person who opens doors for you, directs and guides in every step and every stage of your carrier. He/she helps you without giving you the feeling that he/she is doing you a favor.

—Prof. Rabia Khalila

Find a mentor who inspires you, that you admire his/her career path, ask him/her to be your mentor at several points of your professional lifespan.

—Ms. Eti Rosenberg

Objectives

- To understand the concept of mentoring in nursing practice in Israel
- To highlight the cross-cultural diversity and its implications on mentoring in nursing
- To identify the barriers and facilitators to application of mentoring in nursing in Israel

1 Introduction

The changing, and often challenging, healthcare needs of growing and aging populations, along with rapid changes in the structure and provision of care, have resulted in increased pressures on health services worldwide. Therefore, there is a crucial importance in building collegial and external professional relationships and support networks in the broader context of developing personal resilience to adversity in the workplace [1]. The COVID-19 pandemic intensified this need [2]. One of the important interventions for developing personal and professional resilience involved a mentoring component whereby forensic nurses were matched with senior nurse mentors [1]. Moreover, mentoring is an effective way to strengthen the nursing workforce and improve the quality of care and patient outcomes [3].

Mentoring is widely recognized as a mechanism for providing nurses with workplace learning opportunities throughout their careers, whether in the form of pre-registration nurse education, leadership, staff development, or clinical supervision [4]. However, the concept of mentoring is much broader. In order to best discuss the evolving model of mentoring in Israel, we conducted in-depth interviews with four key figures

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in nursing practice, managements, and academia: **Dr. Ahuva Spitz**—is the head of the nursing program, at Lev Academic Center, **Prof. Rabia Khalila**—is the vice president for Academic Affairs, Zefat academic college, **Ms. Eti Rosenberg**—is the head of policy and planning department, Clalit health services, she was nominated as one of 100 outstanding women nurses 2020 by the WHO, and **Dr. Dorit Weiss**, who was the head nurse of Clalit health services in Israel. From the dialogue with each of them emerged central themes that characterize the mentoring in nursing in Israel.

2 The "Fluid" Definition of Mentoring

The word mentor has its roots in Greek mythology. In Homer's epic *The Odyssey*, because Odysseus was away for many years fighting in the Trojan war, his son Telemachus was left under the supervision of a trusted friend, Mentor. Mentor's role was to prepare Telemachus to take responsibility for his family while Odysseus was away [5]. This reference is apparent in the definition of *mentor* according to Merriam-Webster (2022) online dictionary: "a trusted counselor or guide" [6]. In modern days, we use the word *mentor* for anyone who teaches or gives advice or guidance to a less experienced person. The purpose of mentoring includes fostering lifelong learning, employee satisfaction and engagement, career advancement, and succession planning [3, 5]. In nursing, nurses with different experiences and competencies collaborate and learn from each other and at the same time contribute to each other's learning. In such perspective, senior student nurses at a higher educational level can act in supportive roles to ensure quality of mentoring and learning possibilities for junior student nurses in clinical placements [7]. Nonetheless, there is no unequivocal agreement on the definition of mentoring in nursing practice.

Ahuva: When I think about mentoring, I address learning and support for nursing students and novice nurses. Clinical mentoring ensures that students are equipped with clinical practice skills that aim to address the theory–practice gap. COVID-19 pandemic highlighted the need of high-quality mentors, as nurses were urged to deal with newly emerging disease, new equipment, and technologies.

Rabia: Mentoring meets you in every aspect of your life. My father is a very wise man, he is not educated, but he has what we call "street smarts." He encourages me to work hard to reach my goals, and his advises inspire me in every step of the way. I come from a big family, and out of seven children, I was the first one to graduate with an academic degree. Turned out I served as a mentor to my siblings, who pursued academic studies later.

Eti: The definition of mentoring is much broader than just a process of teaching and supervision, it's about providing advice and emotional support and nurturing and maintaining a relationship that extends over time. We need a mentor at all stages of our professional life, as nursing students, as beginning nurses, in first management positions, and in senior management positions.

3 The Figure of a Mentor

The mentor can be defined as an experienced individual who guides a novice member's transition to a new culture and the expectations of a new role. A mentor is a teacher, coach, counselor, guide, role model, resource, and facilitator. A mentor models communication skills, emotional intelligence, political savvy, teamwork, preparation for taking on challenging assignments, and interaction with executives. Mentors often teach from personal experience that is not included in the didactic component of education. Sharing experiences, both those that have been successful and those that did not produce the desired results, provides insight to less experienced colleagues and instills a sense of permission to try new things and not fear failure. A mentor encourages a mentee to take on challenges that will develop new

skills and provide exposure to senior leaders. The best mentors go beyond teaching competency and help to shape the mentee's self-awareness, empathy, and capacity for respect [3, 8].

Rabia: A mentor is a person who opens doors for you, directs and guides in every step and every stage of your carrier. He/she helps you without giving you the feeling that he/she is doing you a favor. Through many "ups and downs" during the nursing career, the mentor knows how to "pick you up when you fall."

Eti: A mentor is a person who serves as an example, an inspiration, a person to consult with on career-related issues. A mentor cannot be your direct manager or someone you report to. The mentor must recognize that the mentee's journey is their own, and what worked for the mentor may not apply in the case of the mentee. Second, if the mentor gives directive advice to the mentee, the mentee loses the opportunity to make their own decision and thus loses the opportunity to grow and develop. Although they generally have good intentions, mentors that give advice may unwittingly hamstring their mentee's growth. My advice to novice nurses is—find a mentor who inspires you, that you admire his/her career path, ask him/her to be your mentor at several points of your professional lifespan.

Dorit: The combination of personal charisma, management skills, and leadership must be at the core of the mentor's character. Nurses who possess these qualities, care, and offer wisdom to other nurses are mentoring, perhaps without even realizing the role they are playing. Many nurses see me as a mentor and admire my career, my advice to them is: "there in nothing special about me, if I could do it—anyone can."

4 Mentoring Across Cultures

The patient population and nursing workforce of health systems worldwide are increasingly diverse due to globalization along with trends in nurse migration and international migration in general. Attainment of greater diversity within the nursing workforce can potentially bring forth benefits such as development of health professionals' cultural competence and improvement in accessibility of health services for underserved minority populations [9]. Cross-cultural mentoring involves an ongoing, intentional, and mutually enriching relationship with someone of a different race, gender, ethnicity, religion, cultural background, socioeconomic background, sexual orientation, or nationality [10].

The population in Israel is characterized by religious and cultural diversity. According to recent data published by the Central Bureau of Statistics, 74% of the Israeli population are Jews, 21%—Arabs while the remaining 5% are defined are "others" including Christian non-Arabs, Muslim non-Arabs, and all other residents who have neither an ethnic nor religious classification [11, 12]. Israel's annual population growth rate stood at 2% in 2015, more than three times faster than the OECD average of around 0.6% [13]. During the 1990s, the Jewish population growth rate was about 3% per year, as a result of massive immigration to Israel, primarily from the republics of the former Soviet Union. There is also a very high population growth rate among Orthodox-Jews and among Arab population—about 2.2–2.7% per year [11].

Ahuva: In the past few years, I have witnessed a high demand for nursing studies among Ultra-Orthodox sector. We need to take into account the needs of this unique population. Their beliefs and values such as the sanctity of life, caring for others, and the sense of mission are the same values that are at the core of nursing practice. But they need a mentor who will facilitate their integration in the workplace. For example, I got a call from a clinical supervisor about a nursing student who refused to enter the ward because of the deceased patient. The students' surname was Cohen. Bearing this surname indicates that one's patrilineal ancestors were priests in the Temple of Jerusalem. Being a "Cohen" imposes some limitations, one of them

is not to encounter with dead or enter a cemetery. In another example—the Ultra-Orthodox girls must only wear skirts or dresses so the scrubs should be adjusted for that. Mentoring will assist in reducing judgment toward this population, and in return, the practice will gain high-quality nurses.

Rabia: I am involved in all the Israeli society, but there is no doubt that Arab population in particular sees me as an inspiration, not only in the field of nursing and academia, but as someone who has come a long way at a very young age. Throughout many steps of my career, one of the most important issues for me was to blend and be involved in the Israeli society. I advise every student and every nurse from the Arab sector to follow that lead. At my previous position as the head of the nursing department at Zefat college, I managed to bring my Arab students to outstanding achievements: above 95% of the graduates are passing the board exams every year. Some of them come from remote areas and from less fortunate families, and witnessing their success is very inspiring.

Eti: Multiculturalism is at the core of my practice. I mention every holiday of every religion via social media that I manage. I lead the awareness to LGBT community needs in the Clalit service. As a mentor I have many protégés from different cultures and sectors: Jews, Muslims, Bedouins, Druze, mentees from the LGBT community. I inspire them and advise them about career-related issues without judgment and regardless of their background. Mentors need not have the same cultural or social background as their mentees. But they must pay close attention to the implications of the differences.

Dorit: We paid a lot of attention to the issue. One of the first conferences I initiated in my last position was on the topic of "new types of families." The need to raise awareness of different family structures came from the clinic when community nurses and women's health nurses felt embarrassed when meeting a single-parent family or same-sex family or surrogate mothers. The patients, for their part, stated that for them every such meeting with a professional felt like "coming out of the closet for the second time." We taught the nurses how to look at these families in an inclusive way both medically and behaviorally, the nurses were given practical tools to deal with gender diversity.

5 Mentoring in Israel: We Are Not There Yet

The concept of mentoring usually refers to transition of newly graduated nurses to the workplace [14]. However, the literature tries to distinguish between the concept of "preceptorship" that includes teaching dimension [15] and "mentorship" that is defined as "a nurturing process with the goal of promoting professional and personal development, in which an experienced person is a role model, teacher and counsellor for a novice nurse" [14]. The preceptorship relationship takes place in programs that are planned and monitored, task-oriented, and less intense than mentoring. Preceptorship relates more closely to an educational relationship than mentoring and is an effective way to bridge the theory–practice gap. The preceptor relationship is a short-term relationship with a specified end date. Preceptorship tends to focus primarily on the development of the student's clinical competencies and involves some sort of judgment or evaluation of the student's overall clinical performance. Conversely, mentorship, in the true sense of the word, is more focused on supporting, inspiring, and nurturing rather than on the transfer of practical clinical skills as is the case with preceptorship. Furthermore, mentorship tends to be voluntarily sought or instigated by the parties involved. This evolves into a close relationship with personal and emotional bonds. A mentorship tends to have no specified end date and no specified agenda to adhere to or accomplish [4, 14, 15].

Ahuva: Mentoring must be an ongoing process and an integral part of a nurse's professional development. However, in Israel, the mentoring

process does not last beyond the first stage of transition from nursing school to the workplace.

Rabia: Many times, during my professional life, I caught up into the thought that "I could use a mentor right now." For example, during my clinical practice, I led many projects that deserved publishing. But there was no one to guide me how to get started on writing a manuscript. Later, I felt the same way during the transition from the clinical practice to the academia. Those fields are fundamentally different, and mentoring may smooth the transition.

Eti: We haven't cracked the concept of mentoring in nursing practice in Israel. We are on the right way, but we are not there yet. Mentoring practice should adapt to the differences between the generations—in the past, mentoring considered as manager providing feedback to the employee, today the concept is much broader. Mentoring is not something you can do "once in a while." It must be constant and continuous. It does not necessarily have to be long; it is possible to have several mentors, the main thing is that the mentoring process be personal, emotional, built on the principles of feedback. The mentor needs to understand the emotional battles of the nursing staff. It starts with a "reality shock" of newly graduated nurses, the first years of practice are difficult and demanding, the first managing positions pose another challenge. That is why the mentoring must be ongoing, feasible, accessible, and the rules must be clear to both sides—to the mentors and the mentees.

Dorit: Nursing is one of the professions where mentoring is crucial but is not formally found. The importance of mentoring intensified during the COVID-19 pandemic, when newly graduated nurses entered the wards for the first time; they were not familiar with the staff, the equipment, and the organizational climate and already had to deal with an unknown disease. Studies on the history of army-nurses during the Israeli wars revealed that many nurses bear painful memories and post-trauma. In the past, emotion processing was not legitimate. Maybe if those nurses had a mentor—their emotional state would have been more benign.

6 Overcoming the Pitfalls: Mentoring Is a Practice That Needs to Be Taught

Effective nurse mentors exhibit a variety of skills that equip them to provide new nurses with the support to excel. The key skills that make an excellent nurse mentor are knowledge of nursing principles, communication skills, problem-solving, and decision-making tactics, as well as patience and empathy. These qualities encourage nurses to advance in their own careers and hopefully mentor the next generations of nurses [16]. However, who should act as mentors, and what constitutes adequate preparation for undertaking the role is not well addressed in the literature. In their literature review, Andrew and Wallis [17] made four recommendations: firstly, that mentorship should be implemented throughout training; secondly, that there should be opportunities for mentees to change mentors; thirdly, that student learners should be able to direct mentorship sessions; and lastly, that mentors should be appropriately trained [17].

Ahuva: Mentoring is a practice that must be taught, whether as part of postgraduate studies or as an additional training. Besides practical tools, contents such as providing emotional support, group guidance, and problem-solving should be in the curriculum.

Rabia: No ego needs to be involved in mentor–mentee relationship. This relationship is doomed to fail if issues such as judgment, lack of tolerance, and lack of appreciation will interfere.

Eti: Not all people are suited to mentoring. The best mentors share certain character traits and skill sets that make them right for the task, such as tolerance, patience, being able to assess situations and provide useful solutions and/or advice, able to clearly communicate information and advice, and possessing an earnest devo-

tion to the job of nursing and the role of nurse mentor. Sometimes direct managers are afraid of advice from external mentors. This attitude must change. Managers need to acknowledge the contributions of mentors and value the choices their employees make following mentors' advice.

Dorit: Nurses who reach senior management levels sometimes feel very lonely. At this stage, these nurses are skilled and confident enough to admit they need a mentor to guide them. But paradoxically, very few people can serve as a mentor for them. Therefore, we first must decide that we want to introduce mentoring to the nursing practice in Israel and then offer appropriate training program that will be tailored to each stage of the nursing profession.

7 Summary

A common theme that arose from the interview with four key figures in nursing in Israel is the significance of the personal characteristics of the mentor. Important characteristics as prerequisites of a "good" mentor include, approachability, effective interpersonal skills, adopting a positive teaching role, paying appropriate attention to learning, providing supervisory support, and professional development ability. A mentor is a strong and inspiring figure who is unbiased and who sees the best interest of his/her mentee in front of him/her. A nurse mentor must have more experience in nursing than her mentees and she is willing to share her knowledge and time to help her mentees to achieve their goals. Despite the evidence in the literature and experience of the benefits of mentoring—mentoring in nursing is Israel is still not regulated. For this to happen, nurses need to discard judgment, lack of openness, lack of acceptance of a different opinion, take into account cultural diversities, and acknowledge the advantages of mentoring.

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Know the Way, Show the Way: Leadership and Mentoring in Nursing Education

Christi Doherty and Susan Sanders

A leader is one who knows the way, goes the way, and shows the way.
—John C. Maxwell

Objectives

1. Explore best practices of mentoring to enhance the professional development of novice nurse educators and nursing students' transition to practice.
2. Relate examples from research and immersive experiences to leadership development.
3. Identify your leadership style and how it impacts an individual's influence.

1 Christi Doherty's Narrative

I remember the experience as if it s yesterday—the first day of my professional career as a Labor & Delivery Registered Nurse. I was fortunate to obtain the specialty position as a new graduate. I had spent 6 weeks working under an RN mentor, waiting for my NCLEX® Board scores. At that time, the results came in the mail. You wanted the small envelope that contained the license because the big envelope discussed remediation and how to sign up to retake the exam. I received that small envelope and was immediately given the night RN charge nurse assignment in the rural hospital. It may sound like a prestigious position for a new RN, but the real story was that I oversaw one Licensed Vocational Nurse (LVN). We were the entire department on the night shift. My leadership had begun, along with a relationship with the most phenomenal LVN mentor this inexperienced RN could ever have asked for.

Fast forward to over 30 years later, after 20 successful years in clinical practice and 10 years in nursing education, I found my dream job in corporate nursing education. And I had the opportunity to research leadership and the value of the mentoring relationship. I couldn't help but reflect on my leadership journey, which comes later. First, I wanted to know how to develop the mentoring relationship and if it also provided personal growth to the mentor. Was my experience unique? Had I been the best mentor when I was in that role? Was there a way to share mentors' best practices and mistakes to help build strong relationships that support the next generation of nurses? So, I partnered with my colleague, Dr. Susan Sanders, and our real work began.

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2 Susan Sander's Narrative

As I've progressed through many years as a professional nurse, I reflect on numerous mentors throughout my career. Interestingly, one primary mentor continuously "popped up" in my practice. I'll call her Margaret. As a young nurse, I became interested in nursing education and accepted a position as an instructor in a community college. Margaret was employed as a faculty member and thus began my learning experiences guided by new knowledge, experience, and academic colleagues. After 1 year in education, my career moved me to nursing administration. Many years and a graduate nursing degree later, I was fortunate to interview and be hired by Margaret (who had moved to a nursing executive position) in a nursing administrative position. As a mentor, Margaret encouraged my experiences, and we became certified as nurse executives after studying and testing together. I realized after becoming certified that some of the lessons learned from a mentor are not all in the texts. The mentor can model professional behavior and teach the mentee the importance of relationship building among colleagues. Despite the large number of nurses in the profession, it is not unusual to interact with the same colleagues year over year whether at a conference, a job, or collaborating on projects. Knowing this, it is essential to build your network to enforce and enhance your mentoring opportunities.

3 What We Learned about the Best Practices of Mentoring

First and foremost, mentoring is a collaborative relationship. The relationship is between a more experienced and less experienced person working toward a mutually defined goal [1–3]. Developing an effective, reciprocal mentor–mentee relationship is crucial to achieving successful outcomes. Mentoring involves formal and informal activities that allow the mentor to guide the learner in areas needing improvement, strategies to decrease anxiety, and techniques to enhance self-confidence [3]. Mentoring may focus on the mentee's strengths and individual learning styles with a personalized approach. The ideal mentor is committed to helping the mentee develop personally and professionally [4].

Mentoring of nurses began with the works of Florence Nightingale, the pioneer of modern nursing. Florence Nightingale transformed nursing care for patients, society, and the profession of nursing. In her book, *Notes on Nursing*, first published in 1860, Nightingale shares knowledge, nursing activities, and timeless advice on caring for others [5]. Like a true mentor, Nightingale humbly guides the learner.

> If, then, every woman must at some time or other of her life, become a nurse, i.e., have charge of somebody's health, how immense and how valuable would be the produce of her united experience if every woman would think how to nurse. I do not pretend to teach her how, I ask her to teach herself, and for this purpose I venture to give her some hints. (Nightingale, pg. 4).

Scholars of the history of the nursing profession are aware of the number of challenges to implementing nursing training, acceptance of the role of nurses within the medical profession, and organization of nursing duties. Along the way, experienced nurses mentored novice nurses who significantly impacted nursing care in the military, public health, and the development of the nursing profession today [6].

4 Techniques to Develop a Mentoring Relationship

I think you have to be genuine in what you are doing, you have to have a passion for it, and you need to have a genuine caring to make a difference in someone's life.

Nurses meet and interact with new people every day. They are adept at asking questions to engage their patients, teaching about new procedures or medications, and providing instructions on promoting optimal health. But, these talents do not necessarily translate into constructive steps to establish a mentoring relationship. The value in getting the mentoring relationship started quickly, with a firm foundation, is that the work is accomplished in a timely fashion, strengths and weaknesses are identified early, and confidence and perspectives are enhanced for both the mentee and the mentor.

At least in the beginning stages, the responsibility for developing the mentoring relationship falls on the mentor. The mentor needs to understand the mentee and their goals for the mentoring relationship. The outcome is evident in a structured mentoring program, such as helping the mentee succeed on the NCLEX® examination or become a proficient nursing professional, but the obstacles need to be investigated. Understanding the mentee's challenges is fundamental to establishing a successful relationship. Once the barriers are identified, the mentor can select interventions to accomplish goals and meet needs. Outlining expectations for the relationship and the roles of the mentor and mentee will set the structure of the relationship, providing for collaborative and meaningful interaction. Additionally, the mentor must set an open and safe learning environment and support the mentee's self-confidence [7].

The structure of the mentoring relationship should include preferred methods of communication. Different learning styles can dictate the preferred methods. Email correspondences and virtual meetings using Zoom™, Google™, or Microsoft® Teams platforms are often preferred. The mentor and mentee should set mutual and realistic expectations for the schedule of the meetings and the timing of intervals between interactions. It is essential, as a mentor, to avoid assumptions about the mentoring relationship based on previous experiences. The ideal mentor–mentee relationship revolves around acceptable interactions and feedback from both parties.

5 Best Practices and Competencies of the Mentor

There is a difference between being an instructor and being a mentor. You don't always know how to guide, rather than teach, so having a structure, or a mentor for the mentor, is a great resource.

Mentoring is a critical intervention to assist nursing students and novice faculty to learn, grow, and develop in the professional role. A mentor must have specific competencies to advise, guide, and encourage mentees successfully. Competencies include active listening skills, communication abilities, respectful behavior, the capacity to set boundaries and provide resources, flexibility, and proficiency in evaluation and reflection.

5.1 Active Listening

It is really important to figure out exactly what they [the mentee] *want, where they are, and where they want to be. And everyone is different so you have to listen carefully to meet them where they are at.*

It is so important to be present in the moment and really give your entire focus to the person right in front of you.

The first and most crucial step in effective mentoring is active listening. Listening lets the mentor begin the mentoring journey where the mentee is, not where you think they should be [8]. Active listening requires the mentor to pay attention to the words, observe body language and nonverbal cues, and seek to understand the information being shared. With active listening, make sure to allow for silence. Silence provides an opportunity for self-reflection and increased self-awareness by the mentee. Finally, ask questions. Questions help clarify information and display value in the exchange before offering advice or suggestions.

5.2 Respectful Communication and Behavior

You have to be purposeful with your interactions in a mentoring relationship. You may need to encourage, you may need to challenge, you may need to be the voice of reason, but do it in a kind, supportive, respectful way.

Respectful communication and behavior are the foundations for a successful mentoring relationship. Communication should value individuality and appreciate differences. A mentor and mentee do not always have to agree on a subject or a plan of action; however, to attain the goals of the relationship, respectful communication helps to align priorities. Respectful behaviors such as being accountable, dependable, and responsive are necessary and establish credibility.

5.3 Boundaries

Expectations need to be set early, what is the relationship, what is each person's role, and what makes it work best.

Setting boundaries is a critical skill for mentors and signifies expectations for the relationship. Healthy boundaries establish behaviors you will accept from others and what behaviors others can expect from you [9]. For example, establish boundaries around sharing information, the privacy of interactions, and confidentiality. These days of rapid digital communication and social media, concerns over publicly sharing information should be addressed. Set boundaries early and be consistent, as these are fundamental for creating trust. Additionally, healthy boundaries avoid overdependency on the mentor by the mentee, protecting the mentor's mental well-being and helping to prevent feelings of disappointment or anger when boundaries are pushed.

5.4 Provide Resources

You need to give them good information, not materials they feel are a waste of time. Recommending certain resources but making sure it fits the way they learn. Be open to different ways to learn.

An effective mentor can provide resources to support the development of the mentee. Resources can include required articles, books, or instructional materials that support specific needs. Resources can be a foundation for assessing required skills and attributes essential to the goal or outcome. Technology access and structure are critical resources, as success can be impacted by online access, correct passwords, and other credentials.

5.5 Flexibility

I had students who only wanted to communicate by email, others who wished to have a telephone call, and others who just needed that face-to-face connection. I could adjust to their needs, and all were successful in achieving their goals.

Although the mentoring relationship is structured around attaining goals, it is essential to allow flexibility in the mentoring process. A schedule may accomplish tasks, but discussing and exploring different ideas and opinions can guide learning and growth. Remember that the role of the mentor is to allow the mentee to try new challenges, take some risks, and reach their full potential.

5.6 Evaluation and Reflection

We all interpret things differently, so we must be considerate about how we provide feedback.

I feel I learned as much from them as they may have learned from me.

Evaluating behaviors and providing constructive feedback are an essential role of the mentor. Evaluation should include an assessment of outcomes and satisfaction with the mentoring relationship [2]. The mentor should encourage self-reflection by the mentee. Self-reflections allow one to consider personal strengths and opportunities for improvement, perspectives and emotions, and individual capabilities and how to manage them [8]. Self-reflection is an essential component of learning and personal growth.

6 Mentee Responsibilities

We can guide and motivate them [the mentee], *but ultimately they must engage to succeed.*

A successful mentoring relationship is a mutual relationship. The mentee must share the same obligations as the mentor regarding listening, communication, and respectful behaviors and take shared ownership of the purpose and direction of the journey. Participating fully in the mentoring relationship will allow the mentee to achieve their goals and outcomes.

6.1 Christi Doherty's Self Reflection

As I look back on my career, I am very thankful for those who have mentored me in my profes-

sional career, helping me grow as a nurse and a person. Having the opportunity to direct this research, conduct the focus groups with experienced mentors, and evaluate the responses has shown me that mentoring significantly impacts the persons we mentor and ourselves as mentors. With practice, we can all be mentors and "pay it forward" for the nursing profession.

6.2 Susan Sanders' Self Reflection

My experience as a mentee spurred me to become a mentor to other nurses. I have done so formally as a consultant/leader and informally through my professional organizations. If I have learned anything through mentoring, it has been that the more you become involved (in a job or professional organization), the more you receive! Hopefully, that spurs us all to become involved in mentoring!

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Resources

American Nurses Association. Mentoring program. https://mentorship.nursingworld.org/?_gl=1*14hmlmp*_gcl_aw*R0NMLjE2NjMyNjU5NDQuQ2owS0NRandtb3VaQmhEU0FSSXNBTFljb3VxdTBPT2l3SExoaTJUczE5MVRvb0p6V256Z2NpYzUyS3JXVUhfNGhydHZFWlgtbUdjYkpId2FBald1RUFMd193Y0I.&_ga=2.220678040.1606546905.1667756965-367222756.1661793999.

American Organization for Nursing Leadership. Leader2Leader mentorship and mentee program. https://www.aonl.org/resources/mentor.



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Mentoring-Relational Experiences

Marilyn Riley and Rachel Spalding

Show me a successful individual and I'll show you someone who had real positive influences in his or her life. I don't care what you do for a living—if you do it well I'm sure there was someone cheering you on or showing the way. A mentor.

—Denzel Washington

Objectives

1. Describe the mentoring relationship from the perspective of the mentor and mentee.
2. Identify how the mentoring relationship was built.
3. Describe what the relationship meant to both the mentor and the mentee.
4. Give practical examples for others to emulate in a similar relationship.

1 The Mentor Narrative

Mentor, according to the Merriam-Webster dictionary [1], is a trusted counselor or guide. To me, a mentor is an advisor, and to be a mentor is an honor. As a nurse executive, I wanted to give back to the profession of nursing and share my knowledge and expertise with others. Mentoring was a natural fit for that desire. I volunteered to be a mentor through the Indiana Organization of Nurse Leaders (IONL). With that, I was paired with Rachel, who was a new Chief Nursing Officer (CNO). She and I met on a regular basis, and we were kindred spirits. We both have a passion for nursing and a desire to move the profession forward in meaningful ways. That's how the wonderful relationship began.

According to Benner [2], she describes the theory of novice to expert as the concept of five levels along the career journey. Nursing experience begins as a novice, a beginner with no experience, to an expert, one who no longer relies on principles, rules, or guidelines to connect situations and determine actions. As nurses, we move from a familiar role to a new role, we subsequently move from an expert to a novice. Rachel found herself as a novice CNO. She recognized that and had a desire to grow and develop in her new executive role.

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Our mentor/mentee relationship did not follow a formal structure. I did, however, rely on and share various resources and standards along the journey. One resource was the American Organization of Nurse Leaders (AONL) Nurse Leader Competencies. These are guiding principles that support nurse leader development. According to the AONL [3], the competencies detail the skills, knowledge, and abilities that guide the practice of nurse leaders. At the executive level, these competencies are crucial. The five skills are communication and relationship building, knowledge of the healthcare environment, leadership, professionalism, and business skills. Using these five areas identified opportunities for growth for Rachel and identified areas that she was already mastering.

As our mentor/mentee relationship began, the COVID-19 pandemic hit. That was a stressful time for all of us in healthcare, and we all became novices in dealing with the day-to-day changes, information, and how to best navigate these uncertain times. Despite the pull to focus on the pandemic and how to manage the day-to-day operations at our respective hospitals, the pandemic pulled us closer. We met regularly, discussed the challenges each of us was facing and supported one another. I learned as much or more from Rachel as she learned from me. You have to be open and willing to learn and those opportunities come.

Sharing stories and being authentic were a way for us to connect on a personal and professional level. These stories were a way to share real-life challenges and then devise plans to resolve them. We regularly shared what worked and what did not. We both learned from failures through reflection and sharing stories. Being vulnerable and authentic was crucial as I shared where I had failed and where I had succeeded. Being authentic then allowed Rachel to feel comfortable sharing her story and areas where she was struggling.

You reach a point in your leadership journey, where it becomes essential to share your journey with others. Being a mentor is a natural way to share my story. I am truly honored to be a mentor and share my experiences so that others can learn and grow. Being a mentor is a responsibility I do not take lightly. Supporting other nurses is important to me. When mentoring, I strive to provide a positive belief in hope for the future. Regardless of the struggles and challenges, by planning and taking action, we can make improvements. By giving of myself through commitment and transparency, I can positively impact the growth and development of other leaders. By mentoring others, I have hope for the future, and it is part of my legacy as a nurse leader. Mentors assist others to see themselves more clearly or discover paths they haven't appreciated. As Bob Proctor [4] says, "a mentor is someone who sees more talent and ability within you than you see in yourself and helps bring it out of you."

Meaningful mentoring relationships have more purpose than defined career achievements. The resultant professional fulfillment helps bring both mentor and mentee to the highest level of Maslow's hierarchy—self-actualization [5]. I have had the honor to have tremendous mentors in my career journey. They offered support, guidance, and friendship as I traveled and navigated through new career opportunities and education. Being a mentor is a way for me to "pay it forward" and make a positive contribution to the profession of nursing.

As I reflect over the past 3 years Rachel and I have had our dyad mentoring relationship, I am certain that I have learned more from her than I have taught her. She is a dynamic leader who was hungry for growth. New in her CNO role, and I with years of leadership experience, we navigated the rapidly changing healthcare landscape together. She was open to feedback, and she has grown tremendously because of it. Together we are better nurse leaders, and I am a

better person for knowing her. Thank you for the opportunity to mentor you in your role as CNO!

2 The Mentee Narrative

Over the years, I have listened to stories from colleagues accepting their first leadership roles in nursing, and we often find that we have a similar story to share. We were welcomed and ushered into our organizations as leaders and then handed a set of keys and led to an office. We weren't given a manual or guide on how to be a nursing manager, director, or chief nursing officer; it was all assumed that because we were great clinical nurses, we would also be great leaders. However, leadership requires a unique set of skills to be successful, only learned through experiencing them, that is, when accessing the unique experiences of others in mentoring gives new leaders the key to unlocking their potential [6].

As a nurse leader who had achieved my doctorate of nursing practice, nurse executive advanced board certification, and had approximately 13 years combined in various leadership roles, I found myself in my first Chief Nursing Officer (CNO) role. This role began in November 2019 and has significant meaning because I had no idea that the COVID-19 Pandemic would soon take place. Ready to take on the world, a little scared, fearful that I would fail, I needed a solid experienced nurse leader to share my thoughts with and give advice as I traversed new experiences.

A small voice in my head was asking me, "do you even know what you are doing?"

Gratefully, I was afforded the opportunity to have great mentors, colleagues, and role models over my career who developed me from a staff nurse to a leader, to now, a CNO. They taught me how to ask questions, attend educational sessions, and most importantly find resources and reach out to find a mentor. I had been involved with the Indiana Organization for Nursing Leadership (IONL) and knew they had developed a pathway for nurse leaders to find mentors. I scrolled through the website and reviewed the mentors who were listed, trying to determine who would be the best fit for me, and there was Marilyn Riley, DNP, Ph.D., MBA, APRN-BC, FNP, NE-BC, CPXP. She had CNO experience, and after reading her bio, I had confidence that she would have the right experience to guide me. I filled out the mentee application, and we were paired by the organization a short time later.

Marilyn and I met virtually for the first time, and it was an instant connection. Her ability to put me at ease was remarkable and was exactly what I needed! She created an environment that was safe and offered advice in a very constructive, positive manner, which allowed me to be open to new approaches. Gerardi [6] states, "the creation of a trusting and open space for learning is important." I looked forward to every meeting because she always greeted me with a huge smile and a positive outlook on how to conquer my challenges and celebrate my successes. Her focus on gratitude truly gave me hope in some hopeless times during the peaks of the COVID-19 pandemic. Oftentimes, she would just allow me to talk about what I was experiencing and validated my fears and feelings, which reinforced that I was capable, but also human. Her style of mentoring allowed me to be vulnerable, and she was likewise vulnerable in sharing her experiences throughout her career, which led to an enormous amount of trust within the relationship. She allowed me to see her authenticity and let me learn from her mistakes, but most importantly, Marilyn let me know it was OK not having an answer and that it was perfectly acceptable to speak from my heart when addressing staff nurses and my peers. According to Mousavvi-Bock [7], vulnerability is one of the most important qualities of leaders and organizations and may even be the key to promoting a positive work environment and culture.

So as my world began to spin in my first chief nursing officer role, during the COVID-19 expe-

rience, Marilyn became the axis that kept me on course and instilled the belief and encouragement that I was going to be successful. This is a relationship that I will forever cherish, and I look forward to spending many more years cheering each other on wherever our professional paths lead us. Thank you, Marilyn, for believing in and encouraging me to lead with confidence and always straightening my crown.

3 Self-Reflection: Mentor

Using Kolb's Cycle of Reflective Practice [8] to reflect on the mentoring relationship is a way to analyze and draw conclusions from the experience, then take those learnings into new experiences. As I reflect on the past 3 years and the relationship that Rachel and I have developed, the experience was meaningful in a way that brought joy to my work with her. My thoughts around the experience are ones of happiness and gratitude. I think about some of the topics that Rachel and I discussed and how I was able to share my knowledge in those situations to help her work through them. It wasn't for me to "give the answer," but to ask questions about how she thought may be the best way to handle the situation. Through the conversations, Rachel arrived at her own conclusions and her decisions were well thought out. She encountered some stressful situations along the way, we discussed them, and I supported her as she navigated through them. In the end, she was able to make solid, thoughtful decisions that positively impacted her role and her organization. What I learned from the experience was that mentoring is an honor and a responsibility to support others along their nursing journey of growth. Investing in others and myself through a mentoring relationship is positive for those involved as well as the nursing profession as a whole.

4 Self-Reflection: Mentee

Using Gibbs Reflective Cycle [9] to reflect on the mentoring experience is the practice of exploring an experience with several stages of reflection to know how to respond the next time you return to an area of repeated learning. It begins by describing the experience, the feelings of the experience, evaluation of the good and bad, analysis to make sense of the situation, a conclusion about what you could do better in response to the situation, and an action plan on how to deal with the situation in the future. In my mentoring relationship, Marilyn and I often rehearsed real-time situations I had experienced. After evaluating Gibb's Reflective Cycle, it showed me where this method of reflective evaluation was very successful in my experiential learning. We evaluated the situations that had come about in my practice, studied my feelings and thoughts about the situation, identified areas that needed improvement from my response, and how to approach them the next time. This method was very impactful and proved itself to be a successful method that I will employ in my future mentoring relationships.

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Mentoring Relationships Between Generations Fosters Reciprocity, Growth, and Innovation

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and Sonia Patricia Carreño Moreno

A mentor is someone who allows you to see the hope inside yourself.
—Oprah Winfrey

1 Introduction

We are talking about mentoring, but what is it? How can we make it feasible? What is mentoring? Mentoring is an ever-changing process that requires both the mentor and the mentee to be flexible. This aims to provide one-on-one learning and accompaniment, allowing for personalized mentoring. It is important to note that both direct and indirect mentoring activities, as well as formal and informal mentoring, are considered. Let us show you an example of mentoring. Ancient Greece is considered the cradle of great thinkers, philosophers, and connoisseurs, who even today we continue to take as references in our fields of knowledge. They also hosted, inaugurated, and celebrated the first Olympic Games. It is said that the first Olympic fire was lit by the ancient gods as a signal of their approval for the games and sacrifices that were going to be made, never to be extinguished. Nowadays, it's almost certain to say that this Olympic fire has been extinguished. However, what's not is the foundations, knowledge, and advancements made by the Greeks at their time. So that's mentoring, being able to pass along knowledge to your mentees, being able to illuminate them with knowledge and experience, and supporting them through all their endeavors. As mentors and mentees, we have the capability of enkindling and illuminating other minds from generation to generation. It is our responsibility to share, instruct, and mentor others so that they can continue this wonderful process for the sake of not only humanity but all of planet Earth.

Objectives

1. Describe the successful experiences of informal mentoring in Colombia in the context of the pandemic and nursing organizations.
2. Illustrate the contributions to nursing resulting from the mentoring process in the transition from undergraduate to postgraduate.

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2 The Mentorship Tree by Sonia Carreño

I imagine mentoring as the process of caring for and growing a tree. In fact, the logo of the research seedbed I direct is a tree growing on land composed of hands that support it. Graphic 1 shows the research seedbed logo, with hands supporting and nurturing the roots, stem and leaves of the tree.

Think of a tree that grows and spreads from a seed planted in fertile soil; it inspires me to consider mentoring processes. For me, the fertile ground consists of all those students, newly graduated nurses with infinite talents waiting to be discovered, and the seed is the spark that I can help ignite within them so that they realize their great potential. Not every seed germinates, and thus not every tree bears fruit; however, every seed is sown, and only the act of sowing teaches us about kindness, hope, discipline, perseverance, and care.

How did I learn to help seeds germinate? Someone aided in the growth of my seed. I recall my time as a nursing student at Universidad Nacional de Colombia's Bogotá campus in 1998 when I was a student from rural Colombia. There I met Professor Beatriz Sánchez Herrera, my undergraduate mentor who taught me by example what I now know about the process of accompanying a mentee's growth. Professor Beatriz accompanied me in my academic process at the time, motivated me to continue my studies, and assisted me during various periods of crisis when financial resources were scarce, and I needed to navigate through university wellness services to obtain financial support. At the time, I learned one of the first lessons required to be a mentor: *the other person must be viewed as a human being capable of reaching their full potential; they must never be viewed as vulnerable but as powerful beings.*



Graphic 1 CroniSem logo

Later, I started my master's program and learned about caring for people with chronic health conditions and their family caregivers from Professor Beatriz. I accompanied the professor to several workshops and meetings with caregivers, nurses, faculty directors, researchers, and representatives from Colombia's Ministry of Science and Technology. This is where my second lesson came from: *always consider the mentee to be a colleague*. Opening the door for our mentees to be our colleagues teaches them how to interact in the various roles that are part of the process, allows them to develop self-confidence, and provides them with a natural setting for learning knowledge, behavior, ethics, coping, and leadership, among many other skills. Every time I face a difficulty, I wondered how my mentor would have handled it.

Following my master's degree, I had the opportunity to work alongside my mentor in research and practice processes, and I was impressed by how she performed her roles as a nurse, professor, researcher, and strategic leader. It was then, thanks to her motivation, that I decided to begin my doctoral studies, a process in which I consolidated the following lesson: *you must build a path along which to guide your mentees; it is impossible to accompany, guide, and mentor when there is no path to show.*

Finally, after many lessons from my mentor, I grew and bore my first fruits as a tree. The fruits contain seeds and can grow into new trees, multiplying the harvest. This is my final lesson: *as a*

mentor, opening up, teaching what you know, giving what you have, and being humble enough to do it with love, care, consideration, and wisdom is an effective way to transition from followers to true mentees who will continue to build the legacy of ideas that will prevail over people.

3 The Seed: Cristian David Cifuentes Tinjaca

To understand the context of the entire mentoring experience, it is necessary to think back to March 2020, the month and year that the COVID-19 pandemic hit Colombia. This was the beginning and the context that allowed me to first meet and distinguish Sonia Carreño, who worked as Secretary of the Upsilon Nu Chapter – Sigma Theta Tau International Honor Society of Nursing (Sigma), while I was serving as National Communications Coordinator of the Colombian Nursing Student Association (ACOEEN), my first leadership position in nursing and the beginning of a trajectory in management and representation of undergraduates in Colombia. Our first encounter occurred during a meeting between the boards of directors of the Chapter and the association, where different ideas of projects that we could carry out within the framework of cooperation and responding to the needs of the moment due to the context that was lived were being discussed. Sonia oversaw leading this space and invited us to participate in a first project, the Spanish translation of the "Handbook of COVID-19 Prevention and Treatment" [1]. I was invited to participate as a translator of one of the book's chapters. This first interaction aroused two interests in me, first I had been impressed by the scope that we could do as students with the support of a society like Sigma, and second, by the integrity, simplicity, and confidence that Sonia had in inviting us to participate in the project After this period had passed, the contact grew closer, eventually leading to direct conversations about potential opportunities and projects. In these, Sonia, as a leader, highlighted student management and the impact we could have, offering us her support and opening our eyes to the limitless opportunities and personal potential we possessed.

A few weeks after this meeting, the idea for a new project arose, which, from its conception and design, represented a challenge for both parties, because we wanted to innovate and contribute to nursing and human talent in health in a pandemic context. After weeks of planning, meetings, and discussions, the "ACOEEN – Sigma 2020 Training Sessions" four sessions held between March and December 2020, were designed and implemented, with 44 broadcasts on Nursing Care in the Context of the COVID-19 Pandemic [2, 3], Nursing Care for Cardiovascular Patients [4], and Nursing Research [5]. With 5636 national and Latin American attendees, more than 100,000 reproductions in 23 countries across all continents, the publication of an experienced article [6], and a national and international presentation, the event was a success. This experience provided genuine satisfaction to all those involved, and it had a significant impact on the country due to the mentoring process that took place on the part of the Sigma professionals toward the students of the association and following a process of mutual learning. Personally, coordinating this experience from the association was a huge responsibility that required us to train ourselves empirically to respond and meet the project's objectives. I must emphasize that what helped me bear the burden and responsibility at the time was the support of the ACOEEN team and the constant and human company of Sonia, who was always available to help us.

The mentor–mentee relationship eventually reached a point where it was strengthened because of our understanding of our unique skills, qualities, professional, academic, and scientific interests, as well as the integrity and values we hold dear. We then created the research project "Knowledge, attitudes, practices, fear, and stress in the face of COVID-19 in Nursing students and recent graduates in Colombia," which had a significant national and international impact and yielded a research article [7] and two national and two international conferences [8]. This experience allowed me to broaden my nursing perspective and increase my interest in research. And it was this

that inspired me to pursue the Research Nursing Diploma and training in health scientific writing. Sonia had left me with a latent interest in research at the time, and it was the mentor–mentee binomial and the commitment of both parties that allowed us to get to this point. This inspired me to consider her during my undergraduate training process because I saw in her a role model to emulate. Sonia agreed to mentor me in my training, even though we attended different universities, and I asked her to serve as an external expert reviewer of papers carried out in palliative care and chronic noncommunicable disease courses.

Following this, and with Sonia's help, I ventured to be a mentor to other students and began to participate in different spaces, taking leadership positions at the national level such as being the Vice President (2021) of ACOEEN, a role in which Outstanding for my management, receiving recognition for the contributions made to undergraduate nursing at the national level. And institutional positions (Universidad de Los Llanos) as a Member and Research Teaching Assistant of the GESI Research Group and Monitor of the Family Research Seedbed, where I had the opportunity to mentor undergraduate nursing students doing research as a degree option, as well as support the review, correction, and monitoring of the projects assigned to the research seedbed. Additionally, I am the co-founder and co-editor of the journal "Family Research Seedbed Bulletin" [9]. Also, for three academic years, I served as a representative before the Research Committee of the Faculty of Health Sciences at Universidad de Los Llanos, where I was responsible for the participation and active representation of students in the space, always ensuring compliance with student rights and following up on degree options to pursue the title as a nurse. I was able to put into practice everything Sonia had taught me, not only the academic and scientific aspects but also the human treatment of my peers, understanding that they see me as a guide, which entails a responsibility.

As a volunteer of the Upsilon Nu Chapter—Sigma Theta Tau International Honor Society in Nursing in 2020, I was recognized for my innovative spirit and leadership in "The night of the best 2020," and in May 2021, I officially entered as a member of the Upsilon Nu Chapter—Sigma International, where I was able to contribute thanks to my experience in design and academic publishing. With Sonia as a mentor, we were able to create and publish the "Excellence in Nursing Newsletter" [10], the Chapter's official publication, as well as the "Red CroniFam Newsletter" [11], as part of my participation as a member of the Latin American Network for Chronic Patient and Family Care—Red CroniFam, edited by a group of the network's Latin American chronic patient and family care research leaders, in which I participated as a style reviewer and designer. Furthermore, with Sonia's election as Coordinator of the Sigma's Latin America and Caribbean Region in 2022, we generated the creation and publication of " Nursing: from Call to Action" [12], within the framework of my participation as a member of the Committee of the Sigma's Latin America and Caribbean Region, edited by Sonia Carreño and the presidents of the region's Chapters, where I have participated as style reviewer and designer. Where the board of directors of the Upsilon Nu Sigma chapter praised my excellence and leadership, for the contributions made to strengthening leadership, research, communication, and the training of nursing students in the country.

The previous experiences have contributed to the strengthening and awareness of skills in management, research, leadership, and mentoring, among others, always with the follow-up and support of Sonia, who has been a light in this adventure and who has motivated me to grow personally, academically, and professionally. This has enabled me to stand out and be invited as a speaker, keynote speaker, and panelist at national and international nursing and health sciences events.

4 The Seed: Daniel Arturo Guerrero Gaviria

It all began in January 2020, before the COVID-19 pandemic. The first time I met Sonia was in a class, where we were debating different points of view on a topic, and where multiple students also participated, giving their point of view, and contributing to it, and without thinking about it, this was the start of a very fruitful mentoring relationship. At the end of the session, the professor asked me to accompany her to her office, where she asked me to advise her on private English classes due to my language skills. In these meetings, we talked about things such as shared hobbies, nursing, job opportunities, and the situation we were in because of the pandemic, among other things, with the idea that this was a form of informal mentoring.

From this point forward, opportunities for professional relationships began to emerge. I was invited to join the research seedbed "Nursing care for chronic patients—CroniSem," where I had the opportunity to participate in a variety of projects, including the "Caring for Caregivers®" program, performing administrative tasks, accompaniment, and organization of the program's monitoring level, among other activities. During my 2 years in this program, I had the opportunity to accompany over 300 caregivers each semester. Additionally, I was able to give six conferences on topics such as personal data protection, home hygiene, healthy eating, palliative care, euthanasia, and bereavement, all of which were aimed at caregivers and relatives of people with CNDC [13]. In addition, there will be opportunities to interact with national and international speakers. It was at this point that I realized how much potential we had, as well as the possibility of working with caregivers, contributing to the participants' quality of life, and learning from them. My mentor did not delegate many tasks to me overnight, but as I demonstrated my abilities, responsibility, and talent, she increased the number of duties in which I could participate. Similarly, as part of the seedbed's activities, I was chosen through an open call to work with the Pro Right to Die with Dignity Foundation to carry out a cutting-edge study on the state of palliative care at the end of life in Latin America. As a result of this work, the document was sent to the foundation, and a scientific scoping review article was written, which is currently in the editorial process for publication in an indexed journal.

Furthermore, our mentoring process is not restricted to national activities. We are currently collaborating on several projects that have allowed us to interact with people from over ten different countries and renowned universities around the world. Joint research has been conducted with these universities, including the translation of a digital tool for caregivers of people with cancer with Queens University Belfast; we are also participating in an investigation with the University of Health Sciences in Turkey to learn about the practices and customs of each culture for the prevention and treatment of SARS-COV 2 virus infection during the COVID-19 pandemic. Furthermore, we have been participating in quarterly meetings of the Virtual Global Health Hub, an event organized by UT Health San Antonio in which multiple topics of global interest, such as the COVID-19 pandemic and the spread of the simian virus, are discussed. A host country is chosen for each meeting, and Colombia has had the opportunity to host on two occasions. This strengthens international relations, as well as the second language, event coordination, planning, and execution, and the opportunity to attend conferences given by experts and representatives of their countries, allowing us to learn about the current global health situation they are experiencing.

My mentor has held Sigma International positions including Secretary of the Upsilon Nu Chapter and Coordinator of the Latin America and Caribbean Region. Through these positions, she asked me to assist her as a volunteer in the logistics of the Chapter's and the region's numerous activities and events, which I have done since 2020. Among these contributions have been my role as an interpreter in interviews with Dr. Savina O. Schoenhofer, retired nurse and lecturer from the University of Mississippi [14]; Dr. Sheryl Garriques-Lloyd, president of the Omega Kappa Chapter [15]; and Dr. Lorena Chaparro

Díaz, president of the Upsilon Nu - Sigma Chapter [16]. After more than 2 years of assisting and volunteering, I was welcomed as a member of the Upsilon Nu Chapter—STTI, which is hosted by my alma mater. During the Chapter's induction ceremony, I was the first awardee of the Julián Gallegos Leadership Scholarship [17], which allowed me to pay for my membership in the society. As a Chapter member, I had the wonderful opportunity to travel to and attend the 2022 Chapter Leadership Connection in Indianapolis, USA. At this event, I had the opportunity to meet great nursing mentors and leaders from around the world, who shared their ideas, thoughts, and passion for nursing, as well as the importance of continuing to work and advocate for the profession. Furthermore, with Sonia's election as Coordinator of the Sigma's Latin American and Caribbean Region in 2022, I participated in the creation and publication of "Nursing: from Call to Action" [12], as a volunteer of the chapter before the region, edited by Sonia Carreño and the presidents of the region's Chapters, in which I participated as style reviser and translator into English and Spanish.

Likewise, I discovered a passion and affinity for research during the mentoring process. As a result, I began my master's degree in Nursing with a research profile, and I received special recognition for my resume for having received the highest admission score for my curricular program. Similarly, I have been chosen as a teaching assistant scholarship holder, which implies a recognition of 100% enrollment, as well as the possibility and responsibility of working as a professor and teaching classes to undergraduate students, in this case, accompanying them during their rotation in the clinical simulation laboratory, as well as theoretical classes. Without a doubt, all the above is a central component of my life project as well as my professional interests. Therefore, I can state, mentoring, even in an academic setting, transcends multiple fields of the mentor and mentee's lives.

It is critical to emphasize that every mentoring process is reciprocal, which means that learning and growth are mutual. The entire process has indeed provided me with a great deal of learning and subsequent accomplishments, but I like to think that my mentor has as well. In addition to the support and English classes, I've been able to share my knowledge of other cultures with her, as well as instill determination, passion, respect, courage, self-confidence, and most importantly, the knowledge that if you put your mind to it, you can achieve it. Not all learning is based on what one says, but also on how one acts, how one approaches challenges, and how one interacts with others.

5 Self-Reflection

In the title of this chapter, we include reciprocity, growth, and innovation, which we believe are the results of mentoring processes, in fact, they act in duality as a process and a result. Reciprocity is for us a process of genuine personal connection, it is born from being interested in the other as a person, as a complete being that lives, has dreams, has problems, has fun, has challenges, and grows when it is related to others. In our mentor–mentee relationship, we can ensure that we are three friends who met in life to combine our talents in joint personal and professional goals. There is something that unites us, and it is not our interests, it is our mutual interest in strengthening nursing, nursing that positions itself as the profession that cares for the health and life processes of human beings. Being reciprocal allows us to be there when the other falls, to be there when the other triumphs, and to be there whether the other needs us or not. Finally, being reciprocal allows us to surround ourselves, it helps us to have a position in our relationship where neither is better than the other, we are simply better when we are together.

We continue to grow with each challenge. Perhaps the most satisfying part of this process is looking back, like when a family gathers to look through the photo album and laugh out loud at the anecdotes; today we look back with nostalgia to remember who we were, what we learned, where we grew up, and where we are, but perhaps the most fascinating thing about growing up is projecting ourselves into the future and imagining

how far we can go. Seeing how mentoring spreads exponentially and seeing those who have been mentored 1 day become mentors is the most tangible manifestation of what mentoring is. We grew, we are growing, and we will continue to grow.

Finally, mentoring processes are transformed into a type of reactor in which the combination of qualities, values, skills, and passion for what is done and lived results in innovation. We are natural innovators, but we become even more so when we promote our ideas. We innovated in the way two generations interact with one another, we innovated by breaking the stigma that nursing is only well practiced by women, we innovated when we helped Colombian nurses learn to care for people with COVID-19, and we innovated when we summoned our research seedbed under the banner of mentoring. Every day, we dare to conduct new experiments, knowing our capabilities and what we are capable of; in fact, we are not afraid to make mistakes because we know that even if we fall, we will get back up and learn a new lesson. To us, innovation means confronting challenges with novel approaches. Perhaps the most powerful aspect of our ability to innovate is that we do not know everything, which allows us to consider alternative solutions.

6 Conclusions

Mentoring transcends the teaching and learning processes, as well as organizational, title, and age hierarchies. Mentoring is a process that disrupts traditional models and all structures, resulting in exponential growth and innovation. Committing to a mentoring process entails being completely involved and striving for the best results. This has allowed us to grow personally, academically, and professionally; it has promoted and sensitized our abilities, allowing those who were once seeds to become the tree that is bearing its first seedlings and fruits by mentoring other students, and placing their newfound knowledge into action. Our mentor–mentee relationship is based on the academy, but it extends into our personal lives through the formation of friendship bonds and the realization that as a unit, we are strong, but as a group, we are even stronger.

We can call this mentoring experience a success because we can see the mentees' and mentor's growth, not only in terms of contributions to nursing but also in terms of their ability to innovate and work harmoniously and collaboratively toward a common goal. Focusing the mentoring process on a specific context, as was accomplished in the framework of the COVID-19 pandemic, allows for an innovative response that is focused on the current needs of the population and is the ideal opportunity for mentees to explore new fields, increasing their interest and skills. Furthermore, it is critical to encourage them to create, devise, and express their ideas so that they are the ones who take the risk of leading the processes, increasing their confidence and motivation, both of which are necessary for meeting the objectives.

The mentoring process is a fundamental and invaluable pillar for the strengthening of nursing; it allows for the development of skills and the identification of training needs of those involved, providing the ideal opportunity for advancement. Mentoring nurtures, the excellence of the individual and, as a result, the discipline. This dynamic process is revolutionary in and of itself, and it strengthens the professional relationships of those involved. We must continue to work on the mentoring of leaders from the early stages of training; allowing this process to begin only in postgraduate training instances will slow the process and limit the results.



The team. Left to right: Daniel Guerrero, Sonia Carreño, Cristian Cifuentes

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Supervision to Mentoring: A Satisfactory Experience Through Stages of Academic Development

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Goal

The overall goal of this chapter is to reflect on supervisory relationship as a precursor to mentoring relationship and draw out significant lessons for supervisor–supervisee relationships.

Objectives

The specific objectives of this chapter are to:

1. Narrate supervisory experiences between a supervisor and a supervisee.
2. Explain the attributes of a mentor–mentee relationship.
3. Reflect on the significant lessons learned from the supervisory to mentorship relationship.

1 Academic Supervision

In every academic environment, there is always an opportunity for a student to be assigned to a supervisor who oversees academic activities such as research projects, clinical training, and laboratory practical works, among others. Such supervisory process gives the opportunity to a senior and experienced individual to impart knowledge and skills into a less experienced and less skillful individual [1]. Supervision is a critical aspect of educational activities, most especially in schools and colleges of Nursing. In such schools, students are largely supervised for their final year research projects, client care studies, and clinical training. Apart from nursing educational institutions, professional trainings such as fellowships, residency programs, and in-service trainings also have elements of supervision.

As an academic supervisor to Dr. Omowumi Salau, I have had the opportunity to supervise her research projects for MSc (Nursing) and PhD (Nursing) programs, as well as clinical fellowship training for West African College of Nursing (WACN). It was a fulfilling journey with her as a supervisor for close to 7 years; an experience that further graduated into a mentor–mentee relationship with mutual academic benefits, which I look forward to enjoying with any other student.

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2 The MSc Program

Mentor (Adesola) The Postgraduate Committee of Obafemi Awolowo University assigns students to supervisors according to their areas of specialization. In the case of Omowumi, her mother-in-law interacted with me to take her as my M.Sc. research student. This was quite an unusual approach but when I interacted with Omowumi to assess her research interest, I found that it tallied with mine. She also passed through the university protocols for admitting postgraduate students and was finally assigned to me. However, my initial interaction with her after admission into the Program was not smooth because I felt she was unable to meet my expectations at the initial stage of proposal writing. During the initial back and forth, I observed that she was steadily improving research-wise and was gradually able to meet my expectations. This was obviously because of her interest in me as a supervisor, and I concluded that she could be groomed.

This relationship developed further to the extent that Omowumi and I coauthored five research articles. She also became my co-investigator in an STTI small research grant and also received three fellowships to attend international seminars and training workshops.

Mentee (Omowumi) To every journey is a beginning, to every friendship is a decision. Starting my master's degree program in Nursing Science, I needed someone whose research idea, *Adolescent and Community Health Nursing*, aligned with mine. I made inquiry from people and faculty members, and I was directed to Dr. Ogunfowokan. At first, I could not muster the confidence to approach her to express my interest as her supervisee; hence, I sent my mother-in-law to her. To fully maximize the benefits of any relationship, there is need to know who one is working with. So, I went further to inquire about whom she really was and how she attained the academic position she held at that time. Fortunately, I realized my humble beginning seemed similar to hers and our goals aligned. Later on, I joined the Department of Nursing Science, Obafemi Awolowo University, Ile Ife, Nigeria, as a Nurse Clinical Instructor, which was also Dr. Ogunfowokan's pathway into academics. Having background in the clinical environment also helped me in the practical thinking and juggling academic works and the job responsibilities. I read through her earlier publications and biography. I studied her way of life, her interactions with people, and her emotions. In the course of getting information about her, I observed that she is a woman of integrity, fairness, and one who has the boldness to speak up.

Knowing your supervisor is essential for successful supervisory relationship According to Jabre [2], it is important for a supervisee to search for information about intending supervisor in order to align their research interest to that of the supervisor. This is essential in order to ensure that the supervisee is a good fit for the supervisor, which is usually a good starting point for successful supervisor–supervisee relationships.

The Clash No relationship is forged in solidness forever; dispute and disagreement must come. Our first disagreement was about my research title, "Folic Acid among Adolescents", which I was not keen on. Dr. Ogunfowokan thought it would be a feasible research study, but she did not force it on me. She did something amazing, she **allowed my rejection with a good spirit** and helped me refine my research idea, which was on pubertal communication, and turned it into a working study. With her tutelage and patience, I came to love the title. I dreamt it, slept with it, and walked with it. Under her guidance, I went for my first International Conference where I made an oral presentation, which resulted in a great academic exposure and scientific experience while interacting with other colleagues from other parts of the world. We published the study in a quality research outlet, and that was my first attempt at thorough research implementation and quality article writing. I felt so proud of myself!

2.1 Reflection on the Supervisor–Supervisee Relationship

In every relationship, most especially at the initial or awareness stage, there might be an element of conflict, most especially when there are divergent interests [3]. It is usually a **stage of discovery** in which both parties discover themselves and arrive at a consensus on many issues. Resolving crisis and passing through this stage are essential for successful interaction, collaboration, and a working relationship. In every relationship, most especially in supervisory relationships, it is important to identify this stage, analyze it, and have a meeting point and decide if one should forge ahead in the relationship or not. As an academic supervisor, it is a critical stage that if not managed well or passed through successfully, may lead to premature termination of supervisory relationship or strained relationship throughout the period of supervision [4]. However, if the initial stage is well managed, it can develop into a relationship that will have a lasting effect on the career of both the supervisor and the supervisee.

3 The PhD Program

Mentor (Adesola) The successful supervisory relationship at the MSc level resulted in my interest in Omowumi's PhD research supervision. The initial stage of the PhD program was not as stressful and conflicting as the initial stage of the MSc program. Omowumi had already matured as a young scholar, and getting the PhD proposal ready was no longer a herculean task. My interest in Omowumi deepened when I observed that she was always **exploring every opportunity** that came her way. During her PhD program, she obtained three fellowships: African Doctoral Academy, Stellenbosch University; CODESERIA Mentorship; and CARTA ItSTRETO. The many international opportunities that Omowumi had, her diligence, and quest for knowledge made me willing to reproduce myself in her as an academic. As a result, I included her name as a research mentee in a nationally funded research worth over US$92,000.00. Omowumi later settled for PhD research on sexual violence among adolescent boys, which is one of my strong research interests. Throughout her PhD program, I could confidently refer other students (undergraduate and graduate) to her for support whenever they had problems at any stage of their studies, and this made my job much easier as a supervisor. As a result of her academic maturity, on few occasions, I instructed her to deliver some lectures on my behalf, which she did satisfactorily.

Mentee (Omowumi) I saw the roles of a supervisor as sponsor, coach, counsellor, director, and educator in Dr. Ogunfowokan. As her supervisee, Dr. Ogunfowokan took her time to know my weaknesses and strengths. She **brought out the hidden abilities** I never knew I had in me and challenged me to read because I dislike in-depth reading. Being 80% sanguine, I avoided deep thinking, but with gentle push and reprimands, I was able to develop my choleric nature and began to love researching and thinking. She showed me by example that there is nothing wrong in being wrong and corrected. I let go of shame and strove hard to express myself intellectually.

By the time I put in for my PhD, I already knew what she expected of me and the higher knowledge I needed to seek. With her support, I was able to apply for international trainings and courses, and she was **open to the lessons** I brought home and applied them to my work. She allowed me to share other thoughts and ideas while we both reasoned and determined how those forms of information could be useful in my research.

3.1 Reflection on the Supervisor–Supervisee Relationship

At a certain stage of the supervisor–supervisee interaction, both parties should be in a relaxed mode, and the interaction should have matured to a level of satisfaction by both parties. This is usually evident when the supervisor has to supervise

a candidate in more than one academic program. At this stage, both the supervisor and the supervisee have understood each other, and their research interests are fitly knitted together. A satisfactory supervisor–supervisee relationship should develop to a level where the supervisee is able to take up certain academic responsibilities on behalf of the supervisors, hence, **the development and continuation of stages of reproducibility**. Also, the supervisee should **identify their research niche** and should be able to think out of the box and start to mature into research independency. A supervisor should be able to assist the supervisee to discover who they are and be able to identify their strengths and weaknesses and assist them when and where necessary [5].

4 Fellowship Program

Mentor (Adesola) While Omowumi was undergoing her PhD program, she applied for the West African College of Nursing Fellowship program of which she submitted my name as her clinical supervisor. I supervised her short- and long-term clinical postings for the fellowship program and also assessed her clinical performance. Although my interaction with her has always been as research supervisor, but Omowunmi, being a clinical instructor and a colleague, has afforded me the opportunity to be aware of her clinical performance, and this made the fellowship's clinical assessment easier for me. Therefore, I served as both academic and clinical supervisor for Omowumi.

Mentee (Omowumi) When you are so sure of someone's ability, you try to benefit maximally from it. I was so sure of her ability to supervise my fellowship program, so I had no hesitation requesting her to be my clinical supervisor. Dr. Ogunfowokan is a thorough person, and this she exhibited during the fellowship supervision process as she developed a framework of activities and learning instructions for the posting. I remember my discussions with my colleagues during the program, and I observed that they would have preferred Dr. Ogunfowokan being their supervisor. During the supervisory process, she was also **conscious of my work and family engagements**, which she took cognizance of. The whole of the 4-year fellowship program went smoothly, fast, and with ease. I finished the program within the stipulated time frame.

4.1 Reflection on the Supervisor–Supervisee Relationship

Supervisor–supervisee relationship can grow to a level that both parties can **develop trust** in each other. The trust that Omowumi developed in me always gave her the assurance that any opportunity to be supervised by me will always be a pleasant one. Supervisor–supervisee relationship should get to a level of mutual trust between both parties. Such relationship should be such that both the supervisor and the supervisee will always look forward to an opportunity to engage the supervision process. It is also important for supervisors to use emotional intelligence when relating with their supervisees. Supervisees may have some challenges that may impede the speed of tasks delivery; the ability of supervisors to detect this and assist where necessary is crucial for a smooth relationship. Emotional intelligence has been recommended in supervisor–supervisee relationships because graduate students sometimes have positive and negative emotions, which may be products of family responsibilities, among others [6]. Likewise, supervisees are also expected to use emotional intelligence when relating with their supervisors as they are also humans with emotions.

5 Mentoring

Mentor (Adesola) My relationship with Omowumi developed further from supervision to mentoring. Burgess et al. [7] stressed that the core expectations of mentors are to **encourage personal development and offer psychosocial support to mentee**. These attributes clearly manifested in my relationship with Omowumi. She would always come around to ask questions

relating to her academic and professional programs as well as personal and family issues. I remember she would always say, "I want to be like you," and "Thank you for allowing me to ride on your back." Every of her reference letters always landed on my table, and I always told her, "Go and draft it, send to me and I will work on it." On many occasions, I have asked her to work on manuscripts I have drafted, asked her to review the literature for me, among many other assignments, which she carried out excellently and satisfactorily. Subconsciously, I became her **role model**, and I am always proud to present her as my student and always proud to sit in during her presentations. Throughout her training as a student, she had the key to my personal office and could access it at any time she wished. In my place of work, if you needed to know my whereabouts, just call on Omowumi, who will give you the information as deemed necessary. Over the years, I observed that Omowumi became interested in my research area, and we have been working together as co-researchers. Her PhD research was in the area of sexual violence of which I have strong passion. My perception of Omowumi is that she is a goal getter; hence, we have been able to **share common goals, ideas, and future plans**.

There have been controversies around supervisors being mentors. A supervisor sometimes might need to assess and grade supervisees, and objectivity is required in this role. However, most models of mentoring do not include mentee's assessment of performance, even though they support self-assessment. It is important for mentors and mentees to note that mentoring relationships may change over time for better or for worse similar to occurrences in any human relationship. Mentors and mentees need to be aware of this and consider asking the question "Is this still adding value to the mentee?" from time to time [5, p. 874]. My relationship with Omowumi has been a successful one, and in all ramifications, it can be said that it has **added value** to her life and mine also. At a point in time when Omowumi needed to relocate to the United Kingdom, it was an emotional evening for both of us when she came to my house to bid me farewell.

Mentee (Omowumi) I can describe my development as the cycle of the butterfly. The egg, larva, pupa, and adult butterfly stage. At every stage, the butterfly looks different and has a different goal to fulfill. My relationship with Dr. Ogunfowokan over time developed into a mentor–mentee relationship. At a point in time, I did not see myself as a supervisee any more but as a mentee because there were many issues we discussed and found solutions to that were beyond academic activities. I metamorphosed gradually. Sometimes, she clipped off unnecessary wings from me and at other times, she provided the **structural support** under my feeble wings. Looking back now, I think at every stage, she subconsciously employed the **Novice to Expert framework** in which an inexperienced nurse passes through six stages of development (novice, advanced, beginner, competent, proficient, expert) to become an expert [8, 9]. I was not spoon-fed but **challenged to source for knowledge and guided in the directions to source for it**. She allowed me to interact with the outside world. I bonded with her intellectually, emotionally, and at life goal-seeking level. I enjoyed what many mentees did not enjoy with their mentors—**freedom to express my thoughts**, no matter how stupid they might seem to me. With her, no idea is stupid. She made herself available and approachable. I can count the number of times she provided references for uncountable applications, and she is very open to my ambitions, even till this present moment.

When the decision for my family to relocate from Nigeria was concluded, I approached her timidly because I felt she had invested so much in me to have left immediately after my PhD program. Being the open-minded and loving person she is, she gave her blessings and support, of which I am still enjoying till date.

6 Conclusion

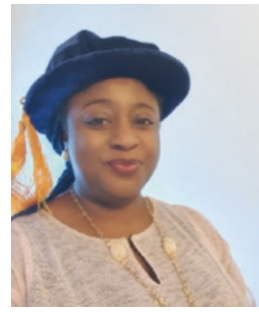
Supervision and mentoring relationships in Nursing Education are essential concepts in training and developing the young professionals. A successful supervisory relationship may culminate into mentorship and consequently into a lifelong relationship between the mentor and the mentee.

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Ethical Values and Freedom as Cornerstones for the Development of Health and Nursing Care Mentoring

Walter De Caro and Lucia Mitello

Different perspectives are essential to getting out of the comfort zone and becoming a better leader.

1 Introduction

Having a mentor and creating networks is crucial: counting on someone to support us in facing the small and big challenges that await them can make a difference in life, affirm Walter.

This narrative is about the relationship of Walter, as a student and a mentee, and Lucia, as mentor and lecturer, the development of which is a continuous example of reverse mentoring [1]. Such a mentoring relationship between people from different backgrounds may appear complicated on paper. However, this difference is the key to this relationship, freeing both from beliefs and allowing them to open up in continuous improvement. Walter and Lucia, with their work, have been sources that have breathed new life into systems that are often blocked by beliefs built up over the years and break the chains of "it has always been done this way."

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Their first meeting is at the Bioethics Course directed by Prof. Giovanni Berlinguer, one of the greatest Italian thinkers of the last century, where Walter (mentee) met Lucia (mentor) as the unique nursing tutor and lecturer at Bioethics Master, an additional module course of Master of Nursing Science at the Sapienza University of Rome.

"Health has a dual moral value: it is essential for the quality of life and for life itself, and it is instrumental as a precondition for freedom. When disease prevails, the destiny of a person (and even of a nation) is left to external factors and powers and can enter into an irreversible vicious circle of regression. The inequality between the rich and the poor—at the level of individuals, communities, and nations—is becoming increasingly profoundly felt in the area of health and healthcare, thereby contributing to the desperation and injustice that prevail and continue to grow in other health-related fields such as food, income, and education. These sentences of Giovanni Berlinguer are part of the vision of health and healthcare and represent one of the central ideas of Walter e Lucia.

This idea of the intersection of different aspects contributing to the health and combating inequalities in access to health has been central to every activity put in place by Lucia and Walter in

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the different areas in which they have worked throughout their professional lives. As a student, Walter had some fears and did not hide them. As a shy person, Walter need time to open up, especially when there is a lopsided relationship. However, Walter found an understanding right away. Lucia was a lecturer to make every student feel comfortable: she was (and is) very easygoing and can get along with others immediately, with the power of knowledge and an inclusive attitude.

Despite the age difference, not much, we immediately built a great relationship based on mutual trust and appreciation of the diversity of skills. Walter thought this relationship could be an opportunity for me. I was going through a period in my life where I was confused because I did not know what to do with my professional future, especially from the point of view of prospects and engagement in new areas, such as research. I felt the need to have someone to talk to and, most importantly, to be heard.

The trait union was precisely bioethics, a philosophical discipline that aims to link science, life, and morality, focused almost exclusively on recent developments in the biomedical sciences, on extreme cases that were hitherto impractical and sometimes almost inconceivable. This frontier bioethics concerns, for example, organ transplantation, gene therapy, cloning, stem cell use, preimplantation diagnosis, and transgenic technologies, leading to unheard-of events and new moral categories [2, 3].

2 Mentor and Mentee as a Colleague in Education

Lucia, as lecturer and as a mentor, and Walter, as student and mentee, have started with ethical values and bioethics because part of bioethics narrates a small quantity of this relationship. This is what got us together. Bioethics is a subject that reflects on the nursing discipline differently than the principles that inspire nurses in their work and the course of their profession. So we took these topics as a challenge to work together and thought that bioethics could be a lever of change, both personal and professional, so this principle united. For us, it was evident that in the bioethics course, there was already an orientation from many years ago, more than 25 years ago, that looked to the future, in that there were ideas such as climate change or genetics or even the contiguity between the environment, people, and pollution and food, that is, all aspects that characterize current debates.

In this vision of health and society, our joint educational project was geared toward the development of nurses' humanistic and scientific competencies [4]. The idea was to expand nursing in Italy in a non-traditional path; let us say that could somehow put in the foreground all areas of prevention and health promotion, which were crucial aspects, especially the protection of citizens and patients and caregivers of health and the determinants of health. Moreover, family and community nursing became common in Italy after the disruption of the pandemic health system. Inequalities represented the basis of reference. We can add another thing: studying inside the philosophy department gives a different orientation that broadens to epistemological and socio-anthropological aspects of the nursing profession.

I have studied, with Lucia as a mentor, over time the issues related to health precisely of view not only of the nursing domain but we as a perspective of a cultural anthropological perspective.

After the first months of lessons and exams, an asymmetrical period between Lucia and me because she was a lecturer and I was a learner, we continued to deepen the bioethics topics. Still, Lucia with a particular interest in executive and management, and I instead specialize more in the educational field and digitalization. During the professional relationship, therefore Lucia becomes a formal leader, and I become an informal leader in activities and consultant roles. These different perspectives help their professional growth to get out of their comfort zone and become better leaders. I expand my knowledge of bioethics with an additional master's with Einaudi Foundation in terms of the relationship between environmental ethics, advocacy, policy, and politics.

3 Mentoring Helps to Become a Leader: A Journey of An Introvert

Lucia, as lecturer and mentor, and Walter, as student and mentee, started with ethical values and bioethics because part of bioethics tells a small part of this relationship. This is what brought us together. Bioethics is a subject that reflects on the nursing discipline in a different way than the principles that inspire nurses in their work and the performance of their profession. So we took these topics as a challenge to work together and thought that bioethics could be a lever for change, both personal and professional, so this principle brought us together. It was clear to us that there was already an orientation in the bioethics course from many years ago, more than 25 years ago, which looked to the future, in that there were ideas such as climate change or genetics or even the contiguity between the environment, people, and pollution and food, that is, all aspects that characterize current debates.

After the first few months of lectures and exams, a lopsided period between Lucia and me because she was a lecturer and I was a learner, we continued to deepen this vision of health and society. Walter, also based on his technical skills and vision from the point of view of digitalization, was immediately involved in the activity of educational design, devoting himself also to the development of e-learning activities in the nursing area and web tools to improve the development of humanistic and scientific skills of nurses [4]. Lucia, as a mentor, has always tried to make Walter's relationship with the team and the students more flexible and welcoming by providing him with a set of tools to make his propositions more engaging and visible during lectures and work meetings. Walter, thanks also to the increase in the number of meeting participations and the relationship he had with Lucia and with the students, always in a new situation while continuing to scan the environment before making any move and showing a cautious and observant attitude, has gradually developed aimed at making his leadership skills more visible.

At the same time, in a kind of reverse mentorship [5], Lucia and Walter each consistently exchanged and made their skills and training available to each other, unlocking each other's potential and increasing both personal and organizational performance. Lucia's idea was to expand nursing in Italy in a nontraditional pathway; let us say it could somehow foreground all areas of prevention and health promotion, which were crucial aspects, especially the protection of citizens and patients and healthcare workers and determinants of health. In addition, family and community nursing became common in Italy after the disruption of the pandemic healthcare system.

The reduction of inequalities between citizens was the starting point. We can add one more thing: the study within the Department of Philosophy gives a different orientation that broadens to the epistemological and socio-anthropological aspects of the nursing profession. I have deepened, with Lucia as a mentor, over time, issues related to health precisely from a perspective not only of nursing but also from a cultural anthropological perspective. During the professional relationship, therefore, Lucia becomes a formal leader, and I become an informal leader in consulting activities and roles. I broadened my knowledge of bioethics with an additional master's degree with Fondazione Einaudi on the relationship between environmental ethics, advocacy, and politics, and with participation also based on Lucia's input in a master's degree in health economics and another in statistics and social research.

This mentorship relationship, which is not a relationship between coworkers, became a value-added for the care and the development of culture and care in the hospital. On the other hand, Walter tried to transfer the experience of the bioethics course of the philosophical department in the educational change of the new master's degree in nursing. Walter also brings their improvement in terms of knowledge and behavior in his primary job as head nurse at the Minister of defense. During the year, several joint activities, civil and

military, and a specific partnership from the nursing field moved to all areas of health.

One of the main impact points of the mentorship relation the start of a specific master's in Disaster Nursing and another in Forensic and bioethics in nursing, which was developed for the first time in Italy with an exciting impact on the community. The relationship between two different orientations: Walter was raised and trained in a military environment, vertically hierarchical oriented, and Lucia, in a different culture with horizontal ties and with broad participation at the union and political levels. Nevertheless, the idea of developing the profession for in-depth study, training, and knowledge transfer prevails. Together, the goal was to transfer knowledge to colleagues and students trying to find areas to develop paths and projects. Walter continues in that deepening and orients me more to education and emerging digitalization. As background, we do pleasure in professional behaviors and relationships with students observing as some circumstances and specific knowledge like bioethics assume the fundamental role for influencing institutional work. We familiarly develop this area of work; we are doing several research projects and innovative organizational models at the hospital and educational levels to implement a broader role of nurses in orienting social services, not just health services. This mentorship relation, which is not a relationship between coworkers, became a value-added for the care and the development of culture and care in the hospital.

It has a spillover an essential impact on one hand, with Lucia as a nursing executive in a hospital with the patients. On the other hand, Walter tried to transfer the experience of the bioethics course of the philosophical department in the educational change of the new master's degree in nursing.

The connection and the metric of mentorship relationship change for the ability to deepen Walter, who is also admitted to the Global Nursing Leadership Institute (GNLI) course of ICN, which allows him further and very effective deepening of his skills in both leadership practice and networking and global health [6, 7]. Walter also brings their improvement in terms of knowledge and behavior in their primary job as head nurse at the Minister of defense. During the year, several joint activities, civil and military, and a specific partnership from the nursing field moved to all health areas. The relationship between two different orientations: Walter was raised and trained in a military environment, vertically hierarchical oriented, and Lucia, in a different culture with horizontal ties and with broad participation at the union and political levels. Despite this, the idea of developing the profession for in-depth study, training, and knowledge transfer prevails. Together, the goal was to transfer knowledge to colleagues and students trying to find areas to develop paths and projects.

4 Challenges and Strength Work and Projects, the Role of Lucia as a Mentor

In addition to continuing to contribute to teaching, she continued her professional development in the clinical-organizational area, starting in the oncology area, until she assumed the functions of Head of Nursing Service in those years, with gradually increasing functions.

In these functions, he pushed Walter to the commitment and action in joint projects developing within Nursing Area of Sapienza University of Rome, directed by Prof. Julita Sansoni, to develop participation in a series of European granted projects funded by the European Union, such as Health Pro-elderly, ELLAN-European Later Life Active Network, and Improvement Science Training for European Healthcare Workers (ISTEW). These research grants, truly nursing-oriented, aim to identify the criteria that make health promotion programs successful and to provide evidence of sustainability in a European-wide standardization idea. These critical research grants focused on the intersection of research, practice, and education in elderly care. Lucia's expertise has a more excellent projection toward practice and ethics, while Walter's expertise is oriented toward creativity, digitalizaton,

health information, and methodology. The synthesis of their respective skills has led to evident results in publications, dissemination activities, conference presentations and the concrete finalization of projects, with transferability and dissemination into new training modules and improved nursing care.

Another development area was Leadership, from the patient bedside to strategic levels, often with joint participation at increasing levels in working tables at the academic, hospital, association, and strategic levels. Lucia continued her healthcare activities as a manager in one of the largest hospitals in Central Italy. She developed her role to top manager of the health professions department, first at a hospital in another Italian regional area and then returning to the Hospital of Rome.

In his mentorship relationships, while continuing to have working relationships with the Ministry of Defense, Walter chose to associate an active role in CNAI – National Association of Nurses' Associations at the national and international level, with a full-time doctoral program at the University of L'Aquila and as a research associate at the Department of Public Health at Sapienza University. Over the years, Lucia has had intense discussions and exchanges on implementing research, bringing new training ideas for students, and implementing scientific research in nursing practice. During these years, he focused mainly on teaching in programming. He continued to work in ethics and bioethics with participation in the work of ethics committees for research evaluation and advocacy activities with patient associations.

During their academic activity, numerous experiences of mutual exchange and consultation between Lucia and Walter, with the use of hospital facilities, were directed by Lucia and affiliated with the University to test research tools and standardize procedures and communication paths for patients. Together clearly appreciate the opportunity to have a mentor, and creating networks is crucial: counting on someone to support us in facing the small and large challenges that await them can make a difference in life. One of these is working to exchange opinions and knowledge to adequately broaden changes of interest that, on the one hand, were theoretical interests and, on the other, were more operational interests with intersection toward implementation science. The objectives pursued then led to activating a network of structures to establish best practices for the disseminating of evaluation results, shared with Professionals and Citizens.

The main innovations of the research were the introduction of standardized forms for nursing terminology, health literacy, and standardized communication methods for practitioners and citizens on patient safety and activities with implications of valuing and respecting inclusion and diversity.

Regarding standardized nursing terminology, respective expertise has been blended to develop project and research activities to develop standardized language systems. The standardized language of the nursing discipline reflects and contains all of this and gives nursing interventions concrete visibility. Considering the language of science, therefore, means perceiving at the same time the organization of disciplinary concepts from the unbiased and most accurate observations; one must always record everything, even those things that seem seemingly trivial details but that are organized, classified, analyzed, and selected lead to conclusions that constitute a body of knowledge and principles that are the basis for the evolution of Nursing.

Lucia's goal over the years has been to change a task-based organization to one based on processes and competencies and value nursing's diagnostic, intervention, and assessment skills.

Concerning health literacy, the combined actions enabled the development of both organizational measures with the creation of facilitated pathways for populations and the development and inclusion in the documentation of health literacy assessment tools with attention also to self-care and therapeutic adherence. Over the years, the relationship with Walter and the support in growing his skills has never ceased, helping to develop more and more of a mutual mentorship pathway. The benefits of reverse mentoring can be excellent, considering their

motivational impact concerning the dual opportunity to enhance their experience and gain new digital skills where they perhaps felt weaker, such as introversion for Walter or research nature skills for Lucia. The benefits have been positive and strategic for both, with the transfer into the association world of employers and healthcare professionals.

Being at the forefront of transferring one's skills to recruits means putting oneself back in the game, consolidating one's role and expertise while also gaining greater visibility. This exchange allows for greater integration and encourages the "liquid" diffusion of knowledge and experience, mitigating intergenerational competition. From the perspective of long-life learning the reverse mentoring methodology [5, 8] will become increasingly central because, as it is an appropriate internal tool for individual and organizational reskilling.

5 Leadership and Nursing Now

One of the critical events in the mentorship relationship between Lucia and Walter was the everyday activities for the Nursing Now campaign [9] in Italy, where Walter became the Group Leader. As Italian NNA President, Walter was in close contact with European and International groups. He was involved in the Nursing Now Campaign, and Lucia led all the nursing executives' groups and coordinated the participation of Federsanità – the main Association of Public Health Services company.

Lord Nigel Crisp, the "enemy" of this campaign, (with Sheila Tour and Jim Campbell), has worked in Italy and accepts Walter's invitation to help the Italian Group start the activities. Lor Crisp helped Lucia and Walter set up a more compelling start campaign at the Senate of the Republic with the presence of a High-Level commissioner, politician, and Minister of Health. The movement in Italy has a large echo and dissemination: new, innovative and fresh activities for all nurses. A special medal of representative from Italian President of Republic, unique for Italy at the Nursing Level, was granted.

The five goals of Nursing Now for high-level nursing in every country were (1) More significant investment in education, professional development, standards, regulation, and working conditions for nurses; (2) More and better dissemination of effective and innovative practices in nursing; (3) Increased influence for nurses on global and national health policy as part of a broader effort to ensure that the health workforce is more involved in decision-making; (4) More nurses in leadership positions and more opportunities for development at all levels; (5) Giving policy and decision-makers insights into where nursing can have the most impact, what prevents nurses from reaching their full potential, and how to address obstacles. These goals enable nurses to make an even more significant contribution to improving health. Lucia, I, and all organizations (board of nursing, unions, scientific society, health organization, patient organization, NGO) have the ambition that our work in Nursing Now Italy has influenced some idea of the National Plan of Recovery and Resilience (PNRR), the largest economical stimulus ever in Italy, after the pandemic.

Some of these goals of the Nursing Now campaign are fully receipted in PNRR in Italy, and in the coming years, in terms of new community and home-based services, digitalization, and person-centered health and social care: nurses will be at the forefront of these changes, which is why they must learn to be leaders because they have already developed all these qualities. They are part of their vocation and professionalism. The most radical idea at the heart of this global initiative is that health workers will increasingly need to become agents of change and curators of knowledge in addition to their other roles as clinicians, educators, researchers, or specialists in public health, policy, and management. This is accompanied by a vision for health that envisages a future with a joint effort across all sectors to improve care, prevent disease, and create health. Most maintenance, treatment, and support are delivered in homes and communities through blended in-person and virtual services and transformational technology.

In our vision of society and health, we must work for Universal Health Coverage (UHC) in our country and all other countries. UHC will only be achieved with the development of nurs-

ing globally. Nurses are the most significant part of the professional health workforce and provide enormous care and treatment worldwide; however, they are often undervalued and underutilized. Nurses could have an even more significant impact in the future—and will be decisive as to whether UHC is achieved.

As indicated in the Nursing Now Report, developing nursing will have the triple impact of contributing to three Sustainable Development Goals—improving health, promoting gender equality, and strengthening economies.

6 Pandemic and Mentor–Mentee Relationship

During the pandemic, Lucia's relationships were amplified. Walter, in his role at the Ministry of Defense and as leader of the CNAI Italian Nurses Organization, and Lucia as Director of the Department of Health Professions. During the pandemic, there were constant exchanges of information and expertise with integrated and reversed roles of mentor and mentee [10], collaborating to establish integrated activities protocols at different levels, with European and international reflections.

The pandemic has helped demonstrate nurses' vital role and leadership role for our communities and their tireless work in ensuring the resilience of our healthcare systems. The sacrifice made, even with their lives, to save lives. It is helping to shift the structure from a silo model toward a circularity of ideas, with the concrete and actual downsizing of disciplinary and professional barriers that have enabled the abrupt change in existing organizational arrangements that have proven resilient to change and reconfiguration [11]. However, there have been public acknowledgments, gratitude, and praise. However, these have yet to be followed by concrete actions aimed at alleviating the challenges nurses face daily, with the attainment of more excellent positions of advanced practice or leadership, as well as limited involvement of the profession's cultural and scientific representations in strategic decisions. During pandemic, Walter, in her role of national.

One cannot help but express concern: about staffing shortages, estimated from 60,000 to over 100,000, about the evolution of competencies and nursing scope of practice about the absence of integrated support and investment in the education of new nurses generations; about the lack of strategic, feeling too often little involved in the choices that had significant repercussions on their daily commitment; and about the lack of accurate and stable economic incentives. On this basis, during the last International Nurses Day event, in light of the documents of the International Council of Nurses and the World Organization on the global empowerment strategy for nurses and midwives and a series of preparatory meetings, the Call for Action "Investing for Health and Designing the Future of the Nursing Profession" was presented by Federsanità, Consociazione Nazionale delle Associazioni Infermiere/I (CNAI) and the Network of Italian Nursing Organizations (NOII), This network was an idea of Walter to bring together in a network all relevant Nursing Associations and Scientific Societies of Italy. A big area where Lucia has helped Walter grow is in human resource management, with implications for education, training and research.

We manage people—that is, the most relevant resource—time, facilities, and money. Proper management is fundamental to achieving health care. However, we are talking about management: health management is not, as it is often portrayed, something extraneous or an obstacle to health care; rather, it should be a care facilitator. The view of health management is damaged if it is understood as a stand-alone element instead of being seen as an endpoint. Instead, we must adopt an approach through which good managers can prove excellent. It is necessary to understand that professional talent and proper management skills must be in the service of knowledge development, to educate and train new generations of professionals, and to best follow up with patients. The entire management process must be integral to the academic–university–healthcare enterprise. In conclusion, though, in a non-typical and traditional relationship between mentor and mentee, it has been one of my greatest privileges to have Lucia as my

mentor. He has been one of the most outstanding nurses I have known in terms of result and networking competencies, and I am very grateful to Il for helping to carry on the work and thinking of those who have gone before us to develop education, research, and management also in Italian and around the world.

In the end, both—utmost care in the application of techniques and, at the same time, attention to the development of an interpersonal dimension in the application of the profession (i.e., comfort in care, respect for people's time, dignified treatment for every human being)—together constitute a broader act of love on the part of healthcare professionals.

Indeed, this should be the definition of a healthcare professional: it requires love and respect for freedom of choice. This concept should be applied to every dimension of nursing and health care.

Caring for the health of others is a profession that requires leadership, compassion, respect, and freedom of choice.

Relations with mentors' consent to receive insights into the nursing areas of my interest but, most importantly, on the days of most significant uncertainty about my future, or when I have an essential decision to make, to hear stories of their experiences, receive advice or words of comfort. I realized firstly that the fears and difficulties you experience, as well as the aspirations and determination, are typical and are the same as those experienced just a few years earlier by the role models you follow.

The second important aspect is realizing that people face the same challenges as you, making you feel less alone. Although our relationship is atypical as roles have developed over time, we believe it is helpful to offer these insights:

1. Put in her shoes: you are the reference point; remember when you were in her shoes, with the questions, doubts, and aspirations you probably had. Suppose you also have or have had a mentor. In that case, it will be easier to understand how you feel at certain stages of life, and you will automatically anticipate specific questions or relive certain situations. It will also help you reflect more on what you have achieved.
2. Reverse mentoring: mentoring is also an opportunity for you to see the world through different eyes, get a new perspective and look at things from the point of view you had never considered. It is not only your colleague who learns from you; in all relationships, you also draw wealth from your relationship.
3. Stand besides, not in front: sharing your experience is valuable for mentees. Listen to her and give her sincere and constructive feedback. Please help her to build on her strengths, give her new life, spur her on, and encourage her in her choices. Talk about your failures and how you got back on your feet; start from your experience and make her understand how she can handle her emotions, how she can and should communicate her successes, and how to believe in herself.
4. Clear objective: whether you want to increase your self-confidence, change your job, improve your work–life balance, or something else, your purpose must be clear and shared. The clearer you are about your goal, the easier and more effective your work will be.
5. Ask questions and be aware: always remember that in these relationships, you are not in front of a headhunter or a psychologist, so do not use it to complain and do not have a passive or negative attitude. Instead, be inspired to change the status quo and achieve your goal.

6.1 Self-Reflections Mentor Lucia

Besides being a mother, one of my most cherished roles has been that of "mentor."

As in any relationship, I am mentoring is a partnership between people to promote professional and career development. I have always tried to be helpful and advise students and colleagues as best I can.

Walter has come very close to the ideal mentee, who must be motivated and open to feedback and guidance. He must also have the ability to learn, a good deal of patience, and resilience.

Above all, he must have trust, which must be mutual.

For example, in my relationship with Walter, listening to his concerns or understanding his character patterns, his ability to observe with a very different sensibility than mine, has been helpful in the time I have had in my team to make the most of his potential.

Sometimes I have to admit those character modes, particularly extroversion, can, where not well managed, influence relationships and choices.

Mentoring, even as reverse mentoring, because of Walter's skills that he has been able to transfer to me in other areas, such as research methodology and digitization, is critical in developing or deepening the communication, relationship building, and teamwork skills necessary for success and advancement in the field.

A vital feature of the nursing profession is how much we learn through experience while on the job. Mentoring helps new nurses grow in their careers, know the expectations and realities of the job, and understand common and uncommon practices in their workplaces. It also provides an opportunity to reconnect with the uncertainty of being new and to learn on the job in an instructive and beneficial way.

Too often, in our field and our country, it is undervalued or not considered an essential component in building more effective nursing leadership.

6.2 Self-Reflection Mentee Walter

As a mentee early in my career as a student, I was fortunate to work with Lucia as a mentor, with whom I later cultivated a professional bond and a great personal friendship.

I can say that these mentor-mentee relationships have been significant, both during the formative period and when I took on gradually increasing functions in my work and association activities, especially considering all the "stuff" we need to know as nurses and learn the job both practical and theoretical.

Over time, with Lucia as a mentor, I have moderated and modified several of my operational modes of work. At the same time, while not sharing her guidance occasionally, there has always been a relationship of trust and great respect.

I learned many valuable skills and competencies, including advice and resources for conducting educational instruction, exploring professional development opportunities, and preparing for unforeseen aspects.

The most constructive advice early in my career that I received and successfully put into practice was to handle workplace conflicts, issue management, and problem-solving professionally. As someone new to the profession and working in an academic environment, I struggled to communicate effectively with colleagues.

These skills have allowed me to thrive during my recent transition to one of the different institutions and positions where I have worked.

In addition, working with someone like Lucia has been helpful and helped me to cope the various tasks expected in the area of university education or group leadership activities, as well as from programming to evaluation and vice versa; working with a mentor like Lucia, even as a board member under my direction, has helped me to operate in a structured way has encouraged me to establish more solid agendas for my meetings on education and association management. It may seem small, but I am sure my colleagues, over time, appreciate it!

7 Summary

Listening, understanding, and developing resilience and leadership are the elements of working together on a strategy for action.

Accepting that it is reasonable not always to know but to collaborate on a solution is an excellent lesson for the nursing profession and life.

Walter and Lucia look forward to continuing to share, collaborate and contribute to mentorship with a growing group of future leaders to better prepare for the future of nursing.

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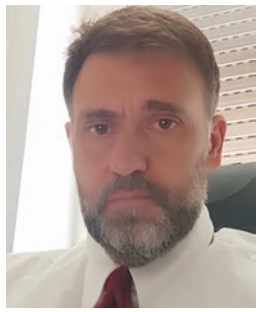
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First Generation to PhD Student: The Faces of Mentorship that Shaped Growth and Success

Sarah Davis-Arnold

A mentor is someone who allows you to know that no matter how dark the night, in the morning, joy will come. A mentor is someone who allows you to see the higher part of yourself when sometimes it becomes hidden to your own view.

—Oprah Winfrey

Objectives

1. Synthesize the origins and theoretical frameworks of mentoring practices in educational and clinical settings through the personal receiving of mentoring as a first-generation college student to Ph.D. student.
2. Discuss the faces of mentorship that shaped success while intertwining, what was unknown at the time of experiential learning and learning theory.
3. Discuss and expand upon evidence-based concepts rooted in educational, clinical, and theoretical best practices related to mentorship.

1 The Mentor Narrative

1.1 Meet an Eager, Nervous, Young Nurse

Imagine an eager, nervous young woman wringing her hands as the off-going night nurse was giving shift report, her preceptor standing beside her, like a solid oak tree. This young woman was about to embark on her journey as a New Graduate nurse entering the Intensive Care Unit. It would be years later, after gaining a wider perspective of nursing, that she would realize how "sick" or high acuity and expansive that critical care unit was compared with other units across the country. Gaining entry was no ordinary feat; this young woman was a first-generation college student from a rural, blue-collar town, raised by two parents who did their best with limited education and resources. That young woman was me.

Mentoring within healthcare and its impact within education are well-known as a tactic to enrich engagement and performance, encourage learning, and support collaborative partnerships.

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Professional and personal growth benefits are linked to mentorship [1]. I would realize later in my professional career and education journey just how critically impactful mentoring was and still is as a bidirectional continuum. Mentoring is a vital influence in my professional and personal development as I am currently pursuing a Ph.D. in Nursing, authored in my specialty-specific publication, chairing a national committee, earned grant-funding, and secured my spot in the new cohort within a global nursing initiative aimed at cultivating leadership skills and connecting experienced nurse leaders and mentors globally. *How did I get here?*

2 Mentorship Emerges Through Primary Preceptorship

It was unbeknownst to me at the beginning of my nursing career what was within the educational domain of best practices my mentors were utilizing that ultimately steered my journey from naïve new graduate nurse to established, successful professional who now is applying evidence-based practice in education and mentorship for the next generation of nurses and nurse leaders. Mentorship structures designate the modes in which mentoring connections are formed and enacted, in either formal or informal means, and mentorship is generally a dyadic bond [2]. My first nurse preceptor, that solid oak tree that stood with me on my first day as we received shift report, would become my first informal mentorship experience. We would stay in touch intermittently for many years until I started traveling. James used various techniques to establish and grow my skill as a critical care nurse, and through education, he was emboldening my self-directed learning and clinical aptitude, which increased my command and confidence in learning processes [3].

Learning theories are fundamental to education delivery and design methodology, but at times they are regarded as *"just theory"* or merely academically appropriate. Throughout my professional career, I would find their influence and nuance pivotal to mentoring practice. What I would equate now as the merging of Behaviorism[3] and Cognitivism theory [4], James assisted me in the conceptualization of foundational critical care concepts by learning the "how and why" alongside the development of appropriate behaviors and knowledge, skills, and attitude (KSAs) required in the Intensive Care Unit.

During this time, it was what Burger and Imhof [5] would classify as a transmission-oriented mentoring where expert knowledge is transferred to a novice in an instructional and unidirectional means based on Behaviorism [3] concept of learning. James provided me with core clinical care education at the bedside through experiential learning in our day-to-day practice together. It was the nuanced application of Cognitivism [4] that stimulated my critical thinking to begin to consider and attempt to understand the learning process by isolating key concepts that were being applied in my acquisition of critical care skills.

Through James' effective use of education and cognitive model, the applied "now; you need to read and understand more of the (for example) interaction of respiratory acidosis and compensatory mechanisms interact or (for example) how the transvenous pacer is placed and operates for your patient" pushed my critical thinking skills to broaden. Mentoring through Behaviorism is predominantly traditional [3]. However, the facet of intertwining Cognitivism, as depicted in Fig. 1**, Mentor; Behaviorism and Cognitivism Theoretical Application**, enacted an emphasis on self-directed learning, critical thinking, and cognition that generated positive results and cultivated growth for me as a young, nervous new graduate nurse.

This context was consistent within the high acuity, intense critical care environment and even influenced advancement in later career positions where I would reach out to James for guidance and support. The mentorship relationship that developed following my brief ICU day shift orientation grew into an impactful, supportive experience that allowed me to thrive in critical care, even as I transitioned to the dreaded night shift schedule.

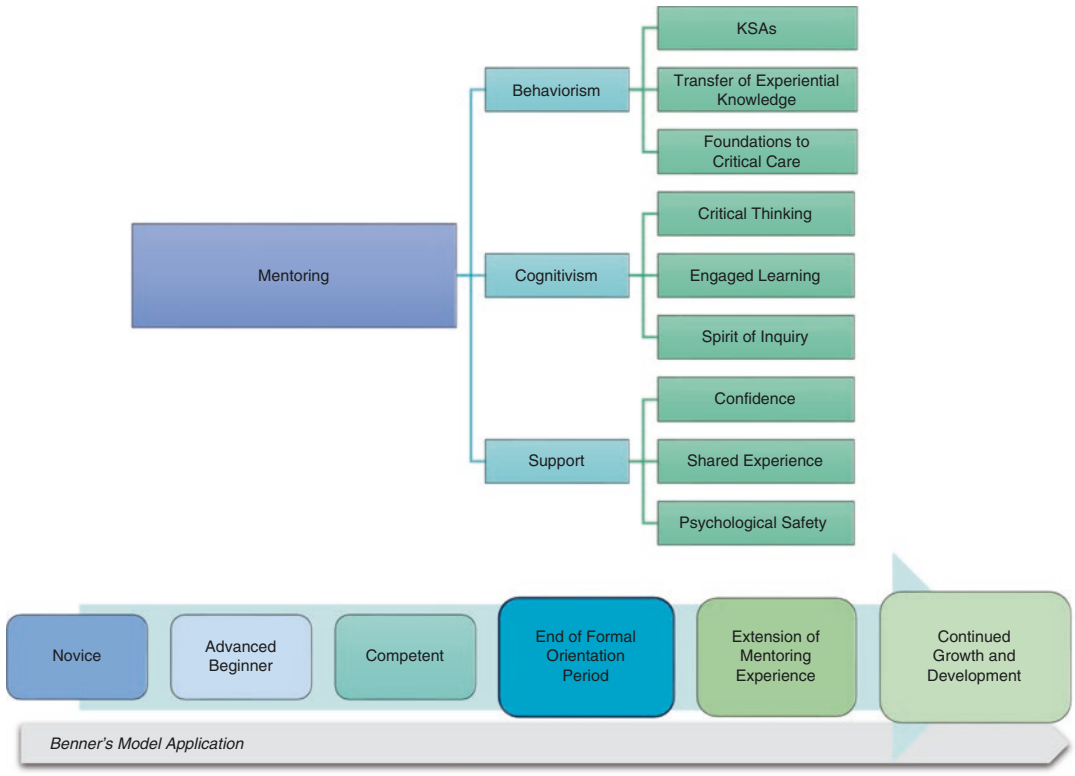


Fig. 1 Mentoring and the hybrid traditional model evolution

3 Education and Growth Through Progressive Mentorship in Specialty Practice

As I earned my critical care wings, my horizon expanded, and I eventually found the realm of the Interventional Procedures Platform, specifically the Cardiac Catheterization Lab. Just as my professional area and skills were changing and evolving, my mentor also did. Joe was cheerful, supportive, and thoughtful while still clinically severe, and he instilled more confidence in my voice than I had experienced before. The Interventional Platform environment is a fast-paced, high acuity, closely knit interprofessional team in which, as the primary nurse, *and back before moderate sedation safe practice requirements; sometimes only nurse in the room*, you juggled the demands of urgent clinical care for emergent patients, Techs table requests, and Interventional Cardiologists commands, all at once in a synchronized dance.

Joe provided clinical education and socialization through a means that I would consider, *then and now*, a modern clinical learning model. His methodology integrated protected time and education for foundational elements central to the Cardiac Catheterization Lab. These active learning sessions and discussions taught me in a deliberate, layered approach to maximize experiential learning [6] with him in procedural cases as they occurred. During the first part of the orientation period, he used enculturation and socialization to increase my professional development, which allowed me to authenticate my professional identity during the later phases of mentoring.

Socialization theory emphasizes the influences of mentors as role models and mentees as dynamic, perceptive novices [7]. Socialization,

foundational educational concept learning, and professional development significantly augmented my awareness regarding the masked curriculum in the professional setting: "professionalism, ethics, values" [8] and the nuances of the Cardiac Catheterization Lab specialty sphere not officially documented in scholarly form. Looking back, Joe taught me not only core concepts centered in the Cardiac Catheterization Lab Specialty but granted me a perspective on education and mentorship that still has a lasting effect and positive, memorable impression. Subsequently, the next adventurous period in my professional life began as I started to travel nurse in the Cardiac Catheterization Lab field, which entailed of multiple "coast-to-coast" adventure tour. Through those fantastic and challenging travel assignments, I began envisioning and employing educational learning theory and philosophies as a preceptor and budding informal mentor.

4 Peer Mentorship Melds with Education

When I entered graduate school, it was a feat that continued to seed and grow my appreciation for mentorship, education, evidence, and theoretical frameworks. At this juncture, I began to see the structure and reasoning behind the methodologies my mentors offered. *Visualize* a bustling pre-procedure area; a red-headed nurse with a southern accent is starting to wheel a patient back to the procedural room. For me, her accent sounded like home. She looked similar in age, spoke her mind with a well-articulated and intellectually direct manner, and possessed a kindred fortitude, yet different from my own. This venture was my first encounter with Jessica, who would become a peer mentor and one of my dearest friends. I often tell the story to others with a smile and the one-liner: "it took us both coming to the Central Coast of California" before our lives intersect. Jessica grew up 45 min from my hometown, and we worked, *almost but never simultaneously*, in many of the same facilities in the region, even the same critical care unit. It wouldn't be until 7 years into my career and over 3000 miles of travel nursing that we would meet.

Peer mentoring is a "relationship between people who are at the same career stage or age, in which one person has more experience than the other in a particular domain and can provide support as well as knowledge and skills transfer." [9] The role between Jessica and I oscillate between the gray area of "who's the mentor/mentee" at a given time, within Fig. 2, these elements emerge. This peer mentor relationship is a supportive, reciprocal, and synergistic that based on the endeavor individually we are on fluctuates to support, grow, and contest each other. This flux is executed with considerable psychological safety and a tough but tender veracity, not matched in other professional relationships. This authentic tacit knowledge transfer is difficult to duplicate [9].

During our shared travel assignment to a familiar facility, she and I were thrust into leadership positions. We looked around the hallway when leadership's departure was announced and found we were the most experienced individuals in the area. It was the moment our peer mentorship relationship surfaced and was required to operate under pressure. Not only did we function, **but we flourished**.

From co-earning the facility's National Electrophysiology Accreditation, both authoring

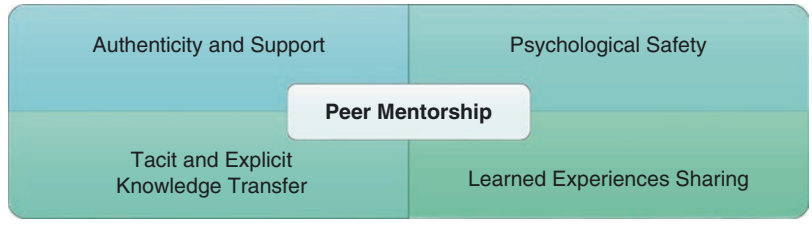


Fig. 2 Peer Mentorship for experienced professionals

and publishing in the field, to Industry Cardiovascular Administrator Advisory Board members, we have found peer mentorship to be a practical element of our professional skills and work. In that described leadership upheaval, I found myself developing a system-wide education and Transition to Practice (TTP) Program, and Jessica accepted the Cardiovascular Interventional Services Manager, with us collaboratively trying to steer a department in disarray. Over the past 2 years, we have both established monumental achievements. Jessica is now the Cardiovascular Service Director for that facility with published work on the Electrophysiology National Platform, and I have progressed to Surgical Interventional Procedures Service Nursing Professional Development Specialist, also published, and Co-Chair for the National Field Advisory Committee in the specialty.

Literature infrequently conveys the description and exploration of peers' role [10]. The role of peer mentorship in mentorship and evidence [10] connecting education and mentoring underwrites a required increased postulation of generating a paradigmatic change in mentoring perspective. Peer mentorship is a singular facet of that shift but effective as a valued educational approach that has applicability potential for utilization at stages of nursing education and healthcare educational locales [11].

5 Scope Shift in Education and Rise of the Nursing Professional Development Domain

Within nursing education, there is a notable shift from the traditional educator function and nomenclature to Nursing Professional Development Practitioner or Specialist and dynamic operation encompassing learning facilitator, change agent, mentor, leader, a champion for inquiry, advocate for the NPD specialty, and partner for practice transitions [12]. Where the mentor and mentee occupy a reciprocated learning route, mentoring has become a dominant function as a Nursing Professional Development Specialist. Cultivating those skills through education as an effective mentor requires acquiring current evidence and knowledge to bolster mentoring capabilities [8].

Mentoring frontline staff as a Nursing Professional Development Specialist often that mentorship is occurring during their stage in transition. Successful mentoring throughout the shift improves experiential learning and encourages development [13]. One of the facets that I incorporate in mentorship is this application of education for experience frontline staff, both nursing and interprofessional, using the theoretical framework guided by Duchscher's Stages of Transition Theory and Transition Shock Model and Benner's Novice to Expert model [13]. Presenting this education to mentees creates a sense of self-awareness, professional development ownership, and resiliency. Mentors provide emotional support and encouragement by facilitating this understanding [13].

My first formal mentor also transpired during this educational scope shift. This transformation was a time in which I transitioned into the Nursing Professional Development Specialist at a large, 1A facility and first formally stepped away from direct clinical care. In pursuing professional development and leadership growth, I earned the honor of participating in the Sigma Nursing Now Global Challenge, which led to meeting Dr. Newman. With any change, I was finding that my interests and aspirations were shifting.

6 Education and Mentor Professional to Novice Researcher: Pursuing a PhD

As I began exploring Ph.D. programs of interest, curiosities, and aspirations were beginning to change. I had established my intellectual and professional credibility within my specialty sphere as an innovator with a decade of experience encompassing academics, travel nursing, and leadership positions that, on the surface, I appeared to know the path laid out in front of me, but that was not the case at all. I was finding that

I was searching for something. It wasn't until the Sigma Nursing Now Global program positioned me to connect with Dr. Newman that my perspective began to broaden.

I was engrossed in leadership pursuit but realized through diligent self-awareness that I was ill-equipped with my current professional tools. I needed tools from experience, perspective, and professional leadership aptitude, which would be gifts from Dr. Newman. This would also be the first time I became cognizant of the knowledge to action (KTA) framework, which delineates how learning can be placed into practice [14]. This method incorporates individuals and ideas converging in specific settings where the intermingling and interconnection of existing knowledge transpire [14].

Upon acceptance into the Ph.D. program and completion of the first quarter session, I am finding the connections and mentoring experiences that I am collecting are critical to resiliency, professional development, and these manifestations are embedded into my character as reciprocal formative elements. There has been a melding of the educational learning theories within my perspective of mentoring, including Constructivism, Humanism, and Connectivism. Constructivism learning theory [15] is grounded on the notion learners, specifically, mentees and mentors, craft knowledge growth centered on prior experiences that mold a perspective uniquely theirs. While similar to Constructivism, Humanism's concentration [15] on self-actualization illustrates that effective mentoring and learning environments must move toward needs not away. Connectivism [15] is one of the latest theories that promulgates the ideology that individuals develop most effectively when connections are created – either with others or their positions and responsibilities, both personally and professionally [15].

This is best illustrated in Fig. 3, where the operationalization of our intrinsic professional inputs, as both mentee and mentor that we possess, is processed through the mentoring experience. This processing can occur in formal, informal, or peer mentorship. The amalgamating results in the impactful products, or output consisting of resiliency, heightened engagement, support and increased connection, professional and personal growth, and nursing innovation and improvement on a macrosystemic level.

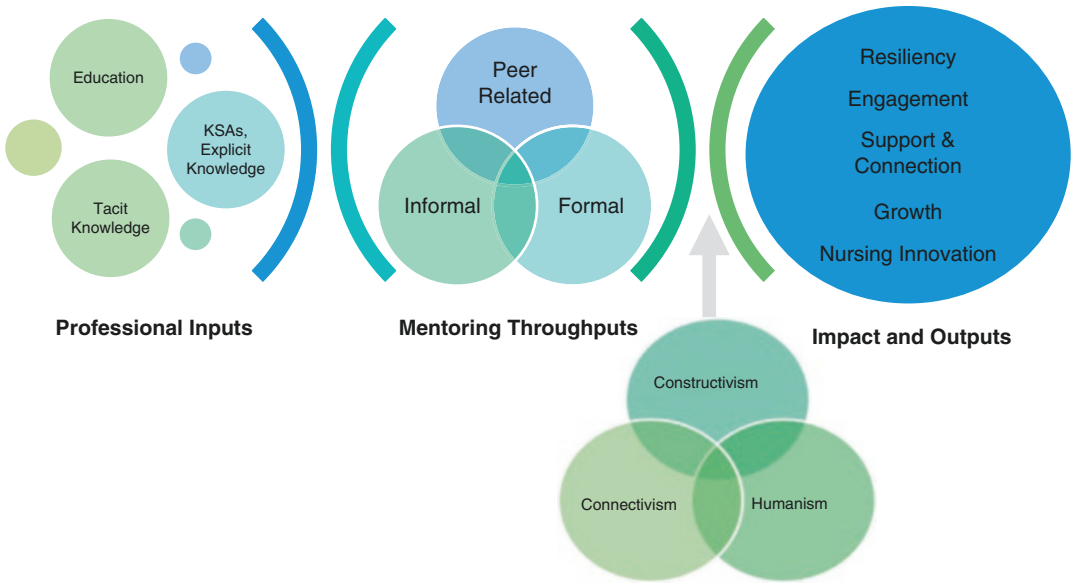


Fig. 3 Operationalizing learning theory and mentoring components for impact

7 Summary and Self-Reflection

My evolution from mentee to formal mentor is just beginning—I aspire to support, innovate, and mentor in nursing so that future generations have an opportunity for success just as past mentors have gifted me. The facets of the mentoring experience are incredibly complex, treasured, engaging, and potentially the key to mitigating the current trials and tribulations we are facing in the profession of nursing. There is a weary and pressing call for those, even individuals who feel they are not ready, to take the helm and lead the next generation of nurse leaders and educators. It is time to not only be at the table in discussions in leadership and education, but we must support and invest in our flourishing colleagues, emerging nurses, and aspiring students.

The mentor experience opens the door for the conversations to unify theoretical frameworks of mentoring practices in educational and clinical settings that underpin education and leadership to progress the nursing profession. This underpinning is what secures our standing in healthcare as competent, innovative leaders that synthesize evidence-based concepts rooted in educational, clinical, and theoretical best practices to influence and impact patient care outcomes. As I reflect on my journey from first-generation college student to Ph.D. student and mentor, all that has transpired, and is yet to come, Brene Brown's words echo in my mind: "**maybe stories are just data with a soul**," [16] and they are a gentle reminder of our duty to capture and disseminate them.

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Additional Figure Reference Resources

Epp S, Reekie M, Denison J, de Bosch KN, Willson M, Marck P. Radical transformation: embracing constructivism and pedagogy for an innovative nursing curriculum. J Prof Nurs. 2021;37:804–9.

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Mentoring Grounded in Shared Lived Experiences

Melissa Mokel and Oluwaseyi Fabiyi

Life's most persistent and urgent question is, 'What are you doing for others?
—Dr. Martin Luther King Jr.

Objectives

1. Discuss mentoring through the perspective of shared lived experiences
2. Describe a mentoring process for undergraduate nursing

1 The Mentor's Experience

1.1 Entre to Mentoring

It may seem cliché to state that mentoring can provide the mentor with just as much as their protégé, but I would say that this was my experience. Mentoring creates a special relationship among two or more people. It involves trust, transparency, and if done with a sincerity of purpose, authenticity.

Mentoring has always been something I heard about in the professional literature. I would read that mentoring helped make connections for the mentee and that it provided them with support to fill in the gaps they need to achieve professional self-actualization. When I became a nurse, which for me happened after a shift in career, I often thought that I would one day seek out a mentor who might show me the ropes, even though I was not always sure what those ropes might be. Upon joining academia, we were encouraged to connect with a faculty mentor so I thought that would be my opportunity. But my request to a senior faculty mentor went unanswered for several weeks. Upon following up with her, I was disappointed in her response which felt half-hearted, with her stating "yeah, I can do it". In my mind, that was interpreted as "yeah, I guess I can do it if you want me to." I never pursued that opportunity and vowed to never make someone who asked the same of me feel so inconsequential. I generally give 100% to whatever I do so this likely shaped how I approached the mentoring process. Moreover, I see mentoring as a noble service to one's profession. You take one under your wings and impart to them learned best practices to help them successfully (or more easily) navigate their professional development.

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1.2 Mentoring Best Practices

The current narrative is an explication of mentoring experiences in academia highlighting shared lived experiences of mentor and mentee. In this case, both mentor and mentee are Black and have lived experiences of Nigerian culture either through personal background or through marriage. The mentor, Dr. Melissa Mokel, is African American, has a Jamaican background, and is married to a Nigerian man. She is also the first of her generation to complete college and is a mid-career faculty member at a small liberal arts university. Her scholarly interests are health disparities, scholarship of teaching and learning, and cultural competence. She has always been interested in ways to understand the impact of culture on health beliefs and health outcomes. The second author is originally from Nigeria and was introduced to the mentor as a freshman at the university. She is one of two children in her family, and she lives with both her two hardworking parents. She has successfully completed the undergraduate nursing program and is currently a practicing nurse.

The literature describes unique mentoring and support needs of underrepresented faculty and students alike. Some of these findings are used to describe this mentoring narrative. Faculty and student mentees, especially those who are ethnic minorities, or those who express having social and economic disadvantages [1, 2] often describe a lack of a sense of belonging and uncertainty about routes to be successful. One recommendation for mentoring underrepresented faculty is that successful mentors need to be aware of the professional and personal needs of their protégé.

1.3 Beginning the Mentoring Relationship

Our arrangement reflected a formal mentoring program because it was developed to meet the goals of one of our grant programs. In my second year as faculty at my university, our chair asked if I would become mentor for one of our students who had received the scholarship administered through the program. This funded program was aimed at increasing the diversity of the health workforce by supporting health workforce students who are socially and economically disadvantaged students and who had documented a financial need [3]. This would have been my second mentee in the program and somehow I felt a mix of excitement and pressure to fulfill the role as mentor. There was something different about mentoring someone of a similar race for me when compared to my former mentee. We had different ethnic backgrounds, but given my social familiarity with some Nigerian communities, I knew I had something to contribute. However, I felt a unique pressure to be relatable and relevant, which was a different experience than the other mentoring experience that I had.

I learned everything I could about the process by reading the grant documents, buying a book on mentoring, and scouring the web to learn about how to be an effective mentor. I often envisioned what a mentor should be like—wise, old, perhaps wearing a tweed jacket with elbow patches, seasoned, and full of all the right answers. I definitely did not fit the image I conjured up, but I decided that I would do my best to make the experience a fulfilling one.

1.4 Process of Mentoring

Initially, it was difficult to connect with my mentee and to find a suitable meeting time. At first, I felt as though I was chasing after her. There were some missed visits and a few rescheduled appointments. I always wondered if she had the same level of trepidation that I did. I also feared that she might be thinking about the value of our conscripted arrangement so I could not wait until we met and begin to form a bond. I left many emails and did not get a response from her for a long time. Finally, after numerous attempts to schedule, we were able to meet in my office for a brief "getting to know you" visit.

It seemed that our early visits were initially a little uncomfortable for my mentee. In these visits, she seemed uncomfortable sitting and relax-

ing in my office. I think she was generally shy as a person and here I was—an adult who was an authority figure asking her questions about herself and her program goals. At one of her early visits, she came with a friend, which resulted in a nice discussion among the three of us. It was a pleasure to see my mentee at ease and to see glimpses of her true personality.

I think our relationship began to become more connected once we began to talk about our Nigerian connection. My mentee was a pro at mimicking a Nigerian "mother" accent, which was something we would laugh about immediately. The mannerisms that accompany the mother role and the unspoken knowingness with which we were both familiar gave such a space of relief and connection. I loved the comic relief that this provided enabling us to segue to home life, social activities outside of school, and even personal pressures frequently exerted by parents on their children in this culture. As we continued to develop our relationship, that could also be a point of entry or a place to which we could return because of our shared experiences. We were able to discuss strategies for becoming a successful student, ways to balance school with work and church, as well as tactics for discussing some of the unique challenges that she experienced as an immigrant who spent a large part of her life growing up in America.

Despite my preparation for mentoring each time I had a student, I think this shared experience helped facilitate some of the goals we set for ourselves as a mentoring pair. Mentors do not always have to be of the same background as their protégées, but an understanding that comes with having a similar background may be helpful in achieving connection. In the nursing profession, Black nursing students represent about 11% of the overall student body [4] so it is important for mentors to discern if there are any challenges the mentee may face as a result of their minority status. Therefore, finding ways to draw information out from the mentee about their experiences, especially if the mentee is an ethnic minority, is important for an effective mentoring relationship.

1.5 Mentoring Reflection

As I reflect on this mentoring experience, I have two main pearls of wisdom that I found after mentoring two students in this program. First, I think that mentoring takes planning. Since I never wanted to have a meeting with my mentee unprepared, I created an outline for each of our visits. I learned to become more fluid with our time together as time went on once we began to develop a relationship and she began to become more comfortable as a student. I saw her become more confident so less structure was necessary as time went on. She eventually began to determine the best meeting times for us, which is what should happen as a mentee develops, and would readily come by unannounced when she had the need. I learned in my preparation that the mentor needs to learn to let go as their mentee begins to spread their wings. So I was relieved that our experience signified a positive outcome.

A corollary to my first point is that mentoring takes unplanning and unknowing. The mentor does not need to be the "sage on the stage." One of the things that initially made me anxious before we developed our relationship was that I felt I needed to have an answer for everything, which Hagler [5] describes as a *natural mentoring*. So I worried about being able to answer all the questions and knowing everything there is to know about our academic institution. However, I found that this was not entirely necessary. While I was working with my mentee, I was also writing a research paper learning about the mentoring support needs of underrepresented faculty [6]. While this was a different role, I learned quite a lot about the process, which is that one mentor may not be able to provide all the solutions to a mentee. Mentoring pairs are helpful, but other mentoring arrangements, like teams, can help the mentee with their support needs. Natural mentors or non-parental supporters from the mentee's social circle can improve the mentee's feelings of self-worth and confidence [7]. This gave me permission to say "I don't know" or "I can refer you to someone else for help" when I didn't have all the answers. Given my organized approach to

doing almost anything, this experience was definitely helpful in giving me permission to be humble and imperfect. First-generation persons like myself tend to be highly motivated and resourceful [2], but this is not always necessary in every situation. Mentoring gave me permission to relax and enjoy the lived experience of another person. Mentoring involves discernment to understand what to say, when to listen, and when to connect. So if I can return to the cliché I experienced, mentoring taught me, I assume, as much as it may have taught the mentee. For this reason, mentoring can be a source of personal development, and mentoring with shared lived experiences can be especially impactful on the process.

While mentoring, I saw the opportunity as one more of service to the profession and to my department as opposed to an experience that could be transformative to the mentee. I did not realize that those regular visits were as impactful as they were and am delighted to know that this experience had caused my mentee to want to pay if forward, as the saying goes. Service to our profession is such a vital aspect of professionalism, and I am humbled by having been asked to mentor someone and make a difference.

2 The Mentee's Experience

My mentoring experience started around my freshman year of nursing school. Given the fact that I was a nursing major, I had a lot of science courses in my first year. I was struggling with my grades and was still trying to figure out study methods. Like so many other first-year students, I was transitioning from high school to college, and I didn't know how to budget my time. At some point I became aware of a program at the school, and I followed up on an email to learn more about it. I knew that it was a program that would help support health profession students, but at the time didn't realize that it involved a mentoring experience. I learned about the mentoring experience later, and once I did, I had a little trepidation about connecting with a mentor for regular visits. In addition, the stress of passing classes and the time management skills that I lacked prevented me from starting right away. But I finally met Dr. Mokel, and establishing the first meeting was very helpful because meeting Dr. Mokel made me feel less nervous and a little less stressed. The fact that she was also a person of color helped a little bit.

Overall I thought that the mentoring experience was great. Having someone to talk to who knew what it was like being a nursing student and who was familiar with the program was extremely helpful at the time. I think undergraduate teaches you how to grow, and I had so much learning to do. In high school, things were much more structured for us. Our schedules were all set, and it was not that difficult to be a good student. There were so many changes when I went to college and so much that I had to navigate. There were many weekends where I had to go home and many hours of going to church around my schedule. So I had to learn to balance home and family with school. I was thankful that my first roommate was also a nursing student so she could understand the demands on our schedules and that helped as well, but in my second year, my roommate was a social work student, which removed a little of that understanding.

It wasn't until the second semester of my sophomore year that I began to feel more adjusted to my program. Dr. Mokel helped me a lot with planning my time at school. We worked together on my schedule and mapped out my daily activities. I began to understand what I needed to do, which was that I had to prioritize my studies and make a schedule with a "to-do" list, complete with an outline of the time I needed to spend to complete my assignments. I also needed to plan time for resting because this would help me feel better as I went through the program. I don't think that I would have survived nursing school without this mentoring experience. I actually don't think that I would've still been in nursing school if we didn't do this work together.

Dr. Mokel was someone that I could talk to about what had been going on personally and academically. Another thing that I liked about the mentoring experience was that Dr. Mokel has an affiliation with the Nigerian community, which made our visits fun. Sometimes I would mimic my mom's Nigerian accent, and Dr. Mokel and I would laugh together because we understood Nigerian people and how they behave. Other students may not have the same pressures that children of Nigerian parents may have. Maybe a Jamaican person might get it, but they might not completely understand. We have a unique stress that not many people can understand unless you are connected. There were academic pressures that other students didn't have. So working with someone who has a similar background can be helpful in some ways.

2.1 Mentoring Reflection

I strongly recommend the mentoring experience for any prospective Nursing Student. I saw a significant improvement in my grades when starting the mentoring experience. Collaborating with my mentor definitely helped me academically, but if I could say anything else about mentoring, one of the challenges of the mentoring experience would be that scheduling can be difficult. At times, if I wanted to talk with my mentor, she sometimes would not be available or her schedule would be different from mine depending on the semesters. This made it an extra struggle especially with changing class schedules and work, during the height of COVID. But these were minor inconveniences because the mentoring gave me a kind of hope. As one of a few minority RN students in my program, it was comforting to see someone like me who went through a nursing program and was successful in passing the program. I hope that someday, I can be a mentor to other minority nursing students as well. It's important to be there for others. I noticed that were only three out of over 20 minority students who graduated in the end. There were so few of us at graduation, and so I think it is important for us to motivate others. Many of us do not have role models and have backgrounds where the socioeconomic factors come into play. We also may have a mind-set where we may feel less confident than our peers and may not have the motivation. Many minority students come from single-parent households, which may have an effect on their performance. This is not all minorities, but the statistics show that this sometimes affects how well we do.

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Resources

Mentorship Minority Students Toolkit: https://www.fammed.wisc.edu/files/webfm-uploads/documents/diversity/Mentorship-Toolkit.pdf.

Robert Wood Johnson Foundation Mentoring Programs Toolkit: https://campaignforaction.org/wp-content/uploads/2020/04/Mentoring-Toolkit-2017.pdf.



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So You Want to Be a Leader in Nursing Education, Mentoring Is the Way

Jacqueline J. Hill and Dorothy Glisson

It is the mentor's responsibility to create a safe and trusting space that enables a mentee to stretch and step outside their comfort zone, take risks, and show up authentically.

—Lisa Fain

Objectives

1. Provide historical perspective of mentoring
2. Identify the benefits of mentoring
3. Illustrate the role of mentoring in nursing education

Mentoring has been utilized for many years, dating back as far as the fifteenth century when Homer referenced the term mentor in the poem *The Odyssey* [1]. According to the poem, Mentor was the name of the trusted counselor who cared for Odysseus' son Telemachus while Odysseus was away from home. As a result of the caring supportive environment that Mentor provided for Odysseus' son, the modern-day meaning of mentor has come to signify a trusted counselor or guide [2].

Mentoring became of interest to me while matriculating in nursing school. I noticed nursing faculty who appeared to have all of the attributes that I felt I lacked, including confidence, leadership skills, and knowledge, just to name a few. Little did I know at that time two important facts. First, those qualities I admired in others came over a period of time of being in the profession of Nursing. Additionally, a mentor likely helped in the development of those individuals. I later learned through my research of a theory called an adult developmental theory by Daniel Levinson. Basically, individuals go through age-related phases in their development to adulthood [3]. An adult forms the dream and mentoring relationships during the Novice Phase, which occurs between the ages of 17and early 30 s. The dream is the reflection of the type of life the young person hopes for as an adult. Mentoring "supports the evolution of the Dream" [3], and the role of the mentor is to "support and facilitate the realization of the Dream" (p. 98). Though Homer does not record the age of Telemachus, it is likely that Telemachus was in this age group, thus being in the Novice Phase.

My dream was to become a nurse leader. With the assistance of a mentor, I was able to accomplish that goal and am now sharing my experiences with other aspiring nurses who want to be leaders.

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1 The Mentor's Journey

As a mentee of an experienced nurse leader in higher education, I recognized the importance of mentoring early in my journey of becoming a nurse. Although the mentoring relationship occurred through happenstance, it flourished over the 30-plus years we've known each other. Starting initially as her student while matriculating through nursing school, the relationship evolved to an employer/employee position. My mentor recognized traits in me that I did not know at the time I possessed. For example, she helped me to understand that I possess traits such as likability, leadership ability, eagerness to learn, which are traits that I was unable to see in myself because I did not have self-esteem to see them. Through the mentorship process, I went from getting the Dean's award under her leadership (she was my dean) to becoming the interim dean of the college when she retired. She guided me in the many positions I held while working under her leadership, including faculty, department chair, associate dean, and interim dean. Her approach to mentoring me was unorthodox in that she only met with me if I had a concern or needed guidance. We did not meet on a regular basis. Similar to Levinson's theory, my mentor was older than me, and the relationship developed once I went from student to faculty, and the relationship formed naturally. When I decided to pursue my doctorate, she guided me in my decision in choosing the type of doctoral degree, the area of interest, and the school to attend. While I first thought about going in adult education or curriculum and instruction, she encouraged me to explore educational leadership, by saying she earned her doctorate in the same area. Later, she even served as a committee member on my dissertation committee. Watching her over the years piqued my interest to follow in her footsteps, which is why I chose the topic of "The Role of Mentoring in the Development of African American Nurse Leaders" for my dissertation. With the knowledge acquired from my research and the experience gained under my mentor's mentorship and leadership, I sought out numerous opportunities to function in leadership roles. For example, I was elected to be the first African American to serve as president of a district nursing organization and a state nurses' association. My mentor was there to guide me and encouraged me to pursue other leadership positions external to academia such as gubernatorial appointment to the state's board of nursing. Had it not been for the guidance gained from my mentor, I would not be the nurse leader I am today. Even today, after 30-plus years, I can still contact her and obtain sage advice. What I've realized during my journey is that as my confidence and knowledge have grown so much that my need to get assistance from her has lessened. To me that's a sign of growth; now I can mentor others such as Dorothy.

I met Dorothy at a nursing education conference that focused on mentoring for Historically Black Colleges Universities (HBCUs). We met via a renowned leader in the profession of nursing who later became my new mentor. I met this mentor in the latter years of my career. Unbeknownst to me at the time, Dorothy was the chair of a search committee seeking to hire a department chair. My new mentor directed her to me. I later applied for the position and obtained it after a national search was conducted. Upon assuming the role, I realized that I needed help in navigating at a new school, so I appointed Dorothy as the interim assistant chair. Dorothy possesses a kind and gentle spirit and is easy to talk to regardless of the topic. She was knowledgeable about the department and worked collegially with the faculty and staff, which is why I felt she would perform well in the role. She accepted with some reticence of her ability to perform in that position, especially knowing the responsibility it entailed. Previously she served as the undergraduate coordinator, a quasi-leadership position. I knew that Dorothy had potential to be a good leader in the nursing education arena. What I recognize about her was that she just needed guidance in developing in that role. I believed that with the experience I had acquired over the 26 years in academia, I could mentor her if she was receptive to my guidance. I have been mentoring her approximately 2 and a 1/2 years, and I have witnessed so much growth

in her. One of key lessons she has learned is the importance of taking care of issues as they occur and not delaying responding because you do not want to offend colleagues. I reminded her that it's not personal, it's business, and her job was to do what was best for the program especially as it related to policies and the mission and vision of the program/university. She has learned how to delegate as well as stand firm to her decisions, even if they are not favorable. We meet at least quarterly to discuss her goals, along with the weekly meetings we have to monitor the progress of the department. She is enrolled in a doctorate program pursuing a DNP in educational leadership.

2 The Mentee's Journey and Reflections

When entering nursing education 10 years ago as a novice faculty member, I never considered the idea of becoming the Interim Assistant Chairperson. As new faculty, my goals focused on teaching. However, my colleagues and peers continued to appoint me to leadership roles despite these positions not being under my consideration. Surprisingly throughout my tenure as a faculty member, having a formal mentor was not a reality. During these appointed semi-leadership roles, I worked with many interim chairpersons whose appointments were less than 1-year increments. Therefore, I suspect this limited our interactions and the ability to develop a fulfilling mentor–mentee relationship.

After meeting Dr. Jacqueline Hill at a mentoring conference in nursing education for Historically Black Colleges Universities (HBCUs) and during her hiring interview, it became apparent that Dr. Hill would be a mentor to me and many whom she would encounter in our current roles as nurse leaders. Dr. Hill is a role model, honest, full of knowledge and experience, and bold. Therefore, as the appointed search committee chairperson, I was instrumental in her hiring and began a life-long professional and personal relationship.

Approximately 2 years ago, Dr. Hill approached me with the proposal that I would be appointed as the Interim Assistant Chairperson. My immediate response was, "can you please consider others for the role?" She insisted and reminded me that I had what it took to learn, grow, and succeed as Interim Assistant Chairperson, and she would not accept "no" for an answer. In addition to helping me venture out of my comfort zone, Dr. Hill reminded me that she was always available for ongoing support.

Upon accepting the role, I was initially fearful of failure and the unknown. I had worked with my peers for more than 8 years as a coordinator but not in a leadership capacity with authority. Many thoughts ran through my mind such as if they would they accept, respect, or consider me the Interim Chair. Dr. Hill reminded me that my knowledge, experience, attitude, and relationship with peers had already prepared me to move into the next chapter of my professional career in higher education.

Mentors function as teachers, guides, and support systems to inspire other to reach their greatest potential while encouraging and coaching mentees through a process of development. Mentors encourage colleagues to become leaders through example, shared knowledge, and encouragement [4]. Throughout my 35 years of professional practice, most of my experience encompassed independent work or collaborative work with other disciplines with no oversight from leaders to hold myself or others accountable. I had difficulty with confronting others and holding others accountable.

My first year under Dr. Hill's tutelage allowed me to observe the process and train, with many preparatory and debriefing sessions related to leadership best practices. Every opportunity to meet with faculty or staff and watch the dialogue afforded me further insight on the process. My fear began to diminish in increments as Dr. Hill gradually allowed me to manage challenges as I desired and assist faculty and staff throughout the disciplinary process and coaching. Today, I currently meet with faculty or staff independently to problem solve and manage challenging issues.

Initially I would not pursue these encounters without her presence, guidance, or affirmation. Transformational leaders idealize influence, individualize consideration, inspire motivation, and intellectually simulate that equals performance beyond expectation [5].

Although there is still more growth in this area, I am currently pursuing my Doctorate of Nursing Degree that provides additional formal education with an emphasis on leadership.

Mentees always appreciate a mentor's attention, but one of the most valuable lessons is learning that failing does not mean defeat. For example, a good mentor guides mentees through the process, then allow failure to be a teaching moment. Next a mentor should clearly identify to the mentee their opportunities to improve. Over my 35 years of my professional practice, I've witnessed leaders attempt to hide failures or at times allow mistakes to fall to/on a team member. Like a good mentor, Dr. Hill allows errors to be opportunities to improve. She never allows others to feel defeated but instead promotes tenacity to make change for improvement. Mentors create a safe space for mentees [6]. More importantly, mentors allow mentees to take risks and expand their creativity knowing they are there to support them.

Mentees must take the initiative and responsibility for their success and be open to constructive criticism. Mentors must be available, supportive, encouraging, and willing to provide guidance and appropriate feedback when necessary. Personally, I knew I needed growth in my leadership capabilities such as facilitating accountability and responsibility, creating a culture of immediate feedback, and promoting inclusivity. On many occasions, Dr. Hill allowed moments for reflection and expressed a desire to assist with supporting my career and professional growth. Mentors intentionally personalize their mentoring approach based on their mentee's needs [7].

Over the past 2 years, I watched, learned, and grew professionally by mirroring some behaviors my mentor has displayed throughout our journey. During my most vulnerable moments of uncertainty, Dr. Hill allows me to come to her office at the end of the day to ask questions such as "what would you do," "have you had experience like this before" or "what shall I do?" These moments are the most valuable times of our partnership when faced with many challenges within an organization. Sometimes Dr. Hill will respond by saying "you can handle it." Other times she would a different strategy and use words of encouragement, included "you did it," "I knew you could do it," "you got this," "thank you," "I appreciate you," and "you have grown tremendously." The more I grew, the more Dr. Hill continued to add more responsibility with guidance and allow me to express my fears in my private moments. Dr. Hill's transparency, honesty, and transformational leadership style were instrumental in my own growth and have inspired me to mentor others. Mentorship in nursing education is more critical now especially during crisis, when faced with adversity especially during the COVID-19 pandemic. The nursing shortage, burnout, and the importance of mentorship among persons of color are especially important to success of future nurses. Dr. Hill's leadership style and mentorship guided me with ease as we led the department through many changes and pivoted in many areas to success over the past 2 years.

3 Mentor's Self-Reflection

As I reflect on my mentoring experiences, I think about how much I have learned from having someone to help me navigate unchartered areas that were foreign to me. Being in a leadership position was uncomfortable for me initially. I did not think I had the knowledge or confidence to lead anyone. I basically considered myself as shy and avoided being at the forefront or in the limelight of anything. What I noticed over the years was that others saw me as a leader and would encourage or recommend me to seek out opportunities to lead. I have since taken on many leadership positions and performed well. Initially, it was tough especially when I made mistakes. I often doubted myself and did not feel I was qualified to do the job, hold the position, etc. What I

learned to do was reflect on what I did and the lessons learned from the experience. Whenever I felt defeated, I thought about the many victories I had in the past with similar situations. I relied heavily on my faith in God and became more confident with time. For example, I remember a situation in which some students who were not successful in passing a course went to the media in hopes of getting a story broadcasted about the department/university. The goal for the students was to showcase the department negatively so that they would be able to graduate even if they did not pass the course. I was a nervous wreck when I learned the reporter would be interviewing me about the situation. I reached out to my supervisor/mentor, and she told me that I could do the interview, so she left the campus. I felt so afraid and alone because I was not experienced in interacting with the media and doing an interview. Remember, I said I was shy, so being in front of a camera talking was the last thing I wanted to do. When the university heard about the media coming to interview me, they sent the public relations person, and he gave me a brief lesson on what to do. I made it through the interview, but interestingly, the story was never aired. I learned a valuable lesson from that experience, which is, when you are in a leadership position, you must always be prepared for the unexpected. I also learned that my mentor was preparing me for other opportunities to speak to the media (I didn't think so at the time. I was upset with her for what I thought was desertion). Since that experience, I have had numerous opportunities to speak to journalist. I have to admit; I am still not comfortable, but I feel better about it than I did with that initial incident. In an effort to help me with public speaking, I joined Toastmasters, which gave me some level of confidence when engaged in public speaking. I still consider myself a work in progress.

I have learned that having a mentor, especially one that is experienced in the areas that you are trying to get to, is very helpful and indispensable. During those times where I was learning and placed in uncomfortable positions, I thought that was the worst situation I could be in, but now after 34 years in the profession of nursing, I now know there were lessons to be learned. I learned that I would not be as confident as I am now, if it had not been for the situations my mentor put me in during my years under her tutelage. I also learned that I could mentor others from the good and bad experiences I had during my mentoring experiences in the role of mentee. My mentor was supportive but not overbearing. She did not coddle me but rather allowed me opportunities to operate in leadership roles. As a result of her mentoring of me, I sought the opportunity to mentor others, more so in an informal manner. Over the years I have mentored and continue to mentor many of the students I have taught over the years. I have found it quite gratifying to see the growth and success my mentees are having in the profession of nursing. I believe that mentoring is important, and everyone should get a mentor to help build the confidence needed to participate in a new activity.

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Resources

Home. mentoringassociation.org.



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Finding Your Mentor in the Academic Jungle

Elaine Webber and Nadine Wodswaski

In order to be a mentor… one must care. You must care. You don't have to know how many square miles are in Idaho, you don't need to know what is the chemical makeup of … blood or water. Know what you know … Care about what you know, and Care about the person you're sharing with.

—Maya Angelou

Objectives

1. Recognize the value of a healthy mentoring relationship in academia
2. Identify strategies in establishing and maintaining the mentor/mentee relationship

1 Mentor Narrative

The transition from the clinical world to academia is often challenging. Novice faculty often come from clinical practice settings where expectations are clearly delineated, and graduate programs have prepared them with the skills necessary for success. Academic life, however, presents new challenges including teaching, advising, and scholarly productivity, for which they may be unprepared. Studies have shown that although doctor of philosophy (PhD) and doctor of nursing practice (DNP) educated nurses are eligible to teach in higher education, neither of these terminal degrees routinely contain coursework focused on teaching and academia [1, 2]. In an integrative review of doctoral nursing programs, Bullin [3] found that PhD programs do not provide a strong structure of mentorship and "perpetuate insufficient pedagogical preparation" (p. 1). A report prepared by the American Academy of Colleges of Nursing (AACN) suggests that DNP graduates who are planning to pursue a full-time faculty position should consider additional preparation beyond the required curriculum to better prepare for an educator role [4]. These courses may assist with pedagogy but will not necessarily prepare one for all the challenges faced when navigating the academic world. This lack of educational preparation is only one of the reasons quality mentoring is essential to support novice faculty.

Traditional mentoring programs pair new faculty with an experienced faculty member who is expected to provide guidance, support, and advice; however, the success of the traditional dyad mentoring structure has been questioned

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[1]. In addition, most mentoring programs are designed to last only 1 year [5], even though learning needs continue well beyond the first year of teaching. This is of significance especially as the novice faculty begins to look toward meeting the tenure requirements and needs assistance and guidance with scholarly production. But without a structured mentoring program or a well-defined mentor/mentee relationship, novice faculty may find themselves "in the jungle," struggling to meet the increasing demands of teaching, advising, and committee work while attempting to build a network of support for the development of scholarship.

Support in scholarly production in academia can be elusive. Competition, ego, incivility, gender, and race can create significant obstacles [6]. Historically, nursing has been a female-dominated profession, and this extends into the academic arena as well. Women have often been excluded from many of the informal socialization experiences that help build the networking skills needed for successful mentoring relationships [7]. It is important to note that the need for mentors extends beyond novice faculty; experienced faculty coming into a new academic setting also have a need for establishing supportive mentor/mentee relationships as they learn the ropes and politics of a new institution.

I faced many of these challenges as a new faculty member. I entered academia as an experienced clinician and clinical educator but was wholly unprepared for the world of formal education. In my first year of teaching, I was not offered a structured mentoring program, and I stumbled through my first semesters, learning best practices in pedagogy through trial and error. Once I got my sea legs under me, I realized I needed to begin working on scholarship, but again, was not provided with formal support. My attempts at reaching out to colleagues for advice were not fruitful, and my first attempts at publishing were unsuccessful. I began to feel my life in academia would be short-lived. As I began to ponder how to move forward—I considered the concept of working in partnerships.

Clinical work is grounded in teamwork, and I realized the same should be true in the academic world. I initially reached out to former clinical colleagues, floating ideas for scholarly work based on clinical practice. As those plans took shape, I focused on networking with my academic colleagues as well—facing my fears of inadequacy and asking for assistance in editing manuscripts under development. Though not all colleagues were willing to help, I eventually found the support I needed and discovered working in tandem with others the best environment for my personal and professional growth. Through these approaches, I eventually experienced success in publishing. I remember the joy and excitement at seeing my name in print—made all the richer for having a colleague to share it with. Pololi and Evans [8] describe a process of group mentoring as an approach to faculty mentoring, and I too believe this collaborate approach to be extremely helpful. Working in tandem with others generates excitement and keeps one motivated though the hard work of research and scholarly writing.

The process of working with others in academia begs the question: "who should one partner with?" Given the challenges of my early years in academia, I was committed to becoming a supportive mentor for junior faculty, but mentor/mentee relationships are often fraught with challenges. Administrators may assign mentors out of availability or convenience, but this does not always lead to a successful relationship [5]. It is, therefore, imperative to create partnerships where both parties have clearly stated mutual goals and a similar work ethic. I have accepted mentoring "assignments" through formal administrative requests; not all have been successful or fruitful. Therefore, obtaining input from all parties during a matching process may lead to more positive outcomes. One of my most successful partnerships was established within a newly developed mentoring program at my institution. About 6 months into the formal program, I approached my mentee in respect to writing about the program we were participated in, and together we published on the topic [9], and we were invited by the journal editor to record a video abstract about our article [9]. We were then surprised and delighted to receive the "Dare to

Share" award from the journal, which was established in memory of Dr. Kathleen T. Heinrich—an academic who was passionate about creating a positive work environment and culture of collegiality in nursing faculty. These experiences were a wonderful example of a successful mentoring relationship, resulting in friendship, collegiality, and scholarly production.

Mentor–mentee relationships can also be formed outside formal administrative assignments, and it is here I have found the greatest success. Through happenstance, I stumbled into my most positive and productive working/mentoring relationship. As I was developing a research project along with another colleague, we needed to access students in a third colleague's course. I did not know this colleague well, but at this point I was skilled at building a scholarship team and invited her into our study. This was the start of a beautiful relationship as she and I discovered we worked extremely well together. We both had a similar organizational approach to structuring the research plan and conducting the study. After data collection, we began to collaborate on writing; we met to discuss the framework for the article, identified possible journals for submission, and began the writing process. Although we had dramatically different writing styles, we had a very similar work ethic. After initial writing was complete, we worked together on editing the article to be certain it spoke in one voice. We excelled in minimizing ego and focusing on collaboration for a positive outcome. Although the submission, revision, and resubmission processes were lengthy and arduous, we were eventually successful and published our first article together.

Following the publication, our research was accepted for a podium presentation at a national conference. These back-to-back successes highlighted how well we worked together—and a writing/research/scholarly production team was born, along with a blooming friendship. Since our initial publication, we have collaborated on multiple projects. We discovered that although we have different areas of clinical expertise and interests, our symbiotic working relationship is extremely successful and satisfying. To date, we have collaborated on four research studies, published six peer-reviewed manuscripts, developed a webinar for an advanced practice nursing organization, delivered four peer-reviewed podium presentations, and displayed multiple peer-reviewed posters at regional, national, and international conferences.

Some of our strategies for success, which are grounded in the literature [5], include:

- Inviting each other into our new and ongoing projects
- Eliminating ego (being open to critique)
- Sharing opportunities for scholarly production beyond writing: webinars, podium presentations, poster presentations.
- Alternating first and second author spots for equality
- Developing a clear delineation of roles for each of the projects
- Establishing a timeline and holding one another accountable
- Being open to pursuing independent work when desired (acceptance and elimination of ego)
- Initiating projects with other colleagues (the mentee becomes the mentor)
- Socialization and having fun (the most essential component of any relationship)

Our shared experiences have moved us beyond the mentor/mentee relationship and into a wonderful friendship. This does not always have to be the case in a successful mentoring relationship, and there is clear evidence in the literature that positive mentoring experiences can be achieved while maintaining an exclusively professional relationship. However, we have found that our ability to connect, enjoy time together, share a similar work ethic while balancing our personal and professional lives to be essential in our academic accomplishments. Our collaboration efforts have allowed us to successfully navigate the academic jungle.

Kathleen Heinrich, who focused her research and career on creating a positive academic work environment, coined the term "joy stealing." She defined this as "incivility with a scholarly twist …

[robbing] nurse educators of scholarly productivity along with their zest … and feelings of worth" [10, p. 95]. Dr. Heinrich challenged nurse leaders in academia to imagine something different for themselves and their organizations—looking beyond development of individual scholars and moving toward partnerships with faculty groups. In this way she believed we could turn "scholarly joy stealing into mutual respect, collaboration, and productivity" [10, p. 96]. Since I learned of Dr. Heinrich and her work, I believe the experiences shared between myself and my mentee are a perfect example of this shift in the traditional academic culture. We are demonstrating the lived experience of supportive caring relationships, leading to mutuality, respect, and productivity, which are all essential in surviving in the academic world. "If you light a light for someone else, it will also brighten your path"—*Buddha.*

2 Mentee Narrative

Working in a competitive academic environment while navigating research, teaching, and service requirements is challenging. Having a research mentor can improve the mentee's academic journey, leading to higher scholarship/research productivity [9]. But finding a mentor that is trusted and can draw upon publication successes can be tricky. I wanted a mentor who could assist me in my research endeavors through guidance in unexplored research territories. I sought a mentor who acts as a sounding board in moments of self-doubt. Accordingly, to have a successful mentor–mentee relationship, mentors should be inspirational and help the mentee recognize their strengths and challenges and build confidence and competence with a focus on empowerment [5]. Our mentor–mentee relationship is unselfish, with honest interactions based on trust and respect, and encourages open and honest communication. The successful mentor–mentee relationship is like a "graceful dance"; enjoyable, enthusiastic, exhilarating, and a keenness to be scholarly productive.

There are numerous benefits of mentor–mentee research relationships in academia [7]. Such a supportive relationship can give the mentee a fresh perspective, learning from another researcher with similar interests. But there is a need to clearly delineate the goals and be respectful and collegial. As our mentor–mentee relationship matured, I assumed progressive responsibility and management of research projects, and I needed to be willing to hear criticism. And believe me, receiving criticism or negative feedback is "hard to swallow"; but accepting the feedback is invaluable; and I must remember, it is not personal. An honest critique, offered in a nonjudgmental approach is fundamental to learning and growing. How one deals with negative feedback effectively demonstrates control, excellent teamwork, and communication and is a motivator to improve.

If the foundation of the research relationship is appropriately laid, the mentee can have a successful academic career, exposure to new fields of inquiry, and increased scholarly confidence. Personally, my mentor thinks reflective and reflexively; because of this practice, it helps to hone my research skills. As a result, I feel bright and confident, which motivates me to seek ongoing research and publication opportunities with her.

I was not a passive element absorbing my mentor's knowledge; I embraced the tactic knowledge that my mentor shared, passing on the "secret sauce." My mentor shared concrete research skills and showed me how to ask the right research question, brainstorm, and interact with true collaborators. For our mentor–mentee relationship to be successful, there had to be some flexibility on both ends, but it was always characterized by accountability leading to increased growth, insights, discovery, development of clear and independent thinking, and above all, my self-confidence.

By virtue of our mentor–mentee relationship, I learned that a good mentor simply "believes" that I am capable of transcending research and writing challenges and achieving scholarly productivity. She affirmed my human potential; she communicated hope and optimism.

What I experienced from this mentor–mentee relationship is that my mentor has passed down unwritten, intuitive forms of research knowledge, *and* I know that she cares. She has demonstrated her hopes and optimism for me by her willingness to help a novice researcher discover the same joys and satisfaction she has found. Because of her, I learned how to take the initiative in driving my research agenda forward. I am very thankful for my mentor, who shared her time to help and guide me throughout this journey. Mostly, I value our personal and professional relationship. Without my mentor, I would not be who I am today!

3 Self-Reflection Mentor

As a nurse, helping others comes naturally—especially in a clinical setting where patients access care specifically because they need assistance. Providing support in an academic setting does not always trigger the same response. My experiences as a novice faculty member certainly colored my desire to reach out and help others in similar circumstances. Throughout my journey as a mentor, I expected to find helping others professionally satisfying—which it is. What I did not expect was how mentoring provided me with a greater sense of self. Working with a variety of colleagues has kept me active and "in touch" with happenings within my college and university. But more importantly, the personal connections I have made by partnering with others, and in particular with my current mentee, have helped create a more positive work environment and contributed to my sense of belonging.

4 Self-Reflection Mentee

One important prevailing quality of nursing professors is how profoundly we ascertain knowledge through adventures on the job. A positive mentor–mentee relationship assists with growth in the teaching profession, learning expectations of scholarly activity, and the realities of research publication. A practical mentor–mentee relationship can be advantageous in assisting novice researchers in acquiring the confidence to seek research goals or procure vital skillsets for research productivity. As a mentee, I consider mentoring essential for foundational research building and individual development. In academia, efficient and effective communication is critical for competence; a positive mentor–mentoring relationship is an influential tool that assists with successful communication, teamwork, and relationship building; these proficiencies are required for favorable outcomes in academia and nursing research advancement.

5 Conclusion

It is our experience that a successful mentor–mentee relationship can be extraordinarily effective for scholarly productivity and increased job satisfaction. However, a positive outcome is highly conditional on the synergy between the mentor and mentee, who both benefit significantly from sharing knowledge and exchanging ideas, along with professional development and personal growth. Faculty at institutions of higher education will benefit from supporting scholarly productivity through mutually effective mentoring teams.

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A Mentoring Relationship to Support the Introduction of the Nurse Practitioner Role in Japan

Noriyo Colley and Andrew Cashin

The delicate balance of mentoring someone is not creating them in your own image but giving them the opportunity to create themselves.

—Steven Spielberg

Objectives/Goals

1. Demonstrate an international mentoring relationship in action.
2. Recognize common issues relating to the imbalance between social healthcare demand and NP practice in two countries through the process of this international one-on-one mentoring.
3. Demonstrate a dialogical example of the focus of the mentoring discussions through a crafted excerpt focused on the legal restrictions of introducing global standardized scope of practice of NPs in Japan from a global perspective and future estimation.
4. Discuss possible solutions for these healthcare demand and supply imbalance and depict original research plans for mentee's practice area.

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1 The Mentoring Relationship

This international one-on-one mentoring relationship [1] was established in the context of the mentee engaging with a mentor with the goal of development of a deeper understanding of policy analysis and role development. The mentee had identified that Japan was on the cusp of Nurse Practitioner role development; however, the early attempts were resulting in something very different to what had been established in other countries. The relationship began when the mentee discussed the issue with the mentor at an international conference. Together they embarked on a structured process to explore the policy development in Japan and make sense of the direction the development had undertaken. The mentor bought experience in working nationally and internationally on policy and role development and formal qualifications in health policy. He knew a bit about what to look for and where to look. The mentee bought a deep curiosity and desire to contribute to achieving an optimum outcome for the Japanese people, which of course included the Japanese nurses. The mentee was acutely aware of the issues of health resource disparity between

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urban and regional areas in Japan and the burden arising from this, particularly in her area of pediatrics.

As the goal was not just development of the mentor and mentee, but included contribution to the national discourse in Japan and the international Nurse Practitioner literature, it was clear from the outset that a contribution needed to be made to the peer literature. The ideas, observations, and understandings were written into action. The writing provided a structure for the discourse and enabled the practical application of new capabilities.

The relationship spanned a number of years and remains ongoing. There have been three opportunities to meet in person, and the remaining meetings were conducted synchronously and asynchronously over the Internet.

This chapter presents a sample narrative that gives the reader insight into the form the mentoring took. This mentoring involved consideration of theoretical lenses through which to view the policy development. Further relevant literature was gathered, and capabilities were developed in the analysis and interpretation.

Through the relationship, two peer-reviewed papers have been published and conference presentations delivered. The policy and role development related to Nurse Practitioners remains a work in progress. But some progress has been made.

2 The Mentor and Mentee Narrative

2.1 Entering the Circle and Grounding the Dialogue

Mentor (Hereafter: A) In this chapter, let us utilize Yrjö Engeström's activity theory as a flamework of our dialog. Recently, he and his colleague have examined the development of activity theory, which has emerged as a mainstream theory of analyzing collaborative learning in a working environment, segmenting the learning into four generations [2]. The first generation of activity theory in L.S. Vygotsky's work in Russia during the 1920s and 1930s is to analyze working action between two individuals, mediated by artifacts [2], which nowadays enables us to interpret nursing intervention between a patient and a Nurse Practitioner mediated by instruments of work. Leont'ev broadened the concept of activity [3, 4] that is categorized as the second generation of Activity Theory, adding the aspects of activities such as the subject, object, motivation, action, goals, socio-historical context between interdisciplinary groups [5]. Engeström added the socio-historical constructs between the rules, the division of labor, and the community to the Vygotskian model of tool-mediation action [5]. His interpretation of learning activity is stated as, "it is representative of the complexity of the whole, it is analyzable in its contextuality, it is specific to human beings by being culturally mediated, and it is dynamic rather than static"[6].

Mentee (Hereafter: N) Yes, and "Learning was now understood as a collective process of creating and acquiring something that is not yet there [2]". One of Engeström's famous studies was a cycle model of expansive learning.

Mentor (Hereafter A) That's right. In the late 1990s, he conducted a formative intervention project called the Change Laboratory also known as Boundary Crossing Laboratory [7], by several meetings ranging from physicians and nurses to social workers and daycare personnel. "Tying of knots" is conceptualized as "knotworking" or "wildfire," which depict activities among stakeholders' groups including patients and family's group.

N: That reminds me of Bronfenbrenner's five bioecological system: microsystem, mesosystem, exosystem, macrosystem, chronosystem.

A: True, he mentions that activity theory has prioritized Bronfenbrenner's ecological systems theory from the very early stage, and a fourth generation was developed by the parallel but mutual learning of several social groups at working environments, such as the NGOs, Ministries, frontline workers, and Municipalities in his homelessness study [2].

2.2 Applying the Lens to the Case of Japanese Nurse Practitioner role Development

N: Yes, we can see that the same stakeholders will play when we discuss the introduction of the new NP roles in Japan.

May I ask you your opinion about the role development of Nurse Practitioners in Japan from our previous research papers, titled "Controlling Medicalization and Nurse Practitioner Roles" published in 2018, and "A Policy Analysis of the 'Specific Procedure Training Course System': A Challenge for Professional Lifelong Learning" published in 2020?

A: Certainly. The notion of autonomy of the nursing profession in Japan is an issue that needs deep consideration. Nurse Practitioner practice builds upon the practice of Registered Nurses. If the practice of Registered Nurses is viewed as a list of delegated tasks from the medical profession, the risk is that the evolution of the development of the Nurse Practitioner role will just involve forming a list of more complex delegated tasks.

N: I totally agree. In this situation, Registered Nurses in Japan will never acquire autonomy. Not only this inhibits autonomy of care professionals but also causes high turnover of occupation, increase of less experienced staff, less staff satisfaction, less confidence, and low salary. According to OECD report, the widest gender pay gaps for full-time workers included the two East Asian OECD countries [8]. This is the case despite a high percentage of female university graduates. Medicalization is playing a role very much on this issue, as we discussed in our previous paper in 2018. The problem is that Japanese people still tend to respect traditions for several reasons. For instance, the younger generation is changing, but the changes might cause friction between their generation and the senior generation. How about in Australia?

A: In Australia, it is more a case of entrenched habits of thought than respecting traditions. When the dynamics of power and money are involved, groups with vested interests are strongly motivated to resist evolution, even when a body of evidence exists that the changes will be to the benefit of the citizens of the country.

N: Shall we utilize Engeström's third generation of activity model (Fig. 1) to analyze role development and boundaries comparing Nurse Practitioners' roles in Australia and Japan? We can set "Object" as a sociocultural individual, I prefer to call a "person" who has certain level of healthcare needs, and "Community" as citizens of each country. Obviously, Australia and Japan have different rules, Acts, and guidelines, etc., which include Scope of Practice of Nurse Practitioners. "Division of Labor" could be communication with other healthcare professionals.

A: The Nurse Acts in each country are a great place to start. This is where the relationship between the nursing profession and other profes-

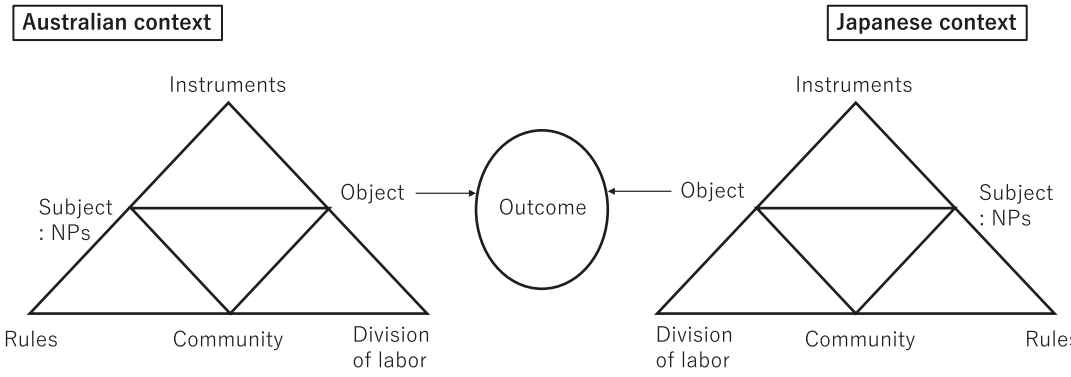


Fig. 1 A third-generation unit of analysis for a Nurse Practitioner and/or the Nurse Practitioners' organizations between Australian and Japanese context

sions is often articulated. It is here that the national vision of the role of the nurse and the person receiving care in planning, participating in the care, and evaluating the care can be seen. This vision includes the responsibility of each and power relations in terms these things.

N: Ideal relationships are mutual relationships among professionals despite specialty, but unlike in Australia, Japanese Nurses are not allowed to prescribe by the Medical Practitioners' Act 1948, which is a main cause of power imbalance [9].

A: The notion of autonomy seems not shared in Japan, and the power imbalance is a hindrance in professional development in both national and international contexts. If this lasts long, the wider gap between global standards might occur.

N: Unfortunately, autonomy sometimes can be seen as the opposite of organizational collaboration in Japan. I have found a related paper, comparing roles of GPs and hospital physicians in the Children's Hospital in the Netherlands [10]. They pointed out the various assumptions where is the "right" location of care, and insurer's policy can hinder the development of collective collaboration [10]. I am afraid to say, but "person" is missed in their analysis.

A: The person or people are definitely the center of care. It is good to think of person or people as nurses have a role in not only caring for individuals but also families (in various forms) and communities. Placing the person at the center can challenge existing beliefs related to power relationships in the care process.

N: Thank you. If a "person" can choose several options of healthcare services, the power imbalance among Medical Practitioners, Registered Nurses, and the person will be mediated. Empowerment of a "person" and nurses' ourselves is important for nurses to be able to offer the opportunity for patients to make a decision and to advocate for patients. Is this a paternalistic idea? Shall we move on to the concrete example in Japan? I have been participating on the Advanced Practice Nurse (APN) grand design committee in the Japan Association of Nursing Programs in Universities (JANPU). JANPU has been developing the SOP or roles of NPs to enhance their postgraduate education. Three organizations are related to the decision-making process: the Japanese Nursing Association, the Japanese Organization Nurse Practitioner Faculties (JONPF), and JANPU. They made an agreement of collaboration in September 2020 [11, 12].

In the JANPU APN grand design committee, role difference between NPs and Certified Nurse Specialists (CNSs) was mentioned. CNSs have longer history in Japan, which started with CNSs in Cancer Nursing in 1995 [11].

An image of CNSs and NPs like specialist-specialists and generalist-specialists was suggested based on the idea of lifelong learning in the committee to cover social healthcare needs. As the second phase of advancing specialty, I think compatibility bridges the barrier between NPs and CNSs. Depending on where they work, their expected role might differ. Prioritizing specialty first causes cutting patients' needs into parts, limiting our continuity of care.

3 Ideas for Future Development

N: One solution could be to use a framework to assess social healthcare needs such as the participatory, evidence-based, patient-focused process, for guiding the development, implementation, and evaluation of advanced practice nursing (PEPPA) framework [13]. I learnt about the PEPPA framework from the ICN NP/APN conference 2021. Having strict specialty (boundary) might limit our competency from the perspective of lifelong professional development.

A: This is a really good idea. If the Nurse Practitioner role consisted of lists of delegated tasks, differences between specialties may be great. However, if becoming a Nurse Practitioner was an evolution in professional development (as opposed to just psychomotor skill development), there is great commonality in the learning needed that cuts across specialties. This includes learning to build a conceptual base to allow development of diagnostic reasoning, etc.

N: Medical Practitioners exist to tackle "diseases" as specialists, while Nurse Practitioners exist and develop themselves for a "person" with multiple healthcare needs. They are both important. The expansive learning cycle of Nurse Practitioners cuts across specialties and makes them more professional reflecting social/individual needs. I believe international collaboration like this will give us a chance to build a conceptual base.

A: The dichotomy presented between Medical Practitioners tackling or treating disease and Nurse Practitioners developing themselves for a person with healthcare needs I fear is a way of negotiating space within a tradition. In essence, both groups of practitioners now claim to be person-centered and both have a role in assessment, diagnosis, and treatment of states of ill health. Both groups approach this through their own professional world view and can certainly practice collaboratively. Both have scopes of practice that differ. However, there is no escaping that the scopes of practice also overlap. Despite traditions, no profession owns a space. The focus of healthcare must be the needs of the citizenry and not primarily focused on the needs and wants of the delivering practitioners. One of the impediments to Nurse Practitioner development internationally has been attempts to accommodate the sensitivities of medicine in the hope that medical professionals as a collective will see the value of Nurse Practitioners and resistance to role development will decline. However, as noted earlier, the dynamics of power and money have mitigated this relaxation of resistance. The medical associations in both Australia and America are as strident in their resistance as ever.

N: Other concern is that excessive patient-centered care might happen to encourage sacrifice of care workers. A hero is not an adequate model for a sustainable society. Nursing care must be evaluated economically, to ensure economic viability.

A: Meijer et al.'s findings imply that healthcare professionals must be prepared for unexpected situations in the context of risk management [10]. Our experience from the COVID-19 pandemic, along with other factors such as the aging population in many developed countries, makes us consider the urgent need to reconstruct the healthcare system to become flexible and sustainable.

N: Economic independence of Nurse Practitioners is another important factor for independence as a professional in Japan. Two-hundred and fifty people have died at home in August 2021 due to the lack of healthcare services during the pandemic [14]. One of the reasons that has been considered is that providing Tokutei Koui (specific practice), such as controlling oxygenation, has not been included in the medical service fees for nurses till now [15]. Tokutei Koui ni kakaru kensyu seido (Training system in specific practice)" was established in 2014, which allows registered nurses to provide "Tokutei Koui (specific practice)" under a physician's order [16]. Therefore, Oxygen (Sanso) stations are built at the urban areas [17] unlike NPs, full practice was allowed in the USA at the critical stages of pandemic.. Finally, Prime Minister Kishida mentioned the 1% top up of the salary for the nurse who cares for patients with COVID-19 [18]. His motive is to increase the salary of essential workers, such as nurses, childcare professionals, and aged care professionals to decrease the gap in payment between male- and female-dominated professions [18]. This is a good trend, but if provision of Tokutei Koui does not reflect to their hourly wage, it is not sustainable. A concern that the benefit may not reach the individual also remains.

A: While nursing is viewed a profession that is subordinate to medicine as opposed to autonomous professionals, remuneration for service will remain vexed. The ideal would be a model that funds particular work, and the funding goes directly to the worker providing the service. A capability model is developed, and all professionals within whose scope of practice the work falls can deliver the care and be remunerated at the set rate. This ideal remains to be achieved in many countries, even where the issue of autonomy was never present or resolved long ago.

N: Equal pay for equal work regulations came into effect in Japan in April 2020, designed to

decrease disparity in the working conditions between regular and non-regular workers [19]. Like the argument between full-time workers and part-time workers, it is argued whether prescriptions by a medical practitioner and a nurse are different work. The right to decide the price of care is ultimate autonomy as a profession. Who can evaluate the work correctly might be important. How about in Australia?

A: The regulatory authority, the Australian Health Practitioner Regulation Agency (AHPRA), and the professional boards that constitute AHPRA regulate the professions, including providing standards for practice. It is from this that scope of practice arises. This is not a list of psychomotor skills. The work itself does not need definition beyond a clear descriptions of the treatment goal and what is done. If the same work is done by a practitioner, it is irrelevant what type of practitioner it is. As long as it is within the scope of practice and delivered by a registered professional, the work for that episode of care should be remunerated at the same rate. This would be confused in the context where the work of a nurse is seen to be delegated by another professional, as in Japan. The complication arises in terms of who should be paid, the delegator or delegate. The proportion of work to be remunerated is also under question when the care is viewed as delivered for and on behalf of another profession in the case where nursing is not viewed as an autonomous profession. It becomes unclear who does the assessment and diagnosis in such a case and who directs the care. Along with this uncertainty is the issue of who should be paid what in the process.

N: Definitely. Information technology might solve this uncertainty of location of the responsibility. In terms of risk management for Volatility, Uncertainty, Complexity, and Ambiguity (VUCA) era, we have to reach a consensus that the true enemy is an estimated nurse shortage caused by ultra-aging of the population, the pandemic, and unfair distribution of service between urban and regional/rural areas, and the assessment of the social demand for care. It is a nursing responsibility to create a method to prevent the worst scenario.

A: These are all big issues at a national and international level. Nurses definitely have a role in finding solutions. This is part of the role of caring for people. In this case the collective of people at the national and international level. The profession also has the responsibility to surface and promote a national discourse on long-held assumptions related to the power relations within healthcare.

N: The typical organization style in Japanese hospitals is hierarchical. It might be a time to invent other effective organizational structures, such as an Agile organization for development of Artificial Intelligence [20]. I wonder if a nurse developed a virtual reality simulator, or a simulator supported by Artificial Intelligence in Japan could form part of the solution as an education strategy? However, the skill is not permitted by the Medical Practitioners' Act yet in her country but permitted in other countries as global standards, in which case, the questions of how she can introduce it into teaching her students come into play. That simulator could be an "instrument" in activity theory. When she follows the global trend, she might cross a boundary of her country, but it is a chance to prove Japanese nurses' autonomy. Utilizing the simulator as a mediating "instrument" for instance, standardized methods to import/translate global trends into a national context need to be created. Rapid international technological development will influence the scope of practice for Nurse Practitioners. Establishing global standards of NP education might be difficult, but we can absorb the global trend and examples from other countries to inform us keeping our responsibility of care provision.

A: The national acts need to have a mechanism for modernization to allow reflexivity. As nurses, the fact we are referring to the Medical Act is thought-provoking.

N: I agree about the national acts. We do not intend to provoke. To have a mechanism for modernization of Acts is an ideal solution. Then, we can avoid a situation like asking "Protecting Act and protecting a patient, which is more ethically right?"

A: Acts are constructed by people, and the protection of people must be central to the construction.

N: I think so, too. Cases having difficulty with emergency conveyance to hospital that increased rapidly in the COVID-19 pandemic are a major social healthcare issue, but a "person" will be left behind if nurses just wait for someone's indication to change "rules" and/or "division of labor" in the triangle of activity theory. We know one telephone call and care will help a "person" and his/her family while at home waiting for admission to a hospital, but the relatively new system, Tokutei Koui, is not effectively provided. Necessity of the reconstruction of healthcare services is obtaining a national consensus. We have to always centralize a "person" and predict to satisfy dynamic social needs of healthcare as systematic professional organizations without too much sacrificing ourselves, using a structured framework like PEPPA as an another "instrument." As you pointed out, Nurse Practitioners' roles are not a sum of psychomotor skill development. To be ready for the future of VUCA, establishment of a mechanism for sharing their experiences and knowledges to build a conceptual base is required.

A: Great. It is time for us to be ready for the future of VUCA. Creating the varied images of ideal Nurse Practitioner roles will promote collaborative learning among individual Nurse Practitioners and international Nurse Practitioner organizations.

From our dialogue here, we found that there are multiple barriers for life-long learning of Nurse Practitioners in Japan. Concretely articulating these issues could direct the action to be taken as the next steps in the evolution.

4 Conclusion

Policy analysis and development that enable role change and new roles are a discrete set of capabilities. Mentoring relationships provide one context in which skills can be developed. Within the structured discussions and the exploration of the literature that they led too multiple barriers for lifelong learning of Nurse Practitioners were extracted. Layered actions have been taken among Nurse Practitioners' organizations, simultaneously. It was unearthed that Nurse Practitioners' roles are not a sum of psychomotor skill development; however, this vision has underpinned the role development in Japan. A sense of optimism was arrived at through the discussions that the results from role assessment frameworks like PEPPA will be evidence wen negotiating the dynamics of power and money, gender pay gaps, and equal pay for equal work regulations. The conclusion was arrived at that the development of a new organizational structure, like Agile organizations, must be commenced to avoid the undue influence of power, which prohibits professional lifelong learning.

The mentoring relationship facilitated a lens to consider what were the current barriers and enablers in Japan in the development of the Nurse Practitioner role. Through the relationship possibilities were raised and explored that would help make sense of the current situation and the development thus far in Japan. Further to this by considering international policy and legislation, it became clear what the possibilities were that can be worked toward. The mentor/mentee relationship through which this occurred was reciprocal with both mentor and mentee contributing [21]. The nature of the relationship ranged from unstructured to more formal as it became part of a period of university study leave [22]. This evolution across time is not uncharacteristic of mentoring relationships [23, 24].

Self-Reflection Mentee: Evaluation: This sample of dialogue that was a part of a larger dialogue spanning multiple years that gave me an opportunity to describe the current situation of Nurse Practitioner's lifelong learning using Activity Theory.

Analysis: The mentoring relationship has resulted in two peer-reviewed publications and a greater awareness of the opportunities and barriers that exist in Japan as the role of Nurse Practitioner is explored. This international dialogue expanded the insights wide and elucidated the urgent areas of research.

I appreciate Andrew's support and guidance of the dialogue. I also thank two editors for this opportunity.

Action Plan: To conduct international research to compare roles of NPs internationally, respecting different aspects from various cultural background is important. This provides opportunity to be aware of own traditional biases, which are enablers of new action to move forward.

Mentor:

Evaluation: The mentoring relationship provided a fascinating insight into nursing in Japan and how this has been shaped by the culture. It further enriched the understanding that while in nursing we have developed a language related to roles and professional development that on the surface appears coherent like all linguistic endeavors moving below the surface demonstrates the size of the differences in local meanings.

Analysis: The mentoring relationship resulted in concrete outcomes that have the chance to influence the national and international discourse related to nursing role development. The structure of working on concrete outcomes allowed a mechanism to check that we stayed on track and did not drift into a socially pleasant relationship that perhaps ticked activity boxes without meeting the clear objectives.

Action Plan: Having an action plan is essential. Mentoring relationships will be social in nature and need to be action-orientated. Many famous writers have across time observed that words without action are just that. While individually nourishing through the form of relationship, the action allows evaluation against set objectives. This of course opens the space for the understanding that a mentor does not have to be for life, but that the need to select mentors to work on clear goals may see a mentee experience multiple mentoring relationships across their career.

Best-Practice, Evidence-Based Practice Example(s) The underpinning evidence related to Nurse Practitioner role development in Japan is outlined in Colley and Cashin [9] and Colley et al. [25], and the opportunities and barriers are further elucidated. According to Rasheed et al. [26] and Gantz et al. [27], the major challenges are those of intra- and interprofessional power dynamics, when nurses are involved in policy development and the policymaking process. Through the process of this discourse, and the mentoring relationship, the mentor has crafted a space for the mentee to explore and develop their ideas related to the barriers and enablers of introducing NP roles in the Japanese context. The space was one free of any fear from power. By comparing and contrasting healthcare policy in Australia and Japan, the mentee developed a view that evolved past a vision that was constrained by biases that had arisen based on what she had been previously taught. Through this opportunity, the mentee felt empowered to undertake a leadership role in research [27, 28]. This experience will scaffold her future research.

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Mentoring in Research and Academia Is a Faculty Life Saver: Theoretical and Practical Evidence

Elishba Khalil Akhtar and Tazeen Saeed Ali

Mentoring saves faculty life through direct and indirect approaches, and research enhances quality of life through evidence based practices.

Objectives

1. To determine the ways in which mentorship leads to the enhancement of research through the partnership between experienced faculty members and the novice researchers.
2. To discuss the productive outcomes of the research mentorship processes
3. To examine theoretical evidence supported by literature review and practical evidence through personal anecdotes

1 Overview of Mentorship Programs: Various Models and Frameworks

Mentorship in academic research has been gaining increased attention over the years. Mentoring is a process in which professionals and experts from within or outside academic institutions form a dynamic, context-dependent, sensitive, and mutually beneficial relationship with their juniors [1, 2]. According to the mentoring theory, mentors provide vocational training and support to mentees through funding, acquaintance-and-visibility, tutoring, and assigning challenging tasks. They also provide psychosocial functions, such as role modeling, acceptance-and-approval, counselling, and friendship [3]. The mentee is the learner or a student who needs to absorb the mentor's knowledge and have the determination and desire to know what to do with this knowledge. This means that the mentee determines the capacity of the mentoring connection and thus decides upon the amount of help and guidance they need. Through the process of mentoring, mentors and mentees can expect an outcome of enhanced professional, academic, research, and personal growth [2]. Mentorship has also been linked to mentees experiencing increased productivity, self-efficacy, and career satisfaction with higher chances of research success [4]. Successful mentoring is dependent on personalized and enduring relationships that offer holistic, accessible, timely, and appropriate support [2]. There are many different types of strategies when it comes to mentorship programs within academic institutions. These include dyad, peer, network, and e-mentoring [5, 6] (summarized in Table 1).

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Table 1 Describes the common mentoring strategies and their outcomes

Type	Definition	Outcomes
Dyad mentoring	Involves a senior level mentor paired with a junior mentee	Can build a stronger and longer lasting relationship between mentor and mentee that goes beyond the duration of the program
Peer mentoring	Involves a mentor and mentee with the same level of experience, expertise and age	Collaborative, supportive, with more safe environment to share feelings of stress
Network mentoring	A community based model in which a mentee is paired with many mentors who might be their peers or their seniors	Different styles of mentoring Can expand their networks
Group mentoring	Involves one mentor overseeing a group of mentee with a common goals for learning	Resource effective Allowed more discussions, socialization and support from mentee
E-mentoring	A form of mentoring, usually a dyad mentoring model, which is facilitated through a virtual online medium	Cost and resource effective Easily accessible at varying times and locations

Dyad mentoring involves one mentee paired with a senior and experienced mentor. The dyad model can be functional mentoring in which the mentor and mentee come together to work on a specific project over a period of time with a set outcome [5].Whereas speed mentoring involves a one-time short meetup between the mentor and mentee to potentially build a relationship and is more rooted in building multiple networks [5]. However, speed mentoring has been shown to have a low follow-up rate from the mentee [5]. Instead of having a senior mentor and a junior mentee, peer mentoring pairs up mentees and mentors with similarities in experiences, rank, and age [7]. Mentor and mentee can be from the same institution, i.e., local mentor and mentee, or from different institutions, i.e., distant mentor and mentee [5]. In some cases of peer mentoring, the mentee might not solely rely on their peer mentor and instead consult a senior faculty member's input [5]. Since peer mentorship breaks away from the hierarchical-based model, it has been reported to provide mentee with more emotional support, along with better collaboration and stress management [8]. With network mentoring, a mentee engages with several different mentors with varying genders, academic rank, and areas of expertise [8]. This exposes the mentee to varying levels of research skills and knowledge, broader choice of availability, and increased chances of expanding their networks, all of which might not be present in a single mentor [8]. Group mentoring involves one mentor collaborating with several mentees for a common project [7]. This allows more socialization and discussion [7]. Lastly, e-mentoring involves a virtual relationship between a mentor and mentee, which is unrestricted by time and geography and can be more cost-effective [2]. Various postgraduate programs have adopted mentorship models to increase the number of graduates with intellectual maturity, research skills, analytical skills, and time management skills in order to yield meaningful research output [9]. For example, the Faculty of Nutrition Sciences and Dietetics at Tehran University of Medical Sciences used a strategy that involved a senior mentor, a peer mentor, and a student mentee [9]. This strategy allowed the senior mentor with busy schedules to oversee the main project while the peer mentor, with more availability, was able to help the junior mentee with all other support [9]. In comparison to this, The University of Toronto offers many mentorship opportunities that mainly follow a dyad mentorship model [10]. Similarly, the University of Essex also has a dyad mentorship model for postgraduate research students [11, 12]. In addition, there have also been gender and minority group-specific challenges that need to be addressed [4, 13]. For example, some female mentees have found that having a female mentor can make them feel a higher sense of belonging, especially in male-dominated fields [13]. It can

also help them with negotiations, boundary setting, and managing a work–life balance [8]. With increased migration, more and more countries are becoming diverse and multicultural. Having an ethically diverse community of mentors can act as role models for minority mentees, further encouraging them to pursue their careers [14]. Therefore, mentorship within academia is vital to the success of the graduate and postgraduate students. Special attention needs to be paid to models that work for mentees by proving them with diverse, inclusive, and supportive mentors. Through this, the mentee gains fundamental knowledge, and the mentor gains a sense of well-being from passing on their knowledge to the next generation. This sense of well-being is also confirmed in the theory created by Erikson.

2 A Story of Overcoming Personal Hardships

2.1 Mentees Narrative: Elishba Khalil Akhtar

Up until this point, I have come across so many challenges and experiences that could qualify as life-changing. Every experience was, at one time or another, the first experience. Getting education was my passion, and with the passage of time, this passion has only increased. In 1996 and 1997, I got married, right after completing my 4 years of education in nursing. God had gifted me a beautiful son (Hansel John) in 2001, and despite facing many challenges that come with being a new mother, it helped me become more patient and more forgiving both in my professional and personal life. After the birth of my daughter (Harika Angel) in 2007, I found myself thinking more and more about continuing my education. My passion and strive led me to complete Post RN BScN, in 2010, while taking care of two young children. Thankfully, the time had passed without much difficulty, and I carried this optimism when I started pursing my master's degree in 2015. The optimism was very quickly crushed as enrolling in a master's programs for nursing became one of my most challenging experiences. At the time, I was studying at the Institute of Nursing (ION) at Dow University of Health Sciences (DUHS), Karachi City, in Pakistan, course work for the program, it was finally time to decide on my research thesis. Thesis writing was a mandatory degree requirement, and I was both excited and extremely nervous. I began my thesis in 2018 and submitted my topic selection and study design by September 2019 to the research department at DUHS. Upon receiving an email from DUHS on Nov sixth, I learned that DUHS has signed an MOU with Agha Khan University (AKU) for the thesis supervisors. This made me extremely anxious as AKU was an esteemed institution, with a rigorous research department on par with international universities. My thesis supervisor "Ms Shehla" Ms. Rubina Hafeez (Thesis Committee Member at DUHS) helped me to find a supervisor at Aga Khan University, Pakistan (AKU-P). The coordinator for this MOU was Ms. Lubna Ghazal (Director of the Outreach office), who really supported and ensured me that she would find a supervisor. I was a bit averse to complete my thesis at AKU because it was asked to change my thesis topic, which was already selected. As a result, I refused to continue my thesis at AKUH because the most challenging part of the thesis writing is to select a topic. After a week, I was informed that I have to complete my thesis under the supervision of Dr. Tazeen Saeed Ali, the Dean of research and graduate studies, School of Nursing and Midwifery (SONAM), AKU. In the first meeting with Dr. Tazeen, she overviewed my synopsis and suggested me to change the topic as the study design "Randomized Clinical Trial" requires much time and effort. In the beginning, I was very disappointed and tried to overcome my stress and decided to work under the supervision of Dr. Tazeen, as no one explained things with me, earlier to meet her. Mentorship can be life-changing. Without mentors, I wouldn't be where I am today. I find it very helpful to have people like I got the opportunity to work with. I chose to pursue a thesis topic with the help of Dr. Tazeen. The team for my thesis comprised the following individuals:

Supervisor: Ms. Shehla Naeem Zafar (DUHS), Co-Supervisor: Dr. Tazeen S Ali (AKUH)

Team Member
Dr. Naseem Zahid (AKUH), Ms. Rubina Hafeez (DUHS), and Mr. Inayat ullah Khan (AKUH)

Dr. Naseem and Mr. Inayat guided me a lot in writing a synopsis. Ms. Rubina helped me to develop a questionnaire and also helped me to draft my synopsis. After the struggle of 1 month and with the colossal guidance of my team under the guidance of my mentor Dr. Tazeen S. Ali, I submitted my synopsis, and following that I successfully presented and defended my Synopsis in front of 34 delegations from different departments of DUHS.

In this whole journey, I cordially acknowledge the cooperation of Dr. Tazeen, my mentor. She always made sure her availability and her guidance were there whenever I needed her. Even my mentor used to call me at her home while she was on sick leave. I am thankful to her and her son's hospitality, offering me tea and food. We used to sit together, and she guided me like a mother, welcoming me to her to go in her office any time as she was always she was ready to help me. Whenever I sent my thesis to her for correction, I would receive feedback within hours. She taught me how to put the data in SPSS, and this requires hours of guidance. In her guidance I learnt a lot about how a person/mentor can help the mentee. "SHE IS A ROLE MODEL FOR ME."

Finally, I have got confirmation email about the selection of Topic from BSAR, DUHS, on April 20, 2021 that I have to appear for final thesis examination on April 30, 2021.

Successfully my thesis was defined in the end of April 2021, and I was passed through online viva taken by **external examiners**.

3 Mentor Narrative and Reflection Dr. Tazeen

My personal experience in applying the different types of mentoring methods has yielded many success stories for myself and has positively impacted the shaping of my mentee's professional life. Within my professional career of 30 years, I have mentored varying levels of mentees within formal and informal settings. While some of the newly hired junior faculty staff members were eager to learn about various teaching styles in theory classes, others wanted to know how they can facilitate their nursing and medical students at community clinics. In addition, many of the mentees also wanted to develop their time management skills and research skills, which are highly sought after within the field of academia. They wanted guidance on how to write proposals, apply for funding, conduct their own research, and analyze the data for future publishing and submission to local and international journals with varying impact factors. They also wanted to learn how to format different journal submissions. As a mentor, I was keen on catering to the mentees' expectations and personalized my mentorship style and projects to enhance their skills and experiences, thus setting them up for success in their future endeavors. For example, for research mentees, I maintained the mentorship relation until they had successfully published their research article to their journal of choice. By having the mentee outline their mentorship goals, I was sure to fulfill their expectations, have concrete outcomes, and build a supportive and encouraging space for the mentee to learn and develop their skills. Through this I was able to increase the mentee's confidence, research output, and overall capacity building. Mentorship also provides me with an avenue to engage and collaborate in exciting new projects with students of varying academic levels, which would otherwise be difficult in a classroom/lecture setting.

Over the years, I have been involved in peer, networking, group, and e-mentorship programs. In a peer-based model, I was mentoring senior colleagues or peers who were already mature but lacked research experience and came to me for guidance. However, mentoring senior colleagues proved to be difficult as they came with rigid mindsets and had their own style of doing things. As per their need, I provided them with excellent research guidance and support, but many of them would not acknowledge my input or training. Instead, they would pretend to be research experts and would often conduct their research in secrecy.

This experience was negative as I believe that mentorship is a mutually beneficial, supportive, and encouraging practice in academia. Collaboration, respect, and capacity building are the pillars of mentorship and not competition and selfishness.

I had a much more positive and enjoyable experience while participating in a network-based mentorship program. I, being the board member of many nursing and community-based organizations, was able to provide mentorship to a set of national colleagues. As their mentor, I provided them with a diverse and broad web of professional networks and developed their capacity as researchers who participated in the national-level research output. I also served as a mediator to help faculty members in coordinating the thesis supervisee and supervisors for masters and Ph.D.-level thesis. In the long run, this type of mentorship was the most effective one to develop joint national research outputs. In nursing, there is an increased need to improve their research skills to be able to conduct evidence-based practices to improve the life of the national and local communities.

I also provided mentorship at a national level, by taking national and international students who were enrolled in master's and Ph.D. programs. As a mentor, I made sure to supervise underserved areas to ensure that proper mentorship training and equal opportunities can be provided to each and every student. I also love to mentor faculty members or senior academic students by equipping them with research skills that they can then propagate in their own institutions and initiate other mentorship programs for their junior students. For these sessions, I had used multiple online communication platforms such as WhatsApp and Zoom to provide timely and appropriate support. For my students at Karolinska Institute or any institute, I tried to use different methodologies to expose my students to different learning styles and situations. For these institutions, I also served as their supervisor or committee member and provided mentorship to them in the area of research and nursing, so that they could replicate this program and become future mentors for their students.

Another form of mentorship that I quiet enjoyed was group mentoring. Group mentoring allowed mentors and various mentees to freely talk and discuss with each other while simultaneously learn from me and their committee members. I liked that I had the flexibility to talk to a single mentee one at a time or multiple mentees at the same time. By having a junior faculty member become a committee member, I was able to appoint them to oversee student thesis, thus giving them an opportunity to develop their skills as a mentor. I enjoyed the collaboration, sharing of ideas and all the learning that took place with all students and Ph.D. and master candidates from various departments such as health policy and management, epidemiology, biostatistics, and nursing. I also tried to engage various faculty committee members, who are experts in their respective field, to mentor my junior mentee once a month. This would expose students to various health-related fields and would enrich their learning.

Currently, my dedication to offer the utmost support for my mentees has taken the shape of providing 2–3 h of zoom link meetings with a group of 35 students. Time and effort are involved in these sessions, as I try to accommodate a large number of people based on their individual needs. During these sessions, I try to address their questions and concerns, while also leaving space to facilitate discussions that encourage peer-to-peer learningS. I am a firm believer that everyone has something to learn and something to teach. Thus, even with my years of experience, I still look forward to learning from my students and having them take charge and teach others. This builds confidence among mentees, who may feel nervous and anxious dealing with professors, with higher status and more experience. Through my friendly attitude, supportive nature, and encouragement, I am trying to challenge the current hierarchies and power relations that exist in academia, especially between professors and students. In addition, by offering my expertise, I am avoiding gatekeeping research knowledge, tips, and tricks.

It is important to note that in today's digital world, technology seeps into every aspect of life,

and this is included in my mentorship experience. I had used a combination of face-to-face and e-system, which always proved to be helpful especially in cases of international dealings. Mentorship has given the opportunity for all of us to enhance the learning culture, learning environment and build individual capacity so that at the end, everyone experiences a win-win situation.

Lastly, an example of the mentor–mentee relationship was with, my intern, Deena Siddiqui, a student from University of Toronto, Canada. I came to be her mentor through the AKU virtual internship program where her keen interest in international development, enthusiasm for learning, and her background in public health made her an excellent candidate for the research intern position. As a recent graduate who wanted to gain real-life experience by working in the professional research setting, she came with very specific learning objectives. For example, she wanted to gain experience in drafting manuscripts, writing succinct reports, analyzing raw data, and conducting critical analysis and also literature review. I was able to facilitate this for her by assigning her projects that not only fulfilled her learning objective criteria but also developed her academic and professional skill-sets. In addition, I was very accommodating to the time difference between the two regions, much to her relief as she didn't have to wake up at 3 am or 4 am for our meetings. For me this meant having Zoom meetings outside of my 9–5 work schedule, which I was happy to accommodate for her, given her eagerness to complete her tasks. She frequently remarked on how I very reachable with only a WhatsApp call away, even for a quick 10-min chat. During her internship, I asked her to conduct thematic analysis on 75 transcriptions of in-depth interviews and focus group discussion and create succinct reports. This was not an easy task, and she expressed feeling overwhelmed and stressed. To address this, I was able to break down the task into smaller and more manageable segments and gave her an appropriate deadline. This eased her worries, and she was able to successfully finish her reports. Toward the end of the internship, she was overjoyed with having a published article in a scholarly journal as this is something that would accelerate and propel her career within the research field. She was also excited to work on a women empowerment narrative review, with my previous mentee. This allowed both mentees to further develop their collaboration skills and see the value in peer–peer learning. Sadly, one of her other articles was rejected, and she was feeling quite sad and defeated, especially after putting in so much time and energy into her work. Despite this, I encouraged her to see the bright side, pushed her to improve her work, and advised her to submit her work in another journal. This helped her regain her confidence, and she quickly starting preparing her submission for another journal. After her 3-month internship, she has expressed the desire to continue working with me and assist in small projects as well as large research articles. When reflecting, she remarked on how she was scared of working with such an experienced professor, but her worries were put to rest when she saw how friendly and accommodating I was. In addition, she valued all the feedback that was provided to her and the opportunity to improve on her work, which is not a common practice for university assignments. From bonding over our mutual love for cats, having casual talks, and exchanging cultures, to gaining valuable international experience, Deena has expressed immense gratitude.

4 Concluding Remarks with Recommendations

Literature and international organizations have hailed the benefits of mentorship as it provides young mentees with practical research experience outside of their theoretical university coursework. There are many different mentorship models, but these are all connected with the aim of creating mutually beneficial relationships for mentors and mentee. The narratives demonstrate that despite having theoretical knowledge

about research practices and study designs, graduate students often experience anxiety and nervousness when developing their own thesis paper. This comes from the lack of practical experience that they receive during their graduate studies. In order to overcome this, many universities have adopted mentorship programs that involve senior faculty members supervising student mentees. However, literature review and narratives have shown that mentors often go beyond just supervising thesis projects but also provide opportunities for mentees to develop their research skills, critical thinking skills, time management skills, and teamwork skills. In addition, mentors can also provide emotional support, especially when mentees are unsuccessful in publishing their work and can encourage them to continue trying. Similarly, mentees assist mentors with their projects while providing new perspectives and fresh take on various research topics. The narratives also expose prevailing hierarchies in academia, which often discourage students from seeking guidance from their seniors, due to their lack of confidence and research knowledge. Mentorship seeks to dismantle these structures by equipping mentee with practical knowledge and skillset to establish their own place within the research field. In conclusion, mentorship offers a valuable experience for both mentors and mentees and needs to become a common practice among all graduate programs. The recommendations for facilitating this are listed as follows.

1. Embolden and endure mentoring within the institution by communicating its worth and how relationships are a promoter and bring change in both mentor and mentee.
2. Encourage nursing associations, institutions, colleges, and schools to aid in establishing the mentoring programs.
3. To develop the formal programs for employees and to engage and guide them by the structure of organization at their personal and professional level for better understanding at educational progress.
4. Developing the mentoring relationship to differ in origin, age, sexuality (Male, Female) can multiply the understanding and perceptions on other when they experience in the employees.

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The Ripple Effect of Mentoring in Research and Academia

Carrie Hintz, Stephanie DeBoor, and Mark Gabot

I alone cannot change the world, but I can caste a stone across the waters to create many ripples.

—Mother Teresa

Objectives

1. Describe the ripple effects of mentoring in nursing research and academia.
2. Identify the lived experience of mentoring in academia.

Impact. One word, a thousand meanings. A series of events leading to the culmination of mentoring in nursing research and academia. The ripple effects of mentoring in nursing are the caste of one stone into the waters of infinite impact. A single act can change the trajectory of a person's career path. Touching one life leads to a ripple impact felt throughout the world. The following is a demonstration of the lived experience of mentoring in academia at a tier one research institution in Nevada.

1 The Mentor and Mentee Narrative: The Ripple Effect

1.1 Dr. DeBoor

I like to say I grew up in nursing. I started my first venture into healthcare at 14 years of age when I became a "Future Nurse of America" (aka, candy striper). My responsibilities were to assist hospitalized patients with their meals and feed patients who had suffered a Myocardial Infarction (MI). It was the early 1970s and MI patients were kept on bedrest and not allowed to do anything for themselves. I eventually went on to become a certified nursing assistant. It was at that time I met a nurse who took an interest in me and what she saw as my future in healthcare. She identified potential that I didn't recognize yet in myself. Through her initial and ongoing encouragement, I went on to become a licensed practical nurse (LPN) and 3 years later

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became an RN after obtaining an Associate's degree. It was her encouragement, role modeling, and mentoring that continued to compel me to move forward with obtaining a BSN, MSN as a Clinical Nurse Specialist, a post-master's certificate as a nurse educator, and finally a PhD.

In nursing it is important to give back as a way to nurture and grow our profession. In my 40 years as a nurse, I have tried to role model the values of a professional nurse, inspire continuing education, and identify those who will promote nursing for the future. Most recently, I have been mentoring a colleague, Dr. Hintz, who is clearly destined to be a leader in nursing and academe. While she may not totally recognize that in herself, it is my role to foster that potential through mentorship. Most interesting about being her mentor is that though we are from different generations and don't always agree on everything, we are similar in many ways and have established a strong relationship, which is a key tenet of mentoring. I've learned when it comes to mentoring and being a successful mentor, one needs to have an interest in the individual, make time, and be willing to share your story to promote their professional journey.

1.2 Dr. Hintz

As a DNP student from a small rural community, there was limited opportunity for positive impact from a mentoring standpoint. Education was largely dismissed early in my nursing career, as something that only those who "can't hack the real world do." Early on in my career, I knew that I was bound for advanced education, although I whole heartedly admit, I had no idea what that meant. When I graduated from Duke University with my master's degree, I thought I had reached the end of my education road. However, another dear friend and mentor found the Orvis DNP program online and encouraged me to ripple on.

During the DNP program orientation, I met Dr. DeBoor and instantly felt the "imposter syndrome" effect (i.e. doubting abilities, feeling like a fraud). I never imagined that a decade later I would be working beside her to educate future doctorally prepared nurse leaders. My journey began with a single step in hot pink Nike tennis shoes and has continued on through countless points of impact ascending the ripples as far as the eye can see. Whether the mentoring came in the form of role modeling, encouragement, tough love, support and guidance, or the occasional nudge from the world of black and white, Dr. DeBoor has worked to gradually spread influence through an infinite number of actions.

1.3 Dr. Gabot

Mentoring is the formation of a purposeful relationship for the benefit of one or both members [1]. Characteristics of positive DNP mentoring include accessibility and availability of a mentor ("being there"), support for project execution, and mentor experience in research [1]. Dr. Hintz was present in the development, implementation, and dissemination of my DNP project. She willingly gave substantial time, attention, and feedback through synchronous and asynchronous communication, as well as editing my scholarly work for proposal, defense, and publication. Dr. DeBoor believed in my vision to improve maternal outcomes and supported my DNP project across its lifespan. Through her advocacy, I implemented an evidence-based, quality improvement project that standardized obstetrical anesthesia handovers for Certified Registered Nurse Anesthetists (CRNAs). Dr. DeBoor's experience in research was also instrumental in me attaining research grants through Sigma Theta Tau, which provided the financial resources necessary to disseminate my research nationally and internationally.

2 Self-Reflection

2.1 Dr. DeBoor

The saying you never know where life will take you or who you will meet along the way is true. After 5 years of general medical surgical nurs-

ing, my manager encouraged me to apply for a critical care nurse internship. Once again, an individual who saw something in me that I certainly had never considered not felt prepared to do. Nonetheless, I applied and was accepted. I went into the critical care internship with much trepidation, but almost immediately felt at home during orientation under the tutelage of a very rigorous preceptor/mentor. The encouragement of that manager and my preceptor shaped my professional life for many years to come.

Eventually I would find my way into the world of academe. I continued to work at the bedside even after I became an educator. This provided me credibility among my students and peers. It offered an opportunity to share experiences outside of what a textbook presented. To be honest, I enjoyed taking care of my patients and their families. Being a nurse is who I am.

After 40 years, there have been many lessons learned, and one I've known for a while is we can't do everything ourselves. There are others who can do it better than we can, and we need to embrace the handoff, which is what I have been trying to do for some time now. One might ask, is there anything I would change? I often tell students not to take my pathway to an advanced degree. It took 36 years to get from a CNA to a PhD. Over half of my life has been pursuing nursing education, one degree at a time. While I certainly would have liked to accomplished those milestones sooner, each one of those steps has shaped me into who I am today. Each one of those paths has provided me with a story to share for the next nurse's journey and the next generation of the profession. Above all, I'd like to believe it has made me a stronger nurse, person, and mentor. Of course, you would need to confirm that with those I have mentored.

2.2 Dr. Hintz

As a veteran nurse, I assumed my role as an assistant professor at the Orvis School of Nursing with limited perspective and novice knowledge of the world of academia. I interviewed for my position as I was entering the last semester of my DNP program. Despite my years as a nurse and supervisor, I had limited experience in education. A day after my interview, my home caught fire. My husband, a firefighter with the city, was one of the first on scene, and worked to put out his own house fire. This tragic event left a mark on my spirit, and I accepted my new position with a heavy heart.

From the moment I stepped foot on the beautiful campus of the University of Nevada, Reno, I knew this is where I belong. Dr. DeBoor helped me take the rough stone of my education and training and turn it into a dancing wave of ripples along the shores of academic nursing. These ripples continue on during my quest for a PhD, helping to ensure that the light of my spirit transcends many moments of impact; those moments that shape us into the leaders we are meant to be.

There have been many moments in my career where I have wished I would have chosen a different path, taken a different road. Yet, I know that I am exactly where I am meant to be. I have grown so much since my first encounter with Dr. DeBoor at graduate orientation. Out of the 11 individuals that started in the DNP program, I was one of three that completed it on time. My pathway and the ripple effects of Dr. DeBoor's mentoring have enabled me to pass on those moments of impact on to students like Dr. Mark Gabot. A series of events, moments of impact, a lifelong journey of succession planning in motion. We are connected by the moments we share, the lessons we learn, and ripples we pass on.

3 Best Practice

The best practice is just that. Practice. As any child who has stood on the riverbank knows, sometimes you have to cast a lot of stones to see that perfect ripple effect. Yet, the journey of a thousand miles begins with a single step. An impact. A ripple.

3.1 Dr. DeBoor

Mentoring has been a key strategy for years in the education and training of others. Early on in my career we functioned under the "see one, do one, teach one" method, but there is a need for more than a one and done to be proficient. Both learning and mentoring are active processes requiring intention. As a bit of a constructivist, I believe each experience allows us to build new knowledge leading to another experience. Each of these experiences impacts the knowledge gained and determines whether there is need for adaptation. When one serves as a mentor, they share their experiences. This allows the mentee to construct their own knowledge based on what they already know and previous encounters that have shaped them to this point in their lives.

3.2 Dr. Hintz

There have been a thousand moments of impact in my academic career, none less important than the others. The theoretical underpinnings of mentoring provide a foundation to build upon, as well as highlight the systems perspective that drives us to create sustainable change in healthcare. The integrated reflective cycle demonstrates the continuous nature of mentoring in the worlds of academics and serves as a generator for the ripples yet to follow. My own career pathway is full of moments of impact. Mentoring, as an art and a science, follows the essential theoretical bedrock that supports any pathway to higher learning. The best practice is to just practice. Ask lots of questions. Say YES! to the possibilities presented. Be open to change, and admit when you've taken the wrong road. The best practice in mentoring is willing to accept that you need help and to reach out early (and often). This means recognizing that no matter what it is we hope to achieve, we can't possibly do it alone. Our own "ripple" started because of another ripple.

4 Evidence-Based Practice

Brown and Crabtree [2] believe that the essence of mentoring in DNP programs has caused a paradigm shift, where PhD faculty mentors have started a ripple with their expertise. This ripple has carried over into a new way of mentoring, one that has been adapted to meet the needs of the DNP. This new wave of mentoring meets not only the newly prepared DNP faculty's needs but the needs of the DNP students as well. DNP mentoring involves real-world practice change projects that highlight the critical role of the "systems" in the synthesis of learning. This form of mentoring encourages the student to utilize a variety of resources in their clinical practice to augment the expertise of the faculty mentoring [3]. As a vital building block of the translation of research into practice, DNP prepared mentoring requires a team approach. These building blocks allow for growth in multiple direction, which also increases the sustainability of the mentoring impact. This further engages mentoring at all levels of the nursing profession to help embed mentoring into an evidence-based practice culture [4], which further expands the reach of the mentoring ripple. The extended efforts of the ripple lead to the fusion of both passion and ability. This fusion helps to bridge the reality of what is, with the hope of what can be [1].

4.1 The Ripple…An Example in Academe and Research: *Dr. Gabot*

The DNP project, while rooted in practice, can take on many different forms such as quality improvement [1]. During the implementation stage of my DNP project, I experienced internal and external friction as I became the change agent in the clinical setting. I struggled to find the strategy necessary to create sustainable change within my organization and to motivate CRNAs into action. Furthermore, there was initial push-back from stakeholders that did not buy into the use of communication to improve quality of care, patient safety, and maternal outcomes [5].

This was my first endeavor in continuous quality improvement. In the beginning, I had a fixed mindset and assumed that I needed 100% buy-in from CRNAs and stakeholders for this project to be "successful." After speaking with Drs. Hintz and DeBoor regarding my frustrations, they encouraged me to persevere. They reminded me that quality improvement is an iterative process, and it was incumbent for a DNP scholar to have a growth mindset when acting as the change agent. Those words of reflection were laden with the wisdom of experience, trust in the DNP scholarly process, and a belief in my ability to bring value to my organization.

Through this experience, I learned to be flexible within the quality improvement process. Just as an architect must adjust their blueprints based on new information, the DNP scholar needs to pivot and flex with changing conditions of the environment. The diffusion of innovation theory describes laggards that provide the most resistance to innovation adoption [6]. I was naively focusing my efforts on this group. By remaining agile and refocusing my energy among those CRNAs that shared my vision and readily adopted the standardized handover, I brought on the innovators, early adopters, and early majority [6]. Market penetration and the communal pull of the group eventually reached a tipping point where the late adopters and finally the laggards were reeled in [7, 8]. The standardized obstetrical handover is now part of our obstetrical anesthesia workflow, improves communication along multiple indices, and expands the situational awareness of CRNAs.

Next time, I will approach projects with a growth mindset. I will actively engage stakeholders as project team members. When strategically planning and executing a change initiative, I will seek opportunities to complement our strengths and weaknesses, vision, and blind spots to leverage our efforts for change. I will move forward on my journey in research, academia, and the oversight of DNP projects for my organization. As I step into the mentor role, I am confident that the wisdom of Drs. Hintz and DeBoor will ripple through me onto future generations of DNP scholars.

5 Conclusion

The future of healthcare requires us to prepare the next wave of leadership for challenges that have yet to be seen. As mentors we must utilize the theory and practice of our learning to create a system of succession that can change the world, one ripple at a time.

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Resources

A Concept Analysis of Mentoring in Nursing Leadership.
DNP Student Mentorship: Empowering Students and Nurse Practitioner Organizations.
Mentoring in Nursing: An Integrative Review of Commentaries, Editorials, and Perspectives Papers.
Modern Mentoring: Strategies for Developing Contemporary Nursing Leadership.
Reflection Toolkit.



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Meaningful Mentoring: Paying It Forward

Carole Liske, Naomi Tutticci,
and Heidi Johnson-Anderson

Mentoring is a brain to pick, an ear to listen, and a push in the right direction.
—John Crosby

Objectives

1. The reader will understand that effective mentoring is founded on trust, transparency, and humility.
2. The reader will embrace the importance of "paying it forward" as a nurse mentor.

1 Introduction

This chapter will share stories of meaningful mentoring and how three nurses connected through trust, humility, and vulnerability. Our mentoring reflections that spanned decades, miles, and time zones highlight how despite diverse experiences of place and personality, global mentoring experiences created ongoing professional nursing relationships. Our hope is that by reading our reflections, you will seek serendipitous and intentional professional mentoring that energizes and excites you. Opportunities to "pay it forward" will come if you embrace and extend this gift of meaningful mentoring from—and to—others.

1.1 Carole's Mentor's Story

Looking back, I always served and mentored others. At the very young age of 4, I was giving away coins from my piggy bank to friends in need, even though my family struggled financially. I would organize games and guide activities to ensure everyone was treated fairly and able to participate. During my formative years, to support our single-parent family, my older sister worked to provide financial support and I found myself mothering and mentoring my younger sisters. As I matured personally and professionally, this nurturing behavior evolved into a role best described as a *serving friend* and servant leader—providing authentic, ethical,

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supportive leadership and mentoring to ensure growth in others.

Identifying what has driven this behavior of service to others, even at such a young age, has been explored and may be attributed to experiences in childhood that "unconsciously motivate someone to enter helping fields" ([1], p. 124). Whether motivated by nature or nurture, I strived to mentor others to graciously and appropriately self-protect in an intentional personal, and professional way, to achieve personal success, professional accountability, and satisfaction in work and life. Jaworski et al. [2] found that self-efficacious behaviors and perfectionism in nursing students strengthened authentic leadership skills, and this has been observed while mentoring nurses. Although perfectionism has been found to decrease self-compassion, mentoring nurses to recognize and abate perfectionistic tendencies allows them to build self-compassion [2]. It is through self-compassion, nursing professionals develop self-awareness and objectivity that correlates with emotional intelligence [3].

I moved into nursing leadership roles almost immediately after graduating with my baccalaureate degree, and now I realize that this advancement into leadership was because of my innate desire to mentor others to succeed. Never did I see myself competing with nursing colleagues…I challenged myself to grow and be mentored. Long before I knew mentoring was an intentional professional activity, I appreciated and valued my mentors—even those who challenged me and even intimidated me!

My first Director, a slightly gruff diploma nursing graduate, harbored somewhat warranted suspicion toward my capabilities as a young, newly MSN-prepared nurse manager. As my first informal mentor and direct manager, she challenged me to recognize the ramifications of my managerial actions, trust my gut instincts, and develop "tough" skin. A key piece of advice she provided was never solicit staff input if I had no intentions or opportunity to use it! This taught me the importance of authentic and transparent communications in leadership and shaped my mentoring philosophy in future years.

Many other collegial mentors have contributed to my personal and professional growth and success. These notable mentors included a lifelong friend with philosophical insights, a Vice President of Nursing who valued interprofessional collaboration and gracious conversation, and a fellow alumna at my BSN alma mater who overcame nay-sayers to pursue her career dreams.

My friend listened and validated my emotions as we traversed motherhood. A successful professional who also stepped away from her career to raise children, this dear friend reminded me that, as new mothers, we needed to accept our reality and that our parenting behaviors, or dimensions, evolve as our children move through their stages of development [4]. Interestingly, as a nursing leader, I have noted that the developmental stages of my teams also influenced my manager behaviors and the evolution of my leadership dimensionality. This multiplicity of behavioral dimensions has supported my dynamic professional growth—one founded in authentic lifelong learning with humility and kindness—and shaped the complexity of my mentoring relationships [5].

My first leadership role was in a community Medical Center founded on faith-based principles. The VP of Health Services was a remarkably strong, gracious leader. She actively listened, validated diverse perspectives, and always looked for mutually beneficial solutions. I learned from her to always support your staff. She lived this philosophy as a courageous leader who supported me even though I boldly and naively paused an elevator to finish a conversation with a physician who was walking away from me.

During a challenging time in my career when I questioned whether to remain in nursing, my willingness to humble myself and embrace the passion in others provided the most memorable

serendipitous mentoring moments. Highly accomplished global nurse leaders who, upon encountering me at a Sigma conference, intuitively recognized my crisis in confidence and opened their hearts to me with unwavering support and unexpected career mentoring…for which I will always be grateful!

At this time, much needed inspiration also came from a keynote speaker at a women's conference who shared her story of overcoming discouragement and achieving her dream as a physician. Her story of resilience in growing and pursuing her passion was both inspiring and memorable. A statement in her speech seemed to be personally directed at me. Her words serendipitously mentored me to enhance mindfulness, recognize the reality of the challenge, and embrace the possibilities, through what is best described as radical acceptance [6, 7]. I have often recited her impactful quote to mentees and colleagues during challenging times, even though like me, it may not be what we want to hear, most especially for nurses who always strive to fix and heal… "If it isn't right, working harder at it won't make it right."

Forever grateful for serendipitous mentoring opportunities, I am committed to "paying this forward." I always strive to be an empathic and caring leader who respectfully and intentionally disrupts the status quo to achieve positive outcomes in individuals and teams. Described as seeing potential in others even when they don't see it in themselves, I disrupt complacency and graciously challenge others to realize their professional dreams. Smith Meeks and Klein [8] noted that gracious leaders who may not have all the answers successfully lead others to optimal professional performance through purposeful listening and respect.

The insightful ability to see and respect "good" in others is also accompanied by the ability to see the "not so good" and anticipate and mitigate negative outcomes. Seeing inauthentic behavior is both advantageous and a challenge. However, leveraging the good in others allows me to develop unique relationships—as a manager, a mentor, a colleague, a wife, a sister, and a friend. Commitment to self and others while abiding by the organizational policies and procedures is a mentoring mantra and is best described as "autonomous accountability" or "accountable autonomy."

Everyone is inherently responsible for what they do, why they do it, and the consequences of their actions. I encourage and mentor those I lead to find joy and love in their lives by authentically focusing on ethical practices, leveraging their best qualities, and not dwell on their weaknesses. My team refers to this as being "Lisked"—the experience of being challenged to maximize your skills and talents that at first only "Carole saw in me."

Honestly, I do this intuitively and then intentionally continue these mentoring conversations. Graciously, and sometimes not so graciously, I challenge my colleagues to reflect on their talents and develop a growth mindset. This fosters the development of an authentic relationship built on trust and transparency—the manager/direct report power dynamic disappears, and empowerment fosters collaboration [9]. The team *esprit de corps* strengthens professional development through mutual mentoring in an enriching and safe environment. This psychological safety has allowed each meeting—team and individual—to become an oasis for healthy discourse. This safe space in which we disclose vulnerabilities and concerns allows us to explore diverse perspectives, welcome innovation, strengthen individual performance, and build a cohesive team vision of excellence.

> *Out of your vulnerabilities will come your strength*—Anonymous

1.2 Heidi's Mentee Story

I come from a family of bold leaders, so I have been groomed to lead by my parents and siblings

since I can remember. Yet, I was the quiet one—and often did not speak up until there was an ever so slight break in the conversation allowing for minimal input. When the opportunity arose, I was careful to make it count. I learned to lead with minimal words and words chosen carefully. I learned that being a leader does not mean I need to have the loudest voice or use the greatest number of words. Rather, it is the richness of the words and the deep felt meaning with which they are spoken.

Some of the greatest leaders with whom I have interacted are those who see themselves as evolving leaders and possess the wisdom to recognize that the summit is never reached—there is only the journey. With that journey comes humility and the self-awareness of imperfections and incredible potential.

I have held administrative leadership positions, but every fiber of my being has told me that it was not the work for which I was meant. Yet, I know that I am a leader by nature and often felt I was selling myself short by not settling into formal leadership roles and staying there.

Carole Liske became my manager about 7 years ago. As a nurse of 30+ years, I have had the pleasure of learning and working with many nurse managers and leaders. However, Carole was different. Her intuitive nature was innate. She knew things about me that even I didn't know. She saw potential that I didn't. She had a way of gently nurturing me in a way I jokingly now describe as "pleasantly annoying"—until I realized what she was doing. She was mentoring me. She slowly peeled back the layers of who I was as a person and as a professional, recognized the raw untapped potential, and then placed opportunities in my path that challenged me to acknowledge, accept, and begin to build upon those skills and talents. Through her unique and empathic mentoring style, Carole helped me to realize that leading and mentoring "from within" carry as much importance as a formal title.

I have learned that there is a necessary transparency within effective mentoring. As an authentic mentor, one must reveal their own insecurities which creates trust. That trust becomes the glue that further strengthens the mentor–mentee connection creating a symbiotic relationship that results in professional growth for both. Carole's willingness to reveal vulnerabilities helped me to better understand her as a leader and also helped me to realize that quality mentoring is sometimes about assisting another to be ok with being human and that our weaknesses are simply opportunities for growth.

> *Vulnerability is the birthplace of innovation, creativity and change*—Brene Brown

1.3 Carole's Mentor Story

My formal experiences in mentoring global nursing colleagues were serendipitous opportunities. The first mentoring experience was as President of Psi Upsilon, Sigma Theta Tau's virtual chapter. I mentored colleagues from the Philippines into Sigma leadership roles, and several have continued their postgraduate education and are currently serving as chapter leaders. One, who was since recognized as a Sigma International Nurse Researcher of the year, is now serving as my mentor in an international research project… recognizing the importance of paying it backward as well as paying it forward!

The second formal mentoring experience was as a mentor in the Global Leadership Mentoring Program developed by several nurse leaders affiliated with Sigma. The structured experience paired mentors and mentees from diverse global regions and leveraged the talents of the mentors in achieving the goals established by the mentees. My mentee was Dr. Naomi Tutticci from Australia.

Upon our first meeting, I found Naomi to be gracious, humble, welcoming, and always professional. Although, and possibly because our mentor/mentee partnership spanned thousands of miles and time zones, our relationship thrived in the structured program. Not only did we achieve the objectives of the program, Naomi and I met

our personal and professional goals as mentee/mentor partners. Most importantly, because of this experience, she is realizing professional growth, and we have continued to work together and remained close friends, professional colleagues, and research partners.

Much like our mentoring relationship, Naomi is paying it backward (to a mentee and work colleague of mine) and forward. This opportunity arose when I was asked by Sigma to recommend international colleagues who I thought would benefit and enjoy participation in a pilot mentoring program…they will now share their story.

1.4 Naomi's Mentee Story

If it doesn't challenge you, if won't change you—
Fred Devito

Being mentored comes in many guises and can be an uncomfortable experience. Looking back at my nursing career, some of the most uncomfortable times have been when I was mentored. In the early stages of my PhD, my supervisors asked probing questions. What was my passion? What unanswered questions did I see in my circle of influence? What theoretical framework would guide my research? This creative approach to autonomous and exploratory supervision during my PhD was at first a little disorientating. Looking back now as a faculty member and supervisor of research students, I can appreciate this mentoring approach. Autonomy and exploration are important attributes for faculty members and will contribute to our creative thinking [10]. Nursing does not always allow space for linear thinking to solve problems. A legacy of my PhD supervision was that a creative approach to problem-solving in nursing has a place, just as linear, protocol-driven practice. This does not mean than the outcomes are any less evidenced based, instead, my PhD mentoring showed me that there are times when "thinking outside of the box" is necessary.

Nursing is not an easy road, something I have observed as a nursing student, clinician, educator, and researcher. At times I doubted myself whether it was imposter syndrome in a new job, my PhD studies, or the care I provided as a clinician. In any of these scenarios, if my mindset was negative, I would perceive the challenges and conflicts as barriers rather than opportunities. Self-doubt would creep in slowly or become a landslide, either way, stymie forward momentum or effective, confident nursing practice. What I have experienced to counter the hard times is that guidance has always been there, often subtle, and in different forms or unexpectedly from nursing colleagues.

At the mid-way point of my PhD, I realized that the confidence necessary for sustained growth needed to come from personal self-mentoring [11]. The more I would practice self-mentoring, the less awkward I felt and my relationship with PhD supervisors became purposeful, collegial, and mutually respectful, characteristics of an effective mentoring partnership [12]. The lasting impact of my relationship with my PhD supervisors was that mentoring can be both uncomfortable and rewarding. Little did I know at the end of my PhD and early in my career as nursing lecturer, a life-changing mentorship experience was on the horizon.

Early in 2019, a faculty colleague suggested I participate in a mentoring program for emerging global nursing leaders. With the formalities of program application completed, I was paired with an international nurse leader from the United States of America, who would mentor me for the next 12 months. I anticipated the traditional dyad approach to mentoring would require me to be proactive, attentive, and engaged for it to be a successful pairing [13]. My first memory of Dr. Carole Liske was having my breath taken away by this vivacious, articulate nurse who mixed humility with intelligent intuition and purpose. Right from the start, I had no doubt that if I was responsive and motivated, I was going to be nurtured and developed as a new faculty member.

Formal goal setting was the agenda for our initial weekly mentoring discussions. Without realizing at first, I was experiencing transformation and insight into the internal workings of my mind and those around me through my contact with Carole. The initial change I noticed within myself was an intentional approach to my faculty role, to manage the variables that could be controlled and to not shy away from difficult conversations with students or colleagues. Empowered to act and influence myself and surroundings came from regular honest and frank conversations with Carole, a critical element of a successful mentor/mentee relationship [13]. Our interactions were planned and highly structured, usually with the purpose to solve problems associated with self-leadership and more common leadership scenarios in the workplace. The mentoring relationship that we built was founded on the principle of accountability to self and to nursing's fundamental principle of empathetic connection and care [14].

My connection with Carole was and is probably part serendipitous and partly the result of Carols' deft experience in human relations. Interestingly, most of what I have learnt from Carole about leadership and mentoring has come from listening to her spoken word, reading her written word, and watching her mentor me and those within her sphere of influence. The opportunity to role model Carole as my mentor has contributed to my shift from being a mentee to identifying myself as a mentor [15]. This authentic and impactful connection with Carole was possible because the vulnerable position of mentee was respected by her. The respect continues, even though our formal mentor–mentee relationship finished in 2020. I still feel like the balance is tipped in my favor, which is why I was so thankful and eager to participate in a pilot mentor–mentee project, as a mentor to pay some of what I had learned from Carole, forward.

Naomi's Mentor Story: In 2020, I was invited to join a pilot mentoring program. I was paired with Dr. Heidi Johnson-Anderson, an academic in the USA who had a shared interest in simulation and education. A great way to start any working mentor/mentee relationship! Carole had suggested that we both participate in the pilot program, seeing a natural affinity and potential for an ongoing partnership through our shared professional interests.

Heidi is an accomplished educator, how lucky was I to be partnered with another extraordinary nurse leader. I did feel like an imposter, however; how could I be an effective mentor to another outstanding nurse? Heidi and my weekly conversations were energetic and sometimes unstructured, as we jumped down numerous "rabbit holes" going deep at times into many topics of interest. I realized during this mentor/mentee partnership with Heidi that being a "mentor" did not mean I had to have all the answers or be particularly wise but to listen to Heidi's reflections on her working life as a nurse leader and academic.

Our mentor/mentee relationship had times when we would flip between being mentor and mentee, the known benefit of a peer-to-peer approach to mentoring [12]. This novel experience of mentoring was attractive as it capitalized on our strengths or unspoken need to be heard and validated. I often found that Heidi provided insights into situations I would describe, shifting me from a narrow focus to a broaderless personal response. This saved hours of emotional investment in problems that really benefited from a fresh perspective and less emotive bind. Serving as a mentor to Heidi gave me so much joy through the giving of and receiving wisdom, which resulted in shared growth and understanding between each other.

1.5 Heidi's Mentor Story

My experience with the Sigma Mentoring Program began with an invitation to participate in a pilot program. As the Mentee, I was honored to be paired with Dr. Naomi Tutticci, a brilliant nurse educator from Australia, as my mentor. We immediately clicked. I realized quickly that this

experience would be rich and unforgettable; however, I am not sure exactly why. Was it because this was a formal mentoring program, and I was intentional in my attitude toward it? Was it because we were paired together due to our similar personalities? Was it because this was a global mentoring experience? Whatever the reason, it worked.

Because Naomi resides in Australia and I in the USA, meeting times were slightly challenging. She would be drinking her first cup of early morning coffee as I was nearing the end of my workday. We quickly found common ground not only in our relationship as fellow nurses, but also with the challenges of the onset of the COVID pandemic. There was a certain comfort in knowing that Australians had become just as obsessed with toilet paper as those in the USA! During such an unsettling time in the world, we were not alone.

During our first meeting, we set goals for our mentor–mentee experience. In that process, it became clear that we were more alike than different, and our goals were similar in nature. Through honest and open sharing of existing challenges and successes, we found that the experience quickly took on a life of its own. The fact that it was international added something special. Although the Internet has expanded our professional reach, it still limits the intimate human relationship component. The Sigma connection has enabled us to become global colleagues. Working with another nurse across an ocean suddenly made the work I do seem less siloed, and it heightened my perspective on how individuals can impact change worldwide. The experience energized my work and fueled my passion for nursing education.

Our mentor–mentee relationship was safe, transparent, and without consequences. We learned with and from each other. The time flew and with every meeting, our mentor–mentee bond became stronger. We shared our life challenges, our successes, and even our times of sadness. We hardly knew each other, and yet the structured anonymity of the experience created a lasting bond.

As the experience ended, I knew that the relationship we created had become the foundation of a long-lasting professional connection. Personally, I emerged from the experience with a newfound appreciation for the role of a nursing mentor. It became apparent that when we foster leadership skills in others, our work is exponential as we propel those around us to '"pay it forward" by influencing the future of nursing.

2 Conclusion

Mentoring can be a formal process, but those who open their hearts and minds to growth personally and professionally are always aware of serendipitous mentoring opportunities. We've learned that we encounter exceptional mentors in unexpected moments, and we need to intentionally remain humble mentees at any time. We also need to remain nimble and shift into a mentor role in the next moment.

In our experience, robust mentor/mentee relationships allow the partners to shift roles given the issue and timing in one's personal or professional worlds. In a non-managerial organizational setting, mentoring becomes "lateral" in that the mentoring flips where transparency and trust allow this "ebb and flow" of courage, authenticity, and guides who will take the lead in conversations.

We valued our meaningful mentoring experiences and continue to thrive as nursing partners in scholarship and research. We averted professional stressors by converting crises into confidence and challenges into cherished mentoring memories. In moments of challenge, the distance fostered an objective anonymity in which we were there for each other to dissect the problem into digestible parts. This de-escalation allowed us to navigate the issues with fresh perspectives and renewed confidence—that was then added to our professional palate of problem-solving skills.

Reflecting on our mentoring journey has allowed us to relive these rich experiences and, in sharing how we personally changed, again experience vulnerability. From strangers who each had a mindset of discovery and curiosity, we connected. We emerged from these rich professional experiences with renewed momentum—motivated to continue this journey of personal and professional exploration.

Honoring who we are—our personalities and work dynamics—is crucial. Individual personalities are easily navigated, and the unique characteristics enhance the experience and provide meaningful, enriching experiences when sharing our authentic selves. We didn't have to work hard at making this work…our openness and willingness and our intent to embrace the experience and emerge impacted our lives. This is our moment to celebrate our success and how we continue to support each other across the miles in educating nurses who will craft the future of nursing. We are delighted to have grown from these mentoring experiences and recognize that we are more effective educators who challenge others to always present their best selves in the provision of exceptional care to those most in need.

We appreciate this opportunity to share our stories of mentoring that started as a personal investment in our daily selves and became much more than that. As we pay it forward, we recognize that mentoring is greater than the sum of its parts. On reflection our combined mentor/mentee experiences have become a legacy of paying it forward. Our joyful human interaction served and continues to serve as a refuge when we need to draw on untapped strength and resilience. We continue to reap what we've sown, are committed to offering meaningful mentoring, and consistently "Pay it Forward."

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Resources

Australian Colleges of Nursing. https://www.acn.edu.au/; https://neo.acn.edu.au/my-benefits/mentoring/mentoring-guide.

Institute for Healthcare Improvement Framework for Improving Joy in Work. http://www.ihi.org/about/Pages/default.aspx; http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx.

Sigma Theta Tau International Honor Society of Nursing. https://www.sigmanursing.org/; https://www.sigmanursing.org/advance-elevate/careers/sigma-mentoring-cohort.



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An Analysis of a Mentoring Journey to Understand How to Develop Global Health Nursing Competencies

Machiko Higuchi and Haruko Yokote

You cannot teach a man anything. You can only help him discover it within himself.
—Galileo Galilei

Objectives

1. To share a mentoring experience in developing competencies for global health nursing.
2. To understand how mentoring can help develop competencies for global health nursing.

1 Introduction

For nursing to fully assume its expected role, it is important for every nursing professional to grow. Particularly in situations where health problems are becoming increasingly globalized, nurses with transcultural abilities are required. Therefore, it is important that specific mentoring practices are applied, starting from the basic nursing education stage, and that these be applied systematically and individually according to each student's needs, beyond regions and countries. It is also key that these mentoring experiences are shared with nursing professionals around the world and that relevant evidence for their success is developed. Thus, this chapter explores one mentoring story that can serve as a guide to developing competencies for global nursing based on Kolb's learning cycle [1].

2 Concrete Experience

2.1 The Mentee

I became interested in nursing in the global health field when I was a high school student. Inspired by a photobook I came across, I decided to help improve the lives of disadvantaged and marginalized children around the world. In 2006, I enrolled at the National College of Nursing Japan (NCNJ), and my mentor, Machiko-sensei (meaning "Professor Machiko"), was assigned to NCNJ the following year. I believe the mentoring relationship commenced when we met on a train by chance during my third year of college. I told her that I was interested in visiting a foreign country, and she kindly introduced one of her former students to me. During one summer vacation, I visited this person who was working as a global health specialist in Indonesia at that time. This

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experience inspired me to explore how Japanese nurses adapt to other cultures. In my fourth year of college, I analyzed cultural adaptations of nurses who served as Japan Overseas Cooperation Volunteers (JOCVs). It was my first research project, and Machiko-sensei guided me to complete it.

As a professor of global health nursing, she taught me key information in the global health field, such as global health issues, the importance of understanding and respecting cultural differences, and the role of Japan in this field. She showed me various examples of nurses' roles by serving as a role model and inviting professionals from her own network to lectures. Informal conversations with her also provided me with good learning opportunities. She taught me that to respect the values of others, it is indispensable to understand and respect my own personal values, and to do so, I should expose myself to new sets of values that will help me define my own. Throughout my time in college, she encouraged me to expand my perspective, respect my own values and those of others, and pursue my goals.

Even after my graduation from NCNJ in 2010, our mentoring relationship continued. For instance, when I finished my work as a JOCV in Morocco, I was invited to deliver a lecture at NCNJ. I discussed my experience in managing a project to improve maternal and child health in a province of Morocco, including how I collaborated with local professionals to revitalize maternity classes. I also shared certain instances of culture shock I experienced and how I learned to adapt to other cultures. Around this time, I also decided to obtain a master's degree in international public health in the United Kingdom. Machiko-sensei was the one who encouraged me and kindly prepared a recommendation letter in this regard.

In 2021, I participated in a remote internship with the United Nations Children's Fund (UNICEF) in Tanzania. My responsibilities included contributing to the organization's efforts to strengthen health systems. For instance, I synthesized existing evidence on health information systems and prepared reports that enhanced the evidence behind the data use promotion within the country. During my internship, Machiko-sensei invited me to deliver a lecture at NCNJ for the second time. I discussed how I contributed to connecting evidence with practice in the global health field and shared my learnings from the internship.

Upon reflecting on the past 16 years, I feel a strong sense of accomplishment. I have contributed to making positive changes in people's lives while achieving several objectives linked to my overall goal. However, at the same time, I remember the difficulties I had experienced along the way, which I had not anticipated when I decided to pursue a career in this field. I felt powerless when the project in Morocco was not going well, and other people's words and behavior sometimes demotivated me. Many people asked me why I needed to work in resource-limited and dangerous places and cause anxiety to my family and friends. It was saddening and frustrating when a Japanese patient once said to me, "You should work in Japan, as there is a severe lack of nurses." Further, I had to give up a stable job and income in exchange for developing my career. It was also challenging for me to contend with other young professionals when we were all competing for the very few positions available in this field. I asked myself many times why I chose this path.

2.2 The Mentor

In 2006, the Japanese Ministry of Education, Culture, Sports, Science and Technology launched the "International Education Promotion Plan" to support regions implementing advanced initiatives in cooperation with local and international education resources, with the goal of developing human resources capable of acting independently in an international society. The plan was launched by designating a region as the core school and actively utilizing nonprofit organizations, universities, and other organizations to promote international education in the region [2]. Haruko (the mentee) did not have the opportunity

for this type of education before entering NCNJ in 2006. Opportunities for global education vary depending on students' environments.

When Haruko discovered I was in charge of the Department of Global Health Nursing, she told me that she wanted to work in global settings in the future and was seeking learning opportunities to accomplish this. A few days later, I introduced her to one of my students, a nurse who had participated in the JOCV program in Indonesia and subsequently was working as a member of a nongovernmental organization to strengthen health systems in developing countries. Haruko observed the site in Indonesia where my former student was working. This experience, which was markedly different from what Haruko had seen before through the filter of photographs, encouraged her to visit various other developing countries during her undergraduate studies. Ultimately, she further strengthened her determination to achieve her future goals.

In her third year, she selected her field of study. I identified that her research question was, to some extent, a good match for global health nursing. Therefore, I agreed to supervise her graduation research, and she wrote her thesis under my guidance.

During their fourth years, NCNJ students take seminars on global health nursing that aim to enhance their (1) knowledge of global health issues and international cooperation in this domain and (2) capacity for integrating a transcultural perspective into their nursing. Using these skills they developed as a foundation, students are then expected to have an actual global health nursing experience either in a developing country or in Japan according to the circumstances through the global health nursing practicum.

Through the seminar and global health nursing practicum, which are mandated courses for fourth-year students, Haruko reaffirmed the importance of understanding the true meaning of support in global settings and recognized the significance of understanding the cultural aspects of nursing.

After graduating from NCNJ, Haruko worked as a nurse at a hospital in Japan and was then sent to Morocco as a JOCV, thereby fulfilling one of her objectives. During this period, the graduates who had received my guidance on their graduation research held a get-together every 1 or 2 years to report on the outcomes and challenges and encourage each other. I respected the exchange of opinions among the graduates and sometimes shared my experience and knowledge to support their endeavors. In 2017, after Haruko successfully completed her assignment as a JOCV and returned to Japan, I asked her to deliver a lecture for undergraduate students in the global health nursing class. Her experience in Morocco and her future vision inspired the students who asked numerous questions for her. Haruko also provided helpful advice to younger students, sharing anecdotes from her own experiences.

After completing her master's degree program, she was given the chance to intern at UNICEF. Although she was expected to work in Tanzania, she had no choice but to work remotely due to the spread of COVID-19. She learned a lot from her first international organization-level working experience and also discovered new possibilities of telework in the global health domain, which will be required in the event of future pandemics.

The pandemic also had a strong impact on students in NCNJ where most classes were held remotely. Students developed anxiety under the challenging situation. However, at the same time, the pandemic was a positive stimulus for them to learn nursing with a global perspective. In May 2021, I invited Haruko to deliver a remote lecture in a fourth-year students' seminar in the global health nursing module. The students, who had been taking remote classes for 2 years during the pandemic, learned an example of global health nursing from Haruko and rekindled their hopes for the future.

Prior to my appointment at NCNJ, I had spent more than 10 years in diplomacy, international cooperation, and research activities outside of Japan. After returning to Japan, I gained experience in nursing education in the field of global health nursing for a decade. Notably, NCNJ has

listed global health nursing as one of the pillars of its mission. Developing awareness of this issue among students is a major challenge for faculty members. It is always necessary to extract the potential of each student and interact with them so their views on nursing and life can mature while acknowledging the relationship between their individual growth and career development as nurses.

3 Reflective Observation

3.1 The Mentee

Although a certain number of Japanese nurses and students are interested in global health, it is difficult to work as a professional in this domain. How had I developed my abilities and pursued my career in this field?

Among the multiple skills I have gained, cultural competence is the main ability that I developed through my mentoring relationship with Machiko-sensei. Cultural competence is defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations" [3]. The term "culture" here includes thoughts, actions, beliefs, and values. During my undergraduate period, I successfully expanded my perspective by learning about global issues and the various roles of nurses in global settings. Immersing myself in a different culture in Indonesia enabled me to learn and appreciate diverse values as well as reflect on my own. Research on the cultural adaptation of Japanese nurses had prepared me for my own adaptation process. This foundation of cultural competence helped me understand and respect different cultures, which was necessary to establish trusting relationships and achieve positive results in Morocco, Tanzania, and many other places. Additionally, my awareness of personal values, which are a key part of cultural competence, is directly linked to my high-level of determination to pursue my career in global health, which has been indispensable in overcoming various challenges in my path.

I also had ideal opportunities for reflection after significant career steps, as Machiko-sensei invited me to deliver lectures at NCNJ. Although the lectures were for junior students, reflecting on my experience and what I learned from these also had a positive effect on my own development. My reflection process was improved by comments and questions from the students. This experience helped me better plan future endeavors.

3.2 The Mentor

Japan has long been active in cultural exchanges with foreign countries and ethnic groups; however, the 200 years between the 16th and 18th centuries were marked by a policy of national seclusion. It can be said that Japan's unique culture was created during this period, which was then modeled on the Western-style modern state after the opening of Japan in 1854; Japanese became the national language, and a single ethnic group collectively held most of state power. Later, during the time of growing global colonialism, Japan tried to strengthen its national power through bloodlines.

Under monoculturalism, Japanese adopted an attitude of assimilation and exclusion of foreigners, which has continued to this day. As a result, nursing care for people from different cultures was not an issue, and it was possible to practice nursing without the necessity of a transcultural approach, although it is an ethic of most nursing practice. Japanese nursing students were born and raised in a monocultural Japanese society and thus learn nursing without having the opportunity to expose themselves to different cultures. Therefore, there is an urgent need to provide children with opportunities to be exposed to different cultures as early as possible and to strengthen education on the understanding of diverse cultures, which is a basic skill required to provide high-quality nursing care.

Haruko studied the basic knowledge of global health nursing at NCNJ, and through exercise and practical training, she was able to strengthen this

knowledge and deepen her learning. Furthermore, she utilized the school holidays to observe and experience global health activities in developing countries, which enabled her to develop a concrete image of her career. It was quite natural for her to choose the cross-cultural adaptation process of JOCVs as her dissertation topic.

In the process of preparing and delivering her lecture at NCNJ, Haruko learned the importance of being a role model in the field of global health nursing. In addition, she was able to reflect on her own experiences, gain self-confirmation and recognition, and become more motivated to advance her career and become a mentor in the near future. The students who attended Haruko's lecture were able to see nursing activities from a global perspective, using Haruko as a role model (Figs. 1 and 2).

	Mentor (MH)	Mentee (HY)
2006		Enrolled at NCNJ.
2007	Assigned to NCNJ.	Met on a train.
	MH taught the modules on global health nursing theory,	
2009	the seminar on global health nursing, and	
2010	the global health nursing practicum.	
2011	MH supervised HY's dissertation project.	
	MH introduced her former student to HY so HY could	
	gain experience in a developing country.	
2017	MH invited HY to deliver a lecture at NCNJ.	
2018	MH prepared a recommendation letter for HY to apply	
	for a master's degree program in the UK.	
2019	HY listed MH as a reference in her application	
	for a Junior Professional Officer position in the UN.	
2021	MH invited HY to deliver a lecture at NCNJ.	

Fig. 1 Outline of the mentoring process

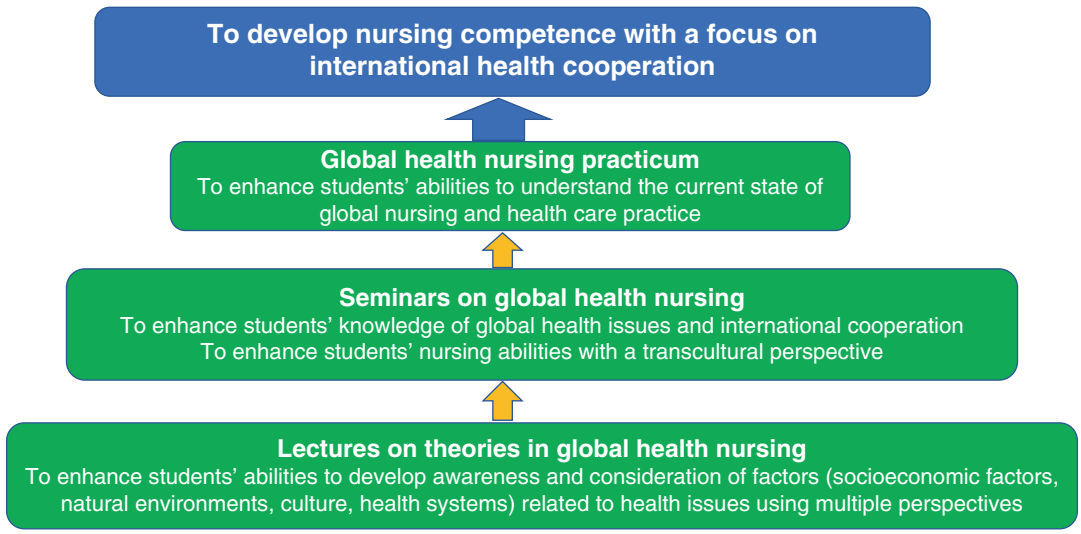


Fig. 2 Goal of global health nursing education in NCNJ's undergraduate degree program

4 Abstract Conceptualization

4.1 The Mentee

Cultural competence is indispensable for nurses regardless of their working locations or specialties. A lack of cultural competence among healthcare professionals may result in lower-quality healthcare [4–6]. It has been proven that interventions to improve cultural competence among healthcare professionals positively affect patient health outcomes [7]. Additionally, as written in the International Council of Nurses' (ICN) Code of Ethics for Nurses, nurses are responsible for providing care based on equity and inclusion to support people's right to health [8]. Mentoring with Machiko-sensei during and after my undergraduate period successfully developed my foundation of cultural competence.

Reflection is necessary to effectively learn from an experience. Boud et al. defined reflection as "an important human activity in which people recapture their experience, think about it, mull it over and evaluate it" [9]. Kolb underscored the reflection component in the learning cycle to provide an effective learning experience [10]. In my case, delivering a lecture after a significant career experience functioned as my reflection phase.

4.2 The Mentor

People like Haruko, who grew up in a cultural environment unique to Japan, must be aware of Japan's cultural characteristics and how these characteristics have influenced them to be able to practice nursing in an ethical manner as stipulated by the ICN. It is also necessary for nursing education institutions to systematically support students in this process. Mentorship is effective because it can provide guidance tailored to each student's individual needs and personalities. In particular, the development of multicultural competence requires timely involvement that is consistent with the undergraduate mentee's career development process while they are working to build basic skills. It is important for mentors to have extensive experience in nursing in a multicultural context so they can connect that experience to their own culture, as well as to continue to develop their educational competence in transcultural nursing [11]; the mentoring experience is a good opportunity to develop this competence. The transcultural nursing theories that each mentor and mentee learn prior to beginning their mentoring relationship go through the process of "Aufheben" (Hegel's thesis- antithesis-synthesis model) [12] through the mentoring process. Thus, mentors and mentees can develop at a higher level.

Japan has achieved economic development while maintaining a monocultural society; as such, its traditional monoculturalism cannot be altered as there is no basis for accepting people who have experienced global health nursing activities and have achieved synthesis. Additionally, pluralism and cultural diversity require a reasonable balance between integration and disintegration [13]; that is, both the safety that comes from having qualities in common and the presence of differences are essential for people's growth. Maintaining this balance is a challenge for individual mentors and mentees and is also related to the nature of mentoring. In the future, it will be necessary for nursing education in Japan to implement mentoring that includes a transcultural nursing perspective.

5 Active Experimentation

5.1 The Mentee

I have three action plans. First, I will further develop my cultural competence. As Cross et al. mentioned, "becoming culturally competent is a developmental process. No matter how proficient an agency may become, there will always be room for growth" [4]. I will remember that I may not know nor understand other people's values and thus prioritize effective communication, as I believe that communication is the key to achieving mutual understanding.

Second, I will make sure to reflect on significant experiences to gain knowledge and plan bet-

ter for the next step. Experience with reflection bears the fruit of labor. The first step is weekly reflection. I will look back at my performance and task accomplishments of the week to make adjustments for the upcoming week.

Third, I will prepare for my future mentoring role. Through my own journey with Machiko-sensei, I learned the importance and effectiveness of mentoring. I believe that becoming a mentor is the best way to show my gratitude for her help. I will continue to progress in my career, accumulate experiences, and continue learning to become a proficient mentor and thus contribute to developing young talent. I appreciate Machiko-sensei for starting, or perhaps continuing, the cycle of mentoring.

5.2 The Mentor

A Japanese proverb says, "Children grow as they look at the back of their parents," which means that children are affected by all of their parents' words and actions, regardless of whether their parents are conscious of their impact. This is also common in mentoring, as the mentor is a role model. Role modeling is an effective way to support learning and leads to students' satisfaction in both clinical and university settings [13–15]. To successfully facilitate learning, mentors need to motivate learners, as opposed to simply dictating what the adult learner needs to know, and should be guided by individual learning styles, previous learning, and learning experience [16].

I, with my Japanese cultural background and having already built my career through cross-cultural contact, have been a mentor for about 16 years with Haruko, who also has a Japanese cultural background. In this process, we practiced continual self-monitoring, self-awareness, and self- improvement in our respective positions, which helped us enhance self-regulation while allowing us improve our weak points in the practice of transcultural nursing. I will apply the skills I gained through my mentoring experience with Haruko to nursing education in general and to the mentoring process with other students. Haruko, as a future mentor, will have many opportunities to be a role model for the younger generation. I believe that this continuous and cyclical process will contribute to the progress of nursing on a global scale (Fig. 3).

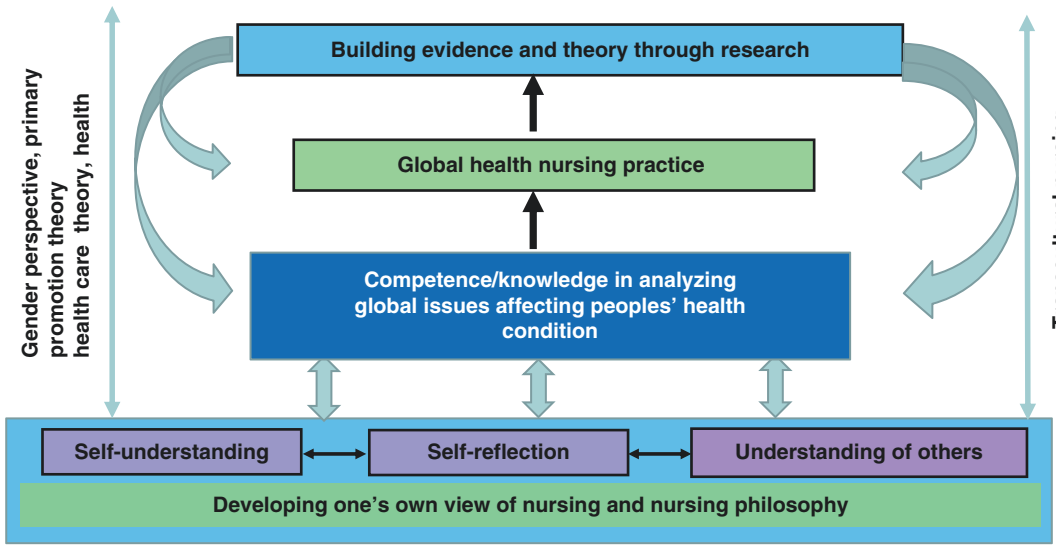


Fig. 3 Framework for developing global health nursing competencies

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The Next Generation of Nursing Informaticians: The Benefits of Mixing Mentoring Models

Siobhan O'Connor

Let us never consider ourselves finished nurses….we must be learning all of our lives.

—Florence Nightingale

Objectives/Goals

1. To apply different models of mentorship in relation to developing your career in nursing.
2. To recognize the importance of informatics mentoring and how to develop your professional practice in a specialty area of nursing.
3. To identify the diversity of career trajectories in nursing and the keys steps needed to become a nursing mentor scholar.

1 Introduction

The concept of mentoring in nursing extends back to the days of Florence Nightingale, although it started to emerge in the nursing literature in the 1980s as an area worthy of scientific study [1]. In more recent times, a literature review of mentoring models by Nowell et al. [2] highlights a number of different approaches that have been utilized in nursing. These include dyad mentorship, peer mentorship models, group mentoring, constellation mentoring, distance mentoring, and learning partnership models. While each has its advantages and disadvantages, it can be beneficial to engage in various forms of mentorship to develop personally and professionally throughout your nursing career. Although the constellation approach to mentorship has been the most dominant in my nursing journey to date, employing some of the other mentoring models from time to time has been useful particularly when working in a more niche area of nursing education and research, i.e., nursing informatics.

2 Definition

Nursing informatics is defined as "*a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, and knowledge in nursing practice. Nursing informatics facilitates the integration of data, information, and knowledge to support patients, nurses, and other providers in their decision making in all roles and settings. This support is accomplished through the use of information structures, infor-*

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mation processes, and information technology" [3]. Like many nurses, I discovered the specialty for my professional practice during my undergraduate studies. My interest in nursing informatics was piqued during numerous clinical placements as a student, as I noticed a lack of technologies that nurses could use in hospital and community settings. Seeing this problem every day really motived me to learn more about informatics in healthcare, and I was encouraged down this avenue through a wonderful dyad mentorship. Dr Tom Andrews, a now retired member of nursing faculty at University College Cork, Ireland, where I was attending university, provided guidance and support that started me on my scholarship journey, pursuing teaching and research in nursing informatics. As a novice researcher, my knowledge and skills on research methods were limited, and with assistance from Dr. Andrews, I undertook my first literature review on mobile technology in clinical nursing education, which we co-authored and published in 2015 [4]. Luckily, Dr. Andrews had a long and fruitful career in nursing as a grounded theorist. Hence, he was able to share his in-depth knowledge of analyzing qualitative data and the publishing process, as well as his tenacity for pursuing nursing research. We met in person periodically throughout my final two years at university, at least once each semester, and this regular contact enabled me to learn the basics of the research process, which was invaluable to me at that early stage.

3 Steps in Mentoring Process

The next step in my nursing career took me to the United Kingdom where Dr. Andrews had worked for many years and suggested it as an option as it was a larger country, with a bigger population, and more nurses working in informatics. There, I enrolled in a doctoral program to further my education and expertise in nursing scholarship. Undertaking postgraduate study on a part-time basis was challenging, as like many colleagues I had to juggle a faculty position at the University of Manchester, which came with teaching and administrative duties, alongside my PhD studies. My doctoral research focused on exploring the early phases of implementing technology with patients and the public at home during which I undertook a systematic review of the evidence in this area, followed by a theoretically informed multi-site case study that led to the development of a new conceptual model explaining these complex processes [5]. Throughout that six-year journey, peer mentoring became important at various stages to keep me focused and motivated to achieve the end goal. Reaching out to researchers in the social science and computer science disciplines who were conducting similar research proved helpful. As highlighted by Lewinski et al. [6], this type of informal mentoring over a coffee or a drink at the end of the week can be useful as it gave me an opportunity, on a regular basis, not only to discuss my research topic and methodology with more experienced peers but also broaden my understanding of how other scientific fields undertake and publish research. This improved my ability to work in a more interdisciplinary way and the personal connections and relationships I made still bear fruit, which has helped accelerate my scholarly career.

Harper-McDonald and Taylor [7] discuss their transition from expert nurses to novice academics when moving into this career path from clinical practice, and note the many pressures they had to adapt to in their new roles in teaching and research, along with grappling with the many processes and regulations in a university setting. As I reflect on my journey into nursing scholarship, their experiences certainly resonate with me. I recall how group mentoring helped me make this transition as more senior colleagues with different backgrounds, some focusing on teaching while others specializing in research, supported those of us who had joined the university [8]. Given their busy schedules, many professors can find one-to-one mentoring time consuming and so taking a group of us under their wings enabled them to empower the next generation of nursing scholars. As Singh et al. [9] highlight, orientation for new faculty members to both their nursing school and university is important so they understand the complexities of the

working environment, organizational structures, and career frameworks that surround them. Group mentoring combined with an academic training program available more widely in the university for new members of staff, and administrative support for both teaching and research, meant I was able to settle into life as a nursing scholar relatively easily.

The final type of mentoring model that has supported my nursing career is constellation mentoring. In this approach, the mentee has more than one mentor, and these individuals can assist in personal and professional development at various stages of a mentees career journey. Becoming a member of nursing faculty and pursuing a scholarly career in nursing requires a lot of mentorship [10], and so I have used constellation mentoring for several years to draw on the expertise and insights of a range of colleagues in nursing informatics. I joined Sigma International Nursing (Sigma Theta Tau International Honor Society of Nursing) and was inducted into the Phi Mu chapter in 2014, and through this wonderful scholarly organization for nurses, I was able to reach out to many nurses working in informatics globally. When mentoring over long distances, electronic forms of communication and support are necessary [11], and so I corresponded and collaborated via email and social media (Twitter and LinkedIn) with several mentors. Dr Richard Booth, an Associate Professor at Western University, Canada, has been a long-term mentor as our research interests around using social media and other technologies in nursing overlap, which culminated in a thought-leadership article in the BMJ: British Medical Journal on the future of digital nursing [12]. Dr Jung Jae Lee is an Assistant Professor at the University of Hong Kong whom I met at the University of Edinburgh where he was completing his doctoral studies. As we shared a common interest in mobile technology to support nursing education and practice, we struck up a long-distance mentoring relationship, which we put to good use during the coronavirus pandemic [13–15]. Finally, Dr Emma Stanmore at the University of Manchester, UK, is a more recent mentor that I get to work with face to face. Her insights into how technology can support older adult health in hospital and community settings has been invaluable, something we are now applying in the area of artificial intelligence in nursing [16]. Having a mentor at different career stages to me was extremely beneficial as they shared a wealth of knowledge about their research, teaching, and how to develop professionally in my specialist field. Although time zones and more recently the coronavirus pandemic sometimes hindered the mentorship process, Zoom and Microsoft Teams became invaluable as did having different mentors across the world who could share what nursing was like in South-East Asia and Canada.

4 Best Practice

A model of best practice in academic mentoring was created by the National League of Nursing in the United States, which was expanded further by Nick et al. [17] in 2012 to include six key themes under the original four pillars for excellence in mentoring. It offers some useful lessons on how to approach the mentoring process that I am going take on board to ensure I can support the next generation of nursing informaticians. The recommendation of matching a mentor and protégé based on experience and interest is an important one. And while I did not take this approach in the beginning, I learned over time that the best outcomes were achieved for all those involved in the process if there was a good fit between all parties, and it will be something that I will recommend to others interested in the mentoring process. Setting clear expectations in terms of a time commitment and goals to achieve is also important, so both the mentor and mentee know what is expected of them and how best to work together. Originally, I thought this might be too laborious or bureaucratic, but I realized that formalizing mentorship in the form of a short, written plan with action points to follow up on helped crystalize the relationship and the process for both the mentor and mentee, helping to ensure their time together is used wisely. Solidifying the dyad relationship can take time, and I agree with the suggestion by Nick et al. [17] to plan regular

communication including off campus activities to create a feeling of "connectedness." This is why the constellation approach has worked so well for me because I was able to draw on a range of mentors in different ways when needed throughout the year, without taking up too much time of any one individual colleague.

5 Reflection

Mentoring has been instrumental in shaping my development as a nurse, in particular as a scholar working in informatics. Meeting and collaborating with many mentors over the last decade or more has changed my perspective on how to solve problems that nurses face each day by using technology. I now appreciate the importance of generating scientific evidence in nursing as this is needed to introduce new digital tools for patients and practitioners. I also value evidence-based practice in terms of pedadogy and the importance of rigorously evaluating our approaches to teaching nursing students, whether face to face, blended, or fully virtual means, can improve learning outcomes. The mentorship process has also changed my outlook, which today is more much global in its focus, as nurses across the world tackle similar challenges some of which can be addressed via electronic systems and tools. Although this change occurred slowly over time, experiencing a range of mentoring relationships has accelerated my scholarly career.

6 Summary

While I have never experienced a learning partnership model as a form of mentorship, I have greatly benefitted from mentoring in many forms and no doubt will continue to do so. My take-home message to other nurses is that engaging in the mentorship process either as a mentor or mentee can be hugely rewarding both personally and professionally. It also helps to ensure nursing colleagues are supported at various stages of their career journey so that we can reach new heights across clinical practice, education, research, and policy. We need strong mentorship models and processes in our organizations to facilitate this and commitment from nurses at all levels to participate in mentoring. Newer mentorship models will no doubt continue to emerge given the changing landscape within which nurses practice across all areas of the profession and around the world. For example, Webber et al. [18] discussed a twist on the classic dyad mentorship approach in academic teams where three generations of nursing faculty (tenured, mid-career, and a new faculty member) came together to support each other. This approach is something I will certainly explore as I continue to utilize mentoring to enhance my career and support the next generation of nurses working in informatics.

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Validating Mentorship in Nursing Education: An Egyptian Perspective

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A lot have people gone further than they thought because someone else thought they could.

—Unknown

Objectives

1. Describe the concept of mentoring as one of the educational strategies in nursing education.
2. Identify the benefits and challenges of implementing mentoring in nursing education for both mentors and mentees.
3. Analyze mentors' and mentees' perspectives, with an overall goal of establishing the foundation and validation for a formal mentoring program.
4. Propose suggestions/recommendations for maximizing the efficacy of mentoring as an educational strategy.

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1 Background

1.1 Elements of a Successful Learning Environment

The educational learning environment is an intricate concept comprising a diversity of physical settings, contexts, and perspectives as well as cultures in which students practice and experience learning activities [1]. Worldwide, the numerous elements of the educational environment and associated interactions are being explored and identified by nursing educators in order to improve students' academic achievement [2]. Furthermore, elements, such as students' supportive services, mentorship programs, communication skills competency, self-confidence, and self-efficacy, are unquestionably relevant in the nursing education environment and the curriculum and technical assistance. That is why, further studies investigate the impact of implementing mentoring programs on curricular development as well as students' educational performance [3, 4].

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1.2 Characteristics and Roles of Mentors and Mentees

Mentoring in nursing education is crucial to retain nurse faculty; however, there is a lack of educators and mentors with relevant experience in the nursing academic community. The issue is often that there are not enough mentors in healthcare who are able or willing to guide upcoming generations of nursing educators. To transfer information and encourage academics and students to stay in academia, mentors are essential. It makes sense to assume that if nursing students can stay in academia, future faculty members with experiential qualifications can also stay there. Consequently, the implementation of mentoring by faculty members for student nurses can improve learning outcomes [5].

Generally, mentoring in higher nursing education enables students in adjusting to new academic subjects, boosts their academic achievement in school, expands the pool of potential faculty members, and lowers attrition. Therefore, mentorship can be considered as an inadvertent connection that supports the growth of the adult learner. Learners rely on the expertise and experience of mentors to help them graduate in a timely manner and advance to their careers [6].

In addition, mentoring can contribute to improving student nurses' self-confidence, recognizing the numerous moral and ethical issues, and developing real-world skills not covered in nursing schools. The Nursing and Midwifery Council requires that 40% of a student's time in practice be spent being supervised, either directly or indirectly, by a mentor [7]. The nursing literature review showed evidence of positive mentoring experiences leading to the retention of students, future mentees, and mentors in nursing academia [8]. In the same arena, Atalla et al. [9] provided that mentorships help overcome the difficulties associated with their new environment and reality, increase self-esteem, and help socialize students into the nursing role.

1.3 Best Practices for Using Mentoring in Nursing Education

There is a long history of investigating the use and value of reflective journals as well as debriefing, self-reflection, and identity creation in professional development research [10]. The study of public media as a means of identity construction is prioritized in online Teacher Professional Development (TPD). The goal of this work was to demonstrate how research on teacher identity and reflective practices in online TPD might be complemented by an emphasis on diaries. Although the results cannot be generalized, they are consistent with those of earlier studies [11]. Similarly, Shalaby and Hassan [12] found a significant impact of SWOT debriefing sessions and the learners' anxiety level, educational satisfaction, self-confidence, and overall academic achievement. A larger taxonomy of identities and various roles is anticipated to develop from the growth of the teachers' domain as well as learners' domain. Future research can therefore take a comparative approach to examine teacher identity in both the public, dialogic settings of discussion forums, and the more private, but equally dialogic, tools like personal journals. In summary, teachers create various identities in nuanced ways that reflect the intricacy of their work both inside and outside of the classroom. Looking at those approaches may reveal transformative teaching experiences [13].

The "Best Practices in Academic Mentoring: A Model for Excellence," according to Nick et al. [14], offers a schema that may be utilized to develop mentoring programs and serves as a conceptual foundation for assessing program efficacy. Through mentoring, faculty members can more quickly adjust to new positions and responsibilities and manage the academic environment. Both the mentor and the protégé benefit from a rich, fulfilling, and gratifying career experience that occurs in a workplace where collaborative and reciprocal peer and co-mentoring are present. In the end, it advances the profession. As a result,

mentoring programs are crucial now that there is a scarcity of nursing faculty members in academia. Being a great mentor and grooming future leaders is a quality of a true leader, then. The definition of mentoring in nursing education can now be reconstructed to make it more applicable and context specific. It is "a dyadic, long-term, reciprocal process between a senior experienced nurse and a junior nurse or a nursing student, facilitating knowledge and skill acquisition while providing psychosocial and emotional support with the goals of fostering both personal and professional development for effective role change into the nursing profession," according to its definition. A definition that does, in fact, encompasses all the key elements of the nursing education mentoring process [15]. Additionally, Mikkonen et al. [16] did specific work to identify various mentor characteristics in various nations and define the mentoring competency of clinical practice nurse mentors. This study demonstrated the ongoing requirement for this.

2 Methods

For the purpose of this work, we recruited two groups one of 4 mentors and one of 17 mentees at Alexandria Nursing School in Egypt. A structured interview schedule was designed and each of these groups received a separately designed questionnaire tailored for this group, asking them to respond to a group of questions related to their views regarding their mentorship–menteeship experiences through a phone interview and WhatsApp.

For mentors, five open-ended questions were provided to mentors: they were asked about their perspectives and experience related to. What are the competencies or qualities they gained from the mentor's instructions? From your point of view and from your experience, what are the advantages/benefits you have gained or challenges from performing the tasks of a mentor for postgraduate students? What is your recommendation(s) to improve your performance with other students when carrying out your duties as a mentor in the future? And how would you rate your mentoring experience?

In relation to mentees, they had asked four open-ended questions and one structured with yes/no response and the reason(s) if any of these dichotomous responses: What are the competencies and/or qualities you gained from the mentor's instructions? From your point of view, what are the pros/benefits of the guidance method as a modern teaching method? Talk about the challenges you faced before during your experience in mentorship–menteeship. What are the most important lessons you have learned during this experience?

Do you recommend using this mentorship for other students? Yes/No. In the case of both responses, explain the reason(s).

3 Results

Through the analyses done for the mentors' responses, the following themes were derived: the characteristics of a successful mentor, the benefits and challenges of the mentorship program, recommendations to improve the mentorship program, and overall view regarding the mentorship program.

3.1 First Theme: Characteristics of Effective Mentorship–Menteesship. This Theme Included Three Subthemes

3.1.1 Strong Scientific and Experience Background

One mentor said that "I believe that the mentor should have enough knowledge and skills to help students to improve their competencies." **Another one quoted** "I think that the mentor has open-mindedness is cooperative and flexible with the mentee which helps mentee gain self-confidence and builds a strong relationship with a group of diverse mentees." In addition, a mentor explained, "The mentor should be updated and able to use technology and organized and to

act as a role model." Furthermore, **one of the mentors** emphasized that "Experience is playing an important role to be a successful mentor through managing time and circumstances." On the other hand, out of six mentees, four of them mentioned that they acquired the skills of how to accurately extract references, use authenticated sites to search, check the results, and review them to ensure their validity. In this area, they mentioned that "Our mentors are distinguished in terms of integrity, transparency and deep knowledge."

3.1.2 Communication Skills

Also, **one of the participants said**, "I should have the ability to deal with individual differences and the self-confidence and self-efficacy to control the circumstances and the relationship with the mentee." In the same line, **one of the mentors added** that "I believe we have as mentor's self-awareness of our abilities and competencies and continues upgrading of the competencies."

In addition, **one of the mentors said that** "The successful mentor is that one who accepts the mentee's mistakes and disabilities." This view was emphasized by **the sentence of another mentor explaining that** "The mentor should help and encourage the mentee to achieve learning goals and provide constructive feedback to improve their performance." Also, effective leadership and communication are among the most important characteristics of effective mentors as addressed in the word of two mentors as follows: "The mentor who has the leadership and management, as well as communication skills, are able to control all the situations to help mentees and to build a professional relationship and also direct and clear instruction." On the other hand, **seven of the mentees** declared that caring communication from mentors with mentees was the main reason to go smoothly in their studies and overcome many of the challenges they encountered. Other **nine of mentees** explained that clear and direct guidance was very significant in their academic and clinical experience.

3.1.3 Careful Mentees' Needs Assessment and Providing Psychological Support

This theme was highlighted by two mentors who said that "The mentor can understand the mentee's concerns." Also, they mentioned, "The successful mentor who provides psychological support for the mentee." Regarding mentees, six of the mentees emphasized the importance of receiving psychological support from their mentors.

3.2 Second Theme: Most Important Benefits and Challenges of Mentorship. It Is Classified into Two Subscales: the Benefits and the Challenges

3.2.1 The Gained Benefits From the Mentorship Experience

Two of the mentors stated that among the most important challenges in mentorship is "Acting as a mentor provided an opportunity to foster my personal and professional abilities." Another one said, "The mentorship helped me to identify my weaknesses and to improve myself." Also, "I gained experience and skills during the mentorship relationships with mentees and the ability to deal with difficult mentees." Another one quoted "Mastery of teaching skills and leadership abilities." Also, she declared that she changed the negative attitude of her mentees as she stated, "I changed the mentees' attitude to be as an active student and to be as a facilitator to achieve a specific goal."

From the perspectives of the menteeship, one of the mentees mentioned that among the most significant benefits gained from the mentorship program were "the impartiality and objectivity in assessing the mentees' research interests, the clarity and simplification of information". Another mentee mentioned that "I really learned

how to treat the undergraduate students that I have had to supervise respectively and fairly, determination and perseverance in research, maintaining ethical controls in research." Another one said that "the most important thing that I gained throughout my mentorship–menteeship is how to be committed to my work schedule and appointments." Other benefits were expressed by one of the mentees who said that "Now, I have the skills of developing effective presentation and time management." In addition, one mentee stated that "stimulating innovation, creativity, constructive criticism, analytical thinking, and how to research accurately are among the most critical skills that I have gained."

Another mentee mentioned "As a postgraduate student and for the first time a scientific thesis was written, I encountered difficulties in how to select the research area from the beginning, which is should serve my workplace, developing the research plan and reading and writing scientific papers, but through continuous communication with guidance and constructive feedback from the mentor, such as individual training how to read and criticize a scientific research study it." She completed "All these challenges became easier than before with the continuous guidance and mentoring of my supervisor." Furthermore, one of them explained that among the most beneficial experience during this program was the ability as he claimed, "how to extract references accurately and use documented sites to search and scrutinize the results and review them to ensure their validity."

3.2.2 The Most Crucial Challenges

Among the most crucial challenges addressed by three mentors are as follows: "Limitation of time is the main barrier to providing the guidance." Also, they mentioned that "The mentee's learning abilities and his/her attitude hindered me to achieve the goals in specific time." In addition, three of them addressed the following challenges: "Heavy workload considered the main obstacle to acting as a mentor" and "The mentee did not understand his/her role as the mentee and depended on the mentor to achieve goals."

Three of the mentees mentioned that "We are challenging to search and access to the scientific, appropriate and accurate scientific references and evidence-based research studies." Other challenges were addressed by one mentee as "Difficulty matching time between the supervisor and the student, the work climate sometimes is not supported for discussing the work with the supervisor, and difficulty to adhere to the time plan due to external reasons." Also, two of them mentioned that "Lack of support and interpersonal conflicts between supervisor and student is very critical to the continuation of the mentorship program."

On the other hand, mentors mentioned that among the most critical challenges they encountered during their mentorship were "excessive workload and uncooperative mentees." Among the most negative experience in such a program were "Limitation of time is the main barrier to providing guidance." Also, they mentioned that "The mentee's learning abilities and his/her attitude hindered me to achieve the goals in specific time." In addition, three of them addressed the following challenges: "Heavy workload considered the main obstacle to acting as a mentor" and "The mentee did not understand his/her role as a mentee and depended on the mentor to achieve goals."

On the other hand, **three of the mentees** mentioned that "We are challenging to search and access to the scientific, appropriate and accurate scientific references and evidence-based research studies." Other challenges were addressed by one mentee as "Difficulty matching time between the supervisor and the student, the work climate sometimes is not supported for discussing the work with the supervisor, and difficulty to adhere to the time plan due to external reasons." Also, two of them mentioned that "Lack of support and interpersonal conflicts between supervisor and student is very critical to the continuation of the mentorship program."

3.3 The Third Theme: Recommendations for Improvement of the Mentorship Program

One of the mentors was required to "Increase the duration of the mentorship program, increase the time of the debriefing sessions, and set the weekly objectives together with the mentor." This theme showed various views as **one of the mentees** mentioned that the lessons he learned were the "deepening and broadening the horizons and scope of knowledge in the field of specialization, developing the skill of self-learning and developing scientific research, critically thinking, how to increase self-confidence, how to discuss my research outcomes in a scientific way." Another **one** said, "the lessons learned are not only knowing how to write scientific research but also how to read, analyze and critique research findings."

3.4 The Fourth Theme: General Feedback About the Mentorship Experience

All mentors expressed that, however, they were struggling and interested to deal efficiently with their mentees, but the experience was stressful as they addressed, "It was very stressful at the beginning but at the end, I feel more confident and satisfied of all that I achieved." **Sixteen mentees** mentioned, "It was a very excellent experience and a successful future preparatory step."

4 Conclusion

The results from this small-scale study confirm the need for continuous formalized mentorship programs in our school of nursing. To ensure success in developing mentorship programs, academic leaders need to consider multiple barriers, facilitators, models, and components to meet their specific needs. Further rigorous evaluation of mentorship programs and components is needed to identify if mentorship programs are achieving specified goals.

According to the study's findings, nursing students who were mentored had both good and negative mentorship experiences. The nursing students also showed a positive attitude toward mentoring. Those who had positive experiences said that their mentors were willing to teach and demonstrate procedures, while those who had several challenges said that there was difficulty in matching time between the supervisor and the student, while sometimes the work climate is not supported for discussing the work with the supervisor, and difficulty to adhere to the time plan due to external reasons. The majority of respondents believed mentorship to be quite helpful in the learning process, while a smaller percentage thought it to be time consuming, which contributed to the positive perception. The mentorship was hampered by a shortage of mentors, poor interpersonal relationships, a lack of support, a lack of time, an overwhelming workload, and uncooperative mentees. These difficulties have a detrimental effect on the nurse mentorship program's efficacy.

On the other hand, mentors mentioned that among the most critical challenges they encountered during their mentorship is the excessive workload and uncooperative mentees. Among the most negative experience in a such program where the limitation of time is the main barrier to providing guidance and limited mentee learning abilities and negative attitude can be the main obstacles to acting as a mentor and sometimes, mentees are unable to understand their roles as the mentee and depend totally on the mentor to achieve goals.

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Integration of Internationally Educated Nurses: Journey Through Globalization/Internationalization, Technology, and Mentoring

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Never lose an opportunity of urging a practical beginning however small for it is wonderful how often in such matters the mustard-seed germinates and roots itself.

—Florence Nightingale

Objectives

1. Define modeling collaborative relationships among mentors and mentees that will facilitate a two-way process of knowledge transfer (learning) in a multicultural work environment.
2. Describe re-engineering of healthcare policies on workforce diversity and inclusivity, leading directly to an increased recruitment and retention rate of IENs.
3. Develop individualized mentorship programs that plays a crucial part in the effective integration and transition of settling IENs to new workplaces as well as meeting the needs of culturally diverse patients and fostering culturally relevant nursing practices.

1 Introduction

Increasingly over the past decades and exposed throughout the pandemic, the global nursing shortage has grown exponentially. Governments, global associations and policy makers rushed into developing contingency plans to provide healthcare systems with strategic toolkits and actions to overcome projected shortfall of nurses by 2030.

Yet the simplest ingredient of the recipe is to work globally on the integration of internationally educated nurses (IENs) through embracing policies and mentorship programs. Vigilant actions must be pursued to restructure the healthcare workforce. Promoting initiatives addressing recruitment, retention, and integration of IENs will pave the way to a more sustainable strategy to build the international nursing workforce [1].

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2 Global Stand on the Value of Mentorship Programs in Nurses Integration in New Healthcare System and Covering for Nurses Shortage Crisis

In 2022, the International Council of Nurses (ICN) issued a report examining the extra burden the pandemic has placed on health systems due to nursing shortages and lack of integration of the nursing workforce at a global level. ICN referred to evidence-based practices as highlighted in the World Health Organization's (WHO) Global Strategic Directions for Nursing and Midwifery (SDNM) (2021–2025, 2022). WHO State of the World's Nursing (SOWN) and the International Centre for Nurses Migration's Sustain and Retain in 2022 and Beyond provided the most up-to-date evidence and remedial policy options for the global nursing workforce, to foster the substantial and reasonable resolution to nursing shortages by investing in nursing education, mentorship programs, employment, and leadership initiatives. Given the skills mobilization and talent of nurses globally, countries suffer from the migration of skilled nursing talent. The Global Skills Partnership section of the WHO's SOWN Document 2020 addressed the issue of nursing migration, recommending a sustainable workforce solution accordingly: "to have agreement, the country of origin, prior to migration, destination agrees to provide technology and finance to train potential migrants with targeted skills in the country of origin, prior to migration, while the country of origin agrees to provide that training, and also receives support for the training of non-migrants." As part of this partnership, nurses may for example be trained on a "home track" and an "away track," where the "home track" nurses receive skills training appropriate to the needs of the country of origin, while the "away track" nurses are prepared for working in the destination country. This model has been adopted in countries, for example, in United Kingdom, which prepares Jamaican nurses for transition into specialist roles through training and mentorship by expert nurses in various communities and healthcare settings [2].

3 Recognizing IENs as a Valuable Part of the Healthcare Workforce in Canada and Globally

Though considered to be a primary IEN-attracting country, Canada faces a severe nursing shortage, with a growing population of immigrants and refugees combined with an aging population and nursing workforce. As a result of the COVID pandemic, many Canadian nurses are exiting the profession or migrating. Like many developed countries, Canada tends to rely heavily on international nurse mobility and migration to compensate for a short supply of domestic nursing graduates [3] (The WHO Global Strategic Directions for Nursing and Midwifery (2021–2025)).

Despite the Canadian healthcare system's dire need for the skills and talents of IENs, the pathways to nursing registration in every province and territory can be costly, lengthy, and complex.

Given Canada's ongoing nursing shortages and as predicted in 2009, the Canadian Nurses Association's (CNA) projection of a nursing shortage of 60,000 RNs by 2022 has become reality [4]. The shortage has been further exacerbated by the pandemic, prompting an even greater demand for nurses across the country and unprecedented opportunities for IENs to contribute to patient care.

IENs bring high value, refined skills, and expertise to their countries of migration, yet their skills and expertise are underutilized. IENs comprise only 9% of the Canadian nursing workforce, 11% in Ontario [5]. This low figure is not due to lack of opportunities, as Statistics Canada illustrated a 77% surge in nursing job vacancies since 2015. However, IENs constitute a smaller share of the Canadian nursing force due to multiple challenges they face when entering and integrating into the Canadian workforce, including

familiarization with Canadian culture, nursing accountabilities, professional practice standard, and registration requirements.

3.1 Model to Support IENs

Now more than ever, IENs have a crucial role to play in caring for Canada's diverse patient population. CARE Centre for Internationally Educated Nurses (CARE Centre) recognizes the value of nurses with international education and experience and commits to promoting their full contribution to the Canadian healthcare workforce and inclusion in the Canadian healthcare system. CARE Centre places IENs at the center of its service model, offering mentorship programing designed to help IENs achieve career goals (CARE Centre 2022) (Fig. 1).

Started in 2009, CARE Centre worked collaboratively with employer, academic and community partners on building the Community Collaboration Employment Model (CCEM) [6] in supporting the integration of IENs. The CCEM focuses on enhancing mentorship and coaching abilities of front-line Registered Nurses (RNs) and Registered Practical Nurses (RPNs), clinical educators (CEs) and clinical managers (CMs), to support the effective mentoring and integration of IENs into the host employer, Hamilton Health Sciences (HHS), and other healthcare organizations while developing nursing capacity. Consequently, IENs play an important role in filling staffing gaps and building workforce capacities in specialized nursing settings, such as intensive care, pediatrics, and geriatrics. [6].

For the last two decades, CARE Centre has supported IENs to navigate the Canadian health-

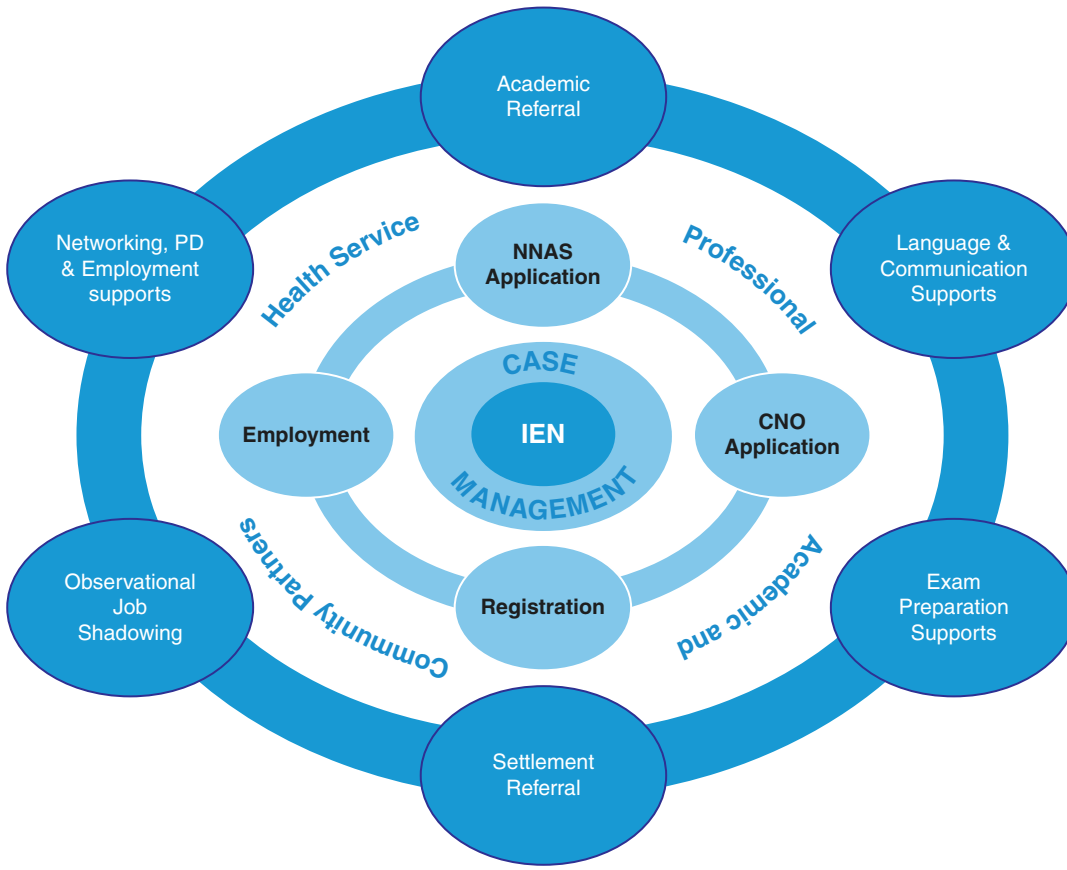


Fig. 1 CARE Centre, Service Model-2022

care system through a variety of mentorship programs within its provincially funded Supports, Training and Access to Regulated-employed Services (STARS) Program, which assists IENs seeking licensure specifically in Ontario. Before IENs land in Canada, CARE Centre also offers mentorship connections through its federally funded Pre-Arrival Supports and Services (PASS) Program, which assists IENs destined for any province or territory in Canada. PASS provides individual and group supports to help IENs start the credentialing assessment process and become familiarized with nursing in Canada.

Through the mentors' and mentees' lived experiences and reflections, I aim to shed the light on the significant role these mentorship programs play in integrating, recruiting, and retaining IENs in the Canadian healthcare system.

4 Mentorship Support Through the Migration Journey

In 2016, in response to the launch of PASS, the CNA mobilized and recruited nurse mentors from all provinces and territories, with diverse expertise and clinical specializations, to engage with IENs both individually and on a group basis. PASS additionally guides IENs to the CNA's networks, resources, professional development webinars, presentations, and online certification courses. For individualized matches, PASS links pre-arrival IENs to experienced nurses in their destination provinces. Through these connections, Canadian nurses have provided support for IEN integration by sharing their education, wisdom, life, and career experiences through direct online interaction, largely conducted via email and Zoom [7, 8] (CAN 2022). A minimum number of three to five connections are provided, depending upon IEN mentees' dates of arrival in Canada.

As many IENs lack the time pre-arrival to engage in one-on-one mentorship connections, in order to ensure as wide-ranging access as possible to mentor guidance, IENs also connect with mentors through monthly group webinar sessions. On a rotating basis, mentors attend PASS webinars, to share additional insight on Canadian nursing culture and clinical settings, which has been immensely beneficial for IENs as illustrated in the narratives below (CARE Centre 2022).

5 Mentoring of Early- and Late-Stage Career Nurses

Cherry expressed the valued support of CARE Centre's mentorship programs:

> Rather than an individual connection, I accessed different nurse mentors through CARE Centre's pre-arrival program, whenever they attended PASS webinars. Basically, all of the guidance I got before getting to Canada from both staff and mentors was helpful, as I had no idea where to start in terms of the assessment and documentation to submit.
>
> A really important part of the guidance I received was emotional support, because getting ready to come to Canada and start a new career is stressful. I loved the flexibility of arranging a Zoom call. There were no limitations. Even though we were in different time zones, we would always find time to meet despite the difference. With email it can be hard to express my thoughts, so seeing staff and mentors to talk about issues was a lot better.
>
> I loved how each Zoom webinar was 1 h, which is the perfect timing for participants. I was not under any pressure to do anything in terms of attendance, which is great because I was already dealing with so much work and stress. I was able to attend topics whenever I had time in my schedule. Also, I liked that the information and webinar topics were repeated frequently. During the Q and A parts, I was able to ask mentors questions and they were happy to share their thoughts, even if it wasn't the same topic.
>
> The support I was given on how to prepare resumes and cover letters was very useful, because the resumes are so different than what I was used to. In my home country, nurses do not have to write resumes; they were just guaranteed a job without submitting any application. I also received help tailoring applications to specific jobs, using LinkedIn and preparing for interviews.
>
> After arriving in Canada, the most helpful guidance for me so far has been learning from CARE Centre staff about Canadian nursing workplace culture. I was also provided with materials to prepare for the NCLEX – RN licensure exam, which I passed on my first attempt. Connecting with a CARE Centre case manager made me feel

much better, as having someone I could ask about the Canadian nursing field was valuable. The CARE Centre case managers and instructors are so nice. They give neutral advice, supporting IENs and helping us in a way where we still have our own choice, while giving useful guidance so to explore our options. While having only very recently arrived in Canada, I am close to achieving RN licensure and am eager to engage with a nurse mentor in the same department and clinical specialty that matches my interest.

Along with having expertise, mentors should be nice and open people. If the CARE Centre staff and mentors weren't so kind, I would not want to keep in contact. I always feel free and confident to ask questions, because I know they will try their best to help me.

Here is the experience relayed from mentor Jeannie, based in Northern Alberta, who is an RN and former Provincial Councilor with the College of Registered Nurses of Alberta:

When I mentor IENs, English language proficiency really stands out, as making sure that they have a good handle on language is required. Preparing people for emergency preparedness on the job is also important. While many IENs I connect with have CPR certification, I encourage them to also secure basic First Aid.

Some of the nurse mentees are coming with spouses, so making sure the entire family is being taken care of is really helpful. It makes a big difference if the entire family is happy for the nurse to be able to move forward in the assessment process and accessing employment. Along with providing guidance on the pursuit of health careers, I try to help nurses holistically integrate into their new communities. Ensuring IENs connect with relevant post-arrival support groups is crucial, especially being able to connect with nurses from the same countries and background.

PASS staff and I place a large focus on encouraging IENs to consider rural and remote opportunities, making people aware of the needs in these areas. From the rural perspective, getting IENs to buy into the lifestyle is important, so I try to foster IENs to think about embracing rural and remote opportunities, where their skills are so needed. On the other side, getting the community buy-in is vital, to encourage inclusivity. Encouraging the community to offer supports and incentives, like free loans and dealerships offering car deals, will attract more IENs. For nurses considering rural nursing, I encourage them to take certification in Advanced Cardiac Life Support (ACLS) and Trauma Nursing Core Course (TNCC) trauma course. These certifications are necessary for the work, particularly since resources and access to doctors may be limited.

I find great satisfaction being a mentor and giving back, as mentorship provides an outlet to promote my passion for nursing, as well as to provide guidance and input into building up nurses' careers. Connecting with IENS from around the world is very rewarding. I have also experienced the wonders of technology in connecting everyone in a synergistic way to promote the world of nursing.

The mentorship component of PASS has effectively facilitated the achievement of mentor/mentee goals and IEN transition outcomes, by mentees gaining increased insight in clinical settings and career options, more confidence and sense of security going into the Canadian healthcare system, a greater sense of social inclusion and cultural awareness, enhanced communication, greater leadership capacities, and expanded professional networks [4].

Post-arrival in Ontario, through STARS, CARE Centre offers observational job shadowing (OJS) and virtual mentoring (VM), increasing IENs' understanding of nursing practice in the Ontario health setting. Through collaborative arrangements with a variety of healthcare partners, STARS mentorship offers unique learning experiences for IENs. Both OJS and VM foster effective IEN transition into the workforce. The functioning of Canadian clinical settings may be foreign to IENs; hence, they benefit from having a peer/mentor work with them to provide guidance and support (CARE Centre 2022).

Deborah, a mentee who participated in Virtual Mentoring commented on her mentorship experience:

In January 2022, I had the chance to meet my mentor, Expert Nurse Miss Kaulay, virtually through CARE Centre for IENs. I developed a learning plan prior to the start of the 3 virtual mentoring sessions. I had questions related to nursing practice in Canada. Therefore, Kaulay introduced me to evidence-based clinical guidelines, e.g., management plan for risk of falls, continence standard of care, restraint decision process, etc. Also, she offered me guidance in career planning, tips on job searching, and encouragement for continuous learning.

Later in July 2022, thanks to the coordination of Miss Lourdes Vicente (Mentoring Program Lead of CARE Centre), I was able to shadow Expert Nurse Kaulay during her shifts at Sunnybrook Health Sciences Centre. I had the best of both worlds while observing Kaulay providing

excellent nursing care in both acute and long-term care environments. With dedication and tact, Kaulay applied the guidelines, which we've discussed previously in Virtual Mentoring, into clinical practice. For example, Kaulay demonstrated multiple nursing interventions which help preventing falls among patients. She also chose suitable continence care products for patients according to the evidence-based guidelines, which we've gone through earlier in virtual mentoring, and patients' preferences. Besides, I had the chance to observe Kaulay's dedicated nursing care in drain management, IV care, wound care, etc. during the Observational Job Shadowing. I was more familiar with the Canadian nursing culture and environment thanks to Kaulay and Lourdes. After the virtual mentoring sessions and observational shadowing, my confidence in practicing nursing in Canada has been greatly boosted.

Engaging in self-reflection, she noted,

I've always felt that mentorship plays a huge role in facilitating the growth of a nurse. Experience and knowledge of an Expert Nurse are passed on to novice nurses through mentorship. As an Internationally Educated Nurse, I am eager to know more about the nursing culture and environment in Canada through mentorship. Being able to observe an Expert Nurse in real-life clinical environment is certainly different from merely hearing what people say. Thanks to Kaulay, I was introduced to evidence-based clinical guidelines that are applicable to local Canadian culture. A piece of advice Kaulay gave me was to look for evidence-based guidelines or standards of care when I have questions in the clinical decision-making process. Therefore, in addition to seeking advice from mentors, I will make clinical decisions based on existing evidence. Combining with my work experience as a clinical research assistant, the virtual mentoring sessions and observational shadowing inspire me to bring further emphasis on research in the healthcare setting. I believe that research benefits patients by informing healthcare professionals of the best evidence-based clinical practice. As a nurse, apart from providing evidence-based nursing care to patients, I will also contribute to evidence-based practice by facilitating and engaging in research whenever there is a chance!

Joy, proudly being an IEN herself, having successfully integrated into the Canadian healthcare system, is now mentoring peer IENs through the work transition journey. Joy shared her reflections:

I graduated as a nurse from India in 2004 and came to Canada in 2014 and started working as a registered nurse at Trillium Health Partners in 2015. I had a lot of support from my preceptor when I started working as she was also an Internationally Educated Nurse. As I got acquainted to the new setting, I started exploring opportunities to give back to the community where I came from.

I came across the opportunity to mentor nurses through the CARE program. I raised my hand up and was excited to be a part of an IEN's journey. Thus began my story of working with CARE. As I started virtual mentoring, I realized how much this means to me. I was able to make my mentees excited about nursing in Ontario while sharing them the things I have learnt in my setting. I see the eagerness to learn and become a part of workforce in these candidates. This experience has given me the opportunity to grow as a person and as a nurse. As I am giving back, I am also encouraging and growing the future of nursing in Ontario.

Most mentees are so well prepared for these meetings and come with a list of questions on what they want to learn. They want to learn on what my routine is in my setting, how I manage my time, how I escalate concerns to MDs and pointers to help with critical thinking. What most excites them is electronic documentation and barcode medication administration. They really enjoy how our systems are so integrated and how we focus on patient safety at all times.

Being a nurse from the Clinical Resource Team, I have been trained in most areas of the hospital. This helps me to give my experience on various areas of the hospital and mentees are quite eager to know what happens in various units of the hospital.

Mentoring has been one of the greatest experiences of my life and it brings me great joy to be small part of an IEN's journey.

6 Summary

In addition to having expertise and training, mentors need to embrace openness, acceptance, and camaraderie. Mentoring of IENs is a two-way process that contributes to the diversity of the nursing workforce and fosters an open and accepting team cultures, as well as leadership and commitment to diversity, equity, and inclusion (DEI). The implementation of DEI policies within healthcare settings ensures that nurses are responsive to the needs of culturally diverse patients and foster culturally relevant practice. IENs feeling welcomed and included play a crucial part in effective integration and transition to workplaces as newly settling immigrants. These policies result in workforce diversity, leading directly to an increased recruitment and retention rate of IENs [4].

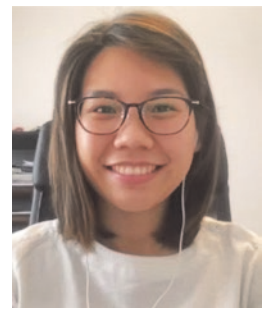
Mentorship programs aiming at integrating IENs may mitigate the challenges associated with the shortage of clinical instructors and nurse educators in academic institutions, through collaborative work with healthcare organizations in matching IEN students in academic bridging programs with nurse mentors from employer organizations within Canada and possibly across countries [2] (WHO SOWN 2020).

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Part V

Mentoring in Leadership

Introduction in Mentoring in Leadership

Thóra B. Hafsteinsdóttir

1 Introduction

Global reports have claimed that nurses are not visible as leaders and have called for stronger leadership and positioning of nurses in all arenas of healthcare [1–4]. Although nurses were praised for their strong resourcefulness and contribution to healthcare during the COVID-19 pandemic, some claimed that nurse leaders were not visible in Scientific Advisory Groups for Emergencies advising governments across countries. At the moment, the world is confronted with a growing shortage of nurses, which is expected to expand to a global shortage of 13 million nurses by the year 2030 [1]. Hence, mentoring and leadership development opportunities are called for to build quality work environments and as a solution to bring health and well-being to an exhausted and stretched nursing workforce [1, 2, 4]. Today more than ever the global healthcare community needs strong leaders to lead nursing into the future. *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity* (2022) written by the National Academy of Medicine and the Committee on the Future of Nursing 2020–2030 address the significant role that nurses take in the future of healthcare, its success, and quality healthcare delivery [5]. The nursing profession, however, needs supportive measures through robust education, supportive and collaborative work environments, and autonomy, complimented with formalized mentoring of nurses at all levels of health care [5]. Mentoring is the investment of the future not only for nurses individually but also for the whole nursing workforce in today's healthcare.

2 Leadership and Mentoring

The interest in leadership in nursing has been growing through the years, with wide variations in the definitions of leadership. In the nursing literature leadership is broadly accepted to be about: *influencing others to accomplish common goals and is described as a complex and multifaceted process that involves providing support, motivation, coordination, and resources to enable individuals and teams to achieve collective objectives* [6, 7]. Northouse [8] defines leadership as "*a process whereby an individual in influences a group of individuals to achieve a common goal*"(p. 6). Healthcare leaders identify the needs of clients, establish what is required for health, both for individuals and organizations, and then encourage others to engage in actions that meet these needs. Mentoring in nursing leadership was

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described as *a willing and respectful relationship to share knowledge between individuals with differing levels of experience* [9].

The benefits of mentoring for *the leadership* of nurses are well described in the literature. Mentoring was found to be crucial for the development of nursing leaders, contributing to leadership development as well as professional and personal development of nurses [10–12]. Mentoring of nurse faculty was associated with improved leadership and mentored faculty was more likely to have high self-confidence, receive promotions and higher salaries. Mentored nurse faculty and experienced increased career satisfaction and commitment [13–15]. Mentorship was associated with student success in higher education, nurses' success, and positive succession planning strategy for nurse leaders in a hospital setting [9, 10, 16]. Mentoring was found to contribute to leadership knowledge and skills and wide range of outcomes for postdoctoral nurses working in research [17]. Formal mentoring of postdoctoral nurses was found to strengthen their leadership and professional development and they showed increased research productivity [15]. Leadership mentoring has been shown to increase perceived leadership skills, knowledge, and behaviours in mentees as well as mentors, with some mentoring dyads continuing their relationship beyond the formally structured mentoring programme [18]. Authors further emphasize that leadership mentoring should be accessible to nurses at all levels of the academic and work environments. Future nurse leaders need to be mentored with the specific intent to develop the knowledge, skills, and political savvy to advance health policy and create better systems of care [19, 20].

Over the past decades a wide range of leadership frameworks have been developed, which generally have leaned toward transformational, collaborative, and relationship-orientated leadership. The leadership approaches generally used and researched in nursing are transformational leadership [21, 22], servant leadership [23], leadership based on emotional intelligence [24], and situational leadership [25]. More recent approaches to leadership in nursing include person-centred situational leadership [26, 27] and leadership moral courage framework [28]. The literature on leadership in nursing has emphasized the importance of the context of nursing and healthcare, which is more complex than many other organizational contexts. Nursing "has to do with the deepest values of human being, health, as nurse leaders have different roles, relationships and social interactions and while conducting their practices within these contexts and at the same time learning with people who share these contexts" [29, p. 257]. Some argue that it is through their unseen relational work that nurses achieve positive patient and professional outcomes [30].

Of the different approaches to leadership, transformational relational leadership seems to be the most used in nursing. Robust evidence was found for transformational leadership of nurses being positively associated with improved patient outcomes like higher patient satisfaction and lower mortality [31, 32] including professional and organizational outcomes [32]. Moreover, profound evidence was found for positive influence of transformational leadership and mentoring on postdoctoral nurses research productivity; research career development and mentoring positively influenced nurses' health and well-being, staff relationships, work culture, and collaboration [15, 17, 33].

3 The Future of Nursing and Mentoring

At the moment nurses are faced with unprecedented work pressure at the frontline of healthcare, which threatens to increase number of nurses leaving the profession [34] and adding to the global nursing shortage [2]. Studies show that nurses do not feel valued, supported, engaged, and invested in by their institutions and their leadership [34, 35]. Mentoring is proposed as an important strategy to support the leadership development and personal and professional development of nurses to improve and strengthen workforce retention of nursing staff and healthcare professionals.

As nursing leaders, we need to embrace mentoring for the future of our nursing profession. We will build strength in leadership, education, and research if we take this challenge seriously. We must embrace nursing's value to society, organizations, and to nurses themselves and take on this challenge by mentoring not only growing, seasoned nurses but most especially the next generation of nurses at the early stage of their nursing education and at the onset of their career. This will enable nurses to gain strength in themselves, as a leaders in the different arenas where they work. It is without hesitation that mentoring provides the avenue for professional development and sustainment in practice whether it be in clinical practice, education, research, or in academia.

This section of the book will illustrate wide range of mentoring in leadership narratives from nurses around the world. It will also describe numerous approaches to mentoring in leadership for nurses working in different fields. It will explain the process of mentoring as embraced by leaders in academia, practice, research, and all nursing domains. It will speak to the genealogy of leadership, domino leadership, walking the way to leadership mentoring, bridging the future through mentoring, nurturing leadership mentoring in clinical nurses, appreciative leadership mentoring, "paying it forward", and numerous other focuses that are timely and relevant to leadership and mentoring. Authors from Australia, the United States, Ireland, Spain, the Netherlands, the Philippines, Cameroon, Malta, Singapore, Dubai, Fiji, and Canada describe their experiences with rich diversity and knowledge with a special enhancement of what the authors imparted to the mentoring process.

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Peer Mentoring Through Action Learning for Strategic Leadership

Elizabeth Anne Rosser

If your actions inspire others to dream more, learn more, do more and become more, you are a leader.

—John Quincy Adams

Objectives

1. Identify the value of mentoring in the development of strategic nurse education leadership through a personal perspective.
2. Define the characteristics of peer mentoring and its value using an action learning approach.
3. Through a specific example, reflect on the lessons learned for best practice in peer mentoring through action learning.

1 Introduction

Investing in nursing leadership has been identified as a strategic global priority [1]. Indeed, as the world continues to battle the greatest global health crises of our generation and deal with its consequences, the visibility of the strategic nursing leadership during the COVID-19 pandemic was lacking in many countries [2]. Whilst frontline nurse leaders were evident through the media across the globe, and doing remarkable work, the strategic presence and voice of nursing leadership at a national and global level was absent. I would suggest that as we prepare ourselves for future global disasters, the implementation of widespread mentoring and coaching could make a significant difference to enable the visibility of strategic nurse leaders to become more overt. Firstly I will define what is meant by leadership and strategic leadership before considering mentorship and coaching. I will then reflect on my own career and how I have used these approaches to make a difference to nursing leadership at a strategic level. Then I will focus on a peer mentoring programme I set up to empower the strategic clinical leaders in one National Health Service (NHS) hospital to find their voice to lead.

2 Leadership or Strategic Leadership

So, what is the difference between leadership and management? Definitions of these terms often present considerable debate in the literature [3]. Nevertheless, there is a general consensus that suggests leadership involves setting direction,

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motivating and inspiring followers and aligning them to the goals of the organisation. Management, however, is concerned with the day–to-day aspects of the organisation, such as planning, staffing, budgeting, controlling and problem solving [4]. Given that clinical nurses set the direction of individual or groups of patients, I would suggest that all nurses are leaders at some level. However, in this chapter, I am concerned with strategic leadership which, for me, focuses on nurses at executive level, at Hospital Board level and at regional or national level where their voice could influence or even change the course of regional and national priorities.

3 Clinical Supervision, Mentoring and Coaching

The term mentorship has been variously defined in a number of these chapters though I would briefly like to explore its distinction between the use of coaching and practice supervision, drawing on the work of Westcott and Rosser [5] to consider their similarities and differences.

4 Practice Supervision

Practice supervision was developed to support nurses in clinical practice, generally those early in their career to develop their skills. The role is usually undertaken by more experienced nurses, often by first-line managers, working alongside them and in addition to their many other managerial responsibilities. The role can often be found to create peer support, increasing the individual's knowledge, skills and professional accountability [5].

5 Mentoring

Like practice supervision, mentoring is usually undertaken by a more experienced nurse but differs in respect that it tends to be a longer term relationship, but need not be. Mentorship is designed to support nurses in their careers, to develop their learning [6], and can be used for skills and knowledge enhancement. Clutterbuck and Ragins [7] suggest that mentorship involves advocacy, assistance, support or guidance given by one person to another so that they can achieve one or more objectives over a period of time.

6 Coaching

The principles of coaching are identified by Fielden et al. [8], as the overall enhancement of role performance can focus on supporting the leader on issues of role or career change, dealing with organisational change and addressing issues and problems as well as skills development. Cox et al. [9] recognise that coaching will help a leader develop a greater understanding of themselves and the situation, through reflection and discussion and assist them to be a better and more authentic leader. Often, within the UK health system, coaching is reserved for nurses in a more senior management position, yet the organisation would undoubtedly benefit from an earlier investment of their development.

7 Continuum

It seems to me that there is a deal of overlap between all three roles and a blurring of the boundaries between them and this is reinforced by Westcott & Rosser [5].

Indeed, Fielden et al. [8] recognises the confusion in the literature about the terms, in particular, between the UK and the US. In essence, the mentor and clinical supervisor are generally drawn from the same professional group as the individual being supported and both roles are considered experts in their field. Alternatively, the coach sees the coachee as the expert and it is the coach's facilitation and coaching skills that creates an effective coach [5]. All three roles are designed to support us in our skills, thus improving our competence and confidence to lead, and, as Westcott [10] suggests, lie in a continuum between practice supervision at one end of skills

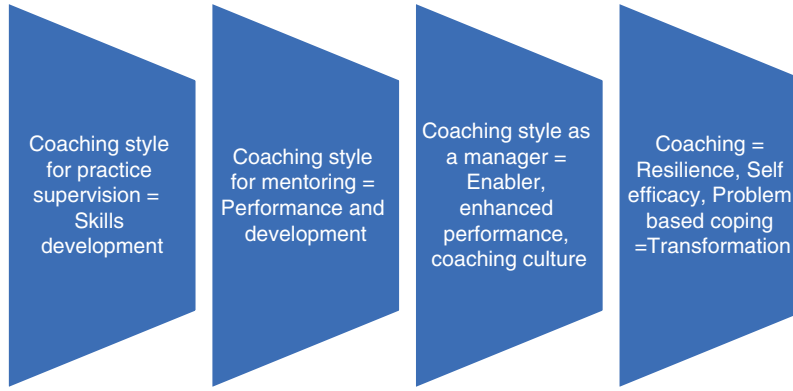


Fig. 1 Continuum of coaching [10]

development with coaching and transformation at the other (Fig. 1, [10]).

8 Mentor/Facilitator Narrative

I have always valued the importance of leadership, particularly in nursing and for nurse leaders to be strong and visible. However, my own sense of leadership and my ability to influence came to me later in life, once I was appointed Professor of Nursing and Head of Department to the largest department in the faculty, in a different university to the one I had served for over 20 years. Immediately prior to taking up the position, I harboured a real sense of 'imposter syndrome' which [11, para 1] defined as 'doubt(ing) your own skills and accomplishments, despite what others think'. Many famous people are said to have experienced this, including Albert Einstein, the actor Tom Hanks and the tennis player Serena Williams [11]. So, taking up this strategic leadership role at the outset, I did not exude the confidence I saw in others. Nevertheless, I reflected back on a formal mentorship for leadership episode that I had experienced some years previously. Although brief, it was powerful and impactful and enabled me to look at myself objectively. It enabled me to see myself from the *outside in* and see myself as others saw me. In my new position as Professor of Nursing and Department Head (Nursing), I recognised that the staff looked to me to lead to be their spokesperson. This pushed me to revisit that vision of objectivity I had previously experienced. What would I want from *my* leader, had I been a member of staff? I would want that leader to be strong, to be clear about what she was aiming to achieve and truly be a voice to be heard. So, suddenly I recognised it was not me I represented but all the staff and thousands of nursing students that I led and if I did not use my voice, no-one would be heard. Indeed, in recent years, I wrote a short paper entitled: 'If not me, who?' [12] explaining my realisation of that inner feeling of leadership, a feeling of self-empowerment and feeling as leader, from the *inside out*. It is this inner feeling of self-empowerment that I now focus on in helping others to realise their leadership through mentorship and coaching. However, had I not felt that vulnerability myself, I would not have learned to recognise it in others. Although not exclusively a characteristic of women leaders, I recognise vulnerability in many of my female colleagues and in my international work, at different levels in nurses across the world. I can see the cultural influence on women as leaders. Hinton [13, p. 34] suggests that 'Mission strength and personal vulnerability is a dynamic combination that enables women to embrace both their talent, vision and their authentic selves'. I would suggest, therefore, that in our journey to leadership, some vulnerability, alongside it some humility, is good. I wanted to find a way to support others, as I had been supported through mentoring and find a sustainable solution, one that would not encourage a dependency on myself but that would help others feel freed from the shackles of more junior positions and find support among their own networks.

So, as I settled into my new role, I began to break loose from the early 'imposter syndrome' and came to realise a number of new opportunities. I put myself forward for the ballot for the professorial representative on the University Board and felt hugely privileged when appointed, a position which I held for over 7 years. This gave me an entirely new perspective on the structure, function and challenges facing universities. Additionally, and new into post, I was invited to lead a group of nurses in the university to develop a completely new national (England) chapter in the global nursing organisation, Sigma Theta Tau International and to be their first President. With little prior knowledge of this prestigious organisation, I spent time researching and learning about Sigma and spent the next 2 years working towards gaining charter status over the next 2 years. I learned so much and years later was appointed to Sigma's Board of Directors in Indianapolis. Importantly, all of these experiences, I treated as learning opportunities, not as leadership for selfish gains, and each position opened new opportunities in themselves. Additionally and importantly, these opportunities came as a result of my leadership position, as Professor of Nursing. However, it was my own self leadership that gave me the strength and confidence to make the choice, to take on new roles, in addition to my daily workload, to step up and develop my leadership further.

I then had to decide who I was going to support and how. As part of my Professor of Nursing role, I was invited to meet with all the Directors of Nursing in the 13 NHS hospitals individually, to set up a new Nurse Education group to bring academic programmes and practice leads together to ensure that the curricula and our engagement became a meaningful partnership between education and practice. In discussion, one of the Directors mentioned that as part of her previous role as Consultant Nurse, the most senior clinical nursing position in the UK, she met regularly with the Professor of Nursing at her previous institution along with other consultant nurses, to engage in collaborative practice with others. This was the opportunity I was waiting for and I grasped it. She was very keen for me to do something similar in her organisation. I welcomed the chance to influence and support the highest level of UK clinical nursing, albeit locally, and set up a regular group support in that hospital (Fig. 2).

The reason I laboured the definitions and continuum of the three roles of clinical supervision, mentorship and coaching above is that the support I offered was something in between mentorship and coaching with elements of both. As the professional isolation of this most senior

Fig. 2 The Role of the non-medical consultant in the UK [15]

Non-medical Consultant Role in the UK

The UK Nurse Consultant role was introduced in 2000 [13] in anticipation that this new role would strengthen nursing leadership. Additionally, in response to the poor career structure for senior clinical nurses, it was hoped to retain experienced clinical nurses at the bedside [13]. As Rosser et al [14] acknowledge, it was proposed that this 'super nurse' would act as role model to more junior nurses and encourage them to aspire to the role and remain in clinical practice. The following year, the NHS [15] introduced the consultant role to allied health professionals, and collectively, nurses and allied health professionals are termed 'non-medical consultants'. In spite of considerable variation in the context and purpose of this new role, the Department of Health identified four main functions of the role:

- Expert clinical practice
- Leadership and consultancy
- Education, training and development
- Research and service development [13, 15]

Fig. 3 Definition of action learning set

An Action Learning Set

"Action learning is a continuous process of learning and reflection, supported by colleagues, with an intention of getting things done. Through action learning individuals learn with and from each other by working on real problems and reflecting on their own experiences. The process helps us to take an active stance towards life and helps to overcome a tendency to think, feel and be passive towards the pressures of life. (McGill and Beaty, 2001, p. 11)

Using a reflective framework, each member takes it in turn to present a leadership issue at each meeting and the group seek points for clarification or suggestions to allow the individual to address or find a solution themselves.

role and of any strategic leader is well documented [17], by introducing the notion of an Action Learning Set (ALS) as a structure to achieve group support and group collegiality, create a collaborative social process and help them address the complexity of their role has been previously acknowledged (Fig. 3). I believed that this would galvanise them into collaborating, sharing best practices and to take the lead in developing own leadership (Fig. 1).

These senior professionals, consultant nurses and one consultant physiotherapist, who led teams of specialist nurses and allied health professionals, did not know each other well at the outset, seeing each other as rivals rather than collaborators. Their relationship and support grew, through the group, meeting monthly to address each member's leadership issue or problem in turn. Due to the geographic distance between this NHS Trust and the University (100 miles round trip), I facilitated every third meeting, rather like a coach. In this way, all members of the group were learning as much about resolving their own leadership issues as from the issues that their colleagues presented. Everyone is involved in seeking points for clarification as well as offering suggestions for change. Importantly, it is the individual presenting who must seek their own solutions. Additionally, in the process, they learn a great deal about themselves as well as their colleagues, learning 'with and from each other by working on real life problems and reflection'. We continued for 5 years and wrote several publications together, one led by themselves. Given one member of this group was a consultant physiotherapist, I will refer to the group as non-medical consultants, consisting of five consultant nurses and this one consultant physiotherapist. These non-medical consultants began to embrace their leadership role not only within their department but also within the organisation and beyond and were commended by both Director of Nursing and the Medical Director for their leadership. The success of this programme of peer mentorship using action learning with the non-medical consultants, prompted me to introduce a similar programme to this but at other NHS trusts. Subsequently, I introduced a similar programme again, for nurse educators who were members of the all-England Sigma Nursing chapter. Whilst all programmes followed a similar format, it was refined and developed to suit each group and each annual evaluation. Although I have undertaken a number of other formal mentorship roles to senior academic staff in the traditional sense, it is the non-traditional format of peer mentoring using ALS that I would like to further explore.

9 Action Learning Approach Supporting Leadership

As previously described, the purpose of action learning and the reason I chose to use this approach is that participants work on real-time problems, get to know each other and their issues

and be a mutual support to each other, a type of peer mentoring. The purpose of action learning is not to offer 'others' solutions but for the individual presenting their issue to find their own solution through questioning and clarification from the group. Additionally, the group is small, it is easy to set ground rules and monitor them if necessary and everyone potentially gains from the issues shared by individuals. There are many leadership programmes nationally and the NHS has ploughed millions of pounds sterling in supporting leadership in the NHS with limited success. These programmes have mainly offered a theoretical focus rather than an inherently practical one. Anandaciva et al. [18] cautioned against placing too much focus on such programmes, emphasising the importance of cultural change in organisations and the need for a clear articulation of what 'good leadership' looks like, move away from a blame culture and treating NHS leaders more compassionately. I would argue that by using a process of peer mentoring using action learning offers real results.

10 Peer Mentoring

Theurer and colleagues recognised the value of peer mentoring, which they identify as 'support offered to peers that includes the provision of ongoing emotional support or empathy as well as guidance or advice between peers' [19, p. 1145].

They suggest that it differs from traditional mentoring as the goal is not to achieve a specific objective and then finish the relationship but to develop a relationship together which is meaningful and to increase a connectedness between each other [20]. Additionally, O'Neil and Mersick [21] extol the virtues of using and action learning approach to peer mentoring and that the non-hierarchical approach of peer mentoring offers an alternative approach to traditional mentoring with similar benefits, such as emotional support, knowledge and information sharing and job-related feedback. Differences include more of a two-way process than traditional mentoring and the lack of hierarchical relationship can improve communication, offer mutual support and learning and make collaboration easier. Additionally, they suggest that the peer mentoring relationship offers more opportunity for the relationship to become transformative.

11 This local Action Learning Set Using Peer Mentoring

These non-medical consultants were expected to interpret and fashion this new role, not previously experienced in the organisation or indeed nationally. In addition, they were required to meet the four functions of the role, previously described, and deal with the daily issues of leading their specialist services. However, unlike clinical specialists or nurse managers, they were not employed as managers of the services but to influence changes through their superior clinical knowledge, and, from the Board of Governors' perspective, improve the organisational direction. These non-medical consultants had been in post varying lengths of time, some relatively new in post and others more experienced. Additionally, most had moved from a senior post within the organisation to develop and establish this new role, and for some, they had difficulty releasing the responsibilities of their previous role, given they mostly remained in their own specialist field. Importantly, as previously acknowledged, they did not know each other, seeing each other as potential rivals rather than collaborators. Through the ALS and the support they received from their peer mentoring, they quickly grew to value each other's contribution and their ability to crucially reflect on their situations and create learning that was common to all [17].

Fortunately, the four main functions of the non-medical consultant role gave us clear direction, and soon into the ALS, they had devised a table that they would use to document each of their objectives against each aspect of their role. They then agreed to each identify an issue that

they were challenged by, to critically reflect on and present at each meeting. Each meeting was agreed to be of 2 h duration, and due to the geographic distance of the hospital from the university (100 miles round trip), I would visit them once every 3 months, review their progress and facilitate the session, to ensure that they remained focused and critical of the incident being presented. They quickly embraced the criticality of the discussions and, as Young et al. [22, p. 107) acknowledged, the value of my facilitation encouraging everyone to share 'air time' and keep the group focused as well as prevent 'circular conversations, moaning and off-loading with no outcome'.

The success of the ALS and peer mentoring was greater than any of us had imagined. Indeed, the evaluation of the programme has been published and extols the virtues of their success [15, 17]. One particular quote from the Director of Nursing stated,

> I have seen them all develop more confidence, whereas I
> think before we started the Action Learning Set they
> didn't really have a group identity, they didn't meet together, they didn't probably see how they were dealing
> with the same issues and really as a leadership group
> they have a greater identity … it is how do you learn to
> influence and get things done in a way that is more effective, so yeh..very very positive [17, p. 4771]

Importantly at the outset, they each recognised that they focused on the expertise that they brought to their role at the expense of the other three elements of the consultant role. With their peer mentoring, supported by action learning, they felt they had a clear structure as to how they could develop their role, they widened their influence by presenting at international conferences, published several group papers and reached out to fellow consultants nationally. Additionally, they felt empowered to lead, rejecting the need to consistently ask 'permission' to extend their sphere of influence as well as seek to assert themselves interprofessionally and indeed feel their leadership '*from the inside out*'.

12 Reflections on the Process

Having successfully created this group and facilitated their peer mentoring processes, I was invited to initiate several other groups with other hospitals to help both their consultant nurses and their clinical nurse specialists. Additionally, I have set up an annual peer mentoring group, facilitated using ALS and drawn from the England Chapter of Sigma Theta Tau International. Members have been situated across Europe and the UK through a virtual action learning set. Through facilitating these different groups, I have reflected on the process and would like to share my experiences as follows:

1. **Size:** This initial group described above was highly successful and, I believe, draws its success from a number of factors. One of these factors was its size. The group was small and, as a result, allowed each individual to share the 'air space', present an issue challenging them and seek their own solution. This is supported by O'Neil & Marsick [21]. Subsequently in the more recent group of Clinical Nurse Specialists, the group was larger, about 15 in size and was not as successful as it was difficult for each individual to have their voice heard and share their 'real-time' problem. Additionally, the group was diverse with considerable levels of experience. I have learned that a peer mentoring group requires to be small and drawing on individuals of a similar level of expertise so that there is something for everyone to learn.
2. **Time:** The initial group, although they knew of each other at opposite ends of a meeting room, it took time for them to get to know one another and establish a mutual relationship, feeling comfortable in each other's presence. Importantly, their initial vulnerability needed time to break down and for that relationship building to be created. I have found to my cost in more recent years that short-cutting relationship building fails to allow peer mentors to emotionally and empathically connect and develop trust.

3. **Structure:** It was a key element of this initial group success, both in terms of preparation, feedback and a requirement to challenging theirs and others' thinking. I have since tried to remove the more formal structure of the session or the use of a specific reflective framework to encourage participants' critical discussion. However, this caused participants to lack commitment to the group and commitment to preparing for the session and lacked their thinking through the issues that troubled them. So, now the groups, I facilitate, require participants to use a specific reflective framework. The Rolfe et al. [23] model I find to be the simplest and does not require copious documentation. Using the format:
   (a) What? …is the nature of the problem? Write a description of the problem.
   (b) So what? …does this tell me about myself? Reflectively analyse the situation – what should I have done differently?
   (c) Now what? …do I need to do in order to improve the situation?

   Participants are allocated a specific month to present and then 1 week prior to the session, the chosen participants circulates the 'What?' section of the framework. They should describe the context and situation that they are challenged with and the nature of the problem they are experiencing. In this way, each group member can prepare their questions or points of clarification that they would like to understand. The questions and clarification points are allocated approximately 1 h during which time they are required to sum up the discussion issues and the points they take away with them. Within the next week, they are required to write up the 'So what?' and 'Now what?' sections of the framework to the group as to how they might take their actions forward and update the group further at the start of the next month's session.
4. **Skills:** Participants are required to use their listening skills and really hear what their colleagues are saying, whatever role they hold in the group. Additionally, they are required to be reflective and be able to critically look at themselves and their colleagues and question and seek clarification in a mutually supportive environment. They are also required to be able to create action from the questions that will facilitate them to successfully address the situation they have identified.
5. **Focus:** The facilitator is required to focus the discussion around the overall goal of the peer mentoring process. If leadership is the focus, then the questioning and the resolution or at least the address of the problem needs to focus on leadership and not be distracted with the problem itself.
6. **Commitment** on the part of everyone to draw up a set of ground rules and commit to follow them. Additionally, a commitment to follow the reflective framework and present their issue in advance of the meeting and follow it up after the meeting is finished. Commitment by the facilitator is necessary to ensure every member of the group shares air time and puts members at their ease.

13 Conclusion

Having reflective on my own process of self-empowerment to lead and my ability to embrace the concept of self leadership, feeling that leadership from the *inside out*, has helped me to understand others. My one experience of formal mentorship for leadership was a powerful one and I was committed to helping others to find their own voice as I had found mine.

After distinguishing the continuum from practice supervision through mentoring to coaching, I identify the process of action learning to facilitate a peer mentoring programme to support non-medical consultants in their leadership. The concept of peer mentoring with facilitation seemed to blur the boundaries between mentoring and coaching. Having now facilitated many peer mentoring programmes using action learning, I have reflected on the process and reasons for its success. It was indeed a privilege to have facilitated this peer mentoring group and I witnessed

them lose their sense of 'imposter syndrome' that I had felt myself and grow from vulnerable individuals focused on the familiar, to become confident leaders, extending their sphere of influence and feeling empowered to lead from the *inside out*. The group grew to six participants with one of them completing her doctoral qualification and all of them planning research projects and publications. Subsequent programmes have been equally successful. Investing in nursing leadership is key to enable them to be visible, not just in times of crises but as a force to be heard. Such leaders will act as role models for the next-generation nurse leaders, encourage greater recruitment and promote retention to ensure nurses' essential role in the effectiveness of health and social care systems worldwide [24].

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Passing the Baton: Advancing Nursing Through Leadership Mentoring - A Story from Pakistan

Yasmin Amarsi, Rozina Karmaliani, Kinza Bhutto, and Umaima Mughal

"A boss tells people what they must do to achieve a goal.

A leader asks people what they can do to advance a vision."

—Simon Sinek

Objectives

1. Provide an in-depth view into the advancement of nursing in Pakistan, as a brief history and the role of mentorship for its success.
2. Outline the different types of the mentor–mentee relationships.
3. Describe the benefits of good leadership and mentoring, and its effects on the growth and advancement of the nursing profession.

1 Mentor and Mentee Narrative

In any professional capacity, mentoring is a synergetic relationship between a novice or amateur professional and a senior counterpart having years of experience. This collaboration serves to build the professional capacity of young individuals, helping them climb up the career ladder while enabling seniors to leave their learnings and legacy behind in the form of individuals they train [1].

Similarly in the field of nursing, mentorship programmes whether formal or informal play a fundamental role in building the professional capacities of existing human resources and helping ensure the effective advancement of progressing the company's vision since existing leaders are preparing future leaders—instilling in them the same values and ethics that their organization upholds [1].

With the rapidly changing trends in healthcare and healthcare technology, where new clinical knowledge may be gained through online

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research papers, books and various resources, when it comes to leadership, what one learns from interpersonal relationships and human interaction and collaboration overpowers all other sources of learning to become an impactful leader.

Research also suggests that due to the incentive of learning and growing within the organization, some workplaces that have instituted mentorship programmes have experienced a 25% increase in nurse retention [1]. In addition to higher job satisfaction, such programmes also provide financial sustainability for the organization and help save time and resources required to search, recruit and train new employees. Thus, making it easier to identify and groom capable nurses to become leaders of tomorrow so that well-deserving existing employees are promoted to higher ranks, instead of investing in new professionals.

2 Nursing in Pakistan: A Brief History

Nursing in Pakistan, like any other country of the Third World, was underdeveloped, underrated and much underestimated for the larger part of its history. It was in 1980 when the country faced a severe shortage of nurses when Prince Karim Aga Khan IV took the initiative of setting up the country's first private nursing school and thereafter the first school established in a university in Pakistan. Thus, this was the beginning of the journey of shifting nursing from an apprenticeship model to higher education. Over the course of the next 40 years, AKU-SONAM, introduced and pioneered Pakistan's higher educational programmes of Bachelor, Master and PhD degrees in nursing.



2.1 The Role of Leadership Mentoring in the Advancement of Nursing

The evolution of AKU-SONAM itself began through a mentorship programme that worked across geographical boundaries: senior faculty members of McMaster University, Canada, laying the groundwork for leadership and professional capacity-building as well as academic progress of registered nurses in Pakistan as a whole and in AKU particularly.

Yasmin Amarsi, who was a locally qualified registered nurse, began working at AKU-SONAM as one of the first faculty members in 1980, after she completed her General Nursing and Midwifery Diplomas from the Jinnah Postgraduate Medical Centre, Karachi, Pakistan in 1972 and 1975, respectively. She completed her RN, RM diploma in ward administration in 1978 and Diploma in teaching and administration in 1979. As part of AKU's capacity-building partnership with McMaster University, she was chosen as one of the first nurses to be sent to McMaster and Arizona University on a fully paid scholarship for higher education. She went on to complete her BScN degree from McMaster University in 1985 and was the first AKU instructor to graduate from McMaster through this partnership. Dr. Amarsi completed her Master of Science degree in Nursing Education and Administration from the University of Arizona in 1993 and her PhD in Health Sciences with a major in Health Human Resource Development and Programme Evaluation from McMaster University in 1998. She then returned to work under leadership provided by McMaster to advance nursing education not only at AKU-SONAM but also nationally, and to disseminate the knowledge she had gained to students and nurses for contextualized healthcare solutions.

In 1998, Dr. Yasmin Amarsi became the first local nurse to be appointed as Dean of the School, preceding international nursing leaders Dr. Winnifred Warkentin (Director of AKU-SONAM from 1980 to 1988) and Dr. Paula Herberg (Director of AKU-SONAM from 1988 to 1998). Thus, began Yasmin's decade-long journey as Dean of the School, of not just advancing and expanding AKU-SONAM but also mentoring her predecessors for leadership roles. She proceeded to be the founding Dean at AKU-SONAM, East Africa for 6 years.



Nursing Leaders of AKU-SONAM from 1980 to 2012 *Dr Winnifred Warkentin (Director, 1980–88), Dr Paula Herberg (Director, 1988–98), Dr Yasmin Amarsi (Dean, 1998–2008), Dr Rozina Karmaliani (Interim Dean, 2008–2012, Dean (2019–2022) (from left to right)*

3 The Story of Yasmin and Rozina

In the late 1980s, nursing in Pakistan was at its peak progression with a decades-long apprenticeship model gradually simmering off, and new higher education programmes in nursing and midwifery being launched for the first time. This is when the paths of Yasmin Amarsi and Rozina Karmaliani crossed at the Aga Khan University School of Nursing and Midwifery, AKU-SONAM in Karachi, Pakistan, when an 18-year-old Rozina enrolled into her Community Health Nursing course, taught by Yasmin Amarsi, then Instructor at AKU-SONAM. What ensued was a mentor–mentee relationship that would not only last for decades to come but also a relationship that eventually resulted in a powerful impact on leadership and advancement of nursing and nursing science at the Aga Khan University, Pakistan.



4 From Teacher to Mentor to Colleague

When Rozina Karmaliani joined the AKU School of Nursing and Midwifery in 1987, the only programme being offered at the School was an RN Diploma in Nursing. Eager to learn and grow, faculty members like Yasmin saw a spark in her and soon she was being involved in events, conferences and various initiatives being taken at the School.

This expedited an intense mentoring relationship of learning, collaboration and teamwork with Rozina working under the supervision of her teacher, Yasmin Amarsi, on many big and small occasions and projects. What resulted was rigorous training of the mentee in decision-making, communicating with colleagues as well as leadership and advancing the greater vision and mission of the University within all initiatives and activities.

When Rozina enrolled at the University of Minnesota in 1992 to pursue her Masters and PhD degrees, like Dr. Amarsi herself, she also returned to her home country to serve and build the local nursing fraternity. In 2002, she was hired at her alma mater, AKU-SONAM, as Director of the Master of Science in Nursing, MScN, programme in Pakistan, and she was also sent to AKU-SONAM East Africa to advance the nursing programmes in Kenya, Uganda and Tanzania campuses of the School.

On Dr. Yasmin Amarsi's departure from the position of deanship in 2008, Rozina Karmaliani, who was mentored by Dr. Amarsi, became the University leadership's number one choice to replace her as Interim Dean. She served the School in the Interim Dean's position until 2012 and later returned to become the first alumna dean of the School in 2019. Here, it is important to understand the various types of mentorship that came into play for the professional progress of the mentee under the supervision of her mentor, Yasmin Amarsi.

5 Different Types of Mentoring

Mentoring relationships can take on many forms. They may be informal or formal, one-on-one or multiple, or internal or external to the organization [2]. Numerous styles of mentoring exist and range from more traditional forms, such as the classic model, through to more recent styles, such as virtual mentoring [3]. Examples of differing mentoring styles are provided in Table 1. It is valuable to select a style that is appropriate and well suited to the personalities, time availability, resources and workplace arrangements.

Table 1 Examples of differing mentoring styles [3]

Mentoring styles	
Classic	Formal approach. Well planned with a specific setting. One on one. A more experienced mentor and less experienced mentee from the same field
Networking	Less dependence on an individual mentor but more on social networks to offer a wide range of insights
Shadowing	Not a true form of mentoring. Learning based on observation of experienced individuals
Reverse mentoring	The older generation learns from younger ones, who may have open minds and are engaged with the present and future technology, whereas the younger ones learn from older generation and their experience. Two-way learning curve for both the mentor and mentee

6 Self-Reflection

6.1 Mentor | Dr. Yasmin Amarsi

"One very important thing I would like to emphasize is that it is not always the mentor who is the supreme authority in wisdom, knowledge and common sense, it is also the mentee's astuteness, passion and perspective that contributes equally towards the development and building up of this mutually beneficial relationship especially when it comes to leadership building. On instances when I had to travel for official visits, I appointed her as interim dean and this gave her a chance to implement learning into practice and delve into the responsibilities of a leadership role.

Rozina did just that. I mentored her on many occasions, but I was secretly happy to observe her taking bold decisions and speaking with courage and persistence in favor of nursing and AKUSONAM on many important platforms. She became truly empowered.

Additionally, what makes a mentoring relationship successful in the long run is that you eventually find yourselves on the same level [3]. There was no senior-junior but rather everything was done through collegiality and teamwork. That I believe is the essence of building leaders through mentoring—by allowing them space to grow and make their own mistakes, and providing constructive criticism instead of demoralizing or demeaning anyone. Rozina was allowed to pitch in different ideas and discuss the pros and cons of those and implement them. However, there were instances when ideas did not float well but this led to an opportunity for guidance from my end.

Mentoring is a continuous process and Rozina is a classic example. Initially, this mentoring enhanced Rozina's self-confidence which later allowed her to be a prominent nursing leader who introduced numerous new ideas in the school like the development of research culture". This did not stop for Rozina. In a first for Pakistan and a big milestone for the nursing fraternity in the country, Dr. Rozina Karmaliani, became the first Pakistani nurse and second alumna to be inducted as a Fellow of the American Academy of Nursing, FAAN".

6.2 Mentee | Dr. Rozina Karmaliani

"Some of the most fundamental things I learnt from Dr. Amarsi was being bold as a leader, communicating your point across but also doing so in a way that is convincing yet respectful. Dr. Amarsi instilled in me the very important personal skill of emotional intelligence. Intelligence Quotient (IQ) is something people are either born with or learn through books and intellectual exposure. However, Emotional Quotient (EQ) also known as emotional intelligence, is the trickier of the two, and crucial for leaders of any kind! And that is what Dr. Amarsi built in me.

I found myself in hot waters occasionally because at times I came off as rather aggressive. It was Dr. Amarsi who instilled in me patience, diplomacy and the art of great leadership through verbal mentoring but most importantly by teaching through example.

In our mentor-mentee relation, there was an exchange of knowledge with regard to the best practices of leadership. Dr. Amarsi and I used to discuss different styles of leadership, and practices across the globe and used to analyze ways to apply in our contextual setting. Dr. Amarsi allowed me space to build relationships with national and international stakeholders, and policymakers as well as interact with alumni of the School as our resource and biggest asset. This proved highly beneficial for AKU-SONAM in the longer run.

It started off as an informal mentoring relationship but was coupled strongly with role-modelling, shadowing, and placing confidence in the mentee. To date, it is Dr. Amarsi's teachings – both big and small - that I implement in my practices every day, and are the real reason behind the success I have been able to achieve in my career as a leader. Hoping I can continue this chain of mentorship and keep her legacy alive in the generations to come".

7 Mentoring Essentials: The Right Attitude

7.1 The Three A's of Mentoring

7.1.1 Active Listening

- Professional mentorship requires active listening as a foundational approach to function. While the purpose of the mentoring relationship may be to advise and guide based on their expertise, it is also about listening to any challenges the mentee may be facing and involves different levels of "heeding":
  - Listen with your ears—what is being said and what tone is being used?
  - Listen with your eyes—what is the person doing with his/her body while speaking?
  - Listen with your instincts—do you sense that the person is not communicating something important?
  - Listen with your heart—what do you think the other person feels?

The ABCs of mentoring by Dr Yasmin Amarsi and Dr Rozina Karmaliani

A	Active listening
	Availability
	Analysis
B	Bold
	Benevolent
	Broad-minded
C	Communicate
	Commit
	Celebrate

7.1.2 Accessibility and Availability

Professional mentors will make themselves available in several ways. A mentee needs confidence in the engagement with the mentee in both physical and emotional availability. This was quite evident in our mentorship as Rozina always brought new ideas and programmes to enhance the nursing profession and Yasmin was always receptive to those ideas. This led to the introduction and implementation of research programmes in the school and mentoring of young faculty to become researchers.

7.1.3 Analysis

Objectivity and fairness are key components of a mentor's analysis of the mentee. Interacting with a professional and experienced mentor helps the mentee see new perspectives [4].

7.2 The Three B's of Mentoring

7.2.1 Bold

The mentor must be reliable. Mentees come with their own expertise and gifts to share. Help them unwrap those gifts, passions and interests. Capitalize on, cultivate and learn from their strengths.

7.2.2 Benevolent

The mentor must identify himself/ herself with his/her mentees. Building rapport requires an ability to put yourself in the mentee's shoes and to try to understand what they are thinking, how they feel and what it is that they want. Get to know each other on a personal level. Share your stories. This will transform the path of a mentoring relationship because you are showing the other person that you truly care about them as humans first. This is a window into a person's journey, enabling you to make more intentional and targeted inquiries over time.

7.2.3 Broad-Minded

Both mentor and mentee should ask questions and allow the mentee to reflect on their areas for growth and development. A mentor should use this as an opportunity to let the mentee come up with actionable steps for improvement while providing direction and insights. These interactions are cyclical in nature and should be continuously revisited. Mentors need to grasp the technique of providing inspirational feedback that compels the mentee into action.

7.3 The Three C's of Mentoring

7.3.1 Communicate

Although informal interactions will naturally be embedded into the mentoring experience, schedule protected time to communicate on personal and professional levels on a regular basis. Come up with mutually agreeable ways to communicate as there are many avenues to reach out to one another. Talking through and reflecting on experiences are important parts of the growth process.

7.3.2 Commitment

Commitment refers to the organization, mentors and mentees. For mentoring programmes to be truly effective there needs to be an ongoing commitment. For mentors, it requires a commitment of their time to really support mentees. This also requires commitment from the mentee to ensure they gain the most out of the relationship.

7.3.3 Celebrate

Mentors serve as the greatest and most impactful support system. They should encourage and cheer on their mentee for taking risks and believing in themselves. Celebrate successes big and small and use failure and change as opportunities for growth. Human beings thrive on recognition. When they feel validated and valued, they continue to approach their work with passion and purpose.

8 Reflexivity

Reflexivity is a process of self-examination where an individual examines personal assumptions and goals, and clarification of individual belief system. It is a process of initiating a dia-

logue with self, to turn the gaze upon self. It requires that we suspend our judgment, our predisposition for the barred inquest and our zest for the initial answers that usually seem to present themselves. However, this needs practice to grip the process and outcome. It is essential to allow ourselves time, space and freedom to learn, develop and experiment [5, 6].

Positionality, however, focuses not only on how our individual identities are constructed but on how these identities shape the way we see the world in relation to those we interact with. Positionality aims to highlight both how individual identities are created by social constructs and how they are malleable. In social contexts, understanding our own positionality can help us confront our own biases. By acknowledging the limitations of our own viewpoints and experiences, we can create space for the inclusion of others and actively seek out new information [7].



L to R: Dr Rozina Karmaliani as a student with the first Director of AKU-SONAM, Dr Winnifred Warkentin (1987); 2. With mentor, Dr Yasmin Amarsi (2008); 3. As Dean of AKU-SONAM at the School's convocation ceremony, (2021)

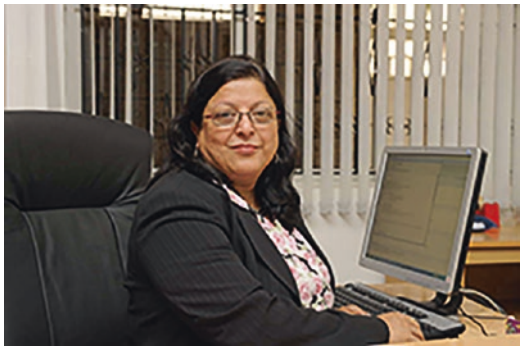
9 Conclusion

What began as cross-cultural and international mentorship in nursing in the 1980s between a teacher and a student has been developed substantially over the years. Now the mentor and mentee have evolved into close colleagues.

This mentorship journey is still having ripple effects today as the tradition of leaders preparing leaders continues within the University's own nurses now training and educating those next in line for a brighter and more sustainable future for nursing in Pakistan.

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Yasmin Amarsi is a longtime member of the Aga Khan University and one of the pioneers in setting up higher education programmes of nursing and midwifery in Pakistan.

Dr Amarsi completed her General Nursing and Midwifery Diplomas from the Jinnah Postgraduate Medical Centre, Karachi, Pakistan, in 1972 and 1975, respectively. She then went on to complete her BScN degree from McMaster University in 1985. Dr Amarsi completed her Master of Science degree in Education and Administration from the University of Arizona in 1983, and her PhD in Health Human Resource Development and Programme Evaluation from McMaster University in 1998.

Dr Amarsi was the Founding Dean, Aga Khan University School of Nursing and Midwifery, AKU-SONAM, East Africa; former Director of AKU-SONAM Pakistan, and currently holds the title of advisor and Professor Emeritus at the Aga Khan University.



Rozina Karmaliani is Associate Director, South and Central Asia at the Brain and Mind Institute, Aga Khan University. She is a Professor and former Dean at the Aga Khan University School of Nursing and Midwifery, AKU-SONAM, and also serves as faculty member for multiple other academic entities at the Aga Khan University including the Department of Community Health Sciences and the Institute for Global Health and Development.

Dr Karmaliani is recipient of various national and international research grants, with her areas of research expertise being women, child and adolescent health, with special focus on the prevention of gender-based violence, and promotion of mental health among women and adolescents.

Dr Karmaliani has a PhD in Nursing; Master of Public Health, and Master of Science in Nursing from the University of Minnesota; Bachelor of Science in Nursing from AKU and diplomas in Midwifery and Nursing from the Aga Khan Health Services and AKU, respectively. She is the first SONAM alumna to obtain PhD in Nursing in 2000, and the first nurse in Pakistan to be inducted into the American Academy of Nursing. In 2020, she was also included in WHO's global list of 100 women nurse and midwife leaders.



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The Genealogy of Mentorship

Carole Kenner and Marina Boykova

A mentor is someone who allows you to see the hope inside yourself.
—Oprah Winfrey

Objectives

1. Describe the "family" or genealogy of successful mentoring.
2. Identify elements of successful global mentorship.
3. Discuss how mentorship changes both the mentor and mentee.

1 Our Story

1.1 Carole

Our story really begins with my own mentorship. I was extremely lucky to have physician and nurse colleagues who guided me in my professional journey. They helped me make the transition from staff nurse to an advanced practice nurse/nurse educator. My academic mentor from graduate school told me now "you have achieved a master's degree you need to give back to the profession, advance the science." She facilitated my getting on national committees that were setting the standards for maternal child nursing in the United States. This led me to publish and conduct research including the first textbook on neonatal surgery—from a nursing perspective. This book published just as I finished my doctorate. The next book I published was the "*Comprehensive Neonatal Nursing Care*" [1] that now is in its sixth edition and is used in nursing education and practice globally. Through this book Marina and I got connected and led to creating a genealogy of mentorship–mentors and began a new generation of mentors.

One of my textbook contributors was involved in an exchange program in Russia. She found very few educational resources for neonatal nurses there. She talked about one very enthusiastic Russian nurse, named Marina, and she asked if she could approach my publisher to have some chapters from my book translated. The permission was granted, and the chapters were taken

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to Russia. This action opened doors for the Russian nurses but also for me. Later on, another mutual colleague was setting up U.S.–Russian nursing cruise conference and she mentioned the same Russian name – and I signed up in hopes of meeting this strong, eager nurse. We met in 2005—she was all smiles and so excited! Her enthusiasm and appreciation for my textbook was incredible. She kept saying I cannot believe I am talking to you! I saw this eager, enthusiastic neonatal nurse who was changing practice in Russia. She was excited to connect with me but I think I was more excited to meet her to see her desire to advocate for best practices in neonatal nursing care. She reminded me why I started writing and doing research—to advance knowledge and improve neonatal/family health outcomes.

The 2005 U.S.–Russian nursing cruise conference opened doors for both Marina and me. I came to find a kindred spirit who liked to push boundaries, to ignite passion but use evidence to support change. This conference raised monies to support research projects carried out by Russian nurses. Marina's project was funded. She used this project's funding to create her Master's degree project by replicating my transitional care research in Russia—both of us were interested in the transition from hospital to home for neonates and their families. As her project progressed, we kept in touch by email and Skype. This was beyond exciting to me to see if her results would be similar to mine—and they were. Wow!

Marina also was given other opportunities to advance her education that brought other ways for us to connect. Marina's chief of neonatology supported neonatal nurses in obtaining advanced education. He found scholarship money to help Marina begin her study at the University of Liverpool/Chester (United Kingdom) to earn a certificate in teaching nursing—he believed that nurses should teach nurses, not doctors, and he wanted nurses in his department be well educated. Marina did not stop learning and eventually got her Bachelor's degree in nursing and a Master's degree in health promotion, thanks to collaborative program between the United Kingdom and a Children's Hospital in Saint Petersburg, Russia. By-products of the exchange, U.S.–Russian nursing cruise conference, and nursing education in the United Kingdom were Marina's introduction to other pediatric nurses around the world. Her professional network in the U.S. and globally was growing.

She invited me to come to Russia in 2006 to speak at the 1st All-Russia neonatal nursing conference that she was organizing with her colleagues. Marina's hospital had made so many strides to improve neonatal health outcomes in the decade of the U.S.–Russian exchange that the media wanted to know how this occurred. During the months leading up to this conference Marina asked for help with her Master's project. We happily agreed. Working at a distance was not a problem. We exchanged drafts up until we flew to Russia for the conference.

The conference was a success and culminated in an opportunity for me to participate in "Talk Russia"—a live radio show where people from across the country called questions in to us. This was a first for me. Marina opened that door for me. The timing could not have been better as I formed the non-profit Council of International Neonatal Nurses, Inc. (COINN) in 2005 and was really beginning to gain more members globally. Once the conference ended we took the night train to Moscow as my U.S. colleague had never been to Russia. Marina acted as our tour guide. We agreed on one condition that we work with her to finish her master's project as she only had 2 weeks to submit if she was to graduate that year. So, there we were in Moscow, in between sightseeing giving her feedback and her making re-writes on the computer. It was fun for us to see her finished project 2 weeks later. She invited me to her graduation. What a sight! A beautiful ceremony in a historic cathedral in Chester, England. But the most beautiful sight was to see a newly minted master's prepared neonatal nurse who was changing the world. She always used the quote—one can make a difference but two can change the world!

The following year she won a scholarship to attend a COINN conference in India where a launch of a neonatal nursing association was taking place. There Marina met neonatal nurses

from around the world who like her were trying to improve neonatal nursing care in their respective countries. Her professional network was expanding, an attribute of a successful mentored relations [2]. She met doctorally prepared neonatal nurses. That became her goal to obtain her doctorate. She applied to the University of Oklahoma in the U.S. to work with me and my colleague who had helped her with the master's work. She moved to the U.S. in 2008, working as a research assistant and gaining more experience as a nurse researcher. She completed her PhD in 2015. She worked with COINN and she became a contributor to my textbook. She took an academic position teaching nursing and health promotion. The mentor–mentee relationship had a positive impact on her career, an outcome supported by the review conducted by Nowell, Norris, Mrklas, and White [3]. She is now an internationally recognized nursing scholar who is mentoring other nurses globally.

1.2 Marina

When I met Dr. Carole Kenner, I had just recently earned my Bachelor's degree from the University of Chester in England and had been working on my Master's degree at the same university. At that time, I was a staff nurse working full time in the neonatal intensive care unit (NICU) in a large pediatric hospital in Saint Petersburg, Russia. I had only 1 year of NICU experience (it was 1990) when my unit got involved in Russian–American professional exchange program. Multidisciplinary team of neonatal health professionals from the US had been visiting my unit for about 2 weeks almost every year. In 1994, one of the American nurses brought me a very heavy textbook—Dr. Kenner's comprehensive neonatal care textbook [1] and some chapters which had been translated into Russian. I was thrilled to have chapters from Dr. Kenner's textbook in my native language—but I also wanted to read the other chapters too. We did not have any neonatal intensive care textbooks or journals. So, I started taking classes in English language. As the level of my English language progressed, I was able to read other parts of the textbook as well. All this knowledge I used extensively in my unit's orientation and in-service teaching activities. This book was my Bible—and invaluable asset to me, my colleagues, and our neonatal patients. Then, 1 day I heard from my American friends that Dr. Kenner is coming for the next cruise. I could not believe she was coming to my country! I was so thrilled. We met and became acquainted. I asked her about her research work which focused on *transition from home in NICU parents and infants.* At the time I was working on my Masters research and I wanted to use an instrument Dr. Kenner had developed. From this day we started to collaborate in research as and replicated Dr. Kenner's study in Russia, with some modifications.

After the cruise conference we kept in touch as I became a member of COINN representing Russia. I still remember the day when Dr. Kenner asked me to write a small article for the COINN website about my unit. I said "No, no, no, I do not know how to do it, I cannot!" She said "Yes, you can! And I will help." So, I did and she edited—and since then we have written many papers together. She gave me the confidence that I could do more than I thought I could.

After I got my Master's degree, I felt that I wanted to learn and know more. I wanted to do my own research and develop new knowledge for our profession. So, I pursued a doctoral degree. During my course of studies in Oklahoma, Dr. Kenner constantly encouraged me to participate in nursing meetings and conferences: educational, research, and multidisciplinary conferences, both at a local and international level. Because of attending these conferences, I got a chance to see almost all states in the U.S.! Dr. Kenner constantly introduced me to her colleagues during the meetings—her network was enormous, I felt like she knew everyone in the world! Sometimes I could not believe that I was, just a second ago, introduced to a person whose articles or books I read through the years! They were nurse theorists, nurse leaders, nurse researchers, and clinicians. Sometimes I could not just believe my eyes seeing legends of the profession and worldwide known leaders (Dr. Kenner included). And it was giving me an

incredible amount of energy and motivation to change things while I can. And I am trying to develop myself as a successful leader like Dr. Carole Kenner. I am sharing my knowledge, my expertise, and passion for my profession and specialty with other nurses. I am trying to change the world.

2 Self-Reflection

Self-reflection is an important method for professional development [4]. In our case we both wanted to foster our own professional growth. We recognized that we started our relationship as a mentor–mentee with the goal of learning from each other to ultimately impact neonatal/family health outcomes. We started with one area-neonatal nursing and then broadened it to transition research, and now to building an academic career (Marina) and passing the torch to the next generation (Carole). Our biggest lesson learned is over time we have developed a deeper relationship with professional and personal dimensions. As a mentor I want Marina to surpass my accomplishments and to flourish realizing her goals-not mine. We learn and grow professionally by each actively contributing to the relationship. We gain resilience through mentorship and self-reflection, especially when the barriers seem insurmountable [5].

The keys to our successful mentorship have been a mutual respect, active listening, and intense debate about issues. Working across cultures, another key is cultural humility—learning from each other. We each wanted to learn more of the histories of our countries, the cultural traditions, and perceptions of maternal child care. We talked about healthcare systems—the positives and negatives of each and how nurses participate in decision-making. We also began to each experience traditional celebrations, such as American Thanksgiving, Christmas, and Eastern Orthodox Christmas, International Woman's Day in Russian culture, as well as new traditional foods. Culture did not impede the development of a trusting relationship and fruitful mentoring environment. Mentorship is a two-way street where each person gains from the experience. I have learned so much about Russia and its rich history and Marina has learned about the U.S. culture. Now we appreciate the differences and similarities in nursing in our respective countries. I would like to think I am more self-aware of cultural biases thanks to my work with Marina. We have both become richer by learning from each other about each of our countries.

3 Best-Practice, Evidence-Based Practice Example

Professional mentorship for career advancement traditionally is a viewed as a dyad relationship just as ours has been [6]. In the past this relationship was hierarchical with an expert sharing knowledge with the mentee. While most relationships today, like ours are more collaborative and experience a give and take of information. It is based on equity. Marina is now mentoring others—our network grows. I continue to mentor others too—mostly as a dyad. Thus, the family or our genealogy of mentees grows.

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Resources

Jonas Policy Scholars Program through a partnership with the American Academy of Nursing (AAN) and the Jonas Philanthropies. https://www.aannet.org/resources/scholars/academy-jonas-policy-scholars. A mentorship program for those nurses seeking work in health policy.

Sigma: Mentoring Cohort: https://www.sigmanursing.org/advance-elevate/careers/sigma-mentoring-cohort. Nurses who seek professional career development guidance.



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Identifying My Cancer Nursing Leadership Role Through Mentoring

Virpi Sulosaari and Wendy Oldenmenger

Leadership is a process where the leader inspires and involves others to create and commit to shared goals for a brighter future. My leadership is based on values: honesty, trust, respect, and sustainability. My leadership style involves vision, communicating that vision to others, planning to make it a reality and serving as a role model, enable others to act and as a source of energy and support for the whole team

— Virpi Sulosaari

Objectives

1. To contribute towards an understanding of the role and value of mentorship in the development of leadership qualities and competencies.
2. To give insight into how to become a strategic leader
3. To give insight into how mentorship can contribute to the development of a personal vision of leadership

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1 Introduction

A successful career in cancer nursing requires a commitment to lifelong learning [1]. Mentorship can play a significant role in career development in academic and applied settings [2]. Mentoring concerns career enhancement, professional development, building and maintaining a professional network, increasing competence, and self-esteem [3, 4]. Mentoring can be accomplished through formal programs and informal relationships, both of which are based on mutual respect, trust, and a willingness to learn. Academic-clinical partnerships provide a rich source of mentoring [1], also for nursing leaders.

To increase the quality of nursing research, it is important to invest in the career development of nurse researchers in the nursing faculties [5]. Mentorship in nursing academia is also a potential way to help to address the global shortage of nursing faculties [6]. According to Hafsteinsdóttir et al. (2017), postdoctoral nurses, however, have difficulties in developing sustaining careers in nursing research due to lack of career opportuni-

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ties. Mentoring has been proposed as a way to support the career and professional development of postdoctoral nurses. Mentoring provides opportunities for building professional networks across borders, allowing you also to develop yourself in an international context and for leaders in all nursing settings from clinical practice to research and education [7]. Professional development has been identified as an important factor in nurses' advancement from clinical experts to leadership roles [8].

Thus, the recognition of the complexity of these different roles and organizational contexts demands strong leadership and mentoring competencies from the mentors [9].

2 The Mentor Mentee Narrative

Looking back to our mentoring process, it reflects on the definition of Vance and Olsen (1998), as they defined mentorship as a developmental, empowering, and nurturing relationship that extends over a period of time in which mutual sharing, learning, and growth occur in an atmosphere of respect, collegiality, and affirmation [10]. We developed our mentor-mentee relationship during the time in four phases: Phase one was to get to know each other, phase 2 to create opportunities to grow, phase 3 to conduct more in-depth discussion, and phase 4 to find clarity in goals and vision for leadership. The mentorship process and discussion were also influenced by the five leadership practices of the model of Exemplary Leadership of Kouzes and Posner: model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart [11].

2.1 Phase 1: Get to Know each Other

Mentoring can be accomplished through formal programs and informal relationships. Academic-clinical partnerships provide a rich source of mentoring [1] like in our case. The beginning of the mentorship described goes back to a course on academic in leadership that the mentee (Virpi) followed—the Leadership and Mentoring Program for doctoral nursing students and postdoctoral nurses (the Nurse-Lead) (Virpi) [12]. The mentorship was part of the program. The mentee had the responsibility to find the mentor, and this was done by consulting active members of the European Oncology Nursing Society (EONS) working group, where Virpi was a member of the EONS working group. Virpi worked in the academic field and education, therefore, it was important to find a mentor who also had experience in the clinical field and research. As she was returning to her specialty field of nursing, the mentor needed to be a person involved in the development of cancer nursing in Europe, but also a researcher with leadership experience. The mentor (Wendy) was suggested as the mentor, and she kindly accepted the invitation. We did not know each other before the mentoring process. In our relationship, we felt that one important element was the collaboration over the countries' borders. Mentoring provides opportunities for building those professional networks across borders and allowing also to develop yourself in an international context [8].

2.1.1 The Mentee's Narrative

I am a registered nurse, cancer nurse, educator, and researcher. My Ph.D. study represented nursing education research and was focused on nursing students' medication competence and education. I already began to work at the university of applied sciences in 2003. Although being involved in research and conducting my own, my main role was to be a nursing teacher. I had worked in national and international multidisciplinary networks in the field of pharmacology and medication management education. Over the years I began to be more involved and later led research, development, and innovation projects, especially in the field of medication safety and education. I also got experience in leading multinational and multidisciplinary networks over time. Although having those leadership roles, however, I never took part in official leadership education.

2.1.2 The Mentor's Narrative

I am a registered nurse and health scientist. I am enthusiastic about cancer nursing, and more specific symptom management and palliative care. Not only in daily practice, but also to improve this, and demonstrate to what extent our interventions are evidence-based.

Currently, I work as an assistant professor of pain and palliative care at the Erasmus MC Cancer Institute, where I'm also the coordinator of (hemato-) oncology nursing research. With my research, I stand for person-oriented care for people with cancer and their loved ones so that they can function as well as possible in their own environment. To be able to make a difference in clinical practice, I think it is important that nursing researchers work in hospitals. In addition to clinical practice and research, I am interested in improving our profession. That is why I combine my work as a researcher with a job as a senior lecturer at the University of Applied Science Rotterdam. Moreover, that is also the reason why I am an active member of the cancer nursing society.

With my own experience, building my career over a long period, taking advantage of the opportunities I have been given over the years, I love to mentor a colleague to try to make clear what they want, and create together the opportunity to take the first steps to their goal.

Building the Relationship

Our first meetings took place online and the main purpose was to get to know each other. It was also important to establish a relationship based on mutual respect, trust, and a willingness to learn [1]. The discussion in the first meeting was focused on our work history and ambitions, but also on who we are as people and our working styles. We live in different areas of Europe (Finland and the Netherlands), therefore we needed also to understand the cultural setting we came from. Both had English as a second language, and in a way, it helped us to establish a relationship that focused more on the content and understanding than on the communication style or the level of English language skills. Thus, both of us had an adequate level of spoken and written English to start with. We also had the opportunity to meet face-to-face a few months after we began the mentorship and that also supported the development of a good relationship.

Finding the Common Interest

As the starting point for the mentorship was the field of cancer nursing, it was relatively easy to find a common ground. We had a mutual understanding of the specific nursing setting, and also of teaching. We both had a passion to advance cancer nursing and our understanding of the education and research in cancer. However, from the beginning, it was also important to have the mentor as a guide to EONS and to the status of cancer nursing in the wider European setting. These organizations can sometimes be difficult to get into as a new person, and the mentoring helped to start to work more efficiently and to find a place in the organization.

> *It was almost like I started again when getting back to my specialty and feeling like a novice in cancer nursing and research setting. At the same time, it felt like a new beginning, a chance to start a new chapter in your life. Thus, it was also important to be able to show that I have also already developed the expertise EONS could use. Virpi*

Setting the Initial Goals

One part of the course was to create a personal professional development plan. The plan was based on the theory by Kouzes and Posner (2013) [11]. In the second meeting, the initial goals on what Virpi was aiming to develop and how to achieve this were discussed. The mentor provided feedback on the plan. In this phase, the aims and activities of how to achieve the aims were quite concrete to support the development of leadership competencies, such as planning on participating in conferences and making decisions on staying or leaving previous national and international networks and building up new ones.

The Mentee's Narrative

Upon the time I finished my Ph.D., I felt also important to go back to my own specialty, cancer nursing, and start to look for opportunities to develop myself as a leader and researcher in the field of cancer care.

However, after many years of focusing on different areas, it was important for me to find a mentor who could introduce but also challenge me to get more involved in cancer nursing in Europe. The Nurse-Led program allowed me to develop my leadership skills, identify my strengths and the areas in need of development. As my background was on education, leadership from a variety of perspectives was also one of my main interests that's why I started the course and the 1,5-year mentoring process.

I was accepted as a member of the education working group of the European Oncology Nursing Society in Spring 2018 and through that connection, I was able to identify a mentor whose expertise was from clinical nursing science and cancer research and who also had experience in a leadership role in research and working in a professional organization such as EONS.

The Mentor's Narrative

As Virpi's mentor, we also discussed how I could help her to achieve her goals. At this moment, her initial goal was to get international recognition as a nursing researcher/educator in the field of cancer nursing. Therefore, it was important to create opportunities to present her work at international conferences and to be an active member of the EONS Education working group. At this point, it was important to recognize her strong points and show this to the outside world, e.g.*, her national and international experience in educational projects related to cancer nursing. We also agreed on how we will proceed and what our expectations were from the mentoring process.*

2.2 Phase 2: Creating Opportunities to Grow

The next step in the mentoring was the phase which Lin (2018) calls a "cultivation phase". The aim was to discuss in more depth the specified goals identified in the development plan. In our discussions, we talked about strengths and weaknesses in leadership, but also how we deal with challenging situations a leader inevitably will face. Virpi had as strength but also as a weakness her requirements on trying to be perfect and managing everything herself and not to bother others too much. As a nurse, we often try to protect others and if you know someone is very tired and overloaded with work, you attempt to just do everything yourself. But also, it is easy to think you know best and do it yourself to get the task done faster. This needed to be changed and she needed to start to trust and share activities with the team members. Others will not learn if not given the chance to try. Moreover, we need to remember to thank each other for the work well done and invest in creating a positive environment for people to grow. Thus, it is important to have the courage to deal with a situation when a team member is not delivering her/his tasks.

2.2.1 The Mentee's Narrative

One of things I started to focus more was building up the trust in your team. We also need to remember to celebrate success together. As academics, we always see what's going wrong, but celebrating the successes with the whole team is extremely important.

2.2.2 The Mentor's Narrative

When you like to succeed in international society, you need the insights of its culture and indirect political structure [13]*. As Virpi just started as an active member of European society, it was important to explain its dynamics, not only the official structure is important to know but also the underlying structures and politics. When do you have a chance to step up and when it is better to do a step back. As a mentor, I was in the position to help Virpi to create some opportunities,* e.g.*, not only as a speaker at the conference but also as a member of the scientific committee.*

2.3 Phase 3: More in-Depth Discussion

Mentoring is an appropriate method to enhance leadership and professional development [12], and therefore, it was a time in this phase to have more in-depth discussions on being an active player in international society. Particularly in our

relationship, it was useful that Wendy was willing to share her network and support the mentee with navigating the organizational, political structure, and the culture of the organization [12]. Our relationship allowed also a deeper understanding of organizational history.

2.3.1 Finding the Essence of Leadership and the Vision of Future

We also had reflective discussions about our ideas on the philosophy of leadership; what are the qualities of a leader and how to describe how philosophy impacts leadership behaviors. We came from different backgrounds, and we had different work roles during the mentorship process. It became also clear through our in-depth discussions where the real focus of our passion is.

2.3.2 The Mentee's Narrative

I could be the leader who "models the way, inspires a shared vision, challenges the process, enable others to act and encourage the heart". To start that pathway, I found myself as a member of the EONS Executive Board and taking the lead of a working group. I also realized that the teacher in me is stronger than the researcher.

2.3.3 The Mentor's Narrative

During this phase, our discussions became a two-way dialogue. As a mentor, my role was to ask questions and challenge Virpi, who did she really what to become, how did she see her leadership role, and also listen to her ideas and experiences and give honest and constructive feedback.

During this time, Virpi took the opportunity and was elected as a member of the EONS Executive Board.

3 Phase 4: Clarity of Goal and Vision

In the last phase of the mentoring process, it was time to define what has changed or evolved. At this time, it was evident that Virpi had improved leadership skills and developed abilities for strong leadership. In EONS, Virpi was getting the self-confidence necessary to represent EONS in events and policy platforms. For Virpi, relationships in EONS were developed, and the work culture and collaboration had become familiar, supporting the overall well-being like Hafsteinsdottir et al. (2017) highlighted [7]. The informal meetings during conferences or other occasions were fruitful in developing our relationship and building up that supportive and encouraging spirit for the mentoring. Mentoring is also about being a person to a person.

3.1 The Mentee's Narrative

Leadership is a process where the leader inspires and involves others to create and commit to shared goals for a brighter future. My leadership is based on values: honesty, trust, respect, and sustainability. My leadership style involves vision, communicating that vision to others, planning to make it a reality, and serving as a role model, enabling others to act and as a source of energy and support for the whole team.

As the relationship evolved, the discussions were changed to a more mutual and same level; more towards having collegial relationships and friendship [14]. At this time, the mentee also changed to be the mentor for an international PhD-student. Indeed, those who have experience as mentees themselves have a stronger desire and are more likely to mentor others [15]. The leadership development plan used in the course was practical in the first phase of the mentoring and to begin the journey towards improved leadership competencies. However, as it focuses on concrete behaviors and activities, it is less useful on the meso/macro level.

4 Self-Reflection

Mentoring can be accomplished through formal programs and informal relationships, both of which are based on mutual respect, trust, and a willingness to learn.

At some point, I started to have increased proficiency and confidence in my leadership qualities and skills. Thus, I also started to realize that my path is not to become a world-famous researcher or a manager (mentee: Virpi).

These discussions became more and more dialogue, which also made me think and reconsider my vision on clinical and strategic leadership [13] *(mentor: Wendy).*

As the relationship in mentoring is a two-way dialogue, we were able to share our vision for our careers and research. We realized that our paths are and need to be different. Wendy would continue in her path on research leadership and Virpi in her path as an educator and a person with a passion to advance nursing.

5 Evidence-Based Practice in Mentoring

In their review, Hafsteinsdóttir et al. (2017) found a positive influence of mentoring on (a) research productivity including an increase in publications and grant writing and research career development, (b) improved leadership skills, and (c) knowledge. Furthermore, mentoring was positively associated with nurses' health and well-being, staff relationships, work culture, and collaboration [7]. Indeed, we found in our personal experience similar outcomes on developing leadership competencies. We need nurse leaders who are empowered to create and nurture a culture that supports individual and collective growth. A leader's responsibility is to prioritize professional development, set expectations, and develop structures that enable nurses to develop professionally. Nurse leaders need to also take the dual roles of teacher and a leader [1]. This is the way how we enhance evidence-based cancer nursing practice of the future.

6 Resources

We learned our way of mentoring through the whole process. We would advise others to prepare their mentee and mentors' role, and there are online tools to help them with it, e.g.,

National Mentoring Resource center.
https://nationalmentoringresourcecenter.org/resource/preparing-for-mentoring-program/

University of Southampton.
https://www.southampton.ac.uk/professional-development/mentoring/mentoring-resources/index.page

7 Closing Remarks

From a focus on skills and activities to a vision and a clear focus on becoming a leader in cancer, nursing became reality after we ended the mentoring process. Virpi became the President-Elect of EONS and will become the President for 2 years from 2023. So, job has been well done.

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Mentoring in Leadership: Intention to Lead and Mentor Executive Nurse Leaders Globally

Michelle Acorn, Judith Shamian, Joyce Fitzpatrick, Linda Everett, and Annette Kennedy

1 Mentoring Forward

Objectives

1. Build and evolve effective executive nurse leadership and mutually beneficial mentoring relationships.
2. Highlight personal leadership narratives that integrate mentorship needs, influence, and impact.

2 Mentor Mentee Narratives Mentee Michelle Acorn

I have journeyed both the mentee and mentor paths across my fulfilling nursing career trajectory. As a clinician, I evolved with an unquenchable thirst to match my competence and confidence from novice to expert across multiple practices and sectors—emergency, hospitalist, primary care, and geriatrics through precepting and attaining specialty certifications. My mentors were a diverse mix of nurses, physicians, and interprofessional peers (pharmacists, physiotherapists, occupational therapists, and social workers).

I have precepted many nurses in the clinical and leadership domains of practice from Registered Nurse (RN) to Nurse Practitioner (NP). I have maintained a few dozen long-term mentoring connections over my 30 plus year nursing career. One of my NP mentees gifted me a meaningful book titled: Thank You, Teacher: Grateful Students Tell the Stories of Teachers Who Changes their Lives (Holbert 2016) [1].

The personalized inscription read:

> Dear Dr. Acorn,
> This reminded me of you and am forever grateful to you for the unbelievable kindness and help. I can never thank you enough for your inspiration and encouragement, support, and compassion. With all my gratitude….".

Sentimentally, I reminisce and cherish momentums of impact and meaningful connections. What started off as precepting led to mentoring mentees.

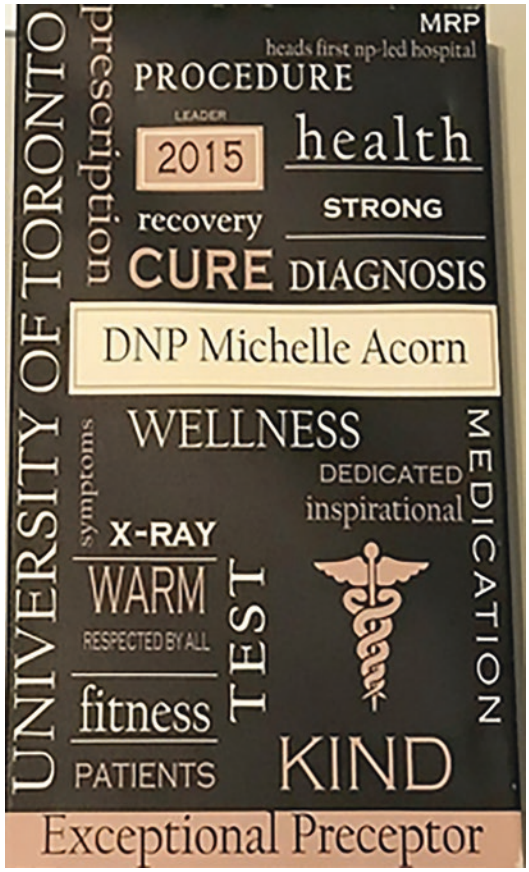
This gifted poster celebrated legacy work, leading the first NP led hospital, functioning as the formal most responsible provider (MRP) from admission to discharge, and optimizing maximal scope of advance nursing practice to advance access, drive quality care, and build capacity (Acorn 2015) [2, 3].

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My experiences and needs led me to seek out external mentors for professional growth in the nonclinical advance practice domain of academic scholarship, University teaching, and to gain governance and policy acumen through Professional Nursing Association Board work.

The difference in functioning as a mentor, versus as a professor, or from a preceptor lens, is a result of significant personal investment of effort, influence, and relational impacts that pivot and change your life and the lives of others.

I have immersed myself in a lifelong professional development marathon from diploma to postdoctorate education locally, provincially, nationally, and internationally. Bedside, boardroom, classroom, and bureaucratic experience fluidity was tailor-designed. The cross-border Doctor of NP was a better fit for purpose for me than a PhD with my clinical leadership passion; the impact, securing a University Faculty position and becoming a Government Chief Nursing Officer. Seven years later two unique postdoctoral education opportunities, the Miller & Coldiron Fellowships, were undertaken, tailored to advance my executive leadership nursing practice. The unintended benefits of the programs resulted in securing mentors internationally and a career role change as the inaugural Chief Nurse of the International Council of Nurses [4, 5].

My strong women mentors include Judith Shamian, Joyce Fitzpatrick, Linda Everett, and Annette Kennedy. Their valued expertise, trusted advice, guidance, inspiration, and reflections will be weaved in through experiential leadership narratives. My mentors' executive leadership expertise and acumen, influence and impact scholarship talents, rich relational connections, and strategic navigation across diverse systems and countries have been beneficial. Their generous gifts of time and wisdom to invest in me, on behalf of the nursing profession, and for health and humanity are deeply appreciated and valued. My mentorship journey continues to transition, transforming beyond a fit for purpose intent, to unique mentor matches that exceeded my needs and expectations.

Six months into my ICN Chief Nurse (CN) role, I published my reflections from a system chief nursing executive: Intention to Lead (2021) [6]. The integration of a chief nurse to lead and support complex health systems and health workforce across all health and social sectors is of paramount importance, especially when the global nursing profession is challenged with a strained workforce and a growing leadership gap. Nurse Executives are agile and flexible and ensure that the work and knowledge of nurses are valued, visible, and positioned to positively impact health. They are a strategic member of the leadership team, engage in boundary spanning, and lead across complex healthcare systems. CNs are strategically placed within executive reporting structures and assume a wide span of control with multiple obligations. Nurse Executives implement best practice knowledge and evidence-informed healthcare, contribute to risk management, and achieve value-based results. They lead

organizational change, manage talent, and allocate appropriate resources. Nurse Executives inspire and engage others, influence change, challenge the status quo, demonstrate lifelong learning, seek and provide mentorship, shape recruitment and retention, and lead the next generation. A CN must become comfortable within the nursing community and health system and outside of the health systems to navigate the professional, policy, and system development requirements.

My valued mentors continue to share their knowledge and experience on governance, leadership, and systems as nursing thought leaders who inspire, advocate, and showcase nursing contributions assure access to quality healthcare. Their continuum of mentorship is boundless, flexible, pivoting through life, and forge foundational legacies.

3 Provincial, National and International Executive Nurse Leader Mentoring Mentor Judith Shamian

The purpose and focus of mentorship need to start with the mentee and the context in which the mentee is at in a point of time. Mentorship with the same person will take on a different focus based on the career cycle, career trajectory, nursing position, and the reality that the mentee is nested in. Furthermore, mentoring can take on different formats. It can be episodic and focused on dealing with a professional issue that needs to be worked through, requiring a limited time of mentoring. Mentoring can also shift from an individual focus to team mentoring with a few experts working with an individual, for example to seek a nursing promotion. In such case, either the mentee or one of the mentors assemble a group of experts that are needed to mentor the mentee either as a group or as individuals. There is also long-term mentorship where the mentee and the mentor engage in a mentoring relationship over long periods of time. This allows the mentor to develop a deep understanding of the individual and be more explicit and focused on the advice and guidance across their career trajectory.

Dr. Michelle Acorn and I started off our mentoring relationship while she was pursuing her postdoctoral fellowship with the Marian K. Shaughnessy Leadership Academy, and it has evolved to a long-term mentoring and collaboration relationship. In my opinion, the term "mentorship" does not capture well the ongoing life long professional and personal relationship. It often becomes a strategic and meaningful unique affiliation, which is different from the element of "pure mentoring". In my experience of mentoring over the last three decades, I would say that most of my mentoring is time limited, while only a few are long term.

Mentoring a Chief Nursing Officer (CNO) in some countries would be very different from others. In the case of Dr. Acorn, we started the mentorship relation while she was a fellow at the Marian K. Shaughnessy Nurse Leadership Academy at the Frances Payne Bolton School of Nursing, Case Western Reserve University (CWR), and the provincial government chief nursing officer (GCNO) of Ontario, Canada. We transitioned to mentoring when considering, accepting, and starting the role of Chief Nurse at International Council of Nurses (ICN).

Early mentoring discussion focused on the importance of being informed and connected outside of the position "bubble" as the GCNO, including exploring what "practicum" she should consider. We assessed Michelle's current contacts and relationships. It was clear that her relationships with the provincial and national nursing community were strong, but lacked formal international relations and strategic connections, which led linking Michelle to expand her global networks. Michelle was holding a provincial and national position; in order to maximize her impact, we discussed and concluded that she needed to expand her network in two directions. Within the national and provincial level, she needed to broaden her network more outside of the nursing field. In addition to that, the second direction needed is to extent her network outside of Canada, so she is well informed of global trends which she can bring to the Canadian scene.

The role of the mentor is also to open doors for the mentee. As the 27th President of ICN, I was able to introduce Michelle, and she explored the possibility of a "practicum/project" with ICN. The mentor remains supportive in the background and helps with understanding the culture, politics, and players. This practicum led to Michelle's growing interest in international issues beyond the provincial and national bubbles [7] and eventuated in her application to the position of Director of Policy, morphing into the inaugural Chief Nurse of ICN. All through this process as a mentor I was behind the scenes available for various types of information that goes beyond the professional narrow focus, up to advising on employment issues. As I knew the organization and the players well, I could add to the formal information that can be found through websites, publications, and other sources. The informal knowledge is both essential and powerful as it provides valuable context and for understanding the "reality". The mentor in the professional context often is an individual who has walked the path that is relevant to the mentee, beside has professional knowledge and practical life experiences that often can make or break advancements. Once Michelle was appointed to her new role in ICN, my mentorship became support but, furthermore, helped her to understand the roles, functions, and opportunities with global agencies including the United Nation, World Bank, and the World Health Organization and its regions.

Early in the mentorship, during postdoctoral work at CWR Leadership Academy, neither Michelle nor I could have imagined that this relationship would result in complete career change. As we were looking at the GCNO) reality, we needed to see where there would be the biggest return on investment and choose the practicum accordingly. While Michelle was doing a great job, the reality of too often experiences with the GCNO) is that the position does not have the resources, decision influence, recognition, and impact it should have. As such, we analyzed where the power structure at the time played in government. Michelle already had a good relationship with nursing and the health care system. To gain a better power base to move agendas, she needed the network and relationships with the broader government community, which lead to the discussion of possibly seeking a practicum in the Premier's or Prime Minister's Office.

The relationship, mentoring, brainstorming, and beyond is continuing with Michelle and I assume it will be so for years to come. As a mentor, it is essential to acknowledge that the relationship is a two-way investment and benefit. I as the mentor gain some reciprocal benefits from such relationship: (a) As I no longer hold formal key leadership positions, I can influence behind the scenes, (b) The mentee benefits from my extensive formal and informal connections and experience, (c) Through mentoring mid or senior level executives globally, I gain further insight and understanding of private and public sectors, international agencies, and country-specific perspectives, (d) I can cross mentor and advance multiple agendas simultaneously, and above all, (e) Remain relevant, contemporary, and in the know which helps me to continue to mentor. Dialoguing and penning this chapter jointly helped in reflection to identify that the population I can best serve and add value to are new or evolving mid-career executive practice leaders. The role of a GCNO can be very lonely and isolating. I appreciated the initial reach out.

It is important to note that any form of mentoring requires a form of mutual understanding, formal or informal contract, encompassing confidentiality, transparency, respect, and honesty. The mentor must be very clear that their function is to support the mentee and at any time that there is a slight possibility of conflict of interest, the mentor needs to identify and flag this and the rationale to decide with the mentee if they should continue, set boundaries to exclude certain contexts, or discontinue or take some time out until the issue or barrier is resolved.

4 Global and Governance Nurse Leader Mentorship Mentor Annette Kennedy

Mentorship is a word I do not particularly like. The word strikes me as signifying a very unequal relationship.

I have just read an article about the need for country-specific mentors, just as I am about to dispute the whole concept, perhaps I am on a different wavelength, am being controversial, or just don't understand what I am talking about. This may very well be the case; however, Michelle asked for my thoughts on the subject, and I cannot be anything but honest.

Today we have so many different terms for supporting, teaching, or advising colleagues. Preceptor, mentor, or coach is also included in the mix. I wonder if we are just creating more layers of confusion and more jobs for consultants who call themselves experts and seek large consultancy fees. I worry about the advice given and the paths that participants, students, learners, or mentees are directed towards because of suboptimal relationships built or those that are lacking in a holistic knowledge of the person being advised. For me, it is crucial to establish a relationship built on trust and shared philosophies.

Maybe I am old fashioned, perhaps I fit more into the traditional role of mentoring which may occur spontaneously and informally based on mutual respect, personal friendships, and shared values and purpose. This is the relationship I have with Michelle which occurred recently when she took up the post of Chief Nurse with ICN. As she was new to the activities of ICN and its global network, I just wanted to support her, share my knowledge with her, and in some way pave the way. I found that we had an instant rapport; have a similar sense of fun and a feeling that we would remain long-term friends.

In relation to mentoring Michelle, I will enjoy seeing the big picture of her career, enjoying, and celebrating her achievements, guiding and supporting her progress and development, while at the same time helping to broaden influence and grow networks of mutual interests and influence. Both of us will grow and develop from the relationship, so for me it is always a shared experience.

My own mentorship experience comprised of a few trusted friends whom I talk to if I need advice on an issue or problem or need direction or encouragement regarding my professional pathway or career. Do I call them mentor's, preceptors, or coaches? No, I regard these as my friends who have different views, experiences, and competencies and can view my issues with objectivity. None of us have the ultimate in wisdom. Our experiences, knowledge, backgrounds, and culture are different and diverse, but make and shape us in who we are today. The term mentor translates for me as an expert advising a novice, top down, whereas I like to think of the concept as sharing experiences, listening, and learning together. I have gained as much from the people I have mentored as they have hopefully from me, whether they are a student, graduate, nurse, manager, or chief nurse. The relationship is reciprocal and enjoys reciprocity—giving of time, sharing wisdom, receiving enriched learning, celebrating success and opportunities, fuelling passion, caring, and strengthening connections. Much of our lived experience, career, aspirations, progression, and achievements are interdependent on support, opportunities, and encouragement as we navigate throughout our career paths [8, 9].

Prior to the era of mentors and preceptors, every nurse had a role in supporting and educating students, colleagues, and other disciplines; it was part of the role of a nurse. It made nurses update their knowledge, undertake research, and keep informed. Now, it's a delegated role to a designated person, a mentor whose role is to develop competencies and skills in the mentee. Where are the ordinary nurses?—the ones with the skills and experience, the backbone of the service, but perhaps without confidence in their knowledge. I wonder what happens to that collective support and sharing of information, the collegiality within a clinical team, and the individual's responsibility to keep themselves updated in order to educate others.

I recognize that nurses in the clinical area are overworked and burnout and they don't have time for teaching with increasing number of students needing supervision and instruction. Nurses in the front line need support, but I wonder if this is the best way. Would the profession be better served by appropriate staffing levels, better conditions of employment, monitory reward, and continuing education for all in relation to how to be a mentor rather than designated mentor roles? It seems to me that we are creating a greater gulf between theory and practice, we are following the medical model creating more roles and becoming more specialist and with less emphasis on the holistic concept of patient care which is the very essence of nursing. Nurses, of course, need to continually increase their knowledge and skills to keep pace with advancing medical and scientific advances. However, our emphasis must always be on elevating the whole profession, ensuring that every nurse has the necessary competencies and skills to deliver competent nursing care and not creating more division and elitism.

Many times, individuals like Michelle come to me for advice as if I am the expert and have all the answers and perhaps to direct them to the right path, the right solution, or the right answers. They seek to know what makes a good influencer, leader, or manager. However, the way I function, the way I lead will be unique to my personality, my experience, my skills, and may not work for someone else. I can share with Michelle and other mentees traits of good leadership, my experience of success and failure and lessons learned, but a mentee must find one's own way of leading. I can share the important aspects and competencies of what I judge that makes a good leader, but more importantly all mentees come with different needs, different aspirations, different goals, and objectives. Their work, family, and experience play a large part in where they are and where they are going. I can only listen, support, advise, and share like a counsellor.

A constant all through my career is advising mentees of career opportunities and then of course enlisting them for support in other initiatives. There are many opportunities to make changes, to challenge the status quo, to question policies, procedures, rituals, and practices that restrict progress.

There is nothing to stop a mentor enlisting the assistance of mentee's support for issues which the mentor wishes to progress, but one must be open and transparent so that the mentee makes an informed choice. I am a wonderful delegator. I have no difficulty in enlisting support, assistance, or help from colleagues, students, policy makers, or anyone whom I think has competencies that I do not have or influence in areas where I, or on behalf of the organization, would like to influence. I love to utilize and leverage the skills and competencies of other people. I really like to share this skill with mentees like Michelle. I find that you do not need to have all the information, competencies, and skills yourself, you just need to assess the people around you, board members, committee members, staff, colleagues, and mentees to identify and utilize their skills. It is great involving people, educating them, creating networks, and influencing people. Generally, people are happy to be involved and feel valued. I am never afraid to ask for help or say I am not good at x or y.

I think as nurses we tend to be governed by traditional procedure. If I want to contact an executive or politician to have a meeting, I do not see why I can not phone her or him. They do not have to take the call, but if I use the required procedure or protocol I will go through a whole administrative process and perhaps never get a meeting or get a meeting with someone who cannot give me a direct answer or make a decision. I have been called a maverick, so perhaps that is why my views on mentoring are different and the way I approach my mentees are perhaps different.

Do I influence mentees to advance my ideas, my objectives, my aspirations? That is a moot point. Who is to say my direction is best, or my work is more important just because I am in a more senior role? I think it is important to recognize colleagues and mentees' own objectives and plans and support their work. The saying "you cannot put an old head on young shoulders" is very true. For me bringing the enthusiasm, courage, and fearlessness of youth together with the

experience and knowledge of age is the ultimate to success. For me life is about living, enjoying what you do, meeting the challenges and learning from everyone, having a sense of purpose, and encouraging others and in all things a sense of fun.

5 Mentoring: A Reciprocal Process and a Case Study - Mentors Linda Q. Everett and Joyce J. Fitzpatrick

As mentors, we learn as much from those we mentor as they learn from us. We all have talents and skills that we bring to the mentoring process. Through the relationship, we enhance the positive traits in each other and learn together in the process. Yet too often the mentoring process is viewed as one in which the mentee is the learner. We believe that reframing the mentoring process as a reciprocal learning experience is important.

In the twenty-first century, there has been a paradigm shift in mentoring. McBride (2020) [10] observes that in addition to becoming a reciprocal process, mentoring has evolved from a simple dyad relationship between mentee and mentor to an evolving mentoring network. Another notable change demonstrates that mentoring is useful not only in the early career phase, but across all career transitions. Mentoring has become an essential of leadership-development curricula. The John Harford Foundation's Building Academic Geriatric Nursing Capacity Program and the Robert Wood Johnson Foundation's Nurse Faculty Scholars Program are examples of these programs (McBride 2020). The Robert Wood Johnson Foundation Executive Nurse Fellows program also included a mentoring/coaching component (2014) [11]. Most of our mentoring experiences have been aimed toward unleashing the potential in nurses to embrace themselves as leaders, no matter the role or position they hold. We believe that leadership is a mindset more than a role.

Our story of mentoring Michelle Acorn is one of enhancing the knowledge and skills of an experienced leader: refining and focusing the attributes that would propel her to global leadership. As a fellow in the Inaugural Canadian Academy of Nursing (2020), Dr. Acorn's outstanding contributions at local, provincial, and national levels positioned her well for entry into the global nursing community. Our mentoring journey with Dr. Acorn began in 2020. As an Inaugural System Nurse Executive Postdoctoral Miller Fellow, mentoring occurred in the areas of formal educational opportunities, and through continued guidance within a global Fellowship program as a Coldiron Fellow. Key areas of engagement were with scholarship development and positioning for a broader global influence.

The Miller Fellow experience provided Dr. Acorn the opportunity to meet and develop relationships with an international cadre of scholars, in essence expanding her "mentoring network." These included Drs. Judith Shamian and Mariam Nowak. Dr. Shamian served as her mentor in the Miller Fellowship. Dr. Acorn's objectives for the Fellowship included: increase global acumen; achieve induction into the American Academy of Nursing; foster patient engagement; and enhance health equity in correctional institutions. Dr. Acorn met and exceeded these objectives. She published her reflections on the postdoctorate program in International Nursing Review in September 2021, *Reflections from a System Chief Nursing Executive: Intention to Lead.*

With mentoring and encouragement, Dr. Acorn experienced significant achievements in 2021. She was appointed the Inaugural Chief Nurse for the International Council of Nursing (ICN), inducted into the American Academy of Nursing, and earned International Certification as a Global Nurse Consultant.

In 2022, Dr. Acorn was selected to participate in the International Coldiron Fellowship as one of three international Fellows. This innovative fellowship program is designed to empower executive nurse leaders to make health care more patient-centered, cost-effective, accessible, and quality-driven. The curriculum includes sessions on executive presence, financial acumen, care coordination, quality and safety competencies, wellness, public communication, and understanding and leading change. Again, this

engagement will significantly enhance Dr. Acorn's "mentoring network."

As mentors, we learned many lessons from working with Dr. Acorn. Foremost was how she leveraged her dual roles to effect the quality of patient care in correctional services and effect policy change through collaboration and partnership with provincial government officials in Canada. She demonstrated that combining her nursing practice and her leadership competencies was essential for both nursing and health policy and program sustainability and success.

Today, as mentors we continue to mentor and learn from Dr. Acorn as she launches the next chapter of her career with ICN. Moving forward:

> My intention to lead mantra and momentum is purposeful and deliberate, to offset the escalating intention to leave the nursing profession. Transforming health care for all populations, including nursing profession population health is vital. In dynamic changing health care environment, the goal to improve world health and nursing profession equity is my vision, aim, and targeted action. (2021, p. 2).

We are honored and proud to claim we are members of Dr. Michelle Acorn's "mentoring network."

6 Self-Reflection Mentee

Starting as the mentee, I have transitioned and am now mentoring nurse executive leader Miller Fellows in the second cohort. I acquired Global Nurse Consultant certification, was inducted as an international Fellow of the American Academy of Nursing, and am now sponsoring candidates for 2022.

An unintended career shift in 2021 to become the inaugural Chief Nurse (CN) with the International Council of Nurses occurred. I have a CN monthly blog. I published in the International Nursing Review my Intention to Lead reflection. My mentors contributed narratives in this *Springer* Mentoring Chapter on our Intention to Lead globally.

As a Coldiron Fellow, I continue to progress and disseminate knowledge. My abstract for ALSN International conference was accepted. I delivered the commencement speech at the Case Western's 2022 graduate nursing ceremony to inspire our future generation of nurse leaders.

I published in AONL Nurse Leader, targeting an action challenge related to Global Leadership Literacy Competencies. Our cohort of Coldiron Fellows will participate in evidence-informed, value-added networking leadership conferences at AONL, ANCC Magnet, and an HFMA Thought Leadership Retreat.

7 Evidence-Based Practice

A glaring global gap exposes the lack of postdoctoral chief nurse executive practice leadership education, which embeds practicums and personalized formal mentoring and coaching. Optimizing foundational system chief nurse competencies including professional, emotional, and social competence while advancing confidence in transformational leadership is paramount. Maximizing valued connections beyond nurses, utilizing an evolving leadership community of executive practice, and integrating health system impacts including the retention of experienced diverse nurse leaders in the workforce are vitally needed.

8 Summary

This chapter provided both quantitative and qualitative narrative evidences highlighting dedicated intention to lead efforts by Executive Nurses Leaders globally to catapult me, the mentee, in reach and scale. Demonstrated scholarship, policy advancement, networking, and professional advancement impacts are illustrated.

Mentoring reciprocity through the investment of time, expertise, and effort offers value add influence and measurable outcomes through knowledge translation, enhanced competence and confidence, executive system integration, and retention in the health work force experientially.

9 Resources

9.1 Activity Mentorship Recognitions Action Challenge

I challenge you to pay it forward and be someone who matters to someone who matters!

An annual recognition event with dyads of mentors and mentees can be a powerful tool to build, celebrate, raise awareness, and sustain a community of mentorship practice, appreciation, and joy.

Ironically, I penned this chapter in January 2022, National Mentoring Month, to raise awareness about the power of relationships, feeling empowered, encouraged, and helping people find and excel their passions.

9.1.1 Activity Action Challenge (Appendix A)

Utilize These Mentorship Resources: (Appendix A)

Review extensive toolkits and resources and celebrate/raise awareness.

January 6 I am a mentor Day.

January 17 International Mentoring Day.

January 27 Thank you Mentor Day.

Social Media #Mentoring Amplifies, # Mentoring Month. https://www.mentoring.org/campaigns/national-mentoring-month/

Becoming a better mentor resource with videos. https://www.mentoring.org/resource/becoming-a-better-mentor/

Watch.

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Michelle Acorn International Council of Nurses (ICN), Geneva, Switzerland



Judith Shamian, RN, PhD, DSc, (Hon), LLD (Hon), FAAN, FCAN, ICN President Emerita, and Past President of the Canadian Nurses Association. Inaugural Executive Director of the Office of Nursing Policy 1999–2004, Health Canada, Canada, and President and CEO Emerita of VON Canada.



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Annette Kennedy, International Council of Nurses (ICN), Geneva, Switzerland

Passing the Mentoring Torch: Afghanistan Narrative

Nasreen Panjwani
and Mohammad Asif Hussainyar

Mentoring is a brain to pick, an ear to listen, and a push in the right direction.
—John Crosby

Objectives

1. To identify the roles and responsibilities of a mentor and mentee in the process of mentorship.
2. To share a narrative of the process followed by mentor-mentee in a story form.
3. To discuss how the mentor and mentee relationship can flourish.

1 Introduction

Mentoring is the support extended towards a novice or less experienced person by a professional either in a formal or an informal way. The mentor plays the role of a guide, teacher, or friend towards the professional growth and inspiration of the junior personnel in their career [1]. Mentorships can take place between two institutions or individuals and these contacts can be for long- or short-term periods and they can be in person or from distance [2]. The main outcome of a mentor-mentee relationship is the development of potentials and achievement of expertise [2]. The positive consequences achieved in mentorship relationships are enhanced career movements, higher personal, professional, and work satisfaction, amplified motivation, self-confidence and self-esteem, acquisition of leadership skills, enhanced desire for seeking higher education, excellence in practice, advancement in talent, expertise, interpersonal skills, and creating a professional legacy.

2 The Mentor-Mentee Narrative

My journey as a mentor (Nasreen Panjwani) began in Kabul, Afghanistan, on 5th December 2018 when I was assigned as Manager, Nursing Program at the Aga Khan University- Academic Projects Afghanistan (AKU-APA). In the capacity of a manager, I was assigned the task of upbringing the standard of Nursing education and providing technical support and facilitation in a Public Nursing program at the Ghazanfar Institute of Health Sciences and capacity building of the faculty at the school of nursing in Kabul and eight regional institutes of Health Sciences in the provinces of Badakhshan,

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Herat, Kunduz, Balkh, Farah, Helmand, Nangarhar, and Kandahar. During my tenure of 20 months in Kabul, I had four faculty members working in my team on this project at the Aga Khan University campus in Afghanistan. All of them were bachelors prepared nurses and were hardworking and I took up the task of mentoring all four of them. I had a thought in mind that after this project phases out, we would need local people of Afghanistan to take over and work towards the sustainability of the program. Although I was involved in mentoring all these faculty who were working as my subordinates, within a period of 3 months I was able to identify an individual from my team who could become my second line. I was impressed by Mohammad Asif Hussainyar, my mentee, who had the knowledge and expertise to become a successor to my position and he was very patriotic to his country and wished to remain in the country and serve the people of Afghanistan. He was an independent, self-reliant, and a motivated person to continue the responsibilities of a manager in my absence. The main objective of the mentorship is to promote potential, talent, and achievement [2]. Thereafter, I started refining and inculcating the positive attitude, teaching and administration skills, and focusing on the mentorship efforts to bring out the best in him. Selecting him as my mentee was helping achieve my goal of serving an underprivileged country in education, particularly in the domain of health care. We made a good team for imparting knowledge, skills, and attitudes among the nurse educators as he knew the language 'Dari' that was spoken by majority of the people of Afghanistan. He could be the mediator in transforming the teaching pedagogies to the nursing tutors in nine regions of his country. This chapter will include sections of administration in education, Theoretical and Clinical Teaching and Curriculum revision, where our partnership of mentor-mentee worked around.

3 Infrastructure, Operations, and Administration in Nursing Education

First, our focus was to work on the infrastructure and administration arm of the nursing schools including the physical upliftment of the facilities. During our visit to the facility, my mentee and myself evaluated the learning environment in terms of infrastructure and policies in place and realized that enormous work needs to be put in to create a conducive learning environment. By work shadowing and continuous discussion and reiterating on the improvement process during this period, my mentee was able to acquire skills in this field and the mentor also learnt some norms of the culture and grasped minimum requirements of language. In such new relationship, regular meetings help the mentor think "out of the box" and work shadowing by the mentee produced optimistic results [3]. The assessment phase revealed that these public institutions needed renovation of infrastructure, refurbishment of equipment, equipping the skills laboratory with relevant furniture and equipment, and renovation of dormitory rooms, washrooms, and kitchen facilities. As we had a donor agency supporting our mandate financially, we were able to uplift the face of these institutions by renovating and furnishing these facilities to create a conducive environment of learning. My mentee realized the need for providing a conducive environment for teaching and learning. He got an opportunity to see the difference in students learning when there weren't enough resources and when these institutions had equipped classrooms, skills labs, science labs, libraries, and clinical settings with the required medical surgical supplies. In a mentorship relationship task like guiding through all facets of transition such as academia, reviewing documents, and day to day processes, facilitation with scheduling and being a "go to person" become the basis of partnership [4].

4 Operation of the Institute of Health Sciences

The institute of health sciences was operating on a semester basis and the academic year began every year in March. The working hours were from 8 am to 3 pm, but actual operation of classes and academic activities ended around 1 pm. Institute of health sciences was provided supplies

from the ministry of health, but actual support was provided by certain NGOs and Aga Khan Development Network (AKDN). Being from the AKDN, our team provided support in the daily operations of the nursing and midwifery school by provision stationary, supplies, audiovisual equipment such as LCD for classroom, repair of computers, replacement of classroom chairs which were mostly broken, medical surgical supplies for skills lab and clinicals, books in the libraries, equipment and supplies in the laboratory, and refurbishment of Girls and boys dormitory. In a study conducted by Matshotyana [5], it was identified that lack of physical resources in classrooms, laboratories, and equipment required to perform skills and transportation to the clinical practice venues hampered students' learning. Resources faculty required to provide quality education to students are needed to succeed in programs [2].

Another aspect was the development and enhancement of the basic legal documents to run an educational institution including policies and standards. My mentee was prepared about how important these policies and standards would be and would provide as legal reference point and serve as evidence-based documents and therefore would be positively accepted by the administrators of educational institutions. By learning the importance of formulating these policies and standards, he was able to cascade these learnings to the stakeholders of different nursing education institution heads in the regions. Documents such as the admission and promotion criteria for students, grading criteria and passing scores, credit hours calculations, working hours and scheduling of theory, and lab and clinical components in yearly planners were prepared. Mentees are trained on various areas such as review of curriculum, teaching methodologies, evaluation criteria, and basics of teaching even named as "Nuts and Bolts of Teaching" [4]. These documents were prepared by involving these stakeholders of different schools of nursing and nursing services of hospitals for optimistic acceptance.

Furthermore, as a team we identified that technical support would be required for lesson planning, scheduling academic planners, skills laboratory, simulation, and clinical teaching plans. When guiding about these aspects, workshops were conducted by my mentee and myself about how an exemplary institute should run and how schedules and timetables be formulated to include all aspects of learning. In the process of imparting knowledge about these areas, we developed prototypes of schedules and yearly planners for future references. I was able to transform the knowledge and skills required to attain these tasks to my mentee and he was able to disseminate the same to the heads of schools of different provinces. He also paid monitoring and evaluation visits to different provinces where he was able to supervise and mentor for the implementation of this project.

5 Nursing Faculty Development

A need assessment of these faculty was done by my mentee and myself and the faculty themselves identified areas of nursing knowledge, English, and computer skills where they needed facilitation. On assessment, it was acknowledged that faculty members at these public schools of nursing did not have exposure to the current trends of health care delivery and the international standards of health care professional education, curriculum standards, teaching learning methodologies, and technologies in education and various educational resources. These faculty did not have any prospects, opportunity, or continuing education to the ever-changing knowledge base. The education qualification of the faculty of health sciences varied a lot; very few, approximately 5%, were bachelors prepared and for the majority nursing diploma was the highest level of education in nursing. Their teaching experiences ranged from 1 to 35 years, a few had clinical experience, whereas most did not have any clinical experience because they were directly inducted into teaching after completing their diploma. Majority of the faculty did not speak any English and their medium of instruction was Dari (a crude form of Persian). Most of them did not have computer literacy despite having computer labs on their campuses. The process of assessment of the competencies of the faculty was an enormous challenge.

A yearly planner was developed for faculty development where components of Nursing knowledge and skills, English, and computer knowledge were incorporated in workshops. Several two-week workshops were planned and conducted for nursing teachers of Kabul and the other eight provinces of the country. Actual teaching was done under the supervision of my mentee and my three other faculty teaching for nursing knowledge, and we had hired English and computer teachers to deliver pertinent trainings. All these activities were funded by donor agencies. These workshops were able to address the facilitation required by the nursing teachers. After these workshops, monitoring and evaluation visits were conducted by me and my mentee in different provinces to assess the trickle-down effect of these endeavors.

6 Theoretical Teaching

Theoretical teaching at the public schools of Afghanistan was very traditional and was mainly based only on lectures and recitation of lessons and using only one course textbook while teaching the nursing students. In this way, students were confined to only one resource for their knowledge and education. Along with my mentee, we were able to introduce the concept of utilization of reference books from the library, internet resources, activity-based learning in classroom, concept mapping through group work, and how to enhance the critical thinking of these young learners in nursing education. Language was the greatest barrier as internet sources were mainly in English and the students and teachers spoke mostly in their native language and knew very basic level of English which made it difficult for them to read, write, speak, or understand English. During the theory classes, we explored that the students were very keen and motivated on improving their English and using it as their medium of instruction. This positive attitude of the students was a driving force towards the change we were trying to bring. We were able to change the attitude of the students towards learning from different sources to gain expertise in a particular field. A few young teachers were also motivated and employed different teaching strategies while teaching different nursing subjects in their schools. At the same time, we ordered different reference books from Iran in Persian as reference books for basic teaching in Nursing. Basic learning resource packages were prepared for delivery of the curriculum in the language they were acquainted and comfortable with.

7 Simulation Teaching

Nursing skills taught at these public schools of nursing were usually done by demonstrating a skill once and then the students were expected to perform on real patients. I discussed about this unsafe strategy with my mentee, and we together tried to formalize the teaching of skills in a skills laboratory. My mentee also understood and was convinced that directly performing skills on the patients after observing once in the skills laboratory was not a safe practice. We deliberated that by creating a formalized process to teach skills to these nursing students would include observing the skill on a visual aid, such as watching a video of the skill, then a demonstration by a faculty in small groups, practicing that skill by students on a mannequin, re-demonstration, sign-off of individual students by the faculty, and then performing on real patients. It was a hard nut to crack as a team to convince these faculty to follow this process of teaching skills to the nursing students. With great difficulty they accepted that they would follow this process, but we were satisfied as our team was very sure and accepted the fact that this was a safe way to teach and learn skills.

8 Clinical Teaching

During my assessment of the facility and teaching modalities utilized at the Schools of Nursing, I came across several aspects where improvements were required. My mentee accompanied me as my faculty, an escort, and an interpreter to all these facilities I visited, as the security situation in Afghanistan was ambiguous and because I did not speak the local language (Dari and Pashto)

which was widely spoken in Afghanistan. Dari is generally spoken among the nurses in the hospitals and the faculty of the schools of nursing and most of the time Dari is the medium of instruction in schools. While doing my initial assessment in the clinical areas, it was observed that the area of clinical teaching required a lot of attention and critical improvement. The nursing teachers who accompanied the students on their clinical rotation would merely be physically present and take the attendance of the students in the clinical placements. My mentee was aware of the best teaching pedagogies in the clinical area as he was a student at the Aga Khan University School of Nursing in Pakistan. So, I had a dialogue with my mentee on putting our efforts towards improving theoretical and clinical teaching in this public school of nursing. So, the first step in that direction was to mentor a person in my team in the right direction so that he would cascade this mentorship model to the other nursing teachers in Afghanistan. Our plan was to guide the clinical teachers about the strategies to be utilized for imparting knowledge to the students in both theory and in the clinical setting. I mentored my mentee on how we can introduce the concept of preconference and post-conference and discussion of a case-based scenario of the patient in these conferences which would enhance the critical thinking of the students. During these discussions, he had lots of questions and ideas to share which were well taken. It is well known that mentees feel the comfort of a "safe place" when having a dialogue where questions are appreciated and ideas invited.

To create the understanding of how clinical teaching could be improved, I role-played with a student in a clinical setting where I walked the nursing faculty in the presence of my mentee through a real scenario, where a middle-aged woman was admitted with a diagnosis of Congestive Heart failure. I asked the student about the symptoms of this patient and why this patient was exhibiting these symptoms. The student was taken through the route of discussion about the pathophysiology of the condition. My mentee and the faculty could very well relate the symptoms with the pathophysiology and discussed the reasons of why the patient was presenting these symptoms. We then discussed about the treatment and nursing care that this patient should be receiving. They were able to list down the treatment modalities, particularly the medications, the nursing care, and the rationales behind them. By this pedagogy, they were able to think critically while discussing about the patient's condition. We even referred to the patient's file which had the admission notes, patients' history, and the progress notes. This seemed like a good method for my mentee and the faculty to learn about the different medical conditions. My mentee adapted this method and buddied himself with the nursing teachers while on clinicals. I was able to provide facilitation and supervision during this process and provided guidance wherever required. The mentor acts as a guide and is involved in the encouragement and development of novice faculty in achieving their goals [1]. This one-on-one training was beneficial for my mentee as well as nursing tutors and the students. This was a great experience about training the trainers and we hope that this model would be sustained in the years to come.

9 Curriculum Revision

Curriculum review is one of the periodically taken up tasks by the Aga Khan university School of nursing and midwifery in Karachi, Pakistan (AKUSONAM, P). Assigned in Afghanistan by my institution, I became part of the fourth Nursing curriculum review after 2002 which happened in 2019. Several deliberations were done before planning and implementation of this major and very important task. We invited a consultant from the AKUSONAM, P to participate and guide us through the process. We, together with our team at AKU-APA, brain-stormed and planned this curriculum review. The most important decision of involvement of stake holders from different institutes of health sciences was taken leading to a hurdle-free acceptance of this curriculum by different institutes of nursing. Our team drafted a schedule of activities; invites were sent to government officials at the inauguration and closing events; leadership from different institutes of health sciences, public and private

schools of nursing, and hospitals were invited to participate in this review. Groups of subject specialists were prepared to review different subjects of the curriculum for its objectives, placements and alignments in the semesters, credit allocation for theory and clinical wherever applicable, content, teaching learning strategies, class planners, assessment criteria, updated references, etc. Previously, I had done curriculum review of only a subject at a time, but this project gave me, my mentee, and my team a unique experience to handle this huge activity from administrative as well as subject expert perspective. Overall, my team got the opportunity to experience this, and we learnt a lot.

Self-reflections as Mentor: As a mentor in this relationship, I got a feeling of fulfillment as I was able to make a difference in the learning of the nursing students of Afghanistan through the development of my mentees and in-turn mentoring the Nursing educators. There was openness in the acceptance to adapt change in the teaching modalities by my mentee. We tried the work shadowing methodology where he was able to learn the democratic leadership style that I use. My mentee faced a lot of resistance from the teachers at the public school as they wanted to follow the old-school methods of teaching the nursing students such as delivering traditional lectures and did not want to make changes in their teaching styles and strategies. My mentee had verbalized that these new teaching strategies will not be accepted by the teachers at the public schools of nursing as then they would have to put in more time and effort in the dynamic teaching pedagogies. Making changes in the delivery of nursing education means putting in more time and effort towards researching, lesson planning, delivery of education in classroom, simulated setups in the skills lab, demonstration by teachers, re-demonstrations by students, signing off of students' skills which is a tedious process, and then in the real-life clinical scenarios. During these phases where there was resistance from the nursing teachers to make changes, it was demotivating and frustrating that we were there to bring about a positive change to improve the nursing education system, but acceptance by the beneficiaries was a huge hurdle.

10 Self-Reflections as Mentee

Having a great mentor in your professional life is an asset. I am lucky to have a professional mentor like Ms. Nasreen Panjwani. When she became our manager at the Aga Khan University Academic Projects Afghanistan, I found her to be very organized and experienced in the nursing profession, particularly in teaching and administration. I was mentored by her to bring changes in teaching in the aspects of theoretical and clinical teaching and administration of a nursing academy. I was trained and guided by her about teaching nursing students at the clinical sites and how to bring about the critical thinking skills among students. I used to go to the clinical placements with nursing students and their teachers to the inpatient and ambulatory setups. She mentored me how conducting pre- and post-conferences, enquiring about their clinical objectives, asking the students to develop nursing care plan for patients, and discussing the different diseases with pathophysiology, diagnostics, findings, treatment modalities, nursing care, and the rationales behind them would help develop the nursing knowledge of the students. I used to guide the nursing teachers to follow this process which would enhance the learning of the nursing students. I feel so confident about the skills that I learnt from my mentor, that in her absence, I do all the activities in my office from teachings, trainings of teachers, administrative work, and research work on my own and have even become a mentor for other nurses and nurse educators in my country.

11 How Can a Mentor–Mentee Relationship Flourish? A Mentor's Reflection

The mentor must have some essential characteristics to maintain a healthy mentorship team. A mentor must possess the confidence, maturity, be

a good listener, communicator, motivator, advisor, knowledgeable and available for the mentee [6]. The mentor should be passionate about mentoring a novice faculty and teaching learning and have good knowledge about the nursing profession and practice. This is a mutual agreement where a mentor nurtures leadership and the mentee willingly accepts the nurturing role of the mentor and they both enter a relationship as professional nurturing and engaging (Potter). The mentor should be able to provide direct fostering to the mentee, where the mentee feels respected, capable, and moving in the right direction. It is important for the mentee to receive timely feedback on the work done towards faculty role, class and clinical teachings, service, and education.

12 Conclusion

Novice faculty face challenges transitioning to a new role of faculty in an academic environment when they haven't acquired or developed the competencies required to function independently. Mentorship support fosters the advancement of individuals on the path of prosperity as a faculty is backed in the right direction. In developing countries like Afghanistan, there is a need for mentorship models in the fields of education, administration, services, and policy level. Mentoring an individual in this country means creating a cascade phenomenon of mentoring many others working in the field. This country requires support from the developed countries to provide expertise in the required fields.

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Developing Leaders Through Mentorship

Karen H. Morin and Barbara J. Patterson

Leadership is in the actions that you take. It emerges from the values that guide your decisions and behavior. …it's about how you lift others up and how you make others feel valued. [1]

A mentor adopts a primarily selfless role in supporting the learning, development, and ultimate success of another person. [2]

Objectives

Upon completion of this chapter, the reader will be able to:

1. Describe the evolution of a mentoring relationship that facilitated development of a leader.
2. Support the narrative experience with the literature.

1 A 30-Year Leadership Mentoring Journey: From First Meeting to the Present

We have constructed this narrative as the story of our journey. The initial focus of our relationship centered on the mentee's development as an academic nurse educator. However, as our relationship evolved, the mentoring focus shifted from her developing as an educator to becoming a scholar and growing as a leader. Based on the CARL framework of reflection [3], this reflective narrative captures the Context, Action, Results, and Learning for both of us during the journey. We crafted our mentorship story as an interview between two colleagues as well as friends.

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2 Mentor and Mentee Narrative

2.1 Mentorship as an Educator

2.1.1 How Did You First Meet?

Mentor: We met in 1992 when the mentee was hired as an assistant professor at a small private university outside of Philadelphia, Pennsylvania. The Dean of the School of Nursing asked that I serve as her mentor to assist with her integration into the faculty role. In retrospect, I believe the dean asked me because she considered me as a productive, for that university, faculty member and had undertaken research with a colleague on

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the state of academic faculty orientation. I also believe I was asked because the Dean appreciated my passion for helping others develop, thus reflecting elements of what constitutes mentoring [4, 5]. I had a solid understanding of organization [4], an established record of scholarship grounded in the tripartite faculty role, and held leadership positions in several professional nursing organizations.

Mentee: The literature supports that socialization to academia with a mentor can ease the transition to a new role and may assist the mentee in reframing their experience given the potential uncertainties and feelings of abandonment as a novice educator [6]. As a new doctorally prepared individual and novice nurse educator assuming my first full-time university teaching position, I welcomed having a "seasoned" faculty mentor assigned to me. I had limited experience as an educator combined with little understanding of higher education politics. With a clinical background in critical care nursing, I was hired to teach medical-surgical nursing in the classroom and clinical setting. The course coordinator with whom I taught had a personal and professional style that was extremely intimidating for a new faculty member and having a mentor not in that course turned out to be very insightful.

2.1.2 What Was Your Response to the Arrangement?

Mentor: I was delighted with the opportunity to interact with a young scholar and to assist in her development as an educator. I considered it my role as a mentor to assist with her navigation of the politics of the school, as well as the university. I do not think I considered myself a mentor at that time, rather as a more experienced faculty with a limited history at the school. I was awarded tenure and promotion to Associate Professor just prior to the mentee joining the faculty. However, even then I was demonstrating leadership behaviors in terms of enabling others to act [1]. Moreover, I appreciated the impact mentoring can have on the development and success of colleagues. Mentoring relationships contribute to mentor and mentee professional growth and development, increased self-confidence, increased resiliency, and career advancement [7]. Evidence indicates mentees are more productive in terms of scholarship [4, 5], are better teachers [8], and develop better as authentic leaders [9].

Mentee: In the early years of my academic career, I had no idea how fortuitous it would be having her assigned to me as my mentor. While the mentoring relationship seemed like a good match at the time, little did I know what the future would hold for me as I traversed the higher education landscape with my mentor as my cheerleader, support person, and resource. She shepherded me through the beginning years of my career trajectory with insights and advice that set the stage for my future endeavors. I believe this mentoring relationship, as described in the literature [4], promoted my academic career success and gave me the leadership voice I needed to take the next steps in my professional journey.

2.1.3 What Was the Outcome of this Initial Relationship?

Mentor: An important outcome of our initial interactions was the mentee's integration into the academic institution, particularly in relation to her teaching role, as mentoring novice faculty can enhance teaching knowledge and skills [10]. However, as highlighted by Dirks [7], both parties benefited from the relationship. I became a better educator and mentor during our early years as a mentorship dyad. My mentee asked challenging pedagogical questions that required considerable preparation to respond appropriately. In addition, she was eager to try new strategies and to challenge existing ones. I refined my role as a leader and mentor by becoming more comfortable with challenging the process myself, demonstrating that leadership truly is a journey of discovery.

Mentee: Dialogue and interactions with the mentor helped me scaffold my learning as an educator and to grow exponentially in my academic role. She provided a necessary sounding board for me during stressful encounters with faculty colleagues and students. I believed I could ask her any question and receive a thoughtful response. It was through subtle pushes to step out of my comfort zone that I was able to achieve

more professionally and have a sense of accomplishment. A significant element in my leadership development was the acquisition of "more complex and sophisticated ways of thinking" ([11], p 122). My mentor guided me in the process of gaining and expanding my thinking during challenging encounters.

2.2 Mentorship as a Scholar

2.2.1 How Did Your Relationship Change over Time?

Mentor: Our relationship was not one-sided. I invited her to help me design a qualitative study [12]. I gained a much deeper appreciation of the nuances of qualitative research, and I determined that it was not my strength! During these interactions, reciprocal mentorship was made operational when she reviewed transcripts of interviews I had conducted and highlighted the many missed opportunities to obtain meaningful data. We both gained an appreciation of how to collaborate with a team to affect a satisfactory outcome.

Mentee: As my confidence in teaching increased, so did my confidence in my research knowledge and expertise. I would discuss with my mentor opportunities for research and began to structure my own program of research. As our relationship evolved, I was able to demonstrate my capabilities as a researcher and scholar.

2.3 Mentorship as Leader

2.3.1 How Did the Mentoring Relationship Contribute to the Development of both of You as Leaders?

Mentor: As our relation continued, professional opportunities were presented that have contributed to our growth as leaders. As I continued my leadership journey as a voluntary leader in several professional nursing organizations, she and I often discussed leadership development and related issues. Moreover, she always consulted me when making significant leadership decisions. I think our experience as mentors and then faculty in one of Sigma Theta Tau International Leadership Academies only strengthened our relationship and appreciation of how important it is to have someone with whom to discuss one's goals and aspirations. My understanding of leadership, and my own experiences with being mentored, continued to expand with each academy opportunity.

Mentee: As a novice scholar, I did not recognize that one of my personal professional goals was to become a leader in nursing education. My mentor facilitated my actualization of that goal. In reflection on my development as a leader, the mentoring I received inspired and empowered me to explore and accept leadership opportunities. As a personal growth outcome, higher psychological empowerment has been identified as an outcome of mentorship [4]. Our conversations and interactions helped me to clarify my role and the expectations of a leader. In retrospect, this meant I needed to personally change some behaviors to be a more engaged and effective leader. As I observed my mentor's sphere of leadership influence increase with her move to the international level as President of Sigma, mine moved from becoming the Director of a PhD program to being a Distinguished Scholar at the National League for Nursing.

2.4 Mentorship at the Present Time

2.4.1 How Would You Describe Your Relationship at the Present Time?

One of the strengths of our relationship is that what started as formal mentorship has evolved into one of friendship and mutual respect. The mentor is retired, but continues to be a leader in nursing through her editorial work on several nursing journals and her involvement in formal leadership development programs. The mentee has assumed increasingly more influential leadership roles in nursing education. We are both passionate advocates for evidence-based national and international leadership development programs.

2.5 Self-Reflections

Mentor Reflections. This formal mentor relationship proved to be a wonderful experience for me as the mentor. In fact, the mentee and I often reflected on the wisdom of the Dean in pairing us. Given her clinical area of expertise is adult medical surgical while mine is maternal-child nursing, one could question what we could talk about—but the reality was that not working with the same course faculty was an incredibly positive thing as I could serve an objective, safe sounding board for her as she learned to work with her course faculty. Moreover, my various formal and informal leadership positions served as examples for my mentee.

Mentee Reflections. Seeing my mentor reach her professional goals encouraged me to reach for mine. I often wondered where she got the energy and drive to keep pursuing new leadership opportunities; these thoughts contributed to my feeling personally challenged to stretch further in my career, reflecting a sort of healthy competition to advance the profession as an individual and together as colleagues and friends. With the wisdom [11] I have gained, I now mentor students and colleagues based on my experience and truly recognize the need for mentorship for all leaders in nursing education.

2.5.1 Why Did our Relationship Work?

We believe that a range of factors led to a very successful leadership mentoring relationship. It was evident that to achieve a meaningful mentoring relationship, a safe, respectful environment was important and that was established in the early years. We are both committed to fostering growth and leadership in nursing education as highlighted through similar personal and professional goals and values and a shared vision. Our vision necessitated both of us being present and available, as well as having a mutual respect, but also having fun, and using humor when needed. We nurtured each other and exhibited many of the key characteristics of a successful mentoring relationship [13]. It was the right fit.

3 Best Practices: An Evidence-Based Practice Example

The need for leadership development is well documented in nursing and other healthcare disciplines [14, 15], as are leadership development programs. Morin at al [15]., Hafsteinsdóttir et al. [16], and vonDongen et al. [14] report encouraging outcomes of a formal leadership program developed based on an evidence-based international model [The Leadership Challenge] that included use of mentors, ongoing leadership development, and established outcomes. Their findings reinforce that the critical role expert feedback, such as that obtained using mentors, is an essential component of any leadership development program. Other critical aspects based on evidence included: having clear program outcomes and goals; being intentional is participant selection; and basing program structure and curriculum, including faculty, on desired outcomes.

Professional organizations such as the National League for Nursing, the International Council of Nursing, and Sigma have designed evidence-based leadership development programs. Sigma's leadership programs were one of the earliest, with the Maternal-Child Nurse Leadership Academy being launched in 2003 designed with many of the essential elements delineated in the recent literature [4, 5, 16]. Key to the continuing success of all Sigma programs has been the use of a dyad [mentor/scholar] or triad [advisor/mentor/scholar]. The latter has been the most effective as it reflects the use of mentorship at multiple levels.

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Resources

National League for Nursing Leadership Institute. http://www.nln.org/professional-development-programs/leadership-programs.

SIGMA's New Academic Leadership Academy. https://www.sigmanursing.org/learn-grow/sigma-academies/new-academic-leadership-academy.



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Investing in Emerging Nurse Leaders: Knowledge to Action

Brooke Newman, Angel Wang, and Sarah Davis-Arnold

Behind every great leader, at the base of every great tale of success, you will find an indispensable circle of trusted advisors, mentors, and colleagues.

—Unknown

Objectives

1. To discuss the impact of the mentor/mentee relationships through individual and collective narrative reflections.
2. To synthesize the cyclic approach of the key tenets of the Knowledge to Action (KTA) framework and Transformational Leadership embedded within the mentor/mentee relationships.
3. To demonstrate how the growth of emerging nurse leaders in the mentoring relationships led to the progression of those relationships to reflect dynamics of peer mentorship.

1 Introduction

To ensure that the nursing profession successfully rises to meet the challenges and needs of the healthcare system and the people we serve [1], developing strong leaders is needed more than ever [2]. The nursing profession needs to commit to and embrace mentorship as an invaluable tool to provide emerging leaders with knowledge, skills, and competencies to grow and flourish both professionally and personally [1]. Accepted as a core function of leadership, mentorship is an integrated phenomenon that is intricately connected and synergistic [3]. Mentorships can often come full circle, where aspiring and emerging leaders lead and mentees become mentors [3].

As emerging nurse leaders, the coauthors (mentees) are experts in the respective nursing areas who want to develop further in other spheres of the healthcare profession. As such, the mentees leveraged the Nursing Now Challenge, an opportunity provided by Sigma Theta Tau International, to connect with a mentor committed to professional goals. Under the guidance of the mentor, the mentees utilized executive goal implementations that were individualized,

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authentic, and based on the Knowledge to Action (KTA) framework [4, 5] to promote professional and personal development. Since mentoring is a partnership, the mentor-mentee relationship evolved to reflect the dynamics of peer mentorship where mutual sharing, learning, and knowledge acquisition existed.

In this chapter, the authors (mentees and mentor) first discuss individual self-reflections on the catalyst that enabled paths to cross and form mentoring relationships. Next, the authors describe collective reflections on mentoring relationships, which progressed to peer mentorship and the framework for long-term connections. Lastly, the authors conclude with authentic conversations on their mentoring relationships to illustrate their own approaches to mentorship and how their connections exemplify the significance of mentorship in developing emerging nurse leaders.

2 Setting the Stage: Individual Self-Reflections on the Path to Mentorship

2.1 Mentor Reflections: Committed to Leading (BN)

As a transformational and servant nurse leader, pivoting when the occasion calls for it, the experience of mentoring two PhD students through Sigma Theta Tau International's Nightingale Challenge has been mutually impactful. As a DNP with an executive and business acumen focus, I am called to invest in emerging leader action [2, 6]. More specifically, I approach the mentor/mentee relationship utilizing the knowledge-to-action (KTA) framework [4], also referred to as implementation science, according to many healthcare scholars [5]. The experiential knowledge as an executive and mentor guided recommendations as both mentees positioned themselves to become experienced leaders.

Synergistically through my executive board experience, public benefit corporation business, and senior leadership roles, i.e., senior business analyst and independent contractor, at leadership organizations, I aim to disrupt the current succession planning process through Nightingale Challenge mentorship as an investment in emerging nurse leaders. As Bayliss-Pratt and colleagues [6] stated, the Nightingale Challenge seeks to place early career leaders at the forefront of transformation, calling on employers worldwide to invest, provide leadership development, and become a key part of the mentoring solution.

I recognize that I am likely overcommitted philanthropically for volunteer opportunities such as mentoring. However, when an opportunity to motivate or serve emerging nurse leaders is presented, I typically accept and complete an initial assessment to determine if this would be a good fit for my mentee and consider whether the opportunity is synergistic with my workload. Mentoring is a commitment as meaningful as those accepted during paid opportunities, especially for my Nursing Now Challenge mentees.

For example, with my mentee, Sarah (SDA), I recognized during our initial assessment that we are both structured and systematic. Armed with this knowledge, I asked her if she would like to create Specific-Measurable-Attainable-Realistic-Timebound (SMART) goal(s) to measure our partnership successes and her objective to become a Chief Nursing Officer/Executive (CNO/E). Sarah responded, "that is exactly why I selected you as a mentor," and because of your experience, degree, and business acumen. I was reassured that our partnership was collaborative and meaningful, and regardless of my paid work, I was confident that using the knowledge-to-action framework would provide results. In fact, during our first session, Sarah mentioned that she had never considered whether her upcoming Ph.D. program was the best fit to be slated for a CNE position. Sarah and I further reviewed her experiences, why, and how she could leverage her upcoming PhD preparation to become a CNE. Our partnership continues, and there are certainly times when the knowledge translation is transferred to me (e.g., we collaborated on a peer-related PowerPoint).

My other Nursing Now Challenge mentee, Angel (AW), specifically requested support to increase her business acumen during our initial

assessment, synergistic with my recent senior business analysis, board service, and experience developing a healthcare corporation. Angel also appreciated my systematic approach to support her as an emerging corporate leader. We focused on reviewing clinical business acumen resources such as the American College of Healthcare Executives, the American Organization of Nurse Leaders, and the World Health Organization. After a couple of mentoring months, Angel acquired a corporate-related position reporting to her CNE, demonstrating how she could approach non-clinician executives as a step to develop her business acumen in this opportunity or others. Graciously, our partnership also continues, as we actively partner on relevant projects.

Reflections of these two mentorships demonstrate that both transformational leadership and knowledge-to-action techniques are impactful. Nonetheless, at interval check-in points, I reassess progress based on their SMART goals. I also ensure balance with my other obligations. Retrospectively, I have determined that the mentoring-related investments in emerging nurse leaders are an influential opportunity for the three of us, as evidenced by the reflective questions, incorporating our mentoring model(s), SMART goal adherence, and one-to-one feedback.

2.2 Mentee's Reflections: A Healing Philosophy (AW)

My philosophy on life is best reflected in this quote by Yoko Ono: "Healing yourself is connected with healing others." I believe that there is always reciprocity within relationships and in anything in life: *what we want to heal in others will in the end be a source of healing within ourselves.* And this is why I wanted to commit myself to a career that not only enabled me to help others, but also supported me to grow and flourish to be the best version of myself. For this very reason, I chose to embark on the journey of nursing with enthusiasm and curiosity. When I entered the workforce, I soon learned and experienced firsthand very quickly the challenges of the nursing profession that existed for decades: staffing shortages, excessive workloads, burnout, work environment issues, and many more. As a novice nurse, a couple of years into the profession, I found myself at a heart-wrenching crossroad—do I leave the profession, or do I stay? I contemplated this difficult decision more times than I wanted. I loved the nursing profession and everything we do as nurses. However, the systematic issues in healthcare and within the nursing profession drove me to consider leaving nursing. I knew I was not alone at this crossroads, as many nurses across the world felt the same.

It was mentors throughout my nursing career who showed me what was possible; that I did not need to feel stuck and that I could do something with the moral distress I was experiencing. They empowered me to develop not only on a professional but also a personal level, so I can play a meaningful role in addressing the challenges that the nursing profession is facing in whatever role or capacity I wanted. I was fortunate to have passionate nurse leaders become my mentors, supporting and guiding me through the various roles I held across the nursing continuum, spanning research, education, administration, and clinical practice. They allowed me to be my authentic self, embraced my goals as their goals, and encouraged me to push myself. Their mentorship propelled me to grow as a transformational and authentic leader, using research and leadership to address the nursing workforce issues. My mentors' investment in my personal and professional growth positioned me to take on the Corporate Professional Practice Leader role within my organization and to pursue my PhD in Nursing. Thus, the significance of mentorship has been embedded within my life as a valuable resource for growth.

As I navigated various roles, particularly in leadership positions, I recognized the ongoing clash of values between care and operations (costs). Historically, the nursing profession is rooted in the values of quality, safety, care, and compassion, resulting in nurse leaders often perceiving the notion of business management to conflict with its foundational values [7]. With the current state of healthcare being constantly challenged to do more with less, the importance of

balancing leadership priorities between care and costs is becoming more apparent. For nurses to play a key role in decision-making, the profession needs to develop a strong understanding of the business of healthcare and the perspective at a systems level.

I had focused my efforts on other areas in order to grow as a leader: developing my research capacity, building clinical expertise, learning the core competencies of transformational and authentic leadership, and cultivating my ability to educate and mentor nurses and nursing students. However, I knew I needed to develop my business acumen to become a more well-rounded leader, ready to tackle the current healthcare issues. This is why I signed up for the Sigma Nursing Now Challenge and decided to connect with Dr. Newman not only given her executive leadership experience, but especially because of passion about mentorship. My belief is that the most impactful mentors are those who are committed to investing in emerging leaders to ensure that the next generation of nurse leaders are adequately equipped to address any healthcare issue. I approached Dr. Newman with the hopes that she will be another valuable mentor in my life.

2.3 Mentee's Reflections: A Path Less Muddied (SDA)

My career path has been intense, exciting, adventurous, and dotted with influential individuals. Imagine a well-articulated, determined nurse professional with a decade of experience ranging from academics, travel nursing, trauma centers, and leadership proficiency, seemingly with all the answers… or so it appeared. That professional was me, and I was perplexed and accepted as a Sigma Nursing Now Challenge participant, a global honor. My perplexity had me searching for something, but it wasn't until the notion (*more specifically, a requirement for the program*) positioned me with a formal mentor that I began to see what was slowly unfolding.

I was at the stage in my career where I am profoundly engrossed in pursuing leadership to affect significant change in nursing standards and practice. Serving as the Surgical Interventional Procedures Service Line Nursing Professional Development Specialist for an expansive, level 1A Federal facility, I was also thrust on the National Field Advisory Committee on behalf of my exceptional specialty skills and knowledge. I realized that the bafflement was self-awareness recognizing the leadership talents that progressed me to current success, which needed enhancement and development. As alluded to in my personal, professional story, I was finding this transformational path muddied—visualize a soggy, muddled way with small pools of muted brown water interspersed, leaving me unsure where to step.

In my initial meeting and introduction with Dr. Newman, she brought a flashlight and galoshes, of course not literally, but the fictitious kind of flashlight and galoshes that come from experience, perspective, and professional leadership aptitude. It was the first time I became cognizant of the knowledge-to-action theoretical framework, a construct of how learning might be placed into practice [8]. As described, it is not a guileless route, as my beguilement illustrates. This process includes individuals and ideas converging in specific milieus. It intermingles with existing knowledge industriously, but all "within the organizational constraints and enablers of change" [8], which for Dr. Newman and I would be the professional sphere we were participating in, thanks to the Sigma Nursing Now Challenge.

The path in that first meeting started to appear a bit less muddied; I could begin to see the steppingstones hidden that would soon pave my way to the opportunity. I was learning that mentorship was positively changing my career—the very nature of it as mentorship applies coaching and education while demanding a generousness of time, empathy, willingness to transmit knowledge and skills, and an eagerness for teaching. Mentoring is believed to significantly "influence personal development, career guidance, and career choice" [9].

The Association of California Nurse Leaders (ACNL) [10] explores the "The Who, What, Where, When, and Why of a Mentorship"—as participation that creates meaningful difference

and further defines mentorship as a "dynamic, reciprocal relationship" with the resolved ideation of fostering "professional identity, motivation, and persistence." Dr. Newman and I were beginning our trek, and the *muddied path seemed much less intimidating.*

3 Collective Reflection on our Mentoring Relationships

As alluded to in our self-reflections, our mentorship experience was grounded in the tenets of the KTA framework [4], Transformational Leadership [11], Vision, Authenticity, and the granite underpinnings of Dr. Newman's executive leadership know-how, best illustrated in Fig. 1.

The mentorship experience was a partnership of the KTA framework with transformational leadership principles that leveraged SMART goals, professional development vision, and aspiration to grow with essential guidance and perspective utilizing Dr. Newman's knowledge, skills, and attitude (KSAs) as an executive leader. Our mentorship relationships involved the sharing of valuable knowledge through purposeful activities that were mutually agreed upon to facilitate development of executive and business acumen.

Nurse leaders and professionals globally experience the familiar trials of transforming evidence into implementation strategy in various fields, and scopes [8] —mentorship, leadership, and professional development, are no different.



Fig. 1 KTA; Transformational Leaders; and Implementation Science. Intent and Methodology—Operationalize the mentoring experience for mentors and mentees to positively influence leadership growth through maximizing the components and constructs of Knowledge to action framework coupled with the ideology of transformational leadership



Fig. 2 Knowledge to Action (KTA) within Mentorship

The KTA framework is a conceptual structure that propagates the implementation of knowledge into sustainable, evidence-based interventions [4, 5]. Digesting the KTA framework principles, collectively, we, the mentees, found that the perception of applicability within the process that we came to employ with Dr. Newman is best illustrated in Fig. 2.

When applied with Transformational Leadership, Vision, Authenticity, and Growth Mindset, a cyclic process of effective mentorship that harnesses the mentee's goals, experience, perspective, and mentoring knowledge is leveraged, as presented in Fig. 1.

Exploring the principles of Transformational Leadership, identified by Presidential biographer and leadership specialist James MacGregor Burns in the 1970s [11], they are well-matched for the demanding, diverse, and innovated healthcare milieu. "**Transformational leaders** focus less on making decisions or establishing strategic plans, and more on facilitating organizational collaboration that can help drive a vision forward" [11], and four key components illustrated the mainstays of the Transformational Leadership process shown in Fig. 3.

These components facilitated our mentor and mentee collaborative relationship. They permitted an authentic experience. It was through utilizing the key principles of the KTA framework, Transformational Leadership, SMART goals, and personal leadership, and professional development desire that *we as mentees advanced our vision*.

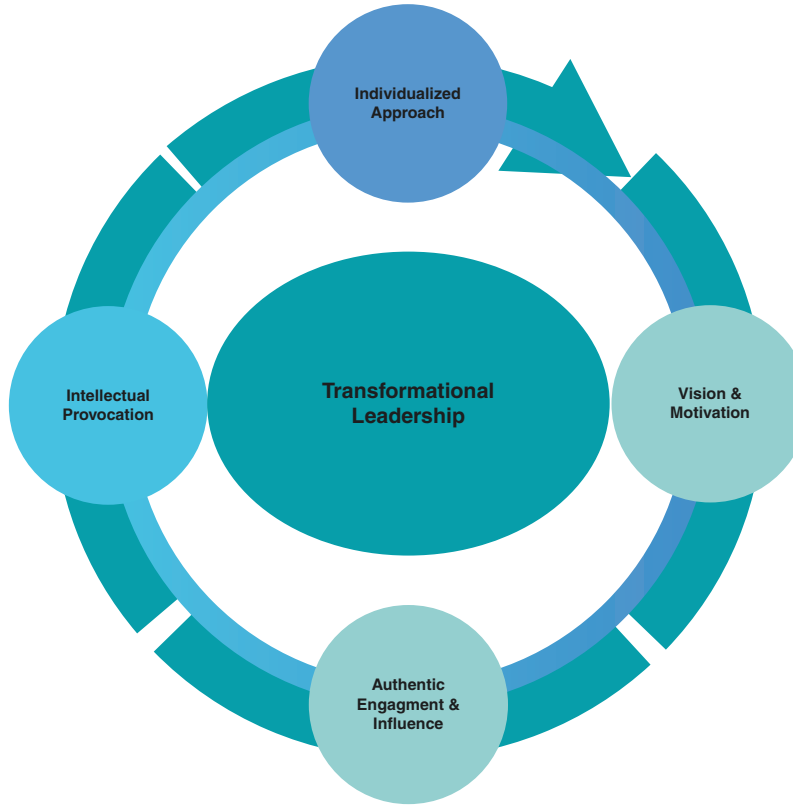


Fig. 3 Transformational Leadership

4 Our Approach to Mentorship in Action: Authentic Conversations

Brooke: *Based on our conversations about you excelling in a structured environment and my approach to due diligence, are you comfortable with the individualized SMART goal approach to measuring our mentorship success?*

Sarah: Yes, it keeps us on track, and I believe it is the reason we connected as we approach work in a similar means.

Angel: Yes, it keeps things systematic and easy to follow, which helps me keep on track.

Brooke: *You mentioned that you are about to start a PhD program; we can talk a bit more about this as your goal is to become a Chief Nursing Officer. While there is overlap between various doctoral nursing programs, I would like to review the trajectory of all for informed-decision making.*

Sarah: Wow; you just opened my eyes and provided valuable evidence-based information and expanded my perspective. I had not previously considered those fully as components in determining which program is the best to meet my goals. Thank you.

Brooke: *In your current role, do you have the opportunity to present business proposals to both clinical and nonclinical executives?*

Sarah: I do have the opportunity. In one circumstance, I had to present a quality improvement (QI) project proposal to the Chief Technology Officer to assess clinical QI methodologies. However, I feel that this is one of my biggest opportunities for improvement, and would like to demonstrate this to you.

Angel: In my previous role, somewhat. Now, with my current role reporting to the Chief Nurse Executive (CNE), I have more corporate opportunities to do so. You helped engrain the importance of looking at issues with a broader lens. For

example, the need to consider optimizing organizational key performance indicators, an organizational balanced scorecard, and aligning proposals with the strategic plan/directions instead of only prioritizing clinical outcomes.

Brooke: *What approach do you take when creating the business proposal for nonclinical executives?*

Sarah: I attempt to align my execution with the nonclinical executive's language in discussing room for improvement, diversifying the implementation strategies, and utilizing my organization's master standard language alongside current enterprise market research.

Angel: I approach issues from a systems perspective and with your support, I now prioritize ensuring the business plan proposal aligns with the organization's strategic plan.

Brooke: *When you reflect on how you have improved your business acumen (*e.g.*, your SMART goal(s), how has the business proposal demo with me contributed to your executive gravitas confidence and your goal as emerging nursing leader knowledge to action?*

Sarah: This experience has increased my acumen and emotional intelligence. I feel like continuing to demonstrate would position me well and has certainly translated clinical business acumen knowledge-to-action in alignment with my SMART goal(s).

Angel: Having a safe space to demo and practice promotes experiential learning. It is helpful to apply the knowledge learned practically and continue executing the skills.

5 Conclusion

Mitigating the systemic challenges in the healthcare industry and the nursing profession can be difficult, isolating, and saturated with obstacles. Growth can be uncomfortable and vulnerable, but with the support and guidance of a transformational mentor, the path toward executive leadership and increased business acumen for emerging leaders can be impactful. Through one-on-one sessions, the dynamics of peer mentorship emerged. Indeed, the current state of healthcare necessitates emerging leader mentorship for the future economics and sustainability of the nursing profession [1]. The authors anticipate that the experiential stories inspire other global leaders with innovative business acumen, strategy, and operations.

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Mentor and Mentee: Bringing Out the Best in Each Other

Dana Bjarnason and Dio Sumagaysay

Objectives

1. To identify candidates for leadership success.
2. To identify opportunities for growth.
3. To develop deep leadership bench strength for the organization.

1 Introduction

Mentoring has been recognized as an important process in career and personal development [1]. So what is mentoring? Mentoring is a reciprocal learning relationship in which the mentor, a more experienced counselor or collaborator, and the mentee, the less experienced who is advised, trained, or counseled [1–3], agree to a dyadic relationship [4] characterized by mutual respect and honest feedback, where both work collaboratively to realize defined goals that will develop a mentee's professional skills [4], emotional intelligence, abilities, and knowledge [3].

Among the important qualities and roles of the mentor are serving as an advocate [1], demonstrating interpersonal skills and personal attributes to emulate [3, 5], displaying credibility and reputation within the institution and the national arena to optimize success [4], having core executive knowledge and expertise [4], and being a confidant and champion of the mentee [6]. Some organizations have structured mentor training programs, but mentoring opportunities can also present themselves informally or spontaneously. The mentoring relationship fosters leadership skills, encourages professional growth and development, and strengthens the nursing leadership profession [1, 7].

This narrative explores a mentor-mentee relationship and activities that demonstrate the mutual trust, respect, and shared focus that characterize a successful mentoring relationship.

2 Introduction of the Mentor and Mentee to Each Other

In 2013, Dana Bjarnason met Dio Sumagaysay for the first time when Dio participated in the interview process from which Dana became, in January 2014, the next chief nursing officer at the Oregon Health & Science University (OHSU) hospital in Portland, Oregon. Dana was struck by Dio's brilliance which she is proud to have played a part in realizing.

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3 More About Dio: The Mentee

Dio received his Bachelor of Science in Nursing from University of St. La Salle, Philippines, and his Master of Science in Nursing Administration from New York University, New York. In addition, he has an affiliate faculty appointment at OHSU School of Nursing. He is a member of the American Organization for Nursing Leadership (AONL), American Nurses Association (ANA), Association of Operating Room Nurses (AORN), and AONL's Crisis Management Task Force. He has written multiple articles for American nursing journals.

Dio serves as the Associate Chief Nursing Officer of Multispecialty Procedure Units and Perioperative Services for OHSU Hospital. In this role, he collaborates with Chief Nursing Officers (CNOs) and Chief Operating Officers (COOs) of OHSU system hospitals (Hillsboro Medical Center and Adventist Health Portland, USA). His responsibilities include ensuring the safety and quality in the delivery of surgical care and nursing practice, development and prioritization of the strategic plan, and building relationships with key leaders and providers to advance the strategic goals of OHSU Health Systems.

His nursing career has been dedicated to creating high quality, reliable systems of surgical care and developing the next generation of nursing leaders, nurses, and health care professionals to lead in these ever-changing times.

Key accomplishments at the state level include serving as a member of Health Equity Advisory Taskforce (HEAT) of the Oregon Association of Hospitals and Health Systems (OAHHS). At the national level, related to his experience responding to the events of September 11, 2001, Dio served on the AONL Crisis Management Taskforce from which an article on the nurse leader's role was explicated.

Dio is a futurist who has led numerous projects to streamline services and introduce cutting edge technology to the perioperative and procedural services. His mentorship and leadership development of team members has led to continued career progression for members of his leadership team. He enjoys significant relationships with providers across the health system and is well respected by his peers and other team members. In the words of one of his team members:

> *I can attest with confidence that the transformational leadership that Dio brings to our team and organization is truly unique. Dio's focus on mentorship, succession planning, strategic vision, and relationships has contributed to building a team that is high performing, innovative, and deeply committed to achieving the highest outcomes for our patients.*

Dio's team has more than quadrupled in size since he began serving as the Division Director in 2012. The growth alone is commendable; however, what is even more distinctive is that many individuals who are part of Dio's team are former staff leaders who have been mentored into Assistant Nurse Managers, Specialty Practice Leaders, Nurse Managers, and even Directors. Dio's team is highly engaged, measures high in leadership satisfaction, and demonstrates very little turnover year to year.

Dio has also expanded operations and programs substantially during his tenure. He consistently role models a proactive approach and takes on new projects without hesitation. This motivates his team to be creative and innovative and to not be afraid to take on new challenges to develop and improve the services the department provides.

As a leader of leaders, Dio supports full autonomy across his team. He trusts his leaders to their full competence and yet knows when to provide support and guidance. He is highly influential because he leads with a data-driven approach, is thoughtful in his strategy, listens to his stakeholders, and is confident to advocate when warranted.

4 More About Dana: The Mentor

As the OHSU chief nursing executive (CNE), Dana is the nursing executive leader responsible for nursing strategy and professional practice for all areas of nursing in the healthcare organization. Her responsibility is to establish an environ-

ment of professional nursing practice that empowers nurses to provide safe, effective, compassionate, and efficient care and serve as the moral and ethical compass for nursing. She is accountable for upholding excellence in the provision of nursing care by ensuring alignment with nursing's foundational standards of practice, including self, professional, and legal regulation. She is also tasked with ensuring the implementation of a professional practice model that forms the basis for nursing's philosophy, vision, and strategic direction.

As a registered nurse who is accountable for operational leadership, human resource management, financial control, and quality improvement for nursing in the entity, Dana also takes seriously those initiatives that improve care and protect patients, including reporting and monitoring quality and safety data and maintaining regulatory and accreditation standards. She maintains high-level communication and productive relationships with a multidisciplinary team that includes nurse leaders, physicians, and hospital operations leaders, among others. Lastly, as the CNE, she serves as a catalyst for change in the organization and at the state and national levels, which compels her to engage in succession planning that includes mentoring those who may succeed her.

5 Succession-Planning Activities: Mentoring for Career Progression

According to the 2010 Institute of Medicine report on the future of nursing, mentoring is essential to strengthen the nursing profession [8]. A CNE who possesses transformational leadership skills has the responsibility to cultivate fellow leaders to advance institutional strategic priorities. This effort provides opportunities for the development and visibility of new leaders to the executive team [9]. By developing mentoring relationships, the CNE has the opportunity to keep talented nurse leaders in the organization and identify those who should be a part of the succession planning process. This is important concept that can lead to a smooth leadership transition [2].

During Dio's performance evaluation in December 2019, Dana discussed Dio's potential for succession into the CNE role upon Dana's retirement. Dana offered to mentor Dio by identifying internal and external opportunities for growth. Their initial conversation examined some of the leadership skills needed for the position, including the development and implementation of recruitment and retention strategies for nurses and nurse leaders, participating in external activities regionally to give visibility to and representation of OHSU Health Systems, and building executive presence.

6 Human Resource Management: Develop and Implement Recruitment and Retention Strategies

As healthcare systems operate in an ever-changing landscape, nurse leaders are challenged to adapt and develop new leadership competencies. Nurse leaders in executive positons set the vision that defines the future of nursing to improve patient experience and health outcomes; using the 2004 AONL Nurse Executive Competencies tool to guide and identify the common core set of competency domains for the nurse executives such as communication and relationship management; knowledge of the health care environment; leadership; professionalism; business skills and principles [10].

Clinical nurses, nurse leaders, and perfusionists are vital members of the healthcare team. Their clinical knowledge, skills, and engagement are essential to the organizational health of OHSU Health Systems. Like other hospitals and health organizations nationwide, OHSU has faced challenges in the retention and recruitment of these clinical staff and has recognized this as a priority. Competitive compensation, employment incentives, and management's commitment to promote retention and recruitment have been found to be a significant predictor of an employee's intent to stay with or a candidate's interest in

joining the organization. In December 2020, Dana and Dio set a goal to develop and implement recruitment and retention strategies that would require collaboration with nurse leaders and the OHSU Human Resources Talent Acquisition and Human Resources Compensation teams.

In January 2021, Dio organized and led the workgroup that analyzed market data on labor supply and demand to ensure appropriate salary structures (e.g., industry leading compensation, incentive plans) and equitable pay levels for groups of jobs to remain competitive externally and equitable internally.

Dio coordinated a subgroup meeting with selected nurse leaders and leaders from Human Resources, including a talent acquisition manager and a recruiter, to use market data to develop incentive plans for critically needed clinical nurse positions. The subgroup established a working document including eligibility criteria, recruitment incentives, specialty area designation, a process flow, and repayment agreement terms for breaking a contract. In the spring and summer of 2021, Dio and the human resources presented the proposal to the OHSU Nursing Executive Council, which fully supported the recruitment incentive plan.

Prior to that, upon Dana's request, Dio designed a salary equity review and adjustment process with supporting documentation that he proposed to the OHSU Human Resources Compensation team. The review and adjustment process has provided supervisors and compensation specialists an internal scale ranking based on the scope of the role and complexity of the clinical work. The process has also been used to reward the job performance of nurse leaders in the organization. In addition, Dio and Human Resources Compensation team designed a new base salary range structure for the perfusion team based on external market data and a factor focusing on internal pay equity. These enhanced compensation recommendations gained full support when they were presented to Dana and the OHSU Nursing Executive Council.

7 Relationship Building: Representing OHSU Health in Diversity Initiatives to Give Visibility at a Regional Level

The OAHHS is a statewide, nonprofit trade association that works closely with local and national government leaders, business and citizen coalitions, and professional healthcare organizations to enhance and promote community health and to continue improving Oregon's innovative healthcare community. During the time that Dana served on the OAHHS Board of Directors, a request was made for an OHSU representative for a statewide task force to develop a proposal to increase diversity, equity, and inclusion in healthcare in Oregon. Dana saw this as an opportunity to build on Dio's talents and mentor him in regard to leadership visibility at the state level. He was selected as a member of the Health Equity Advisory Task Force (HEAT).

The task force charter stipulated that the HEAT was to make recommendations to the OAHHS Board and work with Board-appointed committees to identify, track, and support OAHHS's goals to reduce health disparities and increase health equity for Oregonians belonging to communities with disproportionate health impacts. HEAT aims to understand and improve social determinants of health, communication with BIPOC and other communities, and health policy. Over the course of meetings from November 2020 to May 2021, the HEAT developed a draft health equity work plan. The final work plan recommendation was accepted at HEAT's seventh and final meeting. Dio received written commendations from his colleagues and enjoyed significant acclaim for his contributions to the task force.

As a result of Dio's work on the collaborative, he was appointed to take the lead on introducing and moving the implementation plan forward at OHSU. In June 2021, Dio presented the HEAT plan to the OHSU Health System Operations Council and also met with leaders from OHSU's

Center for Diversity and Inclusion to share the HEAT work plan and gather feedback on it. This led to Dio collaborating with OHSU's Senior Vice President and Chief Financial Officer to gain input and recommendations on the proposed health reform waivers affecting Oregon hospitals. On behalf of the OHSU Health Share Integrated Delivery System, feedback was received on the proposed health reform waivers, which improve access to quality health services and thus improve health outcomes for Oregonians.

8 CNE Representation at OHSU: Mentoring for Executive Presence

Another succession-planning activity was for Dio to represent Dana when she was engaged in state and national obligations. Dana consistently received positive feedback from the hospital executive team as well as Dio's peers about his seamless ability to represent nursing leadership at the highest level in the organization.

Having embraced the importance of leadership succession planning through mentoring, Dana has been committed not only to the nursing organizational structures or the nursing team's accomplishments. A seminal sign of foundational leadership relates to how well an organization thrives after that leader departs. Drawing on the strengths of leaders like Dana and Dio, OHSU nursing has been able to recognize the importance of succession planning and the value of developing a deep bench of future nurse leaders for the OHSU organization through mentoring.

9 Tangible Results: The Nursing Leadership Excellence Award

In 2021, Dio was nominated as the inaugural recipient of the Beta Psi Chapter of Sigma Dana Bjarnason Nursing Leadership Excellence Award. A telling fact is that in addition to being an eager mentee, Dio also serves as an exemplary mentor.

Very early in Dana's experience with Dio, she became impressed by his skills and talents in the art of leadership, particularly his ability to develop those around him. Shortly after arriving at OHSU and upon seeing the confidence and capabilities of his relatively inexperienced leadership team, Dana asked him to share his secret. Dio responded, "I show them how it's done, then I let them do it. I am not afraid to put them up front and center, supporting them as they develop the confidence they need as they learn to lead the organization". This struck Dana as the highest sign of a humble nurse leader—one who knows that he can do the job, but recognizes the importance of encouraging and believing in those whom he has been entrusted to mentor.

10 Epilogue: A Masterful Learner, a Masterful Teacher

Dio ensures that the contributions of his leadership team and those who report to them are consistently influencing the environment of care in positive ways. Dio shows little patience for those who do not understand the nursing standards that are the foundation of the obligation to provide safe, high quality care to patients. Regardless of the issue, Dio communicates in a kind and compassionate manner that preserves others' dignity and maintains respect.

Dio has been on the front line of innovation at OHSU since his arrival. His department became the first Lean performance improvement "model line" for the organization—embracing change in new and culture-changing ways that have set the precedent for the organization. Dio's enthusiasm and intellectual capacity for envisioning using Lean methodology as the basis for programming have been inspirational. His energy level for this work is infectious.

In the end, Dio makes it all look so easy. He is never flustered. He never is impatient. He never gets frustrated. He never gets angry. He just takes everything in stride and produces, produces, and produces. And he always produces a high quality product.

11 Self-Reflection of a Mentee

The profession of nursing presents a wide range of opportunities and challenges and some experiences are better with the guidance of a mentor. Dana commands respect because of her distinguished career. She is empathetic, a positive role model, reflective listener, and a good communicator. Dio values his mentoring relationship with Dana not only because they share a passion for their profession, but because they both have desire to exchange knowledge and experience that helps each maximize their potential.

A mentorship that yields professional and personal growth can be life changing. The evolving world of nursing requires career-long learning, and in the midst of nursing's challenges, for a leader to be able to rely on a trusted relationship is a priceless resource.

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Water Me and I Will Grow

Aimee Giselle Horcasitas-Tovar
and Hortensia Castañeda-Hidalgo

Who inspires me to be a nurse? Every nurse who doesn't turn their back on nursing students, or graduate nurses, every nurse who acknowledges it's okay and simply human to make foolish mistakes, every nurse who takes a moment of their time to help when you're scared, and every nurse who remembers what it's like to be a beginner.

— Anonymous Nurse

Objectives

1. To contribute to promote high standards of nursing practice, research, and leadership in its members.
2. To build partnerships and collaborative endeavors to advance the mission of the society.

1 The Mentee Narrative

Aimee Horcasitas-Tovar: I met Dr. Hortensia Castañeda-Hidalgo in March 2020 at a Sigma Nursing Tau Alpha Chapter reunion, where she was given the award for research excellence. I was a third year nursing student; many of my friends were induced that day; although I wasn't able to apply that year, I was truly hoping that someone would notice me and guide me. One of my friends, who was one of the founding members of the Mexican Nursing Students Association (AMEENF), knew Hortensia and introduced me to her, since he knew I admired her. I was really nervous about meeting her; her daughter was by her side; she mentioned an elephant tattoo I have on my left wrist and showed me an elephant tattoo she had. I felt that something clicked in that moment; I was not nervous anymore, I felt safe, understood, and supported. According to Zhang et al. [1], mentoring is a nurturing process with the aim of promoting professional and personal development, in which a more skilled and experienced person, acting as a role model, teaches, encourages, counsels, and befriends a novice, which is exactly what happened.

We kept in touch through social media and eventually started working together on different projects for the AMEENF. Hortensia is always looking for ways to reach out to more students

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and guide them, which I think is truly admirable. What I admire about her the most is that she is always there to help, you can reach to her anytime and she will always have your back with a piece of advice, an ear to hear you out, a shoulder to cry on, or with the right motivational words. She encouraged me to apply for the Sigma Nursing Tau Alpha Chapter "outstanding undergraduate student" award. At first I hesitated to participate, but eventually I did, I won and just recently received the award!

Hortensia truly sees the potential in each of us, she does not see us as a seed or a cotyledon starting to sprout, she perceives a person as a huge tree with a very solid stem and lots of branches from the beginning because she knows we are capable of achieving that and more. Saletnik [2] suggests that mentoring success is dependent on the quality of the mentoring relationship, which in turn depends on the personal connection between mentor and mentee. Mentoring relationships are based on trust; mutual respect; and the ability to provide open, honest feedback. Indeed, I am very thankful to Hortensia, for being my mentor, for believing in me, and seeing my potential. Since the day we met, she has been unconditionally there for me ever since.

2 The Mentor Narrative

Hortensia Castañeda-Hidalgo: Time seems to be the most precious commodity these days. However, the time invested in mentoring a nurse transitioning to a new role is time well spent both for the mentor and mentee and thereby it is a huge contribution to advancing the future of nursing [3]. In my experience, mentoring is a reciprocal and collaborative learning relationship between two individuals with mutual goals and shared accountability for the success of the relationship. The mentor is the guide and role model who helps develop a new or less experienced mentee, which is why I want to share this reflection about a bright student, a person full of energy, a powerful woman who loves nursing and who is brave enough to fight for what she sees right for nursing students and newly graduated ones. We did not intentionally meet, but as time went by, I felt so lucky that she chose me as a mentor.

It was important to create a positive learning environment for Aimée. A mentoring culture begins with authentic leadership, genuine caring and respect for employees and colleagues, and open communication. Mentoring does not occur exclusively in structured, formal mentoring programs between leaders and staff nurses. Opportunities for mentoring present themselves in a variety of ways and can be deliberate or develop spontaneously [2]. Peer support is essential, so when I meet a student, I encourage them to feel free to express themselves as open-minded individuals and I pay full attention to listen to what they have to say. When I first met Aimée, I not only saw a beautiful young lady, but a sparkling kid full of dreams, ready to reach them. She was ready to learn and had this kind of inner motivation to work hard to be in the places she dreamed about.

While the mentor disseminates vital information, provides support, and encourages growth, a mentee, while learning, develops the skills, mindset, and attitude needed to achieve their professional goals. In a sense, a mentee is gathering information and developing the characteristics and competencies of a future mentor. According to Gopee [4], learning is a process that leads to modification in behavior or the acquisition of new abilities or responses, and which is additional to natural development, growth, or maturation. Aimée was in the process, and it was so evident she was eager to learn, and now she acquired a lot of new abilities and competences. She developed as an activist with reflective tendencies. After some virtual meetings we found ourselves working together more and more and I noticed her energy was so motivating; she did not have any specific learning difficulties or needs. She was ready to be the leader she is.

In order to fulfill my role as mentor for Aimée, I understood that I would be acting as a leader.

Therefore, I followed Ethical guidance from ICN [5] 2. Nurses and Practice, 2.6 *"Nurses share their knowledge and expertise and provide feedback, mentoring and supporting the professional development of student nurses, novice nurses, colleagues and other health care providers"*. A mentor models communication skills, emotional intelligence, political savvy, teamwork, preparation for taking on challenging assignments, and interaction with executives. The mentor must act professionally at all times because students know the importance of good role models whose competence they could observe and practice [6]. On reflection of Aimée's preferred learning style, she had demonstrated that she preferred a "hands on" approach; however, my role as a mentor was to act as an advocate for Aimée in order for her to access learning opportunities involving others as a role model, a teacher, a facilitator, and a manager of change. Experienced nurse leaders, who share their tacit knowledge, support the new nurse leader when making difficult decisions. Support for the new nurse leader assists in attracting other nurse leaders to assume management roles. The professional support, guidance, and nurturing offered by a successful mentoring relationship have been identified as one of the most important forms of protection against workplace adversity, helping to combat work-related stress, increase job satisfaction, increase a sense of belonging and purpose, and improve patient care [7].

3 Self-Reflection

Mentor Self-reflection Having analyzed this particular relationship, I now think that mentoring must be recognized and supported by universities to help the students flourish and healthcare organizations as a critical succession planning strategy to attract and retain new nurse leaders, such as Aimée. But mentoring should start much earlier: ideally, the mentor in a nursing school will have the understanding why mentorship is important and that it would impact the students for the rest of their nursing careers. At the moment nursing is experiencing significant shortage and huge turnover of nurses, nurses experience the pressure of high workloads, emotional burden, and burnout, and nursing educational programs are at maximum capacity. Student mentorship is a recommended and much-needed help for nursing students in school while they are laying the groundwork for future good habits in their career as professional nurses. Most importantly, I have learned that there are students who may not have the courage to approach a professor if they are not encouraged to do so. If I am not aware of this, as professor, maybe students will go away and leave their studies. I have intentionally and significantly developed my understanding of what students and novel nurses may need from a mentor, because a mentor can play a powerful role in a student's life by providing guidance, new future perspectives, and advice. When students experience struggles in having to decide about different types of career paths, opportunities for advancement, and specializations to pursue, mentors can support and guide students in helping them to explore, identify, and achieve their career goals. But the benefits of mentorships in nursing do not stop there. The more we recognize each other's struggles, strengths, and needs, the stronger we become and the better we can care for the individuals and families that are our responsibility to heal, and mentorship can support a student because mentorships can come in all shapes and sizes. Sometimes they are casual and sometimes they are formal. The nurse mentor relationship may take on many forms, but the main help remains in allowing the mentee to come to the mentor with questions and concerns.

This knowledge is important to me as a professor, because there are many students around me who need guidance and support. As a professor, I can use motivation as a motivational construct significantly, directly, or indirectly to help to nurture students´ relatedness and instrumental aspects, such as help with practical problems and direction on how to perform different tasks, so

we have to communicate with our mentees to identify their needs. For me, the most meaningful learning was that my mentee felt safe and supported and felt good about having a mentor who believed in her.

Mentee Self-reflection Being a student and transitioning to a recent graduate nurse is hard, as you feel unsure and often experience many uncertainties. You reach out to someone close to you and expect that they will guide you. The people you reach out to are usually your teachers, as they are the only nurses you know. Some of them may let you down, because they are not as supportive as you would wish for and they see you as: "just a student and that you should only focus on your grades". Then an unexpected thing happens and you meet a senior experienced nurse who will later become your mentor, influencing your professional life as a nurse in a very positive way. You finally feel heard, confident, and important that someone cares about you and takes your thoughts in consideration. I have found this whole experience truly gratifying and satisfying. I keep learning new things from my mentor Dr. Castañeda-Hidalgo and other nurses like her. I could not be more grateful as I have the best mentor who is exemplary for how I want to be as a nurse as I gain more experience with the years; how I can develop my leadership. In the future, I will make sure that each and every student, intern, and recent graduate nurse who is close to me feels heard, important, and confident and that they know that I will be there for them unconditionally, hoping that they will also develop and replicate this as well, and with luck, the cycle will keep on going. I feel meaningfully recognized, empowered, inspired, and ready to support others.

4 Conclusion

Reflection is a critical part of the process of mentoring; we learned a lot more in the critical art of reflection than while mentoring. It gave us the ability to improve our approach as mentor-mentee and to build a caring framework to work together. Mentoring may be one way to lead to positive clinical and organizational outcomes. But furthermore, mentoring is a helpful and humanized way to support new nurses, in the early stages of their career, to develop their resilience. We need to mentor our nurses if we want them to be the caring force and a leading voice to support our patients, clients, families, and communities in countries across the globe.

> *The very best relationship has a gardener and a flower. The gardener nurtures and the flower blooms.*—Carole Radziwill

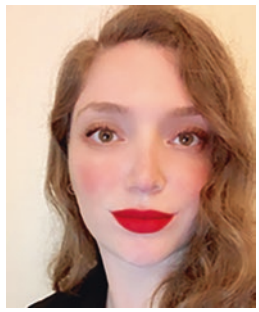
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Resources

https://voice.ons.org/.
https://www.nurse.com/blog/category/nursing-career-and-jobs/mentorship/.

ICN. https://www.icn.ch/system/files/2021-10/ICN_Code-of-Ethics_EN_Web_0.pdf.
Sigma Nursing. The circle. https://thecircle.sigmanursing.org/mentoring.
Sigma Repository. Exploring the effects of a nurse mentorship program on career satisfaction and retention. The ICN code of ethics for nurses. http://hdl.handle.net/10755/22604.



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Mentoring for Continuity of a Nursing Professional Practice Model

Carmen Rumeu-Casares and Teresa Llacer

One of the greatest values of mentors is the ability to see ahead what others cannot see and to help them navigate a course to their destination

—John C. Maxwell [1]

Objectives

1. To explain how a defined NPPM helped us translate the way in which nursing is conducted into a new context.
2. To express the ways in which the defined NPPM served as a vehicle to help nurses understand the scope of practice with which they were expected to comply.
3. To share the ways in which the NPPM framework helped the CNE mentor the new CNO in a new setting to discuss nursing in the context of this environment of care.

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1 Mentor and Mentee Narrative

1.1 Context

1.1.1 Mentor: Carmen Rumeu-Casares

In 2014, a new project of expanding the academic hospital at which I work (in Pamplona) to Madrid (the capital of Spain) was a decision made by the Board of Clinica Universidad de Navarra. I was assigned to work with architects and engineers to review the architectural plans for the new setting to ensure that we would construct the new hospital in accordance with the 50 years of extensive experience and guaranteeing nursing efficiency at work as well as the comfort of patients, families, and staff members. This work was relevant to the experiences of nursing staff from all units at the hospital. Simultaneously, I was assigned to create a business plan focused on nursing staffing at the new hospital, assuring that the new hospital would have similar nursing standards as those of the pioneer hospital. At the time, I was working to identify the definition of the Nursing

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Professional Practice Model (NPPM) for the hospital, alongside the leadership nursing team and in collaboration with the faculty team. Major changes were taking place in Spain in the development of new roles (advanced roles) and the acquisition of higher academic degrees of nurses. These new roles were introduced in our setting, and they fostered the introduction of research and evidence-based practice. Thus, we had the opportunity to pursue quality accreditations that required a systematic approach to outcomes, evidence of good practices, etc. The NPPM was published in a Spanish journal [2], and it has been used as a framework to define the pattern of professionalism that we seek in the new setting (https://www.cun.es/en/our-professionals/nursing-patient-care-services).

It was also necessary to designate the chief nurse officer (CNO) of the new hospital. This required a process of mentorship to acclimate the person chosen into this new role, as "for experienced nurses entering the new field, mentors help with networking, career development, and in finding solutions to new challenges such as adapting to new organizations and enhancing organizational fit" [3]. A clear understanding and sufficient knowledge of the professional nursing that we wanted to pursue at the new hospital was necessary; this requirement led us to seek a person who could be recruited and promoted from within our own institution. That is, we currently have a policy that mandates that assignments to leadership roles should be given to prestigious nurses. Such nurses are required to have experience at the hospital and to exhibit a sense of empathy with colleagues. Higher positions in nursing follow the same policy standards and draw from the leadership of the hospital.

To become familiar with the project that nursing was trying to complete at the hospital, the person assigned to the post had the opportunity to visit the USA on sabbatical. On site, she was able to learn about nursing professional practice models and the ways in which they applied in "real life". After her return, a period of close mentorship lasting approximately 3 months was assigned to the mentee to allow her to familiarize herself with the know-how associated with the CNO role. Soon thereafter, she was accompanied by her mentor to the new setting to institute certain standards, recruit nursing staff, and make certain final decisions before starting to administer the new setting. The new hospital had previously been an outpatient clinic in Madrid and thus required preparation for the transition to the new setting, i.e., a hospital with integrated clinics. When the hospital opened, she was ready to assume her new role with mentorship for several years.

1.2 Actions

1.2.1 Mentor: Carmen Rumeu-Casares

To begin by addressing the mentorship of the mentee, we must follow the succession planning we had in place with respect to promoting nurses to leadership positions. According to the policy of our setting, the succession plan (2019), and the job description of the nurse manager (2017), such a position requires nursing expertise in the area to be managed, prestige among one's colleagues, and demonstrated education in management. This mentee already had 20 years of experience at the hospital, education in cardiology nursing, and other areas of expertise prior to being selected for the role. In 2008, she acquired a Master's degree with the support of the nursing leadership at the hospital, who foresaw her pathway toward leadership. Following her return to school, she was assigned to a medical-surgical unit, where she pursued the conditions necessary to be promoted further as the opening of the new setting approached.

While clarity regarding this appointment was being pursued at the hospital, we were working on a strategic plan which was intended to lead us to a pathway toward excellence by following the Magnet framework to pursue the objectives and results of excellent nursing practice. This strategic plan was sustained through the definition of the NPPM, a core element of which was the patient–nurse relationship. This model of care originated from a PhD thesis written at our university. This model demonstrated how, in our

context, this professional relationship is based on the knowledge we receive from the patient and the patient's family and is strongly influenced by the nursing environment, in which the individuals in question work, and by the mission, vision, and values that have been established for this setting. An ethical view of the organization and the global environment as well as the professional relationship is viewed as key to understanding the way in which healthcare is delivered [2].

When the mentee travelled for her sabbatical, she was able to learn similar professional practices at Massachusetts General Hospital, where the chief nurse executive at the time, Jeanette Ives Ericksson, and the Executive Director of Nursing, Marianne Ditomassi, kindly welcomed her for a long stay to participate in a local mentorship program. This opportunity for education was realized in an experienced environment with a strong focus on effective nursing excellence as well as in the context of a magnet-designed hospital. In this journey, Professor Dorothy A. Jones was a source of tremendous support, and we have had a deep professional relationship and friendship with her for more than 25 years.

By the time the mentee, Teresa, had returned to Spain, the NPPM had been developed for the setting. The opportunity to experience and work with a well-established model of professional practice was key to her ability to apply her knowledge to our hospital, a point which emerged during discussions in which we engaged following her arrival. To start a new project, understanding the impact of the nursing profession throughout the hospital as well as having a vision of the direction in which to guide the future of the profession represents a tremendous challenge. Her mentoring process was perfectly suited to guiding her as she took up her new position and to the establishment of an adequate standard of practice and role development in the new setting. We both felt that the most valuable outcomes we experienced during the course of this mentorship relationship were the receipt of support and empathy, help with resources including knowledge, and the availability of someone with whom one can solve problems, as has been reported in the literature [4].

1.2.2 Mentee: Teresa Llacer

I completed my nursing degree in 1998. My clinical journey was quite diverse, including a focus on specialties such as cardiology and oncology (which were my certified areas of expertise). I have some years of experience as an anesthetist nurse and in the field of nuclear medicine. It is important to note that in Spain, there is no need to certify a particular sort of expertise to take up a position (although for some areas, such certification is starting to be recommended), as nursing education is both broad and intense. We have Bachelor programs in nursing since the 1980s, thus allowing nurses to pursue a job in many general areas of clinical practice.

After completing this journey, I reentered the oncology clinical setting, which was my desired area of expertise and the field in which I wanted to develop professionally. I believe that this specialty allows the nurse to develop a professional relationship that ensures a greater continuity of care, and this characteristic allowed me to experience the impact of my practice on patients and their families. When I asked to return to the Faculty to study for a Master's degree, my aim was to improve my scientific and research-related knowledge to acquire better tools to care for oncology patients. Among several options that I considered, I could choose to study for a Master's degree focused on research and advanced roles that had recently been instituted by my own Faculty at Universidad de Navarra. In parallel, the choice to study for the Master's degree was encouraged by the development of a certain role at the university hospital, which was a coordinated decision between the nursing faculty and the nursing board at the Clinica. Completing my Master's helped me improve my understanding about nursing as a field that can shed light on scientific knowledge via evidence-based practice in nursing and research and, moreover, to view the patient in a more holistic way. This course of study impressed on me many expectations pertaining to new ways of pursuing my clinical practice in a broader and more autonomous role, increasing the scope of my practice to the best of my educational possibilities. I was aware of the opportunity to develop my nursing competencies

to encompass the full scope of practice, such as clinical leadership, decision-making, and autonomy in the context of professional practice [5]. In addition, education in research would help me work with an evidence-based focus in terms of practice. Each month that I worked toward the Master's degree, an interest in quality improvement and care management was growing within me in the form of a concern for encouraging others to seek to improve their clinical practice.

Following the completion of my Master's degree, the chief nurse officer offered me the opportunity to learn and to take on the position of a nurse manager by working alongside the nurse manager of the onco-hematology ward. This was very special for me, as I could integrate what I had learned while pursuing my Master's degree with what my mentor taught me, and this period enhanced my learning. This mentor was highly experienced with relevant experience leading teams. She always ensured that nurse competencies were in place. If such competencies were lacking, she would acquire meaningful resources to help the nurse achieve the necessary level of competency. Each time such an event occurred, I grew more conscious regarding my accountability at Clinica Universidad de Navarra (CUN) as an agent of change in my environment and learned from her, particularly with respect to leading teams as well as being accountable for patient care in a holistic way. She was a special person; she worked with a nursing-centered focus, which represented an important lesson for me in terms of the way she supervised everything to meet patient needs. This mentor provided me with a great deal of support and smoothly introduced me to the role of nurse manager. This effect has been described in the literature concerning mentorship [6]. As it has been said, the newest team member comes to understand the values and methods of the team in an organized fashion that truly integrates the mentee into the organization.

Shortly following my appointment as a nurse manager, the new role of CNS (clinical nurse specialist) was assigned to the onco-hematology unit. This new role offered an even greater opportunity to develop professional practice in nursing ([2, 7]). A well-organized transition program was implemented to introduce this new role to the entire multidisciplinary team. A smooth process of acclimation to the role was implemented with a focus on the contribution of this role to patients, nursing staff, and medical staff. An explanation of worldwide experience pertaining to the impact of this figure on quality of care, evidence-based practice, mentorship of the newly graduated nurses, and other effects was the focus of this process. Due to this support for the implementation of the role, especially given the fact that my mission was managerial, I became familiar with the role of the CNS, which helped ensure that the completion of the process was a success.

Subsequently, I was appointed as nurse manager of a medical-surgical unit featuring a variety of specialties that were specifically related to traumatology and neurology-neurosurgery. I could develop and put them into practice in a more autonomous way some of the knowledge I had acquired while studying for my Master's degree (by this time, I was developing in the role alone, i.e., without mentoring). This situation represented a pathway toward continuity with respect to my training concerning managing and leading teams. During this period, I continually had the support and assistance of peers working in managerial positions. Through their counsel and assistance, I could learn how to cope with my role as nurse manager in accordance with the model of practice and lead the team to embrace the corporate culture of Clinica Universidad de Navarra.

In 2014, after 4 years in the role of nurse manager at Clinica Universidad de Navarra, the CNO (CR-C) of the hospital suggested to me the possibility of taking sabbatical in Boston to improve my English proficiency and to study the CNS role in a real context. Another aim was to understand in practice the culture of excellence exhibited by Massachusetts General Hospital, which would allow me to witness the impact of a magnet culture in a clinical setting.

This educational stay expanded my vision and allowed me to foresee a tremendous opportunity for nursing development and understand the

importance of having a defined Nursing Professional Practice Model, which can facilitate discussions with the staff concerning clinical practice. I understood that the model guides nursing practice, fosters nursing leadership, and focuses on the results of clinical outcomes on patients to produce data with the aim of supporting excellent practice. I could experience the ways in which the Nursing Professional Practice Model and Magnet culture compelled nursing to seek excellence in practice. I then understood why the nursing board at my hospital was so keen on defining our own NPPM.

After returning to Spain, i.e., to my place of work, the Nursing Board offered me to complete my training with an appointment as nurse director, which enabled me to attain a broader vision of management across the institution. At this point, the hospital was already planning for the beginning of operations at the new setting in Madrid. The CNO offered to allow me to help at the start of the new hospital, and a new period of guidance focused on the establishment of a new location began. In this context, for several months, I was assigned as deputy director to the CNO, and once again I underwent a period of mentorship with her. I knew that I was acquiring the competencies to hold the position of CNO later on in the new setting, and this mentorship was successful. Together, we recruited nursing staff, although 4 years previously half of the nurses selected from our original setting had proposed to move to the new setting. This situation entailed implementing a training process in accordance with the needs of the new hospital. This process was important for the successful transplantation of the nursing model of the institution. Work pertaining to staffing and efficient resources was carried out, and the protocols of the organization were revised to facilitate the integration of the multidisciplinary team. She also introduced me to the new job and the task of adapting clinical protocols to the new setting, including assessment of the most recent decisions concerning spatial distribution and the decoration of spaces.

1.3 Results

1.3.1 Mentor: Carmen Rumeu-Casares

The main result of the mentorship for the mentee was that the process of taking on the role of CNO in a new setting took place smoothly. The mentor and the directors of the board were keenly aware of the need to provide the mentee with sufficient autonomy to acquire the prestige that she needed with respect to the staff of the new hospital. It was also important to be clear about the person in nursing leadership to whom she should report to in the case of any issues arising. This, despite the fact that she continued to receive support and mentorship from her mentor. Nursing in the new setting allowed the mentee to receive a high degree of recognition. Therefore, and to support this process, we are planning to conduct a study next year and to collect data that may shed light on this point using instruments like the Practice Environment Scale (PES) and the Nurses Work Index (NWI).

Nurses working at the hospital are eager to learn about and to work with the NPPM, and they require it to be published so that more nurses can learn about the model and understand it's characteristics and to work with it. Some articles have been written by the faculty of our university together with some of our staff highlighting experiences and the ways in which the NPPM impacts patient relationships with nurses and their professional practice [8–10].

Nurses working at the new setting understand the different and specific way in which nursing care is delivered at Clinica University of Navarra; they understand the importance of the value we provide in a professional patient-centered relationship. Despite this affirmation, it is important to conduct robust research using measures including validated questionnaires that may produce valid results.

1.3.2 Mentee: Teresa Llacer

To me, the establishment of the new setting indicated a tremendous opportunity for learning. To complete this work, it was helpful to be men-

tored by Carmen, who was familiar with the environment of Clinica Universidad de Navarra and the role that nursing plays at our institution. My mentor has a tremendous amount of experience and expertise with respect to being a member of the hospital board, which helped to establish nursing as a more privileged field than before. Even though I had no experience playing the role of CNO, I was very familiar with our model of practice, which helped me be sure of the direction in which I was to guide nursing in the new hospital. In addition, due to the mentorship relationship, I felt assured and determined to proceed.

From the beginning, one of my most prioritized aims was to implement the NPPM model in the new setting of Madrid. This model would be a way of ensuring that every nurse would fit into the organizational culture. This process was a challenge, as approximately 20 nurses were drawn from the outpatient clinics as these nurses required a change of mindset to transition to a new setting. Establishing a common mindset in terms of the model of professional practice was easier having such a model defined. It was very striking to encounter a situation in which it was necessary to make explicit many things that we had never previously discussed, but was relevant in the new setting. Until that moment, for me, the model of nursing was something inherent that was inherited from generation to generation through the influence of role models. This inheritance was the way in which I envisioned the nursing standard that I had perceived during my life experiences in Pamplona. For me, it was necessary to rely on the NPPM as my mentor defined it and explained to me in terms of patient-centered care, evidence-based nursing improvements, etc. Having defined the model in words, both in written form and as part of an image (Fig. 1), can help nurses understand and discuss the content of their practice in the context of our environment as well as the ways in which they can develop professionally. Support and help from nurses in Pamplona have been vital, especially with respect to the availability of an influential role model for new generations. There is a young generation of nurses in Madrid who are starting to come to a better understanding of the nursing model and who seek to improve their understanding of this model each time they engage in practice. They are eager to uncover each element in terms of the characteristics of a professional environment. This approach can help them understand the nursing standards that we are seeking from a leadership position to develop the field of nursing professionally. We have conducted some seminars focusing on nursing patterns at our institution and the nursing professional practice model. Nurses find these seminars very useful with respect to understanding the vision of nursing at CUN (Clinica Universidad de Navarra). In fact, by the following period, sessions pertaining to the meaning of the model and the task of developing it in a particular setting are scheduled for the Nursing Development Area.

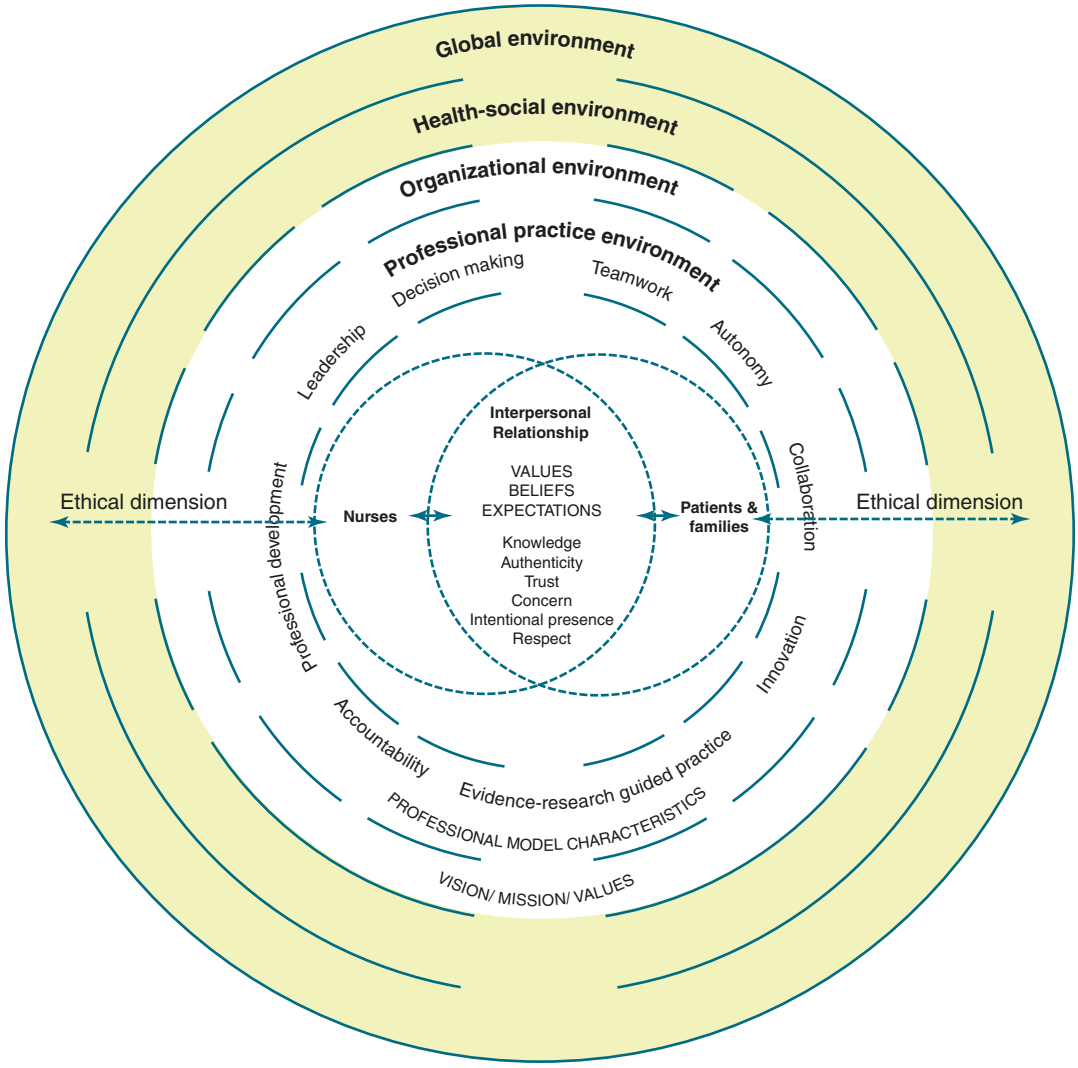


Fig. 1 Nursing Professional Practice Model at Clinica Universidad de Navarra

2 Self-Reflection and Learning

2.1 Mentor: Carmen Rumeu-Casares

For all of us nurses working at the hospital, across both settings, defining the NPPM has represented a chance to reflect on the ways in which we have been transforming patient care over the years and to specify in further detail the nature of professional care in the context of the evolving role of nursing. This evolution implies a greater sense of autonomy of practice, decision-making based on evidence, knowledge of the personhood of the patient and his or her family context, the need for accountable practice to activate and address patient queries and needs in accordance with the practitioner's knowledge of the patient and professional education in the field of nursing, and the experience of being able to promote and

develop while being supported professionally by the work environment. For the mentee, the NPPM has represented a framework in which she can operate with respect to nursing in her new position of CNO.

2.2 Mentee: Teresa Llacer

For Clinica Universidad de Navarra in the new setting of Madrid, the study of the NPPM represents an opportunity, a necessity, and a useful tool for understanding the essence of nursing at our institution, the mission that gives it a meaning in the context of this profession, and the values that we hope to see in practice. To implement this model in the context of Madrid, it is insufficient to present or explain the NPPM; rather, sufficient time must be dedicated to study and discuss the content and to facilitate the integration of the definition with a visual framework, and evidence must be provided that the content of the definitions in this context is being developed in place. The positive experience associated with this task improves the understanding of new nursing staff of our model of practice.

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Mentoring Leaders: An Appreciative Approach

Janet Boller and Terri Thompson

The task of leadership is ageless in its essence: The task of leadership is to create an alignment of strengths in ways that make a system's weaknesses irrelevant

—Peter Drucker (Cooperrider and Fry)

Objectives

1. Analyze an exemplar of leadership mentoring, identifying opportunities for key dimensions of appreciative leadership and strengths-based mentoring.
2. Explain how contemporary leadership theories and practices of Appreciative Leadership, Strengths-Based Leadership, and Theory U can be useful in mentoring nurse leaders to lead in today's highly complex, chaotic, and constantly evolving healthcare situations.
3. Recommend at least three strategies for preparing leadership mentors in nursing practice, education, and research settings.

1 Introduction

This chapter provides an example of leadership mentoring of a student in a Doctor of Nursing Practice (DNP) program for Master of Science in Nursing (MSN)-prepared nurses. Most students in post-MSN DNP programs enter as experts in their fields, with expertise as clinicians, leaders, and/or educators. Mentoring nurses who are already experts raise special challenges and opportunities. We will demonstrate how an appreciative leadership approach was used in this relationship as the underlying style of mentoring practice, which also was informed by Appreciative Leadership, Strengths-Based Leadership, and Theory U theories. These three theories have been useful to the mentor in her extensive career developing nurse leaders and are deemed essential for further-preparing this mentee to lead and develop nurses in today's complex and often-chaotic healthcare settings.

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2 The Mentee and Mentor Narratives

For this chapter, we begin by exploring our journey in this mentoring relationship from the experiences of the mentee and mentor, respectively. Then we reflect upon what we learned from our experiences, followed by descriptions of three relevant evidence-based leadership theories, which informed our experiences during this relationship. We conclude with recommendations that emerged and that we consider relevant to successful mentoring relationships designed to develop nurse leadership.

3 Our Experiences

3.1 Terri's Experience

At the age of 47, I decided to start a program to obtain a Doctor of Practice in Nursing degree. I came to this next chapter of my life with many previous personal and professional experiences. I had been a registered nurse for 25 years, was currently a bedside nurse working in Labor and Delivery and High-Risk Antepartum units, and was working as a full-time nursing professor teaching obstetrical (OB) nursing at a private Christian university. I had been a nurse leader for over 20 years. I had mentored many nurses, new graduates, newer nurse leaders, and nursing faculty that were new to academia. I had decided I wanted more skills and knowledge regarding leadership and decided I was ready for a terminal degree. Despite my extensive experiences, I was still hungry to learn more about how to be an effective nurse leader.

On the very first day of classes, with several DNP instructors present, we students were instructed to get clearer about the focus of our respective DNP projects and were instructed to connect with faculty who might have an interest in—or who had experience with—the topic we would be pursuing. As I listened to the students introducing themselves, I was also listening to faculty comments as each student presented their ideas. Each new student introduced themselves and the topic they wanted to focus on. Dr. Jan Boller stated that my topic, preconception health education, was of interest to her, although she did not have expertise in that particular field.

During this orientation session, students also discussed the timeframe in which they expected to complete their projects and the resulting scholarly paper. One of the faculty advisors stood up and informed us that each student "had to drive their own car." This meant each student would decide how fast or how slow they expected to go toward completing their dissertation. The speed didn't matter to the professor. Each student simply needed to make sure they arrived at their destination within their identified timeframe. Additionally, each student was not in competition with any other student to complete their scholarly paper. I had decided at that point that I liked to drive my car fast and would ensure that I would arrive at my destination sooner, rather than later.

I was very interested in speaking to Dr. Boller about my ideas. She was an experienced advisor and mentor and she was already interested in my topic, so I thought she would be a good start toward choosing the right advisor/mentor. When asked, Dr. Boller agreed to meet with me to discuss my DNP project. During our initial discussion, I mentioned that, in our orientation, we were told that each student "needs to drive their own car" and at their own pace. I told her that I liked to drive my car fast and would be getting to my destination sooner, not later. I think she may have thought I had set unrealistic expectations at that time, but as she found out, I meant what I'd said, and she was very supportive throughout.

At our first meeting, we had a long discussion and, in fact, discovered we had many similarities. We both have a love for food, which would be the focus of many of our meetings. We both loved to laugh. She has a great sense of humor and I like to think that I do, too. We also found we are women whose respective spirituality and faith are important aspects of our daily lives.

Ultimately, we agreed that we were a good fit for each other and committed to working together. Dr. Boller became the Chair for my scholarly project for 2 years. She walked alongside me every step along this journey. She was my biggest

cheerleader and biggest supporter. During our frequent meetings, Dr. Boller and I would allow time to talk on a personal level before or after discussing my progress. These "off-task" conversations provided time to connect with each other on a more-personal level. I always felt comfortable asking for honest feedback and I took the feedback with how it was intended: for my professional growth. We had many meetings together in a variety of settings. The learning environment she created was very encouraging, hospitable, and comfortable.

3.2 Jan's Experience

Working with Terri reinforced how important it was for the mentee to come prepared to each session. From the beginning, Terri knew what she wanted and was very direct in her communication. She was an open book for learning. Prior to every session, she had thought through the details of the information she needed from me. Her questions were specific. She came with lists. Her plans were fine-tuned. I only needed to share my perspectives on where her plans might be tweaked. She was an expert in her field, but a novice at leading scholarly projects. I think it helped that I was not an expert in her clinical field, so I could focus on her scholarship, per se, and how she could approach the project for greatest success. She was driving the car at full speed and with a good deal of control and accuracy. It felt safe and I could trust her.

While it was a relatively comfortable ride for me, Terri had high expectations of me. There were places where I had to stretch to keep up with her, primarily about the pace of the project and her project's scope, which ended up extending beyond one setting to additional settings in other towns and even to another state. I had to make some adjustments in how I approached this project, but she kept me well-informed so that we could improvise together.

For me, it was not difficult to focus on her strengths. The main area to be managed was designing and leading scholarly projects. She also sought additional help from other seasoned academic scholars and statisticians, and this proved to be a good mentoring ensemble for her.

4 Our Reflections

4.1 Terri's Reflection

Leading into my DNP project, I was able to choose my mentor, which is not always the case. But in this circumstance, I interviewed my potential mentor and we had a deep, very open and very honest discussion. This was going to be a big commitment to work together until I had completed my DNP project. We both had to agree to this commitment which could last up to 3 years. We also had to admit the realistic possibility that life events could occur in the midst of this commitment, on the side of either party. Thankfully, nothing major derailed me off my original timeline.

During our mentoring conversations, she always gave good, constructive feedback. It was always constructive. Not personal, not hurtful. But she pushed me, always with only good intentions to help me think deeper. She challenged me to stretch and even change, and to become a better writer. She was always respectful of my previous experiences, and she augmented my experiences by challenging me in ways that, ultimately, helped form my scholarly project into its finished product.

I respected her role as the expert mentor in these circumstances. I was the novice. I kept that in mind during every feedback conversation and I appreciated the importance of staying in and respecting that role. I knew I had a lot to learn, and she had been through this process with other mentees many times before me.

This mentor and mentee relationship seemed too easy and too good. She never upset me. She never made me angry. She never hurt my feelings. She always respected me and my previous experiences. Additionally, the feedback was not personal, it was business; it was professional. Her feedback was meant to help me grow and be better in my writing as I prepared my scholarly paper.

As I ultimately wrote and completed my scholarly paper, I was so thankful that Dr. Boller

had agreed to become my mentor. Not only did she model the "guide by the side" style of mentorship, grounded in appreciative leadership, this mentor-mentee relationship turned into a deeper, richer friendship. We had a mutual respect for one another and I was able to learn from her style. We made a good team and continue to communicate often as our friendship continues.

4.2 Jan's Reflection

Every mentoring experience teaches me many new things. The beauty of strengths-based appreciative leadership as a philosophy and stance is that each mentee has unique strengths and it is up to us as mentors to reveal and further develop those strengths. As Peter Drucker advised, when you can tap into the strengths, the limitations become irrelevant, or at the very most manageable [1]. Another benefit of this approach is that both mentor and mentee can enjoy the ride, even as they take on greater challenges.

Terri definitely "drove her own car" on this project and she was an excellent driver. Terri led the way. She was direct in her questions and determined to succeed with her DNP project. She was dynamic and it was refreshing to see how she handled situations in ways that were true to her particular leadership style. We laughed a lot and that brought energy to both of us.

Love and respect were our central values, which made working together so much easier. I believe our faith grounded us in how we treated others. That was something I did not have to teach Terri. The same held for her integrity and honesty and absence of "egoism." She could handle criticism; she was self-reflective, and often that's where the humor showed up. Terri could laugh at herself without a high need for shallow external rewards. But positive feedback was essential…and was easy to offer her.

Terri is mature and wise. At times she was outspoken, but she never took her eyes off the situation and what she was trying to accomplish. Because she came from a stance of respect for others, when she disagreed with them, it was never something I needed to remediate.

Even though our professional experiences have dealt with different types of mentees (undergraduate and doctoral students), our basic values of finding the positive in every challenge and tapping into strengths made us highly compatible. We both believe in a higher power, so we knew we were not alone. We believed in the importance of the work she was doing to improve preconception health and relying on agility, creativity, and innovation as roadblocks arise, rather than helplessly lamenting any given situation. Terri had impressive expertise as a clinician, clinical leader, and educator. This gave her confidence as a novice scholar. She was not focused on her ego, but on the project. And throughout all bumps, humor helped.

Overall, Terri made it easy and gratifying to be her mentor. As is the case with every mentoring experience, I think I learned as much from this project as she did—if not more.

While not an issue with Terri, an area I have identified for further growth as a mentor relates to how I can improve my mentoring effectiveness with mentees from ethnicities and cultures different from my own. Some of my best mentoring experiences have been with mentees across ethnic and racial backgrounds. But at times, I know I have fallen short when I was from a culture different from theirs. I would have benefitted from a mentor-training program that included content such as that recommended by Gandhi and Johnson [2], which was based on their findings from a study on training mentors across cultures.

The next section summarizes the three key leadership theories that were particularly useful in our mentoring experience: Appreciative Leadership, Strengths-Based Leadership, and Theory U: Leading from an Emerging Future.

5 Contemporary Leadership Theories: From Research to Theory to Practice

As I, Jan Boller, have reflected on the mentoring experience described, herein, I have come to realize how influential and invaluable my journey in leadership development has been. Of all the courses I have taken, experiences I have had, and books I have read, the theory and practices of Appreciative Inquiry (AI) [3] and Appreciative Leadership (AL) [4, 5] have had a profound influence on my leadership style.

To some extent, I had learned to use many of the AI and AL practices by the time I became aware of these formal theories. My leadership development was seeded when I was a child, first in my family and involvement in our church—with the teachings and beliefs that we should love everyone and treat everyone respectfully—then at my high school graduation in Waverly, Nebraska, in 1965. Dr. Donald Clifton, our Commencement speaker, told an illustrative "Theory of the Dipper and the Bucket" ([6], p. 15) story, which later became instrumental in the development of positive psychology. (The American Psychological Association once cited Clifton as The Father of Strengths Psychology and Grandfather of Positive Psychology.)

Clifton discussed building on the strengths of people and organizations, rather than focusing on fixing their problems. Focusing on people's strengths keeps people's "buckets" full of positive emotions, giving them energy to excel. The challenge for leaders is to avoid using "dippers" that empty other people's buckets and sap their energy and will. Clifton's research eventually led to the theory and practices of strengths-based leadership [7].

When I was a high school senior, I thought Clifton's theory of dippers and buckets was silly. But once in adult professional roles, I found myself being drawn to leaders and leadership theories that fell into the positive philosophical mindset. Those leaders tended to value and respect those they lead, resulting in higher levels of performance. These theories include Transformational Leadership Theory ([8]), Presencing Theory [9], Theory U [10], and Collective Wisdom ([11]).

Instead of the Newtonian-style perspective of human systems as inert machines or mechanistic problems to be solved, Appreciative Inquiry focuses on building upon existing strengths and talents that can optimize human and organizational performance. Problems and malfunctions are not ignored, but rather, they are managed [12].

Particularly appealing to me has been the perspective attributed to Mary Follet Parker of "power with" versus "power over." "Power with" shifts the thinking about leadership power from that of dominance to that of reciprocal and collaborative power ([11], p. 76, 89–98). The "power with" approach to leadership also fits in the teaching philosophy described by educator Alison King, who introduced the idea of educators moving from "the sage on the stage" to "a guide on the side" [13].

The development of each of the leadership theories embraced in our project which included Appreciative Leadership, Strengths-Based Leadership, and Theory U took similar routes, beginning with research studies in academic research settings. The theories have been tested and applied in practice, all reaching a level of maturity that makes them highly relevant for twenty-first century leaders.

5.1 Appreciative Inquiry/ Appreciative Leadership

Appreciative Inquiry is an evidence-based, research-supported theory emerging from organizational research in the late twentieth century and early twenty-first century [12] and originally developed by David Cooperrider and Suresh Srivastva [3]. In 1980, Cooperrider, then a young doctoral student, was asked to conduct a study on "What's wrong with the human side of the organization?" Similar to Clifton's questioning of why psychology was so focused on problems, Cooperrider decided to approach the organizational analysis by focusing on life-giving factors in the organization ([12], p. 24). This study was

the first of subsequent researches over the next 40 years and the studies continue.The Appreciative Inquiry theory draws upon the science of constructivism with postmodern positive psychology and new understandings of science initially generated by Albert Einstein and Neils Bohr. The research conducted by Cooperrider and Fry [1] showed that in high-preforming organizations, approximately 80% of leadership attention focuses on strengths building, and only 20% of attention is on weaknesses and deficits, providing evidence that focusing on strengths improves organizational performance.

The Four-D AI process is fairly straightforward, but instead of first identifying a problem to be solved, the assumption of the process is that by going through the process, the Four-D's, an eventual solution will be revealed and studied. Then the cycle proceeds in four phases:

Discovery—What gives life? What is the best of what is?
Dream—What might be?
Design—How can it be? and.
Destiny—What will be? ([3], p. 5).

Cooperrider and colleagues have further conducted substantive research, studying the real-world application of this theory, which positions this as a "mature theory." [3].

Whitney and colleagues have created a model for Appreciative Leadership, which focuses on five practices: inquiry, inclusion, inspiration, integration, and illumination. These practices are useful for leaders navigating the complex situations in both academic and community settings.

While more research is needed examining Appreciative Leadership, Malloch and Porter-O'Grady [4] provide an in-depth exploration of the model as it applies to nursing in their recently published book, *Appreciative Leadership: Building Sustainable Partnerships for Health*. These two authors have been at the forefront examining and developing contemporary leadership resources, drawing on chaos theory, complexity theory, and quantum theories to prepare nurse leaders for twenty-first century leadership. Malloch and Porter-O'Grady describe the unique challenges of leadership in the postdigital age, make a case for appreciative leadership as an effective approach, and provide examples of how nurse leaders can translate theory into practice.

5.2 Strengths-Based Leadership

Dr. Donald Clifton began teaching and studying psychology in the 1950s at the University of Nebraska. As mentioned earlier, he became particularly curious about why the field of psychology focused primarily on what was wrong with people. For the next four decades, he and his colleagues conducted studies that led to theories and applications in what is now referred to as "Positive Psychology" and its consequences in human performance [6]. The premise of Clifton's work is that when strengths are the focus, rather than problems, people perform at a significantly higher level and they and their followers have more satisfaction in their work. Clifton's research led to an evidence-based tool that measures individual strengths, in four broad areas: Executing, Influencing, Relationship Building, and Strategic Thinking [7].

In a large study among 10,000 employees from a variety of organizations, the Gallup Organization identified the three most important characteristics of the most-effective leaders. The most effective leaders:

1. are always investing in strengths;
2. surround themselves with the right people and then maximize their team; and,
3. understand their followers' needs [7].

5.3 Theory U: Leading from the Emerging Future

Theory U is a "framework for learning, leading, innovating, and profound systemic renewal" ([14], p. 18). It was developed by C. Otto Scharmer and Katrin Kaufer, researchers from the Massachusetts Institute of Technology (MIT). Shortly after coming to MIT from Germany in 1995, the researchers began to collaborate with

Peter Senge to discover ways to influence change for sustained improvement in organizations and systems. In their research, Scharmer, Kaufer, and Senge conducted interviews with leaders, entrepreneurs, and innovators around the world. They also participated in change projects. Over the course of 18 years of research, they developed the Theory U framework. Scharmer, Kaufer, and Senge discovered a type of organizational learning that contrasts with the traditional focus on solving organizational problems by learning from the facts of the past ([14], pp. 17–19). While those facts can be useful, they cannot solve the current, complex problems, which are new and confusing. These problems are solved by an awareness of the people living the current problems, and then tapping into their wisdom and emotions, individually and collectively.

The learning and discovery solutions evolve in a u-shaped manner (Fig. 1):

On the left arm of the U, people collectively move into deep learning by listening, engaging in dialogue, observing, and discovering what facts are currently emerging, and what emotions are emerging along with these facts. Then at the bottom of the U comes a pause and a time to reflect deeply, referred to as "presencing." During this reflective time and based on the learning process described above, a new reality emerges that leads to a rapid assent on the right arm of the U. At this point, decisions are made to create, innovate, and test new ways of leading and solving the challenges.

As we have moved through the current COVID pandemic, the process of Theory U leadership in an emerging future became a vivid, real-time example—an excellent account of how one academic Dean, Sandra Davidson [15], found value in Theory U early in the pandemic as she helped her faculty navigate the unsettling effects of the pandemic.

Boller and Jones [16] describe how Theory U was embraced in the redesign of nursing education as 100 nurse leaders in California convened over 12 months to envision changes needed for the future. The group involved in this case study came to a point in the middle of the project where there was literally an unplanned pause for reflection and where new visions for education, as it was emerging in real-time, came into focus. This led to 10 recommendations, many of which were in alignment with the subsequent national recommendations for the future of nursing [17].

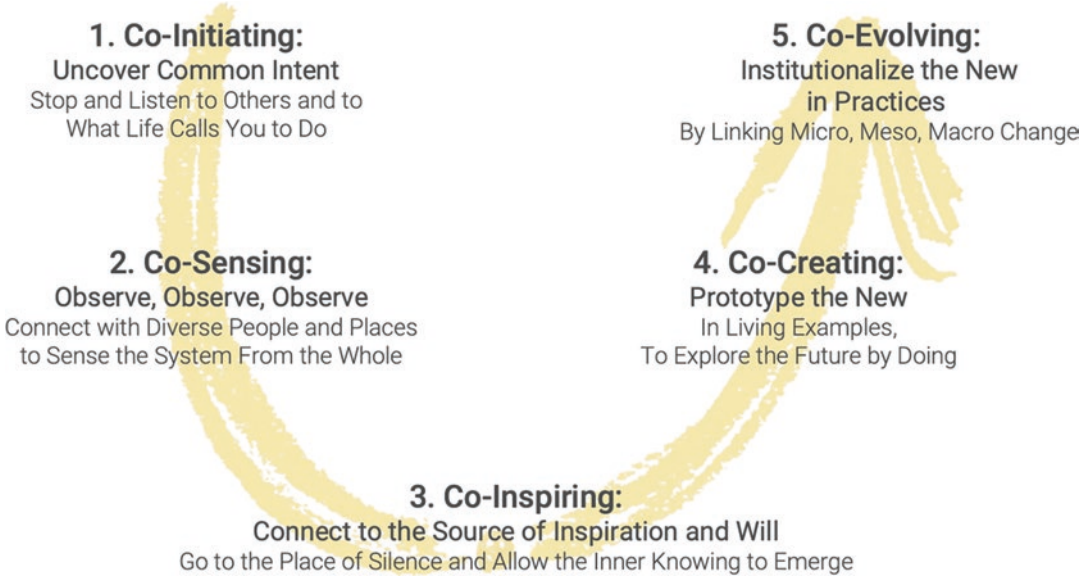


Fig. 1 Theory U: One Process, Five movements. (This work is licensed by the Presencing Institute—Otto Scharmer)

6 Recommendations

By moving through this reflective process, we, Terri and Jan, have gained valuable insights about mentoring. We offer the following recommendations for mentees, mentors, and nursing organizations in clinical, academic, and research settings.

As a mentee:

- When choosing a mentor, interview potential mentors using open and honest discussions about what you, both, hope to get out of the mentoring relationship. If all pieces (e.g., personality, availability, skill-level, commitment, willingness to provide, and receive growth-based challenges) align, then consider yourselves fortunate and expect positive outcomes. Work hard to find a mentor who "fits," as the length of one's DNP project study, writing, rewriting, and defending is a long time to endure with a bad fit.
- Communicate often, openly and with purpose. Go to each session prepared and ready to receive constructive feedback. Respect your mentor's time. Do your homework ahead of time and get to each session ready to work.
- Be prepared to be stretched and be open to change. Realize that others' perceptions may not be your perceptions and these different viewpoints can lead to better outcomes. Likewise, change can be uncomfortable, but it can also be very beneficial.
- Never receive feedback on a personal level if it is not aimed at your person. We all have areas where we need to stretch and grow. Remember why you chose your mentor and what you had hoped to get out of that relationship. Use their feedback to help you grow, personally and professionally.

As a mentor:

- Seek training and guidance on taking a strengths-based and appreciative leadership approach, tapping into the wisdom of twenty-first century leadership experts.
- Take a positive, appreciative stance. Focus primarily on the mentee's strengths and help your mentees discover their own blind spots and limitations. This generates better results and appreciates in value. It also empowers them, with your guidance, to come up with their own solutions on how to best manage the situations they face.
- Understand that mentees who are nursing professionals are already on a leadership journey and that you are grooming that person for also becoming a better leader and, ultimately, skilled mentors, themselves.
- Use curiosity and inquiry as central features of your mentoring practice. Use a "power with" approach. The mentee is in the driver's seat. The mentor should be the guide by the side.
- Learn from mentee's and mentor's stories to discover the strengths and limitations of each other. Hold everyone in positive regard. See the best in people. Work together collaboratively to cultivate wisdom that inspires and leads to excellence.
- Select places to meet that put the mentee at ease, enhancing the mentoring experience. The mentor's office can be an intimidating space.

Finally, to nurse leaders in clinical, educational, and research settings, include education and training for nurses as mentees and mentors. Mentoring should not be learned "on the fly," nor learned primarily by mistakes. Mentoring grooms future leaders to be effective, which will improve safety throughout the healthcare system, thus impacting the lives not only of one's mentees, but of the populations they serve.

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Resources

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Jan's clinical career included 2 years in ambulatory care nursing and 12 years in critical care nursing, as staff nurse, nurse educator, and critical care clinical nurse specialist. She was President of Health Education International, Inc., which provided continuing education for health professionals. For 7 years she held the position of Program Development Director at the American Association of Critical-Care Nurses (AACN). After earning her PhD at the University of California, San Francisco, Jan held positions as Director of Clinical Effectiveness at two Sutter Health facilities in the SF Bay Area.

Jan was the project director at the California Institute for Nursing & Health Care for the *2008 White Paper on Nursing Education Redesign for California*. She has published several articles and book chapters. She is coauthor with Dr. Alan Briskin of the book, *Daily Miracles: Stories and Practices of Humanity and Excellence in Health Care*, which received a 2007 AJN Book of the Year Award.

In her retirement, Jan has been active in her faith community, serving as a Care Minister, President of the local unit of the United Women in faith, a church choir and community chorus. She has volunteered for various mission activities. She is currently Mental Health Team Leader for Justice in Action, a collaboration among many faith organizations in her community to advocate for social change.

Jan and her husband reside in Lincoln, Nebraska.



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Nurturing Leadership Growth in a Millennial Clinical Nurse: A Blueprint Through Mentoring

Rosanne Raso and Stephanie O'Neil

A mentor is someone who allows you to see the hope inside yourself.
—Oprah Winfrey

Tell me and I forget, teach me and I may remember, involve me and I learn.
—Benjamin Franklin, Founding Father of the United States

Objectives

1. To outline a blueprint for nurturing leadership in millennial clinical nurses through mentoring.
2. To share a mentoring story between a chief nursing officer and a clinical nurse.
3. To delineate the key success factors in a mentor-mentee relationship.

1 Mentee Narrative

As I pondered back to the beginning of my mentorship journey, I recall meeting Dr. Rosanne Raso on the first day of my orientation. She began to inspire all the nurses in the room, especially myself. I remember feeling in that moment very grateful for my first nursing job as a clinical nurse and that I could do anything I wanted to do, with the possibilities endless in nursing. In the words of Maya Angelou, "people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

It was only a year later that I received the Rising Star award as a new graduate nurse recognized by peers and leadership for exemplary nursing care. It was quite an honor, a moment I will never forget. As a new graduate nurse, I was part of a residency program and during this program we were assigned to present an evidence-based project. Our group had the pleasure of presenting to Dr. Raso and the Directors of Nursing. Dr. Raso showed interest in my alarm fatigue project which was an evidence-based review of how to reduce the number of nuisance clinical alarms, which is important to mitigate the safety issue of "alarm fatigue." Dr. Raso had the same passion to reduce alarm fatigue and had just finished a recent hospital project that allowed for nurses to autonomously adjust alarm parameters by 10% that changed our hospital policy. I knew she was the perfect key stakeholder to support my evidence-based project in becoming a reality. Besides being a very knowledgeable leader, I felt

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Dr. Raso was someone you can trust. Her authentic leadership is truly an example to all nursing leaders [1].

Later, I was approached to be a clinical nurse for an interview for the accreditation for our residency program. Dr. Raso so humbly thanked me for my participation in a way that filled me with gratitude. It gave me the confidence I needed to reach out to her. A colleague joked when we finished, "Stephanie wants to be the next CNO." Dr. Raso responded, "My door is always open for mentoring." At that moment I had no idea how much my nursing career was going to change, and that nursing leadership could be a new dream of mine.

After some time, I asked Dr. Raso for a meeting as I wanted to try to implement the alarm fatigue project in our hospital. I did not expect her to respond so quickly, but she welcomed my enthusiasm with open arms. After this meeting, I applied for a program as a Chief Nurse Fellow where we first formalized our mentorship. We met monthly and I had the honor of working with several other leaders and their teams. She had so graciously taken me on as her mentee. Her leadership was so infectious, I knew I wanted to take on more. At this time, I started to take my leadership skills to the next level. I chaired and/or participated in several of our Nursing Committees: Research, Operations, Healthy Nurse, Unit Council, and Nursing Board, and climbed our clinical ladder to get my first promotion as a Senior Staff Nurse. I can confidently say if it wasn't for her to give me the push and confidence I needed, this all would not have been possible.

Even as March 2020 approached and the wave of Covid-19 took over the world, it did not stop our project or hinder our mentorship. At this time, Dr. Raso agreed to take part in shadowing for a few days. This was not the peer-to-peer shadowing as described in the literature, but clinical nurse to senior nurse leader shadowing that fostered my professional development and growth [2]. In these shadow days, I experienced how critical leadership is for our nursing profession. I can firmly attest that the success, the push for a healthy work environment, and profound agility during the first COVID-19 wave were due to Dr. Raso's authentic leadership [3]. It was not only authenticity, but also transformational leadership with some transactional leadership as well during this time of crisis that allowed us to push through [4]. I was able to see a functioning command center filled with leaders from all over the enterprise with many different roles. They made hour-by-hour decisions to handle the patient surge, such as quickly expanding our intensive care units (ICU's), preparing nurses to care for critical care patients with Covid-19, and managing needed supplies and equipment. Like my mentor often says, "it certainly takes a village."

As the year passed, we continued our shadow days, completing the chief nurse fellowship alarm fatigue project, which later was expanded into a research study on "Alert Fatigue" when I was accepted as an Academic-Practice Research Fellow. Alert fatigue is a phenomenon that includes more than clinical alarms and is well versed in the literature to affect physicians and pharmacists, but not well explained from the nurse perspective. At the same time, I began a Master's degree program in Advanced Clinical Management and Leadership at Columbia University. With Dr. Raso's recommendation and mentorship, I was able to accomplish this simultaneously. Soon after this, I applied for another promotion and became a Nurse Clinician. Towards the end of 2021, I was given the opportunity by my Director of Nursing to apply for a Clinical Nurse Manager position. Dr. Raso was so gracious with her time that she supported the decision for me to move into a formal nursing leadership role. She helped me reflect on myself and see if the position would be a good fit for me. As Bob Proctor would say: "A mentor is someone who sees more talent and ability within you than you see in yourself, and helps bring it out of you." It was at this point through the eyes of Dr. Raso that I knew I had made a great impact in our patients' lives and was now given the opportunity to make an impact in the lives of our nurses to do the same for our patients and one another. I am hoping one day to follow Dr. Rosanne Raso's footsteps.

2 Mentor Narrative

My journey as Stephanie's mentor began early in her professional career when she was a new graduate nurse resident and won our hospital's Rising Star Award. When a new nurse in a large academic medical center captures the attention of the Chief Nursing Officer, you cannot help but have a good feeling about her future. At least I did. Stephanie's EBP residency project was on clinical alarm fatigue, a topic of great interest to me and therefore another exciting connection. At our first Practice Transition Accreditation Program survey, Stephanie was highlighted as a model nurse resident and spoke articulately during our sessions with surveyors. Witnessing her immense potential, I felt myself committed to her professional growth, possibly as a result of my intrinsic relational leadership qualities which focus on creating, sustaining, and managing relationships with staff and all other stakeholders [5].

The first step in our mentoring relationship was when she became a clinical nurse fellow in a small campus cohort taking her alarm fatigue EBP project to the next level. Now our relationship was formalized as I was her assigned mentor. What a joy to work with her over the course of a year as we met regularly and she reviewed literature, came up with a useful instrument, and began studying how clinical alarm integration into mobile devices was perceived by nurses. By now she was active in unit-based and campus-wide shared governance (SG).

In addition to the shared governance meetings that we shared, Stephanie asked if she could shadow me for a day. Brilliant! Although I have opened my doors to any clinical nurse who wants to meet me for their own growth or for a school assignment, as well as for graduate students who wants to spend a semester with me, I had not previously spent an entire day with a clinical nurse in a shadowing/mentoring experience. It was truly exhilarating for both of us as we explored each other's reactions to a "typical" day in the life of a CNO, and then scheduled shadow days regularly over more than a year. This is an exemplar of the Nurturing Model of mentoring which promotes development by creating a "conducive environment for mentees to have direct relationship with their mentor and share their fears and strengths freely" [6].

Stephanie progressed up the clinical ladder easily and became chair of the campus shared governance EBP/Research council as well as a clinical nurse representative to the enterprise Nursing Board. With those responsibilities, she attended my Staff Advisory Board monthly meetings which was another opportunity for us to share goals, ideas, and opinions. I supported her application to become a research fellow and take her clinical alert interests to yet another level, including the Institutional Review Board and a formal research project. Wow! And then it was time for her to decide whether to take a management position, and after talking it through together, she accepted a clinical nurse manager role. What a journey of professional achievement and I can only hope our mentoring relationship helped propel her.

There were many evidence-driven success factors in our relationship. Stephanie's ability to "choose" me [7] allowed for a positive and personal connection. According to Lin, mentoring success is dependent on the relationship, and in our case, it could not have been better as we connected clinically, emotionally, and professionally [8]. Finally, my relational leadership style focuses on empowering others [9, 10] which was another success factor in our relationship.

Although there was no specific long-term goal in mind when we started our mentor-mentee relationship, it turned out to be a journey to formal nursing leadership. At this point in my career as a tenured CNO, it delights me to be part of growing the next generation of leaders. I owe the profession and the patients under our care at least this much. Our relationship illustrates the benefits of practice immersion and experiential learning, in this case especially for leadership practice development [11]; however, clinical quality project management was Stephanie's first learned competency with me and the beginning of our formal relationship. The bilateral and ongoing inspiration is, of course, priceless.

3 Self-Reflection

To assist with self-reflection, Dr. Raso suggested using the four F's, which are: facts, feelings, findings, and future [12]. Self-reflection was a key to help me make my decision to become a Clinical Nurse Manager. My four F's are:

Facts: I was offered a position as a formal nurse leader and I was unsure if I was ready to leave the bedside and direct patient care. It also was not in my area of clinical specialty, so I was afraid of not being expert clinically in the leadership position.

Feelings: I felt uncertain and frightened if becoming a Clinical Nurse Manager was the right fit for me, both the position and the clinically different area of practice.

Findings: After conversations with many colleagues and direct supervisors, Dr. Raso truly helped me make this decision. She helped me feel confident and that I was ready for this leadership role. She did warn that it was a steep learning curve, especially since I had to grow clinically in the new area as well, but she made me feel I was up for the challenge. She gave me her time and undivided attention to make this decision. It was one of my purposes every day to touch the lives of my patients and they would touch mine in return. How could I incorporate this purpose into the role of a formal nursing leadership position? I discovered the potential that touching the lives and practice of the nurses through their nursing care could feel equally as good and be equally as purposeful.

Future: Dr. Raso helped me to understand that this position was in the right direction to be the nurse leader that she knows I can be in the future. It is a stepping stone to do so much more that is in store for me. With Dr. Raso's mentorship and help, I see a bright future in nursing leadership. Truthfully without it, I do not think I would see my future so bright. Dr. Raso allowed me to see purpose in role modeling and unit-based leadership to give our nurses all the resources they need to care for their patients and their colleagues. Her mentorship has guided me and nurtured my nursing career into what it is today and hopefully in the future.

4 Best Practice/EBP Example

Mentoring of a millennial as described in our narrative is aligned as a best practice for that generation's growth and development. Gallup, a global analytics and advice firm, has conducted decades of organizational research finding that millennials are differentiated from other generations by their desire to grow and develop [13]. Hall writes that millennials "don't want bosses, they want coaches" [14]. Our years of a mentee-mentor relationship were not about being the boss, it was about the best practice of being a coach.

However, the evidence for millennial leadership development through immersion in practice via shadowing/mentoring is not present in the nursing literature. Our successful multimodal approach was grounded in experiential learning, a phenomenological philosophical and learning approach based on the lived experience [15]. Derico concludes in an integrative review of phenomenology in nursing education that exploring the experiences of a mentor and a mentee can be instructive [16]. Cathcart et al. state that experiential learning embeds nurse manager practice and enhances role development [11]. This existing evidence is not specific to millennial mentoring, an important generational subset for leadership development and succession planning.

Our millennial mentee-tenured CNO mentor experience may be creating best practice in the service context. There are multiple "win-win" outcomes from this pairing, including mutual experiential learnings and understanding across generations, practical demonstration of actionable relational leadership attributes, and true professional development. Perhaps this exemplar of the gift of time and caring from a tenured CNO to an enthusiastic millennial mentee will help prepare our extraordinary profession for the future.

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Bridging the Future of Nursing Through Leadership Mentoring

Teresita Irigo-Barcelo
and Mila Delia Malabed-Llanes

Leaders don't create followers; they create more leaders
—Tom Peters

Objective
Our story is intended to describe how mentoring relationships can be enjoyable and promote growth for both the mentor and the mentee.

1 Mentor–Mentee Narrative

1.1 The Mentor's Voice

Most of my professional nursing career has been in the academe. Following the idea of Tichy that teaching is leading (Titchy 1997), I enjoy teaching because it allows me to bring out the best in my mentee. My personal philosophy is that in education my contribution to the enrichment and improvement of the nursing profession can be achieved best in nursing education since there is a multiplier effect given the number of students I teach in a class.

Teaching is a vocation. As such, the nurse educator does her work with passion and a strong desire to serve others. According to Tichy *"teaching is what leaders do and posits that teaching is leading"* (Titchy 1997 as cited in Fairholm). Further, Fairholm described leadership as "*the idea of bringing out the best in others in terms of developmental coaching and empowerment activities"* (Fairholm cited McFarland, Senn and Childress 1993).

1.1.1 Servant Leadership

My guiding framework as I assumed several leadership positions in the academe and in the professional organization is Servant Leadership. Robert Greenleaf defines servant leadership as *"the natural feeling that one wants to serve, to serve first. Then, conscious choice brings one to aspire to lead"* (Greenleaf cited by [1]). Servant Leadership is not a leadership style or technique, rather it is a way of behavior we develop over the long term. It is grounded on the humanistic philosophy and altruistic tendencies—a deep motivation to help others (Robert Greenleaf cited by Carol Smith, 2005). As a servant leader, one must assess the mentee's needs, her strengths that can be built upon, and the areas where she needs guidance. Leadership, by example, is the best way of teaching the mentee what leadership is without forcing her to change. Begin with the

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potential of the mentee and bring her to the level she wants to be, a successful researcher and leader in her own right.

1.1.2 Mentor–Mentee Relationship

The mentoring relationship started with research supervision. As a beginner in research, she needed guidance and direction in conducting her thesis. Conceptualization of the research problem was the first hurdle she had to overcome. The research consultation sessions usually started with a question:" *What have you done and what have you learned?"* My comments were general statements like- "This is not clear. Re-write" or "Explain more clearly." This way, I was teaching my mentee to think critically about how to improve her own manuscript and not to rely on me giving directions on how exactly the research paper was to be written. Learning by doing is a better technique to teach the mentee since in the future she has to do more research projects by herself and eventually be a research mentor herself.

One trait needed by a mentor is to have time to spend with the mentee to listen to her goals, plans, and even her fears. Adhering to the servant leadership philosophy, the mentor served as a guide and as a facilitator to allow the mentee to think and decide for herself.

To provide the mentee opportunities to experience area for growth as a leader are strategies that help to provide the mentee real world leadership situations. I invited her to be a member of committees I chaired as a nursing leader of the Philippine Nurses Association (PNA). This allowed me to show her how the national nurses association worked and hopefully ingrained in her the love to serve the association. She joined me in the Committee on Awards and Scholarship and together we drafted guidelines and the process of selection of awardees. I pulled her in to join me in the Committee on By-Laws and Legislation where she learned the legal processes of making revisions in the bylaws and the rudiments of drafting a resolution or a policy. I encouraged her to run as a governor of the PNA and the experiences served her well when she became the National President of PNA in 2017.

My mentee had work experience as a Chief Nursing Officer of a tertiary hospital and a Dean of a college of nursing. When I learned that there was a search for nominees to the Philippine Regulatory Board of Nursing, I encouraged her to apply for the position. I motivated her to pursue the application since I knew that she has the competencies needed to be a member of the regulatory board of nursing given her varied work experiences in nursing service administration and nursing education administration. She indeed excelled in her work as a member of the regulatory board of nursing where she became the project lead in developing the core competency standards for nursing practice in the country.

1.1.3 Respect Is Key

Respect is key to a successful mentoring relationship. The goal of a mentor is to bring out the strengths in the mentee and support her in developing further these strengths. Together they work to achieve the goals the mentee has set, especially in her professional life. Goal-orientedness is an important trait of the mentee. This trait was put to good use in the making of her thesis in the master's program and in her dissertation for her doctoral degree. She charted her own professional road map while the mentor only served as a facilitator, a confidant, and a motivator as she worked towards achieving her goal.

1.2 The Mentee's Voice

The mentoring partnership is not the typical structured mentoring from the start. I was naturally drawn to my mentor as I saw in her all the important characteristics of what a leader should be—competence, compassion, commitment, and integrity. When we started our mentoring journey, she was my research advisor supervising my master's thesis. When I finished my master's degree, she involved me in her team working for the PNA. She took me as a member of her team whenever there was voluntary work that she had to lead in the Philippine Nurses Association, the professional organization of nurses in the Philippines. We worked together in a wide range

of committees like Committee on research, awards and scholarships, advocacy work, conferences, both international and national. It was during these periods that the mentoring relationship was established and blossomed into a solid partnership, which contributed much to my leadership journey.

Trust is essential for the mentoring relationship. As Stephen Covey described, *"Trust is the glue of life. It is the most important ingredient in effective communication. It's the foundational principle that holds all relationships"* (Covey, cited by Kruse in 2012) [2].

I fully trust my mentor. I seek her advice, opinions, and perspectives on important issues concerning nurses, nursing, health care, education, and beyond. Sustaining this trust is vital for our mentoring relationship. Her feedback, whether positive or negative, significantly matters to me. When she introduced me to foreign guests during one of the conferences, she commented *"She is my student and mentee and she is going to be the next National President of the Philippine Nurses Association"*. She was instrumental in having me talk about "Values in Nursing" among her constituents in the PNA chapter where she served as Governor. I was privileged and honored to be considered as a nurse who demonstrates the core values of the nursing profession. When she was not able to attend an international conference where she was invited as one of the speakers, she asked me to present her paper on her behalf. That is one ultimate evidence that she trusted me enough to ask me to do it for her. One colleague who heard my presentation remarked that I sounded already like her. To me, that was one remark that motivated me more and more to follow her leadership journey. I also got constructive criticisms from my mentor and even if sometimes I tried to rationalize, I always end up looking at the issues more objectively and seeing the wisdom of her suggestions. A mentee has to trust the mentor completely as part of leadership development.

From my perspective, the mentoring goal that I have was simply to follow her footsteps and I could never go wrong. For me, she is the epitome of what a leader should be and I wanted to be like her. I saw how she handled difficult situations, solved problems, made important decisions, took risks, negotiated with others, and many more. I found in our mentoring partnership that the core mentoring skills that should be present for both mentor and mentee include listening actively, building trust, encouraging, and identifying goals and current reality (Phillips-Jones 2003). Moreover, my mentor is so inspiring that moved me to develop the leadership skills that I have and become a mentor for others as well. The positive and corrective feedback that I received from her influenced me to always bring out the best in me as a leader. The most significant mentoring skill that I received from my mentor is her ability to open doors of opportunities for me. This paved the way for me to develop my own leadership abilities and take on various leadership roles. Indeed, research suggests that mentoring can be used to improve and enhance leadership skills among the members of an organization [3].

1.3 My Personal Perspective as Mentor

My mentoring journey has taught me new learning. I have realized that the mentor allows the mentee to reflect on one's own purpose in life and to realize that in her own way. I also learned that a mentor lends a guiding hand when needed, provides opportunities for the mentee to discover one's own strength and potential and serves as a counsellor when the occasion calls for it. Catherine McLaughlin [4] posits that for mentoring to be successful, there should be *"some comfort level, some sense of familiarity, some shared and safe space for mentoring to be sustainable."*

To borrow the words of Anthony Tjan (2017) "*…for real mentorship to succeed, there needs to be a baseline chemistry between mentor and mentee. Studies show that even the best designed mentoring programs are no substitute for a genuine inter-collegial relationship between mentor and mentee*." Further, he continues to say that the focus of leaders should go beyond competency, but focus should be on helping to shape other people's character, values, self-awareness, empa-

thy, and capacity for respect (Anthony Tjan 2017).

Since we graduated from the same university, the values we were taught made the mentoring relationship easy and enjoyable. We shared the same professional Christian values of nursing—love of God and of fellowmen, caring, competence, and commitment. These values have been our guiding principles in all our endeavors.

1.4 Self-Reflection

Our mentoring relationship has spanned over two decades. We have become friends as we shared our ideas and our plans, including our expectations and frustrations. We worked together as officers in our nursing alumni association which strengthened more our mentoring relationship.

The relationship has gone beyond professional nursing activities. In 2006, we founded a company that introduced an innovation in the way traditional nursing review classes were conducted. Together with three other former students of mine, we developed courses used as a review of graduate nurses planning to take the Philippine nursing licensure examinations. These courses contained review questions aimed at developing critical thinking skills of the reviewees delivered online which they found useful because the method gave them the freedom to study and review according to their availability and not bound by a fixed face-to-face in-person class schedule. My mentee was instrumental in providing relevant and useful ideas on how to run the online review program.

Now the mentee has progressed to being a mentor herself. Her passion to serve the Philippine Nurses Association has motivated her to start a Leadership Institute to train young nursing leaders. Her interest in research has continued which started when she was a graduate student doing her Master's thesis. Now she also serves as a research advisor to undergraduate and graduate students.

We continue with our relationship, but this time more as colleagues with ideas to share, projects to do, and goals to achieve.

2 Evidence-Based Practice: Nuggets of Wisdom

Leadership mentoring does not occur only in a formal setting like the academe. It can expand to activities that affect the profession. What is fundamental to start the relationship is to have a trusting and respectful relationship. Leaders are made through nurturing and loving guidance by a willing and competent mentor. Mentoring is a give-and-take relationship with the goal of allowing each of them to grow and achieve their goals. Mentoring the next generation of leaders is a way to ensure that the nursing profession will continue to grow and progress. To pave the way for young nursing leaders in the Philippine Nurses Association), the Leadership Institute was founded by the mentee as a means to develop a pool of young nursing leaders in the succession plan of PNA.

The Philippine Nurses Association Nursing Leadership Institute (PNLI) was conceptualized as an Individual Leadership Development Plan, a program submitted to the Global Nursing Leadership Institute (GNLI) Training of the International Council of Nurses as the Philippine delegate to the 2013 Global Nursing Leadership Institute Training held in 2013 in Geneva, Switzerland. This program aims to strengthen and nurture the leadership capabilities of young and key nursing leaders in moving the governance and leadership of the Association to its preferred future.

The PNLI training program is aimed at developing among participants the following outcomes: equipped to build strategic alliances within their organizations; identify their own leadership strengths and areas for improvement; acquire a deeper understanding of the challenges facing national health care; better positioned to effect

positive policy change at the local and national level; equipped with the skills needed for strategic planning and thinking; better equipped to take on higher leadership roles and positions in their region and at the national level and develop lasting national and local leadership networks with fellow program faculty and participants.

As Tom Peters [5] says in the quotation at the beginning of this paper, *"Leaders don't create followers, they create more leaders."* Mentoring the next generation of nursing leaders is an important strategy to ensure that the nursing profession will continue to flourish and contribute significantly to the improvement of health and health systems.

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Growing Dynamic Leaders Through Mentoring

Bob Dent, Rhonda Anderson, and Kit Bredimus

To be a part of something you are truly passionate about is the greatest gift you can give to others ~ and to yourself

—Rochelle Nelson-Wodarz, RN

Objectives

1. To reflect on the mentoring relationships in one's own leadership success.
2. To examine one's own leadership and how mentoring may help improve relationships and other leadership competencies.
3. To recognize best practices in leadership and how to incorporate them into your own circle of influence.
4. To share experiences with others in a mentor-mentee relationship to leave a legacy.

1 Rhonda Anderson Mentor and Mentee Narrative

Average leaders raise the bar on themselves; good leaders raise the bar for others; great leaders inspire others to raise their own bar—Orrin Woodward

Each of us, the nurse leaders, has a responsibility to continue to "raise our own bar" and not become stagnant in our knowledge and practice. We must also "give back" to our nursing profession, the healthcare industry, and ultimately to patients by offering to mentor others. The following key components of an effective mentoring relationship were identified in a qualitative study conducted by Eller and colleagues in 2013 [1]:

1. Open communication and accessibility.
2. Goals and challenges.
3. Passion and inspiration.
4. Caring personal relationship.
5. Mutual respect and trust.
6. Exchange of knowledge.
7. Independence and collaboration.
8. Role modeling.

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As I reflect on these components, I recall the outstanding mentors I've had in my student nurse days; new to clinical practice; new to leadership and now as a consultant. In each of my mentee and mentor experiences, some of the above eight components were a part of the process and relationships. Although the key components of an effective mentoring relationship, transpired almost 10 years ago, they still are very relevant and foundational to today's mentoring. As you read about my experiences, I ask you to identify which of the eight components were part of my mentor/mentee relationship [2].

All my mentors were passionate about our profession, inspirational role models and caring people. For me those characteristics were most important and my first assessment of whether our mentor/mentee relationship could work. As the quote says, "All great leaders inspire others to raise their own bar." In my first mentee relationship as a student nurse, I was inspired by Dr. Marge Beyers to stretch and reach goals in leadership as well as my clinical capabilities. I trusted her as she asked pointed questions that helped me focus on setting goals. We agreed upon a mentor/mentee process of goal setting; specific meeting times; and information sharing. I became president of my class as well as the top graduate of my class. She never told me what to do. Instead, she continued to ask pertinent questions and share her knowledge and experience which helped me self-assess and "raise my own bar." I learned through her mentoring to be more understanding of myself. I also learned how to encourage, mentor, and support others in my class as they pursued their goals. As I transitioned from a new to practice nurse, Mrs. Wetherford became my mentor. Not only was she a clinical mentor, but she helped me achieve my stretch goals and supported my career path decisions. Her mentorship helped me transition from a bedside nurse to an educator, a designer of a cardiac care unit, and a project coordinator for the nursing department. I was able to pursue and achieve my career goals with the confidence I needed to learn new skills and work in areas in which I had never explored. Both of these nurse mentors helped me as I transitioned to an Associate Chairman of Nursing position in another hospital. There I met June Werner who became my new mentor in this position. Her passion for exceptional professional nursing practice and patient care created excitement in my new professional environment and in my work. I learned how to develop a culture that inspired and excited nurses to be the best they could be. I learned to include patients in the model of care and how to inspire trust and confidence for patients and staff in every decision made by the team.

Dr. Maggie McClure supported me in a collaborative project: to develop a new model of care; Primary Nursing. I had full responsibility for the project and collaborated with a team of our staff to design, develop, and implement Primary Nursing at Evanston Hospital. I continued to hone my skills in project management and learned the importance of outcomes measurement as I had the support of my mentor throughout this work. I also learned mentors can have a formal structured relationship and/or an informal collaborative relationship. Another influential colleague was a consultant to the project, but she was also an informal mentor to me. I learned by observing, collaborating, and trusting our partnership and I "raised my own bar" because of her role modeling.

Another informal mentoring opportunity was with another colleague who studied our Primary Nursing model, retention rates, patient outcomes, nursing department culture, and leadership characteristics. She drew from her findings the elements that were the beginning of the Magnet criteria. I learned from her findings, her role modeling, and her mentoring that self-assessment, continuous learning, and personal and professional growth are to be embraced and not to be feared.

Through all these mentoring experiences, I learned that reaching out to establish a mentor/mentee relationship is an important foundation to professional growth. I also learned the importance of "giving back" by being a mentor to others.

In my years of practice, I've enjoyed mentoring students, non-nurse healthcare professionals, and nurses. I've worked with mentees through

the American College of Healthcare Executives (ACHE) and the American Organization for Nursing Leadership (AONL) formal mentorship programs. It has been a privilege to experience the joy that mentees find in "raising their own bar." We use the eight principles referenced and identify what the mentee would like to accomplish. We have a mutual agreement on meeting times and number of meetings. As we progress in our work, we reassess the goals and our mentor/mentee process. In the informal mentoring space, I find the process to be the same, but the mentor/mentee come together through networking and/or positive encounters which lead to developing a mentor/mentee relationship.

As a mentee, I found strength and courage in achieving my goals. As a mentor, I found joy as I watched the growth and amazing accomplishments of the mentees.

2 Bob Dent Mentor and Mentee Narrative

No matter what accomplishments you make, somebody helped you.—Althea Gibson.

Early in my nursing career, I was recognized for my leadership, being selected to serve as a representative of the critical care area to the professional governance councils and then as an informal leader, a patient care manager. I knew I had more to offer through my leadership to help create the environments where people could be and do their best for those who entrust their lives to us, our patients and their families. I completed the necessary education to advance into a formal nursing leadership role. Soon after my nursing leadership career began, I met Rhonda Anderson, who became my mentor.

She had a long and dynamic career as a nurse leader and very connected to the nursing profession. I became a sponge learning all I could from her leadership. One of the first things she told me as a nurse leader was that I need to be engaged in professional associations. I soon joined AONL, the American Nurses Association, and ACHE. My mentor was never too busy (a bad word in her language) to visit with me. It didn't matter the day of the week or time of day, she was always available. There were many early morning meetings to work through issues. She asked all the right questions for me to critically think through them. My mentor took the time to put me in places for increased visibility, engagement, and development [3]. She invited me to the system Chief Nursing Officer (CNO) meetings and asked me to represent our hospital on system initiatives.

The opportunity came for me to advance to a CNO role in another state. My mentor helped me through the process and supported my move to another hospital. For years, she has been there to guide me and even continuing to push me towards opportunities to disseminate my experiences, knowledge, skills, and engagement in many different professional associations. I do not believe I would be where I am today without the guidance and mentoring she had given me in my early years of nursing leadership development and our ongoing relationship. She is truly an outstanding person and nurse leader who has left a marvelous legacy.

As my mentor, she shared her wisdom; I have in turn taken the opportunity to mentor many others throughout my career, including Kit Bredimus.

3 Kit Bredimus Mentor and Mentee Narrative

Tentative efforts lead to tentative outcomes. Therefore, give yourself fully to your endeavors. Decide to construct your character through excellent actions and determine to pay the price of a worthy goal. The trials you encounter will introduce you to your strengths. Remain steadfast…and one day you will build something that endures: something worthy of your potential.—Epictetus

When I think about the role mentoring has played in my development, I can't help but reflect on how fortunate I was to find a mentor who truly helped shape not only my career, but my life as well. I did not intend to go into leadership; in fact, it was the only path I knew I did not want to pursue coming out of nursing school. I found my passion for nursing leadership after my mentor recognized my potential and helped me see what

I could be capable of. I consider myself lucky enough to move into a director position and work for one of the preeminent nurse leaders in the country, Dr. Bob Dent. As a new leader, I was intimidated by my mentor's national status and his expansive knowledge. When I accepted the Emergency Services Director role, I felt overwhelmed as a young nurse coming from a front-line staff nurse position and I knew I would need additional support to become an effective leader [4]. I had no formal leadership positions prior to my role and the jump to director level was a steep learning curve. I asked my CNO, Bob, if he would help mentor me outside of our employee-employer dynamic. He accepted, and we entered into a one-year formal agreement that went on to be so much more enriching. During that formative year, he taught me how to think about solutions to complex problems and push beyond my narrow focus. While the primary goal of mentoring was career development, my mentor soon helped me understand that professional advancement and personal growth work synergistically and shouldn't be compartmentalized [5].

I learned from my mentor how to identify my core values and incorporate them into everything I do. This guidance, along with my mentor's willingness to let me try new things within my division and our "proceed until apprehended" philosophy, allowed me to flourish as a leader. New and emerging leaders can be anxious of making changes in their work environment for fear of failure. "Proceed until apprehended" is an empowering mindset that encourages leaders to try new ideas recognizing that failure is a learning opportunity that leads to future success. This supporting culture helped me to be innovative because I knew that should my ideas not be successful, I had the ability to learn from the experience and apply that knowledge to a new idea without being chastised or ashamed. I also modeled this with my leaders and staff within the ED, allowing them to make changes and decisions without having to ask for permission first and creating a safe environment to discuss successes and failures. Within my department, I created programs that vastly improved communication and engagement among staff and leadership, improved patient satisfaction from the 10th percentile to the 90th percentile, and started publishing and presenting our success on the state and national levels.

As our formal mentorship agreement came to an end, my mentor challenged me to think about my future and where I wanted to be in the next 10 years. Not being fully confident in my current role, I struggled to think about what would be the next step for me. After some reflection, I told my mentor that I aspired to be a CNO, and specifically, to succeed him as the CNO in our organization. To be the CNO at my hometown hospital had become my dream job and career ambition. My mentor was entirely supportive and also helped several other leaders prepare to step into the executive role. I recall asking my mentor his thoughts on developing a leader to advance their career, knowing they may have to pursue opportunities at another organization. My mentor taught me that professional development and mentorship go beyond the organizational boundaries to the entire profession. Preparing a nurse leader not only impacts their current organization, but the nursing profession benefits from having a well-prepared leader mentor the next generation of nurses [6, 7].

It's hard to articulate all the ways in which this mentorship relationship has shaped my life. My mentor challenged me to pursue growth in professional development as well as a more balanced life. Following my mentor's personal example, I took control of my health and happiness. I committed to a healthier lifestyle so that I could be a better father and husband, losing 150 pounds in the process. With his guidance, I went back to school and achieved my doctorate and attained multiple board certifications and fellowship. Through my mentor's coaching, I became a transformational leader for my team encouraging creativity, inspiring passion for the department's goals and motivating others to grow both personally and professionally [8]. I went on to receive national recognition as an emerging leader and present my team's amazing results through conferences, posters, and publications. My mentor taught me the importance of professional organization involvement, leading me to pursue volun-

teer and elected roles in various leadership organizations. He emphasized preparation and being ready to seize an opportunity even though you may not think you are ready. Following your intuition and trusting in your abilities can help you move past the status quo and into constructive territory. My mentor impressed on me that the role of the leader is to adapt quickly and model the positive way forward in the face of failure. My mentor demonstrated that personal development is never-ending and constantly evolving. Through some of our candid conversations, he helped me to understand that promoting a specific value or idea does not mean that you have mastery over it, but rather, recognize the importance and strive to achieve it.

Most importantly, my mentor enlightened me on the value of investing in people. If you devote the time and effort to coach and mentor someone, it will benefit not only the mentee, but countless others whom they interact with throughout their career. My mentor and I did a video interview several years ago about the role of a mentor. During the conversation, he talked about leaving a legacy. It was impactful because it helped me to understand that I have a responsibility to share my knowledge and experiences with emerging leaders. He shared how he was impacted by his mentor, Rhonda, who I would be fortunate enough to meet years later. When I first started in my role, I was a student trying to soak up as much information as possible. As I worked with my mentor, he showed me that I have knowledge and skills that could help benefit others, even early on in my career. Using what I have learned from my mentor and my own lived experiences, I now serve as a mentor to other early careerists. I enjoy assisting new and emerging leaders in navigating their leadership development as I continue to grow myself.

Five years after our mentor-mentee relationship started, I accepted the CNO position in my organization that my mentor had vacated when he left to pursue a new opportunity. Though I was saddened at the loss of an incredible leader and friend, I was excited about the opportunity to apply for the position that he had helped prepare me for. The transition emphasized the impact that my mentor had on his entire team and the tenets of his continuing legacy. Pursue your education and certifications so that you can be ready to take on new opportunities when they arrive. Be coachable and open to new ways of thinking, seeking out new perspectives through networking and reading. Model the way, being transparent in your leadership journey and helping others find their path. Finally, knowing that things will always change and be ready to adapt. As my mentor has moved on, so must I. I am growing and learning in my new role and keeping in contact with my mentor as he continues to help me in my journey. I cherish our friendship and am genuinely thankful for everything he has helped me to accomplish. Like many others, I would not be where I am today if it were not for my mentor Bob Dent.

4 Reflection on the Mentor, Mentee Relationships

Throughout our careers as nurses and nurse leaders, the authors have reflected many times on the importance of nursing leadership. Nursing leadership is paramount for many reasons, including creating a safe workplace environment where nurses can be and perform at their best to provide an excellent patient experience of care. Each of the authors has been blessed with great mentors along our journeys as nursing leaders. Each of us has faced unique and significant challenges as a nurse leader as well. Through these relationships and challenges, we have gained knowledge and experiences as nurses and nurse leaders that have shaped and helped define our leadership philosophies, guiding how we choose to respond to people and situations.

We openly share our leadership philosophies with our teams and mentor those along their journeys. As you take time to reflect on your own leadership journey and philosophy that clearly defines who you are as a nurse and nurse leader, consider how you will pass on what you learn to others, thus creating a legacy. John Maxwell [9] states, “I believe the greatest legacy a leader can leave is having developed other leaders. Develop

them as widely and as deeply as you can. If you want to leave a legacy, invest in people, and encourage those you develop to pass on everything they learn from you to others who will do the same. People are what matter in this world".

5 Best Practices, Evidence-Based Practice

There are many leadership concepts and principles that may guide leaders in their own development. Mentoring can take on a more formal or an informal approach. One approach is to have a mentoring agreement (Exhibit 1) to provide boundaries and responsibilities for the mentor and mentee in the relationship. As a mentee, you may have more than one mentor throughout your career depending on your needs and development. Some mentors may be short-term and others develop into long-term relationships. You may recognize that some mentor-mentee relationships do not work. For example, personality conflicts, time constraints, leadership philosophy, communication styles, and others may be some reasons. Here, we have identified a few best practices that have resonated with us over the years as we developed our own successful leadership styles and in mentoring others.

One of the most important of the American Organization for Nursing Leadership [10] nurse leader competencies is relationship management (Exhibit 2), also known as the art of leading the people (Exhibit 3). In *The Leadership Challenge* [4], Kouzes and Posner share five common practices of exemplary leadership. These practices may be easily referred to as MICE-heart: "**M**odel the way;" "**I**nspire a shared vision;" "**C**hallenge the process;" "**E**nable others to act;" and, "Encourage the **heart**." These effective practices can be applied to the mentor-mentee meetings for improved communication and relationship management.

As a new leader, it will take time to develop yourself as an expert in the field. Most nursing certifications allow an individual to test their knowledge and skill after they have had at least 2 years of experience and many hours of continuing education. Malcolm Gladwell, in his book *Outliers* [11], discussed the 10,000-hour rule. The conceptual rule is that it takes 10,000 h of intensive practice to achieve mastery of a skill. For a full-time person working approximately 2000 h per year, it would take up to 5 years to achieve mastery. A variable in this rule [12], according to Anders Ericsson, a professor of psychology at Florida State University, is a teacher (or mentor) who showed them just what to focus on at key moments in their practice. Therefore, while a new leader should give themselves grace, recognizing it could take several years to gain mastery; having a mentor to assist along their journey may help them develop knowledge and skills quicker.

As a mentee, whether you have sought out a mentor or have been identified by a mentor who is wanting to coach you, it is imperative that you actively engage in the learning process. The mentee has a responsibility to act on the information and direction the mentor is providing and go beyond just seeking advice. A mentoring relationship will most likely not succeed if there is no structure or attempts at progress made towards some goals. A mentor is giving valuable time to invest in your career, so mentees can honor their mentor's commitment by coming prepared to learn and apply instruction. While each relationship is unique, the general role of the mentee is to seek guidance and develop a career plan that your mentor will help to support along the way. This support includes advice, coaching, and providing opportunities for you to learn and lead. Start with your own assessment of skills and opportunities through self-reflection and assessment. Mentees need to cultivate a practice of self-reflection and emotional intelligence that will make mentoring sessions more productive. The mentee will have to work in between check-ins to apply what is being learned and practice the skills or techniques passed down by the mentor. It is very enriching to hear the pearls of wisdom from some of the great leaders in the profession, but without action on the part of the mentee, the lessons are wasted in intention. Mentors also benefit from hearing new leaders' perspectives and understanding the challenges of an emerging leader. Fostering the next

This agreement between _____ as Mentor, and _____, Mentee will include 45-minute mentoring sessions at least monthly, or as determined by mutual agreement. There may be additional brief sessions or email/text/phone exchanges as the Mentor and Mentee deem necessary. The Mentor and Mentee will evaluate progress and whether to continue sessions at the last scheduled session in _____(date). This agreement may be extended or terminated by mutual agreement.

The Mentoring process can be a powerful, comprehensive process for personal development and transformation, as designed jointly with the Mentee. Mentoring may address specific personal projects, work successes or general conditions in the Mentee's life as they choose.

CONFIDENTIALITY: As a matter of ethics, the Mentor has the responsibility to maintain strict confidentiality about ALL personal information shared by the Mentee. The only exception is when the Mentee shares information that gives the Mentor reasonable cause to believe there are threats to the organization, patient safety or others.

I, as Mentor, promise the following:

1) **All information discussed or provided during sessions will be kept strictly confidential with the exception noted above.**
2) Communication will be honest and straightforward, including, asking questions and making requests.
3) My role will be to serve as a partner and champion for your success as Mentee.
4) An approach will be used that is in support of wholeness and balance, and where you, as Mentee are assumed to have the answers and be accountable for yourself.
5) I will notify you in advance if an unavoidable conflict arises so we can reschedule.
6) My Mentoring role will be to ensure that the purpose of our interaction is to keep you the Mentee on purpose and aligned with your intentions and to support you in realizing your intentions. I may be described as a "thinking partner" who empowers you to achieve your described goals.

You, as Mentee, are requested to do the following as we begin our Mentoring relationship:

1) Be honest. My job is to support you in those actions **YOU** have chosen for yourself. Please use me as a safe place to look at what stops you from being in action.
2) Make all appointments on time, or call/text at least the day before to reschedule if an unavoidable conflict arises for you. You are responsible for scheduling the mentoring sessions and establishing an agenda for each Mentoring session.
3) Sometimes I may ask questions which may seem too probing. Think about this right now, and decide if you can give me full permission to be bold and forthright in all our interactions.
4) Tell me what works and what doesn't work in having someone support you.
5) Affirm that you are fully responsible for the choices and decisions in your life/career. You are responsible for making a commitment to achieving goals.
6) Reflect right now to confirm whether you are absolutely certain you are ready to begin taking new opportunities and making new choices so changes in your life/career can happen **NOW**.

Our signatures on this agreement demonstrate the intent to fulfill the intentions and requests above, and reflect a complete understanding of the Mentoring process. As a Mentee, I understand and agree that I am fully responsible for my well-being during my Mentoring sessions, including my choices and decisions.

Exhibit 1 Example: Mentoring Agreement

Exhibit 2 American Organization for Nursing Leadership (AONL) Nurse Leader Competencies



Exhibit 3 AONL Nurse Manager Competencies



generation of leaders requires patience and wisdom to know when and how to press an emerging leader into a growth opportunity.

Stephen R. Covey in his book, *The 7 Habits of Highly Effective People* [13], shared these timeless principles focused on fairness, integrity, honesty, and human dignity. He taught the importance of trust with the "emotional bank account," a metaphor describing "the amount of trust that's built up in a relationship." As you assess your relationships, do you have a credit in your emotional bank account? Or, are you in debt? Building and maintaining trust in each of your relationships is extremely important. This includes the mentor-mentee relationship.

There are three essential elements in a culture of ownership, discussed by Joe Tye and Bob Dent in *Building a Culture of Ownership in Healthcare* [14]. The first essential element is to *be emotionally positive*. We must be engaged and intentional in establishing behaviors and attitudes of respect and civility for each other. The second essential element is to *be self-empowered*. Create a "proceed until apprehended" environment where you and your people can do the right things at the right time. In these environments, success is applauded as well as courageous failures. Nothing becomes a failure if we will learn and teach from these experiences. Self-empowerment allows for more open and transparent communication between frontline employees and leadership. Policies, procedures, and other strategies can be safely challenged and allows others to take the initiative to act and make a difference in self-empowered organizations. The third essential element is to *be fully engaged*. Leaders need to be highly *visible and accessible* to develop strong relationships with employees. Open and honest communication from leaders fosters trust and is one of the most important factors to increased engagement [15]. Leaders must take time to regularly recognize the contributions of individuals and teams through formal and informal means. You may ask yourself, is your leadership creating a culture shaped by holding feet to the fire (accountability), or is it by inspiring people to want to walk across hot coals (ownership)? You may discuss ways with your mentor on how to shift your leadership to more ownership.

Management is a job description; leadership is a life decision. A leader is someone who influences and inspires others through the example of his or her values in action. In today's dynamic and turbulent healthcare environment, we need leadership in every corner, not just in the corner office. *The Heart of a Nurse Leader: Values-Based Leadership for Healthcare Organizations* [16] is both a celebration of the nursing calling and a practical guide to being a better nurse leader. Bob Dent and Joe Tye share values-based life and leadership strategies that every nurse leader needs to know and practice. They will challenge you to be the nurse leader who leads from the heart and who inspires others to see themselves as leaders no matter what their job title happens to be. The Twelve Core Action Values (Exhibit 4) can be transformative to people who make a personal commitment to practicing these values-based life and leadership skills.

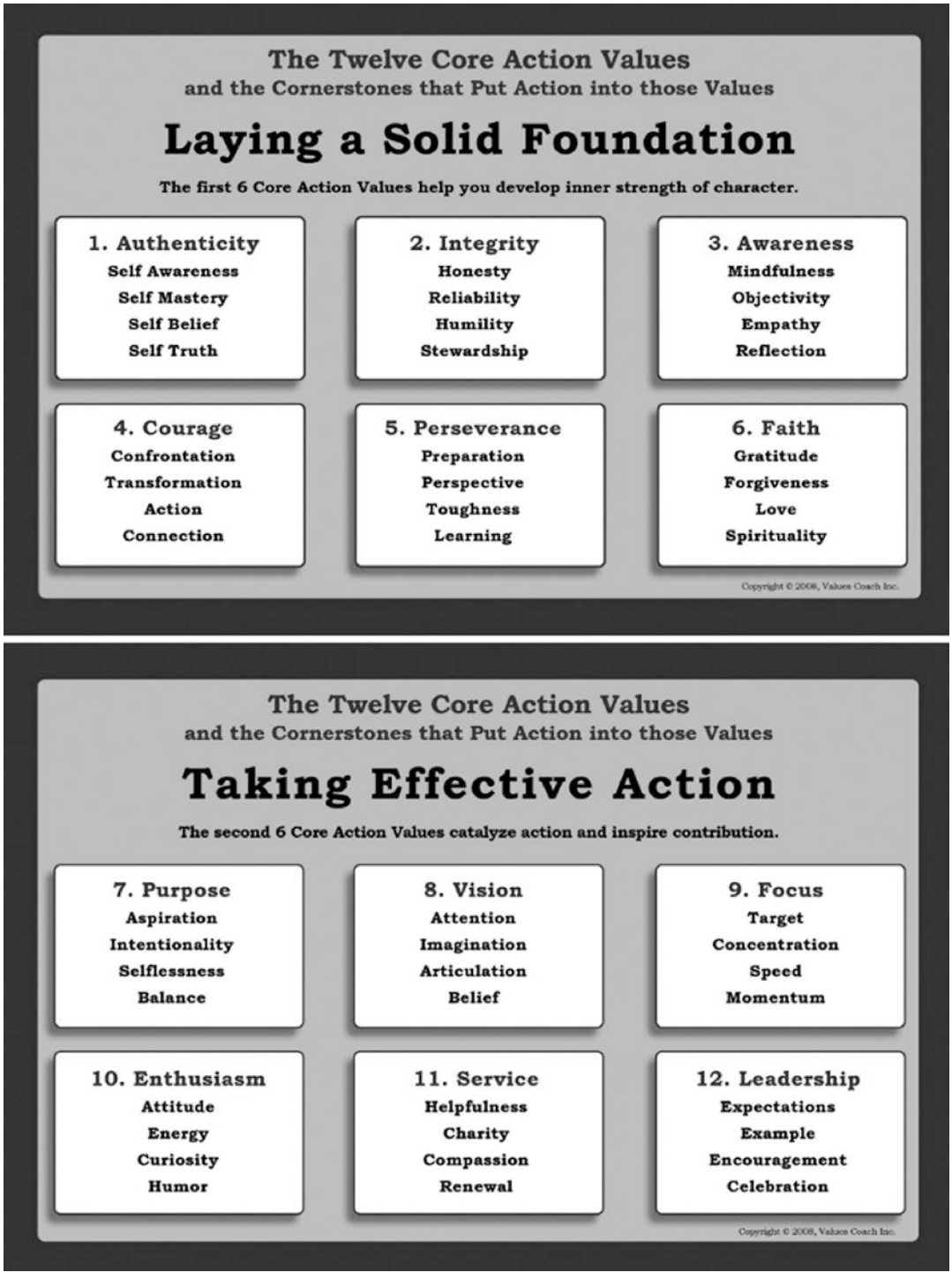


Exhibit 4 The Twelve Core Action Values

6 Conclusion

It is important to grow dynamic leaders through mentoring. In mentoring relationships, both the mentee and mentor benefit as they learn and develop in tandem. Leadership is a lifelong learning process and having strong mentoring relationships is essential. Each leader has unique experiences that shape their passions and leadership styles. As a nurse leader, no matter where you are on your career journey, career planning is key to progressing an individual and organization to success. Leave a legacy by giving to others. It will be a great gift to them and to yourself.

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A Unique Partnership: Evaluating a Mentee-Mentor Relationship over Two Decades

Mary Cathryn Sitterding and Marion E. Broome

Let us never consider ourselves finished, nurses. We must be learning all of our lives.

— Florence Nightingale

Your profession is not what brings home your paycheck. Your profession is what you were put on Earth to do with such passion and such intensity that it becomes spiritual in calling.

— Vincent van Gogh

Objectives

1. Describe the three phases of a mentor-mentee relationship.
2. Identify outcomes of a successful mentee-mentor relationship to include individual job satisfaction, professional development, and quantifiable impact.

1 Introduction

Various reports of mentorship emphasize one specific time period in the mentee's career. In this chapter we describe a two-decades-long relationship that illustrates how the mentee and mentor relationship evolves over time, highlighting the mutual benefits to both. In one study undertaken in the commercial real estate industry [1], both mentors and mentees describe how important evolution of the relationship was to both, as new opportunities and challenges arose for the mentee. Broome and Gilbert [2] describe leadership as a life-long journey sustained and expanded by a variety of mentors throughout. The purpose of this chapter is to describe the evolution of a mentee-mentor relationship that spanned 20 years, across four different health systems and two academic health systems in which the mentee and mentor worked. This narrative describes a 20-year *mentor-mentee* relationship between a mentor, Dr. Marion E. Broome (MEB), and her

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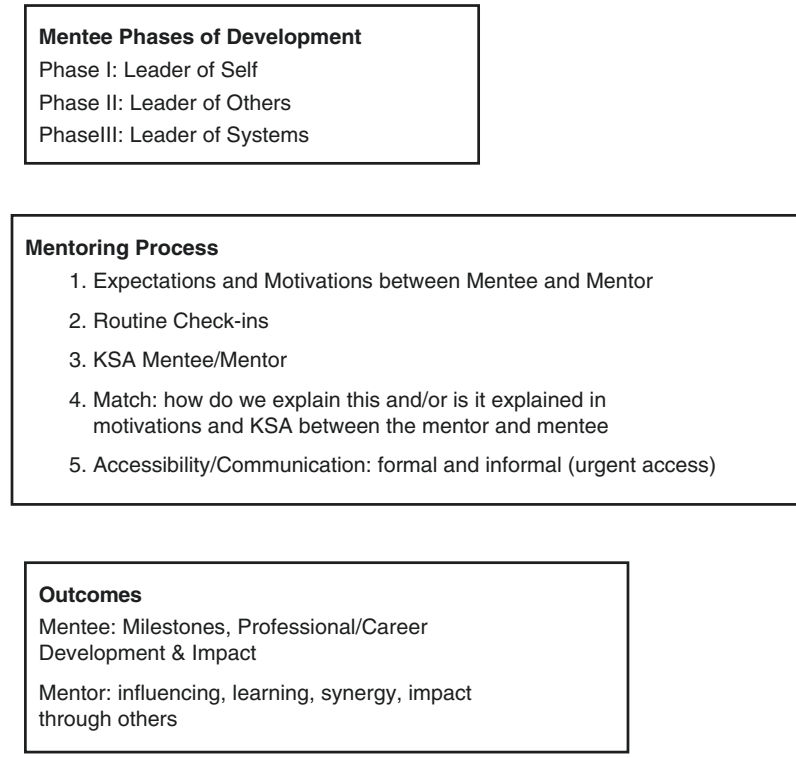


Fig. 1 Mentor–Mentee Narrative

mentee, Dr. Mary Cathryn Sitterding (MCS). Meaningful mentoring interactions and episodes *over time* resulted in three phases of leadership development including leader of self, leader of others, and leader of systems (see Fig. 1).

1.1 Mentee

Each mentoring phase left MCS with boosts of energy because of MEB's commitment to provide wisdom and consideration, a sense of worth as result of MEB's commitment, clarity about considerations for next steps influencing MCS decision-making, and movement quite literally demonstrated through career advancement over the course of 20 years. MEB shared her personal examples that modeled not only vulnerability and humility, but the idea that risk is not a single event. She taught me about the dangers of binary thinking. She taught me about how to make decisions aiming to reduce my own hindsight bias. She taught me about the impact of self-awareness and understanding my own myths that negatively influence my learning and growth.

1.2 Mentor

A long-term relationship like this begins simply—and builds over time through mutual respect and value. Early on, when I observed how MCS collaborated with nurses in a health system, I admired her remarkable ability to encourage, support, and stretch others. That continues to this day. I also was clear in my mind how much more powerful her influence would be once she completed her PhD. The questions she asked were grounded in safety and quality practice and her insights into the phenomenon of conscious awareness on the part of nurses were amazing—I learned so much about the actual deep work of thinking nurses must engage in.

Developmental Trajectory: Although we describe three different phases of leadership development, it is important to note my (MCS)

career was very nonlinear. That is, I had many opportunities to gain experience in distinct roles as a nurse collaborating with different people. My current role as an executive within one of the largest healthcare systems in the United States requires that I am radically present for others and is dependent upon my emotional intelligence and self-regulation. It is work and I pull on all my previous experience and emotional energy most days to do what I must do. During our relationship, my mentor, MEB, modeled and mentored self-care and best self through emotional, physical, spiritual, and intellectual habits that I have since adopted. My leadership growth and wisdom emerged as a result of insightful conversation we are referring to as "mentoring moments" or episodes that could be described as a regularly scheduled meeting and/or an impromptu phone call. Mentoring attributes, structures, and processes that supported our relationship over time included: (1) the match, (2) expectations and motivations between MCS (mentee) and MEB (mentor), (3) knowledge, skills, and experiences between MEB (mentor) and MCS (mentee); (4) routine check-ins; (5) accessibility; and (6) supportive communication structure and style. Figure 1 describes the professional development journey reflecting the mentee/ mentor relationship and various mentoring moments and episodes.

2 Phase I: Leader of Self

Mentee: MEB taught me to recognize and eliminate the imposter syndrome and/or that I was absent, an internal sense of my own success, frequently doubting myself—common among women. My perception was I was not smart enough to imagine what MEB suggested I could achieve. I did not belong. Emerging self-awareness revealed my dominant traits were driver, expressive, learner, achiever, and connector. As described, my dominant traits would influence my development including, but not limited to, how I learned to self-regulate dominant traits that could negatively influence my leader of self-competency. I learned the significance of mindset through mentoring moments. MEB taught me to frame and reframe my thinking along with the difference between fixed and growth mindset. Because I left every interaction energized, valued, and committed through clarity, she was the catalyst that enabled me to flourish through a growth mindset. Development opportunities were consistent because of my emerging competency to be still, listen, reflect, and reframe. Mentoring moments were often in the form of a call. One seminal moment was a call that influenced my decision to pursue my PhD. I recall the exact location where I was standing. It was a brief conversation. She showed up. She made time. She was radically present for me. She believed in me. It was a 15-min call that changed my life.

There were numerous landmark mentoring moments including the call in 2008 when MEB shared that her professional practice colleague (someone I admired from afar) was "looking for" me. It was at this time I transitioned from a leadership role in a wonderful community hospital serving 400 nurses to a 3-hospital system including a large tertiary care hospital, academic adult hospital, and pediatric hospital. I had marginal experience serving in a multi-hospital system. Leader of others competencies initiated within the community hospital were now imperative.

Mentor: My colleague, Dr. Linda Everett, was the Chief Nurse Executive of a large health system in the Midwest region of the US and had just relocated to that position. As she talked about the kind of individual she was looking for, someone who was highly organized, could engage with and inspire nurses at the bedside related to evidence-based practice, and oversee the professional practice model and Magnet Recognition program, MCS came immediately to my mind. I had watched her working with CNS and clinical nurses at a regional community hospital known for its excellence in practice. I had no doubt she was the person for the position, but also knew I would have to describe clearly to MCS why she was that person and provide examples of what qualities and skills I had observed over the past

year; That is, to build her confidence and pledge to be there if she needed coaching over time.

3 Phase II: Leader of Others

Mentee: Self-efficacy, system strategic thinking, planning and execution, external internal and external networking, and change leadership were critical leader development opportunities necessary for me to influence and impact 4000 nurses with no line authority. My system Chief Nurse Executive (CNE) and MEB (Dean of the School of Nursing) led the development and implementation of an academic-practice partnership. I was invited to co-lead with them at this key decision-making table. The system expanded from three to eighteen hospitals. I was now serving an 18-hospital system while completing doctoral studies. Mentoring episodes and moments resulted in an expanded leader of other competencies, while simultaneously expanding on my individual academic development, resulting in numerous publications within years that would later be recognized as contributions not only to my system, but to the profession. The imposter syndrome I had experienced in the past would visit throughout the journey triggering planned and unplanned mentoring moments including one particular call following my email to her sharing that I would be canceling my doctoral defense. In short, I did not cancel!

MEB taught me about mentoring women. We talked about our daughters (roughly the same age) frequently. My daughter observed the near 20-year relationship. My daughter through these observations and her personal and professional development would complete graduate education with three majors and serve the intelligence community in DC—who sought MEB out at graduation. "Are you Marion? Can I hug you?" Again, the Dean for the largest nursing school in the country showed up—radically present. Completing doctoral studies in patient safety and organizational leadership coupled with emerging national recognition for expertise in safety would position me to serve a ranked pediatric hospital where evolving leader of self-competencies would be necessary, not only to deepen my research competencies, but leader of others competencies as - for the first time—I would be providing leadership for scientists who were far more accomplished with research and extramural funding than I. The result in my last year in that particular role in that particular organization included 24 extramural awards totaling $3.8M, 57 peer-reviewed publications, and a successfully defended endowment for a scientific director of research as described in the table.

MEB modeled and mentored how to inspire, challenge, and care as I transitioned from leader of self to leader of others. I learned how to show that I cared about my team at a personal level and that if I genuinely cared about my team, I would bring my whole self, not just my title or "business self" rushing to meet with them in a long line of back-to-back meetings. We had mentoring moments resulting in my swift resolve and confidence to terminate a colleague otherwise described as a high revenue-producer for discriminatory behavior long before the "Me too" movement, regardless of the consequences to me professionally. As a result, I still receive correspondence from exceptionally high-performing colleagues recalling the experience and thanking me for advocacy that had not otherwise been experienced. It was during this time that I was coaching, mentoring, and developing others as well. She taught me how to be curious, to ask better questions.

Mentor: It was during this phase of our relationship that I felt Mary was mentoring me by asking insightful questions that stretched me and required I move from giving advice based on my professional experience to one of using my intuition as a coach to ask her additional empowering questions. She knew what needed to be done in her situation—I could validate, acknowledge, and help her expand her alternatives, but she knew.

4 Phase III: Leader of Systems

Mentee: MEB modeled and mentored me on transitions. I have experienced more than a few during my 38-year career in nursing. She taught me not to be abrupt or linger with role and organizational transitions and to be mindful about mentally detaching before you leave, as I would risk minimizing the impact that I had on the role, department, or system. She demonstrated and mentored the significance of staying present in those last moments because how one exits lingers with others. I observed her transition from Indiana University to Duke University as Dean. She modeled that transitions were about setting the team up for success, making the transition easier for the team I was leaving. Our mentoring moments resulted in expanding my understanding of complex adaptive systems. Whether I instigated improvement priorities within a department or facility or a few hospitals, the leadership principles were similar.

Mentor: This is our current phase of development which I would characterize as a reciprocal mentor-mentee relationship. I leave our conversations with lots to think about—again to be able to provide some "food for thought" alternatives, to ask additional empowering questions, and to simply share observations and impressions about whatever challenge has arisen.

5 Self-Reflection

5.1 Mentee

She—this relationship—has blessed my professional path far beyond my imagination. Her authentic and radical presence fueled my passion to exceed mutually agreed upon expectations of what was possible. She—this relationship—taught me how to lean in and listen closely so that I could quiet my voice, quiet my self-judgment, and quiet the typical way I tell my story to myself. She taught me how to shift from a focus on problems to possibilities—what is possible and how do we create it. Her generosity of spirit, time, and expertise inspired me to do the same with others. I have been observing a phenom model—it is my turn to give back.

5.2 Mentor

Mentoring Mary has always been a bit like trying to capture a spirit full of commitment, passion, and intense energy that I could at best guide by asking questions when I thought she was not seeing her gifts and strengths. And provide some alternative ways to look at dilemmas she was presented with based on my experience. One reason this relationship worked so well for so long was our similar energy levels. We worked in different sectors in nursing and yet both of us valued what the other had to offer. We were both highly organized, meeting expectations of the other and respecting time. We both set individual goals for self and shared what those were. This, I believe, is important, so each individual benefits from the relationship and grows in what it is they did not expect. Every mentor should want their mentee to grow into an influencer and leader of others—there is no greater satisfaction to see one's mentor, now colleague, be viewed by other nurses as a mentor and model as whom they want to be like. This is what happened to me because of this relationship and has been an invaluable part of my journey as a nurse leader.

6 Best Practices

6.1 Phase 1

The primary skill developed in Phase 1 by the mentee was an increase in self-efficiency, confidence, and belief in herself. Turner-Moffatt [3] discusses the importance of mentoring in building the confidence of women engineers in the workplace. This confidence is the result of having the guidance and support of another woman who can help the mentee anticipate challenges as well

as strategies to address those. The role of the mentor then is to support the mentee to approach challenging situations using evidence-based strategies such as coaching, anticipating upcoming challenges, and outlining potentially effective strategies to meet the mentees goals.

6.2 Phase 2

In the second phase, the mentee expanded and deepened her understanding and action of self as an 'authentic leader'. The authentic leader builds on the earlier foundation through the mentor-mentee relationship to develop relationships with followers in their current organization. The authentic leader is optimistic and hopeful and inspires others when they see and feel those behaviors [4] in their leader. The authentic leader uses knowledge from those relationships to speak for those in their organization and continually aspires to improve the outcomes for patients and families through their teams' performance. During this phase, the mentor identifies and reinforces effective transformation behaviors the mentee is exhibiting, as well as less effective approaches that do not advance the mentee's leadership goals and/or the followers' needs.

6.3 Phase 3

Contemporary healthcare environments are complex and challenging for leaders to navigate. These larger health systems require nurse leaders to continually evolve their ability to influence across generations, disciplines, and settings, including settings outside of healthcare such as policy [5]. During Phase 3, this mentee used her leadership, along with her knowledge and skills, to wield influence over programs and initiatives designed to improve care and the development of nurses within and across health systems. Influential leaders use the skills of power and position judiciously and always to improve the lives of others, across settings interacting with other professionals. These can be challenging situations and ones in which the long-standing mentor can be called upon to provide guidance. The role of the mentor is to "think with" the mentee about how to approach challenges by asking empowering questions that help the mentee to develop their own solutions.

Outcomes for the Mentor are rarely described in the literature. Mentoring is a very satisfying experience. Professional job satisfaction, one important outcome for a mentor, arises from being able to assist a less experienced individual to identify their strengths, goals, and aspirations and to achieve them. In addition to these positive opportunities for growth, the mentor must support the mentee when disappointed, help to reframe less than optimal outcomes, and help them to "pick up and dust off" and move forward. Additionally, another important outcome for this mentor (MEB) was having the opportunity to stay "close to practice" while leading in academe, learning about new and exciting ideas, and being engaged in shaping with the mentee new projects (a book, this chapter, etc.) that would not only influence care delivery, but the mentee's professional skill base. Finally, the friendship that transcends the professional relationship was also a plus as the mentee became a colleague and mentor in turn.

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Mentoring in Leadership: Out of Africa

Ged Williams and Ntogwiachu Daniel Kobuh

It always seems impossible until it's done

—Nelson Mandela

Objectives

1. Finding and sharing inspiration—a personal journey of discovery.
2. Building a friendship and a team of friends.
3. Emotional intelligence and resilience during difficult times.
4. Self-discovery—things we learn about ourselves through a mentor.

1 Introduction

In 2013, I (Ged) was planning to attend the World Congress of Critical Care in Durban, South Africa. Some months prior, I received an email from the President of the Cameroon Association of Critical Care Nurses (CACCN), Mr. Ntogwiachu Daniel Kobuh, requesting I attend their first international conference in Bamenda, the capital of the Northwest region of the country.

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I was able to do this immediately prior to my congress attendance in Durban.

Arriving in Douala late one winter evening, my guests greeted me briefly at the airport surrounded by heavy rain and mud. I was taken to a small apartment where I slept the night. Up early the next morning, I was greeted by Daniel and we had a very simple bread breakfast with coffee and again off into the rain and mud to find the bus that would take me to Bamenda. The seating was oversubscribed, and we sat very tightly (pre-COVID!), a number of women carried children on their laps. The eight hour drive along some harrowing dirt roads saw us have a number of impromptu stops along the way whereby the driver would yell to the passengers—'Men to the right, ladies to the left, no looking'…. to which there was a nervous but generous giggle!

This was my introduction to Cameroon and to where my new future mentee, Daniel, would orientate me to the ways of his community and their needs [1].

With adult children now fending for themselves and having their own families, Ged and his wife Suzanne moved to Abu Dhabi from 2014–2020 and so Daniel has known and visited Ged in two very wealthy and different communities dur-

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Table 1 Facts and Statistics relating to Cameroon, Australia, and United Arab Emirates (CIA, 2022) [2]

Characteristic	Cameroon	Australia	United Arab Emirates
Continent/region	Africa	Australia	Middle East
World Bank rating	Low income	High income	High income
Area (Sq. km)	475,440	7,741,000	83,600
Population	29.3 M	26.1 M	9.916 M
Age 0–14	42.34%	18.72%	14.45%
Age over 65	3.1%	15.88%	1.9%
Birth rate (per 1000 pop.)	35.5	12.3	10.81
Death rate (per 1000 pop.)	7.73	6.77	1.56
Net migration (per 1000 pop.)	−0.31	6.93	−3.45
Maternal mortality (per 100,000 live births)	529	6	3
Infant mortality (per 1000 live births)	48.73	3.01	5.14
Life expectancy (years)	63.27	83.09	79.56
Fertility (children born per woman)	4.55	1.73	1.64
Health expenditure (% of GDP)	3.6%	9.9%	4.3%
Physician density (per 1000 pop.)	0.09	3.68	2.53
Hospital bed density (per 1000 pop.)	1.3	3.8	1.4
HIV/AIDS prevalence	3%	0.1%	0.1%
HIV/AIDS (death/year)	14,000	<100	<100
Adult obesity	11%	29%	31.7
Children under weight < 5 yo	11%	N.A	N.A
Literacy (read over age of 15)	77%	99%	97.6
Real GDP	$94.94 B	$1251 B	$656 B
Real GDP per capita	$3600	$48,700	$67,100
Pop. Below the poverty line	37.5%	N.A	19.5%
Internet users (% of pop.)	36.5%	91%	100%

ing this relationship, while Daniel has remained in Cameroon growing his career and family within his community. Table 1 provides a comparison of the countries Ged and Daniel have lived in during their mentorship period, and these data highlight and contrast our different worlds.

2 The Mentor and Mentee Narrative

2.1 Mentors Narrative Ged

2.1.1 First Impressions Speak Volumes

It was very clear to me that Daniel was a highly respected leader within his community (See Photo). It was also clear that he and they were very religious people. The conference commenced with a prayer from one of the church elders and the whole audience were very comfortable and engaged with this ritual. As the son of Catholics and having attended Catholic schools, I am what many would refer to as a 'lapsed Catholic', but nevertheless a spiritual person who had become eclectic in my philosophies on life and the afterlife! I saw in Daniel a peace, a calmness, and a sense of purpose and drive in what he was doing with his people. It was also very clear that he wanted me to be calm and at peace with him and his colleagues…. yet a security guard in uniform was with me the whole time…. this was a region that from time to time is scourged by social and political insecurity.



Photo: Some of the CACCN members with Ged (far left) and Daniel (Left of Ged, blue shirt). First International conference of CACCN, Bamenda, Cameroon. 25–26 August 2013

During one of my talks, I noticed an elegant young lady arrived late and took her seat. She was acknowledged by many of the other nurses in the room and sat purposefully and attentively as I continued my talk. During the break, Daniel brought the young lady over to me and introduced her to me as his wife, Petrunela; they had several children, and both worked as nurses in the local hospital. Like Daniel, she also had a peace and tranquillity about her which left me in no doubt they seemed a good couple!

Although one should never judge a book by its cover, it is human nature to be influenced by first impressions. Daniel and Petrunela had already given a good first impression. Not pretentious or shallow, on the contrary, they seemed like very sincere people with strong guiding values that were not only perceived by me, but known to their colleagues and friends. These are the qualities and attributes that led themselves to giving people such as this a good reputation in their community as well as their profession.

2.1.2 A Strong Work Ethic and a Positive Character

What also struck me about Daniel was his work ethic. He and his team had improvised to work within their means. Everything about the setup was basic but functional, the food was simple but nutritious and clean, my bed and shelter were in an old monastery, the community hall was our conference venue. I could see how difficult it was to get things done in Cameroon with limited resources. Daniel was in high demand with his colleagues; he patiently listened and understood their concerns and requests and generously guided them.

During our conversations, Daniel informed me about his personal life. Working on nurses' wages to raise a young family was difficult, trying to build a house and to make ends meet when the country also had periods of food, energy, and economic shortages, which only compounded the challenge for citizens such as Daniel and Petrunela. And yet, there was always joy and positivity in his words and in his eyes. His posi-

tivity was infectious, and this was passed on to those around him. A strong work ethic and character is essential in a leader.

2.1.3 A Strong Sense of Purpose/ Ambition

As we spoke together among friends or on our own over the coming days, Daniel shared with me his many ambitions for the CACCN and the Cameroon community. Among his many ambitions were a critical care nursing curriculum and education program, clinical and professional research activity, an African network of national critical care societies, the ability for African nurses to attend and speak at international conferences and have a table at global forums to inform and participate in dialogue to influence future directions of nursing, healthcare, and humanity globally…. these were just some of the ideas we would discuss together over those few days in Bamenda.

Daniel's ideas and ambitions were both inspiring and humbling. To my knowledge, Daniel had never been out of Africa and rarely out of Cameroon and yet he had a desire to understand, learn from, and contribute to the world! It was as though our meeting was destined so that I would bring his message and ideas to the Durban conference on his behalf… These were all ideas I had thought of and wanted for critical care nursing in Africa also, so it was inspiring to have these ideas confirmed by Daniel, and it was humbling that a young man like Daniel with much less opportunity than I could so strongly articulate his vision for himself and his people…. The question is: How do we make this vision a reality?

2.1.4 Next Steps: Mutual Respect and Support

I took a car back to Douala after a few days in Bamenda; it was no less comfortable although being all men, it meant we could manage our toilet breaks with less nervousness!

The conference in Durban was also a success and was further inspired by discussions that in the next 5 years, we will form a regional federation of critical care nurses in Africa and that nursing led research will be used to inform our strategies to further assist the African condition. Over the years, Daniel and I have used one another's knowledge, skills, and abilities to advance our respective agendas in the world of nursing. Daniel continues to advise and inspire actions such as the formation of the African Federation of Critical Care Nurses (www.africanfccn.org) [3]; Educational conferences in Africa where he has introduced me to like-minded colleagues who we continue to work with on projects surrounding sepsis, BASIC education for critical care nurses, sustainable health equity (www.sustainablehealthequity.org) [4], and the World Federation of Critical Care Nurses (WFCCN - www.wfccn.org) [5].

Daniel now travels the world speaking at conferences in Africa, Europe, Australia, and the Middle East, and via zoom, he has spoken to audience in many more conferences and countries. We have also joined research teams together to study critical care nursing across the globe and more recently we have joined a team to study the ways in which critical care nurses in low and low-middle income countries have managed COVID with limited resources and also how they manage sepsis with limited resources; in addition, we have published a number or peer-reviewed articles and now our first book chapter together!

What I have learned from Daniel:

- Having a personal and authentic philosophy or faith is an incredible advantage in leadership so that your values and responses are grounded and consistent and mostly predictable; this is particularly helpful to those who follow you.
- Integrity, authenticity, and approachability are critical personal qualities to possess in any relationship.
- First impressions are important and should not be underestimated.
- A strong work ethic and a positive character will lead to success in many endeavours; these cannot be faked.

- Mutual respect and support are the key to long and healthy mentorship partnership; notwithstanding our respective roles and differences, it is acknowledging we are equals in the partnership that gives us the most satisfaction and joy as we equally learn from each other.
- I can be inspired and humbled by a younger, financially poorer, and socially more disadvantaged person such as Daniel more so than I am from those around me with grander titles and little else!

2.2 Mentees Narrative: Daniel

2.2.1 My Mentor: My Supporter, Friend, Highly Trusted Role Model, and God Sent

I never believed I could meet a senior colleague who does not feel different from his young one until I met Prof Ged Williams. Very simple, humble, and make me feel he is black though having a different colour. Prof Ged trusted me and shared his personal experiences as well as professional experiences that inspired me. He made me feel I could even achieve more than him because am still young. He called me a hero of critical care in Africa. All these were very coaching and made me feel I have a future despite my challenges. He made me feel everything was possible and was very sensitive to my needs, even helped me with my personal needs at times. The relationship has been more of a relationship accepted by God as many natural things continue to keep us stronger together like the birth of my fifth child on Prof Ged's birthday. My son is named after Prof Ged.

2.2.2 Why I Reached out to Prof Ged?

As one of the pioneer critical care nurses trained in my country by different foreign teams, I was inspired to move critical care nursing in my country forward, but needed support which I found from no one who could help around me. After I developed the idea to bring my colleagues together to find more solutions to critical care outside the cardiac intensive care unit, I searched the world if there exists this kind of organization for critical care. Through my search, I found the founding chair of the World Federation of Critical Care Nurses (WFCCN). I wrote an email and got a response very quickly from Prof Ged Williams. The reply of Prof Ged was already an inspiration for me to get such a big Prof respond to me in very kind and loving words. Then I informed him of the critical care activities, particularly our first scientific conference in a difficult to reach region of Cameroon called Bamenda. Prof Ged promised to come to Cameroon in 2013 because of this event and to meet me and colleagues face to face, though to me it was difficult for such a great man. My invitation was of short notice, but he quickly accepted. I thought he will stay in his beautiful country and send me critical care books and guide me how to run critical care activities like what he was doing in his country. I imagined that one day Prof Ged could help us form a bigger organization; may be starting with west Africa, then in future Africa. But I could not imagine he truly had same thoughts in mind too.

2.2.3 How to Arrange Prof Ged's Visit to Bamenda? –My Expectations from the Bamenda Meeting?

Finally, Prof Ged got a visa to come to Cameroon within a short notice. I moved to the next but most difficult stage of the venture. My questions were: How does he get to Bamenda from Douala since I do not have a car nor my organization could afford to hire a private car? Where shall Prof Ged stay because neither me or my organization has money to pay bills in a good hotel? What shall Prof Ged eat during his stay as our local food may not please him.? Daniel was in trouble, but Prof Ged seemed more relaxed, dedicated, and willing to sacrifice whatever he can to meet and support me and team. So I allowed God to help me. Everyone around me felt motivated about the arrival of Prof Ged and to learn much from his great experiences. I expected to hear more from the great Prof Ged how we can sustainably maintain our dreams and move forward.

2.2.4 My Growth through our Journey and Relationship?

The journey has been that of an excellent mentorship from Prof Ged as it has made me grow professionally. Immediately after Prof Ged left Cameroon, I received the first plans from him about how I should attend the first international conference in my life. Also, my organization was accepted as a member of WFCCN. Since we met in 2013, I have the opportunity to learn and speak at many international conferenes across the world. For example, I regularly speak at international medical classes in paediatric critical care conference in Germany, Emirates critical care conference, and many other events. Through this mentorship, I now feature in many research projects with my mentor and many others in the areas of sepsis, essential emergency critical care, COVID-19…. Also, I hold many leadership positions because my mentor keeps inspiring me like pioneer secretary of Afrian Federation of Critical Care Nurses, representative at the WFCCN, education committe member of the World Federation of Paediatric Intensive and Critical Care Societies, Global Sepsis Alliance advanced nursing platform member, steering committe member of Global Sustainable Health Equity, and many other works like designing training projects in Cameroon. We organized the fifth African Federation of Critical Care Nursing conference in 2019 where Prof Ged was back to his mentee's home country to continue his kind support. The Douala conference was more exciting than that of 2013 in Bamenda and now colleagues travelled from every corner of the country and again we shared lots of fun and ideas with Prof Ged and other guest speakers from across the world. Mentorship from mentors like Prof Ged has great multiplier effect.

Now I have the confidence that I can do it and yet my mentor keep me going from stage to stage. He has made me to have career advancements that I long dreamed of. He fully supports me through my career pathway physically, mentally, financially, morally, and what not.

2.2.5 What Is Important in a Mentor?

My Mentor; An expert, Strong listener, Adviser, Facilitator, Motivator, Supporter, and Friend.

Prof Ged is a mentor with all qualities in one person and hard to fine. I needed someone who could listen to me, advise me, make me understand what I did not know, and support me achieve my objectives. Prof Ged has been more than the mentor I expected; very listening, humble, strong, experienced in solution finding, and a leader. A mentor who sacrificed time, resources, and energy to bring out skills in me that I did not know they exist.

What this mentorship relationship has allowed me to achieve?

My achievements

- I have experienced great professional development with a clear pathway shared with and supported by my mentor Prof Ged. In the next few years, I will opt for a PhD.
- I have been exposed to many different international organizations from which I have learned much and partnered with to achieve local projects, thanks to networking opportunities provided by my mentor Prof Ged.
- I now organize and run a formal training program in critical care which never existed.
- I have experienced individual growth from the encouragements my mentor gives me. I believe I can grow individually as well if I try to stay back in my country and give back to my community. Prof Ged has been too supportive of this and now I own a home, manage a big immediate family, and extended ones of about 13 dependent people. I founded local projects like health foundation and intensive care unit development ….
- Prof Ged's mentorship is like Snow-balling mentorship where what I learn from him is transferred to others through formal and informal programs.
- Big change in mind set by knowing that mentorship does not respect geographical boundaries, colour, wealth, and now am very confident that I can do it inspired by my mentor.

Next steps

- Prof Ged is my role model and I would like to be like him.
- In future I hope to lead and mentor others the world over; hopefully, will be President of WFCCN one day.
- Shall grow as a professional and academic leader; should earn my PhD and professorship.
- Shall continue to give back to my community what I learnt from my mentor.
- Start the advanced critical care training by mid 2022 free of charge in partnership with experts and support from my mentor.

2.2.6 I Can Now Mentor Others

Mentorship can be like a snowball, and this is exactly what is happening now. Currently, I mentor others both in formal and informal ways. I have learned from my mentorship relationship to reach out, sacrifice, listen, advise, support, and be humble to learn from my mentees as well. This has given me the opportunity to reach out to local colleagues in clinical and academic settings. Listen to at least 30 to 50 colleagues each day and offer advice and support …. Regularly organize training programs free of charge. Pay visits to colleagues at their job sites and share with them just as my mentor does to me. I have started a formal mentorship program where locals are trained on how to mentor others and the snowballing effect keeps growing. I hope this formal mentorship program could be copied and implemented in most African countries.

My personal goals as a leader?

- Transforming critical care services and leadership in critical care in my community (and Africa at large) is a central goal in my personal life, despite the changing world and challenges.
- I will stay constructive, positive, open-minded, confident, and focused on building for the sake of my people.
- Will be more focused on building stronger local and international relationships that will help me achieve my dreams.
- Stay ambitious but accept challenges when they come.
- Mentor others to get more leaders in critical care.
- My mentor remains my role model and I wish to be like him one day.

3 Self-Reflection

As a strategy to promote global sustainable health equity, there is need for equity in mentorship with focus on transferring knowledge, skills, and resources necessary for building same or similar capacities like that of Prof Ged without geographical, economic, and racial barriers. How would the world look like in 10 years if we could have one million mentors like Prof Ged?

4 Evidence-Based Practice

Evidence-based practice remains a challenge in resource-limited settings partly because of limited resources including funding for research, individual motivation, and lack of mentorship that guides mentees to generate evidence that can improve and better their practice. My mentor has helped me develop more interest towards generating evidence for quality improvement in resource-limited settings and with his support we generated evidence that can inform practice in Africa particularly. Our mentorship relationship has been a good example to be multiplied.

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Walking the Way to Leadership

Jesmond Sharples and Rodianne Micallef Cann

Leadership is the capacity to translate vision into reality.

—Warren G. Bennis [1]

Objectives

1. To identify the benefits of mentorship while walking the way to leadership.
2. To reflect upon the journey of nurturing others in leadership.

1 Mentor Narrative: Jesmond Sharples

Being in a position to lead is not a privilege but an honor to serve others. I occupied the post of Director Nursing Services and was responsible as Chief Nursing Officer for Nursing and Midwifery services in Malta between 2002 and 2016. The whole journey was a learning experience for me and those around me and who formed part of my team over the years. We had to walk together through the journey to leadership, an attribute which does not come automatically with one's appointment or a title to a post. Leadership is a process to be earned and learned. It is a process that is fostered through connection. Authentic connection requires that everyone is treated and trusted in the same manner, to have an equal voice despite the arduous task of trying to blend different ideas and the persons behind them. Because leadership is about connection, it is expected that there will be followers. If there is no connection there will be no followership, resulting in the absence of leadership. One grows in the role of a leader day after day, learning from what has been achieved and particularly from mistakes and miscalculations. The path to leadership is fraught with potholes and thus it is important for one's team to be focused, be supported, and have a clear direction. This is what I tried to achieve over the years.

2 Mentee Narrative: Rodianne Micallef Cann

Leadership has always been an essential aspect of human life as it enabled people to work together despite all their divergences. Various researchers and scholars have tried to define leadership and to identify the characteristics and

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attributes required to be a good leader. Personally, I had never planned or taught of taking leadership positions or to work so closely with top health management. I have always seen myself caring for patients and their informal caregivers, listening to their needs, and using all my energy and enthusiasm to be present in their journey. After years of accumulated experience and exposure to different health settings I came to realize that I could utilize my experience and knowledge gained through research and mostly hands on practice to guide others, to influence policy makers, to voice the needs of patients/clients, and to reinforce the values of nursing in all aspects of care. However, I still lacked the competencies, tactics, and strategic thinking needed to survive and succeed in this new world of leaders.

Upon reflection, I must admit that sometimes the best things in life happen when you least expect them. After years working in Intensive Care and Community Care, I was given the opportunity to utilize my expertise in community care and my masters' research to contribute to the development of a new service in Malta that of Discharge Liaison Services. This all started back in 2013 and here I am today still working at the Nursing Services Directorate in Malta. In this chapter I wish to take the opportunity to share my humble experience and take you through my personal and professional transformation.

2.1 Influencing Others Through Leadership

2.1.1 Mentor

Walking the way to leadership is the aphoristic theme to be discussed. The metaphor of a path symbolizes a journey to be undertaken for one to arrive at the desired destination. A journey that includes various ups and downs, disappointments, uncertainties, achievements, and satisfactions. Leadership is the art of showing people the pathway to walk on. It denotes the commencement of a journey requiring direction toward a known destination. Quite often we may have a vague idea where we need to go but really don't know how to go there or what is required to be able to make it through that pathway. Quite often, even our destination may be obfuscated and requires that such a journey is clarified through the provision of the right kind of leadership for the right situations. A leader inspires, enlightens, and supports his or her co-workers. A leader's emotional intelligence is the resource which breeds healthy and professional relationships within the team and that which sustains them in the long run. Leadership is about this healthy and positive influence of others. It requires an extra dose of self-awareness, knowing what makes you feel bad or what motivates you, your strengths and weaknesses. Managing such emotions is key to influencing others in a positive way because emotions tend to be highly "infectious."

2.1.2 Mentee

When I started working at the Nursing Services Directorate, I had no idea of what my role would entail and the vision and objectives of this department. I felt insecure and no sense of belonging; however, I was open to this new opportunity and enthusiastic to learn.

I have been fortunate enough to be taken under the wing of an experienced and genuine leader and mentor who was always present throughout all this journey. Hunt [2] stated that mentorship is a priceless experience for both the mentor and mentee where one life influences another and personal and professional growth could be achieved. Chan Master Funchan Yuan [3] alludes to three essentials to leadership being humility, clarity, and courage. Following various years working alongside my mentor I am convinced that these three qualities are fundamental and have always been mirrored in his work and advice. He always emphasized the importance of never becoming rude or self-aggrandizing but to

be humble. It is crucial to know your destination but most importantly to be able to communicate your vision clearly to others and support them in the process. Finally, one must be courageous enough to dare, to persevere and defend one's beliefs and ideals.

2.2 "If You Don't See the Book You Want on the Shelf, Write It" [4]

2.2.1 Mentor

If you are looking for a book that does not exist, then you should create one. This metaphor symbolizes the creative aspect of leadership. There are literary genres for all to cherish, and if you prefer, for example, a novel then you go to the novel section. If you can't find the novel you desire, you may opt to write one—it is a creative process. A highly satisfying process but which if not handled well may prove to be frustrating. Writing a novel is not an easy thing and requires a determination to write your way through it—knowing your destination, your characters, the story arc, and outline of the novel. You may know where you want to go but once you are on that pathway, you realize that you may have to change direction and change tact. Same goes for leadership. You need to know where you are heading your team or organization; you must know well your "characters," the ones who make up your team or teams within your organization; you have to know what's happening and to keep your ears to the ground, listening to all the details of what's being stated, observing what's happening around you.

2.2.2 Mentee

During my years at the Directorate, I had the opportunity to work on a number of projects and initiatives; however, one which I had and still have much at heart is Nursing and midwifery Specialization. In Malta, various posts of specialties have been developed through the years. However, the Health Care Professions Act (Cap 464) stipulates that to be recognized as a specialist, one needs to register with the Specialist Accreditation Committee for Nursing and Midwifery in terms of Articles 53 (2) and (4) of the Health Care Professions Act (HCPA) [5]. The specialist registers and related specialist training pathways were inexistent and therefore in the past 5 years the Nursing Services Directorate has embarked on this new venture to establish Nursing and midwifery Specialization in Malta. The primary aim was to ensure that nurses and midwifery specialists are equipped with advanced knowledge, experience, and competencies and are recognized by law.

Stroh [6] argues that managers often fail to delegate due to the fear that their subordinates lack the necessary experience and might not carry out the task as well as them. This was not the case for my mentor; on the other hand, he had the correct attitude about delegation, willingness to trust, and be patient. This was also enriched by the support and collaboration seen from all colleagues and Director at the Nursing Services Directorate where we have a very good sense of teamwork and community, and each member feels valued and appreciated.

Factually I felt increased belongingness and enthusiasm when I was trusted with new roles and responsibilities. I was given the opportunity to practice public speaking, carry out talks and seminars with different stakeholders, negotiate with trade unions, and discuss with top nursing and midwifery management in Malta. It is well documented in literature that delegation heightens the subordinates' enthusiasm and initiative for their work and in turn builds mutual trust and confidence on the workplace [7].

According to Covey [8], leadership is the ability to show others their strengths and potential so clearly that they come to see it themselves. Through this journey, I started to acknowledge my potentials and use them for the

advancement of nursing profession and benefits of patients and clients at large. Moreover, through continuous constructive feedback I learned to tackle my weaknesses and act upon my failures.

2.3 Transforming Vision into Reality

2.3.1 Mentor

Transforming vision into reality is the essence of leadership. It is about the concretization of ideals, dreams, and aspirations. From my experience, I think that one cannot pursue the path toward leadership unless one dreams big. That is the prime motivator for concretizing those dreams into reality. On the other hand, a leader does not operate in a vacuum, and these dreams must be streamlined with the organization's vision. If that dream is not in line with the vision, it would be futile to pursue. It is not about the leader's vision but that of the organization. If an organization lacks that vision, then the leader will be having quite a difficult mission to convert an obfuscated vision into reality. The latter is very frustrating and when that happens then it will be up to the emotional intelligence of the leader to shift uncertainty toward certainty hopefully toward an agreed vision by all and sundry. It is this vision that is communicated to the team members, serving as a mean to gel and connect all toward a common goal [9].

2.3.2 Mentee

While working in the acute settings and providing hands on care to patients and clients, I used to focus on the short-term goals and solutions. Through this journey I learned that although it's imperative to be a dreamer and proactive, one needs to ensure to align one's goals and vision to the organization's overall strategy and to focus on long-term achievements. Therefore, we made sure to involve all stakeholders in each step and be always transparent to get everyone on the same page and moving in the same direction. Another essential lesson which I learned through my years in the Nursing Services Directorate is the importance of self-awareness and emotional intelligence. Linhart [10] strongly argues that self-awareness is the most important quality of a leader and is the best tool to recognize the impact of one's actions/behavior on people/staff around them.

2.4 Emotional Competence Is Particularly Central to Leadership [11]

2.4.1 Mentor

The key to successful leadership is managing one's own emotions and those surrounding the leader. If the leader gets it wrong on an emotional level in all senses, then there will be problems in creating effective and meaningful relationships with the immediate team and at the level of the organization. Having learnt this from my Management and Administration Master's dissertation about leadership styles and their relationship with job satisfaction, I thought that it would be sensible to put in practice what I had learnt. Among the things that I tried to put into practice was to develop a sense of trustworthiness. As a leader I needed to be many different things to many different people, but one of the most important aspects I tried to be is to be a good coach, so that when I will not be around, others will be leading and pursuing the organization's vision. Being trustworthy is key to being a successful coach. The sense of trustworthiness that I tried to convey was being authentic to oneself, at all times, maintaining a sense of integrity; being consistent in the way one decides and acts; and practicing empathy toward those with whom one interacts, which shows that one is really listening and immersing oneself in one's perspectives. Dealing with difficult people was an issue that had to learn myself and managing one's emotions was key to achieving this objective. Leading by example and by providing advice helps to support and guide others in similar circumstances.

2.4.2 Mentee

During my course of work, I had to face and deal with persons who by their destructive behavior tried to inflict negativity and put down important projects. Initially I used to take it personally and used to overact to defend my ideals or work; however, through the help of my mentor I learned to deal with these intimidating personalities. Emotional Intelligence gives you the necessary tools to be astute enough to neutralize toxic behavior, analyze opposing forces, and provides information on the best way to influence individuals into behaving in more positive ways, by managing their emotions.

2.5 Leadership Is the Art of Molding Consensus

2.5.1 Mentor

The current project of which I am responsible is that regarding the setting up of a framework for nursing and midwifery specialization. During the last 20 years, nurse and midwifery specialization was pushed up by the policy agenda necessitating the setting up of a framework for regulation, education, training, and administration. It necessitated a vision in which nursing was taken up a further level of increased knowledge, skills, and autonomy within the interdisciplinary context. Rendering this vision into reality required leadership, persistence and perseverance, patience, and stamina. Also, it is difficult, if not impossible, to foster sincere connections within the team in the absence of trust. Trust is essentially that what binds the team and its vision together. Togetherness is built upon honesty and trust because it is within the team where you need to feel safe secure, even if you commit mistakes or lose direction. In all, I was fortunate to have team members particularly the mentee who consensually shared this implementation of this vision from the very start.

2.5.2 Mentee

While working on the formulation of the different specialization paths, we knew that by imposing our ideals we were not going to get anywhere. On the other hand, we made sure to hear and discuss with all stakeholders especially with nurses and midwives working on the ground, their superiors, management, trade unions, foreign institutions, and associations to make sure to give a voice to everyone. In times where there were divergences, we negotiated until the consensus was reached.

2.6 In the Midst of Chaos There Is also Opportunity [12]

2.6.1 Mentor

On our way to achieving our objectives, in fulfilling the vision, we expect to meet a number of obstacles. One must plan for such inadvertencies, but nothing would make up what the Covid-19 pandemic has done to our *modus operandi*. We had to adapt our behavior and challenge the way we may always done. Being *responsible*, r*esponsive,* and *flexible* were important and essential aspects to help us survive this unexpected threat. I felt it was my responsibility to convey such a frame of mind to our team, something which we managed to do through reaching our objectives albeit at a slower pace since we were also asked to support Public Health with Covid-19 case management.

2.6.2 Mentee

The Covid-19 pandemic has put all the world to its knees and obviously added more challenges when organizing meetings to keep with mitigation measures but at the same time keep empowering and engaging team members in decision making. Surprisingly, the online platforms have opened up new opportunities and we managed to continue with our projects and discussions

with local and foreign partners. On the other hand, research by Krieger has shown that this surreal environment causes stress and zoom fatigue [13], and once restrictions were minimized, we were all very eager to experience social interaction and the warmth of face-to-face discussions.

2.7 Setting out to Make a Difference

2.7.1 Mentor

This mission of making a difference in people's lives is a real driver for genuine leaders. Leadership is not about being in control or controlling people's lives and behavior. It is about releasing and realizing all the potential there is in the individuals around you. It is about encouraging others to pursue their potential; it is about motivating others to fulfill their dreams. This is what leadership is all about.

2.7.2 Mentee

Training and leadership courses can play an essential part in developing the necessary skills and values required for these roles. I have always sought to learn more about leadership and attended various courses on leadership and management. I came to realize that these courses have not only given me the tools and information on how to deal with different issues regarding management such as delegation, increasing motivation, improving communication, and so on but have also increased my personal motivation and enthusiasm to take upon new roles and responsibilities within my workplace. On the other hand, upon reflection, I could realize that my upbringing and the values I treasured throughout my life being humble, empathic, and a visionary have also equipped me with necessary personal traits and soft skills for the leadership role.

"*Motivation is the spark that lights the fire of knowledge and fuels the engine of accomplishment, it maximizes and maintains momentum*" [14].

3 An Example of Evidence-Based Practice in Leadership

Walking the way to leadership in real terms came to test when I, together with my team of which the mentee formed part, had to lead an EU-funded project in Malta to set up Discharge Liaison Services between the secondary care sector and the primary health care sector in 2013.

This project, which included funding for evidence-based research, was spread over 2 years during its implementation with a 4-staged approach including seven deliverables (see Fig. 1). The objectives were as follows: (1) to increase the level of health professional's knowledge regarding discharge planning; (2) to bridge the gap between acute care and the community health care sector; (3) to improve quality care for patients, postnatal mothers, and their families; and (4) to implement the Discharge Liaison Nursing/Midwifery Services within the Ministry for Health. The reflections listed with regards to walking the way to leadership were all experienced during the forging of this project in which both the mentor and mentee played a key and important role.



Fig. 1 Phased approach

4 Self-Reflection and Conclusion

This experience taught us that to achieve meaningful learning in life, it is not sufficient simply to go through an experience as this may be easily forgotten, but one must engage in reflection. Reflection is a process that stimulates thinking and exploration of thoughts and feelings which begins with looking back on a situation, contemplating over it, making sense of the occurrence, and then using the new knowledge to guide one's actions in future practice [9].

Motivation is that what keeps us going in the organization, in the team. The word is derived from Latin, "movere", i.e., to move, to overcome inertia, requiring energy to go from one destination to another, to pursue a path, a journey. Motivation is the spark of light which shows the way, which keeps us going despite all the difficulties we encounter all along. This has not been an easy journey—it was filled with struggles, skepticism, and lack of resources but motivation kept us going through all this. As a mentor, I was lucky to have the right persons around me to sustain and support the team. It is this energetic spark which ignites, stimulates, and sustains those within the team.

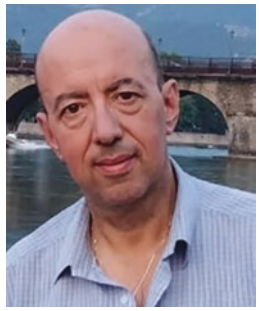
Through reflection one could conclude that the finest lessons in life usually don't arise from successes but rather from the struggles we go through and feeling of hopelessness. Through this journey, there were various instances where as a mentee, I felt hopeless and tempted to give up to opposing pressures and forces. It was only through my resilience and my mentor's guidance and motivation that I relearned to stand up again stronger than before and face my struggles. My mentor instilled in me hope for the future and taught me how to view every situation from multiple perspectives. Intrinsic motivation is the key to contentment and success as it increases positive emotions, gives meaning, and increases overall satisfaction. I always reminded myself of my internal desire to improve the quality of life of patients through promotion of advancement in the nursing and midwifery professional practice and this was what always kept me going. Although various motivational theories exist, there are certain basics which are common in all of them such as knowing what is important to your employees, recognition, acknowledgment, and positive and supportive leadership [15].

Looking back, I can see that my mentor was the lamp to light my path to leadership, who was always present and who nurtured in me the right attitude of leadership which is the ability to empower others.

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Professional Role-Driven Leadership Impact on Operations

Maria W. O'Rourke and Nancy Mestler Loos

A mentor is someone who sees more talent and ability within you, than you see in yourself, and helps bring it out of you.

—Bob Proctor [1]

Objectives

1. To share the journey and results of a successful mentor/mentee partnership.
2. To recognize the value of a theory-based approach to mentoring.
3. To encourage others to actively seek a mentor and use the learnings from this chapter to create a lasting partnership for growth and development.
4. To see the value in becoming a mentor.

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1 The Mentor and Mentee Narrative

1.1 The Mentor Dr. O'Rourke's (Maria's) Story

Mentoring is more than a process of advising, advocating, and guiding. Its roots are in the knowledge and experience of the mentor. My knowledge of professional practice became the substance for my mentoring which was designed to ground my mentee in the theoretical and practical application of a professional practice model which is itself the underpinning of clinical, managerial/ administrative, educational, consulting, and leadership practice. Leadership in practice in the realm of acute care system operations has always been a particularly important concern of mine [2, 3] and working with a nurse to operationalize the framework in her own practice was a meaningful and joyful experience. Nancy Loos is one such nurse who took to learning like a duck to water: eager, willing to take risks, self-reflective, and systems-savvy. What was needed to deepen her understanding was a professional practice model as the basis for ensuring systems

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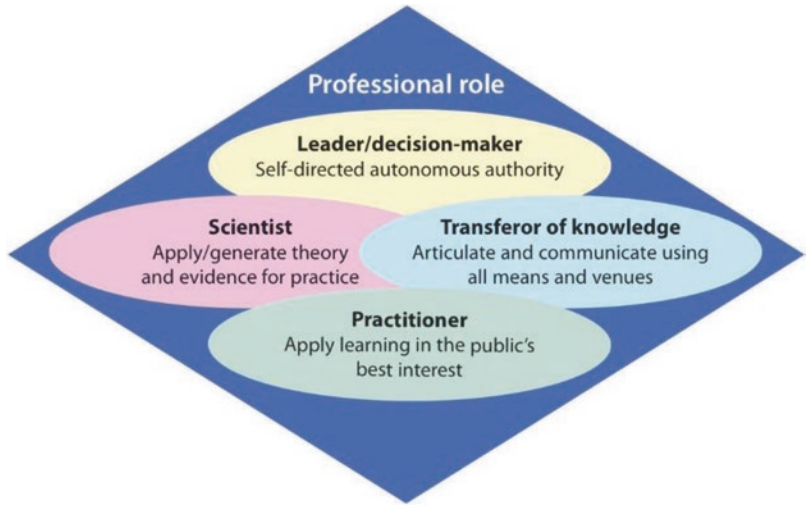
were in place to support professional nursing practice [4, 5]. Her success in adapting the model to her practice and scholarship is documented in her master's thesis (Loos thesis) and in a more recent article on self-reflection [6]. Early in our relationship she was introduced to the concept of role-driven practice and was able to apply it in her daily practice. In doing so she became an effective leader of operational change. This has always been a challenging work and continues to be an ongoing issue as described by Bonnice [7] in her illuminating article on the pull between operations and professional practice initiatives. Nancy's risk-taking proclivity combined with the knowledge of a professional practice model and systems operations made her a powerful and successful leader. Moreover, she was able to articulate her commitment to an inter-professional practice approach given her understanding of a professional practice model (PPM) as the basis for all disciplines [8] Nancy stood out because she linked knowledge of the PPM to the purpose for systems and operations; she understood that systems are a means to an end, i.e., a PPM approach to care delivery. In this way she could ensure that the core business of patient care delivery was linked to clinical practice excellence. These were the circumstances describing how I chose this mentee and under which mentoring took place. Nancy's thoughts as my mentee describe what it was like to be mentored.

1.2 The Mentee Dr. Loos's (Nancy's) Story

My experience as a mentee is memorable and I am happy to share my story. As is undoubtedly understood by the reader, being a mentor may mean different things to different people. The most popular definition likely involves someone with more professional experience and holding a higher position helping an up-and-coming, less experienced, and mostly younger colleague with their professional development and career trajectory. Others include life outside of a professional context in the definition. Responsibilities of a professional mentor have, in my experience, included advising, offering knowledge, advocating for the mentee, helping the mentee set and focus on career-oriented goals, guiding the mentee with course correction when needed, and being available for consultation while maintaining a safe and confidential environment. The literature supports my experience and adds the caveats of mentoring being longitudinal and more critical earlier in the mentee's career [9]. I had always envisioned a mentor to be supportive, motivating, creative, approachable, available, and a role model who listens with patience. The mentor does not take advantage of a real or perceived power differential but maintains confidence. But until almost 20 years into my career, I did not have a formal mentoring relationship. As a matter of fact, I did not know I needed one because I did not have specific career goals in mind. My potential was only partially recognized (including by me) and fulfilled. Now, looking back over the past 20 plus years since receiving "mentoring" guidance, I have learned that what I have had all along was not a mentor in the traditional sense, but a sponsor. Mentoring relationships are typically structured and time-limited (having definitive phases of selection, engagement, and closure to the relationship); not so with a sponsor with whom a relationship is free-flowing and can last a lifetime [8]. According to Career Mentor Toni Patterson, "Mentors serve as a guide, talking you through issues and telling *you* that you can do it, while sponsors serve as cheerleaders, speaking about you publicly and telling *others* that you can do it." [10] The former helps you grow your career in a slow and steady way; the latter helps turbocharge your career. Because Dr. O'Rourke (hereon referred to as Maria) had extensive experience, standing within the profession, a huge network of professional colleagues, and a platform, she was able to not only help me see my potential, but she also created the opportunities that allowed me to explore my options and hone my skills. Her belief in me and investment in my career changed my future.

1.3 The Mentor Maria

In my view, a clear understanding of the O'Rourke model of the professional role [7] became the foundation for Nancy's self-reflection about where she started and where she wanted to go. She integrated the model into her practice as a way "to be" and "not a thing to do." As her mentor I witnessed her transformation and watched with joy as she took the lead and made significant changes, improving operations within her purview while moving forward in her career. It is at this point when I witnessed the insight and self-reflection behaviors necessary for her own development that I became willing to take the next step to sponsor her. Because of her insight and self-reflection, she can articulate well what is helpful to her view of her future, a roadmap that could help encourage others.



Model of the Professional Role. (©Copyright 2021. Maria W. O'Rourke & Associates LLC. All rights reserved)

1.4 The Mentee Nancy

The story about my future starts when I was introduced to Maria (who was to become my mentor/sponsor). At that time, I had no thoughts of a professional future beyond cross training to different clinical areas. I worked part time and had most of the responsibilities related to home and children, so, although advancing my education was never out of the question, it was a dormant goal. I never conceived of branching out to consult, teach, write, or speak professionally. Nor had I considered the possibility of completing my education with the highest degree attainable. Yet, since meeting her, I have done all those things and more. When I first met Maria, I had a 2-year (Associates in Nursing) degree and was a happy ICU/CCU nurse with a desire (but no plans) to further my education. She infused me with a renewed love of my profession and gave me the words to articulate what it was and how and why it mattered. That renewed sense of professional pride launched me into a new stratosphere. As I lived what I had learned from her (in a formal setting, as she was not yet a mentor/sponsor to me), I became a de facto spokesperson for this new understanding of the professional role. This led me to connect more personally with her when she returned for an education reboot. It was during this second collaboration, at which time I was

in a managerial role, that my professional role responsibilities became clearer, and I knew I needed to return to school; the trajectory was BSN to MSN to PhD [5]. Each degree opened more and more possibilities for collaboration, increasing knowledge, and opportunities to see into the professional lives of the top leaders in the profession. While intimidating at first, networking with nursing titans, theorists, leaders, and entrepreneurs was exciting and compelling. These relationships led to shared writing, research, teaching, and innovation opportunities. None of this would have been possible without Maria's constant vigilance on my behalf for new ways to connect me with those with whom I could collaborate and from whom I could learn and be challenged.

1.5 The Mentor Maria

As mentioned earlier, as her mentor I witnessed Nancy's transformation and watched with joy as she led to make changes and improve operations. This relationship began during the 1990s when a technical model of care delivery called patient-focused care (PFC), was being touted as the way to save the healthcare system. In fact, the PFC model was aimed at de-professionalizing the work force especially in nursing including by creating technicians called patient care technicians to do the work of nursing. In this model, nursing practice was relegated to a task orientation and, more specifically, implementing the medical treatment plan under the supervision of the physician. The model threatened nursing autonomy, scope of practice, and nursing as a science by ignoring nursing's autonomous practice. Other nurse leaders and I argued that professional nursing was more than assisting with implementation of the medical treatment plan. Stopping this effort and restoring nursing to the autonomous decision-making professional practice it was meant to be took strategy and a clear understanding of the professional role of the RN and the RN Scope of Practice [11] along with strength and resolve. Nancy demonstrated both the understanding and had the strength and resolve to champion nursing as it should be. As the project consultant and her mentor Nancy and I moved mountains and reinstated a PPM approach to care delivery at Northridge Hospital Medical Center (NHMC). Nancy describes well how the model of the professional role impacted her work at Northridge.

1.6 The Mentee Nancy

Now grounded in the knowledge of professional practice and armed with the models and tools developed by Maria I moved forward to influence hospital operations and secure a professional practice model approach to patient care delivery. Once I understood the role of the professional nurse better and had a clear working knowledge of the nurse practice act in my state, I saw not only my role in operations but also the roles of my colleagues and direct reports with new eyes. The focus became less on the tasks we all did and more on how we were fulfilling both our professional and functional roles. Conversations changed, becoming more collaborative and based on evidence. Teamwork was enhanced as each member understood not only their own but also others' roles.

When surrounded by colleagues who understand their role, have advanced in their careers, can converse about and understand theory and research, and continue to grow and advance, it is difficult to remain stagnant. Thus, education became a focus of attention for me. The constant challenge to grow and my desire to be part of the higher-level conversation finally led me to pursue the next degree, the bachelor's degree in nursing (BSN). Even when I went back to school, I had no sure goals beyond that next degree. But learning begets learning, and, knowing all Maria saw in me and to which she was introducing me, I felt compelled to move to the next level, a master's degree in nursing (MSN). After completing the master's degree, I felt accomplished but, if I was

honest with myself, not finished. As my mentor/sponsor, Maria never told me how I needed to reach my goals, just encouraged me to define what they were while underscoring the benefits at each stage. Meanwhile she kept opening doors for me, staying in contact, giving beneficial feedback, offering her support should I return to school, and always extending the opportunity to collaborate on more and broader projects. I could choose to walk through them or not. I am so glad I did.

My leadership role as an influencer and advocate for management to better understand the value and efficacy of a PPM grew quickly. Maria's clear articulation of the purpose of management, to create an environment where clinical practice can thrive, became my own. Her professional management framework that is grounded in her view that "without clinical practice there is no business" [1] helped me talk across nursing to senior leaders. The networking that was the result of the great mentoring/sponsorship I received introduced me to a world of visionary, transformational, innovative, accomplished, and compassionate leaders. They became so many role models for me as I continued along my own path of increasing leadership opportunities. The fact that they were all willing and happy to personally share their leadership insights was an unexpected bonus. During this journey I began subscribing to more professional journals, chose leadership as the focus of my master's program, and generally tried to live during the work week what I was learning on my own time. Best of all, I continued to be offered advancing leadership roles—and I took them.

A key lesson learned from Maria is that "giving back" and "paying forward" are core to mentoring. With this in mind, I have been called upon more and more often to mentor/sponsor others, whether formally or informally. I have written letters for colleagues wanting advancement or scholarship, been the sponsor of record for several masters and doctoral students (also colleagues), helped with resumes, collaborated in research and writing, been guest speaker in many classes at all levels of nursing education, given references for those wanting to advance, and generally been "on-call" for myriad younger nurses, available for career advice or as a sounding board. But what I am most proud of is watching my own mentees take the plunge and return to school or get their certification. From BSNs to PhDs, I have helped develop the potential that already existed in so many wonderful colleagues. My life change has become their life change. We have all been the beneficiaries of so many more opportunities than we would have had otherwise.

1.7 The Mentor Maria

Professional role identity is the underpinning of all my work on professional practice formation, adoptions, and implementation. My publication describing my theory of professional role identity formation describes the theory in detail [12]. It is this framework that guides my actions throughout the mentoring relationship. Thus, professional role clarity has served as the driving force behind my life's work. Understanding the theoretical underpinning of professional role identity formation was essential me, as Nancy's mentor, to make clear; that is, she was to mentor others as I had mentored her. This theory helped her to gain the insight needed to guide a self-reflexive process with her mentees, this insight being the cornerstone to behavior change. A synopsis of the theory is provided to show the richness of a mentoring process based in theory and applied in practice.

> The O'Rourke professional role identity formation theory offers a useful theoretical explanation for the formation and adoption of a professional role identity that is applicable to all professions and, in particular, the discipline of nursing. The purpose of this theory is to advance empirical knowledge related to the process by which individuals become attracted to professional work, achieve role clarity through values clarification and the adoption and internalization of the professional role obligations and expectations, and use this clarity within the profession and the discipline of nursing. The appli-

> cation of this theory allows for the empirical examination of the critical junctures within a role identity formation process. It is at these junctures where the change and transition process that impacts the alignment of core values with adoption of obligations and expectations the professional role occurs. Professional role clarity and adoption of a professional role identity that ensures engagement in obligatory professional role responsibilities are considered important links to clinical practice excellence, patient outcomes, and nurse empowerment ([11], pp. 1–2).

Nancy's self-image was impacted and transformed. Her story is compelling.

1.8 The Mentee Nancy

Long before I had a formal mentor/sponsor, I had often said that the one thing I would attempt if I could be assured of not failing would be to pursue a PhD. I never saw it happening, but I wished it could. I am, by nature, a confident person and never had a problem with school, but for this one thing I doubted that it was my path; I am not sure why. With Maria's support and understanding of professional role identity formation I could examine theoretically what obstacles I had placed in front of myself or what kept me for from seeing my future self. I did not know at the time that this is what Maria was using to guide her practice and influence my thinking. As I learned more of her work, I began to see how theory guides practice. The theory-practice connection was further developed as I gained knowledge in my research-focused master's program, which then made me yearn for more. The fact that I was successful in those (bachelor's and master's) programs after so many years away from the formal classroom gave me the idea that perhaps I could do the "impossible." Additionally, the broad network of amazing and encouraging nurse leaders I had come to know had no doubts about my future success. This was a sea change in my thinking, imposter syndrome notwithstanding, I began to see myself as someone with many options and, by then, I had the resources and connections to make those options reality.

1.9 The Mentor Maria

As stated earlier, my theory of professional role identity formation guides my mentoring practice. The theory states:

> Professional role clarity encompasses the role obligations of accountability, autonomy, and decision-making. Valuing these concepts will help nurses more fully engage and use their powerful role to address the health and well-being of patients across settings. The theory posits that behavior change is possible due to "self-other" interactions in which new information is introduced and the potential for a redefinition of the situation is made possible. In this theory, interactions related to role formation and clarity are active and provide ongoing opportunities to be influenced to a new way of thinking and behaving. This interaction and resulting redefinition require support so that the newly defined values and behaviors can be stabilized, and a healthy transition achieved. In the healthcare system professional practice models (PPMs) can serve as such a support ([11], pp. 1–2).

My knowledge related to Scope of Practice together with this theoretical understanding became the framework from which to influence Nancy's thinking and therefore her behavior. I could see myself in her and hear her use her own voice.

1.10 The Mentee Nancy

Equally important I saw myself as a theoretical and science-based professional who had many work experiences that enriched my career and made a difference in healthcare. This helped clarify my educational goals. I was confident once again. As I mentioned above, when I first heard Maria speaking about the role of the professional, I was awakened to a world that had previously lived in the shadows of my experience. While I instinctually understood what I brought to the patient-nurse interaction beyond what most people think of as the tasks nurses do (e.g., passing medications), I could not articulate the fact of nurses having an autonomous practice. Nursing is often defined by its *dependent* practice (fulfilling orders given by independent

practitioners). But what I learned from Maria was the extent to which the professional registered nurse has an *independent* practice (e.g., no orders needed). We nurses have autonomy to make decisions for our patients that keep them safe, maintain hygiene, protect them, and provide comfort. We measure whether our interventions in these domains are successful by measuring what are known as Nurse Sensitive Indicators, such outcomes as patient falls, infections, skin breakdown, and the like. With this knowledge newly reinforced in my consciousness, I focused on measuring ICU nurses' perception of their ability to practice autonomously. I never deviated from the desire to research that phenomenon throughout the master's program. What I found matched the existing literature and started me on the path to loving research [13]. With an MSN from a program heavily focused on research, I now had a rudimentary appreciation for an understanding of research. But I realized it was not enough, which then led me to seeking the degree of Doctor of Philosophy in Nursing.

2 Self-Reflection Mentee Nancy

My experience as a mentee has shaped my thinking and perspective in many ways. Besides leaving me with a strong knowledge base around the professional role and its application to nursing as a profession, it has compelled me to grow and change. Upon reflection, the experience of being mentored/sponsored over almost 20 years has felt like being carried along a rolling river buoyed by a comfortable and well-inflated inner tube. You know it can carry you all the way to the chosen destination, even as you choose your route, avoiding rocks and branches along the way, and even if that final destination is only dimly formed in your consciousness. Because I knew I was supported in this way, I felt free to expand and explore my horizons. Once I stepped out, a world of opportunity opened, not only because of advanced networking and education, but also due to the enhanced belief I had in myself. I understood how true the quote at the beginning of this chapter was: "A mentor is someone who sees more talent and ability within you, than you see in yourself, and helps bring it out of you." [1] I am living proof that is true.

I have come to understand that although I believe everyone can benefit from having a mentor and/or a sponsor, the mentee must a) be ready to make changes and commit to learning and b) choose the right person with which to align. That would mean knowing what you want from this kind of relationship: a career guide or a long-term cheerleader. When I started receiving input from Maria, I did not know what I wanted. But she presented in a way that made me sure that I could trust her advice and I was willing to be groomed by her. For example, when I met Maria, I was transitioning from a clinical practice to one that was much more administrative. It was uncharted territory for me. But because of the clarity of her work and her ability to articulate and teach the professional practice model (i.e., that no matter our functional role, we still need to show up as professionals first, and nurses second), I was able to make that transition with much more confidence than I otherwise would have done.

One must trust that the mentor knows of what they speak and has one's best interest at heart. Knowing this, the mentee is more willing to take corrective words without becoming defensive and then apply them to their lives. Additionally, we may have different mentors throughout our careers, dependent on what stage we find ourselves. At some point, we may advance beyond even the mentor themselves. That must be okay with both parties. Ultimately, the relationship cannot be coerced but is one of mutual respect and support through each other's challenges and for each other's accomplishments.

3 Evidence-Based Practice Mentor Maria

My professional role-driven practice approach has influenced the practice of all my mentees over the years. They have been able to use their professional role to address issues related to practice [14, 15], education [16, 17], EBP [18], role accountability [19], outcomes [20], and interprofessional practice [21, 22]. My journey as a mentor has been a personally and professionally rewarding and exhilarating experience.

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Mentor and Mentee: A Dynamic, Transformational, and Reciprocal Relationship

Christine Pabico, Maricon Dans, and Lourdes B. Careaga

The goal of mentoring isn't to develop a leader to be just like you, but instead to help another human being recognize and cultivate his or her strengths, which may be very different from your own.

—Pamela Hunt

Objectives

1. Explore how mentor-mentee relationships develop.
2. Identify the essential components of effective reciprocal mentorship.
3. Discuss the dynamic process that fosters transformational growth between the mentor and mentee.
4. Demonstrate the impact of a positive mentoring relationship.

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1 Introduction

Mentorship is a complex, multidimensional, dynamic relationship that can invigorate both personal and professional growth [1]. Mentoring relationships may be formal or informal in structure [2]. An informal mentoring relationship is sparked when both parties blend in naturally, where equitable learning and reverse mentoring occur. Mentoring affords strengthening and broadening human capacity [3].

A research study that included 3000 respondents from 21 different industries revealed that one in three people works with a mentor [4]. A mentor is a trusted adviser, one who inspires, guides, and supports the growth and development of the mentee. Furthermore, 61% of the survey respondents in the aforemen-

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tioned study claimed that the mentor-mentee relationship developed naturally, with 29% describing their goals were set casual and loose rather than formally [4]. The mentor may *help* the mentee in identifying his or her destination and goals but is not the conductor of the journey. Contrary to what others think, the mentee typically leads the relationship. Mentees identify their goals and often just need the encouragement and someone to hold them accountable. Mentors oftentimes provide encouragement by sharing their unique insights into situations based on their personal experience [5].

1.1 Communication, Trust, and Respect

For mentoring to be meaningful, elements such as effective communication, trust, and respect are essential, which serve as the underpinning of the relationship. Trust and respect are of utmost importance. As both positive and negative feedback will be shared during the process, having the foundation of trust and respect are essential for one to be fully open to mentoring. Acceptance of the diversity of thought and work styles is paramount to establish a culture of safety where a mentee can honestly voice out her or his viewpoints without the fear of being judged or rejected. Intentionally removing biases is also critical to allow for an environment conducive for the relationship to propel. When setting goals, hesitations and fears should be openly discussed so a dialogue about ways to overcome them can ensue. By active listening, discussing options, and allowing guiding solutions to emerge, mentors not only allow the mentee to grow, but can also assess how he or she critically thinks through problems. Effective communication that builds trust and respect is also key to a positive mentoring relationship.

1.2 Inspiration

As Hawkins and Fontenot [6] stated, "Both leaders and mentors need to develop their own self-knowledge, strategic visions for their own careers, engage in risk-taking, express creativity through all aspects of their lives, feel inspired and inspire others." Mentor's accomplishments, actions, and behavior inspire others to do more and achieve more. The ability to stimulate the mentee's creative thoughts, harness innate talents, and build on the skills and abilities encourages mentees to think more highly of themselves; and motivates them to seek more enhanced personal and professional growth, propelling them to go above and beyond what was initially regarded as the maximum capacity.

1.3 Support and Caring Personality

Caring as described by Dr. Jean Watson, "promotes growth: a caring environment accepts the person as they are and looks to what they may become". Dr. Watson's caring philosophy strongly resonates in the mentoring process. Caring is one of the key behaviors in effective mentorship. It requires intentionality and responsibility [1]. To develop and build transformative mentoring relationships requires authentic caring for the whole person, i.e., not only caring for the mentee's professional success but also for a unique individual person. When reciprocated from both ends, the spirit of a caring attitude positively impacts both the mentee and the mentor. Such an element strengthens the dynamic bond, allowing for more meaningful interaction.

1.4 Reciprocal

Mentorship involves a unique, personal, and professional relationship. Great mentorship does not happen overnight. It requires commitment, effort,

and mutuality of purpose to help each other succeed. Successful mentorship can lead to transformative results for both the mentor and the mentee and lead to mutual professional growth [7]. Despite the long years of experience that a mentor may have, there must exist a continuous thirst for life-long learning and growth. There could be some valuable learning gained from someone less experienced than you. Mentees can help broaden perspectives and may even help uncover certain blind spots that the mentor may not be familiar with. Mentorship is not a one-way dead-end street. It is dynamic, evolving and there is ultimately a "cross functional and experiential learning" that occurs in both the mentor and mentee roles [8]. A bigger, brighter flame can transpire from the combined energy. A bigger, brighter flame can transpire from the combined energy fo the mentor and mentee. A stronger, positive outcome that can result from the process of building people up and from thinking of others who are a few steps behind as one moves up in the career ladder.

2 The Mentor and Mentee Narrative

2.1 Communication Trust and Respect

Christine: The relationships I have developed with my mentors and mentees embody all the essential traits of a mentor previously discussed. Those who have graciously mentored me have also shaped how I mentor others. Two that stand out are Dr. Karen Drenkard and Dr. Ellen Swartwout who both saw the potential in me and gave me the opportunity to work at the American Nurses Credentialing Center (ANCC). Even when I was conflicted and struggling to decide whether I should leave the acute care setting, which I loved at the time, I still remember the one question that made me more open to take risk, make the big step, and what got me extremely excited to work at the ANCC. Both mentors asked me what I loved about my current role. I shared with them how proud I was to have turned units around from having 40% vacancy to then having a waiting list of nurses wanting to work in our units despite large vacancies in others, and how I loved making a difference for my team. Without skipping a beat Dr. Drenkard commented about how much she admired that about me and asked, "Don't you want to do that for nurses across the globe?" That simple but direct challenge helped me clearly visualize my bigger purpose. Dr. Swartwout also took the time to discuss some of the fears I had. In all of our discussions, she made it about me and helped me unpack some of the insecurities I had about the role. I trusted and highly respected both that I decided to apply for the Pathway to Excellence director position and made the move that changed my professional trajectory.

Working at ANCC showed me a different world of nursing that I fell in love with. It was overwhelming at first. I still remember everyone warning me that learning about credentialing will be like drinking from a firehose, and they were absolutely right! I give credit to both mentors, however, for enabling me to reach my full potential. I sensed that they equally wanted me to succeed, so even when I was being pushed outside of my comfort zone, I believed and persevered. My current contributions to the nursing community are due, in large part, to the seed they planted and nurtured through their mentorship and encouragement. Since then, many doors have opened for me to not only fulfill my life-long goal of making a positive impact in nursing, but better yet, on a global level.

Similarly, when I see others with great potential, I help them see the opportunities that they might not have originally considered or felt they are "worthy" of. I do not push ideas but instead provide thoughts they can reflect on. I listen to their questions and try to be the best support. Being able to personally express my hesitations and openly share my fears with Dr. Ellen Swartwout and getting her support as I navigated through them established the foundational trust from the onset, which is something I try to also do with those I mentor.

As a mentor, I also try to be relatable, genuine, and authentic. A great way for me to con-

nect and build trust with my mentees is to share some of my own struggles and how I have overcome hurdles. It's important to share not only the pearls but also the pitfalls. It will not only save my mentees from making the same mistakes I have made but also encourage them to persevere when they are struggling or face any obstacles. I am also honest with what to expect and not minimize the work ahead, but at the same time paint a picture of how amazing the journey and destination will be.

Maricon: The dynamic relationship between a mentor and mentee paves the way for social transformation, fostering holistic personal development that's grounded in trust and respect [3]. Several nursing leaders have been influential in my development; however, I am particularly thankful for being welcomed under a minority leader, Dr. Christine Pabico's wing. The culture and values which guide both our actions as leaders have been rooted in the same righteous Christian upbringing, fostering synergistic interactions. Driven by the same values and work ethics, our goals have seamlessly merged as one, allowing us to share a common language which is highly critical in a mentoring relationship. Although obvious similarities do exist, she does not impose her own viewpoint but is rather open to mine, respecting my individuality, enhancing my unique strengths, and broadening my capacity and ability as a leader. Whenever I falter and fall, in cases where I inadvertently pursue the wrong feat, she is not quick to judge, but instead, she reigns me back gently to where I am supposed to be treading, further strengthening my conviction to do what is right as a leader.

Lourdes: The mentor-mentee relationship that I developed with Dr. Christine Pabico was more of an informal, ongoing, long-term personal relationship—a "developmental alliance" built on a foundation of trust, honesty, and mutual respect, creating a safe environment (zero judgment) that offers both support and challenge for growth, and uniquely considerate of the unique, identified needs at a given life circumstance, or career journey. Dr. Christine Pabico's leadership style is fundamentally based on trust and respect. I witnessed during the years I have worked with her the essence of her genuine care for the people she leads. She appreciates people's perspectives and recognizes their work and contributions fairly. She was invested in my professional growth, respectful of the goals I have set for myself, and generous with her encouraging words to nudge me in pursuing higher goals outside of my comfort zone. She created a safe space for me for honest discussions that's free of judgment. She's a great cheerleader for when I accomplished something and a strong shoulder to lean on when I fail.

2.2 Inspiration

Christine: When I first started at ANCC, the mentors I had were amazing examples of "what I wanted to be when I grew up". They were both my inspiration. From the outset, Dr. Drenkard sat me down and asked about my future goals. She also helped me identify goals that I may have thought as a novice ANCC leader were too far-fetched to reach—getting my PhD, becoming a Fellow of the American Academy of Nurses, etc. Dr. Swartwout showed me the ropes for how to achieve both since she has successfully gone through the process. She took the time to guide me on both the "pearls and pitfalls." Breaking down the steps for me that made the goals seem achievable and less daunting. She was a constant cheerleader and periodically checked on my progress.

Subsequent ANCC executives and other leaders from the Commission on Pathway to Excellence also took the time and invested in me and my professional growth. Although it was Dr. Drenkard who first helped me realize the long-term goals I wanted for myself, some of the Pathway Commissioners were instrumental in helping me achieve them. In fact, one of the Pathway Commissioners, Dr. Warshawsky, became a member of my dissertation committee. Her thoughtful feedback throughout my project as content and methodology experts strengthened my study. Most importantly, during times when I felt completely overwhelmed, I greatly appreciated her providing reassurance and helping me

break my analyses down into manageable steps. Another Pathway Commissioner, Dr. Edna Cadmus, together with Dr. Swartwout also became my sponsors when I applied to be a Fellow of the American Academy of Nursing. To be able to achieve the highest honor in nursing was a dream come true for this 4′11′ Filipino girl who never thought any of this was possible. As foreign-born leader who is part of a minority group, I am glad to represent, give pride, and a stronger voice to Filipino nurses. Nurse leaders should be reflective of the nursing profession and of people that we serve. For this reason, I am passionate about encouraging and sponsoring others that are open to mentoring, especially emerging minority leaders who typically need the extra push.

With my mentees, one of my biggest roles is to inspire them, motivate them to realize and achieve what they are capable of, and help them reach their full potential. Learning anything new can be difficult. Helping them understand that the struggle is a normal part of the growing process is key. As human beings, we tend to focus on are our struggles which makes us feel insecure and also not recognize the growth we're making. I usually remind my mentees that oftentimes, we don't realize how much we've learned until we talk to someone else who is newer in the process or until we apply our new skill.

Maricon: Dr. Pabico has inculcated valuable knowledge, skills, and attitudes in me that continue to guide me in my journey. Her genuine interest in assisting me in this plight has empowered me to carve my own path. Despite the arduous task of remaining astute, Dr. Pabico has transformed my journey into one that is both engaging and fun. Her unwavering support, motivation, and encouragement inspired me to work even harder. She has a genuine intention to support my growth rather than focus on her personal gains. Of particular interest to her is my continuous educational advancement. Without her motivation and encouragement, I may not be as courageous as to tackle my PhD program. Another significant impact she has brought to my professional life is her willingness for co-authorship in my very first published work. To note was how she graciously imparted her time and effort back in 2017 just to see me published. I can very well sum up that our effective mentoring relationship enabled me to reach this point of my life where I am able to sustain this broad impact on healthcare around the world. As a minority leader who migrated to the USA in the early 2000s, I feel fortunate to have reached this point of my journey mainly because only 18.2% out of the approximately 30% minority in the US workforce are in leadership positions [9]. Diversity in leadership positions, especially ethnic minorities, is even more significant as the workforce evolves [10]. Numerous compounding elements like the environment, sociocultural factors, and the lived experiences of the ethnic workforce play an important influence in the breadth of leader-member relations. According to Chin [11], "lived experiences associated with acculturation, discrimination, racism, and biculturalism may well shape the values leaders bring and the goals they pursue" [11]. As a minority leader, I had lived through all of that and remained pliant and nimble. I survived the journey because of grit, drive, and a magnitude of help from other influential leaders particularly, Dr. Christine Pabico.

Lourdes: I have been privileged to work alongside Dr. Pabico for over five years as a Nurse Manager for the short stay unit at a large healthcare system in Northern Virginia. The years of working with Dr. Pabico exposed me to several learning and first hand experiential opportunities that enhanced my nursing leadership and professional journey. Dr. Pabico consistently role modeled, encouraged, stirred up creativity and risk taking in developing innovative and forward-thinking approaches that would help the team achieve optimal levels of unit productivity, staff engagement, patient safety, and patient satisfaction. She has been and continues to be a strong proponent of shared leadership, in engaging our staff as valuable partners in the decision-making process and implementation of unit-specific programs/initiatives that are fully aligned with the strategic goals of the organization. It is through all these many inspiring moments working with Dr. Pabico, that made for a less disruptive transi-

tion for me when I took over a leadership role as the interim Patient Care Director for three operating units. Despite the distance and the changes in our career paths, Dr. Pabico generously shared her time to listen to my ongoing challenges with my new role, and help me identify workable solutions. She was instrumental in opening my eyes to other areas of nursing where my skill sets and talent can be best utilized outside of the usual clinical practice setting. She challenged me to grow, boosted my confidence, and even shared career opportunities that led me toward a new path in the world of nurse credentialing.

2.3 Supportive and Caring Personality

Christine: A common denominator for my mentors is that all are positive and servant leaders who genuinely want others to shine. They are grateful for their own blessings, want to give back, and make a difference in someone's life. Positivity and appreciative inquiry are also critical. For this reason, I capitalize on my mentees' strengths and help them shift their thinking from "identifying the skills they are lacking" to identifying skills that they have that can ensure their success. Having said that, it is also important to note that part of being a genuine and trusted mentor is to have discussions not only about the mentee's achievements, but also providing feedback on failures and opportunities to improve which is where most of the learning and growth occur. And even if differences in opinions arise, as long as respect is maintained, these dialogues are great opportunities to learn from each another.

Maricon: Dr. Pabico celebrates my successes and gets excited about my ideas. She manifests undeniable support and challenges me to do even more, further nurturing my potential. She is also one of my sounding boards, enables me to think through the process, counsels me to self-reflect, and cites opportunities for improvement at the same time. When opposing perspectives arise, I feel comfortable having a dialogue with her, as she seeks to understand my point of view, collectively come up with resolutions, and then forge ahead toward the fruition of our desired outcomes. Such pearls, although without a blueprint, has strengthened my interpersonal adeptness. She has a very warm and friendly personality and such a dynamic charisma. Her caring behavior remains tangible, making it conducive for constructive feedback. She is not short of recognition when it's due and purposefully enriches my strengths to overcome my weaknesses. Driven by her solid Christian upbringing, being socially adept and only wanting the best for people remain to be second nature to her. I compare her nurturing persona to an older sibling, fully invested, and nothing in mind but to see me thrive.

Lourdes: Many of us had been lucky enough to be recipients of unconscious and intentional mentorships throughout our life's journey. As children, mentors abound within the families and communities that we live in. We may not have actively sought these mentors then, but the authentic caring and their belief in our potential were key in helping us get to who and what we have become today. As I moved on through my adulthood, in my nursing career and leadership journey, there had been and still are so many caring and supportive mentors who had been there as a crucial part of my ongoing journey. "Friendtors"—mentors who evolved as life-long friendships that I treasure; each remaining truly invested in my growth both personally and professionally.

2.4 Reciprocal

Christine: Due to the nature of the above concepts, it's not a surprise that most mentors learn and become enriched by the relationship and after a period of time the power shifts and it becomes more of a partnership. With all my mentees, there is no hierarchy. I see them all as my partners since I learn from them as much as they learn from me. We have unique strengths and are all accomplished in different ways. For example, I lean on Maricon for some of my own limitations. She is very skilled with technology and she inspires me to push myself more to increase my

competency with this area. I also have sought Lourdes' guidance on many occasions in areas such as association work (for the Philippine Nurses Association) that I have tried to be increasingly engaged in the last couple of years. My mentees and I have been constant cheerleaders and serve as sounding boards for each other.

Maricon: With mentoring as exhibiting both a developmental and psychosocial component, Dr. Pabico is quick to highlight how she has learned from the mentoring relationship, as well. Such interactions proliferate as numerous meaningful life events continue to occur, allowing for equitable learning and reciprocal personal transformation [3].

Lourdes: Mentorship provides valuable learnings as we navigate life's journey. The mutuality in purpose and shared learning, in the level of respect for each other (mentor-mentee) and the value of returns that both sides receive, speak of the reciprocal elements of great mentorship. Traditional mentorship where knowledge is shared from top to bottom is quite limiting. Everyone has something uniquely valuable to share and exponential benefits can be achieved through reciprocal learning and growing. At the onset, my earlier working relationship that I had with Dr. Christine Pabico was a mixture of both traditional and reciprocal mentorships. It is, however, at the level of reciprocal mentorship when I thought I have experienced the most growth, higher engagement, and increased motivation.

3 Evidence-Based Examples

Mentoring contributes to nurse recruitment and retention and also to the development of leaders that will carry on or innovate current work [6]. As noted by Lourdes, the investment in her mentorship and succession planning ensured a seamless transition when she assumed the interim Patient Care Director role previously held by Dr. Pabico.

Establishing mentoring relationships also creates healthy work environments where newer staff flourish, increasing job satisfaction and positively impacting retention [12]. In her current role as the Assistant Director for the Pathway to Excellence program, Maricon readily steps up in Dr. Pabico's absence due to, in essence, the effective inculcation of the elements of mentorship that Dr. Pabico has bestowed upon her. Maricon's innate passion can be primarily attributed to Dr. Pabico's unwavering support. In addition, the synergistic mentor-mentee relationship that ensues between both of them has fostered a sense of belongingness, which explains Maricon's desire to stay even more in her current role.

4 Collective Reflection

Many a time in our life's journey, we meet special people who stay in our hearts and minds forever, no matter what. We have all been blessed to be surrounded by leaders that embrace what makes us unique, mentor us to be better individuals, and support our continued professional development. The lessons that we have learned from them together with the various experiences we have shared with them, remain deeply embedded in us. They leave indelible imprints in our lives, that have shaped us to who we are now and have even led a path to where we are today. They are family, special friends, colleagues, leaders who truly cared and stayed fully committed to our personal, emotional, spiritual, and professional growth. These special people abound in the world; they live not only for themselves but also to make a difference in others' lives. But as human beings, we tend to leave our blinders on and comfortably see a narrow vision of the world and space that's ahead of us. We all need to be open minded enough, self-aware of our own strengths and limitations, and accepting of our vulnerabilities for life-changing mentorship to happen.

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Growing People Through Mentoring

Chua Gek Choo and Tan Xiuzhuang Phyllis

If you want a harvest in one year, grow a crop. If you want a harvest in ten years, grow trees. If you want a harvest that will last a lifetime, grow people.

—Confucius, Chinese Proverb

Objectives

1. To develop and build capabilities of the next generation of nurses and nursing leaders.
2. To impart the essence of the mentoring process.
3. To share the benefits and barriers of mentoring.

1 Introduction

Mentoring is defined as the one-to-one support of a novice (mentee) by a more experienced practitioner (mentor), designed primarily to assist the development of the mentee's expertise and to facilitate their induction in the field of work [1]. The quote from John Crosby that defines mentoring as "a brain to pick, an ear to listen and a push in the right direction" suggests that it is a process that is done through sharing of expertise, listening and discussion coupled with appropriate guidance [2]. Our people (the backbone of healthcare institution) require us to understand, encourage and engage them to believe that they are working in a caring environment that will nurture them to reach their maximum potential for peak performance.

Mentoring is essential to motivate and develop talents for succession planning in a department or organisation. The literature has shown positive outcomes of mentorship both for the mentor and mentee. High-quality, effective mentorship can be a valuable tool in recruiting and retaining nurses (mentees) and improving their sense of satisfaction as well as improved patient outcomes [3].

In a multidisciplinary meta-analysis review comparing mentored and non-mentored individuals, exploration on whether the relationship between mentoring and protégé outcomes varied by the type of mentoring relationship (youth, academic, and workplace). Results demonstrated that mentoring is associated with a wide range of

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favourable behavioural, attitudinal, health-related, relational, motivational, and career outcomes [4].

The process of mentoring involves the provision of support and encouragement to the mentee that guides one towards managing one's self-directed learning to maximise his/her own potential to become the person that one aspires to be. A successful mentorship journey requires vested interest, effort, and responsibility from both the mentor and the mentee towards cultivating this meaningful mentoring relationship where specific skills, insights, and structure are fundamental.

A unique and trusting relationship that stems from the mutual interests of both the mentor and mentee from professional and personal perspective, mentorship involves commitment, respect, and dedication between two persons, the teacher (mentor) and the learner (mentee) (Fig. 1).

1.1 Why "Grow" People?

Learning is a continuous journey; one must be humble to learn and be adaptable to the constant changing healthcare landscape to be able to succeed and contribute in their work environment. The sense of accomplishment, pride, and satisfaction of a mentor is greatest when one observes the growth of her mentee over the years and be able to succeed in their preferred career path. It is fulfilling to look back at the "growth" journey and witness the progress of my mentees over the years. The imparting of skills and knowledge to the next generation of nurses is critical for the sustainability of nursing core values and growth of the nursing profession. The process of "growth" also cultivates a priceless and deep meaningful relationship personally and professionally between the mentor and mentee.

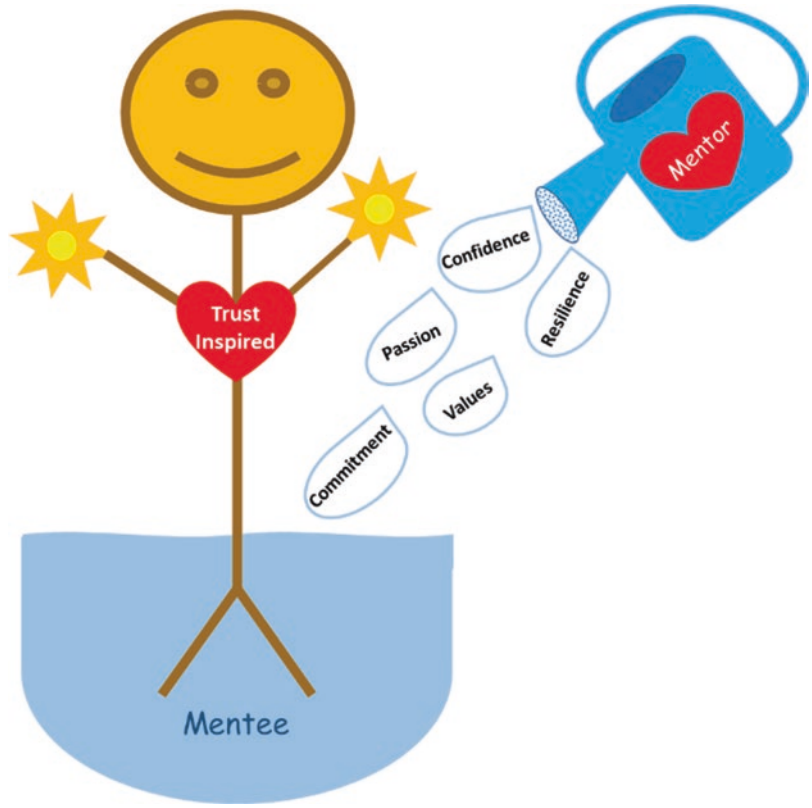


Fig. 1 Mentee with open hands to always stay positive amidst the constant changes (represented by sunshine) and passionate heart to learn and adapt, adopt and apply. Mentee feels trusted and inspired leading to positivity to conquer varied challenges

1.2 Factors to Consider Before Pursuing a Mentoring Relationship

There is myriad of benefits in a mentoring relationship. The National Institutes of Health (NIH) shared the essential factors that both the mentor and mentee should consider before pursuing the mentoring relationship as follows:

- Commitment—whether both parties can commit on the time and effort to cultivate a meaningful and worthy relationship.
- Dedication—Is the mentee committed to leveraging the knowledge and skills to grow one's career?
- Clarity—Mutual goals and expectations need to be established to align the understanding and purpose throughout the process [5].

Having considered the essential factors comprehensively and ascertaining the capability to engage in a mentoring relationship, the mentor-mentee compatibility is the next crucial consideration such as the attributes of both.

2 The Mentor and Mentee Narrative

2.1 How Does the Mentor Identify and Grow the Mentee?

2.1.1 Mentor Chua

> Nothing great ever gets done without heart. You gotta have heart—Kouzes [6].

People are greatest asset in an organisation and should be facilitated to reach one's maximum potential to achieve professional excellence. Mentoring is crucial for sustenance of excellent leaders in an organisation and the essence is caring. The attributes of a mentee are important factors that determine the outcome of the mentorship journey. Mentee assumes the proactive role forming and developing the mentor-mentee relationship. A good mentee needs to have a positive mindset and learning attitude. There is always something new to learn in every situation. One who keeps choosing what one wants to do, he/she will be confining himself/herself to the work he/she knows and might miss the opportunity to learn things that one never imagine one could. A mentee shall be proactive, courageous, willing to explore and apply new skills and knowledge to enhance the yield of his/her learnings. He/she would also be generous in sharing the knowledge and skills acquired. Lastly, the mentee must be dedicated in this "growing" journey.

In a successful mentorship journey, resilience and courage are important attributes that a mentee should own. He/she should be receptive to constructive feedback for learning and growing in the nursing profession. One who is resilient and courageous with a "Can-Do" attitude is more likely to yield a fruitful harvest from the mentorship journey as compared with a passive learner. The mentee who is passionate towards the work that he/she is doing and has career aspirations remains committed and motivated to work towards achieving one's goal.

2.2 How Does the Mentee Identify Her Mentor Who Will Grow Her Through Her Learning Journey?

2.2.1 Mentee Phyllis

> *My mentor said, 'Let's go do it,' not 'You go do it'*—Jim Rohn

A good mentor must have the disposition and **desire to develop** other people. It requires a willingness to reflect on and share one's own experiences, including one's failures [7]. The mentor should possess vast experience of expertise that could facilitate the mentee through a meaningful experiential learning journey with passion and sincerity. One should be a role model and a patient leader who walks the talk. The mentoring process takes time before the fruits of labour could be harvested. Hence, aptitude, commitment and energy are important factors that contribute to a successful mentoring relationship [7].

To err is human, one learns from mistakes and improves. A good mentor creates a conducive environment where one has the courage to make decisions and changes confidently without fear of committing errors [8]. The mentor brings out the best of a mentee by supporting, encouraging and motivating him/her. Similar to attributes of a mentee, a good mentor should have foundational virtues such as being a good listener, understands mentees' needs, having personal integrity and respects confidentiality. The best teachers have always been and always will be those who remain curious learners themselves [7]. A mentor with a growth mindset, learning attitude, who also has a flexible and open mind and is willing to explore different views of the mentee can facilitate deeper and generate fruitful discussions. The selection of mentor shall not be through word of mouth but through the experience and observation of the mentee. The mentee should feel comfortable to interact with the mentor as it could impact on the quality of the relationship.

2.3 Core Values: Mentor-Mentee

Values are things that one believes are important in defining how one lives and works. Roy T. Bennett's quoted values create the internal compass that can navigate how one makes decisions in life, and one whose core values are compromised goes nowhere [9]. In the comprehensive framework (Fig. 2), value compatibility between the mentor and mentee is of predominant importance in this relationship. The art of being brutally **honest** in a caring and respectful manner as well as strong bond, **commitment** and **trust**

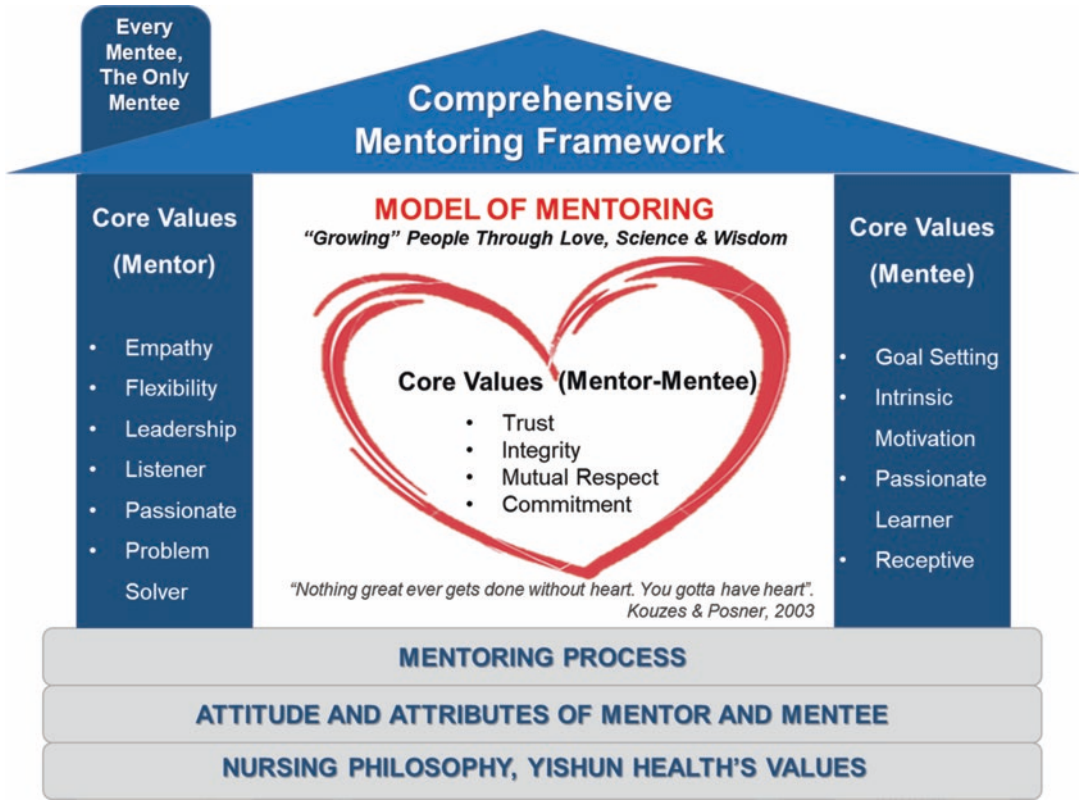


Fig. 2 Comprehensive mentoring framework

between both parties are pre-requisites to a rewarding mentorship journey. There shall be chemistry between mentor and mentee, one of reciprocity and **mutual respect**, for both relationship to blossom [10].

2.4 The Essence of Mentoring Process

2.4.1 Mentor Chua

One reaps what one sows—Mentorship is a shared responsibility of both the mentor and mentee in taking ownership of the learning journey. With reference to the comprehensive mentoring framework in Fig. 2, the mentoring process requires both parties to set aside time to discuss on the learning goals and establish aligned expectations mutually [11]. Mentoring styles could be formal or informal and applied based on situations. The former is more structured and strategic in nature and usually guided by mentoring models while the latter is more relationship based. With the goals and directions established and communicated, both parties embarked the mentorship journey. Feedback and/or performance review sessions are conducted to motivate and encourage, as well as to advise on areas that could be enhanced. This feedback loop (Fig. 3) is important to guide the mentee towards achieving the mutually (mentor-mentee) set goals with appropriate and effective learning strategies.



Fig. 3 The feedback loop

Upon reflection, the offer to my potential mentee was based on my years of established trusting relationship before we formally embark on the "growth" journey. This includes the observations of her attitude, attributes and her core values. She was given the opportunity to be developed and grow to her maximum potential. Upon her transfer to my department, a senior nurse leader was identified to be her preceptor. The objective is to enable her to learn in a conducive environment and practice her new management/leadership role in the inpatient ward environment.

The developmental journey for my mentee includes both formal and informal education. With her Masters in Health Management and leadership programs that equipped her with the knowledge, skills and confidence in middle management, she requires only on the job coaching and experiential learning.

The "open door" concept demonstrates one's accessibility and enables the mentee to gain fast access to important situations. She could seek advice or discuss suggestions whenever necessary. The concept promotes a culture of openness, motivation, trust and builds belief in the mentee that the mentor is approachable and forthcoming towards provision of support. Thus, heightens the collaboration and relationship in our developmental partnership [12].

In Confucius teaching "Practice makes perfect"—The mentee needs to be equipped with skills and knowledge through given opportunities for practice. Thus, enabling her to perform her roles and responsibilities confidently and effectively, and be respected by her colleagues.

The mentoring process includes creating opportunities for the mentee to apply theory into practice. Projects and assignments are delegated to enable her to practice and exercise critical thinking and make reasonable judgement. Regular meaningful conversations are essential to provide constructive feedback and/or positive stroke of encouragement and motivation. It is beneficial to develop a deeper understanding of the mentee's strengths and weaknesses to provide

opportunity to build on the mentee's strengths, thus building the confidence of the mentee.

2.5 A Journey of "Ups and Downs"!

2.5.1 Mentee Phyllis

When the mentee decided to do a switch in her job scope from a specialty nurse (clinical) for more than a decade to nursing management scope (administrative), she identified role models over the course of her career whom she would like to be mentored. The leadership, nurturing and "Can-Do" spirit of the mentor coupled with the mentee's own observation of how the mentor has nurtured and developed each nurse to achieve their maximum potential. As such, the mentor merited much admiration, respect, trust and confidence from the mentee.

There had been multiple inspiring conversations between my mentor and I to seek mutual understanding on expectations and objectives in relation to the nature of work with its associated challenges. These were instrumental tips to both of us in establishing readiness and commitment before engaging in the mentorship journey.

My **"**down**"** moments were foreseeing a very steep learning curve, restarting as a novice in nursing management from an expertise specialised clinician. This was uplifted when the mentor quietly assigned an amicable senior nursing leader to precept and coach me in the initial period of management.

The commitment and effort towards achieving success in this progressive partnership was evident. This further heightens the confidence and trust towards my mentor for motivating my inner quest to learn and contribute to the organisation.

During the growth journey, the opportunities to involve in diversity of projects enable me to explore, reflect and apply my learnt knowledge and skills into practice. The vast opportunities of acquiring skills include productivity projects, member of clinical workgroups and committees, staff management (recruitment, retention, appraisals and counselling) and ward management that encompasses financial and material resources.

In the current COVID-19 pandemic that affected globally since January 2019, healthcare settings were confronted with multiple challenges including business continuity planning and adapting to constant changes in advisories from the Ministry of Health (Singapore) had driven me to stay versatile and resilient. During this crucial period, there were self-conflicting emotions with supporting staff morale and manpower management (deployment, freezing of annual leaves, travel ban, etc.). The continuous vital guidance received from my mentor empowers me to exercise strategic reasoning and instilled confidence to lead the team in COVID-19 national battle.

There had been multiple two-way feedback and/or reflections and retrospect impactful evaluation sessions that allowed both parties to understand each other perspectives. The frequent demanding conversations that had facilitated me to **"**think and dig deeper**"** into pitfalls to better appreciate effective managing of special situational from different viewpoints were important lessons that enhance my growth in this learning journey.

2.6 Barriers to Successful Mentorship

Some of the barriers that could hinder the mentoring relationship are:

- Mentor-mentee mismatch.
- The correct matching of the mentor and mentee may affect the quality and outcome of the mentorship journey. Some of the considerations that need to be matched include the expertise in field of work (competency), value compatibility, goals and expectations.
- The lack of commitment, passion and interpersonal skills in either mentor or mentee will most likely to induce a failure partnership

journey. The personality and attitude of both are other factors that may create a positive or negative outcome of mentorship.
- Perceived negative experiences encountered by both parties during the learning journey could be jeopardised if there is a lack of trust and understanding as well as communication between both parties.

3 Self-Reflection

3.1 Mentee Reflections on Successful Mentoring

Upon contemplation, a mentoring journey requires the mentor and mentee to "own" and be responsible to grow and achieve success collectively. The mentoring journey entails mutual respect and understanding, commitment and collaboration. Resilience, courage and internalised "never give-up" are "critical lifelines" for mentee to grow rapidly through the complex challenges with constantly changing healthcare environment. The mentee has adopted non-judgemental and unbiased views and learned to separate professional decisions from personal emotions.

Finally, mentee should be grateful and acknowledge their mentor enthusiastic tireless efforts to guide and support from start till the end of mentorship. Hence the mentee seized this opportunity to say a BIG Thank You to her mentor for this treasured indescribable fulfilling joy from "growing and glowing" mentoring journey.

> *Challenges are what make life Interesting and overcoming them is what makes life meaningful*—Joshua L. Marine

3.2 Mentor Reflections on Growing People

Growing people requires passion, commitment, clarity of goals, ownership, patience and trusting mentor-mentee relationship. The mentor has a pivotal responsibility to facilitate and provide opportunities for the mentee to learn and be developed to reach one's maximum potential to achieve professional excellence and sustenance of outstanding leaders in an organisation. The core values of the mentor and mentee are important factors that determine the outcome of the mentorship journey. Growing people with Love (compassion), Science (skills and knowledge) and Wisdom (application of learnt knowledge into practice) are **"**KEYS**"** to unlock and cultivate success in the journey of "growing people".

My mentee's resilience, diligence, courage and "Can-Do" attitude has yielded a fruitful harvest from the mentorship journey of over more than 3 years. She has grown her capacity to assume higher leadership role and responsibilities.

> The delicate balance of mentoring someone is not creating them in your image but allowing them to create themselves.—Steven Spielberg, Hollywood Director.

4 Conclusion

Mentoring is essential for building capabilities and succession planning. The process involves astute application of the mentoring framework and provision of support and motivation that guides the mentee towards self-actualisation. The fundamentals of successful mentor-mentee relationship is based on mutually established values whereby both learn, unlearn and relearn through this mentoring journey. Various studies have shown evidence that effective mentoring yields abundant benefits for the institutions and her people.

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Helping Leaders Optimize Their Personal Leadership Journey

Wilhelmina Manzano and Courtney B. Vose

Leaders don't create followers; they create more leaders.

—Tom Peters [1]

Objectives

1. Describe the mentor and mentee narratives as it relates to mentoring relationship.
2. Using self-reflection, identify lessons learned from the mentoring relationship.
3. Describe best practices that will enhance the mentoring relationship.

1 The Mentor and Mentee Journey

In countless conversations with leaders and listening to their stories, they often talk about that one special individual whose presence, insight, and experience are forever impactful and had left an indelible mark on them as a person and as a leader. This is certainly true for me and to this day, this special individual's influence endures. As an aspiring leader, I was fortunate to have worked for a nurse leader, my mentor, who made me believe that nothing is impossible and who saw things in me that I didn't see in myself. My mentor helped shape who I am as a leader.

Tom Peters wrote, "Leaders don't create followers; they create more leaders." [1] I believe that this is the most important role a leader has, and it is mission-critical. For any organization to thrive, it needs leaders who can effectively lead through change. The art of leadership does not happen overnight, and it often takes years to acquire both the knowledge and expertise to become an effective leader. As leaders, we need to embrace the notion that fundamental to our role is to develop future leaders. This can be achieved effectively through mentoring enhanced through coaching.

The future of healthcare remains uncertain as healthcare continues to transform post-COVID-19 pandemic. Central to the success of hospitals and healthcare organizations is the Chief Nursing Officer (CNO), individuals uniquely positioned to influence staff engagement, patient experience, care outcomes, and financial performance [2]. CNOs are responsible for professional nursing practice, developing and

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retaining workforce talent, strategic thinking, and business planning, and creating an environment for safe and reliable care [3]. The Institute of Medicine (IOM) report, *Keeping Patients Safe*, calls on the CNOs to bring the nursing's perspective to the organization's patient safety culture, considering the fact that nurses make up the largest component of the healthcare workforce [4]. CNOs are key to influencing quality and ensuring patient safety.

Transitioning to a CNO role is challenging to anyone new to the role or those new to the organization, especially in large, complex, multi-site healthcare systems. CNOs require a diverse set of executive leadership competencies to ensure success in the role. The new CNO can benefit from the support of peers and a supportive mentoring and coaching relationship with someone with more experience and sometimes from the direct "supervisor." The use of a mentoring framework of support can help reduce CNO turnover and provide mentoring opportunities for seasoned nurse executives who are already successfully socialized into the organization [5]. Mentors can help new CNOs transition successfully by identifying their strengths and their learning needs, helping them connect with individuals from whom they can learn, and acting as a sounding board.

As the Chief Nursing Executive (CNE) of one of the largest healthcare systems in the country, I am privileged to lead a group of very talented and dedicated nurse leaders. As the system CNE, the CNO of each hospital in our system reports to me. I am passionate about developing talent and helping them achieve their full potential and realize their goals. I also believe that to ensure the success of my organization, I need to build effective teams, and for a team to be effective, I need great nurse leaders. As a system CNE, one of my most critical responsibilities is succession planning at all levels. Most importantly, ensuring that I have the CNO talent to help me drive key organizational and nursing metrics is key to my role.

New CNOs, whether they are promoted from within or hired externally, are assigned a preceptor/mentor. The preceptor is typically someone in a similar role who will serve as a resource and role model and can facilitate enculturation into the organization. The preceptor is a great asset and can help with the successful transition by clarifying role and responsibilities, helping organize information into manageable learning chunks, and facilitating introductions to key department heads and stakeholders.

My mentee joined my team as CNO in 2014. This was her first nurse executive role. She was assigned a more experienced leader as a preceptor to help her navigate the system and guide her through her transition. The overarching goal is to ensure that she successfully transitions to her new CNO role.

Our organization is heavily matrixed, where an individual reports to more than one leader or supervisor, and therefore alignment of goals and priorities is critical. CNOs report to the local hospital Chief Operating Officer (COO) and me as the system CNE. As one of her managers, I planned time with her to ensure that she felt welcomed and that we had an opportunity to discuss any questions related to onboarding and laid out both short-term and long-term goals and expectations. We regularly scheduled one-to-one meetings to have uninterrupted time for a check-in to keep each other informed, provide mutual feedback, discuss any issues, and provide support and mentoring. I typically open our meetings with a "How are you doing?" question to create an opportunity for her to openly share any topic or anything that has happened since our last meeting. Through these meetings, I can provide mentoring by providing support and encouragement, giving advice and feedback, answering questions, sharing my own experiences, and explaining how decisions are made and their rationale. Encouragement and praise effectively enhance my mentee's confidence and motivation. I also give her timely direct feedback when course correction is necessary and use that moment as a learning opportunity.

One of the outstanding characteristics my mentee demonstrated early on was her warmth, honesty, accessibility, and ability to relate to nurses at all levels. Her drive and her passion are palpable. I recognized her desire to learn and the

vast potential to grow as an executive. I identified two areas of development and agreed on effective communication (knowing your audience) and relationship management with hospital peers. The AONL Nurse Executive Competencies provide a guide in developing an executive nurse leader [6]. Building effective communication skills and relationships is one of five key domains. This domain emphasizes the importance of effective communication, relationship management, influencing behaviors, diversity, community involvement, and medical and staff relationships [6]. As someone who was told several times that patience is not a virtue for me, I was able to relate to her frustrations. I knew exactly how to give her feedback, with specific examples, approaching our conversations from the point of view that I wanted her to be successful. I shared stories about my struggles and ways I have been able to overcome them. I shared examples of my failures and how I have learned from them. At times my mentee struggled to hear what I was trying to say. I would ask her to take some time to think about what happened. Pause and reflect. Talk to a trusted friend or colleague. Put herself in the other person's shoes. Words matter; how would she reframe?

Our one-to-one meetings serve to maintain open communication between myself and my mentee. In addition to ongoing communication about her performance, projects, and any challenges she may be experiencing, these meetings also allowed us to get to know each other and establish trust. Some of the conversations ventured towards personal topics, such as her family, sports, and life between NY and Pennsylvania.

As we continued to work together, we began to talk about her professional goals and aspirations. I believe that mentoring, when done in a trusted and caring relationship, helps the mentee to hone existing skills and to further gain clarity around future growth needs. As a mentor, I believe in "opening doors" and providing visibility for my mentee to help with her continued growth and development. I asked three simple but essential questions: (1) Where do you see yourself? (2) What do you need to get there? (3) How can I help you get there?

For my mentee, it was clear from our many conversations that she wanted to continue to grow and develop and be challenged with a larger scope, either at a system level or beyond nursing. We started to talk about her interests, strengths, and areas of opportunities as we explored system-wide roles and other hospital operations roles. With support from her hospital Chief Operating Officer (COO), we planned to provide my mentee with opportunities for increased visibility across the system and assign her projects that take her beyond her comfort level. At the right time, I began to share my mentee's interests with other leaders in the organization and where she might be a great fit as we continue to grow our pipeline and invest in internal talent and succession planning. I asked her to co-lead a highly visible system-wide project on the future of workforce as a growth opportunity. This was a space where she could build teambuilding skills at a multidisciplinary level, collaborate with external consultants, be the voice for nursing, and think strategically and systematically.

We sometimes assume that high-performing, talented individuals are naturally good at their jobs. Like many other employees, they need support to become proficient in the roles, especially when roles become bigger. Leadership development takes time, and part of becoming a great leader is knowing, understanding, and accepting your areas of opportunities. Leadership is a journey. The journey is personal, unique to each person. The answers to these questions will take you to different paths, and the decisions are shaped by who you are, the risks you are willing to take, and the quality of opportunities that come your way.

> *Show me a successful individual, and I'll show you someone who had real positive influences in his or her life. I don't care what you do for a living—if you do it well, I'm sure there was someone cheering you on or showing the way. A mentor.*—Denzel Washington

As a newly appointed CNO, it was exciting and intimidating to enter a large, complex, world-class, academic medical center affiliated with two world-renowned medical schools – Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medicine.

Fortunately, I felt prepared from an essential skills perspective. I had spent 23 years in progressive leadership roles from the clinical nurse level, through an advanced practice nurse role, into formal leadership over a small department, then a large department, then multiple departments, and finally over a community hospital with some responsibilities across the rural academic medical center where I was working when I met my mentor.

I met my mentor during my Health Management Academy General Electric Fellows Program for CNOs. She was instrumental in helping to bring it to fruition and designing the curricula. I was immediately drawn to her as she projected confidence, passion for nursing, and an inquisitive and approachable style. We quickly moved into dialogue, and I knew I wanted to learn from this powerful woman. During the several-year course, I sensed that she was watching over me. I felt that she was genuinely interested in my development and feedback, especially since I was in the inaugural class. When someone you look up to shows interests in you, it makes you want to perform better. I have felt this for many years, having been a high school and college athlete who always worked hard to get the approval of my coaches and the respect of my teammates.

During the program, an opening for the Vice President and CNO of one of the large academic medical centers where my mentor worked became available. A recruiter had reached out to me, and my new mentor encouraged me to apply. It was a rigorous, external search as they were looking for someone with the skill set to turn this team around from an employee engagement standpoint, improve empirical outcomes, and ultimately achieve Magnet® designation for the first time. I wanted to work with this nurse executive. I felt she could develop me in ways that would prepare me to help nursing in a sustained way locally, regionally, nationally, and globally.

I grew up in a small-town, so moving to New York City was a leap of faith. It is a city that never sleeps. I had worked in Philadelphia for nearly 10 years right out of college, so I knew I could adjust to city life. I just needed to immerse myself in my work, find my routine, and discover my leadership groove. After a few days, despite the high acuity, the pulsating environment, the obvious work at hand, it no longer felt I had taken a risk. I felt like I was home. I was welcomed by a staff who was hungry for progress, a team who rallied around me, and a senior leadership team who provided me with support, coaching, and mentorship. I reported to two leaders when I first started at the system: the COO of the academic medical center and the CNE for the system. Both were fully committed to helping me succeed in this new role, and for the purposes of this story, I will concentrate on my relationship with the CNE.

My former system CEO gifted me the book "Right from the Start" by Dan Ciampa and Michael Watkins when I left my previous organization [7]. He inscribed it with "Best wishes for success in your new, well-deserved role. Listen. Learn. Lead." It meant so much to me since he was also a respected mentor who invested in my development. I devoured that book prior to starting my new role under the bright lights in the big city. It helped me remember to rely on the skill set I had developed in nursing leadership—informal and formal. And, it reminded me that I would have a lot to learn.

During the formative first 3 months of my journey, my needs were mechanical—who do I need to meet, where do I find that, when is this due? I utilized my preceptor much more frequently than my mentor. My assigned preceptor was essential to my transition, making it easier for me to navigate a highly matrixed organization with 11 campuses. The definition of preceptor is simply a "teacher or instructor." My preceptor served as someone I could go to for advice, a pep talk, or constructive feedback and who remained a trusted colleague, which I continue to rely on, especially for teachable moments.

During those first 90 days, I did lean on my established skill set and my learnings to date. The book by Michael D. Watkins, "The First 90 Days," which I had read before my last transition, was dusted off and used again as a guide to remember to go slow to go fast [8]. I focused on making the mental break from my former and

beloved organization, jumping into the learning curve, discovering the best strategy for my current situation, securing early wins, learning the expectations of my new bosses, achieving alignment, assessing and building my team, creating key coalitions (something I would later know I needed to work on), and keeping my balance while moving the team forward as quickly as possible [8].

Initially, I struggled to slow down to hear feedback from my CNE. The team was making incredible progress, and we were shifting the culture faster than anyone anticipated. When I finally paused enough to receive feedback about how peers were experiencing me, I was grateful for the candid conversation with my mentor. I understood that the input was coming from a good place: she wants me to be an even better leader. As part of my development plan, I was given the Hogan assessment to understand better my personality, work style, derailment risks, core values, and self-awareness. I was also given an agility test in which I scored very high and a formal 360 assessment, which provided a base from which I could launch and surmount two development goals.

One of the development challenges that I needed to work on was how to be a better partner with colleagues at my peer level whom I perceived were not keeping pace nor meeting my expectations. I always saw myself as a team player. To be given feedback that I may be alienating colleagues when I get visibly frustrated and impatient when service standards were not met was hard to hear. I understood it, but managing how I responded was sometimes challenging. This opportunity was addressed with several tactics discussed with my mentor following a review of my 360 assessment. Pause and reflect. The goal was to move from being impatient to being inclusive. Was I able to achieve more by utilizing the same skills I used with my direct report team and the frontline staff, building rapport and allowing my peers to get comfortable with me? The answer is, of course, yes. I have learned that the risk for someone action-oriented and results-driven like me is that we can be all about business and possibly neglect the value of the relationship. I fully understood the impact of not establishing trust with those who reported through me. It was an identified and quantifiable strength. It was key to the foundation of our strategic plan—respect, trust, and transparency. Once I realized this was the same for my peer group, I was able to employ the same tactics to improve. I now considered my peers as teammates. After all, we are on the same team with a shared goal of putting our patients first.

The second opportunity was a little more challenging for me. I was listening to the mentoring and coaching intently, but I wasn't able to understand how I could be perceived in high-stress, high-stakes situations, especially by leaders more senior than me. By this time, my role had been expanded to include another hospital—a community hospital and world-class spine center—and an ambulatory care network (ACN); I now had three bosses. I was reporting to the Group COO, the CNE, and the COO of the new hospital. During my annual evaluation, the four of us discussed my career goals, and they felt that a coach would be beneficial to support my continued development. I was provided an opportunity to work with an external coach to help me continue to drive for outcomes and help me continue to manage my relationships by working on my patience. I had to fully understand my triggers, those things that might set me off. As a reflective leader, I could always appreciate when my amygdala had been hijacked during or after an interaction where an overwhelming emotional response usually results in "fight or flight." How could I make sure that I didn't let that happen at the moment (unless it was intentional/strategic)? I wish I could tell you exactly what resonated with me the most during my 1 year of coaching, but I think it was sharing my experiences and learning that I needed to embrace three things: (1) when I perceived that my team or nursing was being disrespected, I needed to breathe and assume good intentions of the messenger, (2) I needed to embrace the organizational culture and understand when it was time to develop a new strategy versus continuing to drive for what I felt was needed, and (3) I needed to develop restraint when I was presenting to senior leaders, learning

to be more controlled and concise (my coach described this knowing which mask to wear to the party). These very much aligned with what my mentor had stressed with me, so it was constructive to receive consistent feedback and counsel. I worked hard to understand my development opportunities, invested my own time in improving, and continually sought feedback to ensure that I was not regressing in my leadership development. I did not want these transactional flaws to hold me back from an opportunity to serve nursing or healthcare on a larger scale. In his book, "What Got You Here Won't Get You There" by Marshall Goldsmith, he stated: "All other things being equal, your people skills (or lack of them) become more pronounced the higher up you go. Even when all other things are not equal, your people skills often make the difference in how high you go." [9].

2 Self-Reflection

As I reflected on my experiences as a mentor, I realized how much being a mentor has helped me become a better leader. I have often seen mentorship evolve into "checking the box" instead of something more authentic and based on a relationship that evolves into a genuine, caring, and trusting relationship. I learned so much about me as a leader and why mentoring needs to go beyond skill development. At its most fundamental level, mentoring is about connecting with and caring for the mentee, helping the mentee become a fuller version of who she is. It's learning to step out of the manager-employee relationship as situations arise to provide a safe space for the mentee. It's not about developing a leader to be just like me; my mentee and I are vastly different in personality style. For me, it's about helping my mentee to recognize and cultivate her strengths. This is what I enjoy the most about being a mentor, knowing that I can make a difference. This is leadership.

Storytelling is an effective way to share learnings. I found that telling a story about a similar challenge is a wonderful opportunity to teach or impart some wisdom. Opening up about my own stories and challenges and how I have handled them makes me more approachable, relatable, and a better leader. By listening, discussing options for problem-solving, and thinking through challenges together, I was also more open to different solutions and approaches. I learned a lot by listening.

A genuinely successful mentoring relationship is like helping my mentee uncover and celebrate her superpower. It isn't about giving her all the answers. At times it's about asking questions, knowing what questions to ask to prompt deeper thinking and self-reflection. Most times, the answers are within the mentee. I am merely acting as the quiet adviser, encouraging and validating. Sitting back and providing my mentee the opportunity to arrive at solutions was a growth opportunity for me. I know I tend to jump in and problem solve. It took some practice and discipline to modify my approach, and I know it made me a better mentor.

Finally, the role of a mentor takes me back to a place where I can connect to my passion and my purpose. It's validating. It's fulfilling. It fills my bucket.

As a mentee, open yourself up to constructive feedback. If someone is investing their time and resources on you, they want you to succeed and achieve your goals. Immerse yourself in the mentoring and coaching. Invest in yourself.

I have always been a mentor, making time for all nurses or hospital staff who want career advice, need a sounding board for handling difficult situations, guidance on higher education or development, want to know how to drive for outcomes, or establish vision and strategy. I love what I do every day, and this work is what brings me the most joy. Like my mentor, I feel an obligation to help develop leaders at every level of the organization, and it is something I am good at, as evidenced by the number of my mentees and direct reports that have been promoted. If I didn't make the space for this work, I know that I would not be as fulfilled. My advice for all leaders is to make mentoring a priority. Our already long days are made longer when this is done correctly, and if we don't do it we are letting down our future. Do not push out these interactions

from your calendar; embrace them and they will bring you the greatest satisfaction. I do not recall ever receiving a personal note for achieving empirical outcomes, but I have received countless cards and letters for helping others achieve their dreams.

I am incredibly grateful for my CNE, who was honest, transparent, gave me very candid feedback, and held me accountable for my actions because she saw my potential and believed in me. It would have been easier for her to just let me perform in the position I was in, but instead, she challenged me and helped me to develop and be prepared for growth opportunities. She took me higher – that's the power of mentorship.

3 Best Practice

Mentoring is a brain to pick, an ear to listen, and a push in the direction.—John C. Crosby [10]

Much has been written about the merits of mentoring. The relationship between a mentor and a mentee can be likened to that of a master craftsman and an apprentice, where the master craftsman unselfishly shares deeper knowledge, experience, and expertise with the apprentice to help the apprentice gain more knowledge, develop confidence, and gain new skills and competencies.

Mentoring is effective in helping prepare for leadership succession, elevating leadership skills, and retaining talent. Mentoring and coaching tend to be used interchangeably. There is a difference; however, alone or together, it can support the professional development of a new nurse executive during a role transition or in pursuit of a career advancement opportunity.

Conversations with successful nurse leaders reveal that they had at least one mentor, informally and/or formally. Nurse executives from academic medical centers throughout the United States confirmed the importance and positive impact of mentoring in their career development [11]. The five most positive behaviors carried out by most significant mentors during the mentoring relationship were: (1) showed confidence in me; (2) encouraged independent decision making; (3) mentor's knowledge and energy inspired me; (4) demonstrated behaviors I tried to imitate; and (5) provided opportunities to show what I could do [11].

The COVID-19 pandemic has exposed vulnerabilities in healthcare, and we need leaders to reimagine healthcare and how we deliver care and value to our patients. We need nurse executives now and in the future to lead effectively and help chart a course for a better healthcare system. Mentoring is key to executive development and success.

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Resources

https://hr.uw.edu/pod/wp-content/uploads/sites/10/2017/04/Mentoring-Toolkit.pdf.
https://bwhmentoringtoolkit.partners.org/tools-and-templates/.



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Moving into Academia with Support of Value-Based Mentoring

Thomas Kearns, Catherine Fitzgerald, and Paul Mahon

Where we have come from is not here. Where we are going to is not here either.

—(Unknown)

Objectives

1. To give an insight into the personal and professional challenges of transitioning between clinical practice and academia.
2. To explore values underpinning the mentor-mentee relationship.
3. To highlight the importance of recognising and building capacity in others.
4. To identify and explore the personal experiences of participants of a mentoring process.
5. To provide a reflection of the facilitators and challenges in a mentoring process.

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1 Thomas Kearns' Narrative (Exordium)

Established in 1974 by the founding dean, Ms. Mary Frances Crowley, the Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences (the Faculty), is the longest established provider of higher education to nurses and midwives in Ireland. In 2014, the governance structure of the Faculty changed and for the first time in over 40 years, the role of executive director was introduced. This role facilitated the furtherance of the Faculty's focus on strengthening the contribution of nurses and midwives to improving healthcare systems by driving innovation within and across the health sector [1]. Having spent a significant portion of my career in senior education, leadership, and regulatory roles, I sought to bring to the position of executive director a breadth and depth of knowledge, skill, and intuitive insight into issues affecting the nursing and midwifery professions both in Ireland and internationally. Indeed, I truly believe that if our professional voice is to be heard for the benefit of families, individuals, communities, and societies, then nursing and midwifery must speak not just to other nurses and midwives, but to other stakeholders [2].

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Indeed, the Faculty is committed to strategically collaborating and innovatively engaging with its clinical partners, national and international colleagues, and global structures and campaigns to empower nurses and midwives to enhance human health and well-being [1]. In pursuance of this commitment and under my leadership, the Faculty developed two strategic centres—the Centre for Nursing and Midwifery Advancement for the RCSI Hospital Group where Paul was appointed the lead, and the European Centre for Research Excellence in Continuous Professional Development where Catherine was appointed the lead. The establishment of these two centres embodies the interdependent relationship between nursing theory, practice, and research; and demonstrates that by working with local, national, and international academic and clinical colleagues we can raise respect, cultivate collaboration, support scholarship, and inspire innovation. Essential to the realisation of these ambitions was ensuring that Paul and Cathy were both supported to work to the maximum extent of their education and training.

2 Paul Mahon's Narrative

In 1995, I commenced my undergraduate nurse education in Beaumont Hospital, Dublin, Ireland. After I completed my 3 year diploma programme, I continued to work in the hospital in a variety of roles from staff nurse to manager; and in a variety of settings including neuromedicine, neuroscience intensive care, and nurse education. Except for a 1 year 'walkabout' in Australia, for over a quarter of a century my career was Beaumont Hospital. Indeed, given the many academic, clinical, personal, and professional prospects available to me in Beaumont Hospital there was no real need to seek out other opportunities. However, in mid-2020, a unique and exciting opportunity arose to undertake a 1-year contract with the Faculty of Nursing and Midwifery to lead the development of the Centre for Nursing and Midwifery Advancement for the RCSI Hospital Group. I applied for the position, was successful, and through the support of the hospital commenced a secondment in January 2021 before being permanently appointed in January 2022.

Conceptualised by Professor Thomas and guided by a Steering Group, the Centre for Nursing and Midwifery Advancement was established to engage, retain, recognise, and further develop nurses and midwives at all levels, in all domains, right across the group of seven hospitals. It would do this by creating an academic-practice partnership to support and share collaboration between, and more closely align, the areas of clinical practice, practice development, research, education, and management. To sustain, spread, and scale up a major innovation such as this across a complex and dynamic system like the hospital group required attention to the underlying ecology of the system [3, 4]. This meant putting people first, inspiring through purpose, enabling people with the competencies and the capacities they need to succeed, and by furthering a culture of criticality, continuous learning, innovation, and entrepreneurship.As such, imbuing attributes such as a participatory culture, distributed leadership, engaged participants, and evidence-based decision making was essential. It required working with partner services and employing the interdependencies of other group and Faculty functions such as the Centre for Research Excellence.

Having spent my entire professional life in the hospital, working at the Faculty was a very different way of working for me. Certainly, within the 'swampy lowlands' [5] of clinical practice where the focus is properly on the provision of patient care, opportunities to engage strategically at group, national, and international levels were limited. Here, patterns of knowing centred on the empirical, ethical, aesthetical, and personal [6], but the move to the Faculty required an additional kind of knowing—socio-political [7].

Socio-political knowing encompasses a wider view of healthcare and causes us to question assumptions that are taken for granted about practice, the profession, and health policy [7]. As such, I needed to immerse myself in this new milieu and acquire a lexicon of language beyond that of the clinical and the pedagogical. However,

my appointment came at a time in the global Covid-19 pandemic where working from home had become the new norm. This in itself represented a new way of working and added to the challenge of acclimatising to an unaccustomed culture and cohort of contemporaries. Gone were many of the tacit and explicit support structures inherent in hustle and bustle of hospital life—the random corridor conversations with colleagues, the opportunity to 'pop next door' to ask a question or to seek advice, the community of practice that I had built around myself. In the hospital, the education team worked together towards a shared goal but as the Centre for Advancement comprised of one person (me) self-direction and individual responsibility was to become the new way of working. I remember my first morning at home sitting staring at the computer screen in a starting place of self-doubt, insecurity, and unknowing. I wondered what the wider team would be like and its politics, would I be accepted, and how long it would take them to realise that I was an 'imposter'! I wondered what would be expected of me and if I would be able to deliver.

It was then that Professor Thomas rang. It was a brief call and although I cannot recall exactly what was discussed, I do remember how it made me feel. It is said that mentorship is lived in the moment [8] and I remember hanging up the phone realising in that moment that I had entered an environment which was warm and welcoming; where there existed a sense of belonging, a shared purpose. I had entered an environment where I was viewed as a colleague, not a subordinate, and one which would further enrich rather than restrict my thinking. Far from losing anything, I had just found what I hadn't heretofore realised I was looking for.

As an educator, Professor Thomas implicitly knows that the path to expertise is trod through repeated exposure to, and reflection on, experience [5, 9–11]. Throughout my first year, I was tasked by Professor Thomas with many things that were new to me and that required socio-political knowledge such as collaborating across countries, envisioning and actualising national policy, and engaging in opportunities to help shape the health system of today and tomorrow. Having been immersed for so long in the clinical environment, I was somewhat blind to the wider political, economic, social, legislative, and environmental elements of nursing but having access to Professor Thomas's wealth of knowledge and experience regarding regulatory and policy matters at national and international levels helped me develop insight into these aspects of nursing and midwifery. While I may have doubted my own capability at times, it was evident that Professor Thomas did not. Through our conversations he displayed his confidence in my ability, his inherent sense of trust, and our shared values and beliefs.

3 Self-Reflection

From developing leadership programmes for early career nurses and midwives, to liaising with senior national and international nurse leaders, to collaborating with Ministries of Health from other countries, and even to co-authoring book chapters, Professor Thomas afforded me the opportunity to become more confident and competent in the socio-political dimension of nursing through repeated exposure to, and reflection on, experience. Building on this heightened awareness of my contribution and capability, I was facilitated to work to the maximum extent of my scope and ability. In true mentorship style Professor Thomas pointed me in the right direction and imparted words of wisdom as we worked together within a zone of proximal development [12], approaching our work as colleagues while co-creating a new reality for us both [13]. Reflecting on this first year with the Faculty I can see that working closely with Professor Thomas has given me the opportunity to observe how he enacted his vision and values [14] in a mutually respectful and meaningful manner which in itself has helped me reinforce my strengths and identify areas for further development. It has helped me realise that my own vision for the centre—putting people first, inspiring through purpose, enabling people to succeed, and furthering a culture of criticality and continuous learning were the very things Thomas was developing in me.

4 Catherine Fitzgerald's Narrative

As a child, I had lived my entire life in rural Ireland. My first experience moving away from my home and family was when I commenced the certificate of nursing programme on the other side of Ireland close to Dublin. Following my graduation as a nurse, I had the opportunity to move to Australia and work as a nurse there in a variety of roles. Returning from Australia I embarked on a career as a midwife.

Becoming a midwife was quite a dramatic change from being a nurse. Working as a midwife, you develop a unique and intimate relationship with the mothers and infants that you care for. As a student midwife working in the labour ward for the first time I was often struck by sudden inward panic, when there was no other midwife around to ask for assistance. Looking back now I see how unsupported we were as student midwives. Working on the labour ward, we were terrified, inexperienced, and too afraid to complain about the way we were being treated. We should have been supported in a more structured manner, given the opportunity to ask questions, grow, and learn in a safe nurturing environment. Instead, we were thrown in at the deep end of a very steep learning curve. As I gained further experience as a midwife my interactions with specific mentors was ad hoc at best. Depending on the organisation and country I worked in some of my experiences were better than others. Having experienced the benefit of mentorship now I can see how a structured programme can be a tremendous support and benefit for new graduates or staff new to an organisation, Kim and Shin [15] found that structured transition programmes were important for newly qualified nurses' successful transition into their professional roles.

My journey to academia was gradual. I completed a master's degree in public health which increased my interest and skills in research. I then pursued a PhD in Public Health and Epidemiology; unlike some of my fellow students I was fortunate to have an excellent supervisor/mentor. She constantly pushed me beyond my comfort zone, encouraging me to present my research at multiple conferences. My life as a PhD student was extremely organised, working on a structured research project. At times it was challenging to keep to specified deadlines and manage the expectations of others, but with immense pride and joy, I successfully graduated with a PhD. Life as a PhD student taught me a lot about myself. Recognising the positive impact that I had on others was very motivating. As I look back on my life experiences, it is interesting to see how they have built upon each other to lead me to a career in research.

As I looked forward to the next step in my career, I was delighted to find a position as a research fellow with the Faculty of Nursing and Midwifery. Moving onto my role as a research fellow was something completely different; there was no structured research project to work on, just my mentors vision and ambition to establish a European Centre of Excellence for Research in Continuing Professional Development (CPD) and scoping the development of a WHO Collaborating Centre in the Faculty of Nursing and Midwifery RCSI. Initially I felt a little overwhelmed having worked in such a structured manner for the previous 4 years; it was difficult to comprehend where to start when there were no tangible projects to work on. However, having several meetings with my mentor as he shared his vision and mission for the Centre I gradually came to a better understanding of what the Centre would look like and so began the task of developing the research centre. Evidence shows that mentors who display behaviours such as supporting open communication and building a good rapport have mentees that rate the quality of the mentoring relationship positively [16].

The first challenge was to build a research team involving multiple researchers from multidisciplinary backgrounds. While this was challenging, it was also very rewarding for the Centre. Researchers are indeed strong minded individuals with their own views on how research should be conducted, but as the Centre was a new venture it was very helpful to collate all the different viewpoints and ideas on how the Centre should look and operate. It was essential to develop a

diverse team to tackle focused research problems in the field of continuing professional development for healthcare professionals, developing a collective goal and a team-based approach.

Successful elements of mentorship that helped in the effective development of the research centre included becoming an effective leader. My previous role as a PhD student involved managing my own workload and bringing a research project to completion. I did not have to act as a leader as I worked very much in a silo. However, my new role required that I learn how to be a good leader as I knew this would greatly impact the success of the Centre. I soon realised that to be an effective leader, I must firstly recognise my personal strengths, weaknesses, and motivations. I realised the importance of connecting with our growing team by creating a culture of open communication, inspiring team member's personal and professional growth and development. Bringing together the appropriate leadership team is a key element to building a successful research centre. It was imperative that we developed a robust core team so that I could focus my energies on scientific innovation and developing a strategic direction for the centre.

Professor Thomas understood how challenging it was to start the Centre and was able to help me gain focus by identifying the strengths, weaknesses, opportunities, and threats of the development plan for the Centre. Together we were able to develop a robust plan of action to reach our objectives. Professor Thomas held me accountable for my steps forwards, provided me with an objective viewpoint when I need a second opinion and lent support when I faced challenges on my career pathway.

5 Self-Reflection

The Centre was officially launched in 2020.At the event I saw many people joining in the activities of the Centre. The atmosphere felt motivating and inspiring. I was surprised by the excitement of the event. The culmination of hard work by all the team members. My new role has required that I expand my comfort zone, the role challenged me and encouraged me to do things that I wouldn't ordinarily feel comfortable with (setting up and leading large group meetings, applying for research funding, and collaborating with professional organisations). Expanding my comfort zone enabled me to move beyond a situation where I felt safe and at ease which in turn allowed me to grow and develop in my career. Having the wisdom, support, and guidance of a mentor to support me helped me to gain the confidence required to make the Centre a success. Despite the obvious advantages that I have gained from mentorship, I feel that one cannot generalise that everyone will have the same experience. Whereas some mentee's may benefit from such experiences as I have had, namely, leadership, self-confidence, and a sense of responsibility; it really depends on the relationship, motivation, and bond of a particular mentee for their mentor.

An expert possess a large body of knowledge, can work in collaboration with others, is a positive role modelling for others in their field, has respect for people, and has the ability to listen to others and continue to learn. I would consider myself an expert in specific areas of research methodology and nursing and midwifery research. I have to work in an autonomous and self-directed way, demonstrating innovation and creativity to accomplish the strategic goals of the Centre. I have developed and maintained genuine relationships with colleagues, which has worked well in maintaining a collaborative environment; this is evident from my work developing the European Centre.

6 Thomas's Narrative (Epilogue)

Many authors have defined mentorship [17] and describe the benefits of mentorship to the mentee and the organisation that accrues from a satisfying mentorship relationship. The evidence based on a synthesis and analysis of the literature purports that mentored individuals reported more positive work outcomes, were more satisfied with their careers, were more committed to their jobs, experienced increased self-esteem with

concurrently decreased work stress and less work-family conflict [13, 17, 18]. The evidence suggests that both the mentee and the organisation benefits; we also contend that more than this, the mentor benefits [19].

There is no wholly correct way to mentor or be mentored but as a starting point, we propose that mentoring must be values based. Catherine, Paul, and I believe in the fundamental importance of professional values. Nurses and midwives among other professionals subscribe to values and beliefs, which often underpin a professional philosophy. In Ireland, a set of shared values were published following an extensive engagement process [20]. Critically these values are not simply the foundation of our professional practice. We contend that these values of 'care, compassion, and commitment' underpin all professional activity and extend to all scopes of professional practice. We believe that our professional values extend to our educational, research, policy, regulatory, and leadership agendas. In other words, the nursing values that we espouse do not simply influence clinical practice but all activities within the diverse areas of nursing and midwifery. This by extension implies that the values that underpin our mentorship experience is underpinned by the same values, how could it not be? To our Irish nursing and midwifery values [20] I would add courage and capability.

Courage gives us the mental and moral strength to not just venture, but to also persevere in the quintessentially complex healthcare system characterised by uncertainty, unpredictability, and emergence. It allows us to develop our confidence and capacity. Indeed, capability is a holistic attribute. Capable people possess an all-round capacity to manage and adapt to change [21], use competencies in novel and complex situations, know how to learn, and work well with others [22]. Capable people appreciate that non-linearity affords a degree of freedom that allows for creativity, evolution, and innovation. They can see where services can be improved and know how to make that improvement happen. Capable people are self-effective [23] and are immersed in what they do- their actions motivated and maintained by an unwavering belief in their ability to succeed [24, 25]. Capable people are not afraid to take risks, pursue new ideas, use their imagination, or to experiment—all entrepreneurial characteristics (Table 1).

Such entrepreneurial characteristics are not, however, the exclusive preserve of the innovator; rather, they apply equally to the academic and to the mentor [35]. Indeed, if we are to educate, nurture, and discover for the benefit of human health, then mentors must possess and build capability, inspire through purpose [17], and treat colleagues with the same compassion, care, and commitment that we as nurses and midwives expect evidenced in clinical practice. Certainly, the essence of mentorship is revealed in its' axiological, relational, and developmental dimensions [13, 18]

Table 1 Cognitive, affective, and psychomotor competencies and capabilities of the entrepreneur

Dyer et al. [24]	Questioning | Active observing | Experimenting | Idea networking
European Commission [26]	Ability to turn ideas into action | creativity | innovativeness | initiative | risk taking | project management skills
Gedeon [27]	Alert to disequilibrium of information | creation of profitable opportunities
Gunter [28]	Decisions based on insight | nonlinear, intuitive reasoning
Morris et al. [29]	Opportunity recognition and assessment | conveys compelling vision | tenacity and perseverance | imaginativeness | resource leveraging | value creation | focus | adaptability and resilience | self-effective
Hietanen [30]	Creative problem solving | persuading | strategic thinking | networking
Korsgaard et al. [31]	Opportunity recognition | entrepreneurial cognition
Tiernan [32]	Act in innovative ways in a variety of contexts | building and initiating | tolerance for ambiguity and uncertainty | risk taking | confidence
Miles et al. [33]	Opportunity seeking, recognition and assessment | discover and exploit value-creating opportunities | leveraging resources | social network
Nasip et al. [34]	Internal control | self-confidence | need for achievement | kindness | tolerance of ambiguity and risk | extroversion | innovativeness

and true values-based mentorship puts the person first, and the business second. A true values-based mentoring relationship is one which helps others grow, change, and overcome limitations. It is one which is founded on open communication and accessibility, an exchange of knowledge, mutual respect, and trust [17]. True values-based mentorship is a function of a relationship which authentically appreciates and reciprocally respects the person, their passions, their past, and their potential. Hester and Setzer [18] suggest that without the support of the culture of which it is a part, the mentor-mentee relationship is one which "hangs on a slender thread of personal relationships and individual commitment only" (p. 2). But as a system of dominant values, beliefs, and norms [36], culture is not necessarily a 'thing', it is itself about relationships. As such, culture is something that we are all part of, it is something we permit and promote, and so we must all take individual and collective responsibility for it as this determines our organisation and the people within it grow and learn. A values-based leader as mentor facilitates a quality learning culture by creating and controlling the conditions in which learning occurs. It is they who hold a nuanced understanding of the organisations' unique set of cross-functional relationships, cultural assumptions, shared visions, standards, tools, and mental models. It is the values-based leader as mentor that creates this culture of collaboration where "knowledge spill overs and overlapping minds… promote open and flexible dialogue and growth"[18] (Figs. 1 and 2).

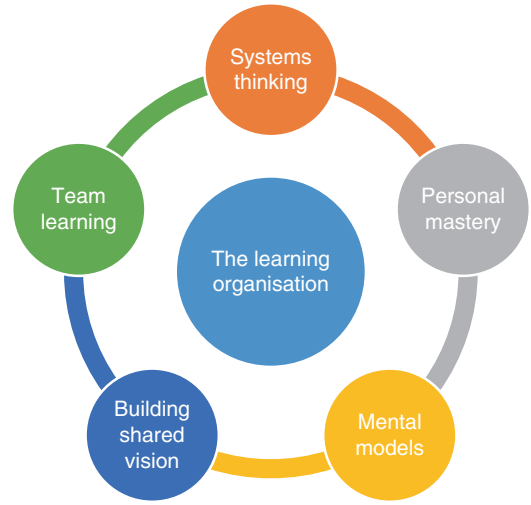


Fig. 2 Senges's [38] characteristics of learning organisations

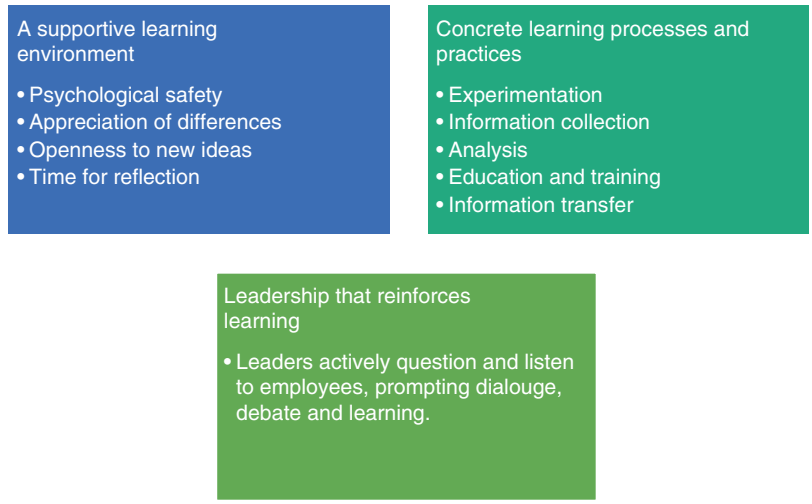


Fig. 1 Building blocks of the learning organisation [37]

7 Conclusion

Each of us in nursing and midwifery live a number of lives: from our student years, to qualifying and commencing our careers, to gaining senior status, to everything in between and beyond. And while in a physical and metaphysical sense it is true to stay that where we have come from is not where we are now, and where we are now is not where we are going; where we have come from, and where we plan to go, shapes where we are today. None of us can be ever fully ready for the unknown next step in our career [39] and we each rely on the insight of the informed other during these times of transition. It is well documented that the transition from clinical practice to academia is challenging, and emerging nurse and midwife academics must be supported as they journey to 'owning' their new identity [9, 13].

Certainly, starting a new job can be hard and starting a new job in a job that is new can be even harder. However, being involved in the establishment of something novel affords us the opportunity to not just journey towards a new identity, but to create one! With the support of a compassionate, caring, and committed mentor, we are reminded of what we bring to the roles so we do not loose ourselves in the process. In establishing two new centres within the Faculty, we were provided with the opportunity to help shape the nursing and midwifery professions and realise our own aspirations for the service and the staff within it. And within the mentor-mentee dyad, in the shaping of the other, we shaped ourselves.

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Webpages

Mentoring Europe: https://www.mentoringeurope.eu/tools-resources/.
Workplace Mentoring: https://www.mentoring.org/resource/workplace-mentoring/.



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Unconventional Beginnings

Nicolette Fiore-Lopez and Beverly E. Smith

Mentors should care enough to say, 'I want them to soar—not just under my wing.' Mentors don't want a captive relationship. They just want to see people soar. They just want to give them wings.

—Indra Nooyi

Objectives

1. Describe how a mentoring relationship differs from other professional relationships in nursing.
2. Identify the distinct phases of mentoring relationships.
3. Compare and contrast mentoring and leadership development on shift with similar relationships that are developed during business hours.
4. Justify a selected model of mentoring that served as the basis of this mentoring relationship.

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1 Mentor-Mentee Narrative Imbedding Best Practice, Evidence-Based Practice Examples

1.1 Setting the Stage

This mentor-mentee first met when they were both undergraduates, living in the dormitory of an urban college. The mentor was a senior, poised to graduate after the Fall semester and the mentee had just begun her studies. The mentee vividly recalls the mentor scolding her and her group of friends over the noise level they were creating while the seniors were busy studying for finals.

After graduation, the mentee began her career at the same academic medical center, in the same intensive care unit where the mentor had begun 3 years earlier. The mentor was completing her requirements for her master's degree. She was working nights in a first-line management position. Although the mentor and mentee had several interactions, none were recalled as the mentor left for another medical center as a critical care educator, returning 15 months later. In

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the interim, the mentee established herself as a successful critical care nurse, working in the evening shift.

1.2 How It Began

After working several years as a critical care educator, a management opportunity was presented: the nurse manager of the critical care unit was leaving a coveted position. The mentor made one of a series of career pivots: she applied for and was offered the position of head nurse of the surgical intensive care unit. Around that time, the nursing department made a decision that set the stage for the development of this mentor-mentee relationship. To assist in facilitating the education, support, and goals of the units, each would have a designated "Permanent Day Senior Nurse Clinician." The hospital had a long history of a career ladder for bedside nurses. At the time, all staff rotated shifts. This newly designated position would be a forerunner of the clinical nurse specialist position of today.

The mentee was a top contender for the position. However, there was some competition. Additionally, there were several leaders who had concerns that the mentee would not be successful in the position. The mentee's employee file reflected some communications issues with the staff. The position required excellent communication skills. The mentor successfully made the case for offering the mentee the position, reassuring the naysayers that the mentee was a model clinician whose communication skills just needed development.

1.3 First Steps

The mentee was not as self-assured as the mentor. That was an immediate observation. The mentor knew that the mentee was very smart with a lot of potential both clinically and from a leadership perspective. This was perplexing to the mentor as she wanted to rely on the mentee to not only be a clinical resource for the staff but also a leadership resource.

This relationship began around the time that mentoring was just beginning to become a popular subject in nursing [1]. As described by Fawcett [2], a mentoring relationship is longer than a teaching or precepting relationship; in fact, there is no predetermined time. Both parties grow in the relationship, with mutual respect developing for each other's knowledge and skills. Fawcett [2] also refers to mentoring relationships being formed based on what the mentee values. The specific mentor-mentee relationship described herein is based on a mutual respect and began with shared values.

Both the mentor and mentee were clinical leaders whose knowledge and skills were sought after by all members of the healthcare team. The mentor thrived on the challenges presented by continuous high acuity, high intensity, busy critical care unit in academic medical center. While the mentee possessed great potential, she lacked self-confidence. The first goal of the mentor-mentee relationship was to assist the mentee in this area.

As the mentor and mentee began to work closely together, the mentor needed to provide ongoing guidance to the mentee as she developed the self-confidence to be on par with her clinical knowledge and skills. This ongoing guidance took many forms that included role-modeling and role-play and, in the early stages, there was formal continuing education that guided the mentee.

Over time, the mentee was successful in developing a level of self-confidence that assisted her in establishing the relationships that she would need to be a successful leader: relationships with both the inter- and intradisciplinary team members, including her supervisors, peers, and staff. The mentor and mentee made a formidable pair in leading a very busy intensive care unit in providing excellence in care, achieving and exceeding operational goals. During this time, staff turnover was low and staff engagement was high.

1.4 Developing Years

Mentoring relationships develop over distinct phases [3]. This mentoring relationship also developed in distinct phases that were heavily influenced by both personal and career trajectories. During this phase that the mentor labels "developing years," the mentor-mentee relationship was evolving due to personal and professional growth and opportunities.

The mentor was presented with an opportunity to take on the role of the night assistant director. Once the mentor was no longer in the role of head nurse, the mentee was no longer under the direct supervision of the mentor. This change was not only a growth opportunity for the mentor, but also evolved into a growth opportunity for the mentee. After a year, the mentee was once again under the supervision of the mentor as the mentee assumed the position of night supervisor.

The leadership structure at the time did not have 24-h responsibility for nursing care. Rather, the responsibility was carried by each eight-hour shift of nurse leaders. On shift, each nurse leader reported to the supervisor who in turn reported to the assistant director. In these roles then were the mentor as an assistant director and the mentee as a supervisor. While they learned and grew together, clearly there were new challenges to leadership growth and development for both the mentor and mentee. First, the mentor and mentee had to actively assist in recruiting and retaining qualified leaders, playing a crucial role in leader selection. The mentor and mentee had a young, relatively large group of leaders to develop while, simultaneously, developing their own leadership skills and overseeing the care of patients in a large, busy academic medical center. There were constant challenges at all levels. They were considered the most senior administrative staff in the hospital on shift and, therefore, had the responsibility to be resources for other departments.

The role of shift supervisors has been receiving its share of attention from researchers in recent years. Claffley [4] gives an example of nurse decision-making in the middle of night involving when to call a physician. As night nursing leaders, the mentor and mentee assisted with the development of leaders who guided the front-line nursing staff in this decision-making. The mentor and mentee, with their repertoire of clinical and administrative skills, quickly established a stellar reputation as being a resource for all staff in all departments. In addition to having a distinct set of knowledge and skills, the mentor and mentee each had to actively provide guidance and education to those who reported to the mentor and mentee without making the decisions for them. It was important for the night supervisor, the mentee, to carry on the work of the managers and directors as well as create an environment of teaching and learning, the latter of which was the goal of the mentor. Shiftwork frequently encompasses the same stress situations that take place during business hours, except without all the layers of support that exist during business hours. Over time, the mentee acquired the skills to keep her own stress level in abeyance while she supported the staff in developing theirs. Working in an academic medical center, on the night shift, with young staff and young nursing leadership was a challenge indeed but the mentor and mentee persevered with excellent patient, staff, and nursing leadership outcomes.

Weaver et al. [5–7] have extensively studied the preparation of and education for the role of shift supervision. The work of the mentor and mentee predated this research. However, the qualitative and quantitative results of these studies indicate that we were certainly on the right path. Weaver and Lindgren [8] identified the roles and responsibilities of shift nursing leadership as staffing, patient flow, and crisis management and hospital representative. In the years of working together, the mentee and mentor addressed staffing and patient flow continuously, supporting the unit leadership group with decision-making. Additionally, there were several memorable crisis situations where the mentor guided the work of the mentee so that both would learn their respective roles during hospital crisis situations.

The other major responsibility of shift nursing leadership is the role it plays in maintaining nurse and patient safety [6]. The mentee was exceed-

ingly bright, learning very quickly the clinical knowledge needed to round effectively, querying at opportune times. Both mentor and mentee had experience with similar role models who questioned them and needed to select effective methods of questioning staff that would guide their knowledge and skill development. Through role modeling, role play, and repetition over time, the mentor and mentee developed the skills needed to become experts in this area. Working in an academic medical center also meant working with a resident staff. As shift nursing leadership, the mentor and mentee were also there to support our resident colleagues in navigating the medical hierarchy that, at the time, was not as open to questioning as exists today. As leaders of the leaders on shift, the mentor and mentee had to role model communications under these circumstances and build a reputation. On a microlevel, the mentor role modeled for the mentee and provided constructive criticism, when necessary and lessened over time, to further the growth of the mentee.

The mentor and mentee were in these roles at the time when clinically adept nurses were promoted into these roles with little management preparation. Weaver et al.[7] identified more education is needed for this group, despite the role out of a targeted, statewide education program in their study. Fischer-Cartlidge [9] suggests that the addition of the clinical nurse specialist role further augments the clinical support that is needed for shift staff. In retrospect, the mentor and mentee have come to believe that we were not only the administrative resources but the clinical nurse specialists on shift, long before the formal role existed. Additionally, it is believed that this nursing leadership structure was the beginnings of the early-alert teams that developed later to support patients and staff.

After several years, the mentor began part-time work, covering the night shift on weekends while the mentee was promoted to the role of the night assistant director, a title that had several iterations over the years and was eventually labeled nurse administrator. The mentee flourished in this role, providing encouragement and support for continuing master's education, and developing a journal club specifically targeting the leadership development of beginning nursing leaders. Additionally, the mentee was recognized by the nursing department and the medical center with a numerous awards and honors for her work.

1.5 Sustaining Over Time and Distance

There came a time when the mentor relocated while the mentor remained on the night shift. Both mentor and mentee were experiencing growth and development in their career and changes began to take place, some that were planned and others that were not.

While the mentor did not get her first choice in positions initially, the position that she was offered developed into a steppingstone to a chief nurse position that she holds to this day. At this time, the mentee also found herself at a career crossroad. The new senior leadership at the academic medical center was changing the focus of shift nursing leadership. As a result, the focus for the night leadership group which the mentee continued to grow and sustain was changing too. The mentee began to think about doing something different. She sought several colleagues out for guidance. The mentor was one of them.

The mentor was highly confident that the mentee would flourish in an environment that focused on clinical work. While the mentee was thinking of pursuing this, the mentor had many discussions with the mentee to assure her that she would not only be highly successful meeting the educational requirements, which involved the completion of a post master's certificate, but also post-graduation as a nurse practitioner. As the mentee completed the course work, the next decision to be made would be the focus of her nurse practitioner role. A nurse practitioner position in radiation oncology was offered. This clinical area was so far from the clinical knowledge and, therefore, comfort zone of the mentee. As a result, again the mentor heavily contributed to the discussions with the mentee to boost her self-confidence that she would be successful. Not only was she successful in the role but the men-

tee went on to become a member of the inaugural class of doctor of nursing practice at the university and was highly successful in that program.

Simultaneously, the mentor also returned to school to attain her life-long dream of completing a PhD in nursing. Coincidentally, the mentor was a member of an inaugural cohort for the program that began at the college where she completed degree requirements for the PhD. Both mentor and mentee spoke a lot about each of the programs they were attending, both during and after completion. These discussions served to support one another in the completion of their respective programs.

2 Self-Reflection: Mentor

Each of the professional lives of the mentor and mentee was forever impacted by the relationship. While the mentor provided guidance and support throughout the relationship, it was not until recent years that it was labeled a mentoring relationship. The mentor and mentee had their share of professional disagreements. These disagreements were at times about the leaders that they led, the colleagues on the interdisciplinary team that they worked with, or the leaders that led them. At other times, it was professional disagreements about the decision-making of these groups. These situations resulted in growth experiences for both the mentor and mentee, as frequently these disagreements led to discussions that improved the mentee and mentor views of one another, those with whom they worked and the environment where that care was provided.

3 Self-Reflection: Mentee

The mentee clearly remembers the night she first met the mentor. Following the aforementioned scolding, the mentee recalls turning to her classmates and asking, "Is she a 'boss'?" The mentee was in awe of the silence that the mentor had managed to demand and receive. The mentee believes that her personal and professional life was forever impacted by this interaction—because it truly was the beginning of a lifelong mentor/mentee relationship and friendship that was yet to be identified.

Flash forward 3 years and as a new "green" graduate, the mentee passed through the door of a busy, high-acuity, highly competitive intensive care unit where this "boss" was now employed. In the early days, the mentee had little interaction with the mentor. The mentor was working nights as a first-line manager and the mentee worked days and then eventually evenings.

During the next few years (while the mentor was at another institution) the mentee worked on building clinical knowledge and skills. The mentee ascended the RN clinical ladder, obtaining certification in critical care and obtaining a master's degree in nursing administration. Although the mentee worked under the direction of strong leaders, she did not seem to "connect" with a role model.

When the mentor returned to work in the critical care unit, the mentee had attained senior nurse clinician level, the top level of the clinical ladder, and was being considered for a leadership role. The mentor quickly and skillfully identified the clinical expertise of the mentee but was concerned about the verbal/nonverbal communication of the mentee under stress. The mentor very carefully constructed a shared learning plan with goals to assist in the professional growth of the mentee. It was written as an addendum to the annual self-evaluation of the mentee and it was a comprehensive overview. To this day, the mentee maintains a copy and often reflects/reviews several of the statements. Clearly as a respected leader, the mentor was adept in identifying professional nursing practice and its components.

As the mentor wrote to the mentee, "one of your assets is your ability to accept and act upon constructive criticism… it is my belief that this has been one of the determining factors that has allowed you to achieve your practice potential." That became the steppingstone to this formidable mentoring relationship. Over the next several years, the mentor guided and challenged the mentee to become more a self-assured clinical expert, critical thinker, complex problem solver,

and professional role model in her own right. All these wonderful opportunities do not define "boss"—but rather mentor and friend.

4 Best-Practice, Evidence-Based Practice Examples

There have been several models offered to aid in the understanding of mentoring in nursing. Bunkers and Hegge [10] offer three models, beginning with the Nightingale-mentoring model which included caring earnestly, envisioning a calling. and inventing the new. While some may consider this out of date, Bunkers and Hegge [10] argue that this "can be applied to inspire courage, community, and vision" (p. 321). The mentor worked hard to inspire the mentee with these three components as they built a formidable group of night leaders.

Another model offered by Bunkers and Hegge [10] contributes to our understanding of the tension that can exist in mentoring relationships: relational dialectic theory which was first described by Baxter [11] as a unity of opposites, of what happens in between dialogue. Johnson et al. [12] frame three distinct but opposing relational forces in mentoring relationships: integration-separation, stability-change, and expression-privacy. In this mentor-mentee relationship, the latter two relational forces were exhibited. While both the mentor and mentee thrived on challenges, the mentee was more reticent to change, especially when it was clear that the mentor would be leaving their shared employer. Through reassurance and active work, both the mentor and mentee not only continued their relationship, but it grew and matured. As the relationship grew and sustained over the years, a friendship also began, one that was more readily developed when the mentor was no longer directly supervising the mentee.

Jacobs [13] identified five models of mentoring in nursing and one, the reciprocal model, identified as having its beginnings in the 1990s, appears to be the model used in this mentee-mentor relationship, unbeknownst to the participants. As described by Jacobs [13], as the mentor-mentee relationship progresses, there is more sharing of goals, control, and empowerment. Specifically, in this model, the relationship is reciprocal and non-hierarchical. In this mentee-mentor relationship, this evolution was ignited when the mentor no longer served in the capacity of supervising the mentee. Over time, as the model describes, there was an emphasis on professional success in nursing with both the mentor and mentee contributing to the profession through publications and other avenues to disseminate their individual work. This reached its apex as each member of this dyad achieved their terminal degree and continues as each encourages and supports the work of the other.

There is a value in mentoring that is specific to nursing leadership. Madison [14] provides descriptive findings from a study of nurse administrators in California, where "ninety-seven percent of respondents attributed changes in their professional/personal lives to the mentoring relationship" (p. 20). Both mentor and mentee in this relationship would whole-heartedly agree with this finding.

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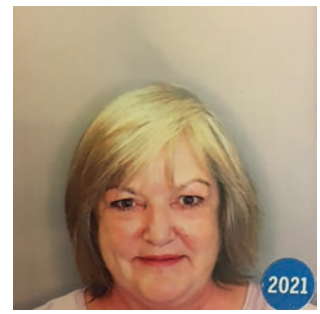
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It Is Always a Two-Way Street

Pamela A. Thompson and Amy E. Trueblood

I trust that at this point you guide me. In the next moment I trust that you will respect my guidance of you. Mentoring: The TAO of giving and receiving wisdom.

—Al Huang and Lynch [1]

Objectives

1. Describe the attributes of an interdependent mentoring relationship.
2. Describe potential outcomes of a long-term mentoring relationship.

1 Narrative

This narrative is the story of a mentoring relationship that started in 2008 and continues today. It encompasses many of the theories of good mentoring relationships and some not so common. Pam Thompson has been a mentor/mentee for over 50 years. During that time, she has concluded that a mentoring relationship involves an experienced person working with a less experienced person in a deliberate relationship. The main characters of this narrative are Pam Thompson and Amy Trueblood.

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1.1 The Beginning

Pam: When Amy and I met, I was the CEO of the AONE, a national nursing association in the United States. AONE had just launched the first nurse manager fellowship. This was a year-long program for 30–40 managers, aimed at teaching leadership skills using innovative teaching methodologies. Professionally, I had been a staff nurse, nurse manager, nursing director, nursing vice president, and had held other leadership roles. I believe leadership development programs are essential for any nursing leadership role. However, on average, nurse managers do not receive a good orientation or leadership development for assuming these very demanding jobs. That had been my personal experience. I was 24 years old. On Friday I was a staff nurse and on Monday I was the nurse manager. I did, however, have a mentor who helped me understand the role and met with me frequently, introducing me to others who could help me learn more about leadership. I was fortunate to have that mentor throughout my career. The experience left me committed to a focus on the developmental needs of nurse managers. The AONE Nurse Manager Fellowship was an outcome of this career-long

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focus. It was based on several other leadership development programs that I had attended or designed in the past.

Amy: At the time I participated in the nurse manager fellowship (NMF), where I met Pam, I was serving as a manager of a cardiovascular department in Colorado. That position was my second manager position after completing my Master of Science in Administrative Nursing in 2005 and relocating from Chicago to Denver in 2007. My early educational experiences at both the University of Iowa and during a study abroad at the University of London had helped me develop a powerful sense of nursing history and foundations of professional practice. These were amplified and refined with my first 2 years of experience at one of the nation's top hospitals. I knew early on that I wanted to be a leader and received my master's degree before I had any formal leadership experience. When I became a manger in 2005, I was 28 years old and had 6 years of nursing clinical experience. While I did not feel (nor do I feel currently) that 28 years old is too young to be a leader, I had many discouraging conversations with more experienced leaders and even experienced staff. They explained to me that my age was going to be a barrier to success in nursing leadership. I recall a former senior nursing leader sharing with me that she felt nursing managers should be at least 40 years old to be able to support their staff well. I experienced challenges getting my thoughts, ideas, and my voice heard on what I felt were important strategies for improvement in both my departments and in professional nursing practice, specifically leadership. I also had encountered several experienced leaders who were concerned that some of my approaches were naïve or impossible because they differed from traditional approaches. For example, including staff in decision-making for unit operations. I often felt discouraged, insignificant, and frustrated in my professional environments and lost confidence in myself when articulating my thoughts and vision. My orientation to the nurse manager roles at both organizations was very tactical. In 2008, I joined the AONE NMF seeking a network of colleagues in similar circumstances as well as formal leadership development that would help me refine my communication and leadership skills. I also wanted to learn from successful leaders some different ways to strategize through the perceived barriers I was facing.

1.2 Mentoring Time Together

Pam: During the Nurse Manger Fellowship, I had offered to meet with any of the Fellows to discuss their role or any issues on which they wanted to have further dialogue. Amy asked if she could do this, and we agreed to regular calls. Amy decided on the agenda for each call. During the Fellowship, we taught Action Learning [2], a problem-solving/exploratory methodology that assists an individual in solving problems or exploring different issues. Its foundation skill is asking questions rather than giving answers. The questions help the individual with the issue/problem discover what action will work best for them. It further assumes that the person with the issue is really the person who best knows the context and can best solve the problem because of that. Amy had received this training and I already practiced action learning when working with others. It was exciting to watch Amy discover and fine-tune her leadership strengths. She had a vision for what good practice entailed especially professional practice. She could describe how she wanted the work environment to be and how she wanted others to practice and develop. My reflective, exploratory, and open-ended questions aimed to help her better articulate that vision and her action plans.

Amy: My experience in the NMF) was amazing and for the first time I had access to professional experts, whom I had admired for years, and a group of colleagues that would serve as a network to connect with on our shared experiences as leaders. I did not know I needed a mentor, nor was I seeking a mentor. I already had an established mentoring relationship with a former professor. I did know I was hungry to find a place for my voice to make significant impact in my department as well as within the nursing profession. My intentional response to Pam's offer to

continue dialogue outside of the Fellowship was initially about learning from an accomplished nurse leader with whom I had made a personal connection. Pam approached all the Fellows with a sense of inquiry, collegiality, and a sense of humor that I connected with, admired, and deeply appreciated after years of not feeling seen or heard professionally. During our conversations, Pam's approach of asking questions to allow me to find my own solutions and insights was refreshing. I respond very well to thought-provoking questions versus someone providing answers, and I always ended those conversations better off than I had entered them. Pam was able to help me, through the action learning framework, to explore options, consequences, and perspective to decide on action steps to achieve the desired outcome. As my desired outcomes were reached, I gained confidence in my decision-making abilities as well as my leadership style that continue to serve me well today.

Pam: As the mentor, we continued to meet for conversations as Amy felt the need. Mentors offer availability and timelines based on the mentees needs. I looked forward to our conversations and the topics that varied from call to call. We spoke often about introducing change and overcoming resistance. We also switched roles often and Amy was my mentor. In my job as CEO of an association, I no longer had daily contact with the work environment of nurse leaders. Amy was able to keep me abreast of what was happening so that I could bring that knowledge to the educational programs AONE was developing. She would ask questions about what I wanted to know and why and how I was going to use it. Most important, it kept me relevant and gave me insight I would have otherwise missed. Our relationship was reciprocal, and we both were learning from each other [3].

Amy: Pam made herself available to me whenever I needed her, despite a terribly busy career. She asked me questions to help her develop programs for the larger nursing leadership community, which made me feel valued and respected for my insights. I believe the fact that Pam and I never worked in the same organization contributed enormous value and sustainability to our mentoring relationship. I know that often organizations or groups develop successful "mentoring programs" or some more formal way to "assign" mentors and mentees to each other. My experiences with mentors have truly been the most fruitful when they have developed more organically with people outside of my work organization, as did my relationship with Pam. Pam's prior experiences in roles like mine offered her the ability to provide me insight as my career progressed along a traditional nurse leadership path. As I continued to advance in positions or change roles, however, I was able to realize that Pam's insights and approach were not necessarily related to me preparing for a specific position. I know that some say a mentoring relationship needs to have a beginning and an end. Pam's mentorship was helping me to be a better person, a better leader, a better thinker, and a better listener, and these are things within which growth has no end. It is hard to distinguish, after so many years, between mentoring and friendship dialogue; however, this is not something that needs to be distinguished in my mind. Our relationship will continue for as long as we are able because we genuinely appreciate each other and learn and grow from each other every time we speak. For that, I am eternally grateful.

Pam: In considering the nursing literature about mentoring, most articles focus on mentoring programs established in nursing schools and the clinical environments. As referenced by Amy above, our relationship was not part of an organized mentoring program. It began as an opportunity for Amy to check-in and discuss whatever issues she was dealing with at the moment. We did, however, demonstrate the behaviors often described in the literature. For example, our relationship was bidirectional, switching roles of mentor and mentee [3]. Meaning that I could provide guidance to Amy and then Amy could provide guidance to me. We both demonstrated good listening skills, we were flexible, and we valued the diversity of our perspectives [4]. We were each knowledgeable about leadership and excited to share and discuss. We were non-judgmental and respectful while being honest and candid.

And above all, we trusted each other [5]. It was the balanced give and take that has sustained this relationship for so long.

One important task of good mentors is to introduce the mentee to other experiences and resources. I belong to a long-standing learning community that meets once a year. This group had members that I felt would be great contacts and colleagues for Amy. I invited her to attend our sessions. She was quiet at first but after several meetings, she found her confidence and her voice for this group. Many of the members are very experienced and Amy brought the voice of a different generation leader with a vision of her own. That voice is now well respected, and she is a leader within the group. She has developed a well-articulated voice for the future.

Amy: My initial invitation to this group was intentionally vague, as it is more of something one needs to experience to fully understand. My first meeting with the group was extremely overwhelming, as the membership includes many of the names and faces that I had seen speaking professionally or who authored textbooks and journal articles that I read frequently. I felt out of place and honestly wondered why I had been invited to such a prestigious group. I so appreciated Pam's invitation and advocacy, as just being the person invited by Pam into this group validated my attendance in some way early on. As the first meeting went on, I realized that this group was about the human beings inside and behind all the professional accolades and each person there was aligned with a mission to improve patient care and nursing. The group had a collective understanding that all perspectives and voices were valuable and necessary to move forward. While I did not say much the first year or two, eventually I realized this was an incredible opportunity and felt comfortable engaging in a different way with these tremendous human beings, who happen to all be nurses. I believe that Pam's thoughtful listening during our mentoring dialogues together, and her insights from this group, allowed her to open a door for me that has impacted my life both personally and professionally for 10 years now. I do believe good mentors open doors for their mentees and this door was the absolute best kind in that it is one that never closes. I believe the invitation of younger generations into this group is so important, and something we continue to do and encourage. The insights of the generations who have come before us offer such wisdom, and this group has realized that wisdom can come from those we are working beside us or will come after us as well. I have been able to learn from so many and offer this opportunity to those in the younger generation, so we continue to embrace the wisdom that is all around us.

2 Reflection

A mentoring relationship is a critical piece of professional development. Preceptors can be assigned to provide orientation to skills, operations, and job function. It is much harder to think we can assign mentors. It can work in some situations, but it does require a "fit" match to evolve into a lasting mentorship. What of the relationship that extends beyond a specific job environment where it was assigned? Amy and Pam experienced a relationship that was not job specific. It has lasted years through several of Amy's jobs. Amy can reach out to Pam when she seeks guidance or support. Pam exercises the same when she wants to connect with Amy. Therein lies the special nature of this mentoring relationship. It moves as it is needed/desired. It gives room for both mentor and mentee to grow. At some point in the maturation of a long-term relationship, two colleagues emerge. They both receive value in their professional relationship as well as the long-standing mentoring relationship.

3 Closing

Not all mentoring relationships last as long as ours, but many do. We will continue to talk as colleagues who can easily switch into the roles of mentor/mentee. We enrich each other's lives. Pam is now retired but continues to work on

developing leadership in others and herself. Amy is now a CNO and can start putting her vision into practice. She has already become a mentor to new leaders.

"(Mentoring) enables you to take everything you have learned and 'pay it forward,' shaping the next generation of leaders" [6].

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Resources

American Organization for Nursing Leadership. www.aonl.com. The Nurse Manager and Nurse Director Fellowships offered yearly. Both fellowships are year-long leadership development programs. They use innovative teaching methodologies, including Action Learning. Class size is limited to about 40 or less.



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The Courage To Lead

Deborah A. Stevens and Ariann Ferrer

Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others.

—Jack Welch

Goal

Implement organic nursing mentorship programs throughout healthcare organizations working toward sustainable, improved outcomes.

Objectives

1. Readers discuss barriers and limitations that currently impact successful mentorship pairing programs.
2. Leaders recognize how initiating a transformational, organic mentoring relationship-development culture now may cultivate a sustainable, more formal support system later.
3. Leader's evaluate prioritizing human factors, cultural diversity, and emotional intelligence to fast-track effectiveness of cultural mentorship programs.

1 Introduction

The mentor, usually a senior leader, counsellor, confidant, advisor, trusted guide, is seen as kind, approachable, and generous with his/her time. Mentoring relationships have numerous benefits; mentees often demonstrate qualitative performance improvement while mentors develop regenerative relationships with refreshing perspectives.

Leadership growth and development is crucial in nursing. I admire the leader of the National Association of Healthcare Quality (NAHQ), whose executive term has overseen an unprecedented period of growth. NAHQ now mentors more quality and safety professionals globally than any other organization. As business strategies evolve, senior leaders are obliged to recognise the significance of staff mentorship, not only as a growth stimulus but also as a transformational culture that requires seeding. Highlighting this point, approximately 71% of the largest, global, revenue successful companies now have mentorship programs, of which 75% of executives credit their mentors for their successes [1].

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More research is desirable before a sustainable (shared culture) organic mentorship model may be recommended for standard use, especially in healthcare. Interestingly, research [2] shows weak correlation between mentoring and academic achievement, as does the use of different mentoring styles on academic outcomes [3].

2 Mentor Narrative

Deborah Stevens; Outpatient Manager for 5 years at a 700 bed, Joint Commission International Accredited (JCIA) tertiary hospital in Abu Dhabi, U.A.E. Managing 15 clinics, and over 2,000,000 registered patient visits per annum while beating cancer and completing a Master of Science in Healthcare Administration.

I transitioned to a newly created Nursing Quality Department in 2011, a senior quality and safety leader and Site Coordinator for the National Database of Nursing Quality Indicators (NDNQI). Our industrious nursing director drove me to successfully gain my Certified Professional in Healthcare Quality (CPHQ) licence. Another incredible five-year journey and it was time to move onwards and upwards. Determined to bring the positive leadership behaviours I had learnt throughout my career to a new role, in the ultimate career transition (or so I believed). Considering myself suitably prepared, I interviewed for the Director of Nursing position a medium-sized homecare community service and newlycommissioned primary healthcare clinic. Having developed a strong network across the GCC[1] region I knew support was never far away. Before starting, I sought my own mentor, a PhD nursing chief and colleague—even senior leaders need their own mentor at times!

Keen to introduce the latest evidence-based practices I had recently presented at a Magnet Hospital in KSA, and wanted to introduce Dr. Sandy Lovering's theory, the "Crescent of Care" [4] model, to guide nurses in caring for our Arab-Muslim patients. I arrived January fourth, 2016—excited, somewhat nervous but armed with my JCIA Homecare gap analysis to prepare staff for the accreditation process.

When I first met Ariann, a shy, quietly confident, and compassionate nurse, she demonstrated a healthy level of emotional intelligence (EI) [5]. EI is an important development goal for a leader's skill set as it establishes a higher self-awareness. EI enhances a leader's perception, understanding, management, and utilization of emotions when working with their staff. Ariann exhibited Covey's [6] fifth habit of highly effective people, to "Seek First to Understand, Then to Be Understood®," unwittingly seeking to influence others by developing a deeper understanding of staffs needs and perspectives.

My initial reaction upon arrival as Director of Nursing was shock—accustomed to workforce diversity, here every nurse was from the Philippines. I soon learnt a new word, "Kabayan,"[2] a phrase often exchanged among Filipinos to fondly describe their fellow countryman.

Staff's loyalty to the business owner and chief executive officer was admirable. He was kind, earnest, and tried to understand advanced nursing concepts. When my suggestion of forming a nursing Shared Governance [7] Group was first proposed he wanted to research the subject before agreeing. Unfortunately, he decided that my initiative was akin to a trade labour movement that was likely to encourage our nurses to strike, and sadly the initiative was postponed. However, true nursing leaders learn many approaches and techniques in the art of persuasion!

A few more shocks still awaited; one of them the lack of a medical records control/storage protection system. I knew implementing JCIA Homecare Standards, and an Electronic Health-Record system, safety culture, learning environment, and reward and recognition program would produce huge changes and a new beginning for the company. Interviewing all our nurses, I discovered a treasure trove, outstanding staff whose talents remained

[1]GCC: Gulf Cooperation Council.

[2]Kabayan: Tagalog/Philippine word for compatriot or comrade. Coming from the same country or homeland.

untapped. For example, Graceamanda RN, had a hidden passion for wound care and was about to graduate with the International Interprofessional Wound Care Course [8]. Supporting her dream I attended graduation, after which I positioned her as a company wound care resource, and together we built the new Pressure Injury KPI.

Time passed with many changes, challenges, successes, and celebrations along the way as we prepared for accreditation. By this time Ariann was recognized as reliable, trustworthy, and a thoughtful team leader. Unfortunately, our chief was not prepared to commit to accreditation, and despite the thorough preparation, I recognized the most important ingredient for success was missing, senior leadership support. Sadly, it was time to leave.

As the company would not be filling my position, I had to train someone to take over. The job was daunting, with nearly 50 patients scattered across the seven Emirates. Managing logistics but also managing a primary healthcare clinic, plus supporting numerous community health-awareness events and business development efforts was challenging. A fast-track, eight-week duration compassionate mentorship was called for. Luckily Ariann was an attentive listener, and active learner, having absorbed much of my training and coaching over the last year. The foundation of the mentorship pathway had been laid; all be it inadvertently.

3 Mentee Narrative

Ariann Ferrer: born and raised in the province of Pangasinan, North Luzon, Philippines.

Graduating in 2007 with a BSc in nursing, and Registered Midwife in 2008, I arrived in 2010 in the United Arab Emirates (UAE). During my initial year I worked in Dubai as a health and fitness trainer, working toward my Abu Dhabi Registered Nurse License examinations, set by the Department of Health. I became fully licensed to practice as an RN in Abu Dhabi in early 2011 and chose to work for a fast-growing homecare company.

After working at the bedside for 5 years my clinical manager took me aside to tell me she thought I demonstrated leadership potential. She encouraged me to apply for an open position on a newly formed committee, I thought a lot about the commitment before submitting my application, very last minute. I know in myself that if I say I will do it, I am fully committed to whatever it will take. Going on to say, we were doing well, but I still felt something was still missing.

When Deborah joined us, she introduced many new initiatives like creating team leaders, camaraderie, and team building. We learnt about succession planning, professional development, and taking chances. We were shown new opportunities, and the importance of attending trainings, she found out a lot of the nurses' strengths when she interviewed everyone. Providing us leadership support, and mentorship, she was very strong on the importance of healthcare quality and investing in your staffs and much more.

I talked with Deborah telling her that soon after I had joined the company, I knew something was missing. The leaders during that time were not listening to us. Everything was trial and error. Nurses would go to the office to speak with the management, but nothing happened. It had been like that for a while, and I felt like it just wasn't the right time for me to step up or speak out.

I had watched many leadership and inspirational talks, like Simon Sinek "Start with Why: How Great Leaders Inspire…," [9] and "Leaders Eat Last...," [10] among my favourites. I liked Steve Jobs: 10 Lessons in Leadership, and Jack Mah Yun Leadership Skills. I read the history of Cleveland Clinic and how it became a brand name. I read a lot about emotional intelligence too, I think that's important. Daniel Goleman's "Emotional Intelligence: Why It Can Matter More Than IQ" defines emotional intelligence as a "set of skills" rather than a personality trait. The author mentioned how our rational and emotional brain shapes our decisions.

4 Mentor Reflection

Ariann was a flexible, solutions-oriented nurse, and was shocked upon the news of my leaving. We agreed to meet intentionally, every day and dutifully created a prioritized checklist of all the things we needed to discuss. In deference to Atul Gawande's glorious "Checklist Manifesto: How to Get Things Rigth" [11] although not a formal mentorship program, it was a tried and tested strategy (the first checklist ever used was by airplane pilots pre-flight). I still ponder; should I have made the process more "formulized"?

Unknown to me, Ariann had in fact completed a comprehensive leadership course before I joined. Like the "dark horse" she identifies with, she didn't tell me, though I believe that leadership course supported her prominence among the other team leaders.

Reflecting often upon one's own learning and growth experience with a peer, manager, or mentor allows one to improve personal performance consistently, refining steadily as we grow [12]. I realized Ariann was awed but cognizant of the leadership responsibilities about to ensue, I offered reassurance of "being there" for her. I was impressed when she recently re-posted "empathy is the most important leadership skill today." [13] According to Tracy Bower, PhD sociologist and author, "Empathy…fresh research makes it clear how empathy is the leadership competency to develop." I know brilliant leaders, but not all a mentor maketh. Unwilling to share knowledge, lacking patience, or teaching ability, their empathetic capacity rates low by any scale.

Maintaining the data collection and KPI government submissions was high on Ariann's checklist, but it was the softer skills that worried more. Ariann humbled me by saying, "I was hesitant… my first senior managerial position and I was told that 'company' has never hired a Filipino manager before so it will be a risk for them too." This statement reflects the cultural diversity we need to better understand when mentoring.

I uphold principals of professionalism at work, characterized by continuing pursuit of knowledge, responsibility for human concerns, peer accountability, authenticity, autonomy, and altruism. Before joining the company, I had extensively researched nursing leadership [14] and discovered Tony Robins [15] public statement echoed by many, that leadership success is determined 80% by psychology and 20% by skills. Although my feelings were sensitive to the changes Ariann was facing, I was also aware of the inherent differences between our own cultural dimensions. Geert Hofstede [16] and his cultural dimensions theory is an analytical tool which in the past has often provided me insight to the consequences of cultural divergence.

5 Mentee Reflection

When my nursing director invited me to the office and told me she was leaving, I was shocked. Especially when she said I was chosen to take her place as leader, perhaps not in name but almost all her work.

I thought about the "what if's." I was scared to fail or disappoint the people who trusted me. I was scared about the power given to me and the responsibilities that come with it. I feel leadership is not about the position or role, but the process. So instead, when doubting myself, I focused on the things my mentor saw in me. I began by reflecting what kind of leader I was now, and who I wanted to become. I also pushed myself to identify what skills I needed to improve. I learned from Ms. Deborah the importance of communication. I had seen how she (Deborah) connected with other people during our meetings and seminars. During my time as the Manager, I made sure that whenever I attended trainings, I introduced myself and talked to people, being shy it wasn't easy for me. Other skills that helped me in my leadership development at that time were proper timing and attentive listening. Proper timing is knowing when to talk and when your words will be valuable during that specific time. Attentive listening is not only the spoken word but also most especially the unspoken words of staff.

Some of my happiest, most memorable moments were "discovering staff's" new talents that they never knew existed in themselves.

When you see other staff grow and develop their potential, see them achieve their dreams they will always reflect on you as part of the process.

I had already decided whom to mentor before leaving the company myself. I called a formal meeting and laid out all my responsibilities. I had many and the job needed to be broken down. I sensed my successors were overwhelmed at first, but I assured them I would still be available to offer guidance before departing to U.S.A. I began by giving bite-sized tasks until they were comfortable. Even up unto my flight, I was still getting calls from colleagues, mostly well wishes, although a few I had mentored sought advice on career growth.

I made sure that my successor(s) were equipped in taking over whatever I left, just as Ms. Deborah had taught me. Not all leaders can mentor, as some leaders share, and others don't. I made a fundamental decision to lead authentically. While some around me said "don't teach them everything you know, so when you do leave the management will see your worth," but that's not me. I always wish the best for staff and the only way I would know I'd done a good job is if my colleagues could handle the responsibilities after I had left.

My most memorable moments were all the firsts as Clinical and Quality Manager; first meetings with prestigious hospitals senior leadership, Department of Health leadership including Chief Financial Officers, and National Insurance leaders. Honestly, when Ms. Deborah left, I felt like I just wasn't ready…I think there was still a lot of things that I needed to learn from her.

I was fortunate in one respect because Ms. Deborah had emphasized that I could and should call her any time. For just a chat, advice, or dilemma I needed to discuss. Although I'm a shy person, I was glad of this fallback, and did call when I faced difficulties. Grateful when I did call her, she was always very accommodating. I felt empowered knowing I still had senior leadership knowledge at my fingertips.

Looking back, I realize how fortunate I have been to have several mentors throughout my life, generously sharing their knowledge, time, and experiences. Mentors who continuously challenged me but never judged my limitations, who remained caring throughout.

6 Best Practice

Cultural differences influence mentor-mentee relationship in multiple ways. Geert Hofstede provides interesting metrics on six cultural indices. Comparing our cultural power distance indices (PDI) which clarify how cultural views influence relationships, and long-term orientation (LTO) which determines individual values toward future rewards and perseverance (Fig. 1).

The Philippines PDI[3] score is high 94, signifying "hierarchy" in an organization. Seen as reflecting inherent inequalities, subordinates expect to be told what to do and the ideal boss is a benevolent autocrat. In terms of character types, I may have been that character at times. Considering Hofstede's power distance score with Ariann's modest leadership experience, she surprises us with her "staying power." The UK[4] PDI score is low 35, denoting "a society that believes inequalities among people should be minimized. A sense of fair play drives a belief that people should be treated in some way as equals." My leadership style amplifies this, befitting a mentorship relationship (Fig. 2).

LTO[5] describes how "every society maintains some links with its own past while dealing with the challenges of the present and future." The Philippines LTO 27 score is low, indicating they "tend to view societal change with suspicion." Comparatively, U.K. LTO 51 score indicates "it is a culture which encourages efforts in modern education to prepare for the future." Comparing our LTO explains why a significantly higher degree of courage was exhibited by Ariann. First traveling to the UAE, and then onto America, than my relocation from UK.

Performance and Staff Retention: Ariann is a millennial and according to Forbes [17] 74% of

[3]PDI: Power Distance Indices.

[4]U.A.E: United Arab Emirates.

[5]LTO: Long-Term Orientation.



Fig. 1 Philippines: Cultural Dimension Indices

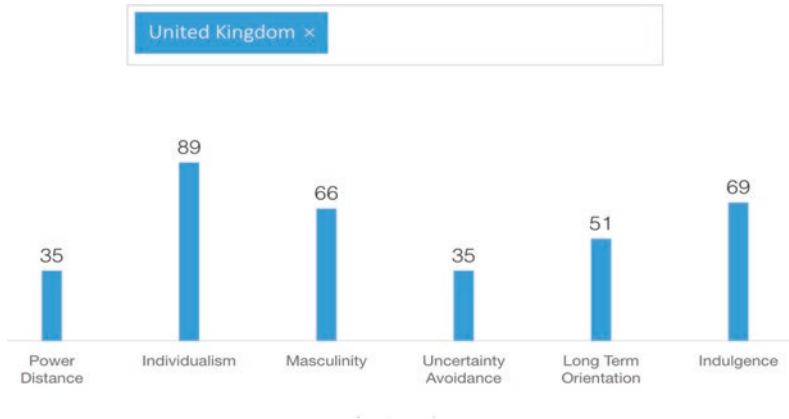


Fig. 2 United Kingdom: Cultural Dimension Indices

millennials "feel in the dark" about their performance, preferring frequent feedback. Millennials value mentorship more than an annual performance appraisal, correlating with a positive retention strategy. In hindsight I believe our informal mentorship relationship was probably more effective than a formulized effort. A five-year study [18] showed staff retention rates were higher for both mentees (22% more) and mentors (20% more) than for employees non-participatory in mentoring programs. Evidence-based practice also contributes to improved performance, e.g., integrating international patient safety goals [19] into daily patient care and actively improving effective communication reduces sentinel events [20] both were emphasized in the company.

Psychology: the major element in a mentorship relationship, and while human resources (HR) department shy away from tackling mentorship programs (after all HR have yet to develop their equivalent to an in-house "Tinder" [21] space), mentors, mentees, and HR may benefit by understanding more around integrated workplace mentoring software.

Technology may take the grind out of mentoring but neglects essential human factors.

Cognition arises from the caregiving experiences that guide our future interpersonal behaviour. Stemming from the attachment theory, Ainsworth [22] indicates that attachment styles impact behaviours in later life, suggesting it helpful to understand a mentees childhood experiences when embarking on the "getting to know you" journey. In my opinion and others, [23] best practice for the mentee is to choose their mentor, one they respect, but who may also freely decline. Engaging with more than one mentee can be stressful and demotivate a mentor, while a mentee assigned a "good" leader may not appeal. Mentorship is an organic relationship, with respect and charisma influencing choice. Believing in someone gives them strength, an

inner confidence, Ariann confided, "I thought, aside from my family and God, someone has believed in me."

7 Evaluation

I appreciated the weight of responsibility, but not the depth of apprehension Ariann faced when I left. While coaching and mentoring use similar skills and approaches, coaching is short term and task based. Mentoring serves a longer-term relationship. A disciplined process, whether structured, or informal, our guidance/counselling mentor-mentee relationship seemed an inherently natural development. A key benefit of a workplace mentoring culture is that 79% of millennials see mentoring as crucial to their career success [24].

When mentors and mentees willingly invest time there are many support tools available, the most powerful mode of knowledge-sharing and most preferred, remains storytelling [25]. Ariann and I both agree that our happiest moments were discovering staffs' hidden talents or passions.

Measuring a successful mentorship relationship is based on outcome(s). While "80% of employees have a positive outlook on their career trajectory (Career Development), [26] little did I know at the time Ariann was already soaring.

8 Conclusion

An extensive review of mentorship literature in academic nursing programs [27] not only concluded that elements of each program varied greatly but also showed no empirical evidence that any one mentorship model was more effective than another. A broad review [28] of mentorship of healthcare personnel across low- and middle-income countries recognised mentorship positively affected quality-of-care outcomes. The research supported the need to further develop human-factor skills such as relationship building and communication, highlighting the need to support "cultural understanding" between the mentor and mentee.

Statistics highlight millennials such as Ariann will comprise more than 75% of the workforce by 2025, [29] directly influencing the future growth and development of a mentorship culture. We already know mentorship accelerates learning, improves performance, attracts, and retains staff. A study by Deloitte [30] 7,700 Millennials representing 29 countries around the globe. All participants were born after 1982, have obtained a college or university degree, are employed full-time, and predominantly work in large (100+ employees), private sector organizations for more than five years are twice as likely to have a mentor (68%) than not (32%)." Based on this, when designing a future mentorship program, consider first that millennials now represent the largest share of the labour market, increasingly occupying senior positions [31]. Changing organizational culture requires a strategic redesign by executive leaders. I concur with a large, recent research publication entitled "Mentoring the working nurse: a scoping review". Hover J., et al [32] concluded "over half of the studies focused almost exclusively on clinical skills acquisition". This resembles coaching and teaching while to support the growth of a more inclusive, mentee driven organizational culture, one needs simply address the whole body of nursing from student to newly qualified. From career building nurse and leadership development to senior nurse leaders and executives, all of whom may benefit from an embedded culture of mentorship.

Cultivating a flexible, in-house mentorship culture model is key, but not in the traditional training program style. I contend that is too controlled, time-consuming, and bureaucratic for today's aspiring leaders who need "fast-track" growth development. Executives must introduce strategic business goals supporting a broad, organizational mentorship ethos, counterbalance to existing "Safety" or "Just" cultures. As recommended for actively engaged nurses "mentoring represents an exciting avenue for enhancing their role as nurses and midwives in people-centred health system strengthening." [32].

Each of us has different statuses in life, but that doesn't make us different at our core; we all share the same basic emotions. Mentoring is founded on trust and commitment, yet variable human factors are difficult to measure as a return

on investment. Shawn Mintz wrote "understanding how to measure the return on investment on your mentoring program," [33] and advised the need to connect mentoring to specific business objectives, e.g., retention programs, S.M.A.R.T.[6] goals, etc. Matching mentor to mentee, scheduling sessions, and tracking progress takes time, the healthcare workforce just don't have that now. To do this requires machine learning [34] digital age solutions that optimize, with increasing importance, cognitive compatibility [35]. The Mentoring PocketBook advises mentees should own the process, so the quality of learning is improved [36]. Perhaps it is time to say, "the setting is right, the goal is mentorship, the time is now." Initially promote the culture by providing approval, continuous encouragement, and accessibility to mentorship information. Secondly, identify early, easy measurable indicators that don't burden the mentor, mentee, or program leader. Thirdly, as mentorship becomes a workforce social norm, research successful outcome factors. A basic need exists for cultivating a sustainable, formal support system which encourages growth of an informal, organic mentoring relationship-development [37] across the entire healthcare workforce, now.

Shirley Liu, global vice president of a successful, Fortune 500 company, is a passionate advocate for mentoring, use of psychology, and organizational behaviour in business. Corporate organizational mentoring is healthy, but healthcare organizational mentorship programs remain highly varied, misunderstood. People believe mentoring to be a formal transmission of knowledge, but I, like Shirley Liu in her TEDx talk "Why the Power of Mentoring can Change the World" [38] believe it is an act of kindness, a culture. Kindness accelerates a culture of collaboration and innovation. So, "Don't Underestimate the Power of Kindness at Work" according to Havard Business Review 2021 [39]. "When people receive an act of kindness, they pay it back, research shows—and not just to the same person, but often to someone entirely new." Which is exactly how I left Ariann, my mentee—already paying it back.

[6]S.M.A.R.T: Specific, Measurable, Achievable, Realistic, Timely.

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Leadership Without a Title: The Power of Mentoring

Shelly Wells and Rebecca M. Jedwab

The growth and development of people is the highest calling of leadership.

—Harvey Firestone

Objectives

1. Identify the skills needed to be an effective leader and mentor.
2. Understand leadership is a set of skills that can be learned.
3. Apply the SMART framework for goal development.

1 Narrative: The Mentor

From the early days of my nursing career, I have admired many leaders in our profession. Perhaps the most unassuming nursing leader who gained my full attention was my first instructor in my pre-licensure nursing program who served as the Chair of my doctoral dissertation committee many years later. He was the type of nurse I wanted to be—a charismatic leader, a good listener, a competent clinician who valued life-long learning, and was always available and willing to serve as my sounding board. I do not think I ever told him that I modeled my career journey after his, but I have always thought "if Thad can do it, so can I". He pushed me to do my best and to recognize my leadership potential. A strong leader is self-aware, encourages strategic thinking and action, and serves as a teacher and mentor. He was all of these and more. At the time, I viewed him as a great nurse leader, but now I recognize him as my first professional mentor.

Throughout my educational journey, I focused on development of my leadership skills and sought out opportunities to apply the skills I had learned. My passion has always been to help people to be the best that they can be as I rendered care in the clinical setting, as I worked with students in academia, as I served as a director in large hospital settings and schools of nursing, and as I served in a leadership capacity in several professional organizations. As a seasoned nurse, I have had the opportunity to serve as an informal mentor from early in my career. "Mentoring is a broad caring role that encompasses formal or informal supporting, guiding, coaching, teach-

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ing, role modeling, counselling, advocating, networking, and sharing" [1]. I found my informal mentoring role to be one as a coach—someone who is available, who listens and challenges the mentee. In that coaching role, I focused on helping with goal setting, developing, and sharing knowledge, and fostering confidence. Colleagues started turning to me as an informal leader in our work settings. I found that working in this way with colleagues helped me to strengthen my leadership skills.

2 Leadership and Mentoring

Being an effective leader is an attitude and not a title. The lack of a formal title should not keep anyone from leading, nor does the possession of a formal title or high position make one a good leader. There is no specific personality type for leadership nor is leadership a position or place within an organization. Effective leaders consistently demonstrate strong leadership behaviors more frequently than others around them [2]. Anyone is capable of learning strong leadership skills and implementing them in the setting of their choice.

Over the years, I have found it difficult to differentiate between the skills of a leader and of a mentor. Leadership is a process of social influence (not authority or power) which maximizes the efforts of others toward the achievement of a goal [3]. A quick search of the literature reveals that a mentor possesses many of the traits of a good leader. A good leader is an open communicator, a sought-after listener, and is quickly accessible. A good leader operates from a position of mutual respect and trust. A good leader role models professional behaviors and works to inspire others. A good leader focuses on development of others, not just the development of self [4, 5]. A strong mentor also demonstrates these behaviors—and frequently without the title of a formal leader. I recognized that I was both a leader and a mentor. The question became—how is leadership and mentoring implemented in the profession of nursing?

Nurses have an obligation to serve as leaders in the profession. Standard 12 of the American Nurses Association's Standards of Professional Practice clearly outlines the Leadership competencies that registered nurses must demonstrate in any setting. Professional growth and advocacy to promote change and influence others is an expected standard of professional performance for every registered nurse. Mentoring colleagues and others is a stated competency under this standard [6].

While I continue in informal mentoring relationships, the move to formal mentoring relationships has occurred in the past decade as I increased my involvement in Sigma Theta Tau International (STTI) and the Oklahoma Nurses Association. Serving on the Oklahoma Nurses Association Board of Directors allowed me to apply my leadership skills in a variety of settings representing nurses at the state and national level during the pandemic and serve as a mentor to several younger board members. Serving as a mentor in the STTI Experienced Academic Leader Academy allowed me to capitalize on my academic leadership skills to mentor an experienced nurse educator in her recognition and further development of her leadership skills. I could not contain my excitement when I received an email from Rebecca Jedwab who was living and working in Australia, asking me to serve as her mentor as she conquered the 2020 STTI Nightingale challenge. The opportunity to use my leadership and mentoring skills on the international level was a new challenge. What would she expect? What could I do to support her growth? I knew that the experience would be a learning experience for me.

As our relationship progressed, I found it to be a comfortable experience of mutual respect. Principles of leadership that I took for granted were foreign to Rebecca and she was eager to learn how she could further recognize and develop her skills. Outside of our regular meetings, I have been able to support her growth by reassuring her that she was already a leader and that her lack of a leadership title or formal leadership role did not diminish her work. I also sup-

ported her professional work by watching for content that may come across my usual list-serves that would be of interest to her in her area of research. I have forwarded calls for abstracts, presentations, and publications that target Rebecca's areas of interest. I have encouraged her to share with her colleagues about the value of mentorship programs and the importance of networking beyond the walls of familiar confines.

3 Reflections

Reflecting on this mentoring experience is an ongoing process. In the early stages, I reflected upon my self-awareness. What did I know about nursing in Australia? I knew that basically the tenants of nursing are transferable and my experience with nursing in Australia had been limited to a bit of research for my dissertation on nurse staffing ratios and on nurse licensure applications and equivalencies for graduates of American collegiate nursing programs. I was not even sure about the daily happenings in her life as I did not know her personally. There were also the seasonal, calendar, and time zone changes that separated us. After our first few meetings, I realized that while I still had much to learn about nursing in Australia, I still had a vast wealth of experiences that I could use to facilitate the growth of this mentee.

This relationship has also been a valuable learning experience for me as a mentor. Discussions around the pandemic and the development of containment, mitigation, and treatment strategy variations between our countries has been enlightening. The Australian nursing education structure and its association with the government-run health care system is a stark contrast with the more independent health care and nursing education systems in the United States. There is much to be learned from this intertwining of the education and health care systems in Australia that would positively impact the effectiveness, efficiency, and patient outcomes experienced in the United States.

4 Evidence-Based Practices

Over the past 15 years, nurse leaders have recognized the utility of theories and techniques from the business arena to develop leaders in nursing [7]. In "Quantum Leadership, Creating Sustainable Value in Health Care," Albert, Pappas, Porter-O'Grady, and Malloch (2022) adopt the principles of transformational leadership from business theory to teach the importance of the development of effective nursing leaders [8]. In the dynamic health care arena, leaders must be able to appreciate the complexity of leadership styles and exhibit a high regard for colleagues to be effective in responding to the system needs. Traditional leadership methods of autocratic, participatory, and laissez-faire styles are no longer effective in these rapidly moving environments and ever-changing situations. In transformational quantum leadership, leaders move to methods of coaching, mentoring, and facilitating to be effective. These transformational leaders inspire individuals to function at their highest possible level to effectively guide them in their chosen areas of emphasis [8]. These same principals are reflected again in the newly revised ANA Nursing Scope and Standards of Professional Practice [6].

4.1 Narrative: The Mentee

The first time I emailed my mentor Dr. Shelly Wells I was both nervous and excited. I had connected with Dr. Wells after being accepted into the 2020 cohort of STTI's Nightingale Challenge where I had the opportunity to connect with an experienced nurse leader as part of a formal mentoring program. When I started searching for a mentor, I was looking for an experienced nurse leader who had both clinical and research experience. I had a rough idea of what I wanted to connect with Dr. Wells about—I wanted to learn about leadership, improve my leadership skills, and inspire others in nursing research. Upon getting to know each other, I admired Dr. Wells' experience as a mentor, nurse leader and

researcher who is knowledgeable, supportive, and provided constructive and honest feedback.

At the start of our mentoring relationship, I believed one of the most common misconceptions about leadership—that nurse leaders were those with leadership titles, or who had undertaken specific education, training, or programs. I thought leadership came more naturally to some people or that some were more likely to succeed as leaders. As I had fallen in love with research and continued my post-graduate studies in this area, I had not had any formal post-graduate education in leadership, and so I believed my leadership skills must relate to my clinical knowledge and research experience. Though I knew I wanted to learn the qualities and characteristics of an effective leader and how to become a useful nurse leader myself, I had no idea where to start. As a PhD student, I was not sure how to view myself: I was a clinically competent nurse specialist, but still relatively new to research. I had just under 10 years of nursing experience and had taken on small, advanced roles in the clinical setting, but at the time, I didn't recognize this as leadership. The unique role of being a PhD student is an interesting mix between novice and expert, between being a student and colleague to your supervisors. Although there are both professional and leadership development opportunities throughout the PhD program, I felt that leadership was an area that I wanted to develop, gain experience in, and improve upon in order to confidently lead myself and others within a research team or supervisory setting.

As the mentoring relationship between Dr. Wells and I was supported by STTI's Nightingale Challenge program, we initially developed a mentoring agreement and set goals, building a relationship, and working together with reflection and shared experiences throughout the process [9].

Dr. Wells and I had engaging discussions getting to know each other's backgrounds, experiences and what my leadership and mentoring goals were. After we realized my initial goals were too broad, I received my first piece of homework: Developing useful goals. Dr. Wells introduced me to the SMART goals framework, which would provide guidance and allow me to develop practical goals about leadership. The SMART goal framework supports useful goal development by using the SMART acronym to describe goal attributes: S = Specific, M = Measurable, A = Achievable, R = Relevant, T = Time-bound.

Meeting planning was a great way of outlining the plans for our mentoring meetings early. Though it would be flexible depending on our schedules, deciding which webinars or goals to focus on at different timepoints throughout the relationship allowed me to have experience in leading our meetings, gain more confidence in identifying ideas or areas I wanted to work on further, as well as achieve my goals.

5 Setting Goals and Working Together

As part of my goal to improve my leadership skills and knowledge, Dr. Wells and I would discuss examples of effective leadership and the knowledge, skills, and opportunities that can make this occur. Throughout my education, clinical, and research experiences I had observed and interacted with people of varying leadership skills and experience. I thought that leadership came naturally to some and not as much to others. I learned that I had yet another assumption that needed correcting—leadership is a skill that can be taught and learned. One book suggestion from Dr. Wells that I found extremely helpful was "The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations" by Barry Posner and James Kouzes [5]. The real-world examples and case studies made the book practical, relatable and enjoyable. I really appreciated learning Posner and Kouzes' "Five Practices of Exemplary Leadership" and specific leadership principles and skills. The fourth concept, "Enable Others to Act" is one I connected with most and aligned with my personal values and vision. Dr. Wells and I used this book to relate back to my personal goals, and discuss what type of leader I am, and what I would like to be. We discussed the range of experiences with different nurse leaders that I had encoun-

tered during both my clinical and research career so far, including what practices I wished to emulate and what I could learn from each experience.

Discussions with Dr. Wells helped support and encourage ideas I had about ways to positively support other nurses in both formal and informal settings. Aligning with my goals, we developed a plan to engage myself in leadership development programs, mentor other nurses, and contribute to the nursing profession. I completed leadership courses through STTI and the Australian College of Nursing's Institute of Leadership. I volunteered as a nurse mentor with the Australian College of Nursing and submitted conference abstracts and papers to peer-reviewed journals. I really enjoyed discussing informal leadership with Dr. Wells, where actions or nursing roles without leadership titles can demonstrate knowledge, influence, or examples to others. By realizing the potential power of these actions, I identified some activities I had commenced could then act as catalysts for change or leadership support to others, which was something I wanted to pursue.

6 A Note on Reflection

Reflective practice was something I had often thought of as a necessary component of my studies and though I knew I did it incidentally in the clinical setting (e.g., debriefing with colleagues), it was not something I was consciously thinking of as part of my leadership journey. I remember learning about many different reflection models, but I prefer using Rolfe et al.'s What? So What? Now What? Model for reflecting on both past and present events [10]. Reflecting with Dr. Wells on my experiences as an early-career researcher and developing nurse leader throughout the mentoring relationship has significantly helped identify gaps in my knowledge or understanding, areas for improvement and what skills, experience, or learnings I had. The encouragement and reflections throughout the mentoring relationship has helped me develop strategies to go from identifying areas of weakness or strengths and having the confidence to pursue or create opportunities.

7 Every Nurse Is a Leader

One of the greatest and most meaningful takeaways from my mentoring relationship with Dr. Wells was relearning what I had not heard since my University nursing degree: every nurse is a leader. The roles that we undertake as advocates, clinical specialists, mentors, and mentees to others (mostly beknown to us) are leadership roles. It was not just about which role someone was in or whether they had done post-graduate leadership studies, it was about taking advantages of opportunities to learn and grow, develop goals and think about where you would like to be, as well as looking back (reflecting) to see where you have been and where you are going. Another lesson was that leadership, similarly to one's professional development, is a continuum of progress. There will be many transitions as people go through experiences, roles and learning, and your goals should change to reflect this.

Keeping in touch with Dr. Wells was a great support throughout experiencing the COVID-19 pandemic. We often discussed nursing leadership in the time of the pandemic, including differences in our countries' respective responses to the pandemic. The unique perspectives that our international relationship had, including navigating different time zones as well as different healthcare systems, meant that I was able to learn about the transferrable skillset that is nursing leadership, including the applicability of concepts and learnings in a different setting.

As I progressed through the Nightingale Challenge, the STTI webinars provided good discussion points as they included learning about different topics related to nursing leadership, and I enjoyed reading books suggested by Dr. Wells on nursing leadership and then discussing learnings together [11, 12]. I've been fortunate to have Dr. Wells as a kind, supportive mentor with whom I could discuss my goals progression learnings from the Nightingale Challenge, PhD project progress, and be able to debrief with. Dr. Wells made me feel supported and encouraged when she would see an article and email it to me or see a call for abstracts to a conference and encourage me to submit.

At the start of our mentoring relationship, I felt like my list of questions was a nursing version of all the things you wanted to ask about leadership and never did. Fortunately, I have gained an amazing mentor to whom I was able to ask questions without judgment, feel empowered to learn and be inspired by, as well as encouraged by. Engaging in a mentoring relationship where I was able to share experiences and learn more about nursing leadership has pushed me to take advantage of opportunities to learn, grow, be confident in my mentoring capabilities, advocate for nursing and research within different communities and professional organizations. Under Dr. Wells' mentorship, guidance and support I have continued to disseminate my research, achieve my goals, and appreciate the benefits and power in both formal and informal nursing leadership.

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Resources

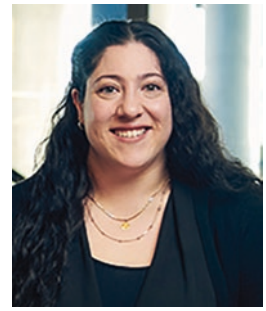
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Strategic Mentorship: A Fluid Relationship

Christina Dempsey and Shanon Fucik

Mentorship is a professional, working alliance in which individuals work together over time to support the personal and professional growth, development, and success of the relational partners through the provision of career and psychosocial support.

—National Academies of Sciences, Engineering, and Medicine; Policy and Global Affairs; Board on Higher Education and Workforce; Committee on Effective Mentoring in STEMM [1]

Objectives

1. State the fluid nature of mentorship.
2. Describe the emotions inherent in the mentoring relationship.
3. Identify the potential outcomes of strategic mentoring.

1 Narratives: Mentor and Mentee

Because of the fluid nature of the mentoring relationship, both Shanon and Christy demonstrate the characteristics of mentor and mentee. The narratives described demonstrate the symbiotic and fluid nature of this strategic mentoring relationship. The Merriam-Webster Dictionary define symbiotic as "characterized by or being a close, cooperative, or interdependent relationship" [2]. The establishment, maintenance, and evaluation of this professional relationship require care and attention so that mentoring does not become tor-mentoring. We define strategic mentoring as mentoring that addresses the symbiotic relationship of the mentor and mentee relationship, that transcends organizational or role succession planning, and that is focused on identifying and capitalizing on the strengths and bolstering the weaknesses of the mentee to fully optimize opportunity and growth for both the mentor and the mentee. The National Academies of Sciences, Engineering, and Medicine engaged science, technology, engineering, mathematics, and medicine (STEMM) professionals in developing the next generation [3]. The definition of mentorship that was derived most closely defines strategic mentoring for this discussion: *"Mentorship is a professional, working alliance*

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in which individuals work together over time to support the personal and professional growth, development, and success of the relational partners through the provision of career and psychosocial support" [1].

2 Christy

I have been a nurse since 1985 working in the hospital, in consulting, and in education. I was a staff nurse, a manager, a director, and an administrator. My last role in the hospital was as vice president for perioperative and emergency services for a large level one trauma center in Missouri. While in this role, I led an effort to improve patient flow throughout the 866 bed hospital. The hospital entered an Institute for Healthcare Improvement (IHI) flow collaborative in the early 2000s [3]. Throughout that work, I was mentored by Dr. Eugene Litvak. This was a traditional mentor/mentee relationship and I benefitted from his expertise and his wisdom. As a result of this mentoring relationship and my professional growth, when Dr. Litvak cofounded PatientFlow Technology with Richard Siegrist in 2007, they invited me to join them in a senior vice president consulting role. Press Ganey acquired PatientFlow Technology in 2009 and I became the senior vice president for clinical consulting and later became the first chief nursing officer of Press Ganey Associates in late 2012. I had been in leadership positions in the hospital and in consulting, but this was a new role in an evolving company. It was an exciting and daunting time. In the hospital environment, the chief nursing officer (CNO) for whom and with whom I had worked closely, was not involved nor did she encourage involvement in professional organizations. She didn't discourage it, but it was not a priority for her. As a consultant, I was busy with clients and growing the business, so it was not a high priority. When I became the CNO at Press Ganey, suddenly opportunities to interact with other nurse leaders became a critical priority. I made sure that I became active in the ANA, the American Organization for Nursing Leadership (AONL), the American Academy of Nursing, and any other professional organization that might help me do my job. I needed the wisdom of these professional organizations to help guide my leadership at Press Ganey and to help the leaders in these professional organizations understand that I was their advocate in the industry. That led me to look at the Missouri Organization of Nurse Leaders (MONL). As an affiliate of AONL, MONL served to offer Missouri nurse leaders at every level with information, education, and a forum for the advancement of nursing leadership within the state of Missouri where I lived [4]. It was also an opportunity to think about participation on the board. I ran for and won the election to the MONL board in 2016. It was there that I met Shanon Fucik. At the time, Shanon was a fellow board member representing the Kansas City region of Missouri. Shanon was a good role model for me as an engaged and participative member of the board. She ran for president elect in 2017 and assumed the presidency early when the president at the time left the state. Shanon was and is a strategic thinker and helped to move the board forward. During that time, the board determined that, because nurse leaders were increasingly in roles outside of healthcare, there should be representation from industry and academe on the board. Shanon encouraged me to be the industry representative and, after my tenure as regional representative on the board, I assumed the industry representative on the MONL board in 2018. Shanon mentored me in the orientation and socialization to the MONL Board.

Mentoring relationships, while professional, also transcend the work. In 2013, I was diagnosed with breast cancer and in 2015, my son in law, a 30-year-old police officer, was shot in the head in the line of duty. While these events were tragic, they provided the backdrop for my work both at Press Ganey and within the MONL organization. It led to the development of the Compassionate Connected Care ™ model and a new way to think about the patient and caregiver experience [5]. As my colleague on the MONL board, Shanon encouraged me while I wrote my book, The antidote to suffering, and in my subsequent presenta-

tions at MONL events and around the world [6]. It is humbling and frightening to make yourself vulnerable. My book is filled with personal stories married to data that resonates with people who care for patients every day so that they can remember why they do what they do. That vulnerability required a mentor to help me overcome the daunting nature not only of being vulnerable but also to do the work and put myself out there for all the world to read. As Diana Kimball writes, "mentoring relationships are complex and tenuous ….and like any relationship, they require nothing less than mutual vulnerability" [7]. Shanon was one of many mentors who helped me do that. I was also able to share my success with her and our colleagues on the MONL board in presentations related to the book. The symbiotic nature of mentor and mentee was quite apparent in that endeavor. She was the mentor and I the mentee while I wrote the book, encouraging me and helping me work through my doubts. I was the mentor and she the mentee when I began using the book for education and training and she and colleagues learned from the findings in the book to advance her own practice and leadership.

The MONL board in 2018 made one of their strategic priorities the placement of a Missouri nurse on the AONL board representing nurse leaders across the country. Shanon encouraged me to run for this opportunity. AONL is the professional organization for nurse leaders with a mission and vision to "transform healthcare through expert and influential nursing leadership" through education, advocacy, and community [8]. I ran and was elected to the AONL board for a three-year term in 2019. This was a tumultuous time in healthcare because the COVID-19 pandemic began in early 2020. Nursing leadership had never been more critical as hospitals and nurses became overwhelmed by the volume of patients, the acuity of the patients, and the fear that had consumed our communities. The AONL board helped to guide nurse leaders across the continuum by providing contemporary science and evidence, innovation in staffing and care models, recognition for nurse managers, and ongoing advocacy. I was able to bring this to the MONL board and be a voice for Missouri and the region. Again, the symbiotic relationship of mentor and mentee and the intermingling of the mentor and mentee roles made this possible.

Finally, in 2020, Shanon's presidency at MONL was coming to an end. She suggested that I run for president elect of MONL. I had grown to appreciate what a state organization could do, and I wanted to grow the membership and advocacy. I took Shanon's advice and ran for president elect and currently serve in that role. Shanon's mentorship, from joining the MONL board through tough personal times and then on to a national presence within AONL and in a leadership role for MONL, has been invaluable and her guidance as a board member helped me to see my potential in a way that I had not.

I had seen Shanon's ability in her capacity on the MONL board and in our one-on-one conversations through the years. I recognized her strategic thinking, conflict management, and communication attributes that would allow her to excel in further leadership roles. She was a senior director in a children's hospital but was looking for more. I became the mentor. Because of my contacts in healthcare throughout the country and my role in AONL, I was notified of nursing leadership opportunities that might not otherwise have been known. I made sure that Shanon was apprised of these opportunities and stood ready to help. When an opportunity arose in a large, academic organization, I encouraged Shanon to apply. We discussed the role and did an informal SWOT analysis both for her and for the role. Her ability to think strategically, lead in a crisis, and build consensus were all strengths. The fact that it was during a pandemic and assuming a role that had been occupied by a long-tenured nurse leader were concerning but could be overcome. I was contacted by the recruiter for the position on two occasions and expressed my sincere opinion that Shanon would be good for this role despite her lack of formal CNO experience. Shanon and I strategized and role-played scenarios for the interview and she assumed the role in the fall of 2021. I then

encouraged Shanon to run for the AONL region representative seat that I was vacating in 2021. We both felt it was important to continue the MONL presence on the national board. Shanon was concerned that her new role and the board position could be overwhelming. I assured her that she could do it and I would be there to help. This is the kind of traditional mentorship that nurse leaders are called to act upon in the IOM Future of Nursing report and other seminal nursing manuscripts [9]. Shanon was elected to the AONL board as the Region 6 representative in 2022. She has been successful in her role on the board and beginning her new role as CNO of a large academic health system.

3 Shanon

My journey as a nurse leader started early in my career when I was 3 years out of nursing school and working as a staff nurse in a pediatric hospital. My CNO at the time asked me to be the nurse manager of the unit where I was working. This was the first time in my career that I experienced a form of mentorship in which someone saw leadership capabilities in me that, at the time, I did not see in myself.

My early career as a nurse leader was primarily focused on the day-to-day operations of the hospital. As my professional career evolved to senior leadership, I was encouraged by my CNO to get involved with professional nursing organizations. In 2014, the Nurses on Boards Coalition was convened and set a goal to ensure at least 10,000 board seats were filled by nurses before 2020 [10]. That same year I set a goal to get elected to a nursing board. I applied for a seat on two nursing boards, the Society of Pediatric Nurses and the Missouri Organization of Nurse Leaders. I decided that it would increase my odds of achieving my goal by applying for two positions. To my surprise, I was elected to both.

I came to know Christy Dempsey, my future mentor and mentee, during the time I served on the Missouri Organization of Nurse Leaders (MONL) board. I make it a point to surround myself with people that inspire me. As Leon Shapiro (2017) wrote, "A diverse group of your peers will help you identify your blind spots, challenge your assumptions, and provide you with the kind of insights you'll need to succeed and thrive" [11]. I was immediately drawn to Christy as an inspirational leader and a peer influencer. She is a dynamic nurse leader that is a wealth of knowledge and selfless in her ability to lift people up around her and to be the best version of themselves. I appreciated her strategic thinking and her ability to draw from her vast experience to bring many different perspectives to the work of the board.

Christy has an incredible ability to connect with people to nurture self-confidence and help provide clarity of personal aspirations and goals. She has provided support to me when times were tough in my work and has given nudges when I have been complacent, and I try do the same for her in return. These traits are among those identified as best practices for traditional mentoring [12].

After working with Christy through MONL as a district representative, she encouraged me to run for president of the board. I wasn't sure I was ready, but her encouragement gave me the confidence to run and I was elected as president elect in 2017.

Christy's advocacy and support have been instrumental in providing me visibility in the job market and her coaching and mentorship gave me the courage to step out of my comfort zone and take a position as a first time CNO in November of 2021. Being a new CNO in a new organization during the COVID-19 pandemic has been challenging. There is a constant struggle to spend time getting to know the culture through meeting with key leaders, attending huddles and rounding with staff versus trying to put out fires related to extreme staffing and supply shortages and the sharply declining well-being of our healthcare teams. Christy has made herself available to give advice and support whenever I have needed her. Our conversations have enabled me to stay focused on the things that I can control and provided a sense of confidence and resolve to stay the course. I look forward to our conversations to hear her perspectives related to the issues that

nursing is facing and how nurse leaders might contribute to solutions. Our conversations provide reassurance that there is hope for an end to the pandemic and that we will emerge as stronger nurse leaders by drawing on the support of one another.

4 Self-Reflection

There are tenets that made the strategic mentoring relationship described through these narratives successful. First, there was an understanding by both Shanon and Christy that we each brought a different skill set and experience to the table. Further, mutual respect, humility, and a quest for understanding and cocreation of success allowed us to assume the mentor/mentee role most appropriate for the situation. The relationship was established and maintained allowing us to have the fluidity necessary to assume whichever role was appropriate for the situation. In this sense, neither of us was always the mentor nor mentee but the fluid nature of the symbiotic relationship drawing upon one another's strengths and bolstering our weaknesses made us both better leaders as a result.

Westover defines five characteristics of highly impactful mentors. These characteristics include the emotional agility, clear meaning and purpose, systems thinking, openness and transparency, and authentic caring [13]. Both Christy and Shanon exhibited these attributes as both mentor and mentee. Strategic mentoring will be even more critical as the nursing profession overcomes the pandemic and resulting exacerbation of the nursing shortage [14]. We have learned that, as nursing leaders, we must mentor one another drawing on our respective strengths, experiences, and opportunities and must open ourselves to be the mentee so that growth and professionalism guide us to achieve more for ourselves and for nursing as a profession. Strategic mentoring requires understanding when we must be the mentor and when we must be the mentee. This requires self- and situational awareness, humility, transparency, empathy, compassion, and focus.

5 Conclusion

Strategic mentoring is a strategy deserving of more exploration and research as nursing continues to evolve across the continuum of care, unconstrained by bricks and mortar, with increased diversity in every dimension, and a need for more nurses and nurse leaders with passion, compassion, and resilience. Identifying leaders and peer influencers with whom these symbiotic relationships may be established will allow for the more fluid and ongoing mentor/mentee relationships that transcend roles, education, and succession planning and results in a stronger professional relationship with ongoing mutual benefit [15].

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Resources

While the literature is growing around mentorship, the literature on strategic mentoring and the fluid nature of the mentor/mentee relationship described here are sparse at best. More study is needed on this kind of relationship and the outcomes it achieves. However, good resources to begin and enhance the mentoring relationship are listed here:

Leader2Leader Mentorship & Mentee Program. https://www.aonl.org/resources/mentor.

Mentorship: Pride in Professional Nursing Practice. https://www.aonl.org/education/webinars/mentorship-pride-in-professional-nursing-practice.

Mentoring for Success, Diversity, and Health Equity. https://campaignforaction.org/mentor-training/.

Mentorship: Growing the Leader Within. https://nursing.jnj.com/nursing-news-events/mentorship-growing-the-leader-within.

Stanford Medicine. High-performing mentors. https://med.stanford.edu/oaa-mentoring/quick-guides/high-performing-mentors.html.



Christina Dempsey Missouri Organization of Nurse Leaders, Jefferson City, MO, USA



Shanon Fucik Board of American Organization for Nursing Leadership, University of Missouri Healthcare, Columbia, MO, USA

Leaders Shaping Leadership: Mentoring, Advising, and Coaching

Michael Joseph S. Dino, Joyosthie Basco Orbe, and Maria Julita S. J. Sibayan

I saw the angel in the marble and carved until I set him free.

—Michelangelo

Objectives

1. Provide mentoring narratives from the perspectives of nursing leaders.
2. Compare and contrast the mentoring, advising, and coaching roles in nursing.
3. Showcase an emerging model based on current literature and proponent narratives.
4. Appreciate mentoring, advising, and coaching roles as foundations of nursing leadership.
5. Inspire mentor-mentee dyads in co-creating the art and science of mentorship in nursing.

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1 Prologue

The astonishing 17-ft statue located in Galleria dell'Accademia di Firenze in Florence (Italy) depicting a bible hero is the world's most incredible art creation among a plethora of sculptures during the Renaissance period. This colossal masterpiece is a quintessential treasure with the most controversial and interesting history among its equally stunning companions [1]. Beyond scholarly and historical discourse on the artwork's arguable disproportion [2], the statue was rumored to be forged from an imperfect, unusable, and abandoned rough marble block that rested for years [3] before it was shaped by the magical hands and artistry of its creator. It is the "greatest statue ever made by the greatest sculpture who ever lived" [4].

2 Mentoring in Nursing

Mentor Narrative: Michael Joseph Dino

> *As David did with his sling, so I do with my drill.*—Michelangelo

As a second-born child in a Filipino descent family, my earliest leadership accounts are

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defined by how my parents manage our seemingly large extended second-family household. My father used to maintain extensive inherited farmland from the clan where I learned how to balance resources and requirements. In contrast, my mother keeps a small home-based store business where I honed my social skills at a very young age. I value trust and friendship more than status and prestige like my parents. And, typical to a family from a developing country that emphasizes moral values and education, the school setting served as a fertile space to sharpen my leading, managing, and mentoring activities along with the constant counsel provided by my religious, conservative, and strict parents. However, it was not until 2016 when one of my leadership icons, my dad, passed away at the age of 94. Before his demise, I am confident that the head of the house has witnessed my growth as a person and exceeded his expectations—a professional nurse with a PhD degree from one of the Philippines' prestigious universities and a directorship leader position in research and innovation at the country's largest producers of undergraduate and doctoral-prepared nurses. Nevertheless, 2016 was when I grieved from my father's departure and the period when I encountered a different kind of mentoring experience—11 years when I started embracing the role of an educator-advisor in the academe bearing a novice understanding of mentorship.

On one typical Thursday morning in the opening week of the new school year, I was visited by two bothered but familiar faces—Marj, a petite and joyful student with a strong personality, and Joyosthie, a calm soft-spoken person whose posture resembles that of my mother. As an educator in a big university in the Philippines who have handled hundreds and even thousands of undergraduate and graduate students, there are only two reasons for students to leave a discernible "mark" in my memory—if they are incredibly outstanding or incredibly low-performing in my previously handled classes. The smile on my face depicts that Marj and Joyosthie belong to the former. I first met the two as PhD Program student leaders when they invited me to speak about research and publication in a student-managed seminar. Later, they became my students in some of the courses that I handled in graduate school. They are two of my most promising PhD students and now visiting and convincing me to sign a document to be their dissertation mentor.

The Philippines, as a developing country with a society that gives value to human and knowledge capital [5], has a unique educational system in Asia. The country is one of the biggest producers of foreign-bound workers, one of the last territories to adopt a K-12 curriculum [6], and a recent adopter of a new qualifications framework [7]. Completing a doctoral program in the country is the terminal and highest level of qualification (Level 8). In the case of Marj and Joyosthie, taking a doctoral degree in nursing is more than just earning a terminal degree but a pledge of hard work and commitment. There are very few universities in the Philippines offering their program, and it means traveling a 70-km traffic-afflicted metropolis for 3–5 h to and from their location two times every week. Most doctoral students in the country are classified as *working,* and they merge job responsibilities with coursework. Both Marj and Joyosthie are middle managers and well-known leaders in their institutional affiliations. A faithful request from these two bright students is a flattering gesture to any mentor-to-be.

Graduate school students (in most Philippine universities) are given the advantage to choose their dissertation mentors. It's been a while since I accepted roles as a dissertation mentor due to work demands and recent family challenges. Having minor reservations about taking the role, I further challenged Marj and Joyosthie by asking them: *Are you sure? Are you ready to go on a journey?* Seeing their decisive looks and affirmative nods, I said yes and affixed my signature to their one-page mentor requests. After several mournful months, I consider this journey as a productive way to divert my attention back in the academe. And, seeing their then-bothered now bright sparkling eyes are a pleasant sight of relief. We spent the next hour discussing their topics and clarifying their plans. They left my office with excitement and hope and me with a profound feeling of concern to two of my newest *protégés.*

Mentoring two of my brightest students means unleashing their research potentials and bringing out the best of their scientific talents. Though they both excel in my previous classes, Marj and Joyosthie are two opposites. On the one hand, Joyosthie works well when I give her explicit instruction and pointers. She is also a keen observer who learns by watching and observing her environment. She is a pad and pen student who punctually maintain notes in her mini spring booklet. She is also a person who can initiates in-depth conversations about the meaning of life and share bible verses. Marj, on the other hand, is more receptive to learning if I'll show her how to do things. I remember enacting the steps involved in conjoint card sorting and providing her a rehearsal before her data gathering activities. As the more adventurer type, she focuses more on the skills. Beyond their distinct and separate uniqueness, Marj and Joyosthie have also shared similarities. They are both vegetarians, love eating, are family persons, and are nature-loving. They respond very well to praises, reassurance, and encouragement.

Mentoring top-notch students like Marj and Joyosthie is an impetus. Throughout our almost 2-year mentoring experience, I ensured that my leader-mentor skills were on top of my game. I maintained mentoring tools like Gantt chart, scenario planning, and Strength-Weakness-Opportunities-Threats (SWOT) analysis to diagnose, predict and monitor their progress. I also reviewed advanced topics on their methodologies for their dissertation paper. Marj is doing conjoint analysis under Interprofessional Education (IPE) subject. Joyosthie is adopting Q-Methodology (an innovative approach in data gathering to examine participants' perspectives of a topic through card sorting) for her work on research participation among nurses. Considering their talents and critical thinking abilities, they follow instructions conscientiously. They have the sense of openness and excitement of a child, certainty, purpose of an adult, and an altruistic risk-taking behavior of a wiser older person. I always look forward to our mentoring experience. I admire their transparency and deep appreciation whenever they learn something from me. I love uncovering their potentials and seeing their growth as leaders and mentees. They are respectful of my busy and sometimes unexpected schedules.

Furthermore, they gave a brand to my mentoring strategy—*Diñofied*—an adjective that evolved from my family surname that describes their Eureka moments under my mentorship. Their wit and sense of humor bring lighter moments during our course of activities and sometimes break my mature and always serious attitude constructively. My signature mentorship approach always centers on transforming the person in terms of knowledge, skills, and attitude, be responsible for his/her own development, and feel good about every accomplishment.

I must admit that mentoring Marj and Joyosthie is not always a smooth sailing journey. As members of a research team, we encountered the fabled Reviewer #2 [8] and the Gilderoy Lockhart of the academe [9]. However, my empowered mentees know how to manage these challenges with refined attitude, poise, and grace. My mentees' rationalization approach under polite and respectful tones is analogous to my style. Them, too, know how to follow instructions.

When the day of their final dissertation presentation came, I saw two persons different from the two former students who approached me years ago. I see two brand new persons—two *perfetta* sculptures of leadership. As expected, they did something that other students in our university wouldn't dare to do—they brought their families with them.

My mentees final gesture brought a lot of good personal and professional memories. As mentioned, my mentoring skills have always been rooted in my family values, mother and father's concept of parenting, and commitment to lifelong learning. A mentor-mentee relationship is a process of actions—a partnership that should be built within the pillars of trust, care, and concern. I view mentees as caterpillars ready to bloom as colorful butterflies rather than empty pages or *tabula raza* [10] preparing to be filled. My mentoring experience with Marj and Joyosthie is eidetic of those values and standards.

I see discipleship in the process. I see them grow and evolve to become more confident, structured and meticulous in terms of producing scholarly work. I see my parent's mentoring legacies passed on to my two bright students as next-generation leaders. Marj is now a certified breast-feeding and lactation consultant handling community service projects and constantly appearing in the Philippine media on educational shows about motherhood. Joyosthie was appointed into higher positions while continuing her religious advocacies and mentoring roles. As I see them frequently in the pages of my social networking sites and hear their success stories from the word-of-mouth of their current mentees, with my tools and my faith as a mentor—like the bible's David's sling—I know I have succeeded.

3 Advising in Nursing

Mentee Narrative: Joyosthie B. Orbe

> *Ancora imparo [I am still learning].*—Michel-angelo

I grew up conventionally from 1972 to the early 80 s. My Dad—a values teacher and a pastor—is a good family provider, and my mom was a happy homemaker who sold books to support the family and her siblings to finish college. My mom gave me the legacy of the "love for the books" by always gifting me with book volumes to read for my age. I knew early on that education was the socially acceptable way to be independent, respected, and lead. A decade later, I learned from esteemed instructors in nursing school and became a clinical instructor and middle manager after graduation, 16 years now to count. For me, knowledge is power.

In 2013, when I graduated from Loma Linda University, USA, with a master's degree in nursing education scholarship, I intended to integrate my new learnings into nursing and teaching practice. Moreover, I desired to continue my quest for higher education. Therefore, I applied as a government scholar for doctoral studies offered by the Commission of Higher Education in the Philippines, resulting in a four-year scholarship with Our Lady of Fatima University Graduate School. Of course, I learned more from sages in this university, but I searched for a mentor who would see the rough in me yet put value into my being and becoming.

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I met Dr. Michael Joseph Diño, for the first time, as our keynote speaker in the graduate school research forum event. His presentation was filled with knowledge and information that was trending, timely, and trailblazing. He detailed exactness, authenticity, and quality in his research. I scribbled and doodled my learnings to register in memory what he shared. That encounter was short-lived. Not until Dr. MJ became my teacher in the discourse on Curriculum Development. We (students) were like a swarm of bees during that time, and the classroom was a beehive of shared knowledge that nurtured collegiality and promoted a collaborative learning environment. He eliminated competition and comparison through constructive critiquing. He spiced up the learning process with his knowledge of technology. He composed his teaching points, so the class learns seamlessly without threat or pressure. He wraps up the students' collection of learning at the end of the day and ribbons it up with an *"aha"* feel.

I wished to be his advisee for my dissertation, and as if preordained, it happened. In the Philippines, a doctoral student becomes an advisee upon successfully passing the comprehensive examination and is ready to embark on one's dissertation journey. The advisee's role is to submit oneself and her collection of knowledge to the

advisor who takes her under his tutelage to share his expertise in composing the body of knowledge shared into workable stages from the start of the dissertation journey to the finish. I know that a research advisor could be a tormentor, but Dr. MJ (as most of us called him) turned out the adviser who walked me through the ordeal. He gave resources to facilitate self-discovery and made me outgrow my torments and grow confidence instead. He advised me of the practical challenges of the Q-sort methodology. He gave me all the chances to question or express my thoughts so I could take the courage to face the responsibility of discussing the results of my study. His advice assured my personal and professional growth and the re-shaping of my perspectives.

Advising is a natural talent, a demonstrated competence, and an impacting leadership characteristic of Dr. MJ, who unselfishly cascades his expertise to his advisees. His eye focuses on the potentials of each advisee who comes his way to influence, make a difference, and advance. He pointed me to paths not just to follow his footprints but to trailblaze my ways to deeper insights. He does not entertain my platitudes like *"I have no time" or "I don't know."* He provides connections and opportunities like joining Sigma Nursing. He also includes me in his current projects to challenge me to quench my fears. He upholds me even when we have differing opinions. He encourages exchanging ideas by calling online chats or zoom huddles ending in the fruition of outcomes and not just outputs. He critiques meticulously but often for a better turnout; is consistently fair in respecting limits and boundaries; is admirable for keeping his word of honor, and has a good heart. He sacrifices for the most deserving and stretches room for improvement. Critical to this, as an adviser, he is willing to take his ego out of the equation and admit that someone can do it differently and may even try to be better than him, and yet he is ready to cheer by the sidelines. His sense of entitlement is overruled by the choice to stay humble despite his achievements. He is fueled by the joy of passing the legacy of learning. These qualities cemented my resolve to be like him. He isn't perfect, but he is good to be true. I look up to him as a friend, and all the time still my adviser. Dr. MJ is a man whose stature carries the heart of a leader and is committed to unselfishly passing the legacy to the next generation's leaders. If I reflect on the blessings in learning that I have enjoyed, I will fondly recall one of heaven's gifts of an adviser--a rare find. For me, the best kind.

4 Coaching in Nursing

Mentee Narrative: Maria Julita SJ Sibayan

> *Where I lack words, I shall supply with deeds.*—Michelangelo

"My only son is my daughter"—is rhetoric and humor that my dad, a well-respected martial artist, always says to his friends to refer to me as his only child. Needless to say, I grew up with others' expectations that I will be as athletic as my dad. As expected, I became an accomplished athlete at a very young age who is always in my winning form and equipped with skills and techniques in the martial arts. Thanks to my father and coach for his commitment to transferring his skills to me. After several years, I became a junior coach in our martial arts class for beginners. Fast forward to several years, I decided to pursue the nursing profession while continuing my passion as a coach in the martial arts.

I was already a happy and married registered nurse when I decided to pursue a doctorate degree. As a lifelong learner myself, I have previously dedicated my initial years as a professional nurse in serving the academe as a clinical instructor, educator, and nurse leader. Seeing former students blossom into successful professionals (like the little kids that I used to teach martial arts in my younger years) brings joy and contentment to me. I always want to be the best version of myself to my students, and in my quest to improve my craft, I took the road less traveled by nurses in our place. Despite the long-distance, I decided to enroll in a doctoral program for nurses in a well-known Philippine university where I met Professor Dr. Michael Joseph Dino, or MJ as he would like to be called.

I can still remember the day when we visited his office to invite him as a resource speaker for the seminar we are organizing as members of the graduate school student council. His charismatic stance and amplifying smile are contagious even for us—strangers he recently encountered. He gave us an expression of humble surprise and eventually agreed when he confirmed that his schedule was clear from the iPad on top of his desk. We left his office with excitement and gratitude to finally meet one of the esteemed faculty we have heard so much about. A few weeks later, I found myself in a hall full of eager learners, students, faculty, and guests. His presentation in our seminar was impressive, impactful, impeccable, and insightful. Questions were asked (with some participants even challenging him with tough questions due to his very youthful looks), and he masterfully and confidently answered each inquiry to the attendees' delight. Dr. MJ is a genius and brilliant professor. Through an ingenious display of expertise, he left me with the thoughts of how this teacher really must have loved research so much to make it sound so exciting and fun for others, and that I find myself looking forward to doing one. He really gave us a very positive impression and inspiration.

Four semesters later, I became his student in the "Curriculum Development, Evaluation, and Implementation" class. Learning sessions with Dr. Michael are always filled with thought-provoking discussions and unexpected but exciting activities that will surely leave students with wide-eyed amazement every after each class. He taught us to embrace creativity, innovation and to think outside the box. His teachings are grounded in theories but always practical, and we are always excited to apply our newly acquired skills from his class to our undergraduate courses. He is also a visionary educator. He gave us an exciting course requirement to create an electronic learning resource for an online learning management system, which was not a common approach to teaching and learning. It may seem a complicated task for someone who is not tech-savvy, but I gradually gained each of the competencies needed from his unique approach to teaching. I knew that I could always consult Dr. MJ for learning while still being allowed to explore, experiment, experience. Also, during that semester, Dr. MJ chose me to participate in an international competition of graduate school students where, for the first time, I learned to go beyond my comfort zones. Little did I know that throughout the term he had been eyeing our potentials which he masterfully and intently polished. With this task he gave me an opportunity to exercise, execute and reinforce my skills base much like an athlete competing after a season of training. Though unsure and inexperienced I took on the challenge carrying with me what I learned and the confidence my mentor gave me. After that semester, my classmates and I still consult Dr. MJ for "everything and anything under the sun" of graduate school life.

When the dissertation writing semester came, each student in our cohort was directed to mentors whose expertise matched everyone's area of interest. I consider myself lucky to be reunited again with Dr. MJ. Students in the graduate school appreciate his timely, trending, and trailblazing skills and approaches to research. When I came to his office to request that he take me in, Dr. Diño jokingly said, "Are you sure you want me to be your adviser? Are you sure you are ready for what is to come," I answered, "Of course, I am sure and am ready, sir!" The excellent professor chuckled and signed the adviser form as he said, "I'm up for another adventure."

As our consultations began, I gained new research knowledge and skills with every interaction. Far beyond the concepts of just research, I had the opportunity to observe him in his element. I intently learned from his approaches to the realities he faced as a leader, which gave me reflection points and a better perspective. While I experienced how it was to be groomed as a researcher, through his example, I appreciated servant leadership, experienced succession planning in action, and witnessed what transformational leadership can do. I understand his "hands-on" approach to research. His computer and research software skills are fascinating, and I always end up copying, adopting, and adapting his techniques just like his staff at the research center.

A few days before my proposal defense, I came to his office for a much-needed feedback session for pointers and better streamlining my presentation. Being mentored by the university research and innovation director fueled my desire to meet his high standards not to impress but because I know that it is high yield. Completing a conjoint analysis project as my dissertation is a new experience. Coaching sessions like return demonstrations with Dr. MJ are opportunities that allow close supervision and timely correction—like the polishing of a diamond. As I showed him my slides for the presentation, I eagerly and nervously waited for his critique. Instead, he smiled and pointed out the strengths of what I had prepared. He then called me to his side in the lounge, where student advisees stayed for consultations. "Let me show you a trick or two," and I write notes on my pad. Intently as I watched, my slides were transformed, or should I say *"Dinofied*." I enjoyed his instructions as a coach because he was concise and straightforward. He has a way of demonstrating what needs to be done but never limits one's creativity. He lays down the stages and timeline that help me navigate circumstances towards the end goal. Coaching sessions with the esteemed professor was always value adding. His personal touch coupled with a very individualized approach allowed me to grow not only as a scholar but as a nurse leader and mentor.

My mentoring experience from Dr. MJ reminded me of my early days as an athlete. A lot of time was devoted to discovering, polishing, and reinforcing my strengths and other attributes. I am given room to explore, create and even make mistakes and grow from them. In the face of challenges, I feel supported, advocated, and heard. With Dr. MJ as my coach, my efforts and hard work in research are always celebrated. He continuously gives me opportunities to harness and use my potential up to this day. Like a coach to his athlete, he watches from the sidelines and (from time to time) gives leads while nodding in confidence, saying, "You got this."

During my graduate schooling with my esteemed professor turned counselor, coach, and friend, I was immersed in a once-in-a-lifetime mentoring experience that shaped me into the nurse leader I am today. While I have succeeded in completing and presenting my study, and now that I work side-by-side with him in other endeavors, I would like to continue acquiring life and professional skills from him. He is a coach, like my dad, and the kind of person that I wanted to be.

5 Reflections and Best Practices

5.1 The Michelangelo Phenomenon and the Vertices of Mentoring, Advising and Coaching (V-MAC) Model

As we craft and write the prologue passages of this book chapter, our mind vividly captures the details and the perfect imperfections of a sculpture masterpiece from our sharp memory. This statue named *David* and its creator Michelangelo di Lodovico Buonarroti Simoni is our real-world metaphor of the triadic roles of mentoring, advising, and coaching the next generation of nursing leaders. Michelangelo di Lodovico Buonarroti Simoni, or simply Michelangelo, is a world-renowned Italian sculptor, painter, and poet of the Renaissance period.

It is undeniable that Michelangelo and his statue, *David*, have a widespread and enduring impact in many aspects of the society. For instance, the development of the sculpture has been examined by several scholars in various disciplines for its value and contribution in history [11], architecture [12, 13], imaging [14], and even in the areas of medicine [15, 16] and neurosciences [17, 18].

Interestingly in the social sciences, scientist Stephen M. Caryl E. Rusbult and his colleagues introduced a new psychosocial concept known as the *Michelangelo phenomenon* in the latter years of the nineteenth century [19]. Their phenomenon advances that close social encounters with significant others promote a positive relationship and mutual support in developing knowledge, skills, and talents between the actors. Like the

interesting story of an unusable block that later became history's most precious sculpture, the Michelangelo phenomenon underscores the impact of partnership in shaping a person's best features, traits, and competencies. In our case, mentor-leader bringing out the best of their mentee-leaders.

In our context, the *Michelangelo phenomenon* may provide a scientific foreground and theoretical anchor to explain the positive benefits of engaging in our mentor-leader and mentee-leaders interactions as described in our narratives. Combining the concept of the phenomenon with our rich chronicles, we would like to advance an emerging model (Fig. 1) on the triadic roles of mentoring, advising, and coaching nursing leaders from the exciting themes that we generated and captured from our rich experiences.

The Vertices of Mentoring, Advising and Coaching (V-MAC) Model illustrates the mutuality between mentor and mentee roles in the processes of mentoring, advising, and coaching. Although these terms were often used interchangeably in the past [20, 21], we would like to advance our operational definitions based on our experiences.

- **Mentoring**, represented in the model as an overlap between advising and coaching, refers to the practice of transferring knowledge (advising), skills (coaching) or both that results to enjoyment, empowerment, and buoyant experience between the mentor and the mentee. For effective mentoring to take place, the mentor and mentee should perform cultivating and contemplating strategies respectively. Mentoring is the cor (heart) and core (center) of the mentor-mentee interaction.
- **Advising,** located at the upper vertex of the figure, is a unique role of the mentor that facilitates the transfer of conceptual knowledge to the mentee. Mentors (functioning as advisors) are responsible for composing the knowledge that mentees (or advisees) should directly collect. We consider this function as the cognitive (head) and knowledge-sharing component of the mentor-mentee interaction.
- **Coaching,** located at the lower vertex of the figure, is a unique role of the mentor that facilitates the transfer of psychomotor skills and competencies to the mentee. Mentors (functioning as coaches) are responsible to conduct and demonstrate the skill that mentees (or coachee) are initially copying or imitating. We tagged this process as the manus (hand or skills) component of mentor-mentee interaction.

As shown in the figure, the V-MAC Model summarizes the mentor and mentee roles at the left and right vertices of the figure and are linked

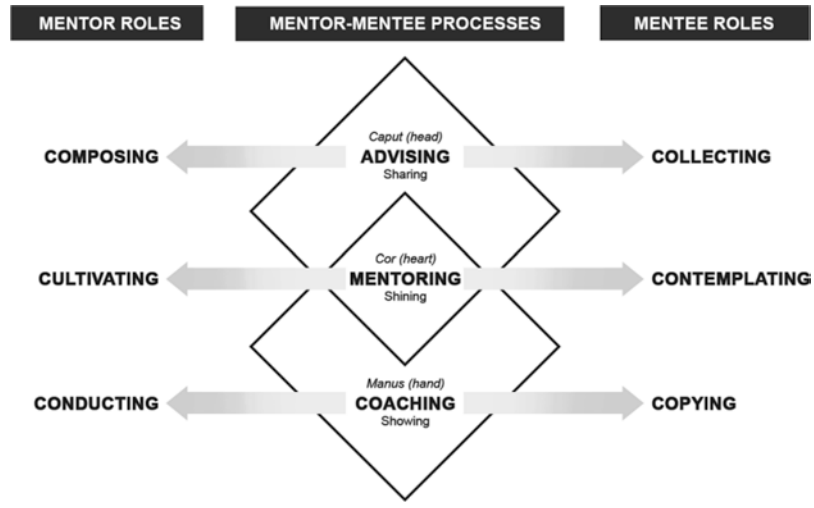


Fig. 1 Vertices of Mentoring, Advising and Coaching (V-MAC) Model

by double headed arrows to show connections. Interestingly, the position of the roles of mentor and mentees further represents mutuality and co-equals of both actors in the mentoring experience. Similarly in our case, we consider ourselves as co-creators of the mentoring practice. We (mentor and mentees) are leaders (from varying levels and situations) shaping leadership by improving one another. Mentoring is a two-way process of *sharing*, *showing*, and *shining* which is similar to the central tenets of the *Michelangelo effect* [19].

We are also interested to examine how mentoring is built. Surprisingly from our narratives, it is a clear pattern that mentoring starts in the family. Our concept of mentoring, coaching, or advising emanated from our early encounters within our families. The manner on how we behave and react to professional mentoring activities are shaped by our initial micro level interactions with our significant others. Our behavior, intentions, perceptions, and understanding of each other as mentor and mentees further solidified our positive mentoring lived experiences. We are also curious on how our mentoring experience might have been broken. From our reflections, mentoring processes might not have been as empowering as we have experienced if we compete (contesting) and collide (contrasting) with one another. As an exemplar, our age difference (we have 10-year difference) is not a factor for us to negate each other's ideas. We maintain our focus to our common goal instead of competing with one another.

Our experience and reflections clearly underscore the value of knowledge (head), skills (hand) and empowerment (heart) in mentoring and shaping leaders in the nursing profession. In a profession that is as highly dynamic, demanding but fulfilling as nursing [22, 23], leaders shall embrace lifelong learning and must acquire the necessary concepts, competencies, and mindset to serve. We need to ensure the continuity and sustainability of nursing leadership by shaping, sculpting, and carving one another. We can achieve mentoring and leadership excellence through the consolidation of our individual unique differences and not only through assimilating our common abilities and talents. Just like in our case, the mentor *"unleashed the angel(s) in the marble"*.

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Part VI

Mentoring in Research and Academia

Introduction: Mentoring in Nursing Research and Academia

Thóra B. Hafsteinsdóttir

1 Introduction

In this section of the book, the focus is on the importance of mentoring of nurses working in the fields of research and academia. As we all know, nursing research is imperative to the foundation of nursing both as a profession and as a scientific discipline and is integral to the development of new knowledge impacting patient, professional, and healthcare outcomes. In the past decade, nursing research has gone through huge developments. Since the days of Florence Nightingale in the nineteenth century, it was not until late part of last century that nursing research began the advancement that has been seen in the past decades. The growth of nursing research is mainly due to factors like: the increasing number of master's and doctorally prepared nurses, who work in research, education, and clinical practice and who have developed competencies to conduct research and teach students at all levels. This has also been due to the more funding made available for, nursing research, as well establishment of vehicles for the implementation and dissemination of research findings.

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To meet the future healthcare needs of societies, policymakers need to support the academic education and career development of nurses. Academic nurses generate new knowledge to advance nursing practice, improve healthcare quality, shape health policy, and to improve population health [1]. Healthcare needs to adapt to the evolving scientific knowledge and societal needs. Competent nursing researchers are fundamental to the development of any scientific discipline. Nursing researchers develop their basic competences through the doctoral education, aiming to produce highly qualified researchers who can offer solutions to existing and future healthcare problems [2]. To develop successful careers and to succeed in their contemporary roles, nursing researchers are expected to have a wide range of competences [2, 3]. For clinical nursing practice, nursing researchers play a critical role in educating and mentoring clinical nurses to enable high quality and safe care to patients. Studies have shown that nursing researchers: (a) are the experts in research and evidence-based practice; (b) develop and advance innovative healthcare for diverse populations; (c) build inter- and intradisciplinary networks to generate high-quality innovative knowledge to secure high quality and safe care to patients; (d) implement evidence-based knowledge in clinical practice, education, and policy development that can lead to improved working environment and educate and mentor (under)graduate nurses for

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advanced careers in clinical practice, research, and education [4–8]. However, nurses working in research and academia are faced with a wide range of challenges that calls for more supportive initiatives like mentoring.

1.1 Challenges in Research and Academia

Embarking on an academic career takes much work, time, and effort and developing into an independent researcher is difficult due to changes in roles, responsibilities, and working environments [9]. Nurses working in research and academia are faced with new roles that requires them to acclimatize to the academic environment. The transition from other fields of nursing like clinical practice into academia is often associated with anxiety and stress, which in turn can lead to job dissatisfaction [10–12]. This transition is experienced by many nurses as difficult and frustrating, working in unfamiliar environment without adequate mentorship support [13]. Nurses who work in research are generally doctorally prepared or doing their doctoral studies. Studies have shown that these nurses often struggle with challenging working conditions like: lack of career opportunities, lack of support, competitive work environments, high workloads [14]; difficulties with career advancement and sometimes with inadequate preparation for academic positions [9, 15–17]. They often work in more than one part-time positions, combining work in different fields with a wide range of commitments [14, 16]. All this resulting in challenges with work–life balance [14, 18, 19]. Mentoring has been recommended as an important strategy to support nurses in the transition into faculty and academia [20].

1.2 Mentoring

Mentors in academia have been described as faculty or nurse supporters, counselors, confidantes, advocates, preceptors, and advisors that promote the application of survivorship and retention of nurses and nursing faculty in the healthcare profession. Further mentoring was described as a relationship between a mentor and a mentee which including lifelong learnering and embracing a commitment to both the university and the mentees' (often students') success [21].

Mentoring in academia was found to be a vital part for both recruitment and retention of nurses in the profession [21–23]. For nursing faculty mentoring was found to stimulate the growth and productivity of faculty and considered important in solving the nursing faculty shortage [1], but also to improve faculty socialization, decrease faculty stress [13]. Further mentoring was found to support career development, and career satisfaction of nurse scientists [13]. For postdoctoral nurses working in research, a systematic review described a wide range of benefits of mentoring. Mentoring was associated with improved research knowledge and skills, improved research productivity in terms of increased number of scientific peer-reviewed and professional publications, increased number of grants funded as well as enhanced research collaboration, and collaborative networks. Mentoring contributed to improved research career development, leadership knowledge and skills, improved health and well-being, stronger empowerment, lower faculty job stress and higher job satisfaction, as well as improved staff relationships and enhanced culture of collaboration [17]. However, nurses working in the academic setting, feel there is a lack of mentoring opportunities [17, 21].

There is a pressing need for mentorship and formal mentoring programs as the scientific nursing community needs supportive measures to strengthen its nursing researchers' scientific career development tracks [2, 14, 24]. Nurses working in research and academia need to connect with a larger network of mentors outside their own organization or region to support their leadership and professional development [3].

Based on this background, it is a great pleasure to introduce this section of the book that includes chapters from contributors from all continents across the world including Africa (Botswanta and South Africa), the Middle East (Lebanon), North America (USA), South

America (Mexico), Asia (China, Hong Kong, Philippines), Australia and Europe (Germany, Iceland, the Netherlands and Turkey). In these chapters nurses working in research and academia tell their stories of their own experiences of mentoring as a mentor or mentee, going through different mentoring trajectories, following informal or formal mentoring programs all in the field of research and academia. They tell their stories describing successes and failures, challenging work environments, with much honesty. They describe how mentoring helped them in how to navigate academic politics and in how to overcome the challenges of the academia. They tell their stories describing how they struggled with their role as a mentor or mentee, how their mentoring relationships developed across a wide range of sectors, often between different countries and continents. These are nurses from all corners of the world.

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Empower, Encourage, and Expand: Mentoring Twenty-First Century Nurse Scientists

Safiya George, Shameka L. Cody, Mercy Mumba, and Laurie Martinez

Research mentorship is like playing in a sandbox with a new kid on the block and empowering them to build the sandcastle of their dreams one grain at a time and encouraging them to invite others in to provide multiple perspectives and expertise in order to fortify it and expand it into a lasting legacy.

—Safiya George

Objectives

1. Discuss how the mentor's philosophy on mentorship influenced her role in empowering, encouraging, and expanding the careers of research rock stars.
2. Present trust-based relationships where the mentor recognizes and reveals skill sets of mentees and fosters courage to move forward with own ideas, opportunities, and actions.
3. Discuss how intentionality and vision are the bedrocks of building and sustaining robust programs of research as early-career scientists.
4. Understand the power of mentorship through the lived experiences of three early-career academic research nurse scientists.

1 The Mentor and Mentee Narrative

1.1 Mentoring Rock Stars: The Mentor Narrative—Dr. Safiya George

I truly believe in the power of mentorship. A mentor is just as important as a parent. I believe that every successful person has a powerful story of the role of a mentor or mentors along the way. I also believe that success also includes sneak peeks of what poor mentorship or a lack of mentorship looks like. Both sides of this coin are

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what have framed my passion for good, wholesome, and holistic mentorship. My mother was my first mentor. I don't recall her sharing any stories of her having any personal or professional mentors. However, she encouraged and supported my independence and my passion for learning, sports, friends, and family. She was a quiet and gentle mentor whose love, dedication, and humility were my biggest sources of support and motivation to do better and to be better. The second most influential person in my life was Mrs. Wilson, my teacher for my Academically Talented Class from fourth through sixth grade at Alexander Henderson Elementary School in Frederiksted on the island of St. Croix, U.S. Virgin Islands. She challenged me to do more and to do better and not just settle for being labeled academically talented. She also encouraged my classmates and I to develop other skills and interests. She taught us how to bake sugar cookies and butter cookies and inadvertently turned me into a cookie monster. Till this day, I still absolutely love cookies, even more so than cake or any other dessert. Every time that I bite into sugar cookies or butter cookies, it briefly takes me down memory lane. Ms. Wilson used to take us to the Adult Education Center after school or on weekends to bake hundreds of cookies in their kitchen, which we would then sell as fundraisers for field trips and other things. This taught me the importance of being well rounded and in working hard and playing hard. The third person who significantly influenced my life's trajectory was my eight-grade business teacher, Mrs. Maria Thomas Lewis. I was primarily interested in healthcare and was not particularly interested in business but I decided that I needed to learn to type and to properly format a letter so I enrolled in a business class as my elective. I quickly learned to type and format a letter and then began learning so many useful and exciting things including about assets and liabilities, balancing a ledger, and about shorthand and SuperWrite. I was encouraged by her to join Future Business Leaders of America (FBLA) and this opened up a whole new world for me. I participated in FBLA conferences and competitions and even won trophies for shorthand, super write, and others. She devoted her time and energy into encouraging, mentoring, and supporting her students and FBLA members. We became an extended family. My classmates, teammates, and I and Mrs. Lewis all spent time together after school preparing for competitions and doing fundraisers. She always had encouraging words to offer and often pushed me to push myself to my full potential. She saw my potential long before I did. She remains a mentor and close friend to this day and I credit her for encouraging me to stretch and grow and to imagine amazing future possibilities!

Along my professional journey, I have had a few more professional mentors, including my dissertation chair Dr. Marcia Holstad and postdoctoral mentor Dr. Harold Koenig, who provided formal guidance, advice, and feedback. I have also had a great mentor, Dr. Suzanne Prevost, who helped open doors for me and who provided me with important opportunities for career advancement. Suzanne's mentorship was both professional and spiritual in that she aimed to allow me the opportunities and space to innovate and to expand my leadership and also invited me to also embrace my spiritual leadership and growth. She also served as a role model for leading with head, heart, and faith and for embracing diversity without alienating others.

Nonetheless, the most important mentorship lessons that I have learned were from leaders who—in my opinion (and that of others)—lacked empathy, patience, and a genuine interest in nurturing others and instead saw and treated people as a means to an end to achieve goals, grants, awards, accolades, and rankings. These experiences did not deter me; instead, they fueled my intense passion for mentoring students and junior faculty and for giving them the gift of authentic presence and honest, nurturing guidance and feedback rather than discouragement, jagged, piercing, raw truth, or sugar-coated messages.

"Be the change that you want to see in the world" is what comes to mind when I think of my

inspiration to mentor others. Although this quote is attributed to one of my greatest inspirations, Mahatma Mohandas Gandhi, he actually said, 'We but mirror the world. All tendencies present in the outer world are to be found in the world of our body." Great leaders like Gandhi and Martin Luther King, who is another inspiration of mine, were great because of their courage to advocate for others, do what is right and to encourage others to do the same and to speak the truth—in love. This is my goal for every person that I mentor; to advocate for them, to challenge them to do and to be their best and to enlighten them with the truth needed to set them on a successful path.

The three rockstar nursing faculty that I have been fortunate to mentor each have distinct interests, passions, and talents. Dr. Mercy Mumba—Zambian-born nurse—went from PhD graduate with an interest in impaired nurses with dependence to NIH-funded addiction researcher, tenured Associate Professor to Fellow of the American Academy of Nursing and published author. Dr. Shameka Cody—an HIV sleep researcher and Nurse Practitioner—built a superb research team and network of community partners focused on preventing and addressing opioid and methamphetamine use in rural Alabama and also on exploring racial disparities in sleep health among older people with HIV-associated neurocognitive disorder. Dr. Laurie Martinez is just beginning her academic research journey after spending years leading a successful radiology practice and she has already gained a wealth of experience as team lead of an NIH-funded study and as a member of at least two research teams focused on HIV, COVID-19, and addressing homelessness. She has already published several articles.

Despite their uniqueness, these three rockstars all have one thing in common: they all have a tenacious desire to do good and to be their best. Additionally, they each have the requisite humility to recognize that they need help to get to the next levels and are willing to accept and pivot in response to constructive feedback. This is the basic recipe for rockstars. The opposite—cockiness and stubbornness are ingredients to a sure recipe for failure and disappointment. I once tried to mentor a junior faculty member who was essentially brilliant by all means, but who was cocky and a know-it-all. This attitude and continued resistance to feedback resulted in failure to achieve major milestones for success and failure in achieving promotion or tenure, although this faculty did experience a few wins along the way.

Rockstars are different. They soak up every piece of advice, they seek out opportunities to collaborate and to network, they set goals, timelines, and use to-do lists. They pour their hearts and souls into their work, into their teaching, into their research, and into their community service. Unfortunately, they often overextend themselves, forget about themselves or neglect their personal needs, including sleep and timely, balanced meals. As a mentor, it is our responsibility to remind mentees that although an academic research career is demanding, they should always make time for self-care and activities that renew us in attempt to continually try to achieve work-life balance or harmony. An academic research mentor can be likened unto a conductor of an orchestra who helps the group to harmonize with the right notes, tunes, and tones. Part of an academic researcher's harmonizing is with the funding agencies from whom funding is sought. Most junior researchers' are fixed on getting their ideas and passions funded rather than aligning their research interests and expertise with the funders' priorities and the most pressing public health issues. Additional important lessons for junior academic researchers to learn include (1) the importance of intentionally engaging with communities as partners rather than means to an end; (2) learning how and when to say no to seemingly good opportunities, including service; (3) navigating networking; (4) working through difficult relationships or collaborations; (5) building, crossing, closing, but never burning bridges; (6) speaking up for self and asking for what you need to succeed; (7) the importance of creating

your own mentorship team or team of mentors because the one mentor model is often not enough; and (8) leveraging previous successes and small wins for future victories. Overall, mentoring to develop research skills is an important strategy for facilitating faculty success [1]. This is especially important for early-stage investigators (like Dr. Laurie Martinez) and Underrepresented Minority Faculty (like Drs. Cody and Mumba). Early-stage investigators and underrepresented minority nursing faculty experience overlapping yet unique barriers and facilitators to mentoring for research success [1] and a good mentor can help them acknowledge and navigate these. The National Research Mentorship Network (NRMN) is also an excellent resource for career stage-specific mentorship, networking, and professional development programs for underrepresented minority faculty [2].

These three nursing rockstars have each worked through all or most of these lessons with my guidance and that of others. They are each at different stages in their academic research careers and have experienced varying degrees of success. However, they have each grown tremendously as nurse scientists and scholars and will continue to make great and lasting impact on public health and nursing science. Mentorship is especially critical for nursing faculty in order to recruit and retain nursing faculty to address the demand for nurses, nursing faculty, and nursing research [3, 4].

1.2 Mentee: Laurie Martinez

My Mentor is a Master Gardener!

My mentor parallels a master gardener that is a unique blend of vision, patience, compassion, wisdom, and kindness. She plants seeds, encourages and nurtures growth, gets excited with germination, then leaves a trickle of nutrients one can choose to investigate (or choose to ignore) for sustainability. As a master gardener, she does not oversaturate her seeds but provides just enough water for survival as germination requires a unique blend of nutrients from the soil.

I first met Dean George a few years ago when I made a career change and moved from my comfortable position as healthcare administrator into the role of PhD student; I was hired as Dean George's graduate research assistant. Starting everything anew, I worried about learning and adapting to the culture of academic research and its unfamiliar demands.

Dean George nurtures intentional dialogue. Fast forward to my last year as a PhD student and I found myself questioning my future trajectory and whether I made the right choice to leave a career I was accustomed to and excelled in. Desperate for reassurance, guidance, and tangible opportunities for growth, and overwhelmed with so many unknowns, I quickly learned that the Dean provided an intentional space for me to express myself without judgment. Consistently clarifying and validating what she heard, the Dean practiced intentional listening, compassion, and fostered an intentional learning environment by providing specific, meaningful, and candid feedback; all of which, are elements that contribute to exceptional mentors [5]. As such, I frequently found myself taking advantage of moments that allowed me to ask the Dean about her professional journey and advice she would give her younger self. Through these intentional exchanges, the Dean cultivated courage, strength, and perseverance that encouraged and empowered me to focus on both the journey and the process rather than the goal.

Dean George nurtures courage. Soon after graduation I took on the role of junior faculty with my first independent academic position. Feeling like a fish out of water and questioning career choices, the Dean nurtured my curiosity and tenacity by identifying skill sets and strengths which I may not have recognized without intentional dialogue, empowerment, and guidance. She taught me to tactfully stay true to self when presented with ambiguity, to stay focused on a purpose, and that successes and failures are not indicative of value but rather what you take from these experiences and how you move these experiences forward. These lessons, supported by evidence, continue to ease

my transition into the role of junior faculty and empower me to deter ambiguous roles, decrease role conflict [6], and align selected commitments to professional goals [7].

My mentor is a compassionate visionary who empowers others by sharing knowledge. Through intentional conversations, activities, opportunities to excel, and candid feedback, Dean George empowered me with the courage to believe, encouraged me to trust the fruitions of challenging work, and gave me the confidence to move away from previous career comforts and become part of a greater good where individual and collective actions influence a network.

1.3 Mentee: Mercy Mumba

My Mentor is a Visionary!

Mentorship is arguably one of the most important contributors to professional growth and development, but more especially if you are a developing nurse scientist and researcher. When I graduated from my PhD program, I was looking for a college of nursing to start my tenure-track assistant professor journey. I knew that to be successful as a developing scientist, I needed to be at a college where my gifts and talents could be nurtured, a place where I would be challenged to grow outside my comfort zone, but more importantly, a place where I would receive the appropriate mentorship to unlock my potential and catapult me into a world of endless possibilities.

When I was interviewed at the Capstone College of Nursing, I did not actually get the opportunity to meet Dr. George in person as she was attending a research conference. Despite being at a conference, she called me the day I interviewed and still talked to me about my research. One thing was very clear as I spoke to everyone during the 2 days I was visiting—she was a productive scientist who took her personal research trajectory very serious even as the Assistant Dean of Research. That automatically drew me to her. I wanted to be mentored by someone who was "walking the walk."

For as far back as I could remember, research was my passion. It is the reason why I decided to take the BSN to PhD route only 2 years after graduating with my bachelor of science in nursing. While along this journey I have met a lot of people who were condescending to me because of my chosen path, but Dr. George always saw the best in me and my passion to excel as a developing nurse scientist. Her ability to see strengths in others and assist them in harnessing those strengths is a quality I don't see often, especially in a very competitive academic environment. I have taken this lesson seriously and apply it in my everyday life. She taught me to embrace others with their unique experiences and to maintain a curiosity that allows me to learn from people of all walks of life.

I took a keen interest in learning from Dr. George while she was my Dean of Research and a few things became very apparent to me. She knew what she wanted out of life, she was confident but graceful, nurturing but challenging, and she was a visionary. Because of her personal successes and the manner in which she mentored me, for the first time I saw that it was possible for me—as a young black female—to be successful in academia and to aspire for leadership positions that were congruent with my personal development plan. As we already know, more diversity is needed among biomedical scientists [8]—and Dean George, by giving of herself and expertise freely contributes to the success of many minority scientists in nursing and beyond, including myself. She is a passionate advocate and is not selfish in sharing her mentees with other people who might help them in other areas that are important for their growth. Dr. George has done this for me time and time again; that takes courage and self-assuredness—a practice I now incorporate into my own mentoring relationships.

One day I was having a conversation with Dr. George and she asked me what my program of

research was. I gave her what I thought was a satisfactory answer, but she challenged me to dig deeper. She wanted me to tell her what I wanted to be known for 5 years from now, 10 years from now, and even 15 years from now. She probably doesn't even remember this conversation, but it stuck with me because she forced me to think outside of just getting off of tenure track and being promoted to Associate Professor. While that was important and surely my preoccupation at the time, she made me realize that there is life after tenure track and if I didn't plan for it and be intentional in the direction that I took with each decision that I made, I might end up being completely out of vision for the next phase of my life. She made me think outside the box; she encouraged me to be strategic in what I pursued, remain flexible enough to pivot based on emerging research priorities and public health needs, as well as connected me with endless opportunities by introducing me to her networks. This strategy of sharing resources and helping mentees broaden their networks is consistent with the recommendations by Javier et al. [2].

My mentor is a visionary because she is an advocate for work-life balance and self-care. As a new tenure-track assistant professor, I was so focused on making sure that I was meeting my career objectives and the benchmarks that the college has set forth for promotion and tenure. While Dr. George always encouraged me to maintain my research and scholarly productivity, all our conversations always ended with her asking me about how I was doing as a person. This is one of the best qualities of a mentor—someone who is interested in your general well-being [9]. She always advocated for a well-rounded life in which I would thrive professionally and personally. Again, she demonstrated this with her personal life, and it was admirable to witness. She always encouraged me to pay attention to my personal needs and have fun outside of work. To this day, our conversations never end without her asking about how I'm doing in my personal life.

I say that my mentor is a visionary because she saw in me what I was not able to see in myself as a young scientist. She encouraged me to strategically plan out my career to ensure longevity and sustained relevance in my chosen field. She also taught me to look at long-term outcomes and not just what is currently convenient. I remember one time I had a very difficult collaboration with a different scientist. I wanted to throw in the tile because at the time I felt like it was more cumbersome to maintain that relationship and letting it go would be easier. She saw the big picture and encouraged me to work through those differences and learn to work with difficult people in general. Today, I can say that I'm glad I learned to work through those difficult situations because the more I grow as a scientist, the more I have to work with different types of people. Therefore, conflict resolution and developing a skillset that allow me to work with diverse individuals with varied viewpoints and perspectives have served me well.

My mentor is a visionary, and because of her mentorship, I can say that I know where I'm going, what I want out life, and every day I take proactive steps to move in the direction of my desired future. For that, I am forever grateful.

1.4 Mentee: Shameka L. Cody

My Mentor is a Facilitator!

Dr. George facilitates the feast. I was most impressed with her ability to gather scientists across disciplines and organize research planning meetings. Dr. George values diverse perspectives and seeks to understand what each collaborator contributes to the project, despite opposing viewpoints and personal conflicts within the group. When I observed Dr. George lead research meetings, I learned how to engage researchers and community partners so that everyone knew their roles and respected the roles of others. In addition, I learned how to ensure everyone benefitted from the scholarly work produced. She taught me how to be flexible, authentic, and unbiased when

leading research teams. Dr. George facilitates the feast by determining strengths each collaborator brings to the table, combining different skill sets to achieve a high-quality product, and ensuring there is enough food (benefits, acknowledgments, and awards) for everyone.

Dr. George facilitates problem-solving. When I joined the Capstone College of Nursing, I embraced the opportunity to develop my research skills in an academic environment separate from my PhD learning institution. Dr. George helped me navigate many challenges of new tenure track assistant professors such as finding time to conduct research and write, balancing teaching and community service, and maintaining work and personal life balance. Dr. George's role as a nurse practitioner, HIV researcher, and Associate Dean of Research positioned her to guide me in learning how to identify and use resources to meet my clinical and scholarly productivity goals. When I had a proposal not funded or manuscript not accepted, Dr. George would ask me to discuss my next steps including how I plan to get there and what collaborators and resources I needed along the way. She did not allow me too much time for me to think about giving up, and it was like a constant planning of a menu or event. Another valuable lesson I learned from working alongside Dr. George is how to navigate challenging mentor-mentee relationships. She taught me to evaluate whether mentor–mentee relationships can be recharged or dissolved. As I continue to grow as a HIV researcher and clinician, I understand that a healthy mentor–mentee relationship is equally beneficial and mentors can be seasonal, project-specific, and/or lifelong. Dr. George does not create solutions for me to implement. Instead, she provides the tools for me to see the brilliance in my way of thinking. During my first year in academia, it was challenging to find a balance between gaining independence and relying on Dr. George's guidance every step of the way. Swanson et al. [10] differentiate between the roles of student mentees and junior faulty mentees, a difficult transition for many new PhD graduates in an academic nurse faculty role. Dr. George encouraged a "take charge" approach to my career development early on which was crucial to cultivating confidence, wisdom, and a sense of independence in my role as tenure-track faculty.

During my first year on tenure track, I learned how to navigate the world of research academia as a minority nurse scientist by watching Dr. George interact with junior and senior-level faculty. Dr. George demonstrated how to resolve conflict and disengage with gratitude. There were moments when I desired to cutoff collaborations, and Dr. George asked me to consider how severing that collaboration may negatively impact my research goals. She taught me to never burn bridges with mentors and collaborators because I may encounter them again. Dr. George helped me realize that preserving my professional reputation and social networks are important for academic success and growth. I am thankful for the opportunity to mirror Dr. George's ability to openly communicate and establish boundaries with mentors and mentees. I have mastered the art of maintaining the bridges that I built by communicating expectations and keeping interactions with difficult mentors and collaborators goal-driven rather than emotionally focused. Dr. George provides: (1) the ingredients for me to create my own recipes and facilitate the feast, (2) the toolbox so that I can facilitate problem-solving for my mentees, and (3) the wisdom for me to continue networking and building bridges for future nurse scientists.

2 Self-Reflection

Transitioning from a PhD graduate to faculty and/or tenure track positions within an academic organization can be a daunting endeavor. Faced with academic intricacies, nurse scientist researchers strive to not only develop research and teaching skills but also to balance professional and personal growth when faced with uncertain expectations, remain engaged

with evidence-based clinical practice while managing heightened demands, and to stay ahead of nursing research trends to ensure relevant contributions are made to nursing knowledge. With vast opportunities for growth, having another offer guidance on how to both achieve our goals and surpass our potential is not only invaluable to the profession but also essential.

As nurses, we all do our part to contribute to the health and well-being of society. Within academia, one-way seasoned nurse researchers can make this contribution is by empowering and encouraging self-motivated new nurse faculty. By creating a synergistic relationship with a mentee that focuses on the well-being and co-creation of a mentees autonomous outcomes offers limitless growth opportunities at both an individual level and at large scale.

Under the umbrella of Dean George, with each mentee having a unique relationship with Dean George, we found commonalities between all. As new academic nurse scientist researchers, Dean George empowered us by illuminating our strengths, allowed autonomy over presented opportunities, provided constructive feedback, and gave us reassurance and direction when faced with challenges. By role modeling diversity, flexibility, integrity, intentional dialogue, and the value of collaboration, she not only inspired us to do the same but encouraged us to be a tactful advocate for what we believe in while spreading kindness along the way. Through her role modeling, she inspired us to grow our networks, believe in our abilities, remain open, and embrace expansion. Most importantly, but not limited to, Dean George taught us the value of deep reflection related to self-discovery and self-motivation, and how both merge with current and future research trajectories. Dean George continues to inspire us to mirror her perseverance, integrity, diversity, inclusion, and equity by staying true to self and pushing forward without leaving a path of destruction.

Martin Luther King, Jr. once said, "Life's most persistent and urgent question is, what are you doing for others?" Reflecting on this profound question and viewing it from our perspective of the mentor–mentee relationship, an empowering mentor role models their legacy to a mentee; in turn, the inspired mentee mirrors this legacy for future generations with the hope the cycle will repeat. This relationship becomes bidirectional when both the mentor and mentee become part of a greater good where individual and collective actions contribute to both the discipline of nursing and the overall well-being of others.

3 Best Practice, Evidence-Based Practice Example(s)

Transitioning into an academic role as an early career scientist can be challenging. The stressors of adapting to the new environment as well as feeling comfortable in a new position can make even the most confident individuals doubt their own abilities. Thankfully, this is where mentorship comes in. The literature has consistently shown that mentorship is important for personal and professional growth [9]. In a mixed-methods systematic review that critically examined the relevant literature on mentorship in academia, Nowell et al. [4] found that mentoring can help increase research and scholarly productivity, retention of faculty, job satisfaction, and relationship building. Mentors are also important in helping new faculty navigate both the visible and invisible hierarchies in academic, which may assist in maintaining personal integrity and respectful collegial relationships.

Ephraim [3] explored the relationships among perceptions of effectiveness of the mentoring relationships between mentees and mentors and focused on six behavioral functions: relationship emphasis, informational emphasis, facilitative focus, confrontative focus, mentor model, and employee vision. Ephraim [3] found that confrontative focus has the lowest mean score for both mentors and mentees. Relationship empha-

sis had the highest mean score for mentors while mentoring model had the highest mean score for mentees. Interestingly, there were discrepancies in mentoring effectiveness between mentees and mentors. This finding underscores the importance to consistent check-ins between mentors and mentees to ensure that they have congruent goals and evaluations metrics for the mentoring relation effectiveness.

While mentoring is important for everyone, it is especially important for minority faculty because of the additional complexities associated with being a minority faculty in academia. Ransdell et al. [1] identified both individual and institutional barriers and facilitators of success of underrepresented minority faculty in health-related fields. Significant institutional facilitators included access to mentoring, availability of professional development programs, and accommodations in workload that focus on research. Therefore, to promote successful transition and retention in academic roles, minority faculty should receive intentional and individualized mentorship that allows them to flourish and reach their highest potential.

There are several models for mentoring. These may include one-on-one mentoring whereby one mentee and mentor form a mentoring relationship and the team-based approach to mentoring. Team-based mentoring can also be configured differently based on the needs of the mentees as well the availability of mentor and resources. For example, a research lab can be run by one senior scientist who has several junior faculty who are mentored by the same senior scientist. Additionally, there can be a tiered approach to the mentoring such that the junior faculty members are also expected to mentor post-docs, graduate students, or undergraduate students in the same lab. Alternatively, you can have a situation whereby there is a team of senior scientists working together in the same lab and they each oversee a subteam of junior investigators, graduate, and undergraduate students. No one model is superior. Understanding the needs of the mentee and well as the capacity of the mentor should determine what model best works for you.

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Resources

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Vision Alignment: Cognitive Reframing from an Inward to Outward Mindset in Mentoring

Vivien Xi Wu and Sheena Ramazanu

Serve with Heart Sincere.
—Colossians 3:22

Objectives

1. To strengthen mentor-mentee relationship through vision alignment.
2. To reflect on the role of mentor focusing on serving with heart sincere.
3. To reflect on the role of mentee aiming for resilient early career research journey with an outward mindset.
4. To provide tips on how to develop an academic career together—a win-win approach.
5. To reflect on mentor–mentee relationship.

1 Introduction

The current context of rapidly changing unprecedented "Volatility, Uncertainty, Complexity and Ambiguities" (VUCA) times accelerated the adoption of virtual technology and transformed mentorship. Mentors serve as a trusted guide to support mentees as they navigate through their career continuum of personal and professional development [1]. In the new age of mentoring, it is critical for mentors to collaboratively engage mentees in shared decision-making processes and empower mentees to set a vision. In traditional mentoring roles, mentoring would be predominantly focused on 'mentees following footsteps of mentors'. However, in this new age area mentorship focuses on "identifying and following mentee's vision." [2]. The evolved mentoring practices underpin discussions on mutual mentoring agreements and expectations.

Mentoring with vision alignment entails mentor's intentional service to accomplish mentee's set vision. An example would include mentor–mentee regular meetings to update about research progress, underpinning SWOT analysis (Strengths, Weakness, Opportunities, Threats). SWOT analysis empowers organizations as well as individuals to harness their strengths, reduce their weakness, reap advantage of their opportunities, and overcome threats [3]. Mentee Dr. Sheena Ramazanu reflected that SWOT analysis served as a simple but yet effective framework to ignite self-awareness and areas for improvement in the pursuit of her career goals. SWOT analysis rendered the mentor Dr. Vivien Xi Wu a holistic perspective of mentee's capacity and

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strategies to overcome identified weakness. Although mentor–mentee life paths and journey maybe different, mentoring with SWOT analysis tool facilitates intertwined journeys of new discovery, leadership growth, and increased job satisfaction.

2 Mentor Narrative

2.1 Dr. Vivien Xi Wu: Serving with Heart Sincere

Nursing is an academic discipline; however, the infrastructure for nursing research in many countries is still developing. Postdoctoral nurses have challenges in developing and sustaining careers in nursing research due to the lack of career opportunities. A systematic review reported positive influence of mentoring on research productivity, including increase in publications, grant writing, and research career development, improved leadership skills, and knowledge [4]. Furthermore, mentoring positively influenced nurses' health and well-being, staff relationships, work culture, and collaboration [4]. Postdoctoral nurses' experiences of mentorship, leadership, and peer support are essential in establishing early research career.

To make mentoring relationship successful, some considerations were highlighted by reviews [4, 5]. First, mentoring relationship forms organically through mutual respect, common interest, and compatible personalities. Hence, allowing mentees to choose mentors based on professional background and research expertise could facilitate the self-selection and naturally evolving matching dyads. Mentees could take a proactive approach to communicate with mentors on the purpose of the mentorship, goal-setting. Mentors could then explore the interests of mentees and discuss on how to meet the needs of mentees. The mentors and mentees co-create the attainable goals and action plan, e.g., setting realistic scholarship objectives to work toward writing and publishing manuscripts [6]. Frequent communication between mentors and mentees provides a platform for ongoing and constructive feedback. The communication utilizes both formal and informal settings, such as video conference or face-to-face meeting, email, phone call, or lunch meeting. Such frequent opportunities build up the mentor–mentee rapport and help mentee feel more comfortable in asking questions. Mentors work with mentees to identify areas that require further enhancement, e.g., grant-writing skills, teaching pedagogy, and supervision of graduate students. Mentors then encourage mentees to attend specific faculty development workshops on research or teaching skills in internal workshops or external seminars and conferences. Finally, mentors create opportunities for socialization and networking for mentees, which supports their seamless assimilation into the academic environment [7].

Besides academic development, mentors can enhance the social-emotional regulation and well-being of the young researchers and prepare junior faculty to cope in a world associated with VUCA. Learning occurs within multiple sociocultural contexts, especially in the multiethnicity society. Mentoring can tape on a less formal learning environment and encourage postdoctoral researchers to approach and communicate with potential collaborators and build the research network [6]. When postdoctoral researchers interact with individuals across different background, it may influence their social learning in a positive manner. The support by mentor can enhance the social-emotional resilience, perseverance, and overall well-being of the postdoctoral researchers who are at the beginning of their research career [7]. Mentors can create opportunities for our young researchers to develop twenty-first-century competencies, including adaptability, resilience, and perseverance, which are essential skill sets in life and at work.

The Dutch Nursing Science Faculties developed the leadership mentoring for postdoctoral nurses and recommended that mentor should be knowledgeable, generous, resourceful, share own network, willing to invest time in mentee's professional development, support mentee in navigating the organizational structure, open-minded, communicate effectively, provide constructive, critical feedback [8, 9]. Learning is a two-way process [10], and the mentor has much to learn from the mentee and vice versa. However, in the

Asian culture, an experienced person is generally perceived as superior in knowledge, and the junior should show respect toward their superior and carry out their instructions conscientiously [11]. Hence, it can be challenging for an experienced academic to appreciate the twofolded learning. Nevertheless, it is important to emphasize that mentoring is a shared responsibility between the mentor and mentee, and it is an ongoing process of reflection and learning for the benefits of both the mentee and the mentor [12].

One major challenge that most mentors face is time. Mentors are senior academics who are occupied with research, teaching, supervision of graduate students, and administrative work, thus, they may have limited time to spend on mentoring postdoctoral researchers [4, 8, 9]. The unavailability of senior academics to mentor junior postdoctoral researchers may lead to a self-perpetuating cycle of insufficient faculty with adequate preparation for academia [13]. Literature review on mentorship in academic nursing suggested that acknowledgement of mentors and credit for time spent on mentoring, such as teaching load calculations, honorarium and stipend, promotion and tenure to recognize and compensate their time investment in mentorship [5].

Through reflection on my professional journey, I have had the privilege to be the mentee of experienced senior academics and researchers. I benefited from their generous sharing of advice, resources, and ideas. As a mid-career researcher, I feel that I should step forward and give back to our profession by mentoring our junior researchers. To me, most importantly, I know I need to serve sincerely with heart to nurture and develop our young talents, when I decide to take up the mentoring role.

I have been serving as the mentor for Dr. Sheena Ramazanu, Postdoctoral Research Fellow, since January 2021. My research focuses on chronic disease management for older adults and caregivers, whereas Dr. Sheena focuses on health management for ethnic minority groups. Even though our research programs target different population, we are able to align through the research methodologies and the use of technologies in the development of interventions. I have worked with Dr. Sheena to develop her research competencies, building collaboration, writing publications, and grant funding applications. We have co-published two papers, and four manuscripts are undergoing peer review. Dr. Sheena has published 12 papers in the past 3 years. Throughout the mentoring journey, I keep in mind the opportunities which are appropriate for Dr. Sheena and often encourage her to apply the international platforms for early career researchers, such as World Health Organization and New York Academy of Science. When I was invited to write a chapter on mentorship, immediately, I engaged Dr. Sheena to co-write this chapter on 'Vision Alignment—Cognitive Reframing from An Inward to Outward Mindset in Mentoring' to share our mentoring experiences. Sharing opportunities and resources can facilitate learning and promote the research profile of the postdoctoral researchers and connect them with international platforms.

Dr. Sheena is selected as a fellow for Young Southeast Asian Leaders Initiative Professional Fellows Program (YSEALI PFP), sponsored by United States (US) Department of State's Bureau of Education and Cultural Affairs. YSEALI PFP affords promising young professionals the opportunity to gain practical experience in and exposure to US private businesses, government offices, and nonprofit organizations. Dr. Sheena will start a 6-week fellowship program in the United States in September 2022. Such platform connects closely with her research focus—optimizing health for ethnic minority population in Singapore. It is evident from our mentoring experiences that mentorship can nurture and socialize the junior researcher into the role of educator/faculty, increase research output and strengthen research competencies for him/her to conduct own research as an independent Principal Investigator.

Additionally, peer support is an important channel for the postdoctoral researchers to seek constant support, while creating a supportive learning environment which provides a platform for postdoctoral researchers to discuss and reflect on their experiences and supports their professional development [12]. Moreover, senior mentors can be invited to share their

experiences with postdoctoral researchers on a regular basis, to enhance junior researchers' confidence [14].

3 Mentee Narrative

3.1 Dr. Sheena Ramazanu: Resilient Early Career Research Journey with an Outward Mindset

I am an early career research fellow at Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore, 2021–2023. Prior to my career as a research fellow, I was a PhD fellow at the Hong Kong Polytechnic University from 2017 to 2020. I returned to Singapore from Hong Kong in late November 2020. In a VUCA context, staying resilient by overcoming the unexpected situations in life and accepting new realities is key whilst navigating my journey as an early career researcher. As a result of COVID-19, several institutions across the world halted research. This pause contributed to challenges for nurses to conduct research studies. In the first 6 months of my research fellow career, I found it challenging to form collaborations with relevant community stakeholders due to the pandemic.

It was during my first academic performance appraisal with the Nursing Department that I realized with an inward mindset, where one is highly self-focused on own perspectives when faced with challenges, is not doing any good [15]. However, gradually with the support of my mentors (situated both locally and internationally), I understood the importance of getting out of the box via doing self-work on improving my mindset. My mentors scheduled mentoring sessions where I get to reflect my experiences based on SWOT analysis framework. Mentoring allowed me to reframe my cognitive thinking from an inward to outward mindset, focusing on awareness, collaboration, accountability, innovation, and engagement (Fig. 1).

During our day-to-day mentoring sessions, my mentors asked open questions such as, "how do you feel today?," "how is the progress on networking with your collaborators?" "what are your feelings after communicating with your collaborators?." The nature of these questions allowed me to reflect on building these relationships with others who have influence in the community which is fundamental. I gained new meaning and motivation to begin research that was relevant to meet the needs of underserved communities in Singapore and regional countries. I strived to understand community stakeholders' and research participants' needs, objectives, and challenges. I held myself accountable for the impact of my work on others' lives and well-being. To be more helpful to others in the community, I learnt to adjust my efforts by aligning my research directions tailored to their specific needs.



Fig. 1 Inward versus Outward Mindset [16]

Recently, I was inducted as a Fellow at Young Southeast Asian Leadership Initiative Academy (YSEALI), Fulbright University Vietnam. I am passionate to connect the Asian region through digital health solutions [16]. International collaboration empowers me to take bold actions to collectively solve pressing world problems. During my YSEALI fellowship at Fulbright University Vietnam, I had the opportunity to work with other distinguished fellows from Malaysia, Myanmar, Cambodia, Thailand, Philippines, Indonesia, Laos, and Timor Leste. We critically examined the utility of electronic health record system in our respective nations. I learnt that developed countries like Singapore has 100% coverage to electronic health records with access to internet and technology. However, in other countries, not everyone can access electronic health record, and its implications

to health was discussed. The global learning experience strengthened cross-fertilization of ideas and facilitated development of intellectual companionship. Most importantly, it inspired us in creating a positive energy to act and strategize solutions to help the vulnerable in our neighboring countries.

Adopting an outward mindset via mentoring is fulfilling and effective. Through SWOT analysis, I was allowed to be vulnerable and identify my personal strengths, weakness, opportunities, and potential threats. Based on my analysis, I informed my mentors the courses that I would like to enroll in the following year to improve my skillsets. With the right skills, aptitude, and capability, I was able to better perform my research and teaching roles. To all my mentors (situated both locally and internationally)—your leadership and mentorship made me strive to fulfill my true potential. I have learnt several remarkable qualities by just observing you. Your constant support and guidance have gifted me with perspective and direction to the right path of excellence.

A mindset shift drives performance behavior. It inspired me to influence others to adopt positive behaviors and serve as a change-maker to impact lives in our respective communities. Currently, I serve as a mentor for undergraduate nursing students in local, regional, and international institutions. I enjoy meeting with mentees and render support based on my experiences as a Registered Nurse and researcher. The most rewarding experience in my life would be the time when my mentee excels at work and life. As the saying goes—we rise by lifting others.

4 Tips: Acing Academic Career Together—A Win-Win Approach

4.1 Focus on Collaboration, Not Competition

The first principle to ace in academic career is to focus on collaboration, not competition. Our mentor–mentee collaborative dynamics looked at strategies that we could employ to support each other and help others succeed in their pursuits of research career. During our mentoring sessions, we often brainstorm goals, challenges, and difficulties faced by ourselves and other teams and take specific actions to raise above those challenges.

4.2 Outward Mindset First, Outcome Second

To fully unleash the potentials of mentees, we must deliberately set a culture that leverages an outward mindset. SWOT analysis is a useful tool to elicit mentor–mentee conversations based on the factors of strengths, weakness, opportunities, and threats.

4.3 Creating a Win-Win Culture

In a mentor–mentee team, a win-win culture sets the stage for positive attitudes that influence successful work performances. A mentee's win in research endeavors and academic career is also a win for the mentor, thus creating an impactful workplace organization. Celebrating success—be it big or small, enables us to take pride in our professional accomplishments and prepares us up for future success.

5 Self-Reflection on Mentor–Mentee Relationship

5.1 Dr. Sheena Ramazanu: Mentee's Reflection

From mentee's perspective, mentoring relationship is a transformative journey of professional life. With the guidance of my mentors, I learnt that I have to be committed and responsible for my own professional growth and development. Writing specific goal and objectives facilitated our mentor–mentee vision alignment. A key essential factor to promote effective mentor–mentee relationship is to be an active listener.

When my mentor speaks, I listen attentively and gather notes. I gain better clarity by absorbing everything that my mentor has to share during our discussions. As the saying goes, actions speak louder than words. After our mentor–mentee meetings, I put in all the hard work and effort in creating social impact interventions through community research to optimize health for underserved populations in Singapore and Southeast Asia.

5.2 Dr. Vivien Xi Wu: Mentor's Reflection

In the short span of 2 years, I have evidenced the growth of Dr. Sheena in publications, setting up research programs, engaging collaborators, and connecting with international platforms. I have a great sense of satisfaction with Dr. Sheena's achievements and feel appreciated for my effort on engaging Dr. Sheena in both formal and informal sharing of experiences. In this journey, as a mid-career researcher, I have also developed my mentorship and leadership skills in nurturing next generation of nurse leaders in research and education.

6 Conclusion

Limited studies have been conducted on the effectiveness of mentorship programs for the postdoctoral researchers in nursing. Postdoctoral nursing researchers generally work in different fields or contexts, combining their work in research, education, and other fields. Understanding the complex interactions among these contexts and their impact on the postdoctoral researchers' learning provide insights for shaping educational and organizational policies and customizing effective mentorship programs to nurture our postdoctoral nurse researchers. Additionally, support system for mentors needs to be considered in terms of nonmonetary rewards, e.g., formal recognition, mentorship as part of teaching load, to provide a balanced workload and motivation for mentors as well.

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The 3 R's: Revisiting Mentoring and Mentored Research Relationships

Patricia Barfield and Martha Driessnack

We are born out of a relationship into relationships.

—S. Bava

Objectives

1. Describe strengths/weaknesses of evidence supporting mentored relationships in research.
2. Describe emerging terms and shifts in focus surrounding mentoring and best practice.
3. Identify key attributes and concepts that contribute to an effective mentorship in research.

1 Introduction

In this chapter, we revisit mentored relationships and why they matter in research. We begin with a brief overview of the evidence, drawing attention to recent shifts in terminology and focus, including the shift away from mentor*ing* to mentor*ship*, and the shift away from matching mentors and mentees using *superficial*- to matching based on *deep*-level similarities. This introduction is followed by a four-stage mentor/mentee narrative and reflection on how our mentorship journey began and evolved over time. We end the chapter with a call to lean in and advocate for the time, resources, and effort it takes to establish and support effective mentorships. The emphasis throughout the chapter is on the importance of creating mutual respect, inclusive excellence, and community.

2 Overview of Evidence

A long-established body of evidence highlights the wide range of positive outcomes associated with effective mentor/mentee relationships in research. The evidence extends from White papers and consensus documents [1, 2] to systematic reviews, and meta-analyses [3, 4]. In general, mentorship outcomes explored fall into four categories—attitudinal, behavioral, career, and relational with attitudinal outcomes having the largest effect [2–4]. Positive *attitudinal* outcomes include psychological empowerment, including increased self-awareness, –confidence, and -reflection; increased job/career satisfaction; a desire to mentor others; and decreased anxiety.

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Positive *behavioral* outcomes associated with mentored relationships include an increase in scholarly productivity (e.g., publications, successful grant applications), and retention (e.g., tenure, promotion), and a decrease in student and faculty turnover and attrition. Recent efforts that focus only on specific behavioral outcomes (e.g., research productivity) are referred to as precision mentoring, reflecting the move toward precision science and medicine [5, 6]. Career outcomes are the most frequently studied mentorship outcomes [2–4]. Positive *career* outcomes include enhanced skill development (e.g., teaching, service, scholarship) and career advancement and promotion [4]. Of note for nursing, are reports of how mentored relationships are particularly helpful in easing the unique career transitions of nurses from clinical to academic environments [4]. The positive *relational* outcomes of mentored relationships include collegial peer relationships, reciprocal learning, an increased sense of community, and ease of socialization into academia and the faculty role [4]. Finally, the positive *relational* outcomes of mentored relationships include collegial peer relationships, reciprocal learning, an increased sense of community, and ease of socialization into academia and the faculty role [4].

In addition to mentoring outcomes, there is a parallel body of evidence focused on which qualities and/or core behaviors lead to effective mentoring and mentored relationships. Whether the relationship is created formally or informally, it seems aligning expectations, building rapport, maintaining open communication, and facilitating mentee agency are universally important for success [2]. Embedded in this body of research are two important shifts in terminology and focus related to mentoring. First, there is a shift away from using mentor*ing*, as it is thought to reflect a historical orientation, mostly a uni-directional, hierarchical relationship. Instead, the shift is to use mentor*ship*, which implies a more contemporary, bi-directional, mutually constructed relationship [1, 2]. This reframing (often referred to as "mentoring up") is grounded in the evolving understanding of what constitutes best practice for mentors/mentees [2]. Over time, there has been a lessening emphasis on mentors being solely responsible for interactions and effectiveness of the relationship and an increasing emphasis on ensuring mentees have the skills and confidence to be active and equal members, who share the responsibility. A secondary shift is related to the process of matching mentors and mentees, which traditionally has focused on superficial-level similarities, such as research focus. With the increased recognition that successful mentorships are personal and reciprocal, the shift is to move away from superficial interest matching- to identify deep-level similarities, or shared values [1, 2]. This is not to say that matching research interests is not important, as it is often extremely helpful for mentor and mentee, but it should not be the primary or sole focus, especially since it has not been an indicator of eventual success.

In their recent consensus study report, NASEM [2] emphasized that just as mentees are unique individuals with varying interests, values, knowledge, skills, and abilities, mentors are not all alike. There is no one size fits all mentor, but there is clear evidence to guide best practice [1]. Current mentor trainings emphasize the development of core behaviors, skills, and competencies related to aligning expectations, assessing understanding, communicating effectively, addressing equity and inclusion, fostering independence,

and promoting professional development [1, 2]. However, it is through the mentored relationship (i.e., mentor*ship*) that mentors relay and model essential character traits and interpersonal skills, as well as convey social responsibility and ethical competence. We support the shift to mentorship terminology to emphasize the parallel need for individualized, safe, developmental spaces that facilitate inclusive excellence. We also support the NASEM statement that every mentor/mentee relationship is unique in its own way. In the next section, we describe one such relationship, how it began, and how it evolved over time, highlighting examples of evidence-based and best practice and learning along the way.

3 Mentor/Mentee Narrative

We now share the story of our journey in sequential narrative reflections. We organized the narrative using Kram's [7] four-stage conceptualization of how mentoring relationships evolve over time [1, 2]. Each stage is briefly described with the typically associated goals. The mentor narrative is provided first in the early stages, followed by the mentee narrative. This sequence reverses in the later stages. The four stages include: initiation, cultivation, separation, and redefinition.

3.1 Stage 1: Initiation

In the initiation stage, the mentor and mentee are getting to know each other and developing an understanding of what each needs from the other. As the relationship develops their understandings and expectations become more aligned. There is an emphasis on communication, equity, and inclusion at this stage.

Mentor

Ours was an arranged marriage. Neither of us picked the other. Instead, the mentee/student's assigned advisor/dissertation chair/mentor had just resigned, leaving for another university and was seeking a replacement mentor for her mentee. I was a newly hired associate professor, known to the departing mentor, as she had previously served as a member of my dissertation committee years ago. In other words, she knew both of us and she thought we were a 'good match'. I had never met my newly assigned mentee/student. Our early attempts to meet and align expectations were challenging, as I was without a car and she lived on the other side of the state and was attending classes/seminars virtually. It took 3 months to set up our first face-to-face meeting at a regional research conference. Here we found our first superficial connection—Both of us were experienced nurse practitioners (NPs) who worked with, loved, and advocated for children. I was a pediatric NP; she was a psychiatric/mental health NP. Our research interests did not seem to overlap at first; however, we both valued our clinical roots and were invested in ensuring any research we took part would be clinically relevant. We also both valued family. Our families and others. She had deep rural roots, while I had grown up in a military family moving every few years. We both loved to read broadly, and interestingly enough we both still enjoyed children's books. My early impression was that she was sharp, spoke her mind, was not defensive when I challenged her thinking, and did not shy away from challenging me, resulting in some enjoyable exchanges. One issue was clear—Her rural roots and off-campus status contributed to her feeling of exclusion and inequity. It did not help that I had just been pulled from the PhD program, tasked with developing a recently funded, but non-existent clinical program in need of a curriculum, faculty, and state approval. In other words, she felt like an outsider and now had an outsider advisor/chair. So one of my first priorities was reassuring her that I was sincerely interested in her, her program of research, and expanding her academic community and sense of belonging. We established monthly check-in calls and arranged face-to-face encounters when her ongoing clinical and/or course demands required her physical presence on the campus where I was located. At those times, I would try my best to clear my calendar for our interactions, although this was not always possible. We continued to meet face-to-face each year at the regional research conference. Even though we were an arranged marriage, we were committed to get to know each other. We took the time up front to identify deep-level similarities, establish basic communication guidelines, and create a safe space for airing disappointment, disagreement, and differences. We found respect for each other as individuals and that respect was the tether that enabled us to maintain openness to each other and commitment to learning with and from each other.

Mentee

I entered the PhD program as a distance student and the epitome of a non-traditional student. I was 53-years old with 30-years of clinical nursing experience. I drove the nearly 400-miles from my rural home to meet with my first PhD advisor/dissertation chair/assigned mentor (a fellow psychiatric/mental health NP). I arrived wielding a 4-page single spaced list of possible dissertation topics, after all, I had had some time to consider my options. Although I had few expectations, I did not expect to be told, "you are a clinician you should be in the DNP program not the PhD program." the meta message was, you do not belong. I spent the first year of the PhD program defending my choice to pursue a PhD over a DNP. My 4-page list? My assigned mentor glanced at it, declared it "too broad" (I have to agree) and selected the topic of children with ADHD and self-concept—This was decision based on *her* work and that of *her* former colleague. She was patient as I studied the literature around "the chosen" topic. Towards the end of my first year, I was informed she was leaving and that I would be assigned a new PhD advisor/dissertation chair/mentor. The transition occurred across the miles with only her reassurance, "you have much in common, you will love her." truer words were never spoken. I first met my new PhD advisor/dissertation chair/assigned mentor over the telephone. Our relationship began with a conversation and stories around our life paths and perspectives—There was much common ground. After the personal discussion, we got to the business of the PhD program. We continued with regularly scheduled telephone conversations, discussing ideas, projects, progress, and plans. When I was on her campus she made time and space for me. She prepared a small round table in her office arranged with paper, pens, and an article or book—For me. At our regional conferences, she made time to meet with me, to teach, mentor, and socialize me to the world of academia. She introduced me to her colleagues and connected me with "like-minded" peers. Under her tutelage, I never had to defend my program choice. I felt heard, seen, and validated. I began to believe I did belong.

Mentor

We move along. The arranged marriage was working. I increasingly focus on providing targeted psychosocial and career support, simultaneously watching her self-confidence and agency blossom. I become a bit more proactive, taking the lead as she transitions to the dissertation phase. On a paper, we shift from an informal to a formal Individualized Development Plan (IDP; [2]), outlining specific short- and long-term goals that are tailored and responsive to her academic knowledge and skills, research interests, and personal priorities and values. I have experience with IDPs and appreciate the bilateral engagement and exchange they require. Her IDP prioritizes elective courses and experiences to fill in the gaps needed for her to conduct her study and identify other members of her committee. To support her rural study, I identify a nurse researcher who lives and conducts research in her rural community and arrange for a research practicum experience to allow the two to decide if they want/can work together going forward. They do. We also loop in her previous advisor, whose content expertise rounds out the committee. I meet with the other committee members to clarify expectations. Tucked within the IDP are two items that turn out to be pivotal. The first is an ask that she should think about developing a logo for her study. Who knew this task would be so pivotal, but it was. She was all in. So focused. In the end, she even hired a design consultant. The entire process added a level of professionalism not often seen in student research and spilled over into the creation of a visual map outlining her study. The second was a commitment for me as mentor to travel to her across the state, rather than her always coming to my campus. Sitting side-by-side at her kitchen table knee deep in data for an entire weekend was invaluable on many levels, but it would also establish a deeper bond, that exists to this day. Beyond of her IDP, in an ongoing effort to override her sense of being an outsider, I reinserted myself into the PhD program, teaching one of the courses in which she was enrolled. She opted to incorporate my arts-based approach to data collection with children into her study. For me, this was an opportunity I had not counted on but would grow to appreciate currently, as she continues to develop her expertise, building on my early work. Such a gift.

3.2 Stage 2: Cultivation

In this stage, the mentor/mentee relationship continues to develop and mature, fostering deeper-level similarities, alliances, and trust through continual communication and engagement. The mentor provides psychosocial and career support, sometimes from the front, leading and role modeling, and sometimes next to, as the mentee gains in skill and begins to navigate their new world with emerging independence.

Mentee

As my academic knowledge and understanding of the research process grew, so too did my confidence and innate curiosity. I began to see myself in the role of a nurse researcher. Armed with just enough knowledge, self-efficacy, and confidence to move forward, I went down a lot of rabbit holes, turned over a lot of stones, or in my mentors' words, I spent a lot of time "sloshing around in the mud." sometimes she was the spark for the deep-dive. Her work, her style, her knowledge opened new worlds and ways of being for me. She affirmed my epiphanies and self-reports of progress with simple statements of approval such as "well there you go," and reined me in with structure, deadlines, and directives (e.g., "you need to get focused here") when I drifted too far. In equestrian-speak, she had a "gentle hand." she kept just enough pressure on the reins to maintain contact, yet when needed, she could increase the pressure to gently guide, slow, or stop me—Always with respect, rationale, and questions (e.g., "does that make sense?"). She offered wise counsel, yet she gave me the space to choose for myself. She shared my data collection joys and woes as I trekked around the state to meet with children and parents. She invested time and coin during my data analysis phase, flying out to meet with me and to review my data/analysis. Sitting around the kitchen table surrounded by my data of children's drawings, transcripts, and notes I remember thinking, "she could be my BFF (best friend forever) if she were not my dissertation chair." in addition to our shared interests around children, nature, and books, we shared the value of respect for professional boundaries. I spent months writing my dissertation chapters, sending them to my mentor who initially wielded full editorial authority. This process while sometimes painful and disheartening was instructive and done in a way that was encouraging vs discouraging. Who knew there were so many rules and good reads about writing well?! During my dissertation phase she took the lead, ensuring I knew what I needed to know and had done what I needed to do, before my work went out to the broader committee. She had prepared me for the path I had chosen and I was now ready for a "free rein." in hindsight, I realize what a gift this was.

Mentee

I arrived at my dissertation defense day exhausted but ready. Nerves made sleep the night before impossible. Still, my mentor had led, guided, instructed, and inspired me to the highest point of my academic career, and unknown to her, to a point of poignant reflection. My Irish immigrant grandfather never attended school. My father had an eighth grade education. My mother graduated from high school but never had the opportunity to attend college. My father died when I was 9; my mother died the year before I entered the PhD program. Earning my PhD held deeper meaning than achieving an academic milestone or career advancement, perhaps this is why the early message around not belonging stung. My personal growth occurred in tandem with my professional growth because I continue to have a mentor who understands the power of relationships to transform the learning and lived experience. Following graduation, she helped mentor me through my first publication and my transition from a primary clinical role to one in academia; a move that surprised even me but then, I had grown, and my world was bigger. The PhD program was completed, her job as my PhD advisor/dissertation chair/assigned mentor was over. However, our relational roots remained intact. I called her every few weeks ("hello... I need some Marti time!") to give her updates and ask her questions. She responded, as always, with good humor and sage advice.

Mentor

In the prior stage, I was increasingly proactive, often taking the lead, but in this stage, I pulled back, but not out. In other words, I was very present, but it was more like I was embedded in the scaffolding that had been erected to support her, shining a light on the path she was choosing for herself, rather than on a path I set. My voice/role was less and less needed/visible, and my advice was shared only when requested. At dissertation defense, she was already well on her way to an academic career if she chooses. In many ways, I felt the same pride in the work we did and trust in what comes next as when I took each of my children to college. Although many parents were fretting, I kept thinking, they are ready to leave home, and I am ready for them to leave home. I am not her parent and she is not leaving home, but I send her off anyway. The message I continue to send is … publish!

3.3 Stage 3: Separation

At this stage, the mentee has achieved a level of self-awareness and security in their own knowledge, skills, and abilities that they seek more independence and autonomy. The mentor is still present and engaged but their voice is much softer, more reassuring than directive.

3.4 Stage 4: Redefintion

Every ending offers a new beginning. The mentor and mentee can transition into a different form of relationship characterized by more peer-like interactions or choose to terminate their relationship and move forward independently.

Mentee

My mentor is now more than my mentor, she is a trusted colleague and friend. I continue to seek her counsel, perspective, and her critical eye on my writing; the difference is now I can reciprocate the support and service. We have formed a lasting supportive relationship. She is the one person who can say anything to me, and I will listen. I may not like what she has to say or agree with her, but I am never defensive, because I trust her. Why? Our mentor/mentee relationship was built on more than the task at hand, it was built on mutual respect and trust. This persisting relational-based mentorship and trust is important, especially in the competitive culture of academia. She continues to lift me, and I am slowly rising. I now have another mentor in my world who is helping to guide and grow my academic leadership capacity, and I have several "mentees" with whom I am sharing the gifts I was given when learning how to become a nurse clinician and a scholar.

Mentor

We are now academic peers; we continue to enjoy our shared interests and remain genuinely interested in new paths being forged, even those we no longer travel together. She has published her first manuscript with me as her co-author and is beginning a second that will be with her new team. It was her idea to write this chapter, insisting we should do this because we did it right. She is now one of my best resources and a wonderful peer reviewer. In my last study, she helped me access rural voices, having long ago convinced me of their importance. I watch as she mentors others with the same commitment to engagement and inclusive excellence. At our university, she is the rural expert. She continues with scholarly productivity even as she advances up the administrative ladder, seeking out new mentors. I continue to be a part of her expanding community and to make sure she knows she belongs.

4 Self-Reflection

In this section, we provide a brief self-reflection using the CARL Framework, which involves four spheres: Context, Action, Results, and Learning. This framework created a space for us to summarize our experience, triangulating our reflections alongside a novel quantitative measure of mentorship practices.

4.1 Context

Our context was a School of Nursing PhD Program in the US and the process of system re/assignment of student academic advisor/dissertation chair.

4.2 Action

Faculty mentor/student mentee worked collaboratively over time and distance to create an effective mentorship. We slowly progressed through and reflected on each of Kram's four stages as the mentor/mentee relationship evolved. At the end, we evaluated the mentorship using the *Global Measure of Mentorship Practices* (GMMP; [8]) adapted for use in postsecondary Science, Technology, Engineering, Mathematics, & Medicine (STEMM) contexts [2].

4.3 Results

The GMMP is typically completed by the mentee about the mentor, as each item is prefaced with the phrase "To what extent has a mentor..."; however, each of the 19 items identifies core elements that can be used as a guide for ongoing mentor/mentee conversation and reflection. As we reviewed each item individually, then together, we realized we had been successful in achieving ALL items. We, both mentor and mentee, transitioned the mentorship relationship into a professional relationship characterized by more peer-like interactions, which continue even though the mentor retired. The earlier mentee now mentors others.

4.4 Learning

The GMMP could be a wonderful tool to share in mentor education programs as we could have used it throughout for ongoing conversation/reflection, rather than only at the end. The greatest insight we both had was that establishing superficial- and deep-level similarities facilitated the development of mutual respect and trust, which allowed the mentorship to mature. Importantly, our upfront exploration of expectations and equity/inclusion issues communicated an attitude of inclusive excellence and set the stage for prioritizing the importance of establishing a sense of belonging and community that could be maintained after the mentorship. We continue to share our learning with others, taking every opportunity to "mentor up"'!

5 A Call to Action

We end the chapter with a call to academia and fellow academicians to lean in and advocate for the time, resources, and effort it takes to establish and support effective mentorships, while providing an out for mentorships that do not work [1]. Mentorships matter; effective mentorships are associated with positive mentee and mentor outcomes; yet, they take time as they involve intentionality, building interprofessional trust, and creating safe spaces that are personalized, responsive, and inclusive [2]. Without time and effort mentorships cannot evolve. The integral role that effective mentorships play in the growth, development, and retention of future researchers and scholars is clear, yet mentor-related activities rarely receive the recognition of other professional responsibilities, such as teaching or research. Our call echoes the NASEM consensus study report's recommendation that research mentorships "should not be left to chance or idiosyncratic implementation" [2]. We support their recommendation to "mentor up" and towards achieving a culture of intentional, inclusive, and effective mentorship for all in all contexts. The future of nursing deserves no less.

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Resources

Culturally Aware Mentoring—CIMER (cimerproject.org). Provides resources for organizations/institutions to improve research mentoring relationships.

NRMN—National Research Mentoring Network (nrmnet.net.). The videos in this section offer advice and strategies on mentoring and professional development to help you become a successful scientist.

The *Science of Effective Mentorship in STEMM* is a consensus report from the National Academies of Sciences, Engineering and Medicine which studies mentoring programs and practices at the undergraduate and graduate levels. It also includes an Online Toolkit.



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Mentoring in Research Contributing to the Healthcare

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The qualification success is supported by mentoring, modelling a sustainable path to the mentor and mentee dyad, an experience we are pleased to remember, share and reflect on in this chapter.

Objectives

1. To highlight the importance of nursing research development.
2. To highlight the importance of mentoring in research.
3. To describe the mentor and mentee narrative that contributed to nursing research leadership aligned with healthcare.

1 Introduction

Despite the importance of research to healthcare development, nursing research in Europe has been criticised as having little relevance to clinical practice [1]. The difficulty faced by nurses in developing and sustaining a nursing research career [2] may perpetuate this status. Mentoring has been recognized as a potential strategy to overcome this vicious cycle [3] by reinforcing nursing research culture0 and nursing research infrastructures n [4]. It seems to improve the researcher's productivity, self-efficacy, and career [5], particularly in Nursing science [3], and may support the development of nursing research and improvements in healthcare. Bozeman and Feeney (2007) define mentoring as "a process for the informal transmission of knowledge, social capital, and psychosocial support perceived by the recipient as relevant to work, career, or professional development; mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé)" [6].

In Portugal, it was only in 2005 that the first nurse obtained a PhD in Nursing. The nursing research career is still nonexistent, and nursing research is carried out mainly by nurses who teach at higher education institutions and nurses from clinical practice. Although the tripartite

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function of the academy, combining work in research, clinical practice, and education [2], may support a successful performance, it demands strong leadership and mentoring competencies [7]. The current academic environment shows that this is an even more demanding reality focusing on performance, accountability, and metrics [8].

Participating in the 2017 Nurse-Lead: Nursing Leadership Educational Program [9] for doctoral nursing students and postdoctoral nurses was an opportunity to reinforce nursing research and the nursing research pillar of the higher education teaching career. This was an online leadership and mentoring program aiming to strengthen doctoral nursing students and postdoctoral nurses in their professional leadership development and supporting them in developing into strong leaders in nursing science. Leading research and capacity building processes is a complex and iterative task [10]. Leadership is essential in research: researchers work in teams that require communication, coordination, and conflict resolution; deadlines, funding pressures, and competition contribute to stress; scientific questions, cultural differences, and changing societal priorities require decision-making in the face of uncertainty [11].

Solid research provides evidence for clinical practice. From the last decade's experience, we can say that patient outcomes improve when nurses practise evidence based. National and European political agenda opportunities have influenced nursing research in Portugal, but it is also determined by healthcare contexts and partnerships established between higher education institutions and health units.

Mentoring has been suggested as an important component of successful research and academic career. Mentoring may assist the development of research skills, being a strategy for facilitating faculty success. Mentoring allows targeting the barriers to higher performance by identifying the facilitators to build skills in writing/synthesis, networking, accountability, leadership, time management, and resilience/grit [12].

In the Nurse-Lead Leadership Programme, both the doctoral students and postdoctoral nurses followed mentoring trajectories. All fellows or mentees were assigned a research mentor with whom they had regular meetings to discuss own leadership development and work on their leadership development plan. Thereby the authors, the mentor and the mentee, are pleased to share the sustainable model and path they used as a mentor and mentee dyad and their mentoring experience as they reflect on in this chapter.

2 Mentor and Mentee Narrative

2.1 The Mentor Narrative

It is imperative to have and develop interactions throughout professional life. Guide paths, creating and developing long-lasting relationships with those who walk with us in a mentor–mentee journey is a very significant experience. The nature of the mentor and mentee relationship development is a solid process also for personal growth.

Regular meetings between mentor and mentee were the cornerstone of this mentoring process. During the programmed meetings and on several occasions, it was clearly understood that the professional development plan and results were essential for a worthwhile journey. It was consensual that the attention should be kept on building the mentee's self-confidence and focusing on her career. Mentor and mentee were confident that mentoring could improve the mentee's research productivity and the research collaboration culture in the institution by creating a positive climate of encouragement.

On many occasions, the way the relationship develops creates a climate of trust. It is gratifying to see both doing their best so that the work has the desired success, whether in the design of a project or its development.

Further along the journey, in building the relationship, some past experiences shared were very pertinent because of their connection to the mentee development plan, namely the experiences in professional development and leadership. The mentee might have missed leadership opportunities, and the discussion about the importance of

assuming leadership instead of waiting for future opportunities were topics of mentoring meetings. Although, it was clear, also from the mentor's experience, that some research ideas were sometimes too ambitious.

Several times, mainly during the informal meetings, the mentor shared some earlier professional experiences and how some persons were essential to her development in the past, believing that these stories served the functions of mentoring, learning, emotional support, and focus on the career progression of the mentee.

In addition, the mentor also updated her knowledge and scientific development related to the new challenges involved in the mentee projects as a result of a synergetic experience.

2.2 The Mentee Narrative

The professional development plan (Fig. 1) was an excellent tool that supported the mentoring process. Based on the leadership assessment areas of improvement for the mentee were identified. The professional development plan allowed a structured and effective mentoring journey from the mentee's perspective. It is worth noting the importance of regularly updating the professional mentee development plan achievements and sharing reflections about the process itself. Although the mentee's development goals and the first steps to achieving them were proposed by the mentee, they were mutually agreed upon. There were also joint agreements about keeping in touch regularly by phone and email and meeting at least once a month.

The mentee's report and update about the developed activities were important. Still, the sharing environment allowed the support needed for the time struggle involved to accomplish some planned activities related to the mentee's area of expertise, namely public health, and specifically community and family health (Fig. 2).

From the mentee's perspective, the path was feasible using the plan agreed upon at the beginning, but the dynamic and flexible nature of the process made it possible to adjust the plan to the needs raised during the journey. It is worth mentioning that the meetings were scheduled but could also be more regular if needed. An example of that was the new year challenges when mentoring meetings were essential to preparing for Nursing International Conference.



Fig. 1 Development plan domains

Assuming leadership was a critical learning topic that influenced the mentee's decision to apply for a career upgrade position despite concerns about the academic community's perception of the applications of young teachers. It also positively influenced the decision to apply for a research funding call with an innovative project on social prescribing [13] that gathered a large

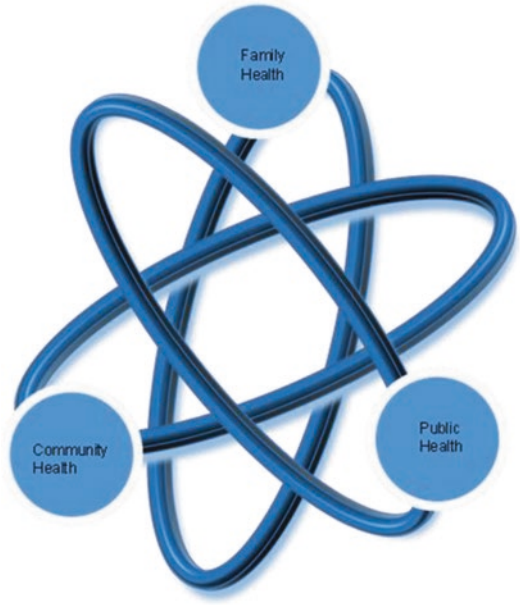


Fig. 2 Professional development plan nursing research areas

team, several stakeholders, and international consultors.

The mentee highlights the importance of the supportive environmental in the mentoring process. It was crucial when there were some hesitations in leading the research project because of the innovative approach (social prescribing). In fact, it would be a challenging topic to work on. But above all, it fit the desirable characteristics of a research topic that is clinically useful and relevant to support policymaking.

The common research path allowed the mentee to do a deep research on social prescribing. Social prescribing is a new health promotion approach of using local facilities, supported by an individual-centered model. The referral is usually made by primary healthcare professionals, namely nurses from primary healthcare units [14]. In Portugal, community health nurses have specific competencies in community health intervention methodologies to empower people to make healthier decisions in different community settings (workplaces, schools, and family).

3 Self Reflection

The reflection in this chapter was inspired by Gibbs's guide, which considers the learning-by-doing approach [15] in line with the mentoring process exposed.

Although mentoring is not a new concept and some initiatives support the advantages of this approach, the personal development-focused system does not promote mentoring [16].

Even though research performance and scientific productivity can benefit from a shared journey with an experienced and recognized personality, mentoring experience is more than individual counseling [17–19].

To bring to light the potential benefits of mentoring is essential to share some considerations and assure that mentor and mentee support the same language in the relationship, such as recognizing that the mentor must challenge the mentee in different aspects, leading the mentee to go beyond the comfort zone [20].

At the beginning of the mentoring process, mutual understandings and agreements were very relevant as a starting point of a shared path. On the one hand, it was essential for the mentee to feel that the mentor was available for mentoring. On the other hand, the environment felted in the mentoring experimentation was very supportive. Besides being essential for practical tasks and decisions, regular meetings contributed to the mentoring positive psychosocial effects of avoiding isolation feelings and promoting self-confidence and work engagement [16].

Some reflections about the benefits of this mentoring experience were also related to the nursing research leadership contribution to national policy development and broader health and well-being issues. Policies must be based on solid evidence and practice, and the recognition of research contribution in policymaking is increasing. The international research agendas and the criteria of appreciation of projects in research call for funding reflect it. The mentee and mentor connectedness during and after this mentoring process confirms the potential of the



Fig. 3 Professional development plan components

research leadership to connect researchers. But it has also an enormous potential to connect researchers with policymakers, academics, and clinicians (Fig. 3) to guarantee that research recommendations are implemented.

A core concept in the connectedness of research areas was the clinical credibility and how it's crucial to analyze the education and training of nurses, for the future nurses to have clinical abilities, theoretical knowledge, and the ability to interpret research [21]. In nursing research, clinical credibility assumes a particular importance because it's essential to measure the impact of interventions to share evidence that increases the possibility that others may have access to that knowledge and contribute to better outcomes. Nursing research could also be the catalysator to perform straight partnerships between academic and clinical practices in health and education systems, once academic nurses and clinical nurses have separated carriers and two professional identities due to an apparent dichotomy between academic and clinical [22]. The connectedness of research with policymakers and clinical practice may also be supported by clinical credibility in a sense that may allow reenforcing education and training of nurses so that they have clinical skills and theoretical knowledge and the ability to interpret research and recognize its importance [21].

Another benefit of the mentoring process was the mentoring meetings that allowed the recognition of the importance of an international nursing research network, namely the importance of engaging with other senior researchers with experience in European-funded research projects, building professional relationships with international researchers, and extending to their network, health institutions, society organizations, among others.

The overall evaluation of the mentoring experience is highly positive. Fortunately, it was possible to put all planned activities into practice. The mentee's reflection allows us to say that the participation in the Nurse-Lead Program was sometimes hardly challenging, but there is no doubt that it was a unique opportunity for personal and professional development. It also highlighted that research leadership training can be improved with mentoring process and showed opportunities for change, by creating organizational opportunities in order to allow capacity building in the field of leadership for nursing researchers.

During this journey, it is never too much to highlight the common denominator (epidemiologically speaking) that was having a very supportive mentor, sharing relevant leading experiences to the mentee development.

Mentoring had an important role, mainly if the process focuses on personal development. Among many different advantages, we highlight that mentoring:

1. helped to avoid feeling isolated and contributed to increased self-confidence and work engagement;
2. supported the agreement about areas that need improvement and the first steps to accomplishing the objectives;
3. promoted research productivity and the culture of collaborative research at the academy.

Mentoring is a big responsibility that can challenge both mentor and mentee, wherein the best

relationships require effort. Effective mentorship is critical to researchers' success and has been linked to enhanced mentee productivity, self-efficacy, and career satisfaction [5]. Although a mentoring relationship primarily benefits the mentee, it is also rewarding for the mentor [23].

The mentor performs a vital role in contributing to the development of other persons, impacting their professional and personal lives. The mentor's interest and will are essential to inspire the mentee to proceed and go beyond the expectations.

A mentor is an enthusiastic person and considers as a privilege to have empathy with the mentee. When a mentor values the development of your leadership skills, builds trust, and respects confidentiality in the relationship with the mentee, so is a good mentor.

The mentor willing to share knowledge and experiences allows the mentee to feel inspired by his development, whether in writing articles and projects or developing an academic and research career.

In the future, the lessons learned in the mentoring journey will always be present as new projects and new team members arrive.

4 Best-Practice, Evidence-Based Practice Example(s)

Mentoring highlights its importance when it gives the feeling of gratefulness to the mentor and when the mentee establishes as a successful researcher. Mentoring, if done systematically with a focus on individual and institutional barriers and facilitators and using evidence-based practices, should positively affect the success of researchers [12].

The evidence of the importance of this mentoring path shared here can be corroborated by an ongoing innovative pilot project implementing social prescribing in primary healthcare [13, 14]. Nurses are well recognized as the health professionals that activate community resources. So, the project fits perfectly in the specialization field and expertise of the mentee, who just needed that support to move forward.

Also, the Nursing Research, Innovation and Development Centre of Lisbon (CIDNUR) of the Nursing School of Lisbon is led by a Coordinating Professor who took part in this mentoring process.

Other achievements can be mentioned, as a project jointly led by mentor and mentee supporting the development of a digital platform for caregivers (www.cuidagest.pt) that brings together many health and social community organizations as partners, in a recommended and desirable way for research, academia, and clinical practice development.

5 Conclusions

Nursing research in Portugal is characterized by connection with healthcare and social organizations. This connection results from a strong approximation between research development in academia in co-production with clinical practice.

The development of nursing research supported by mentorship during a nursing postdoctoral program supported the development of research leadership competencies in the mentee and strengthened the mentor's sense of self-efficacy, showing the importance of mentoring in research.

Mentoring has helped to develop individual and institutional research leadership competencies, aligned with healthcare.

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Growing Together in a European Project: A Dyadic Mentor-Mentee Reflection

Astrid Stephan and Gabriele Meyer

Mentoring is an exciting journey of mutual growing of the mentee and the mentor.
—Gabriele Meyer and Astrid Stephan

Objectives

1. To reflect on the evolving mentoring relationships when establishing European research collaboration.
2. To share experiences on growing together in an informal mentor-mentee relationship.
3. To recognize best practices of mentoring in academe and leadership and how to incorporate them into your daily work.

1 Introduction

Nursing science in Germany is in a poor position compared with the European standard. This is mainly due to the fact that nursing education in Germany is a training profession and not a University degree education. The entry requirement criterion into the nursing profession is to complete a three-year training and not a Bachelor's degree as is the requirement for most Western European countries. With the new Nursing Professions Act, which came into force in 2020, the Bachelor's degree has become one of the regular options for obtaining a degree as a nursing specialist. Previously, study courses had a pilot character or else study courses were offered that followed the 3 years of training.

In Germany, most Bachelor courses are offered in universities of applied sciences. However, these universities have limited research culture and it is difficult to carry out research due to the lack of infrastructure and academic staff with sufficient experience in conducting research and in the acquisition of third-party funding. Only a few

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Bachelor programmes are located at universities and there are even less Master's courses offered (https://www.kleinefaecher.de). Structured doctoral programmes in nursing science are offered at only very few universities.

Nursing science in Germany has not received sufficient attention or been promoted systematically during the last decades. Specific research funding for nursing science or structured postgraduate funding is lacking and such funding programmes have only been launched twice under the auspices of the Federal Ministry of Education and Research. The most recent funding initiative for nursing and midwifery research, which were launched in 2021, had a total funding volume of less than 6 million euros (https://www.gesundheitsforschung-bmbf.de/de/starkung-der-pflegeforschung-13289.php).

Only very few nursing scientists are working in research and they are in strong competition with other more traditional scientific disciplines like medicine to obtain the limited research funding available. PhD students nursing work in projects funded by third-parties and have no guaranteed free scope for their doctorate. Most PhD students work in part-time positions for a period of 3 years and are expected to write their dissertation in their own free time.

A PhD student may also work in a school of nursing or in another field of the health system and is additionally supervised as an external doctoral student by a university professor.

2 Mentor-Mentee Narrative

2.1 The Mentor Gabriele Meyer: *My First Time with Responsibility Both as a Doctoral Supervisor and Head of a European Project*

In 2008, I took up a full professorship in clinical nursing research at the University Witten/Herdecke University in the west of Germany. Previously, I had had a junior professorship in Bremen, and before that I worked for 7 years as a research assistant at the University of Hamburg. I got to know Astrid Stephan as a student in the advanced Master's program in Witten/Herdecke. Together with a small group of students and with my support, she carried out a project to develop a brochure on fall risk and fall prevention in older people. Even a publication in a peer-reviewed nursing journal has emerged from this, of which Astrid was the lead author [1]. She immediately struck me as hardworking, ambitious and meticulous.

Right at the beginning of my work at the new university, I submitted an application to the EC's seventh Framework Programme together with a network of European nursing scientists whom I knew from the European Academy of Nursing Science (EANS) (https://european-academy-of-nursing-science.com/). To everyone's surprise we were successful and in January 2010 we started our project. I was able to call for applications for third-party funded positions as research assistants. Astrid Stephan, who was working at another university at the time, contacted me. She was keen to change her job, since she felt she was in the wrong place, was not sufficiently supported and had an uncertain perspective regarding the PhD degree. After an intensive conversation about our mutual expectations, but also about the uncertainties and risks pertaining to a job change, we were of the opinion that the mentor-mentee relationship could work well. Our collaboration in the exciting and challenging project "RightTimePlaceCare" began.

At that time, I had enough freedom to work intensively on a few third-party funded projects, leading a very small working group with five research assistants. From my previous positions, I had gained experience as a project manager with national projects, but not with complex projects at European level, and I had not yet supervised doctoral students to the point of obtaining a PhD. It was an exciting time in which I had to grow into my role and say goodbye to my exaggerated expectations. The new research assistants, including Astrid, made it clear to me from the start that they could not keep up with my pace and asked for some leniency. My own scientific work was characterized by a weekly workload of 60–70 h, round-the-clock availabil-

ity, no holidays, and excellent health. I had expected something similar from the assistants and probably made no secret of my disappointment when their needs turned out differently. Actually, I am thankful that I did not negatively affect Astrid's (and the other research assistants') intrinsic motivation by seeing me work so much. Over the years, I have understood that not all colleagues share my work attitude and of course they have a right to vacation and recreation and a slower pace.

In her reflections, Astrid describes how close the collaboration in "RightTimePlaceCare" was. For me, it was an intensive time in which I was able to work very closely with Astrid and few other young scientists, having daily contacts and conversations, which focused on our research progress, administrative business, problems and issues emerging during the project's trajectory, but also personal stuff including the optimal balance of family issues and working life. Astrid only needed a few hints to work independently and proactively. In the European project, we travelled together a lot, which brought us closer together.

I think I can say that for the most part I have used my own intuition and self-reflection. I was fortunate to have an excellent mentor supporting me in all questions related to my career, to whom I owe a great deal. I wanted to pass this on with a mantra that could perhaps be "Encourage and Challenge" but which is also characterized by the ability to trust the other and still offer full support; to trust, but also to be reassuring that things will turn out well and that enough care has been taken. With Astrid, it was very easy, since she was very diligent and meticulous in how she approached the work. In this project, we also made incredible progress in the English language, which is of course not our native language. It was simply a good time for both of us. Astrid developed as a PhD student into a reflective and creative researcher and as my mentee. At the same time, I myself developed as her supervisor and mentor, as I gained more confidence, developed trust in my supervisory skills and had my own vision of how supervision might successfully work. We had few disagreements, but when we did these were then discussed. At one point, however, I had a feeling that not much was needed and Astrid would leave her job. The reason was due to her private life: she lived in Aachen but her job was about 140 km away in Witten, too far to travel every day. In Witten, she shared a miserable little flat with another research assistant. After an intensive discussion on how to improve her day-to-day living situation, we agreed that she could also work more from her home in Aachen. A good decision that suited her life balance and did not affect her willingness to work or our close collaboration. For me, it meant letting go and having trust.

3 The European Research Project RightTimePlaceCare

The EU project "RightTimePlaceCare" (1/2010–9/2013) aimed at examining the transition of people with dementia from being cared for at home to long-term care in a facility and developing recommendations for improving this situation [2]. Eight countries were involved: England, Estonia, Finland, France, the Netherlands, Sweden, Spain and Germany. The main focus of the project was a prospective survey of people with dementia and their family carers in all eight countries. The project was coordinated in Germany. The findings were published both nationally and internationally, and in Germany the findings were incorporated into a further training programme for dementia care nurses. A total of eight PhD students from different countries were involved in the project "RightTimePlaceCare", which resulted in 30 international publications in peer-reviewed journals (for example [3–7]).

4 The Mentee Astrid Stephan: *My First Steps as a Scientist and Towards My Dissertation*

My more or less first experiences as a research assistant were made in the EU project "RightTimePlaceCare" [2] under the supervision of Gabriele Meyer. After finishing my studies, I had made the—for me unusual—decision to pursue a doctorate. I saw the announcement of the "RightTimePlaceCare" research project and the possibility of doing a dissertation. Looking back, I am sure that I would not have dared to take on this job if I had not already known Gabriele Meyer. I knew her from my Master's studies and we had built up a basis of trust, since I tend to have less confidence in myself and was not aware of the intense work expected on the doctorate. At that time, Gabriele Meyer's working group consisted of only a few research assistants to whom she had a very close relationship. Previously, I had had superiors with whom I had a very formal relationship. This was different with Gabriele Meyer. Our offices were on the same corridor and her door was nearly always open and we were soon on first name terms. In the "RightTimePlaceCare" project we worked very closely together, and I was able to help her make lots of decisions during the EU project, joining in the discussions and reflecting matters. For that alone I am infinitely grateful to Gabriele.

There were so many learning situations, and they were so compact that the project's 3 year's running time were really too short: How do you organize field access and collect data? How do you conduct interviews with people with dementia? How do data management and analysis function? How do you lead a small team of scientific assistants? How do you publish internationally? How do you communicate with an international consortium? How does project organization work? How do you regulate authorships in an international project? How do you give a good lecture in front of an international audience? How do you make intelligent small talk with scientists who you know only through their publications?

Here are some examples of her support. At one time Gabriele accompanied me during the first data collection and was with me in the first interview situation. After the interview, we sat together and reflected on it. Gabriele also told me how important it is for a scientist not only to work with depersonalized data but also to develop an understanding for the real-life situations of caregivers and people with dementia. Another example was Gabriele's speech training. She organized a session within her research team where we all could practice our oral presentations in English. During this session, she corrected our English pronunciation but, what was even more important, she shared with us her experience of her own first speech which she gave at an international congress as a young researcher. This close and open cooperation made Gabriele approachable, and I was able to get to know the private person behind the professor.

This sounds like a dream—but after a year or so, I was at the end of my tether. On the one hand, Gabriele's demands were very high as she aimed for excellence in her work all the time. Examples this were statements like "We follow a zero-failure approach here! You don't have to make use of every possible holiday when you're doing a doctorate. A cumulative dissertation should include at least five publications." However, my self-confidence was low, and I struggled with questions like: Do I meet the requirements? Can I keep up with my colleague, who was a very clever young female doctor? Is my English good enough? Besides which, I am certain that the closeness and openness in the working group was too much for me at first. At one moment I realized that Gabriele herself was occasionally uncertain and that the work burdened her enormously. After all, this was the first European research project including a large consortium which she was leading. Though I was the one in need of support and guidance, I started thinking about whether I could support Gabriele more or whether my status as a novice researcher was an additional burden for her. I made so many mistakes at the beginning and I have no idea how many manuscripts Gabriele corrected for me before the results of my work were presentable.

At some point, I was on the verge of dropping the doctoral project. I can remember a conversation with Gabriele at that time that was a turning point for me. I don't remember the exact words, but Gabriele was very serious when she said that, from now on, she did not want to hear any more about my self-doubts! And if she corrected a text, it would already be a good text because she would not comment on a bad text in the first place! Since then, I've given myself a little more credit—because if someone like Gabriele gives me credit for something, then it can't be all that wrong. I regained some courage and the cooperation stabilized. The fact that towards the end of the "RightTimePlaceCare" project Gabriele took over the management of a nursing sciences institute at a university on the other side of Germany made hardly any difference to our collaboration, despite the huge distance at that time, our working relationship was *so very close*!

Two years after the end of the "RightTimePlaceCare" project, I completed my doctorate [3, 5, 6, 8, 9]. Not least because Gabriele always backed me up. She mentored me, guided and supported me, but at the same time she pushed me to take steps and make decisions professionally throughout the entire doctoral phase. Gabriele always both lives and sets the highest standards of research ethics and she always ensures that her research assistants are recognizable in the papers we publish.

Today my mentor Gabriele is still a role model for me. When I am correcting manuscripts written by students or staff and realize that that person is disappointed, I must often think of my own experiences. I always say that a text must already have substance to be corrected and commented on at all, otherwise it would have to be completely rewritten.

5 Mutual Reflection: Why Did the Dyad Mentee-Mentor Work So Well?

Gabriele Meyer I think above all that we were able to develop a good mentoring relationship because we both started this new phase together and were able to develop a kind of joint team spirit very quickly. Also, we both shared the ambition to master the huge challenges of "RightTimePlaceCare" that arose from the scientific coordination and the overall management of the project.

Astrid was hard working, she was sincere, committed and reliable, and I found that very important characteristics in her as a PhD student. Not to mention the good scientific education she had enjoyed while studying at Witten/Herdecke University. I really enjoyed watching Astrid develop as an independent researcher and to surpass herself and celebrate her successes. She gave lectures in super English, had these amazing publications in international peer-reviewed journals, and achieved the doctorate with distinction, taking over the project management in my team at the new location in Halle (Saale), in the east of Germany. A good time which I look back on not without some pride and satisfaction.

It was also important that I had the time to deal very intensively with the members of my small working group. Good shared experiences, private ones, too, on wonderful business trips in Europe and even to South Korea, days out in our region, shared meals and a friendly atmosphere between us strengthened our small team.

My leadership style with the working group was determined by a strong value orientation, as well as the principles of research integrity, evidence-based nursing and participation orientation. But I acted more in an intuitively driven way and less strategically planned or guided by leadership theories. It worked well.

Astrid Stephan From my point of view, the cooperation worked well because there was a good basis of trust all the time, which was also the basis for our mentor mentee relationship. Gabriele never emphasized her position as a superior or used symbols of power. Instead, she convinced us through her knowledge, her enormous competence, clarity and commitment and thus gained our respect. She herself has always met the requirements and standards that she expected from her others including her staff. I have always experienced her as a person of integ-

rity who, as a scientist, resolutely applies high standards of research ethics. For this reason, it was easy for me to base my own actions on hers and to look up to her. In addition, the fact that Gabriele very often gave priority to her team members, e.g. in publications or congress contributions, was also important for my development and the mentor-mentee relationship. If she had not done that, the opportunities for developing my competences would not have been so extensive. Realizing that a scientist like Gabriele trusted me that helped me to develop more confidence in my own abilities. Nevertheless, it took a lot for me to meet Gabriele's requirements. I had to work hard to achieve everything. Sometimes I think it was mainly diligence and perseverance that finally got me my doctorate. But it certainly helped me that Gabriele offered a high level of support in addition to the high demands, whether it was proofreading academic texts, speech training at congresses or, later, joint discussions in which career decisions could be reflected on. The mentee-mentor relationship was characterized above all at the beginning by the relationship between a superior and a doctoral candidate and an extremely close cooperation under high pressure. If the chemistry had not been right, the mentee-mentor relationship would certainly not have developed in this way and would certainly not exist to this day. So we certainly had a portion of luck that it all just fit.

6 Astrid Stephan: The Mentee's Reflection—From Novice to Senior Nursing Researcher

At first it looked as though our "professional" paths would drift apart after the end of the "RightTimePlaceCare" project, even though we were still in close contact because of the doctorate. I took a job as a research assistant at a local university. When Gabriele offered me a position in the new European research project, I did not hesitate for long, especially because I could do part of the work from my home in Aachen. Due to my previous experience, I felt more confident in my role as research assistant in an EU project. Gabriele now introduced me to the role as a senior researcher, though my PhD was not yet finished. In the new project, I had a new colleague who had just finished her Master's degree and who I supervised jointly with Gabriele. Together we formed and supervised her doctorate, which was a new perspective for me. Gabriele as my mentor systematically ensured that I took the next steps in my academic career. Without her support I certainly would not have been so single-minded myself. Gabriele suggested courses for me to follow, supported me in supervising qualification theses and student projects. She also supervised me when I served as a reviewer for scientific journals for the first time. So I slowly learned from her how to guide students and younger researchers and how to judge the work of other scientists. She has also involved me in application processes to obtain external funding. That's how she managed to introduce me to academic responsibilities.

As far as I am concerned, the collaboration could have continued in this way (the only drawback was the distance between where I lived (Aachen) and where I worked (Halle)). The impulse for changing job then came from Gabriele. The nursing director of the University Hospital in Halle had recently moved to the University Hospital in my hometown and wanted to set up a nursing science unit there. Gabriele encouraged me to contact her. However, I could not imagine moving to a university hospital after working in a university for almost 6 years, dealing mainly with long-term care structures for people with dementia. If Gabriele hadn't said that it would be good to get to know the nursing director independently of this position, as a cooperation could develop in the future, I certainly wouldn't have made contact. From my CV you can see that things turned out differently and that I accepted the position. I've been working there for 6 years now. Gabriele must have been very interested in my progress, because for this position I had to give up my work in the EU project prematurely, except for a very small part.

Recently I have also started teaching at a university of applied sciences. I no longer work for Gabriele—but do continue to work with her. In

the meantime, we have even acquired a joint research project together. Gabriele continues to be an important mentor and advisor for me, giving me orientation in so many areas. I am grateful for her support, because I am sure that without her, I would not be where I am today. I am also grateful that the mentor-mentee relationship has in the meantime become a friendship that has found its own space, quite unrelated to the professional relationship.

7 Best Practices in Mentoring and Joint Conclusion

In contrast to formal mentoring programs, there were no fixed guidelines for the exchange between mentee and mentor and there was no structured reflection process to be adhered to. The mentoring was integrated into the work process and occurred mostly according to the situation. In addition, the mentor was at the same time the superior and PhD mentor, so that a critical reflection or guidance outside the dependency relationship was missing. Perhaps such external reflection opportunities and impulses might have been helpful in reflecting on oneself as a doctoral student and research assistant and in planning further development. Even in critical situations, an external reflection would probably have been helpful, i.e. situations in which the mentee felt she was being overtaxed, for example. In the form of mentoring described here, the development was very much focused on the PhD mentor and superior and a good working relationship and congeniality was the prerequisite for the success of the mentoring. This should be born in mind in similar mentoring relationships, and possible strategies, for instance to create additional opportunities for reflection, should be discussed so that success is not based solely on the good working relationship. In our case, the mentee's colleagues acted as a peer group and were able to partially fill this gap.

In Germany, formal mentoring programs have not yet been regularly implemented in the training of young (female) scientists, although successful efforts have been made internationally [10]. Gabriele Meyer was able to gain initial experience with structured mentoring as part of her cooperation with the ERASMUS+ project *NurseLead* (https://www.nurselead.org/) as well as occasionally in supervising young female researchers at home and abroad who were enrolled in mentoring programs. Structured programs have advantages, of course, but they lack spontaneity and are not easily accessible.

It was a valuable experience to reflect on the mentor-mentee relationship in this joint collaboration. Once again, this revealed how many aspects of effective mentoring were included: an approachable and easily accessible mentor, development opportunities and a mentor offering support, the opportunity to exchange ideas, share experiences and establish contacts and network, e.g. within the framework of the EU project, as well as building up a basis of trust in order to be able to discuss matters openly but confidentially. In many aspects, this corresponds to the characteristics of successful mentoring strategies [11].

For the reflection of our "Growing together" we have chosen a free form that is closely oriented to the significant shared experiences and somewhat critical or even conducive factors for mentoring. This fits well with the mentor-mentee relationship, which was not formalized or embedded in an official mentoring program. It was more the case that the mentoring came about through the working relationship and the doctorate, in which there were plenty of opportunities to share experiences and knowledge and to develop. Much resulted from intuition, self-reflection and openness, whereby the prerequisite was the success of the working relationship, since there was also a dependency situation here. The mentoring relationship was never formally concluded and has now existed for over 10 years, although it is now more a case of giving friendly advice, when required, and is on a mutual basis.

We both feel that the mentoring supported the mentee in developing good research competences, which prepared her well for a postdoctoral position. Many of the acquired competences are also of great benefit in the mentee's current field of work, which also involves

practical development and teaching. Thanks to the mentor's participatory and authentic leadership style, young (female) scientists in the working group were also quickly involved in important project decisions, applications and reviews, which accelerated their personal development and also increased their responsibility outside their own field of work.

Leadership style is a good keyword. In nursing practice, it has been well proven that a participatory and relationship orientated leadership style has a positive impact both on the staff and on the application of evidence-based practice [12]. This can certainly be transferred to nursing science. Occasionally, one gets the impression (at least in Germany) that leadership is the domain of nursing management. However, this is a misconception, because there are outstanding leaders in nursing science too. Nursing scientists are in charge of institutes and working groups who, above all, represent the profession, emphasizing the importance of nursing and influencing decision-makers and who want their research to contribute to positive changes in nursing practice and impacting the healthcare of all citizens. For nursing science in Germany, it is important that such leaders in nursing science act as mentors for young nursing scientists and train and mentor mature, reflective and research-competent individuals, who in turn will take on future leadership roles.

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Establishing Mentoring in European Collaboration

Lisa van Dongen and Thóra B. Hafsteinsdóttir

A mentor is someone who sees more talent and ability within you, than you see in yourself, and helps bring it out of you.

—Bob Proctor

Objectives

1. Share experience of mentorship when building collaboration in doctoral and postdoctoral nursing education.
2. Identify essential characteristics in successful mentor–mentee relationships.
3. Describe best practices of mentoring with focus on leadership and professional development.

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1 Introduction

Mentoring can be traced back to the Greek mythology where a mentor was considered a sage and trusted counsellor [1]. In recent years, mentorship has been described as a relationship between two people, with the mentor being the more senior person interested in developing the skills of the mentee [2]. A mentor is someone who builds a relationship with and supports the professional and personal development of another by sharing his or her experiences, influence, or expertise [3]. Generally, the mentor is the person with more experience, knowledge, skills, and/or wisdom, offers advice, information, guidance, support, or opportunity to another, the mentee, for that individual's professional development. Mentoring further includes providing emotional and psychological support, increasing competence and self-esteem, role modeling, professional development, career enhancement, and building and maintaining a professional network [1]. Mentoring relationships can be diverse like formal or informal and may vary from short-term to long-term relationship, but also more innova-

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tive approaches like peer mentoring, group mentoring, and e-mentoring have been reported [4–6].

Postdoctoral nurses are important for the development of nursing both as a profession and as a science globally. Despite the fact that the PhD serves as a basic preparation for conducting research, transferring into an independent researcher is difficult due to changes in roles, responsibilities, and working environments [7–11]. Embarking on an academic career takes much work, time, and effort. The postdoctoral phase is a critical career component to broaden and deepen postdoctoral nurses' level of expertise, development of a postdoctoral identity, and socialization as a nurse scientist [12, 13]. Postdoctoral nurses can work in various settings and positions [14] and often struggle with challenging working conditions including lack of opportunities for career advancement, lack of support, and facilitation of their work as well as competitive work environments with high workloads [15–21]. The range of skills and competences that postdoctoral nurses need to build successful careers is considerable [4, 22]. Earlier studies have shown that mentoring was found to support professional and career development of nurse scientists and contributes to career satisfaction [23]. Mentoring supports postdoctoral nurses to remain research-active [6, 15, 24, 25], smoothen their transition into postdoctoral careers [6, 13, 21, 26], increase understanding of postdoctoral work [13], and support the development of career goals and making career decisions [18, 21, 27] as well as supporting faculty retention [28, 29]. In some countries, like in North America, mentoring in nursing science has a long tradition, whereas in European countries, there seems to be a lack of mentoring (programs) available to postdoctoral nurses [18, 30–32]. Therefore, the Nursing Leadership Educational Program for Doctoral Nursing Students and Postdoctoral Nurses (Nurse-Lead) was set up in a European collaboration to support, improve, and strengthen doctoral researchers' scientific career development tracks [33].

2 The Mentor and Mentee Narrative

2.1 The Mentor's Narrative

Since the early days of my career, I have been passionate about nurses aiming to provide the best care we can to patients and families. To do that, we need to foster leadership and scholarship that promote research and education in all arenas of nursing. Later I realized how important is was to work on our personal and professional development so that nurses are equal partners with other professionals in health care. This calls for leadership and influence at all levels. Knowing where to influence, how to influence, and which outcomes to advance requires education, scholarship, and research. Determining what action to take requires leadership skills. Through the years, I have realized how important mentoring is. I have always known nurse leaders who showed excellence in their daily work and were mentors to me. As a nursing student, my supervisor was an excellent mentor as she was critical, stating good questions, encouraging self-reflection, a significant friend. Later, at an early stage in my career, one of the senior nurses, everything that she did was done with so much care and attention for the patient and at the same time so very humble in how she approached her work. Throughout my academic career, I have had excellent mentors who used different approaches, being critical, encouraging, thinking out of the box, taking steps out of the comfort zone and at the same time being supportive, guiding, and empathetic in their mentoring.

It was, however, long after my PhD I realized how important mentoring was to support other, often more junior nurses, to help them to take steps further in their career or when moving into a new field in nursing. I became more involved in the global organization of Sigma Theta Tau International. As one of the founding members of the local chapter in the Netherlands, I was elected as president of our chapter and collaboration started with other Sigma chapters in Europe region. This gave a range of opportunities to

develop and apply leadership skills in settings and opportunities to mentor other nurses both through formal and informal mentoring. My work became more internationally focused, and I met with many excellent international nurse leaders with whom we worked both through Sigma and through international projects. My interest in leadership and mentoring and its importance for nurses and nursing grew and became the focus of my research work. Through Sigma I had the opportunity to serve as a mentor in the online Global Leadership Mentoring Community, a program designed to build relationships across seven global regions and promote leadership development for emerging nurse leaders. This program brought mentors and mentees together from across the world to build leadership capacity, understand global leadership issues and build networks [34]. However, through my international work and as I was living and working in Europe, I saw that postdoctoral nurses in many European countries were faced with many challenges and barriers in their personal, professional as well as their career development and that they were faced with limited leadership and mentoring opportunities. To address this situation, and in a collaboration with a good team of national colleagues in the Netherlands, we set up the *Leadership Mentoring in Nursing Research program* (LMNR) for postdoctoral nurses [27, 35]. Later, we expanded this work and in collaboration with other European partners we applied for EU funding for setting up and executing, *The Leadership and Mentoring Educational Program for Doctoral Nursing Students and Postdoctoral Nurses* (the Nurse-Lead) [33]. We were successful, received funding, and started the preparation. After searching for some time for a good project manager, I thought of one of my former Master's students, Lisa van Dongen, which I had supervised, she applied for the position and that is how our collaboration started. This working relationship, however, also developed into our joint mentoring journey.

At first, our relationship centered around the work at hand and her role as project manager, which included the daily running of the Nurse-Lead project, developing educational modules on leadership and research management for doctoral nursing students and postdoctoral nurses. I was so very excited that she joined us in the project as she was an excellent student. Indeed, she was eager and quick in learning all about project management and in adopting and taking on her new role. Although she was familiar with the topic of leadership in postdoctoral nurses as this was also the topic of her Master's thesis, there was much to learn. Many aspects of leadership that I took for granted were new to her, but she was keen to learn, read much, and worked hard. Our mentoring relationship developed, as we have taken time to discuss aspects related to her personal and professional development that are beyond the specific content areas of her work. Outside our regular work, I have been able to support her growth as I share with her information and opportunities which may be of interest for her. She comes to me with questions, and we discuss areas that she is interested in. I have encouraged her to take steps in her career and supported her in finding a position as a PhD candidate. Through the years, we have developed our collaboration. I am her supervisor in her PhD work, and we are partners in collaboration but at the same time we have established this very good mentoring relationship that focuses on her leadership and personal and professional development.

2.2 The Mentee's Narrative

Thóra and myself met for the first time when I was still a Master's student in the Master program of Nursing Science where Thóra, my mentor, worked as a researcher and lecturer. At the time I was combining this study with work as a clinical nurse in a general hospital. Although the first contact was established at this time, we did not develop a personal relationship until I started with my Master's thesis, which focused on leadership and career development of doctorally prepared nurses and was supervised by Thóra. At the time I did not know much about the working opportunities for academic nurses and thought that this study might lead to valuable insights. This year we had intensive collaboration and

when I finished my Master's thesis, we had learned to know each other's styles of working which remained within the boundaries of regular meetings focusing on the study.

Toward the end of the Master's study, the Nurse-Lead project that Thóra was leading was awarded funding. A project manager was needed to manage the daily running of the project and to conduct research evaluating the fellows' outcomes and experiences with following the program. The main responsibilities of the project manager would be developing and maintaining contact among project partners; the development and moderation of the program for postdoctoral nurses and doctoral nursing students and contributing to the outputs of the project. Thóra contacted me and encouraged me to apply for this position. However, I doubted if I was the right candidate for this position as I had no experience with managing large international projects like this. Also, I felt a bit intimidated by the level of expertise both of the project partners and of the future fellows participating in the program. The largest barrier, however, was my English language proficiency. After some discussions with Thóra as well as friends and family, I decided to take on the challenge, overcome my insecurities and apply for the position. I was invited for an interview, which turned out to be very positive. Later that day, the head of the department gave me a call to share that I was chosen for the position. This was the formal start of the working relationship between Thóra and me.

Looking back applying for the position of project manager and junior researcher was the best career decision I could have made. Not only because of the interesting project content or the opportunity to learn from very experienced project partners, but mainly due to the guidance, support, and opportunities provided by Thóra to develop myself as an academic professional. At the start, Thóra guided me to become familiar with the project; however, after some time I had much autonomy within the project and soon I felt comfortable and confident in my new role and felt like having control over my tasks. From the start, Thóra supported me to do things I had never done before. She encouraged me to share my ideas on project-related aspects, even though I was not always convinced that these ideas were good. Looking back, I realized that she pushed me gently out of my comfort zone and she did that again and again. Examples were the development of course materials for postdoctoral nurses, moderating the course for postdoctoral nurses and leading project meetings. At the time it felt not like stepping outside my comfort zone because Thóra and the other project partners always backed me up and supported me. This support made that I was not as afraid to make mistakes. Although I was responsible for some project parts, it always felt that we were operating as a team, and I felt the support of the team. Looking back, I can see that my professional competences had grown rapidly during this time.

The support of my mentor did not only focus on strengthening the development of my competencies as a project manager or researcher in an academic role but also focused on supporting my career development. My position as a junior researcher and program manager in the Nurse-Lead program was both part-time and temporary. As the Nurse-Lead project reached its end, other career opportunities arose which I discussed with my mentor. This was easy as I always had the feeling that she was objective, knew me well and felt that her main priority was to see me making the best of the opportunities. The guidance provided was based on asking clarifying questions and stimulating self-reflection. Just discussing and exploring opportunities together was very helpful for me to see what the best way was forward for me at that time. Not only did she help me with exploring the available possibilities and how I could determine the career direction, but she also helped to make my ambitions happen. One of these ambitions was to continue to work on my academic career and to start with a PhD. When it became clear that starting a PhD study within our own organization was not possible, Thóra reached out to colleagues from other universities who agreed with the PhD plans. So, now I am conducting my doctoral studies in an international PhD collaboration at the Nursing Science Department at Turku University in Finland. Indeed, Thóra is one of my PhD supervi-

sors. One thing I am certain about is that I would not have been able to do this without the ongoing support of my mentor and I cannot express my gratitude for that in words.

3 Mentoring Programs

3.1 The LMNR and the Nurse-Lead Program

Competent nurse researchers are imperative for the future development of nursing as a profession and as a scientific discipline. To meet the future healthcare needs of patients, families, and societies, governments and policymakers need to support the academic education and career development of nurses. Nurses are scientists who generate new knowledge to advance nursing practice, improve healthcare quality, shape health policy, and improve population health [36]. Nurses working in research generally have finished their doctoral education. Postdoctoral nurses experience many challenges and barriers in their working life and professional development [18]. Therefore, these nurses need to develop strong leadership and mentoring competencies to able to successfully navigate the academic work environment and the worlds of research, clinical practice and education [18, 37]. Although the need for educational programs focusing on leadership and professional development of nurses working in research and academia has been emphasized and various leadership and mentoring programs have been identified, there has been a pressing need for leadership and mentoring opportunities for European nurses working in research in Europe [32].

3.1.1 The Dutch LMNR Program

In the Netherlands, in 2016, Dutch Nursing Science Faculties developed the *Leadership Mentoring in Nursing Research* (LMNR) program. The leadership and mentoring program offers a 2-year program through which postdoctoral nurse fellows enhance their leadership and professional development and extend their knowledge in their research areas by means of conducting successful interdisciplinary research projects, developing research programs, and establishing new national and international networks. The program includes a range of 2-day workshops and 1-day meetings, where fellows participate in education, training, and reflective intervision sessions about their own leadership and professional development, focusing on research and the development of successful research programs. A total of 28 fellows have followed the LMNR program, with 10 postdoctoral fellows participating in the first cohort (2016–2018) and 18 fellows in the second cohort (2019–2021) [35].

At the start of the LMNR program, each fellow identified two senior faculty members to serve as mentors—a leadership nursing mentor and a research mentor. The mentor should be (a) knowledgeable, supportive, and willing to invest time and expertise in the fellow's leadership and professional development; (b) generous, resourceful, share his or her own network, and support the fellow with navigating the organizational, political structure, and culture of organizations; (c) open to new ideas and willing to take risks; and (d) show effective communication skills, be able to listen, provide constructive, essential feedback and dialogue, and be able to challenge the fellow in his work. In the program we emphasized the importance to reach out to potential mentors, preferably from abroad who did research on the fellow's area of expertise; this would provide opportunities for research visits, relationship building, and collaborations. Also, having mentors from a variety of disciplines like public health, medicine, or economics was emphasized as experts from other disciplines can offer new perspectives of relevant methods and facilitate interdisciplinary research [35].

To monitor fellows' development in leadership and their experiences with the program, assessments of leadership practices were conducted using the Leadership Practices Inventory (LPI) [38] and semi-structured interviews at the start of the program, after 1 year and at the end of the program. The reflections showed that the program created opportunities for the fellows to reflect on their own behavior as well as their

working context. According to the participants, the various program components enhanced leadership and professional development. Important elements of the program were intervision sessions with the group, aiming to support participants in becoming more conscious of who they were, how they behaved and what they stood for. The fellows reflected on their own behavior, their challenges, and barriers in relation to their development, which was experienced as empowering, helping them move forward into new phases in their careers. The participants reported growth in self-confidence and ability to make decisions based on personal goals. Although the mentoring trajectories varied widely due to the flexibility of the program, all were highly valued. Mentoring was perceived as extremely valuable when the mentee took the lead on the topics discussed and the mentor acted as a supportive companion [27].

3.1.2 The Nurse-Lead Program

The Nursing Leadership and Mentoring Educational Program for Doctoral Nursing Students and Postdoctoral Nurses (Nurse-Lead) was the first leadership and mentoring program conducted in European collaboration. The consortium included professors and senior researchers in nursing from the University of Iceland (Iceland), University Medical Centrum Utrecht (the Netherlands), Martin-Luther University Halle-Wittenberg (Germany), Nursing school of Lisbon (Portugal), University of Turku (Finland), Vilnius University (Lithuania), and Elevate Health BV (the Netherlands) [33]. The Nurse-Lead aimed to:

- To stimulate the future generation of leaders in nursing education and research encouraging high performing, education research environments.
- To train and educate doctoral nursing students and postdoctoral nurses focusing on high-quality education and research, as shown by substantial achievements in education, research, international collaborations, impacting patients, families and communities within Europe.

The Nurse-Lead program focused on: a) leadership development, b) research program development, and c) professional development in nursing science [27]. The Nurse-Lead program includes a) two distinct online courses with seven modules for doctoral nursing students and ten online modules for postdoctoral nurses with various assignments; b) individual leadership development plans with individual goals based on self and observer leadership assessments; c) individual mentoring trajectories; and d) meet the expert sessions with leading experts in nursing research [35]. A Virtual Learning Environment and platform was developed where the Nurse-Lead fellows followed the online courses and did their assignments using interactive learning methods. The Nurse-Lead program was developed based on the earlier Leadership Mentoring in Nursing Research program developed in the Netherlands [35] and the competence profile for postdoctoral nurses working in research [22].

Prior to the start of the programme, fellows identified and approached a mentor, a leading academic expert in nursing with an expertise in the fellows' area of research. Formal agreement was made with terms including agreeing to provide the fellow with mentorship for 1 1/2 year, meet with the fellow on a regular basis, deciding on ways of communication and discussion topics. Further the roles of both mentor and fellow as mentee were decided on. The fellow set up a professional development plan based on self and observer assessments of his/her leadership competences [38]. The development plan described main areas of improvement, defined goals, and actions for fellows to work on during the program. Fellows and mentors had regular meetings to follow through on the leadership development plan. At the end of the program, the fellows evaluated on their progress as well as their experiences with mentoring.

The Nurse-Lead consortium carefully monitored the Nurse-Lead fellows' outcomes and experiences throughout the program. The mentoring was evaluated by regular course reflections and focus groups interviews. The Nurse-Lead fellows described mentoring having a positive influence on their leadership and professional

development. The regular and in-depth conservations the fellows had with the mentors deepened own insights and awareness of own competences, professional ambitions, and career goals. The fellows described how the program empowered them to continuously work on their professional development with focus on clear goals. The fellows strengthened their confidence, listened to their inner voice, and they made decisions that they would not have dared to do before. They were encouraged to step out of their comfort zone, take risks, and to take steps in their professional and career development. The fellows were able to do this because they felt supported by their mentors, who were genuinely interested in and supporting them, providing them with advice, encouragement, but also stating critical questions and pushing them to the limit in their work and careers.

The Nurse-Lead fellows also experienced mentoring to support them in developing their research program as they developed new and explicit ideas toward their research and took on challenges that they encountered to realize these ideas. The fellows acknowledged that team management competences were strengthened as they became more aware of the importance of listening to others, reward contributions of others, and investing into motivating others. Some Nurse-Lead fellows were inspired through their mentor and mentoring experienced to become mentors to other nursing researchers and used their strategies and experiences which they had adopted from the mentors to support other nursing researchers or students [Unpublished results, Nurse-Lead consortium].

3.1.3 Reflections Nurse-Lead

When reflecting on the Nurse-Lead program, we acknowledge that it is, to our knowledge, this was the first virtual leadership and mentoring programs conducted in partnership between European countries that facilitates mentoring for postdoctoral nurses and doctoral nursing students in their leadership and professional development. What did we learn? Reflecting on the Nurse-Lead program and the fellows' experiences of following the online leadership and mentoring program, the following lessons are central:

- The fellows successfully identified and approached a suitable mentor and established successful mentoring relationship. The fellows (the mentees) met with mentors on a regular basis and worked with the mentors' support on their leadership development plan. In many cases, the mentor was from another country and mentoring relationships resulted in collaboration in research between countries.
- The fellows and mentors generally established sustainable mentoring relationships lasting for at least 1 1/2 year with some mentoring relationships still ongoing. Despite heavy working commitments of mentors, all mentors were highly commited to provide mentoring to the fellows. The reason for this may be that the fellows were highly motivated in participating in the program including the mentoring; generally both fellows and mentors were working on the same research area, which in some cases lead to collaboration in research. Also, many mentors and mentees had similar careers ambitions.
- Both the fellows and the mentors, found it important to plan mentoring and schedule mentoring sessions well in advance, due to mentors' busy schedules. Thereby the fellows were ensured that they would receive advice of their mentors, also in busy/chaotic times.
- The fellows and mentors found working with a professional development plan based on the leadership assessments to be very efficient and helpful. Fellows' strengths and areas of improvement were identified for the fellows to work on during the program. Fellows and mentors had regular meetings to follow through on the leadership development plan.
- Following virtual mentoring program was considered highly efficient, especially as many fellows had an international mentor located in antother country. However, face-to-face meetings between fellow and mentor were also important, especially to establish trust within the mentoring relationship.

[Unpublished data, Nurse-Lead consortium].

4 Mentor Mentee Self Reflections: Looking Forward

When considering our own mentoring relationship, it has already lasted for more than 4 years. What started as an informal mentoring trajectory has grown into a more formal mentoring. In the beginning, we combined the mentoring conversations which we planned in conjunction with the work-related meetings. Later, we assigned special time for the mentoring discussions where the focus became more on the long-term developments, future vision, career decision, and work-related things like successes and challenges during the busy periods at work. We both have the intention to continue with mentoring in the coming years. When reflecting on our mentoring and when considering what has made this relationship work, we believe it may be the following aspects:

- We have a personal match in our personalities.
- We have similar interests in research and career development.
- We have similar values and find integrity and honesty important, to keep agreements and promises.
- We find it important to be able to communicate openly and honestly.
- We find it important to be approachable and take time for each other.
- We find it important to plan regular meetings and moments for our work and mentoring.

5 Conclusion

In this chapter, we describe mentoring and the importance of mentoring for nurses, doctoral nursing students, and postdoctoral nurses. We present the European Nursing Leadership Mentoring Program for doctoral nursing students and postdoctoral nurses, which included cross-country mentoring trajectories aiming to strengthen leadership and professional development and doctoral researchers' scientific career development tracks. We describe and discuss our own experiences of mentoring. Mentoring needs continuous ongoing reflection, time, work, and attention. By supporting mentoring of nurses working in healthcare, education, and research, this will strengthen nurses retention and support national and international collaboration and partnerships, ultimately to improve the health of people across the world.

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Nurturing and Empowering Research Leadership Through Mentoring

Tamar Avedissian and Ellen B. Buckner

A mentor empowers the person to see a possible future, and believe it can be obtained.

—Shawn Hitchcock

My favorite mentor unleashed my passions, channeled my energy, guided my growth, and encouraged my success.

—Anna Letitia Cook

Objectives
The readers of this chapter will be able to:

1. Recognize the global nursing need for conducting nursing research.
2. Highlight the need for mentoring nurses in conducting research.
3. Identify the impact of the mentor on the mentee in nursing research.
4. Connect the role of mentor for research across global regions.

1 The Mentor Mentee Narrative

1.1 Initiation of the Mentoring Relationship

The mentor–mentee relationship was initiated through a Global Leadership Mentoring Community (GLMC), a community of interest in Sigma (STTI). The community was formed to link mentors and mentees across Sigma's seven Global Regions. Mentors and mentees were recruited for the first cohort by personal network. The relationship was intended to be open-ended with goals developed as needs for leadership emerged. The opportunity to connect was facilitated by online technology and both mentor and mentee agreed to monthly meetings for the 18–24-month period. The initial cohort of the GLMC took place in 2015–2017 with 11 pairs interacting across 16-time zones. As a community within Sigma, global leadership included not only organizational roles but also broader roles in

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the profession and in society. Education, scholarship, and service were areas of emphasis. The most important components, however, were the relationships that formed through the community, with one of those experienced by these authors.

The mentee in this global mentoring relationship was a young faculty member in Lebanon, the Middle East Region, and the mentor was a senior faculty member in the United States of America (USA), North American Region. Immediately it became obvious that we shared many values and common aspirations. Both of us were pediatric nurses and academic nurse educators. Both had a strong community focus in our work and service roles. A shared love of research was present and mentoring relationship focused on the role of academic nurse researcher. The mentee was already involved in interprofessional collaboration in community paediatrics. With a physician-led group, she had contributed to the research and policy development looking at health professionals implementing cardiopulmonary resuscitation (CPR) in community settings. Differences by country were the basis of some initial discussions, which then led to policy perspectives on how a society could change its expectations and laws to improve community outreach and care. The mentee was a co-author in the initial publication and subsequent studies of nurses' perspectives regarding CPR outside the hospital [1, 2]. Early discussions included the role of nursing in an interdisciplinary research team, the history of nurses in research, the importance of collaboration and authorship, and making a difference beyond one's primary assignment. The integration of research and community policy perspectives was a powerful focus of leadership development.

During the formal mentoring experience, the mentee and mentor grew to love their own developing relationship. Conversations always included updates on family, work, and future education, and scholarship. The mentee had already identified an interest in future education in research tools, statistics, design, and analysis. Toward the end of the first year, she was offered the opportunity to participate in an intensive research experience at her university. When she first mentioned it, she was somewhat unsure of her capabilities and readiness. With strong encouragement from the mentor and a further exploration into its components, she elected to enrol in the program. This immersive experience not only built skills but enhanced her confidence, increasing her capacity for a research trajectory. Outcomes have included progression of the mentee in research, publication, collaborative research, and beginning doctoral studies. The mentoring relationship has continued for multiple years even after the formal period ended.

Critical to the mentoring relationship was the commitment of both mentor and mentee. Manthiram and Edwards [3] describe mentoring relationships characterized by commitment, personal investment, curiosity, and integrity. The relationship evolves over time, becoming more specific and collaborative. They note a successful relationship brings both research productivity and career satisfaction with both parties gaining and exploring new dimensions. Because both mentor and mentee were academically motivated and globally engaged, both learned and explored the role of research in practice across oceans and continents. Both saw how personal growth impacted professional accomplishment and their shared discipline of nursing. Applications of evidence for practice enriched both understandings of the role of the academic nurse researcher. The opportunities were present for both through the global mentoring relationship.

1.2 Global Nursing Research

There is a growing trend towards conducting nursing research globally. The scarcity of nursing research that once was a challenge is perishing, and more nurses are conducting world-class research. This paradigm change has been attributed to the increase in the number of nursing journals, the pressure to publish and the increase in productivity from Asian countries. The benefits of research on improved health outcome of patients and communities cannot be overlooked [4, 5]. The main purpose of research remains

building knowledge through generation and testing of theory in order to improve the practice [4, 6]. Accordingly, there has been a shift from historical intuitive methods of procedures towards evidence-based practice (EBP), which has been effective in meeting the needs of both the consumers and providers of healthcare [4]. In this relationship, both mentor and mentee were actively engaged in research. In addition, both members valued evidence for practice and collaborative interprofessional engagement in research. These factors were important in both global regions, validating the importance of global research collaboration in nursing.

1.3 Research Productivity

A direct indicator of nursing research productivity is through projects receiving funding and getting published in peer-reviewed journals [7]. The United States (US) was found to have the greatest number of total papers with reported funding. However, when comparing the ranks of countries in nursing research production, Australia, Sweden, Norway, Ireland, and Thailand ranked higher [5]. In general, receiving funding and having the work published in high-ranking journals are found to be produced by the developed countries [5]. Whereas, in the low- and middle-income countries, generating nursing research remains more of a struggle [8]. Nevertheless, Kokol et al. reported that the ratio of papers with reported funding in nursing research worldwide was 22% and it was less when compared to other disciplines such as life sciences, engineering, or clinical medicine [5, 9]. Therefore, there is a need to increase nursing research productivity globally and find different strategies to do so [8].

On the other hand, an indirect indicator of nursing research productivity is related to the number of Doctorally (PhD or DNP) prepared nurses. Even though the number of nursing doctoral programs seem to have increased in the past decade, the enrollment of students in these programs remained constant [8]. The outcome of research is often the development of new knowledge, which is established mostly by doctorally prepared nurses [8]. Although for non-practice disciplines, knowledge development belongs to the academic environment, for practice-oriented professionals such as in nursing, the clinical setting is an arena for scholarly work [10]. However, PhD prepared nurses are at the forefront to advance the science of nursing, educate future generations, lead change, and impact health systems [8]. Nonetheless, having a degree in PhD does not necessarily ensure success in research. However, doctoral programs prepare an individual for better writing skills, deeper levels of thinking and better understanding of research methodologies [11]. The Scottish Executive in 2002 reported that nurses at all levels did not fully use their potential to produce and consume research. Michel et al. [12] stated that the overall score of research utilization in their sample of nurses was low. Master's prepared nurses were found to be more apt to using research as compared to baccalaureate prepared nurses. Such findings determine that nurses with support can enhance research use and dissemination. The literature revealed several reasons for the lack of nursing research namely time limitations, challenges of getting research funding, lack of confidence in research skills and lack of perceived support [4]. In this relationship, both members recognized the significance of doctoral preparation and discussion included the merits of different doctoral degree programs. The recognized and research-intensive PhD was viewed as the most appropriate for this future academic researcher.

1.4 Attitudes and Skills in Nursing Research

Roxburgh and colleagues found that most nurses had positive attitude towards research, but very few were involved in conducting empirical studies. The fact that the mentee had already affiliated with collaborative research projects as a junior faculty was indicative of the high enthusiasm and the "can-do" attitude she possessed [4]. Rizzuto and coworkers stated that having prior instructions in research, a positive attitude towards

research and awareness about available support for research were strong predictors of future participation in research [13]. Most nurses in that study expressed the readiness to do research only in collaboration with others rather than conducting their own studies. In that sample, 28% were interested to do their own research work. The mentee in this relationship had developed relationships with faculty from medicine, public health, and others. Traversing these relationships with the expectations and shared decision-making was a factor as the mentee grew in skills and confidence. These findings were congruent with the results of Roxburgh et al. [4] regarding the limited involvement of nurses in leading research activities. Although the attitude of nurses towards research was in general positive, it was reported that non-PhD nurses lacked the proper knowledge and skills in research. Consequently, the authors suggested examining the educational programs offered to nurses to enhance the abilities of nurses in using and producing translational research. Segrott and colleagues added that there was also the need to develop the research capacity of academic nurses through taking strategic approaches and providing them the necessary support [7].

1.5 Mentoring Nurses in Research

The literature proposes assigning new researchers with experienced ones to receive the necessary support and mentoring as a strategy for enhancing research productivity [7, 11]. Although nursing as a discipline has been present for decades, yet the grounds for a solid nursing research practice is still lacking. This is because of the few academic positions available, increased competition for funding as well as the multiple roles the nurse researcher has to undertake such as teaching, practice, research and administrative responsibilities [14]. Although there are limited academic positions for nurses, at the same time recruitment and retention of nursing faculty is also a concern. In a study by the American Association of Colleges of Nursing (AACN), 44% of nursing faculty reported being dissatisfied and about one in four reported thinking of leaving their position to an environment with a lighter workload [15]. Such challenges infer the need for mentoring as a critical aspect of supporting the young. It is well-known that mentoring is an effective method to build capacity as well as expertise in all types of disciplines [7]. Mentoring includes providing the mentee or the protégé' with the psychosocial support as well as career functions. The psychosocial functions of the mentor include role modeling, acceptance, confirmation, and counseling, On the other hand, the career functions include providing the mentee sponsorship, visibility, coaching, protection, and challenging assignments [16]. Yoder had proposed a two-dimensional model of mentorship that included career like: coaching, challenging assignments, protection, sponsorship, exposure, and visibility as well as psychosocial functions including: counseling, acceptance, role modeling, and friendship [17]. Mentoring the young nurses in the clinical as well as in the academic settings is highly recommended to attract and retain them. Although mentoring in research is highly acknowledged, it remains more of a concern vis-à-vis the ability to fulfill this requirement due to the limited number of mentors [10]. Mentoring in research for masters prepared nurses appears to be even less likely, since the expectations are that these nurses are more of research utilizers rather than producers. Even so, research mentoring activities remain essential and can take place in various fields such as in educational programs, research programs, clinical practice areas and in research partnerships established between different parties [10, 18].

The history of nursing reveals the marked challenges the profession faced. From issues of licensure, scope of practice, health policy, access to healthcare, educational preparation, advanced technologies, and shifting demographics. However, recruitment of faculty alone is not enough and mentoring programs are required to retain the available and new faculty into the profession [19]. Because of the multiple challenges of finding mentors, one method to overcome this issue was reported to be assigning an endowed chair. The role of the endowed chair is particularly

to an provide research opportunities to gain high visibility for the nursing discipline, advance a focused research program, and create an environment for nurturing novice faculty members [20].

Another way to overcome the lack of mentorship programs and mentors was relying on online distance mentorship programs. Lach and colleagues in a study of 67 nurses explored the perspective of the mentees on distance mentoring [21]. The benefits of the distance mentoring program reported were publications, presentations, grants, a transition of their job position from either being a student to faculty or from being a junior faculty to obtaining tenure. The mentoring relationship established here was enriched by the global relationship. Mentor experience in the USA was compared with the community context of Lebanon. The mentor was able to encourage the mentee to get research training, conduct research and consider the policy implications.

1.6 Career Development

In general, research mentoring programs were found to be appreciated by both mentors and mentees. Such programs have advanced the career of the mentor but especially the mentee. Nevertheless, mentorship will also direct and move the profession forward [18, 22]. Hafsteinsdóttir and colleagues in their systematic review found several benefits of mentoring nurses in research [14]. Specifically, they reported an increase in research productivity, publications, and grant writing. Moreover, mentoring also appeared to have a positive influence in developing the research career of the novice nurse, improving their leadership skills as well as their health, staff relationships, work culture and collaboration. One strategy that showed nurses were receiving support in their careers was through the Sigma Theta Tau Global Leadership Mentoring Community (GLMC). The GLMC provided the opportunity for young nurses to be mentored by experienced professionals [23, 24]. There are other mentoring programs as well such as those made available by the International Council of Nurses (ICN) [25]. However, reports from nurses in the GLMC program were positive that voiced growth in various aspects among both mentors and mentees. Overall, there was a high level of enthusiasm, passion, and motivation during the online meetings as reported in the qualitative notes of the participants. One of the main purposes of the program was to develop the leadership skills of novice nurses. However, the mentors helped the mentees develop their career and psychosocial roles not only as leaders but in other areas, including research. Despite the reports from the literature that master's prepared nurses were less interested to conduct research, many were inclined to participate and even conduct their own research projects. Nevertheless, active involvement in research was not in commensurate with the purpose of the mentorship program, yet as determined members of the program the mentors and the mentees worked in collaboration and ended up conducting and publishing research work [24, 26].

Nick et al. had proposed a model of a formal mentoring program for academic nurse educators based on literature and experience [22]. This model can be used by nursing academic institutions, despite their type or size. The model recommends six themes for an excellence in the mentoring program which include the following: (a) matching the mentor-mentee dyads appropriately, (b) establishing clear mentorship purpose and goals, (c) solidifying the dyad relationship, (d) advocating for and guiding the mentee, (e) integrating the mentee into the academic culture, and (f) mobilizing institutional resources for mentoring support. Ultimately, these six themes will help the mentor–mentee accomplish outcomes such as being orientated to the educator role, become integrated into the academic community, and develop teaching, scholarship, service as well as leadership skills.

2 Mentor Reflections

As a mentor in the first cohort of the GLMC, a program which I had founded and served as a coordinator, nothing could have brought me more joy than to share the journey with my young

emerging leader. We did not know at the time of pairing how much we would have in common nor how much we shared in passions for research and scholarship. The Global Leadership Mentoring Community provided a structure, but the members provided the spark, evident from our first conversation. I learned so much about nursing and nursing education in Lebanon—how evidence-based practice was valued but also how difficult it is to become a researcher in nursing in almost any culture. This latter was important because, like in the USA, future researchers must be intentional, engaging in scholarly work early, and then augmenting skills and growing in influence over time. All these stages were present in the mentee. As a mentor, I never knew exactly what the next discussion would be, but I trusted that my own education, experience, and commitment to nursing would guide my recommendations. As our continued growth reflected, our trust and commitment to each other deepened and extended over time. One serendipity experience of the mentor was finding a publication of the mentee several years later when doing a literature review! Needless to say, that paper became part of the review. We continue 6 years later to collaborate and find joy in shared conversations, vision for nursing, and opportunities for leadership.

3 Mentee Reflections

3.1 Impact of Research Mentoring

As a master's prepared nurse and having the experience of working both in hospital as well as the community settings, I was self-motivated yet lacked the proper encouragement to conduct or be engaged in research. Living in a small developing country, I was cognizant of many of the health problems my community was facing. One such problem was the need to have the "good Samaritan law" to promote CPR and increase the chances of survival for cardiac victims. In our country, practicing CPR outside the hospital setting was the responsibility of the Red Cross team, while even healthcare workers did not have any policy to protect them against lawsuits upon providing CPR) in the community. Raising this as a concern to nursing leaders, I got redirected to work with an experienced researcher and ended up collaborating with a team that had the same interest and shared the same love of research. This led to my first involvement in nursing research. Anyone who does research can relate to the feelings of joy upon receiving the letter of acceptance for publication of their work. Had I not been mentored properly; I would not have had the honor of learning the right process of conducting research and working towards changes in our practice towards evidence.

Although the literature reported that masters prepared nurses lacked the interest in research, I might say I was an outlier in that regard. I am an individual who believes that change is possible, and I acknowledge the importance of research in bringing change. My beliefs, interest in research and passion in the clinical practice, helped me get accepted as a clinical instructor at a prestigious university in my country. This was a turning point for me in terms of being in an academic environment and getting surrounded with people who have nursing research as a priority. The people I worked with and the mentors in my environment helped me be involved in research and flourish.

Furthermore, because of a supportive work environment, I was introduced to the STTI Global Leadership Mentoring Community (GLMC) program. The GLMC program was an exceptional on-line platform that aimed to identify global perspectives on nursing leadership at the same time enhance the leadership skills of young nurses via linking them to experienced mentors from across the world. Although the aim of the mentorship program was to help novice nurses build their leadership skills, my relationship with my mentor was comprehensive and targeted all aspects of my profession including research. I was fortunate enough to have a mentor who created a comfortable and a safe milieu and promoted sharing my strengths and challenges related to teaching, service, and research. The mentor guided me as a newly hired instructor within these three domains of work. The beauty of being coupled with an experienced mentor

who is from another country was that there was no fear of being evaluated, rather it was a safe space for conversation. Moreover, when people from different countries share their ideas and experiences, there is a global perspective being communicated which widens the perspectives of both the mentor and the mentee.

Another important example of how my nursing research skills developed was through getting enrolled into a research developing program offered at my university called the Scholars in HeAlth Research Program (SHARP). Both my workplace mentors as well as my mentor from the GLMC Program believed I was a good candidate to apply for this program, and so I got the courage to apply for it. This was an intensive program which delivered courses such as quantitative research methods and statistical techniques to equip participants with the necessary skills to conduct research. This program helped me get the training I needed to understand the process of writing research proposals and helped me develop my own proposal.

After receiving such a training, I felt the courage and the urge to put what I learned into practice and wrote my own research proposal from scratch. Having a mentor next to my side pushed me to conduct the research proposal I had on paper. I took the feedback and suggestions of my mentor well and collaborated with academicians who in turn aided me to have my first research proposal initiated and eventually published. This was my first publication as a primary author that I owe to many of the mentors and the people who shared with me their knowledge and support. It is real that true mentors believe in others and provide the necessary encouragement to act.

3.2 From Research to Practice

Having a publication on paper is never enough to witness a transformation in practice. The timely mentoring program further catalyzed the process of taking our research findings to stakeholders to develop a clinical practice guideline. Consequently, through networking and collaborating with key people as an essential factor to bring in change, we teamed up with experts in the field and developed a guideline for school and day care nurses. The aim of the team was to have a guideline that allowed school and day care nurses to administer Epinephrine intramuscularly in emergency anaphylaxis cases in these settings. Surely taking on such projects and initiatives requires leadership skills, which were further developed within me as an impact of the mentorship engagements I experienced locally and internationally.

3.3 From Research to Advanced Education

My previous involvement in research helped me get enrolled in a nursing PhD program. I was lucky enough to maintain my full-time instructor job at the same time study for my PhD as a full-time student. During my first year into the PhD program, I can name the many challenges I faced from the lack of time, the stress of meeting the deadlines of the courses, yet managing to meet the expectations of my work responsibilities and handling my home chores. Nevertheless, each course and provider was itself a means for receiving mentoring. The professor of my first nursing course asked us to conduct a concept analysis assignment who also provided critical feedback on my paper. The too many revisions required, made me want to further improve that paper even though the semester had ended. I resorted to a faculty member at my department to work with me on publishing my concept analysis paper after asking my initial professor to work with me and not getting a certain yes for that. The collaborative work between me and my colleague helped us filter the paper further in a way it was ready for submission in a peer-reviewed journal. I might say, the reviewers of the journal showed no mercy in giving constructive criticism that led to further refinement of our work. Feeling exhilarated I ended up with my second publication as a primary investigator. I have not totally established my research career yet, but I am surely working towards it with the help of the many amazing mentors in my life. Surely, career development

and success come with hard work, perseverance, and the mentoring of the experienced mentors.

My research skills are still developing as I strive for continuous learning. I am now a PhD candidate aiming to develop a career in nursing research. Perhaps not all nurses may want to become researchers, but to those who wish so, there are wonderful mentors worldwide who are willing to share their knowledge and expertise just as I witnessed at my workplace and through the GLMC program of STTI. As I am fulfilling my PhD requirements, my future outlook is to initiate a clinical practice that would help parents of children with congenital heart disease enhance the growth and development of their children. Through this initiative, I am also aspiring to develop a research program that will provide evidence-based practice interventions to meet the developmental needs of these children and their parents. Owing to the multiple mentors in my life, I hope to become a future mentor myself and help other novice nurses wanting to grow and develop in their nursing research careers both in order to advance the image of the nurse as well as the profession.

4 Best-Practice, Evidence-Based Practice Example

4.1 Research and Evidence-Based Practice

Well et al. reported that nurses lacked awareness of EBP let alone the skills and resources needed to be engaged in EBP. In fact, 68% of nurses perceived having the lack of authority and cooperation to change patient care procedures. More strategies are needed to improve EBP in nursing. One way found to be effective in increasing EBP utilization is through fostering positive attitudes about research among young nurses [27, 28]. The GLMC mentorship program promoted the use of research use in both the mentor and the mentee. One example of the mentor and the mentee referring to EBP was during discussions about personal and global nursing challenges in practice and education. Moreover, one particular EBP experience was the mentees research proposal which aimed to have a policy for a safe Epinephrine use in schools and day cares. A collaborating team was developed, and a guideline was developed to have the school and day care nurses feel safe to use Epinephrine intramuscular outside the hospital setting. It should be noted that the members of the first cohort of the GLMC program developed a manuscript led by Rosser et al. to highlight the benefits of the mentoring program. The results of that study indicated the strengths of the program and recommended the continuation of empowering nurses to become leaders in education, practice, and research [24].

Nurses are more and more appreciating the significance of research and identifying the need for EBP. Moreover, global measures are being taken by nursing leaders to advance the profession through collaborative approaches and research generation. There are several mentorship programs available for nurses willing to join and advance the nursing knowledge with multiple identifiable benefits for the mentors, the mentee, and the profession at large.

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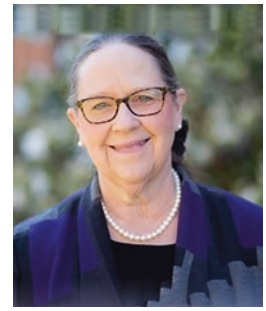
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Mentorship Within a Structured Research Mentorship Program at a South African University

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The delicate balance of mentoring someone is not creating them in your own image, but giving them the opportunity to create themselves.

—Steven Spielberg

Objectives

1. To learn about mentoring within a structured research mentorship program at a South African University.
2. To understand the process of applying the design thinking process to the development of a structured research mentorship program.
3. To identify the factors that are most important in the inclusion of a successful structured research mentorship program.

1 Introduction

Several systematic reviews show that mentorship in academe has a positive effect on career satisfaction, research productivity, academic promotions, and retention of academics [1–4]. Universities most commonly support mentoring through awards, innovation grants, structured programs, workshops, and online resources [5].

The Faculty of Health Sciences (FHS) of the North-West University (NWU) in South Africa (SA) implemented a structured research mentorship program for new academics. New academics are defined as having completed their doctoral studies in the previous 2 years and being employed at the FHS of the NWU. The program was launched in 2018, by Prof Hanlie Moss in the School of Human Movement Sciences [6]. The research mentorship program proved a catalyst in the launch of young academics' research careers, and in 2019, the program was expanded to include all nine schools of the FHS, including kinderkinetics, psychosocial health, pharmacy, physiology, consumer sciences, nutrition, occupational health, and nursing. The program call is sent out at the beginning of the year to the entire FHS, and new academics in all schools are encouraged to apply. The application asks a brief synopsis of the new academics' career development to date, as well as five objectives that they would like to achieve if selected in the research mentorship program. The applications are then sifted, and the program leaders select two applicants from each school of the FHS, with a total of 18 mentees admitted to the research mentorship

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program. The mentees identify their own mentor within the FHS, and the mentors need not be in the same discipline. The research mentorship program spans over a 12-month period and includes workshops, group, and individual sessions.

2 The Research Mentorship Program

The research mentorship program works on a design thinking process, which was launched by the Stanford Design School [7] and the IDEO Consulting Company and is composed of five phases: (1) empathize, (2) define, (3) ideate, (4) prototype, and (5) test. The design thinking process is a human-centered approach to address complex commercial and social problems through creative problem solving [7]. In the first contact session of the research mentorship program, the design thinking process is applied. After introductions, and an orientation to the design thinking process, mentees are asked to take a minute to reflect on their career development to date, as well as what they would like to achieve in the research mentorship program. Then the design challenge begins.

Empathize The process of empathize involves consulting an expert on the topic you are trying to solve, to find out more about the problem and the issues involved [7]. In the research mentorship program, mentees are matched in teams of two or in dyads, with each mentee being from a different discipline. They are then given a sheet of paper with a place setting (e.g., plate, knife, fork, spoon, napkin, glass, etc) and asked to interview each other regarding the following: (a) their goals for the research mentorship program; (b) their strengths; (c) their needs to achieve their goals; (d) their challenges in achieving their goals; and (e) their constraints. Each dyad takes turns interviewing each other on every item, before moving to the next item. After all the items have been discussed, one person from the dyad reports their combined findings to the mentee group. This is done by every dyad, and notes are taken on a flipchart by one of the program leaders.

Define The process of define refers to analyzing and synthesizing the data that was collected during the empathize stage, in order to define the core problems that were identified [7]. The flipchart with all the recorded findings from all the dyads is displayed, and mentees are invited to discuss the findings, analyze differences between the different disciplines, and synthesize the main problems.

Ideate The process of ideate involves the generation of new ideas and solutions to the problems that were identified during the empathize stage and analyzed and synthesized in the design stage [7]. The dyads continue their interviews using the place setting and must propose the content that should be presented at the research mentorship program, as well as the format in which it should be presented; that match the main problems that were identified in the define phase. After the dyads have interviewed each other on these aspects, they report back to the mentee group.

Prototype The process of prototype refers to producing a product that will address the problems identified in the first three phases of the process [7]. The main problems are then matched with the ideas for the content and format of the program that were developed from the mentee group. Through this process, main themes for the research mentorship program are identified, along with the content and format. These usually range from 6 to 10 themes and usually include aspects such as grant writing, postgraduate supervision, and article writing.

Test The process of test involves evaluators testing the completed product identified during the prototyping phase [7]. The proposed research mentorship program and the place settings with notes from all the dyads are collected by the program leaders. The program leaders individually go through the proposed program and place settings that were completed by each mentee and

individually come up with the main themes for the research mentorship program and the proposed content and format for each of these themes and develop a research mentorship program tailor made for the specific mentee group. Experts in the field are then invited to present workshops or lead group discussions, and the selected mentors are trained in their mentorship role.

3 The Mentor–Mentee Narrative

In this section, the first two steps of the Gibbs' (1988) [8] reflective cycle will be applied to reflect on the experience of mentoring within a structured research mentorship program at a South African University, namely (1) description of the experience and (2) feelings and thoughts about the experience.

3.1 Description of the Experience

According to the Gibbs' cycle (1988) [8] the stage of description is where the situation can be discussed in detail, so here we will describe the research mentorship program, as well as our specific roles in the program.

Mentor I became involved in the research mentorship program as from 2019, and a co-lead as from 2021, after serving as a mentor to Nicholin in the 2020–2021 cohort. I had also been Nicholin's promoter for her doctoral studies and was honored to continue investing in her career at a post-doctoral level, as well as getting first-hand experience as a mentor in the structured research mentorship program.

In the research mentorship program, where I served as the mentor of Nicholin, there were seven main themes identified: time management, projects and finances, publications, career planning, knowledge translation/community involvement, leadership, and communication and media profile [9]. I think the part that surprised me the most was that all the mentees, regardless of the discipline they worked in, had similar goals, needs, challenges, and constraints, and these were not unique to the discipline of nursing alone. As mentors, we received training by the program lead, and then our mentee signed a mentor–mentee contract with us, highlighting the outcomes that each of them wished to achieve during the one-on-one sessions that year. In Nicholin's case, we specifically focused not only on issues of determining a research focus and her career trajectory but also on specific aspects such as publications, funding, and postgraduate supervision.

Mentee As a new academic at the NWU, I was not sure what direction to take in becoming a successful academic. I decided to partake in the structured research mentorship program, with the aim of developing professionally. Having to select a mentor was not a difficult task because I had already interacted with Siedine as my promoter for my doctoral studies and had previously asked her informally to become my mentor before I applied to the structured research mentorship program. I chose her as a mentor because she is someone I have always looked up to, based on her professional achievements, the manner I have seen her interact with colleagues in a respectful and humble way, and that she is a very approachable, hardworking individual who shares the same research interests as myself.

I thought that she would be the "perfect fit" for me as we have similar personality traits and are close to the same age, which made our interactions very comfortable. The fact that this research mentorship program allowed us to select our own mentors, made the commencement and follow-through of this program easier because you were already allowed to create your own destiny based on the mentor you selected, rather than having a mismatched mentor that will frustrate you.

My needs within this program were to identify my research focus and plan my career trajectory with short-term and long-term goals and objectives, focusing on the specific skills and requirements I would need to achieve these goals.

3.2 Feelings and Thoughts About the Experience

According to the Gibbs' cycle (1988) [8] the stage of feelings is where you can explore feelings or thoughts you had during the experience, so here we will discuss our feelings and thoughts of the structured research mentorship program, and the mentorship process.

Mentor Regarding the FHS research mentorship program, this is the fifth year it will run since its inception in 2018, and I consider it a flagship program for the university. Post-doctoral fellowships are a relatively new practice in many of the health science disciplines in South Africa and is still a rare occurrence in disciplines such as nursing; so, it is through structured programs such as this, that new academics are taught skills and mentored to transition from post-doctoral studies to independent research. Most structured programs were born from the struggle of researchers that had to navigate these seas of academia on their own and aim to make it easier for the next generation of researchers to fast-track their development as a researcher.

About the individual mentorship process with Nicholin, it is always a privilege to continue mentoring your doctoral graduate and seeing them develop as an independent researcher. The relationship from doctoral supervisor to post-doctoral advisor is an interesting one, you provide less instruction and more guidance, you provide less structure and more encouragement, and you move to a place where you become colleagues and start to learn from your mentee also. Even in her doctoral studies, Nicholin was very independent and self-sufficient, and she would only touch base with me if she needed assistance or guidance; as a result, she has always had an open door to contact me on any platform and I always prioritize her appointments. My post-doctoral advisor relationship with Nicholin continues in this fashion; we had an initial discussion about her research program and career plans, and then she will consult with me as the need arises both in a formal and informal way depending on the need. Typically, she will ask me advice about career decisions, i.e., leadership roles, funding applications, etc.; or to gain access to networks, i.e., reviewers or examiners; or to provide critical reviews of her own or her postgraduate students' work; or to assist her in gaining skills in certain areas. My proudest moments during this postdoctoral period have been when she took up a leadership role within the school; she developed a short learning program to implement her research focus in the community and took a lead role in one of my research projects. A particularly proud day was when she invited me to her first doctoral students PhD defense as a reviewer, as first of all, I think it took a significant amount of courage to ask me, and I was thrilled about her confidence; and second, I saw that she had become an excellent mentor and scholar. I think once you see those skills and attributes in your mentee, you know they will make a difference and strengthen nursing as a profession locally, and ultimately globally. I look forward with great expectation to her career going forward.

Mentee During the structured research mentorship program, I found that there are crucial components that can make or break a mentor–mentee relationship. These are selecting the right person, contact sessions with the mentor, support, role modeling, guidance, and trust. The research mentorship program recommended that we should meet with our mentors, at least once a month, to discuss whether we are achieving our set goals; however, in my instance, I felt that it was not always necessary to meet that often, as I could work independently. I would only request a meeting if I needed guidance in a certain aspect or if I needed a critical review of my work. Our meetings consisted of scheduled formal meetings, where we would discuss set goals and progress, but also informal contact where Siedine would stay in touch telephonically to keep track of my progress, and wellbeing. My mentoring experience was very positive as my mentor did not just support me at an academic level but also on a personal level. Having gone through a difficult emotional time, my mentor would always support me emotionally and psychosocially, which assisted me to be motivated to achieve my goals. Another

good aspect of her as a mentor was that she encouraged me to take on tasks that I was not always feeling comfortable to do, due to fear of the unknown, such as stepping into a leadership role at the school or developing short-learning programs within my research program. This has built my confidence and self-esteem, as it made me believe in myself more and gain confidence, by having such an inspirational person believing in me and in my goals and wanting to see me achieve them. The mentorship experience allowed me to be held accountable for my goals because knowing that my mentor is tracking my progress served as a motivation as I did not want to disappoint her. Another positive aspect of my mentor was that she is always involving me in her new ventures, such as supervising postgraduate students and other research activities that allows me to network with other professionals in the field and develop research skills. Role modeling is another aspect that is important to see from a mentor because seeing her progress in her career motivated me to want to do more and include her in my research projects to be able to implement all the skills, I have learned from her.

4 Self-Reflection

In this section, the third step of the Gibbs' (1988) [8] reflective cycle will be applied to do a self-reflection of mentoring within a structured research mentorship program at a South African University, namely evaluation of the experience.

4.1 Evaluation of the Experience

According to the Gibbs' cycle (1988), [8] the stage of evaluation allows one to evaluate what works and what didn't in the situation, so here we will highlight what was more effective and less effective within the research mentorship program, and also within our mentor–mentee relationship.

Mentor As mentor, I had the opportunity to attend an international structured research internship for nurses for 3 months with the IDRC/CIHR in 2010 [10], as well as a national structured research program for nurses, PLUME funded by the NRF [11], in 2016–2017. In evaluation of the FHS structured research mentorship program with these structured nursing programs as basis, the following positive aspects can be highlighted, namely that the FHS structured research mentorship program is interdisciplinary in nature, it is tailor-fit to the needs of the mentees based on a design thinking process and all mentees are from a single university structure. The negative aspects that can be highlighted is that peer mentorship could be more effectively applied, specific outputs should be required of the mentees upon completion of the program, and progress of these outputs should be reviewed with regular checkpoints; so also, group mentoring of the mentee within their school or discipline should be arranged, as this will help expose the mentee to discipline-specific issues. The success of all these structured programs rests on the fact that mentees are matched with a suitable mentor in their discipline, specific goals or outputs are stated within the mentor–mentee relationship, and there is skills training and networking opportunities.

With regard to the individual mentorship process with Nicholin, I think there were things we were very effective with, namely having shared expectations for the relationship with regard to time commitment and meeting schedule, we negotiated goals and outcomes, we are both comfortable with constructive feedback and debating on different views, we learnt from each other with each interaction, and I was able to provide her with many opportunities and invitations which she is always eager to be involved in. She has mastered many of the skills required in academe and is now at the phase of an emerging nurse scientist where the focus is really to continue developing her research program and assist her in preparation for promotion, by developing a

mentoring plan or mentoring group within our discipline both within our school and nationally, where she has a larger network of nurse colleagues that excel at different things e.g. communicating with the media, community engagement and can extend her skills and abilities beyond what I can offer. It is also now time for her to move into a mentorship role, not only with postgraduate supervision but also with new staff to aid their integration in the organisation and the next generation of doctoral graduates as they move toward independent research.

Mentee The mentorship experience was a game changer for me because it gave me purpose in my career to know what I am working toward. Although it took an interdisciplinary approach with mentees; there was not much interaction among the mentees, such as peer meetings to discuss our progress, support each other through challenges, or to use an opportunity to learn from one another. However, the positive aspect was that I was able to meet other mentees from different schools and broaden my network in this regard.

The program would have been more effective if goals and objectives set in the program had specific timelines, as I worked at my own pace, and tended to procrastinate, due to other more pressing work demands. Both the above issues regarding peer mentoring and time management can be addressed, if regular feedback meetings are scheduled, and mentees must give feedback to the entire cohort, so that we can learn from one another as a group. Also, a final presentation to the cohort and their mentors upon conclusion of the program, so that constructive feedback can be given with regard to our research program and career planning.

Also as highlighted by my mentor, going forward, a group mentoring approach where I can be linked to nursing colleagues in the school or nationally, to learn certain skill sets that they excel at, will further assist in my career development. Although the structured mentorship programme had to be completed in a year, it created a good foundation for the relationship between my mentor and I. I now have a better understanding of the way she works and learned how to look out for growing opportunities in my workplace. Another positive outcome of the program is that it allowed me to always have a "go-to" person that I can trust and know she always has my best interest at heart and will give me honest guidance in my career; however, she will be in a colleague role instead of a mentor role, which creates greater career growth opportunities for the both of us.

5 Evidence-Based Practice

In this section, the final steps of the Gibbs' (1988) [8] reflective cycle will be applied to provide bests practices of mentoring within a structured research mentorship program at a South African University, namely (1) analysis to make sense of the situation, (2) conclusions, and (3) action plan.

5.1 Analysis to Make Sense of the Situation

According to the Gibbs' cycle (1988), [8] the stage of analysis allows one to make sense or meaning of the situation, so here we will analyze aspects that were raised in the evaluation phase through referring to academic literature on the topic.

As highlighted in the evaluation of the research mentorship program, the positive aspects included the mentor–mentee dyads, the interdisciplinary approach, the program that is tailor made to address the needs of the mentee group, and participants being from a single university structure. The negative aspects are that peer mentorship could have been applied more effectively, the absence of specific measurable outputs and checkpoints to determine progress, as well as group mentoring within the discipline. Mentoring is a supportive and constructive professional relationship designed to help new academics acquire

key competencies and to aid their successful integration into an organization, so as to assist new academics to develop productive careers and add value to the organization [12]. There are different forms of mentoring, namely individual, group, and peer mentorship. Several systematic reviews have shown that the different forms of mentoring all positively impact on the career satisfaction, research productivity, academic promotions, and retention of academics [1–4], with formal peer mentoring affecting developmental outcomes in academic, social, psychological, and career domains [3].

National and international policy makers and funding agencies are increasingly looking at interdisciplinary collaborations as essential to research, although this practice has received attention in literature, academic institutions in general have displayed little effort or focus in developing these skills among academics [13]. Therefore, initiatives, such as the FHS research mentorship program, are applauded, as it provides the building blocks for interdisciplinary research collaboration as mentees are exposed to peer mentorship and group mentorship within a variety of health disciplines. The establishment of a research mentorship program within a single university is beneficial, as it has a top-down and bottom up approach, creating a culture of mentorship, a commitment to shared knowledge between individuals at all stages of their careers and a satisfaction in nurturing the next generation of academics within their university; however, it does not replace the necessity of national and international interdisciplinary programs [5]. I think one of the greatest successes of the FHS research mentorship program is the design thinking approach used, which makes the program tailor fit to the cohort of mentees in the program, as the content and format is directly applicable to them which is directly correlated with engagement in and success of a program [14]. The FHS research mentorship program, especially within the mentor–mentee relationship, should set specific outputs and determine progress with regular checkpoints. Also the FHS research mentorship program should collect data on objective, measurable indices of outcomes so that success of the program is not just self-reported [15].

5.2 Conclusion

According to the Gibbs' cycle (1988), [8] the stage of conclusion is where you summarize your learning and highlight what changes could be incorporated to improve the outcome in the future.

A structured research mentorship program has been beneficial for both the mentor and mentee. It gave the mentor an opportunity to be involved in a structured research mentorship program, where she also learnt from experts and other mentors in different health science disciplines and was given the opportunity to support and guide a new academic in her career and independent research program. It empowered the mentee, with new skills and knowledge to take ownership of her personal and professional development, while being guided by a trustworthy resource to facilitate and guide this process. The evaluation of the structured research mentorship program and mentor–mentee relationship also provided great insight into the aspects associated with successful programs, namely that the research mentorship program should be driven by the needs of the mentee regarding the program content and format, as well as the mentor selected. That the program should effectively apply different forms of mentoring; one on one, peer and group mentoring, as all these are proven to positively impact on the career satisfaction, research productivity, academic promotions, and retention of academics. There should be specific goals and objectives for the program, and the mentor–mentee relationship, with regular follow-up, timelines, and checkpoints. Then, there is great benefit in a university-specific research mentorship program, but not to the exclusion of national and international research mentorship programs, and so also a new academic should be

exposed to a research mentorship program that is interdisciplinary in nature, but also with specific exposure to group mentorship or a research mentorship program within their discipline. Finally, the true success of a research program lies in the regular assessment of the program and collecting objective data (i.e., publications, funding, and postgraduate supervision) regarding the academic success of the mentee after attendance of a research mentorship program.

5.3 Action Plan

According to the Gibbs' cycle (1988), [8] the stage of action plan is where you expand on the conclusion phase, by providing precise actions that can be taken to improve the situation.

It is evident that mentorship should be a strategic priority at every university, and a structured research mentorship program could be instrumental in the achievement of this goal, especially if combined with other national, international, and discipline-specific research mentorship programs and initiatives. As highlighted in this reflection, the true success of a research mentorship program lies in the process being mentee driven, with regard to the content and format of the program, as well as the selection of their own mentor. However, this reflection also highlighted the importance of evaluating such a program, by both the mentor and mentee on a regular basis, and setting goals and objectives that are to be achieved in the program and mentor–mentee relationship, with regular follow-up, timelines, and checkpoints. In fact, researchers state that there is a lack of assessment of research mentorship programs or an evidence base validating academic success (e.g., publications, funding, postgraduate supervision, etc) after participating in a research mentorship program which limits support, time, and funding of such programs [5, 15].

6 Summary

In this chapter, the mentor–mentee dyad reflect on their experiences of mentorship within a structured research mentorship program at a South African university using the Gibbs' cycle (1988) [8]. The application of the design thinking process in the development of the structured research mentorship program is described, as well as the selection of the mentor. The mentor and mentee then reflect on their feelings and thoughts of the research mentorship program and the mentor–mentee relationship. The mentorship experience is evaluated, and both positive and negative aspects are highlighted, which are analyzed with literature. A conclusion and action plan are stated based on this analysis, with the aim of providing the reader with an overview of the most important aspects to be included in a successful structured research mentorship program.

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Resources

Design thinking bootleg. https://dschool.stanford.edu/resources/design-thinking-bootleg.



Siedine K. Coetzee, PhD, RN, FANSA, is a registered nurse by profession and completed her PhD in Nursing Science in 2010. She has also since completed her advanced university diploma in nursing education (2012) and nursing management (2019). In 2020, Siedine was appointed as one of two Research Chairs in Nursing Science within the National Research Foundation (NRF) South African Research Chair Initiative (SARChI). This was the first time that Nursing Science has been included in SARChI, of which the main goal is to strengthen and improve research and innovation capacity of public universities for producing high-quality postgraduate students and research and innovation outputs. Siedine has always had a strong commitment to training and mentoring postgraduate students, postdoctoral fellows, and emerging researchers. Siedine's research program focuses on nurse outcomes, specifically empirical measures of the practice environment and its influence on nurse outcomes, as well as the association between nurse and patient outcomes. She has served as a principal investigator, co-principal investigator, co-investigator, and collaborator of several national and international projects, and has been awarded national and international grants from several funding bodies. Siedine was also the first person to receive the Emerging Nurse Researcher Award for the Africa Region from Sigma Theta Tau International in 2016. She is also a fellow of the Academy of Nursing in South Africa (ANSA) and a NRF-rated researcher.



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The Sailing Ship Without a Route and the Straight Wind

Kübra Yeni and Zeliha Tülek

Virtue is the golden mean between two vices, the one of excess and the other of deficiency.
—Aristotle

Objectives

1. Emphasizing the importance of moral and ethical values adopted by the mentor together with the knowledge and experience they have.
2. Explaining the mentor's contribution to the development of sensitivity in terms of values and the professional knowledge and skills of the mentee.
3. Explaining the positive impact of the mentor-mentee relationship on professional and academic development.

1 Introduction

Nursing, an applied profession that blends theoretical knowledge and practical experience, is now recognized as a scientific discipline with its efforts to build its own knowledge base through nursing research for many years [1]. Although clinical practice is the primary function of nursing, it is only one of many contemporary nursing roles today. One of these contemporary roles is the researcher role [2, 3]. Nurses should conduct research and produce their own scientific evidence to perform patient care/clinical practices based on evidence, thereby providing the highest quality of care to their patients. New information and evidence obtained from research constitute the cornerstones of independent decision-making in care. As the nursing discipline creates its own unique knowledge base, its development as a profession will accelerate. As important as researching and producing evidence is, it is also essential to have mentors who will guide the researcher. Because while building science, mentors are the best guides about where and how to start, how to progress, what problems you can encounter in this process, and how to deal with them [4].

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Therefore, if you do not have a guide, you will not know precisely how to overcome the obstacles you encounter while fulfilling your academic responsibilities. You will have difficulty solving problems and realize that you have lost the courage to take the next step. Then you may have to say goodbye at the very beginning of the path, thinking about how difficult it is to do research and produce science. On the contrary, a good mentor makes people want to do science and pursue a career and contributes to taking the profession one step further. A good mentor in academia should have the main characteristics of being virtuous, being reliable, uncovering the hidden talents and developing the strength, and being a role model.

2 Mentor and Mentee Narrative

2.1 Being Virtuous (Creditable)

Moral and ethical values are the most fundamental concepts in the nursing profession, including caring for vulnerable individuals, namely patients, and having a high conscientious responsibility. In order to grow virtuous nurses or nurse academicians with ethical values, first of all, the leader must have adopted these characteristics. When we think of mentors as leaders, it is expected that the person to whom they contribute to their development should feel responsible for the development of not only their professional knowledge but also their moral values. According to Aristotle, virtue is a habit that can be learned and gained through practice. Aristotle believes that people can be taught to be virtuous, which can have important implications for moral education [5]. Especially in academic life, which is a highly competitive environment, any work done without considering moral values and ethical principles in order to climb the career ladder will damage the nursing profession. Just as the bricks are not enough in the construction of a building, but must be mortared to be strong, so the knowledge and experience in the professional field should be strengthened with virtue mortar.

Kübra Yeni During the long years I worked with my mentor Dr. Tülek, one of the aspects that I saw and appreciated most was that she cared about virtues. Keeping her academic career anxiety aside and defending the ethical values she adopts, regardless of the subject, has been her greatest virtue. For example, she always made us feel that she adopted the principles of ethics and justice while conducting our academic studies. She did not violate the rights or interests of others for her own academic career; on the contrary, she valued a cooperative approach. Again, she took care to plan the works that would contribute to her field, and worked meticulously to make it the best and most accurate. Inspired by my mentor, who has worked in the field of neurology nursing and spent years in this field, I chose the neurology field. My mentor's expertise in the field and blending this expertise with virtue instilled in me a desire to advance in this field and kept me on this path. That's why I worked with epilepsy patients in my master's thesis and with multiple sclerosis patients in my doctorate. Similarly, in my other academic studies, I focused on the field of neurology and I have completed many studies in this field with my mentor, Dr.Tülek. Again, we are carrying out many studies and I hope we will continue to work together for many years. In addition, the fact that the students I consulted also turned to the field of neurology shows that I have been able to convey my advisor's vision to them.

Zeliha Tülek A sense of shared values is an important component of cohesion in the mentoring relationship [6]. Our similarity with Kübra in terms of cultivating values enabled us to achieve harmony while working together. Kubra's trustworthy personality, keeping her promise, being sincere in her relationships, and expressing her feelings and thoughts clearly and directly made me feel comfortable while working with her.

2.2 Being Reliable

No matter what profession or field, trust is the basis for commitment to a leader or a manager. Consistency of what a person says with her behavior and a correct and honest attitude regardless of the circumstances form the basis of a reliable personality [7]. The mentor must establish a relationship based on trust for the mentee to build a connection with her mentor and adopt her knowledge and experience. A trustworthy mentor will make the mentee adopt their knowledge, skills, and experience more easily and ensure their emotional bond is robust. Therefore, regardless of the subject or field, being a reliable person will help you to be effective and stable in your field.

Kübra Yeni The place where I started academically was Samsun Ondokuz Mayıs University. However, since there were no master's and doctorate programs at this university, we had to enroll in these programs at one of the more well-established universities. At that point, I had to choose a major university, and while I was at the decision stage, an academician I knew recommended Dr. Tülek. That's why I chose Istanbul University Florence Nightingale Nursing Faculty. When I met her, I saw the positive features I heard about her. During the years I worked with my mentor Dr. Tülek, one of the most substantial feelings she made me feel was a sense of trust. Her words and actions were always consistent, and she had a personality that never disappointed those who trusted her. Therefore, we have completed all stages of our academic studies from the beginning to the end with a sense of trust. My understanding of trust in my mentor increased my commitment, love, respect, and motivation to work [7]. People want to walk shoulder to shoulder with the person they trust while climbing the ladder of success. Although we are now working in different institutions with my mentor, we still walk shoulder to shoulder.

Zeliha Tülek Trust is not a feeling that comes naturally when you meet a person, it develops as you get to know each other. In order to build a sense of trust in the other party, you need to show that you are reliable and consistent. Trust is a feeling that needs to be built on both sides. To build trust in a relationship, both parties must be trustworthy and sincere. Kubra is a mentee that I can always rely on under any circumstance. The most important and appreciated feature is being open and honest in all, situations even if it will put her in a difficult situation. For example, when she makes a mistake at work, instead of trying to cover it up, she frankly admits it and asks for help on how to fix it. I always trust her because of this feature.

2.3 Uncovering the Hidden Talent and Supporting the Strength

Every person has areas where they are talented or better or feel strong. Even if these abilities are innate, they need to be uncovered and polished. Also, no matter how good you are, you need guidance to properly strengthen existing talent. Sometimes it helps to reveal hidden talents just waiting to be revealed that you don't even realize yourself. A good mentor will support the mentee's strengths by exploring what she/he has, what her/his strengths are and stimulating the growth of the positive aspects rather than focusing on the weaknesses.

Kübra Yeni When we started our academic studies with my mentor Dr. Tülek, although she guided me, I had a fear of failure. Because for the first time in my life, I was doing a scientific study, and I was writing an article for the first time. Of course, when I wrote the research paper we did, she made corrections, but she said that she found it very good in general. I was delighted when she said, "My dear Kübra, I think you have a strong writing ability." When I wrote an essay on a free theme in my primary school years, my teacher ignored that I might have talent by saying, "you couldn't have written this." I don't remember writing about a subject after that day until I

started writing about my academic studies with my mentor. The positive feedback she gave made me very happy, and strengthened my confidence. This encouraged me to always try to do my best. No matter how good you are, if you don't get support and don't have a good mentor, your talent will always stay on dusty shelves forever.

Frankly, not only writing an article but also making a presentation for a symposium was not something I had ever dreamed of. I loved to work and do my job well, but I had never given a presentation anywhere in my life. Maybe this was because I was an unassertive person. Dr. Tülek asked me to give a presentation on my thesis at a national symposium in Istanbul in 2013. I remember as if it was yesterday that I was very excited and anxious about this. But my dear mentor never spared not only her academic knowledge but also social support. Before I gave the speech, I was so excited that I said I couldn't do it. But my mentor calmed me down, said that she believed I would make a good presentation, and comforted me by saying that the presentation is our shared responsibility and that she will support me during the presentation when necessary. After a successful symposium experience, I said, "I could and I can." Dr. Tülek had a personality that fits well with the statement, "The mentor plays a major role in increasing the ability and self-confidence and providing emotional support" [7].

Zeliha Tülek I was introduced to the researcher role of nursing when I was a senior student. After last year's courses, which focused on student-centered active learning and doing research, I decided to become an academic. I had the chance to work with a precious mentor (Prof. Dr. Zehra Durna) throughout my academic life. I think it is essential for the mentor to see the person's potential and guide them in line with both their wishes and abilities [8]. When you are an inexperienced young person, there may be times when you fall under the illusion that your attention and energy are unlimited, and you have difficulty in directing your energy to a particular area. Academic life always requires strong commitment, high motivation, and working in a particular field by focusing and deepening. I can say that my mentor has been an essential guide for me in this sense. Some of our choices in life affect our whole lives deeply, and my choice about my mentor has influenced and continues to affect my academic life in the best way. In short, the wind of my mentor helped me find my route when I was a "routeless ship" when I stepped into academic life.

As for the relationship between me and my mentee, the interaction between us—me as the mentor and her as the mentee—is reciprocal. The mentee affects the mentor as much as the mentor's influence on the mentee. The mentee must be willing to engage in research for her/his scientific curiosity and be prepared to devote her/his time and effort to produce a piece of knowledge that can contribute directly or indirectly to patient care. These features in the mentee enable the mentor to work with greater enthusiasm. The fact that Kubra has these features makes me more motivated while working with her. The mentee must also develop into an academic professional and a nursing scientist. Kübra has always provided me with a satisfying mentoring relationship as a student who is questioning, open to learning, and grasps quickly. Reflecting on her own strengths through feedback has increased her self-confidence and determination to work.

2.4 Being a Role Model

A good mentor is required to be motivating, inspiring, visionary, reliable, committed to ethical and moral principles, and have strong interpersonal relationships [9]. You can be a good leader or a good mentor when professional knowledge and experience are strengthened by virtues. The person you mentor pays attention not only to your knowledge but also to the way you convey the information, your reactions to problems, your statements, your attitudes, and your behaviors [10]. Therefore, you become a "good or bad" role model depending on your characteristics.

Kübra Yeni During the years when I worked in the same institution with my mentor, Dr. Tülek, I was influenced by her attitudes and behaviors as well as her professional knowledge. As I spent time with my mentor, I was getting answers not only to the question of "how to do research and publication?" but also the question of "how to be a good educator?" Because we were not only doing academic work but also training student nurses; lectures, laboratories, clinical internships. I could see the care of my mentor in providing quality education to the students. While working together 1 day, she said "dear Kübra, our responsibility as academics is not only limited to publishing a large number of publications and projects, but also to provide a quality education to train good nurses." Mentoring means being a role model and contributing to the development of one's professionalism [11].

The fact that the mentor is ideal and meets the mentee's expectations ensures that the mentee-mentor relationship is sustainable and robust, and the mentee's desire for improvement increases [12]. On the contrary, an incompatible mentee-mentor relationship may cause the mentee not to be able to progress on the path he/she set out to achieve and even to abandon it. When I look back, I can see that when I was a ship without a route, I found my direction in my career journey thanks to my mentor. Years have passed, I am working at a different institution, and now I am a mentor. When I convey the knowledge, skills, experience, and values I have adopted from my mentor to my students, I understand from the feedback I receive from my mentees: "I have taken the right person as a role model."

Zeliha Tülek We have a seminar group consisting of graduate students from different levels (master, PhD, post-doctoral) working in the field of neurology. Kübra is someone who is seen as a role model by the master students in that group. Our research, which we carry out by going deep in a certain area, and each of which creates the question of the next stage, sets an example and inspires many of my young students.

3 Self-Reflection

Zeliha Tülek The mentor-mentee relationship in the academy is a very special one that lasts for many years and sometimes even for a lifetime. This relationship, which deepens as we work together after the period of getting to know each other in order to achieve harmony, can evolve into peership and even friendship over time. For this to happen, it is important to share similar values as well as some professional requirements: being virtuous, being reliable, feeling the responsibility of being role modeling for those who are less experienced, etc. Shared common values enable mentor and mentee to work more harmoniously and be motivated. In this sense, I can say that my mentoring experience with Kübra has been a very positive one and we have established an unbreakable bond throughout our career.

Kübra Yeni The question I have asked myself most frequently on the academic path I embarked on in order to reach knowledge, produce scientific knowledge, and share it with others has been "what and how to do." My relationship with my mentor has helped me find answers to my questions in the academic ladder that I have climbed from almost scratch, and has been an important factor that guides both my personal and professional development. Although your mentor will show you what you will do to achieve your goals, it can be very difficult to achieve success if there is no harmony between you. If the values you believe in and defend do not match those of your mentor and there is no bond of trust between you, it is like building a baseless building. When you embark on a sea voyage, your route must be clear, and there must even be a wind that will enable you to proceed steadily on this route. In addition,

it is important not only that you arrive at the port, but also how you make that journey. If the wind that carries you ashore is damaging other people's ships, that journey is of no value. The fact that my mentor is a virtuous person who adheres to ethical principles and defends being scientific taught me that science should be accompanied by ethics. I can say that I am doing my best to pass on the torch I received from her to my own students.

4 Evidence-Based Practice

According to Kram's model, mentoring consists of phases of initiation, cultivation, separation, and redefinition. In the beginning, the mentee and mentor discuss their interests, goals, and expectations. The foundations of a study or project are laid. The cultivation period begins, in which the mentoring relationship continues to strengthen and mature, communication is strengthened, projects and studies yield results, and scientific production becomes widespread; in other words, the fruits of mentoring are harvested. Separation follows for various reasons, usually because the mentee has graduated. However, if the mentor-mentee relationship is strong, this separation will not be permanent and the redefinition phase will be passed. The mentee and mentor relationship turns into a colleague and friend relationship and becomes stronger. They meet again in new projects and tasks, and the mentee similarly shines a light on their own students [13, 14]. We experienced all phases of this model, in which the mentoring journey is defined, with my mentor, Dr. Tülek. We can say that we are currently in the period of redefinition, where consultancy, information exchange, and scientific knowledge production accelerate, and our professional friendship continues strongly as well as the mentoring relationship.

5 Conclusion

Working in academic settings has its own challenges. In the academy, mentors support their mentees with their reliable, empowering, motivating, ethical, and role model features. Mentors make the mentee love research and nursing science. They also help the mentee find the right direction in his career, which initially looks like a ship with no route. Mentees also increase the mentor's motivation to work with them, with their virtues besides scientific curiosity, etc.

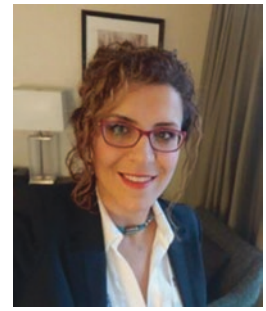
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Mentorship in PhD Nursing Education: Building Role Model

Sally Wai-Chi Chan and Jiemin Zhu

Once a teacher, always a teacher.

Objectives

1. Share experience of mentorship in doctoral education.
2. Identify essential characteristics in successful mentor-mentee relationship.
3. Analyze best practices in mentoring PhD students.

1 Introduction

The growth of nursing science depends on the work of engaged mentors nurturing future generations of nursing scholars and scientists. Globally, an increasing number of nurses are embarking on doctoral education—Doctor of Philosophy (PhD), to receive research training. It is highly important to have increased number of nurses who have the capabilities to conduct research, build a knowledge base for other nurses to translate to practice, and serve as faculty to educate the next generation of nurses. In Asia Region, nursing doctoral studies are growing at fast pace. Good mentorship is a vital component of PhD students' academic and professional development.

Although there is no one mentorship definition for all, Johnson's definition of mentoring in graduate education can be used for mentoring in doctoral nursing education: "Mentoring is a personal relationship in which a more experienced faculty member or professionals act as a guide, role model, teacher and sponsor of a less experienced graduate student or junior professionals (p. 88)" [1]. This definition contains key components which we use in the story of our mentorship.

In this chapter, I will share our mentoring experience and first separately describe our mentee and mentors' perspectives of this journey. This will be followed by a self-reflection with support from literature and empirical knowledge, as well as discussion on evidence-based best mentoring practices.

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2 Mentor-Mentee Narratives

2.1 Mentee's Narrative: My Story with My Mentor

Life is amazing. It will always lead me to someone, and then I will glitter in her light. I first met my mentor in 2012 when she was invited to give a speech in Xiamen. The topic of her speech was "Expanding Academic Horizon – the Development Framework of Scientific Research." The speech was very successful, and the audiences applauded for a long time. I thought to myself that how such a beautiful woman had such strong research skills. As a person who was ambitious, it was logical that I would like to study my PhD program under her supervision.

In 2013, I applied for the PhD program chaired by my mentor at a university in Singapore. She was very happy to accept me as her student. Unfortunately, she had a new job appointment at a university in Australia. I felt quite down for a period. During this difficult time, a bright light suddenly appeared. I received an email from my mentor inviting me to pursue my PhD study at the university where she was appointed. I gratefully accepted such invitation. I felt exceptionally proud when my mentor accepted me as her PhD student with full scholarship from the university. As a novice researcher and new international student, I did not have lots of confidence. But my mentor knew my potential more than I realized. During my first year of study, she requested that I wrote a proposal to apply for a prestigious national grant in China. I felt it seemed like a mission impossible for me as it was just a week before the deadline of submission. But my mentor encouraged me: "You can do it! I am sure." The biggest challenge for an early PhD student like me to write a proposal to apply for a national grant was navigating through the numerous literature available and entering the scientific field that I was still a novice. She offered advice and helped me with her expertise in research and passion for nursing. With her amazing support and endorsement, I succeeded in attaining the prestigious national grant which was very important for my PhD project. Supported by sufficient funding, my PhD project focused on developing and evaluating a web-based intervention to mobile app-based program, which was more convenient and easily accessible by potential participants. I developed a first-of-its-kind mobile application in Mainland China to provide support services for women with breast cancer.

My mentor raised me up to more than I can be. At the beginning of my PhD journey, I was not confident in my spoken English, and I was scared to give an English presentation. She showed her understanding to an international student and took time to help me with practicing my English with her, even though she had a very busy schedule. Each time I gave oral presentation, she always arrived a few minutes earlier and told me to take a deep breath before the presentation. She sat in the first line, smiling and nodding at me during the whole presentation. Her presence gave me lots of strength and confidence. In 2018, I was awarded the Best Oral Presentation at the eighth Nursing Symposium on Cancer Care at the Chinese University of Hong Kong.

My mentor inspired me to love what I do. Her words "be positive" remained embedded within me and my manuscripts through my learning journey. She was approachable. She responded to my emails almost immediately and her office door was always open to me even after office hours when I came across some questions. Her insightful comments for my manuscripts led me to reflect deeply and undertake, at times painstaking, work for a better version. Her constant encouragement and selfless support helped me to move very fast in my PhD research. The motivation to meet her expectations led me to exert more than 100% effort in my study. During my PhD Journey, I have published five high-impact articles. I received the Faculty Best Publications Higher Degree in Research awards from our university in 2017. If it were not for the guidance and help from my mentor, all my achievements would be impossible. The guidance, perspective, and knowledge shared with me by her has been immeasurable for the progression of my PhD journey.

Although I completed my PhD study in 2018, this was not the end of our collaboration. I am glad to say that we keep in touch, and I still have

a "mentor," which I can call for help or advice. We continued to collaborate on research projects. I like to discuss with her on the next proposal when I want to apply for another grant. She always gives me excellent advice, and provides constructive comments on the research design. I took her advice and redesigned my proposal. I succeeded in grant application again. When I sent my manuscripts to her for review, she always gives me her feedbacks promptly and I revise the manuscripts according to her comments. We have published five articles together after my graduation. In 2020, I got promotion as the professor in the university that I am working in China.

I become more and more confident and glitter in her light. My mentor is always indeed there for me when I need to talk, when I want to bounce ideas off someone, and when I desire constructive feedback and insights.

2.2 Mentor's Narrative: My Story with My Mentee

I first met my mentee in 2012 at a university in China while I was an invited guest to deliver a talk on nursing research. My mentee impressed me as a committed and passionate academic. From my conversation with her, I learned that she would like to develop her career in academic sector. Having a PhD qualification was an important requirement for an academic position.

My mentee originally planned to study her PhD with me in Singapore. However, I left Singapore to take up a new position in Australia from 2014. After I settled in my new job, I noted that she still had not started her PhD study. Thus, I asked whether she would like to study her PhD with me in the university where I was working. There was also an opportunity for her to get a PhD scholarship. I was happy that she agreed to apply for her PhD study in Australia. It took lots of courage and determination to be an international student. She had to leave her family (my mentee had two young children) and her current job in the university for at least 3–4 years to be a full-time international student. My mentee eventually got a full PhD scholarship from the university. The second time I met her was in Australia when she arrived for her PhD study. I became her PhD principal supervisor who accompanied her through the journey.

On top of being a "supervisor," I considered myself as her mentor. Mentorship can be formal and informal that constituted developmental relationship that students may benefit from [2]. In my experience, the role of a mentor is broader than that of a supervisor. A supervisor is usually a senior academic, having formal and official relationship with the PhD student, with the main role in advising the students on the specific doctoral work. Mentors generally have a more personal relationship with their mentees than do supervisors. A mentor's work goes beyond academic matters. It combines academic guidance with emotional support, career advice, and role modeling to help students through their PhD study. Such relationships often develop into life-long friendships, like me and my mentee. I am happy that our mentor-mentee relationship developed in a very naturally way. Unlike many mentor-mentee relationships where mentor is allocated to PhD students [3], my mentee approached me to mentor and supervise her for her PhD studies and I chose her to study with me. Such a natural relationship, rather than arbitrary pairing by the university administrative staff, may have facilitated our trust, bonding, and collaboration in her PhD journey and beyond.

As a PhD mentor, I provided academic mentorship to my mentee as well as psychological support. I gave her career advice and acted as a role model as senior academics. PhD students encounter many challenges in their study journey. Students must find ways to overcome challenges by learning new skills and develop new competencies. Further, students may not realize their potential or may lack the confidence and courage to accept new challenges. Thus, PhD mentors must encourage and push students so that they realize and actualize their potential. When my mentee first started her PhD study, I noted an opportunity of a national research grant to support her study. Though we had tight timeline, it was important to seize the opportunity. Thus, I strongly encouraged her to submit a research grant appli-

cation. It was a challenging task for a novice who had no experience in getting a national research grant, but it was not impossible. Although I sensed some resistances, I guided, taught, and supported her through the application process. With the support, encouragement, and push, we were delighted that she was successful in the grant application. The prestigious grant had enhanced the scope and impact of her PhD study. Her study was the first-of-its-kind mobile application in Mainland China to provide psychoeducation for women with breast cancer. I am sure this experience has helped her realized her great potential and built up her confidence.

Perseverance and resilience are an important characteristic of a successful academic. Failure is common in academic work, such as failure to get a grant or publications get rejected. But we must persist through failure. The mentee proved herself to be a person with strong persistence. The challenges that my mentee encountered were not unique, such as rejection of papers and difficulties in conducting a randomized controlled trial for her study. English language was an additional challenge for international students. Having to leave her family to study abroad alone in another country was hard too. Despite all the challenges, my mentee persisted. She completed her study with excellent outcomes and publications. She was one of my best PhD students. She received national and international research awards. During her PhD journey, I observed that her confidence on her research capabilities had grown, and she was more determined about her career goals.

My mentoring experience with my mentee concurred with Johnson's definition of mentoring [1]. I consider it as a personal relationship. At the start of our mentor-mentee relationship, I was the experienced faculty member and teacher. The mentee was a less experienced graduate student. Later, I played various roles as mentor in her doctoral study and beyond. I acted as a facilitator, a role model for her professional and career development, and a teacher for transferring research knowledge and skills to her. We continued to collaborate in grant applications and publications after she graduated from her PhD study. I was delighted that she was promoted to full professor in 2020. My optimistic outlook and positivism hopefully had made a mark on her, and she continues to carry these in her future academic development. I do hope I continue to be a good role model for her. In 2018, I received the Research Supervision Excellence Award from the university in recognition of my achievement in PhD student supervision.

3 Self-Reflection

My mentee and I had a very successful mentor-mentee experience throughout her PhD education. Despite the paucity of research conducted on mentoring in doctoral nursing programs, a growing number of studies report on the important characteristics for a successful mentor [3, 4]. Characteristics, such as trust, bonding, good listener, constructive feedback, willingness to spend time with students, enthusiastic about their role, respect, a skilled teacher, responsibility and non-judgmental, are considered essential [3, 4]. On reflection, I do possess majority of the above characteristics. I believe in "life influences life." Thus, I listened and demonstrated my passion and accountability toward the role. I treat every mentor-mentee relationship whole-heartedly and with respect.

In relation to doctoral student mentoring, it could be perceived as a teaching-learning process for the socialization of nurse scholars and scientists into the scholarly role [5]. Such socialization through role modeling can be achieved by activities that we as mentee and mentor engaged in and still are engaging together, such as co-presentation of papers at international conferences, research collaboration, co-authorship of papers, and joint grant submission.

My mentee impressed me as a very committed student. She was always well prepared for meetings. She took full responsibility for her work. She was respectful, grateful, and humble. I am sure these are the desirable qualities that mentors would appreciate from their mentee.

Mentoring relationships are based around developing reciprocity [6]. Reciprocity may be generated from mutual respect and admiration.

There can be mutual learning between mentors and mentees. Mentees learn from their mentors; mentors also learn from mentees. My mentee gave me knowledge on the academic environment in Mainland China and young academic's outlook in life. This knowledge helped me to understand students from similar background as my mentee.

Effective educational mentorship can lead to enhanced achievement, greater research productivity, higher self-efficacy, and more positive graduate school experience [7]. The synergy between me and my mentee could be a contributing factor that led to the positive outcomes of her PhD study.

Mentees are not born in classroom; neither are mentors. They are each cultivated simultaneously in academic settings [7]. I did not receive any formal training in PhD mentorship. I learned from my own PhD supervisor and mentors during different stages of my career. I learned from observing people that I regarded as good mentor. However, not everyone has opportunity to have good mentors and learn from their mentorship experience. Previous research has shown that there was limited experience of mentorship in higher education which could be related to a lack of experienced mentors [8]. There is a need to develop a bigger pool of engaged mentors who could nurture the future generation of nurse scholars and scientists through PhD mentorship. This could be achieved through formalized mentorship training programs in doctoral education.

Though my mentee has completed her PhD study, our relationship continued. We are transforming this mentor-mentee relationship to lifelong bond as colleagues and friends. Our PhD mentor-mentee relationship took place in Australian context; my mentee and I both were Chinese in origin. An ancient Chinese idiom described the relationship between student and teacher—"One day as your teacher, like a father for a lifetime." A more contemporary literal translation of the above could be, "Once a teacher, always a teacher." This type of respect toward one's teachers has been part of Chinese culture for thousands of years.

Such respect applies to mentor-mentee relationship. When mentees learn to overcome challenges and gain skills and self-confidence, they develop sense of accomplishment. This leads to enhanced self-worth and self-respect. Ultimately, mentees realize that the mentor is the catalyst for their achievement. Mentee's real respect toward the mentor begins to build. For mentees who pursue their academic career and commitment over an extended time period, the relationship between mentor and mentee becomes a life-long bond—like my relationship with Jiemin now.

4 Mentoring Best Practices in Doctoral Training

Although the empirical knowledge on nursing doctoral student mentoring is limited, there are some common research findings on mentorship from other disciplines and settings [8]. In relation to academic mentoring for faculty development, the six following themes of best practices were reported, which can be relevant for mentoring of doctoral nursing students (p. 3) [8]:

- Achieve appropriately matched dyads.
- Establish clear mentorship purpose and goals.
- Solidify the dyad relationship.
- Advocate for and guide the mentee.
- Integrate the mentee into the academic culture.
- Mobilize institutional resources.

Consistent with the literature, effective mentoring for postgraduate students, faculty, and clinical staff has been shown to predict positive outcomes, including greater scholarly productivity, reduced attrition, and increased satisfaction with training and/or employment, which ultimately may enhance the quality of the clinical science research enterprise [3, 9, 10]. In a study on nurturing female leadership, most participants regarded mentoring role as the driving force behind their improved academic, personal development, and career-related skills. Though this study was related to leadership training in undergraduate students, the mentorship role described shared some similarities to that of postgraduate studies [11]. Such findings are in line with Gruber's review results [9].

A review of literature on research mentoring in clinical science discipline reported that there were at least seven reasonably well-established research findings (p. 71–72) [9]:

- Mentoring involves providing mentees with multiple types of support, such as advising, sponsoring, prompting visibility and exposure, coaching, giving challenging assignments and role modeling.
- Mentees value certain behaviors in mentors, including effective communication and honest and constructive feedback.
- There are important differences between formal and informal mentoring.
- Effective mentoring provides benefits for both mentees and mentors, such as enhanced career advancement and higher career satisfaction.
- Both mentees and mentors benefit from multiple-mentor models, such as offering diverse perspectives with different knowledge and skills.
- Some mentee behaviors increase the effectiveness of mentoring, such as arriving on time, being prepared for meetings, and taking responsibility for one's own actions.
- Everyone can benefit from mentoring regardless of gender and race.

Studies also report that involvement in mentoring also benefited mentors. Mentoring enhanced mentors' well-being and their attachment to their learning environment, mentor's professionalism and sense of responsibility grew, and their experience in mentorship may help them in their future career [12].

An underlying assumption of the mentoring best practice is that relationships play a key role in any successful experience. Good two-way communication is an important ingredient for a successful mentee-mentor relationship. A study which interviewed doctoral students and mentors identified conflict resolution as a high priority area to be addressed to improve the doctoral training experience. Disagreements between doctoral student-mentor pairs slow students' progress and increase attrition rates among doctoral students. Thus, good communication between the doctoral student and mentor would empower students to take major responsibility in decision-making and the confidence to navigate through the challenges [12].

Given the limited research evidence specifically related to mentoring best practices in doctoral nursing education, more research is needed to identify the key mentoring components, practices, and processes that result in the best mentoring experiences and outcomes for doctoral nursing students [6]. With such knowledge, training programs and ongoing support to doctoral nursing students and their mentors can be further developed.

5 Conclusion

Mentorship is related to PhD students' success and their future career development. It is an ongoing part of academics' professional life. PhD students who have been mentored will someday become mentors themselves, like Jiemin. Mentors, like me, will continue to guide other PhD students. This chapter described our story, the reflection, and some evidence-based mentorship best practices. Regular reflection on these mentorship issues can help to find the best way forward for ongoing support and training of mentors in doctoral education that can benefit PhD students.

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Resources

Mentoring tools and resources. https://hr.uw.edu/pod/organizational-excellence-and-development/individuals/mentoring-tools/.

Mentoring Toolkit. https://gradschool.duke.edu/node/2827/done?sid=23992.



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Mindful Mentoring in Academic Research to Develop Self-Mastery in the Graduate

Karien Jooste and Natalie Copeling

A mentor is someone who allows you to see the hope inside yourself.

—Oprah Winfrey

Objectives

1. To have insight into and understand how self-mastery develops through personal growth during a mentor relationship.
2. To reflect on own experience of being mentored towards self-mastery as a health professional.

Mentoring within a higher education institution aims to develop the capacity of early-career academic staff undertaking postgraduate research studies [1]. The context of the mentoring experience is about a journey of a junior academic undertaking a master's study that was one which was fraught with challenges, seeking support from an expert. The mentorship was thus created through a relationship between a newly appointed supervisor with more experience, knowledge and connections in research, to a mentee, who was a junior lecturer. Mentorship is viewed as voluntarily chosen formal or informal supervision offered by a more experienced person (mentor) to a less established person (mentee) to facilitate the mentee's occupation choices and professional advancement [2]. A mentor offers advice from experience or knowledge, working as a support structure to help the mentee achieve personal and professional goals by realising their potential and working their way to success [3]. Mentorship is thus referred to as experience and knowledge-based guidance.

The mentee needed a supervisor as she struggled to conduct her master's research study within her field of interest. She needed a pillar to support her in believing

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in herself that she was able to conduct the study. The mentorship was a valuable tool for turning the mentee's vision into reality, as the mentor guided and advised her to successfully complete her research report of good academic standard [4]. Self-mastery is aimed to focus on what you can use self-control for, until it is so well practised and part of you, that you unconsciously will just implement an action that you are practicing [5].

1 Mentor Narrative

I had just arrived in a new post of Head of Department when the list of registered postgraduate master and doctoral students landed on my table for the monitoring of successful progress in studies. In an academic environment, deadlines are set in which students must complete their degree or become a risk student. It was unexpected to see that one of the staff members in the department had not been progressing in her studies for many years, and my first thought was that maybe the lecturer just did not have the capability to complete a master's degree. Despite my perception, by nature, I have the passion since completing my own doctoral studies, to empower others to advance in their academic career. Therefore, when I was approached to mentor Mrs. N, I decided to build a trusting relationship with her and advise her to the best of my capabilities. I knew it was not an indefinite journey and would be for a specific timeperiod. She required her master's qualification to be promoted to lecturer.

Before our first appointment, I asked to have her report she had so far written. She brought her research rough report to me to have a look, and I read it in my own time. I could not believe what I saw! It was disastrous and I did not know how the data gathered could be presented to fulfil the purpose of the study. I knew that at that stage she was at a point of noreturn and the data were getting outdated. I realised that mentorship is distinct from supervision: Mentoring is an opportunity to connect meaningfully with the mentee to guide in the pursuit of personally defined aspirations [6].

At our first appointment, I realised that Mrs. N was traumatised. She looked so desperate, and I had to comfort her that we would go through the report and finalise it. She just did not know that I knew it would be a difficult road to complete the research report in the current state it was. I felt responsible to assist her and follow a developmental approach as an advisor. I started off by doing a student–supervisor agreement with her, to give her a sense of direction. I told her that I would appreciate her to pay attention to set timelines, and we both set clear expectations. We discussed her research problem and progress so far, and after she explained why she wanted to research the topic, I realised that she could still use the data that she had gathered. She needed to approach her study from another perspective, with an adjustment to the structure of her topic, and I aimed to expand her horizons, by referring her to specific sources to read.

During discussions on re-working the data, I helped her to interpret her practise-related findings and improve her writing skills that influenced her to become more aware of her professional identity in being able to write up the findings. We looked critically at what was needed to write an effective outcome. I was open to and aware of her different opinions that gave me valuable insight into what I could offer. She slowly became more optimistic, and I demonstrated enthusiasm while guiding her, and at the end of one of the sessions, she was thankful for having a better sense of direction and she became more confident in her work.

I could just think how the changes brought about delays in the administration procedures with resultant frustration. I had to prevent a lack of motivation that could bring about further intervals in her work produced. I thought to myself that I had a responsibility to mentor and believe in the staff member. I also have learned through the years that every mentor–mentee relationship is different and understood that Ms. N was an individual with her own perspectives and unique circumstances.

Our mentor–mentee relationship evolved as a team effort, and Mrs. N started to share her expectations and ideas around her study with me. I encouraged her to get more involvement in the research project of the department and observed how she started to network with other colleagues

conducting research. She successfully completed her dissertation being proud of herself.

2 Mentee Narrative

Being over 50 years old, relatively new to academia as a junior lecturer, I had many challenges. One of these situations was such that I was already registered for several years for my master's studies with little academic work produced. I posed the question to myself, as to how I would master this research report myself? I felt isolated, frustrated and afraid of never completing the task set out. I was in need of a supervisor that not only would guide me but also restore the belief in myself that I was capable of completing the research.

This situation was created due to changes by faculty, and during that time four different supervisors were allocated to me to supervise me during my study. This situation led to that I did not know how to progress further. Personally, I experienced this situation as one of the most stressful times in my academic career. Each time a new supervisor was appointed, essentially a new process was initiated in structure, and often the content of the already written work changed. I asked the research coordinator to allocate me to a supervisor who could guide me through this research journey. Then, how did it feel to meet a new mentor? The appointment of a new supervisor was daunting initially as I was acutely conscious of my lack of progress and had begun to doubt that I would complete the research report. I was also afraid that the newly appointed supervisor would review the work done to date and decide to begin yet again, disregarding the existing content. I became more assured and confident, and I started to view the supervisor more as a mentor that redirected my career trajectory positively. The mentor showed a commitment to see the study through. The altering circumstances were a change, but of a positive nature in terms of the intention of willingness that the mentor demonstrated to direct me. The mentor demonstrated enthusiasm and although she acknowledged that a significant amount of work needed to be done, she never wavered in her assurance that she could guide me to completion and that most of the content presented would be utilised.

A plan of action was established with regular meeting times scheduled; the mentor assisted in setting realistic goals with defining subsequent action plans. The setting of this structured approach required a commitment from both mentor and mentee and gave the mentee the reassurance of completing the study. A platform was established by the mentor, who motivated me and held me accountable to set timelines within which to achieve the agreed-upon goals [7].

The Head of the Department, appointed as my new supervisor, appeared so calm and assured me that we would progress in the research project, making me feel so much better. She did not show any sign of hesitancy and offered continued support throughout the research project. I felt comfortable in our mentoring relationship, as the supervisor gave support in terms of her vast knowledge of research. She also instilled confidence in me through regular feedback on work submitted and acknowledgement of work done well. This regular feedback and encouragement of my own capability to succeed boosted my confidence and was self-motivating. No appointments scheduled by the mentor were missed or deferred unless necessary, and an alternative was always provided if this occurred. This consistent approach to meeting was reassuring and fostered a trusting relationship. Self-motivation contributes towards the dual attainment of set goals [8]. At the beginning of the journey with the new mentor, I was motivated by the need to complete the research report for the purpose of promotion. As the mentor–mentee relationship developed and the report progressed, I regained my initial enthusiasm in the topic and my intrinsic desire to engage in these studies was reignited.

The encouragement of the mentor gave me the confidence to focus on my own journey and not others or what I thought might be the expectations of others. This shift in focus allowed more and stronger self-development and the strengthening of my own belief in myself.

I engaged in regular introspection to determine whether I was proactively pursuing the completion of the research report and, in so doing, meeting the expectation of a dual contri-

bution to the mentor–mentee relationship. Although I lacked the knowledge and expertise required to progress alone, a solid work ethic and regular work submission were indicative of a contribution. In the early times of the relationship, I was fearful of expressing my own opinion or presenting my work for review because of fear of ridicule,but over time I found it easier to speak out, to express my opinion or to engage in discussion as the mentor's responses whether we agreed on things or not, and she was always respectful.

3 Self-Reflection

The feelings of the mentee around what occurred in this academic timeperiod of mentoring, and how it eased the journey to complete her studies, are reflected upon [7]. Embarking on any study excursion will most certainly have an element of uncertainty and, at times, lack of clarity as to what is sought. However, I had an expert who introduced me to new perspectives and insight into research that stimulated my reasoning skills to new heights of enthusiasm.

Feelings of inadequacy during this extended study were replaced with realising that the work provided was sufficiently formulated and of a standard that shortcomings could systematically be addressed by setting goals. All of which at one time or another reinforced the feeling of not "measuring up". The mentor, however, changed my mindset. She explained that I was embarking on a new journey in research, and I recognised from her feedback that she believed that I had the intellectual capacity to complete the study.

The mentor, who had also been appointed as my supervisor, brought constructive structure and clarity to the study material, through feedback, leaving me as the mentee with a resultant feeling of relief. I had clear boundaries allowing for transparency of expectation and regular constructive evaluation and feedback on the work. We established a relationship of trust as feelings of capability were enforced by the way the mentor believed in me, and I developed faith in my own unique intellectual abilities. My self-belief was restored somewhat, and feelings of adequacy and positive self-worth emerged over time. I started to replay and think about what the mentor had advised in previous appointments, and by reflecting on her guidance, I developed a new way of thinking, which resulted in new ideas developed that the mentor commented and praised me on.

Self-mastery is noted in the subconscious mind, and what you say becomes who you are [5]. I started to experience a form of inner satisfaction from experiencing how I develop in the right direction. I realised that I was fortunate to have a mentor that acted as a rolemodel with outstanding participative and interpersonal skills. I gained new insights and developed my own inspiring thoughts that I could apply in my report.

3.1 What Were the Possible Positives or Negatives of Mentoring?

It came to me how mentoring was a meaningful process to accelerate my self-development and career progression, to a higher academic position. The mentoring experience gave the mentee the confidence to write her research article. The body of work with which the mentoring started was complex. The mentoring, however, helped the mentee to work with the feedback given by the mentor in a productive way and thereby develop a positive relationship. The existing work was reshaped, and not all previous efforts were lost. Useful information in chapters was outlined by the mentor for the mentee to gain insight into what the purpose of the study was. The negative impact was that there was a bulk of information that did not align and did not follow a specific methodological approach. The experience, expertise and wisdom of the seasoned mentor, who was a highly rated national researcher, enabled the mentee to mould the information gathered into a feasible framework to start with. The mentee mastered the scientific writing, with the mentor's praise and encouragement, and her own self-talk became more adamant to complete as she stated and believed that she could. The mentee (master student) shifted her focus from her negative experience to a new learning environment and she had the courage to reframe her study with her mentor and in the process became much happier.

3.2 What Sense Was Made of the Situation?

The outcome of the engagement with the mentor, initially a study supervisor who evolved through engagement to a valued and inspiring mentor in research and personal development, was a successful thesis submission. A lifelong desire to learn and improve was reignited through the provision of the guidance of the mentor. Not only was the aspiration of the student to continue with her studies but also gained the belief that this was possible. The mentee became mindful that other colleagues did not judge her, as they had their own problems, and she had a less negative connotation with her prolonged study period.

3.3 What Else Could Have Been Done in This Situation?

Introspection by the mentor is valuable in evaluating any experience and provides an opportunity for fruit for thought, meaning to what extent certain actions could have been or should be done differently during mentoring. The mentor could have been stricter when the mentee did not follow the feedback given to her that could have led to a more satisfactory outcome and higher grades. The mentor could have been more assertive in talking to the mentee in taking greater ownership of the study. The challenges encountered by the mentee before being partnered with the mentor resulted in a stressful experience. This, however, should not have prevented the mentor from being firmer in spelling out her expectations towards the mentee, which would have contributed to the building of confidence of the mentee through immersion in the process and taking ownership of the study.

3.4 In a Similar Situation and in Hindsight, What Could Be Done Differently?

Avoidance of or procrastination regarding challenges will not cause them to disappear. A mentorship is an essential tool in the growth and progression of work and self. The challenges encountered by the mentee could have been dealt with, using debriefing sessions that could also have contributed towards building confidence through immersion in the process and taking ownership thereof. It is the dual responsibility of both parties to seek resolutions. A mentee needs to seek a suitable mentor to guide them. It is important that both roles are active ones, if the mentor is more active than the mentee, the passive approach of the mentee will not allow progress towards the goals set.

4 Best Practice, Evidence-Based Practice

The use of the concept of best practice in the nursing literature may be categorised into four distinct domains: educational, administrative, clinical and theoretical/conceptual. Specific best practices in nursing are significant because they serve to direct nurses regarding solutions to identified problems/needs. Evidenced-based practice (EBP) is applying or translating research findings in our daily patient care practices and clinical decision-making. Using EBP means abandoning outdated care delivery practices and choosing effective, scientifically validated methods to meet individual patient needs or the needs of staff/each other. Healthcare providers who use EBP must be skilled at discerning the value of research for their specific patient population.

Educational: Mentorship should facilitate EBP as a key educational strategy for supporting mentees, and many of the nurse participants were direct care providers. This self-directed programme resulted in a high project completion rate leading to continued organisational support for the programme, which is now in its fourth year.

Theoretical/conceptual: Being appointed as a supervisor of a master's student, the mentor should have the necessary knowledge, attitude and confidence to guide the mentee to incorporate and relate to EBP principles in her research report.

Administrative: Leaders of academic institutions should use a multifaceted approach to build and sustain EBP in the teaching environment, including developing awareness among mentors

on the importance of EBP in acting as supervisors of students in research projects.

5 Conclusion

It can be concluded that a successful mentorship relationship requires that both mentors and mentees should examine their roles and goals as the journey unfolds [9]. The impact of a positive venture can have long-lasting effects on both persons in the partnership that could encourage further innovations.

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Leadership: A Process of Paying It Forward

Deliwe Rene Phetlhu
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There can be no greater gift than that of giving one's time and energy to help others without expecting anything in return.

—Nelson Mandela

Objectives

1. Discuss the concepts of leadership and mentoring from an African perspective.
2. Highlight the value of a non-obligatory mentorship role of a leader.
3. Describe the experienced mentoring process towards leadership.
4. Describe the benefits of mentoring on the mentee's leadership.

1 Redefining Leadership

Leadership is defined in many ways across the globe; however, at the core of it, leadership entails having a vision, making inclusive decisions and influencing others to the achievement of the set goal [1]. Different models of leadership have been proposed over the years, particularly in the health disciplines [2] where personal attributes of leadership form part of what defines leadership. In exploring these attributes, an assumption can be made that a leader is often viewed in an individualistic manner; that is, it takes personal traits to make a great leader. However, personal traits are often influenced by the nuances and values of one's culture, which therefore means that leadership in these definitions might not fit contexts where the leaders and the led do not have the same inherent views. Africanism, which has communality as a norm, brings a different perspective in the definition of leadership [3] if not attempting to adapt to accepted mainstream views. In its natural core, the measure of a great leader is not about individual gains and acknowledgement, but the overarching success of a community. The value of sharing, collectivism and an all-encompassing Ubuntu leadership style [4] where a mentor–mentee relationship is not forced is central to a successful leadership journey. In redefining leadership, my mentee and I view leadership as an inherent, humanity-driven process where mentorship is guided by selflessness, sharing of knowledge and networks, collective decision-

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making and confidence building with the aim of paying it forward and not personal recognition. Although the presented view might come from an African standpoint, it is equally applicable from the Western perspective when social capital [5] is harnessed in mentorship for the benefit of a community and evidently impacts many aspects of life including health care. My mentee and I share a journey that depicts the lived values of Ubuntu that led to individual and collective growth.

2 Narrative from the Mentor

2.1 A Chance Meeting That Created an Undefined Path Destined for a Formation of a Great Team

The year was 2012 when I was the Head of Department at North-West University, Mafikeng Campus in South Africa when I received an email from a PhD candidate who wanted to interview my colleagues for her research work. I quickly read the content of the email, and without batting an eyelid, I responded with "you are welcome, just set the dates and I will set up a recruitment platform for you". I informed my colleagues and impressed them with the need for their participation in the important topic. With the same breath, I highlighted the frustration that PhD candidates go through during the data collection stage due to non-participation and cancellation of appointment, which impedes their study progress. As some of these colleagues were on the same journey, I reminded them about an African proverb when interpreted means when all people pull together, success is guaranteed. I soon forgot about this activity due to my busy schedule, and on the day of her arrival, I had a meeting, but my colleagues were ready for the lady who had travelled almost 1400 km to have a conversation with them. In 2013, I began a new journey at a different university (1400 km away) and I recognized the smiling face of the lady who was a PhD candidate but I could not remember where we met. She greeted me with so much gratitude that I could not understand where it was coming from. She thanked me and reminded me of my contribution and made her chances of getting her PhD sooner than later a reality. As she detailed her journey, she reminded me who she was and how the events of the day she came to collect data at my department unfolded. While I remembered the hello and bye, she remembered how I made her feel welcomed and that despite my pressing meeting, I still made time to chat with her and made sure to rash back to find out how things went and had a polite conversation with her. What she said was "If it wasn't for your leadership, things might not have gone as smoothly as they did". As a stranger in a new place, I felt welcomed as I had someone whom I could comfortably ask for guidance on how things are done in my new workplace and realized that I had paid it forward.

As I got to know her better, I realized her intelligence, calmness and selflessness when dealing with colleagues and students, and her enthusiasm when sharing knowledge with others. These attributes made me gravitate towards her over and above our common research interest. Without planning it, I became intentional in developing her as a leader. I started to involve her in my research work, bringing her on as a collaborator, take her along to workshops, gave unsolicited advice about academia and navigating the challenges and barriers that come with it and introduced her to my wider network. I opened my doors to her, and she could ask anything whenever she needed support. After she graduated with her PhD, I brought her in as a co-supervisor for my PhD candidates as a way of mentoring her for the next steps in her career. In my leadership role, I encouraged her to challenge herself and take up leadership positions including in our Sigma, Tau Lambda at Large chapter. She excelled, but most importantly I noticed that she was taking other colleagues as well on her journey. She subsequently left the university for another one for a senior position, and we continued to work together while she was honing her leadership skills. I became her sounding board and one of the first people to who she told her the good news. I watched her grow in her carrier as a nurse educator and researcher but mostly as a

leader in her own right. I became her greatest cheerleader and would feel gratitude for every success she achieved.

During one of our conversations, she told me how she and other colleagues looked up to me and appreciated what I have done to support their careers. Her intention is to make sure that she mentors anyone who crosses her path so she can pass on the leadership baton. I was in awe because to me it came naturally as a leader to support others and make sure they reach their full potential. The benefit that I draw from such encounters is seeing my mentee sharing the same attribute that defines my ideal leader, that is never planning the upward journey for yourself only but for all those who are around you and willing to take the leap with you. On this journey, we both learnt key aspects of leadership, that is:

1. Both mentor and mentee shape and improve their leadership skills by learning from each other.
2. Leaders are intentional in mentoring other leaders and do not see the role as burdensome.
3. Leadership attributes are inherent and blossom as they are nurtured.
4. Leadership is a communal endeavour where a network of leaders works together to mentor the next generation.
5. Mentoring new leaders takes patience, humility, honesty and sharing knowledge without inhibitions to build trust.

3 Mentor's Reflections

For as far as I can remember, I have always been a teacher. As a young girl, I used to teach my peers and younger cousins after school, and as a young adult, I enjoyed taking a lead in areas that were deemed challenging. I also loved challenging the status quo, especially when I was told "it is difficult". In my pre-graduate and during graduate years, I was indoctrinated to believe that research is an abstract subject and it is ***very*** difficult. I remember bringing some of my classmates together so I can use analogies to explain the research process. In hindsight, I realize that my inner leader was being shaped and the driving value was bringing others with me. I learnt early that if I do something good for others at a point in my life, I should not expect any payback but should appreciate their success because one day it would benefit those I love and/or the greater community around me. I was raised to believe in myself against all odds and share whatever I can with anyone I get the opportunity to. My starting point with anyone I encounter is that they have the potential to be great in what they do, then I ask myself, "how can I contribute to ensure that the light is not only turned on, but is shines brightly?"

As a young nurse academic of African origin in South Africa, I found it difficult to feel like I belonged. I used to look around my spaces and could not find faces that looked like me or people that I believed understood my perspective and what shaped them. I consciously decided that I will change the status quo by identifying students that felt as outsiders like me but had the potential to be the best leaders. I went out of my way to learn the tricks of the game and took the opportunities presented to me. I learnt to take the good out of a situation and leave the bad behaviours not to be experienced by any person under my leadership. I embraced a lot of people from different backgrounds in my home country and outside our borders. I mentioned my intention to those I knew well about my plans to change the landscape of leadership in nursing and nursing education in particular. Not everyone bought into my dream and a few presented mentorship or any opportunity for my own growth to me. The narrative was about personal growth and getting to the top quickly, which was not who I am and it conflicted with my entire being. I refused to fold, and without consciously thinking about it, I did what I had to do, that is lead when I needed to and mentor others to lead as I went along.

Looking back, I realized that I made some sacrifices where I lost opportunities that were for my own gain. Nonetheless, I marvel at the outcome of my achievements. Many of those that I used to tell that they have great potential as leaders and have mentored them in one way or the other have indeed become great leaders. Some have surpassed me

and become highly successful and that warms my heart. I look back with gratitude and the joy they feel when they succeed, and I feel it two folds and rejoice. I am convinced that mentoring others to be good leaders does not need a rigid plan nor contracts but an intention, selflessness, humility and willingness to share what you learn. Importantly, you need to possess a good dose of Ubuntu and integrity. I believe that leadership needs bravery because you have to be honest with yourself and others, acknowledge your own weaknesses and open yourself to criticism. These are the hardest things to do because some will not take the hard-hitting honest conversation as just that honest and as a leader. It is also not easy to accept your own weaknesses, especially the Johari window effect, those spaces which you were hoping others do not see. I have learnt that it is okay, and I am human and fallible. Each step that I take is meant to be about what three generations of leaders henceforth will learn and implement.

4 Narrative from the Mentee

4.1 Unplanned and Smooth Journey

Mentoring for me is the process of providing support and guidance to a person with less experience and competencies so that the person can grow and develop. In many cases, it is seen and understood as a planned journey, requiring agreement on the process [6]. As part of mentoring, the mentor displays leadership qualities that are assimilated by the mentee [6].

As mentoring has been referred to as an investment [6], a mentor is a leader who invests in people, facilitating their development and growth. Leadership is often understood as a planned process. However, for me, the leadership in mentoring happened unexpectedly. Through the various encounters, my mentor displayed leadership sometimes in subtle ways, while at the same time, the impact was undeniable, and the lessons that I took from each encounter had a strong emphasis on growing others to expand the ripple effect of what she has done.

4.2 The Beginning

Our first encounter was when I sent an email to several heads of nursing departments in the country, requesting permission for my PhD research. The reply was so quick and that alone was leadership in opening doors for others. There was a clear demonstration of empowering young academics to reach the highest level possible. On the day of the site visit, although she was busy with meetings as the departmental head, she made sure to meet me before I can leave and show support in addition to offering more support if needed. A leader leads everywhere and everyone by showing behaviour that encourages others to move forward. Such effort towards my success not only assisted me in my own development, but also in being able to see how to help others.

As a leader, my mentor has shown me the possibility and value of empowering others and striving to uplift others. Putting systems and processes in place gives a structure that helps the mentee not only to achieve the immediate goal, but also to see the route to be followed towards own destination, while carrying others along the way.

4.3 Carrying On

The leadership continued further when my mentor joined the institution where I was working. Through the various activities, I have experienced her leadership, and this has empowered me. This was for instance through her role as clinical coordinator. Processes and structures were put in place, showing us the proper way on how to manage a programme. As a leader, one of the important aspects that I noted was the emphasis on empowering others. There were no blame or scare tactics; instead, risks were analysed and explained, and solutions were developed. This again is an aspect where the leader is not only striving for institutional goal achievement, but also for the growth and development of the staff.

The mentoring leadership was further experienced in research activities. As a younger academic, getting involved in research is important for one's development. I was integrated into her

research project. This again highlighted the value of empowering the younger generation for their own growth. The project started when I joined. Through her leadership, I got involved in data analysis and article writing, as well as arrangements for further activities for the project.

From the research activities together, there were several instances when I was pulled into different spaces that provided me with precious opportunities to observe and experience how a leader empowers others and encourages them to keep enlarging own network. From such opportunities, there were doors that were opened to be able to collaborate with other academics and stakeholders in practice.

The one trip for data collection with nurses in practice was another opportunity to learn about collaborating with stakeholders in practice. Furthermore, the opportunity to empower and develop the stakeholders in practice was also evident. On many occasions, the ongoing discussion and chat about growing the profession were part of leadership displayed by my mentor. The engagement with stakeholders in practice was another experience that provided me with an opportunity to observe and learn how to lead for a bigger impact.

Again, all these were not planned mentorship sessions; however, they were sessions where the mentor equipped me, leaving an understanding in me that what I have observed and experienced is to be carried over to other people.

After completing the PhD, I needed to start supervising both master's and PhD students. Having understood the importance of transferring the skills I learnt from my mentor, I had already identified two students who were going to register for the PhD under my supervision. However, I moved to another institution just after one term. Again, the mentoring continued as my mentor accepted to take the extra two students under her supervision, while I become a co-supervisor. This provided an opportunity for me to learn postgraduate supervision under her mentorship. The leadership manifested through the encouragement and support for me to develop the students that we were supervising. Not only did I get mentored to gain skills and competencies in the supervision of doctoral students, but I was also mentored in mentoring the students and supporting them. The leadership in this mentoring relationship applies the ripple effect to mentoring. The ripple effect is beyond the changes in the mentee and the institution as a whole, but also into the future mentoring practices of the mentee, having understood that it is more valuable to empower others to enlarge the circle of one's success and achievements. Although there was no formal agreement to the mentoring, the process continued with the addition of another PhD student, providing more space for mentoring and maintaining the understanding of passing to others what has been acquired. The value and benefits of this mentoring process where the mentor displayed leadership capabilities have become enormous, despite the lack of a formal contract between the mentor and the mentee. This is not surprising, as previously mentioned in the literature, when mentoring emerges organically, it becomes more impactful in comparison with the more structured type of mentoring [7]. The mentor, having committed to the mentorship process as an innate decision, also displayed some of the characteristics of a servant leader, one who values the needs of the person being mentored and led over own needs [8]. At the same time, the ripple effect was at the centre of the relationship, as the mentee was able to observe and understand the necessity of ensuring the sharing of the competencies and commitment to mentor and lead others who still need to grow in the profession. This mentoring process allowed the mentor to instil leadership qualities into the mentee, and such opportunities and valuable benefits of mentoring are priceless [9].

5 Mentee's Reflections

Having grown up in a big family, the notion of having to help out and helping others is somehow part of who I am. In the same way, the notion that those around me are usually placed to be able to help and assist when needed and possible is something that I have always taken for granted. Helping usually comes up when someone is in

need. Reflecting on my life as a student, I always performed well, but I found more pleasure and comfort in explaining what we learnt to others that were struggling with the content. However, I would do this after being asked to assist.

What I have learned is that at times, that need may have been unnoticed and help unsolicited by the person that would benefit from it. However, being in a position where I am able to notice that others may benefit from what I can offer even when they did not make a request is one of the important things I have learnt from my mentor. I have learnt the value and benefits of getting involved in other people's development so that they can grow and reach higher levels. This is a process of planting a seed and nurturing the seed for growth, ensuring that others are able to enjoy the fruits.

From this process where I was mentored, I have learnt that as part of my own growth, I need to make sure that the ball keeps rolling through other people that are behind me, so that the effect of my mentor's efforts and investment in me grows exponentially. That way, as I move forward, I endeavour to mentor other colleagues, creating a ripple effect from the mentoring input. That way, my vision continues to ensure that instead of having the sole focus on my own personal growth, I also grow with others. I have observed the example of a mentor who leads with an intention to ensure that those who are mentored and developed are also able to replicate and continue the process that will empower others. This is also grounded in the understanding and lifestyle illustrated by the Zulu proverb that states "umuntu ngumuntu ngabantu", which can be translated as "a person is a person through other people". This forms the foundation for the willingness for mentoring and equipping others to become leaders in their own spaces, because the sense of communality is crucial in our African context [10]. In taking forward what I gained from my mentor, I also share, support, help and assist others. I shine the light on the achievements of those that I have supported and mentored more than my personal achievements, particularly those that do not benefit my community as a nurse educator.

6 Evidence-Based Practice and Leadership

Nursing is known to be a profession rooted in science and art depicted through clinical practice. In recent years, evidence-based practice (EBP) had been brought to the fore in all nursing spaces, be it research, nursing education, clinical practice and nursing administration. Different models and guidelines are being implemented across the globe in which the importance of the leadership's role in the implementation and possible success is depicted [11, 12]. In paying it forward, leaders should be the agents for the change that they want to see in practice. They should create conducive environments that will ensure that nurses in different disciplines embrace EBP. Key strategies that leaders should focus on to include evidence-based practice in nursing, that is establishing the EBP culture, developing the capacity for nurses to ask the right questions and seek the most robust evidence and putting supportive mechanism that will ensure that the change is sustained, are emphasized [11]. Hence, continuous mentoring and not once-off sessions should be put in place to assist the mentees to navigate through the barriers that come with the implementation of EBP. This should include receiving tutoring from experts on EBP processes, opportunities to access scientific information for decision-making in real time and time to focus on EBP projects. Therefore, nurse leaders should take the lead to mentoring young nurses by role modelling EBP in their own leadership so that it is a norm in every aspect of nursing. When this is done properly, today's leaders would have ensured that the care given by the next generation of nurses is of excellent quality, which on its own means leaders who paid it forward for the benefit of communities now and in future.

7 Conclusion

Leadership is important for the growth and development of organizations and individuals themselves. Within the African humanistic philosophy and social capital theory, the value of

empowering others to become leaders on their own through mentorship is priceless. In this chapter, we have proposed a definition of leadership that puts emphasis on paying it forward. That way, the benefits and outcomes of the leadership are seen through a communal lens, where the achievements of an individual person are appreciated more when they extend to others who are empowered to reach even higher levels. The process of mentoring for leadership for the authors has been unplanned, albeit intentional, as the willingness is inherent in the mentor's African humanism way of living. A ripple effect from this process is to be created, with the mentee taking up the baton and mentoring others to become leaders also, and this is done with no expectation of personal gain, instead an understanding of communal gain, where more people will be empowered and succeed as leaders.

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Resources

Mentoring Toolkit. For staff, faculty, and leaders interested in being mentored University of Washington. n.d. https://depts.washington.edu/podscan/alliance/MentoringToolkit.pdf.

Quick Reference For Mentors. Quick reference for existing or potential mentors at the University of Washington. n.d. https://depts.washington.edu/podscan/alliance/MentorsQuickReference.pdf.



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Nurturing Two Colossi: A Co-creation Relationship

Frances Kam Yuet Wong, Arkers Kwan Ching Wong, and Jonathan Bayuo

Tell me and I forget, teach me and I may remember, involve me and I learn.

—Benjamin Franklin

A teacher affects eternity; he can never tell where his influence stops.

—Henry Brooks Adams

Objectives

1. Introduce the concept of co-creation in the teacher–student supervisory relationship.
2. Identify the importance of dialog in the co-creation relationship.
3. Appreciate the value of educating a whole person in PhD student supervision.

1 The Mentor and Mentee Narrative

1.1 Mentor Narrative: Frances Kam Yuet Wong

Over ten PhD students have graduated under my supervision prior to this current episode of mentoring Arkers and Jonathan. When Arkers was finishing his thesis, Jonathan had just embarked on his doctoral studies. I charged Arkers with the responsibility of providing guidance to Jonathan, who was new to the environment and coaching him in learning in a highly intensive atmosphere that emphasizes striving for excellence. Arkers was like a big brother to Jonathan, and I acted as a coach to both of them.

The process of mentoring these two students is initially similar to my previous approach, but then turns out to be qualitatively different in the end. I am always a believer in problem-based learning, allowing students to solve problems at hand through information gathering and analysis. The process helps to build the independence and autonomy of the individuals, and eventually, the students arrive at a solution with the facilitation of the teacher. I also regard myself as a student-oriented supervisor. The strategies I am using probably can be described as a combination of three of the dominant paradigms of supervision identified by Halse [1]: the apprenticeship, person-centered, and scientific-oriented paradigms [1]. The apprenticeship

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paradigm regards the supervisor as the more experienced and powerful one, who imparts knowledge and provides instructions and guidance to the students. However, I am also person-centered, negotiating with students and attending to their intellectual and emotional processes and needs during the supervision process. There are institutional performance indicators to fulfill, so my students and I are inevitably subject to quantifiable metrics, such as meeting requirements and milestones for graduation in the scientific-oriented paradigm.

The journey of mentoring Arkers and Jonathan has brought me new experiences and insights. Arkers is a mature student with rich clinical and teaching experience. Jonathan is comparatively younger, but he came with clinical experience and an academic track record with numerous publications before enrolling in his doctoral studies. With my philosophy of educating the whole person, I believe that students need to be developed holistically in knowledge, behavior, and outlook for the profession and life. In regard, I shared with them the importance of translating evidence into practice and building evidence to support practice, with the ultimate goal of benefitting the clients we serve. This mission can be challenging for novice researchers, because the research topic chosen needs to be clinically relevant and the design cannot merely be based on literature. Usually, these young neophytes have not built up the clinical network nor prior pilot work. I was prepared to offer my network and prior work to support them at the start and to guide them to appreciate that they should not be content with merely becoming armchair experts as clinical scholars.

As I coached Arkers and Jonathan in translating knowledge into practice and subjecting it to further empirical testing, a dialog took place to enact the theory into real settings. Both students came with a clinical background in acute care. Arkers used to work in an emergency room and Jonathan in an intensive burn unit. I used to be an ICU nurse myself, so I fully appreciate the excitement and specialized competence required in these acute settings. However, as I further attempted to address the clinical issues, I found that when patients were stabilized and discharged home after an acute period, they still needed a lot of support for their residual needs. My primary research work therefore focused on supporting post-discharge patients in promoting optimal health and reducing unnecessary hospital readmissions. Findings from our clinical trials have generated evidence that concurs with the international literature finding that transitional care is effective in reducing readmission and enhancing the quality of life of post-discharge patients. In the Hong Kong setting, I tried to convince Arkers that we should move forward to home-based instead of hospital-based interventions in our studies. Hospital-based transitional care is now quite well established in Hong Kong, but community support in maintaining optimal health among the older population still needs to be strengthened, particularly using the health–social partnership model. Our multiple interactive dialogs and vigorous debate have resulted in a framework for health–social community-based care, with positive results in the proof of concept, and with publications and successful grants to sustain our further work.

As for Jonathan, since the transitional care concept is new in his hometown and such service has the potential to benefit burn survivors, who have many needs after being discharged from the hospital, he agreed to explore this area for his thesis. We thus proceeded with the construction of a transitional care program for burn survivors, to be introduced and tested in Ghana. As we were about to introduce the training program to prepare nurses to deliver the home-based intervention, we faced an issue with research capacity. There seemed to be a migration wave happening in Ghana at the time, and the sustainability of the study became quite impossible. At about the same time, my professional connection with a provincial hospital in mainland China expressed interest in our study. They had a lot of burn patients, and their post-discharge services had yet to be further developed. Jonathan agreed to move the study to Lanzhou, mainland China, despite the language barriers. We have completed the pilot randomized clinical trial in Lanzhou with promising results. In the process,

Jonathan has published a few manuscripts and obtained a small research grant from the Sigma Theta Tau Honor Society of Nursing in support of his PhD research work. Even before taking his oral defense for his doctoral degree, he was offered a postdoctoral fellowship position to jump-start his academic career.

That was how Arkers, Jonathan, and I started our mentor–mentee journey, by resolving differences through continual dialog. Over time, we built a learning alliance to achieve co-creation. This will be further discussed in the self-reflection session. For now, readers can review the narrative accounts of Arkers and Jonathan.

1.2 Mentee Narrative: Arkers Kwan Ching Wong

There are several components and milestones to be completed within the normal study period of a PhD, from formulating a PhD-level research question to writing up a dissertation. Nevertheless, students who have gone through this process have found that studying for a PhD is not like driving a car on a highway, but like riding on a roller coaster, with ups and downs. One minute you are riding high, thinking you are the most competent researcher in the world, and the next minute you are flat on your backside, reckoning you are not able to graduate. During your emotional breakdown, what you need is not only your best friend, but also a supervisor who is always supporting, encouraging, and pushing you to a higher level than you ever thought yourself capable of reaching.

I began my part-time PhD in 2013, and it has taken me until now to understand how the interaction with my supervisor has shaped so much of my career. I started with almost no understanding of what was required or expected, merely possessing a little passion for research and my full-time academic career. To be more precise, I was a full-time clinical teacher who was full of energy and enthusiasm for applying my clinical knowledge and experience to teach my nursing students, both at university and at the hospital. While my teaching was based on evidence, I had never learned how to create evidence through research by myself. I had little experience in conducting research and almost no research connection with local or international nursing scholars. By contrast, my supervisor was one of the greatest scholars of our generation, determined, experienced, focused, well-known, and extremely busy. From our extremely different backgrounds, you would expect that our communication would not always be easy.

There were many awkward incidents. Memorably, when I wrote a letter to ask her if she could serve as my PhD supervisor, she replied by telling me to write two pages illustrating my research question, purpose, and idea. No more than 3 days later, I wrote her a 10-page (A4 size) proposal, thinking that she would be impressed by my writing. However, she asked me several more times to write a more detailed proposal. Eventually, I spent more than 6 months writing more than 100 pages. After reading it, she told me it was not an innovative topic and urged me to find another interesting topic that would be up to PhD standard. I was so frustrated and emotional at that time. I even told her I would give up pursuing my PhD. Now that I look back, I know she wanted me to tackle as many challenges as I could, strengthen my physical and psychological mindset, and see what I could do if I had to face the same situation on my PhD journey. In Chinese, we have one very common idiom: When heaven is about to place a great responsibility on a great man, it always first frustrates his spirit and will, exhaust his muscles and bones, exposes him to starvation and poverty, and harasses him with troubles and setbacks so as to stimulate his spirit, toughen his nature, and enhance his abilities. Whether my ability was enhanced by this painful experience is still a mystery, but from this incident I learned that I must give it my all if I want to succeed. In the end, my supervisor did not give up on me, and we came up with a wonderful research topic to keep me going for the next 6 years.

As everyone may anticipate, my first manuscript was written poorly. My supervisor even described it as the worst manuscript that she had ever read. However, under her diligent guidance, my writing skills improved day by day. Her enthusiasm for research and teaching, her gener-

osity with her time, and her inspiring mentorship played a huge role in pushing me to improve and modeling to me how to become a real academic. Today, remembering those early comments, I take particular pleasure in editors' or reviewers' comments that "this manuscript is well written."

Other than teaching me how to write scientific papers, providing me with a conducive learning environment for conducting valid and rigorous research programs, preparing me to deal with constructive criticism and be austerely self-critical, and connecting me with several renowned international scholars, my supervisor has done more than I could have expected. She treats me like her family, is there for me when I need someone to talk to, provides psychological care when I am down, and travels with me when we both attend international conferences. Her down-to-earth character makes me feel comfortable approaching her, allowing me to ask both research- and non-research-related questions, and widening my horizons. It turns out that several nominations, awards, and funding were all influenced to a greater or lesser extent by my beloved supervisor. Her support has never stopped, and I have asked myself over the years, what have I done for her? The simple answer is this: not a lot. However, I will follow in her footsteps and continue to strive to be the good scholar that she wants me to become one day.

Now that I am a supervisor myself, I remember that when I became a father, I realized how much, as a child, I had sometimes taken for granted the hard work and affection of my own parents. Similarly, now that I am a supervisor, I would do well to remember not only the difficult times but also the happy moments that resulted from having a remarkable scholarly mentor.

The influence of my supervisor has certainly endured. When I first met my postdoctoral fellow, I took an altogether more holistic approach to supervise. I treat my postdoctoral fellow as a young adult trying to build his career. If I can support him, be approachable, and integrate him into my life, I can better guide him in a challenging world. Therefore, when I have time, I invite him for lunch or dinner. Apart from research, we talk about food, hobbies, religion, and family. Since he is African, I show him the Chinese working style and discuss cultural differences with him, so as to facilitate his adaptation to a new environment and reduce his homesickness. We work closely together. Thus far, we have worked out three proposals and had three manuscripts published in high-impact factor journals within half a year. Perhaps there is more we can do to ensure that this friendship-like mentorship-style relationship does not end up on the rocks. However, I know one thing for sure that we will treat each other with respect whenever we have different perspectives on our research work.

1.3 Mentee Narrative: Jonathan Bayuo

Being accepted into a doctoral program was a dream come true. I have always envisioned myself on this journey, though at the time I did not fully comprehend what it meant to pursue doctoral studies. This dream came to fruition in September 2018, when I arrived in Hong Kong to commence my doctoral studies. In fact, all I knew about doctoral studies was just that it meant doing research and defending what you had done at the end of the study period. Little did I know I was in for a "reality shock" as I commenced the journey and came to the realization that it was not only about research, but rather an avenue to develop holistically: There was coursework to complete, and there were oral and written examinations to undertake; I had to attend seminars, build relationships, participate in other school activities, and still have a life outside the academic schedule.

Beyond the reality, the shock of the academic work was the fact that I found myself in a completely new environment, having traveled 18 h from Ghana, West Africa to Hong Kong. The language, food, and culture were entirely different. In the restaurants, it was easy to spot servers drawing lots to see who would attend to a foreigner, perhaps due to the language barrier. Google translate became my companion when visiting a restaurant or supermarket. Cultural clashes were also experienced along the way, which was initially challenging. In fact, there were days I forgot entirely that I was in a new environment that required a new way of thinking

and ongoing adaptation. I came to this realization during one of my supervisory meetings, where we shared a biblical text: Mark 2:22. ("And no one pours new wine into old wineskins. Otherwise, the wine will burst the skins, and both the wine and the wineskins will be ruined. No, they pour new wine into new wineskins.")

The first 6 months of the doctoral journey were challenging. By the second year, I was still struggling to "fit in." My supervisor was the only one I could talk so much to about burn care. For my colleagues, it was easy to identify two or three students working in a particular area like cancer care, but for burn care, I found myself alone within that space. My colleagues could not really appreciate what it takes to be involved in burn care research. Supervisory meetings were therefore happy moments, because I was finally going to talk about burn care, accompanied by my whiteboard.

As my research journey proceeded, there came a time for manuscript writing for publication after completing a period of guided study in healthcare. After working so hard on the manuscript (at least I thought I had), my supervisor commented, "Jonathan, this is a good manuscript, but you need to sharpen the discussion further." I revised the discussion part thoroughly, and it was finally approved for submission. Interestingly, the manuscript was accepted in the first instance, without any revisions. There were several other papers after this one, which we worked hard to complete as well. However, most of the papers were rejected in the first instance, and it was quite discouraging to see a manuscript I had worked so hard to complete being rejected outright. But then, through the discouraging moments, I was reassured to receive uplifting statements from my supervisor, like this one I received on September 14, 2019, at 11:26 a.m.: "Anyway, don't feel dismayed. It's natural to go through such a process for publications. Take a break, review the comments and work on the manuscript again, targeting a different journal."

The most challenging decision throughout the doctoral journey was when I had to decide on a site on which to implement the burns rehabilitation program. We commenced the intervention development journey with Ghana in mind. However, by the time we were ready for implementation, it was evident that survival rates following burns were low in Ghana, as most burn patients succumbed to death. This implied that pushing to implement the intervention in Ghana would require spending more time to recruit potential participants. Besides, Ghana was facing an exodus of nurses, and most of the experienced nurses in the burn unit had either migrated or were in the process of migrating to another country. We had to decide on the next line of action as soon as possible.

Interestingly, around the same period, we embarked on a trip to mainland China, and the idea of implementing the intervention in Lanzhou emerged. However, this implied that more work had to be done: translation of the study documents into Chinese and undertaking exploratory studies. With this twist, it felt like a whole new world for my study. Despite all our attempts to visit the study site, travel was impossible due to COVID-19 restrictions. We had to rely on the clinical team at the site to help us deliver the program. It was an anxiety-provoking period, as it was difficult to picture exactly what was going on at the site, when the next burn patient would be recruited, when the study would end, what challenges were emerging, and whether the intervention nurses were delivering the intervention as planned. Sometimes, I wished I had the power to teleport myself to Lanzhou to know what was happening. As for the recruitment process, I did not even know whether to pray for people to get burned or not; of course, that would be a selfish prayer, but the study had to be completed regardless. Occasionally, I wondered when I would even finish my doctoral studies. It was during such moments that I received a lot of peer support and encouragement from Dr. Arkers Wong, who is like a big brother. I could drop into his office at any time, or even touch base over lunch. Despite the anxiety and uncertainty, my supervisor made sure that we followed our plans and the research process systematically. It was hard at first, but when I finally had to sit down to write my PhD thesis, it all made sense, and I realized it was a worthwhile process after all. The language was also another barrier, but thanks to Google translate, my hallmates, and my supervisor, I was able to navigate through the interactions at all meetings.

Beyond research, my supervisor actively engaged me in teaching. She linked me to other

persons involved in burn care in Hong Kong and other community engagement activities, such as helping to organize an event for the Hong Kong Academy of Nursing and delivering a lecture to African nursing students at the Hangzhou Normal University. Today, I look back at the journey so far, and I am extremely appreciative of the support I have received and how far we have come. Beyond receiving training on how to undertake research, I have learned to be more patient, celebrate small victories along the way, and focus on both the process and the outcome. Though I have yet to formally complete the doctoral program, I believe the training I have received has prepared my head, heart, and hands for the future. I fully understand and appreciate what my supervisor told me at our first supervisory meeting: "I want you to develop holistically."

2 Self-Reflection

The nurturing of researchers in nursing and healthcare is about educating the person holistically with an inquiring mind, passion, and heart to serve mankind with science. The ultimate aim of nursing and healthcare research is not just creating new knowledge but making impacts on human lives for better health and optimal well-being. As a mentor, I have always observed the above beliefs in research and education. The experience of coaching Arkers and Jonathan has brought me to a different horizon, adopting the strategy of co-creation. The strategy of co-creation means the engagement of stakeholders in an alliance learning process in which the teacher and student actively participate in continuous dialog [2]. The co-creative dialog allows something new and unforeseen to occur. This involves risk-taking, since there may be a disappointment, frustrations, and the occurrence of mutually challenging episodes in the process [3]. However, co-creation encourages both teacher and students to listen to each other, build an understanding of alternative perspectives, and derive a shared resolution of issues [4]. The mentoring journey, embracing the elements and dynamics mentioned above, requires the readiness and commitment of all individuals in the team. I am grateful that the two young men are not only intellectually astute but have an open and daring attitude to create and travel on a pathway that no one has trodden before. In the dynamics of co-creation, the ability to critically reflect, think independently, and be creative is key. These are important attributes of twenty-first-century knowledge workers in navigating the unforeseeable future [2]. As I nurture these attributes in my students, I learn and deepen these attributes myself. The growth and learning are mutual. As the student becomes a different person and develops holistically, so do I. In the future, I wish to learn about the accomplishments of these two colossi, Arkers and Jonathan, not directly from them but from peer scholars and clinicians who use and quote their work.

3 Best Practice, Evidence-Based Practice

Throughout the mentoring process, two models of care have been built. One is a health–social partnership model for older adults dwelling in the community. The model has been tested empirically using a randomized controlled trial with positive outcomes including enhanced quality of life, medication adherence, and self-efficacy for the intervention group [5]. The other model developed is a transitional care program in support of burn patients returning home after an acute episode of burn injury. The program was constructed based on the needs of the burn survivors [6] and their family members [7]. A randomized controlled trial has been conducted to test the effects of the program [8], and the preliminary findings show promising results.

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Mentorship as a Tool to Facilitate Global Collaboration

Caleb Ferguson and Patricia M. Davidson

The delicate balance of mentoring someone is not creating them in your own image, but giving them the opportunity to create themselves.

—Steven Spielberg

Objectives

1. Outline the importance of considering the Sustainable Development Goals in improving global health.
2. Appreciate the need to consider diversity and cultural pluralism in contemporary nursing.
3. Discuss the role of mentorship in developing leaders to foster global collaboration.

1 The Mentor and Mentee Narrative

I began my relationship with Caleb Ferguson RN PhD as his doctoral supervisor, but quickly our relationship evolved to being professional colleagues. I have learned so much from Caleb, and he actually taught me how to use Twitter! This has empowered me to use social media to advance the issues that I care about and engage with nurses globally.

Caleb is now a Principal Research Fellow and Associate Head of School (Research). He holds a prestigious Emerging Leadership Fellow from the National Health and Medical Research Council and leads a programme of clinical research in stroke prevention, cardiovascular disease, frailty science and digital health. He has expertise in translational research methods and implementation science. I have watched Caleb develop as a nurse leader, and now, he is an independent scientist and a powerful patient advocate. It is so gratifying to see him with his own mentees and the sustainability of cardiovascular nursing.

I think what has solidified our relationship is our joint commitment to social justice. This chapter presents our thoughts on the role of mentorship in advancing global health. We hope you find this information useful in forging your own mentor/mentee journey.

> *The delicate balance of mentoring someone is not creating them in your own image, but giving them the opportunity to create themselves*. (Steven Spielberg)

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2 Introduction

The Sustainable Development Goals (SDGs) set an ambitious yet essential road map to promote health, equity and the viability of the planet [1]. Nurses, who are the largest group of healthcare providers, play an important role to address the SDGs. The global nursing workforce is 27.9 million, representing 59% of total healthcare workers representing a powerful force for change [2]. There is strong evidence of where nurses are more educated the populations they care for have better health outcomes, but in many parts of the globe many nurses do not have access to baccalaureate and advanced practice degrees and their earning potential and ability to engage in decision-making are impaired by gender norms and the power of entrenched biomedical models [3].

Globalisation, fuelled by the digital revolution, has led to increasing connectivity leading to substantial economic growth. This has not always led to the sharing of benefits fuelling a wave of nationalism and populism. Low- and middle-income countries have traditionally looked to established economies to support their growth and development, and much of this has occurred through the internationalisation of not just higher education but also professional groups and societies. These relationships have not always been successful due to entrenched power differentials and inadequate resources. The internationalisation of higher education refers to the process of student and faculty movement to build skills, capacity and knowledge exchange at the global level. Mentorship in both formal and informal settings has the potential to address Sustainable Development Goals. The COVID-19 pandemic has highlighted not only the fragility of global connectedness but also the critical importance of partnerships and collaboration. Mentoring using negotiated frameworks and sponsorship, where appropriate, is important in advancing nursing science globally. In this chapter, we define mentorship, outline the enabling aspects of technology, provide exemplars of mentoring models and emphasise the importance of sponsorship. Promoting positive role models and engaging in advocacy and intentional development of individuals and organisations are critical in developing capacity and achieving positive health outcomes for the world.

3 What Is Mentorship?

Mentorship is a mutually beneficial, synergistic relationship in which a more experienced individual guide, provides advice and counsel and nurtures the professional development of another. Traditionally, this occurs outside hierarchal reporting structures and ideally is a collaborative and mutual learning relationship. Mentorship appeared within the nursing literature in the 1980s, but it was not until the 1990s that it was fully embraced [4]. The effective mentoring relationship extends beyond managerial concepts to show a less experienced person the way. This extends beyond core competencies and often focuses on nuanced aspects of organisational behaviour and often political dynamics. The relationship between a mentor and a mentee does not occur organically. The best mentoring relationships are thoughtful and intentional with clear roles and accountabilities [5]. A good mentor is empathetic and constructive through sharing experiences and reflecting on their mentee's goals, aspirations and career goals. There needs to be a clear definition of goals (short term and stretch goals) and expectations that are mutually agreed. It is important that the mentor see their role as enabling and supporting, not controlling. Mentorship can take place informally or in more structured and organised mentorship programmes, often facilitated by professional organisations, such as Sigma Nursing or the Australian College of Nursing. Mentoring and coaching are critical components of professional success for nurses globally and can occur in individual and group settings. Although the terms mentoring and coaching are used interchangeably, more commonly coaching is more directive and goal-orientated and short term. Another aspect that is increasingly important to consider is sponsorship. Sponsorship is a very purposeful process of advocating for another individual, promoting

their visibility, creating credibility and providing connections. Sponsorship is increasingly recognised as a critical component of career advancement [6]. Sponsorship may be perceived as more of a riskier activity than mentorship, as the sponsor is investing in their professional reputation. Sponsorship may build on the trust and confidence gained through effective mentorship. The role of technology has been enabling in facilitating networking and collaborations internationally. The virtual world has opened the possibilities for collaboration spanning across the world, once restricted by geographical location and limited by travel. The widespread adoption of videoconferencing and social media has assisted to provide increased connectivity and networking between potential mentors and mentees.

3.1 What Forms Can It Take?

Mentorship can take many forms. Traditionally, we consider dyadic mentoring where one individual has more expertise, but other forms include distance, group-based and peer mentoring [7]. Moreover, mentoring can occur in both formal and informal settings. Some forms of mentoring focus specifically on career stages (e.g. early career) and professional development, while other forms can focus on specific issues of personal and professional growth. Some forms of doctoral education focus on mentorship models and where success can span many years even beyond graduation [8]. Longitudinal models of mentorship are considered particularly important in settings such as universities for junior faculty members, and this should be a continual key focus for senior members of the academy. This does not need to be locally based but can span settings, institutions and national borders [9]. An emerging trend in some settings is that of *'reverse mentoring'* where junior and senior individuals are paired to learn generational norms and skills, or provide new perspectives on important trends, such as social media [10]. Reverse mentoring is an important strategy to bridge generational divides within organisations, learn new skills and approaches to work and develop new mindsets.

4 Why Is It Important?

Mentorship can have a positive effect to improve graduate transition, through the development of autonomy and empowerment, self-confidence and competency [11]. Mentoring can also help create a positive workforce culture, support well-being and provide career satisfaction. Mentorship programmes have been reported to reduce workplace stress and anxiety, reduce fatigue and burnout and staff turnover and human resource-related expenditure. Other benefits include improved coping skills to help the mentee thrive and develop political and leadership skills such as negotiation, advocacy and bargaining [7]. The mentor can also take pride in the mentee's professional development and achievements and achieve a sense of 'giving back to the profession' and peer recognition for their contribution.

Mentorship is important at the level of the individual, the profession and broader society.

We will not advance the work life and welfare of individual nurses unless we address societal factors. The place of your birth largely influences your overall health and well-being.

> *What gives people the chance for a good life is when the entire society and economy around them changes for the better. This is what development and economic growth are about transforming a place so that what was previously only attainable for the luckiest few comes into reach for most.*
>
> *Source:* University of Oxford https://ourworldindata.org/global-economic-inequality.

The State of the World's Nursing 2020 Report commits to an agenda that will drive and sustain progress to 2030. Specifically, this report calls for the following goals to strengthen the nursing workforce to achieve the SDGs and strengthen the primary healthcare workforce for universal health coverage.

- Invest in the massive acceleration of nursing education—faculty, infrastructure and students—to address global needs, meet domestic demand and respond to new and changing technologies and advancing models of integrated health and social care.
- Create at least six million new nursing jobs by 2030, primarily in low- and middle-income countries, to offset the projected shortages and redress the inequitable distribution of nurses across the world.
- Strengthen nurse leadership—both current and future leaders—to ensure that nurses have an influential role in health policy formulation and decision-making and contribute to the effectiveness of health and social care systems.

These goals are both inspirational and aspirational. Achieving these goals is going to be dependent on mentorship models that are respectful, empowering and recognising inherent power differentials.

5 What Are Models That Are Acceptable?

Colonialisation over many centuries has impacted not only politics but also global health [12]. The Global North and Global South divide is a stark description of power, access to resources and as a consequence health outcomes. First Nations people internationally have been impacted by invasion, colonisation and discrimination [13]. Achieving global collaboration will require frank and fearless conversations on colonialisation, power and distribution of resources. Mentorship models that do not recognise the importance and value of diversity, equity and inclusion are unlikely to achieve meaningful collaboration, or be sustainable. It is also important to consider that it is not only income that drives inequity but also factors such as gender, age, ethnicity, sexual orientation, class and religion requiring the lens of intersectionality to understand societal function. These factors influence opportunities and access to education and services. Further, although income differentials have decreased between countries these have decreased within countries fuelling migration, geopolitical tensions and conflict. For example, the average income of people living in North America is 16 times higher than that of people in sub-Saharan Africa. Drought, pandemics and conflict have challenged living conditions.

6 Mentorship to Increase Diversity and Global Participation

Mentorship programmes can improve diversity in the organisation by establishing career pathways and supporting career progression. Getting the right dynamic to identify and improve skills and knowledge necessary for advancement is necessary. Commonly, individuals like to see individuals from similar background as role models. Graduates often seek out role models with similar socio-cultural backgrounds, who are relatable and inspirational. For First Nations peoples, having mentors who can teach Indigenous methods and share knowledge is of critical importance. Taking the time to understand different cultural norms, such as communication styles and cultural practices, is critically important within a social–ecological context [14]. A practical example of an activity to enhance cultural norms and practices within workplaces might include a monthly ‘potluck lunch’, where individuals gather and everyone ‘brings a plate’ or contributes to a different meal, which is often homemade and these are shared amongst attendees. This helps develop a connection through storytelling and food. Celebration and acknowledgement of different significant cultural events, within work teams, are also important as is the fostering of personal relationships and understanding.

If organisations are serious about diversity, equity and inclusion, they need to ensure that there is representation in all facets of the organisation, particularly in leadership.

As many mentorship programmes focus on career advancement, many programmes focus on

leadership and development of confidence. It is also impossible to deny the positive aspects of networks, particularly those achieved in group mentorship programmes.

7 What to Consider When Entering a Mentoring Relationship

When entering into a mentoring relationship, it is important to consider what you would like to obtain from the relationship. Good mentoring relationships are built on trust and authenticity; mutual respect; clarity of goals and expectations; reciprocity; flexibility; and negotiation. Do not be shy in reaching out for mentors. Quoting Hugh Kearns [15] '*A ship in a harbour is safe, but that's not what ships are made for. You have to set sail. Take the risk. Put pen to paper. Send the draft. Make the call. Ask for the meeting, Apply for the job, award, grant. Be brave and take action'*. You may also need multiple mentors for specific areas of your professional development and growth. You may be surprised by the willingness and interest of potential mentors.

8 Recognising Power Relationships

Inherently, the mentor–mentee relationship holds a power differential. It is important that there are safeguards to prevent the abuse of power [16]. Negative, destructive and abusive mentoring relationships can occur. Therefore, formalising mentoring relationships and embedding evaluation can be useful. A mentoring agreement outlining mutual goals and expectations can be useful and help in mitigating power relationships. Identifying clear expectations from the outset and regular recalibration of objectives and purpose can be useful [17]. Completion of a validated scale by both the mentor and mentee can be helpful to guide discussion and shared decision-making and develop clear role expectations, boundaries and responsibilities.

9 The Digital Revolution: Potential and Pitfalls

Digitalisation has increased the capacity to network globally, and this will be an important platform for mentorship and information sharing in the future. Historically, the availability of mentors was limited by geographical location, the ability to travel and the purview of conference networking events. Nowadays, individuals can access world nursing experts and leaders from across the globe via their smartphone and engage across social media platforms, such as LinkedIn and Twitter, or closed groups such as directories via peak bodies, such as Sigma.

The availability and quality of the digital infrastructure can limit access, and of course, ensuring confidentiality is an important consideration. In addition, individuals may require support in acquiring digital competencies. Increasingly, there is access to mentoring software that can not only enable the pairing of mentors and mentees but can also track progress and monitor outcomes [18]. The COVID-19 pandemic has driven online collaboration and the increased uptake and utilisation of webinars, videoconferencing and connectedness via social media and smartphone apps for mentorship.

10 The Role of Mentorship in Organisations

The power of mentorship in driving individual and organisational performance means that many institutions foster these programmes and sometimes assign mentors. These programmes benefit both mentor and mentee, introduce new employees to organisational culture and develop important skills in promoting professional goals and navigating institutional politics [16]. The role of executive support and sponsorship is critical for the development of these programmes, particularly to advance minorities [19]. Moreover, many of these programmes are made more successful by providing infrastructure and administrative support.

11 Mentorship and Best Practice in Action

In order to illustrate the factors discussed above, we provide two case studies that demonstrate the role of mentorship in forging global collaboration and the development of individuals. When establishing mentorship programmes, there is no need to 'reinvent the wheel', and there is the potential to draw on established and reputable models and networks. Commonly, professional organisations can provide infrastructure, support and resources to promote collaboration. Do not be hesitant in engaging in programmes that are multidisciplinary as they can forge cross-disciplinary networks and build new skills. The World Heart Federation [20] Salim Yusuf Emerging Leaders Programme was created to develop a long-term cadre of experts who collaborate, research and act to reduce premature mortality from the cardiovascular disease globally. This programme provides mentoring, training and networking opportunities in cardiovascular health policy and implementation science for healthcare practitioners, researchers and global health advocates. The Consortium of Universities for Global Health [21] offers the Academic Program Advisory Service Initiative (APPI) and matches academic programmes wishing assistance with mentors.

Case Study 1 The World Stroke Organisation Future Stroke Leaders Programme

The world stroke organisation is the global peak body for stroke. The programme seeks to build and connect a global talent pool to the support building capacity of future stroke healthcare researchers and leaders.

Participants are a small global cohort of 32 outstanding individuals who have demonstrated potential for long-term promise through their early career successes, creativity, passion and commitment for improving stroke outcomes and preventing stroke. Through participation, it is hoped that these individuals will lead change both locally in their own countries and globally.

The 2-year programme brings together participants to engage with new research and quality improvement tools and resources that are designed to improve stroke services and provide advocacy for investment in stroke services. The curriculum is provided in a hybrid learning format, including online webinars with expert speakers, bespoke workshops and an intensive face-to-face residential WSO future leader summit. The curriculum was developed by WSO faculty and includes key areas such as stroke prevention, pre-hospital hyper-acute care, post-stroke care and rehabilitation. The programme uses multidisciplinary collaboration to drive learning in key areas including critical appraisal, research design and trial management, development of quality improvement tools, writing for publication and policy and advocacy. Participants are coached and mentored by world-leading, multidisciplinary stroke clinicians and faculty. Participants also can attract small grant funding to work collaboratively on a priority research project in their area of interest.

Reference: https://www.world-stroke.org/news-and-blog/news/wso-future-leaders-program.

Case Study 2 Australian College of Nursing Emerging Nurse Leader Programme

The Australian College of Nursing is the peak body for nursing in Australia. The college provides a bespoke national leadership programme for emerging nurse leaders. The programme is designed to assist nurses to develop leadership skills and confidence through access to high-profile nurse

leaders, coaching and mentorship, career and professional development opportunities. The programme is self-paced and self-driven, and participants are required to engage in independent learning activities throughout the programme.

The nursing emerging nurse leader program provides mentorship, but also opportunities for networking with nurse leaders, invitations to bespoke events and leadership workshops, access to professional development webinars and the opportunity to attend the national conference.

The programme has six broad outcomes including (1) building greater awareness and understanding of leadership qualities; (2) improving leadership confidence and effectiveness; (3) developing a social, ethical and professional understanding of healthcare; (4) increasing understanding of the socio-political contexts of nursing; (5) increasing understanding of the change management mechanisms and approaches in healthcare; and (6) increasing understanding of nursing policy, education and research. The programme is structured in five stages, where participants are empowered to learn, grow, reach, achieve and lead. This provides career development across the career continuum from undergraduate/pre-registration training, to new graduate transition to practice and to more advanced career stages and advanced leadership.

Reference: https://www.acn.edu.au/leadership/emerging-nurse-leader-program#:~:text=About%20the%20program&text=The%20Emerging%20Nurse%20Leader%20(ENL,coaching%20and%20professional%20development%20opportunities.

These are just two examples of formalised programmes to facilitate mentorship and leadership development. Assessing these programmes and reaching out for assistance or adopting existing models can achieve many benefits including saving time and creating networks [22].

12 Facing the Future

Before the COVID-19 pandemic, there was an estimated 5.9 million global shortfall of nurses [2]. Global disruption may aggravate the global maldistribution of nurses and fuel international flows of nurses from low/middle-income countries to high-income countries. Addressing this workforce shortage will require multiple strategies and resources. Mentoring can play a critical part in building strength and capability in the nursing workforce.

The health of the global nursing workforce cannot be isolated from political processes, geopolitical factors and the risks of global pandemics [23]. The COVID-19 pandemic has been a major disruptor of the nursing workforce influencing nurse retention. Disturbing stories of increased fatigue, burnout and higher nurse turnover and shortages dominate the media. This underscores the importance of building capacity and mentorship and professional support as critical tools to address workforce and patient needs [24].

There will also need to be a range of policy interventions that promote the role of nurses in society and also provide the recognition and compensation that nurses deserve. Engaging in the policy environment often requires a set of skills not commonly taught in nursing schools, in particular communication and advocacy. In addition, much of our professional socialisation and feminisation of our profession has taught us to follow and not to lead and this is amplified in many countries.

13 Role Models and Mentors Can Be Very Powerful

Congresswoman Underwood is a nurse and alumna of Michigan and Johns Hopkins University, and in January 2019, she became the youngest African American woman to be elected to

Congress at just 32 years. She believes all Americans should have high-quality, affordable health care, and she has made this her life's work. In Congress, she is focused on protecting people with pre-existing conditions, lowering health insurance premiums and drug prices and expanding access to mental health care.

Professor Sheila Tlou is a nurse, politician and advocate. Former Minister of Health of Botswana from 2000 to 2004, Professor Tlou is widely recognised as a visionary leader and advocate, particularly through her initiatives on HIV and AIDS, gender and women's health. Professor Tlou headed the Nursing Education Faculty at the University of Botswana and has made outstanding achievements in advancing health care and the nursing profession.

These inspirational nurse leaders can provide mental models in mentoring relationships and let us know that anything is possible, that odds can be overcome, barriers broken and glass ceilings shattered.

14 Self-Reflection

Our relationship (Caleb and Patricia) has evolved from student and teacher to professional colleagues. This relationship has formed over many years and has been fostered by mutual openness and respect and a commitment to life—long learning. This means dismantling traditional hierarchical relationships in a context of respect and reciprocity. We have learned a lot from each other and are committed to advancing nursing as a social good and a vital source in society.

15 Conclusion

Mentorship does not just happen organically. Mentorship relationships take time and attention. Individuals with mentors often perform better in their roles, advance in their careers and feel better supported. Role delineation, boundaries and guidelines are needed if the relationship and programme are to be successful. The COVID-19 pandemic has emphasised the importance of collaboration, partnership, capacity development and connection. We all live in this world inextricably linked, and the COVID-19 pandemic has underscored our interconnectedness and the importance of collaboration, partnership and leadership. Developing meaningful partnerships that address entrenched inequalities and power relationships is important in moving to a more just, equitable and peaceful world.

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Resources

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The HEARTS Across the Lifespan and Health Span in Research and Academia: A Socio-ecological Process

Rose Eva Bana Constantino
and Pearl Ed G. Cuevas

All great things are simple, and many can be expressed in a single word: freedom, justice, honor, duty, mercy, and hope.

—Winston Churchill

Objectives
At the end of the chapter, the reader will be able to:

1. Discuss the concepts of the socio-ecological model in personal, interpersonal, community, and societal intersections, to coalesce with the HEARTS study in the mentoring relationship.
2. Conceptualize resilience and social support as an intervention toward teaching and learning the transformation from the science of mentoring to being human.

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1 The Mentor and Mentee Narrative

Mentoring is a complex developmental relationship that contributes to individual growth and career advancement in education, research, practice, and leadership [1, 2]. The mentor and mentee used the socio-ecological model (SEM) to remind them of the domains that they must be aware of and intentional in the mentoring relationship [3]. They needed to mutually understand and accept each domain they represent, which influences and is influenced by each domain. For example, in the personal domain, attitudes, and beliefs affects and are affected by their behavior and worldview, resilience, doubts, expectations, and fears. The interpersonal domain, family, relationships and who will they collaborate with beyond the mentoring relationship as they influence and are influenced by each domain. Community or environment at home, work, and professional milieu influence and are influenced by each domain. Society and its global worldview influence the mentoring relationship along with their social determinants of physical, mental, social, spiritual, and economic health. From

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their first meeting at the Sigma's conference in Puerto Rico, up to the present, each domain is accommodated, defined, and established as they implemented health, experience of abuse, resilience, technology use, and social support (HEARTS) research study. The concepts of SEM coalesced into HEARTS and nourished their mentor/mentee relationship.

The research on HEARTS for Older Adults unified their collaboration [4–6], becoming the central focal point that occupied their roles as educators, practitioners, researchers, and leaders. The findings lead them to develop an intervention (resilience and social support) that informs the mentoring relationship on how to reflect upon and recognize abuse whether intentionally or unintentionally delivered by a partner, family, an institution, or society through policies. They must recognize, respond, and engage in help-seeking behaviors; improve resilience; and increase their experience of social support. The SEM shows relationships that represent how mentor and mentee are interconnected with the environment and barriers and opportunities that affect them and are affected by them. They clustered HEARTS variables on health, the experience of abuse, resilience, technology use, and social support and categorize them under SEM domains, as fish to water in the social determinants of health research and academia.

2 Mentor's Narrative: Rose Eva Bana Constantino

In their quest to implement a research study during this mentoring relationship to improving health care for all lifespan (all age groups) and health span (the portion of life spent in good health), they developed specific aims from evidence-based literature. Elder abuse is a public health and justice problem, and it has been shown to catalyze premature social/behavioral aging robbing older adults of their dignity, security, and quality of life while bringing a higher risk of illness and death than older adults not experiencing elder abuse. The mentor is in this age category, but she is healthy; however, she has seen examples of abuse, trauma, and neglect in the family law practice. The consequences of elder abuse are dispersed, and most interventions are diffused and use a scattergun approach; therefore, there is a critical need to prevent or reduce elder abuse with a more comprehensive approach that would integrate theory-based social/behavioral primary prevention (before abuse) and secondary interventions (treatment of the abuse) while collaborating with the older adult and family to enhance their resilience and social support for tertiary prevention (recovery, after the abuse). Their comprehensive approach to prevention and intervention efforts could change the trajectory of outcomes of experiencing abuse by helping survivors engage in help-seeking behaviors, overcome their fear of the perpetrator, reduce their shame and stigma surrounding their experience of abuse, and improve their resilience and social support [7].

Conceptual Framework Conceptualizing and designing a resilience and social support intervention applying the SEM as they did in their mentor/mentee relationship are important. They clustered HEARTS variables on health, the experience of abuse, resilience, technology use, and social support, categorize them under SEM domains, personal, interpersonal, community, and society, and connect them with aims and outcomes (Fig. 1).

The conceptual framework helps them focus on the roles that impact designing and implementing an intervention, to address access, reach, delivery, engagement, effectiveness, scalability, and sustainability of the intervention. They imagined what success can be borne out of the chaos of a pandemic in determining the feasibility and effectiveness of resilience and social support intervention**.** They hypothesized that participants in the intervention will report improved help-seeking behaviors, health, resilience, technology use, and social support outcomes. Approval from the University of Pittsburgh and Centro Escolar University in Manila Institutional Review Board will be obtained.

Their fervent wish is to establish an infrastructure for interdisciplinary research and prac-

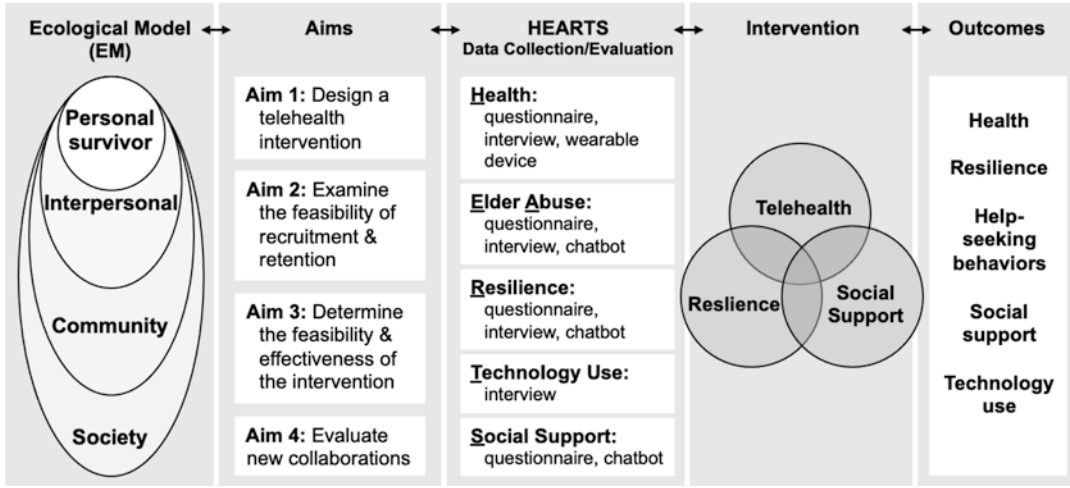


Fig. 1 Constantino drawing of the SEM as a conceptual framework along with HEARTS = H (health), EA (experience of abuse), R (resilience), T (technology use), S (social support), and the multidirectional pathways of the effects and outcomes of a resilience and social support intervention

tice, with collaboration and community participation that informs primary prevention and interventions, reducing the burden of replenishing resilience and social support to prevent or reduce the consequences of elder abuse. Elder abuse includes physical abuse (15.7%), emotional abuse (11.6%), sexual abuse (1.9%), passive neglect and willful neglect (11.6%), and financial exploitation (13.8%), but it is often underreported by survivors due to shame, stigma, inability to recognize, and fear of perpetrators [8]. About 50–90% of older adults have lifetime exposure to elder abuse and traumatic events [9]. Women who were abused reported poorer mental health outcomes and quality of life, a 3.12 (95% CI −2.68 to 3.62) 72 mentally unhealthy days in a year; that could negatively impact performance, life satisfaction, or perceived health than women who were not abused [10]. They (mentor and mentee) conceptualize and designed resilience and social support interventions.

Resilience and Social Support Intervention We will elucidate causal pathways underlying resilience and social support in older adults experiencing elder abuse using the theory of resilience [11] and social support [12]. Resilience is the capacity to resist, adapt, or recover from a challenge. Elder abuse is a challenge and resilience and social support as protective factors. Resilience (internal and personal capacity) and social support (external and interpersonal/community resource) have multidirectional and reciprocal relationships among thought, emotion, and behavior toward others, and making a positive change in one of them will have a positive impact on the other [13, 14]. They propose to design a telehealth resilience social support intervention by linking resilience and social support as an intervention for older adults who are experiencing elder abuse. Some have studied resilience and others studied social support, while others combine them, attributing resilience to social support and vice versa, but few conceptualized, contextualized, and operationalized a telehealth resilience social support intervention for older adults experiencing elder abuse (Fig. 2).

Research Studies During the Mentoring Relationship They elucidate causal pathways underlying resilience and social support in elder abuse in the first correlational study assessing the HEARTS as foundational variables in assessing **h**ealth—using the Patient-Reported Outcomes Measurement Information System (PROMIS)

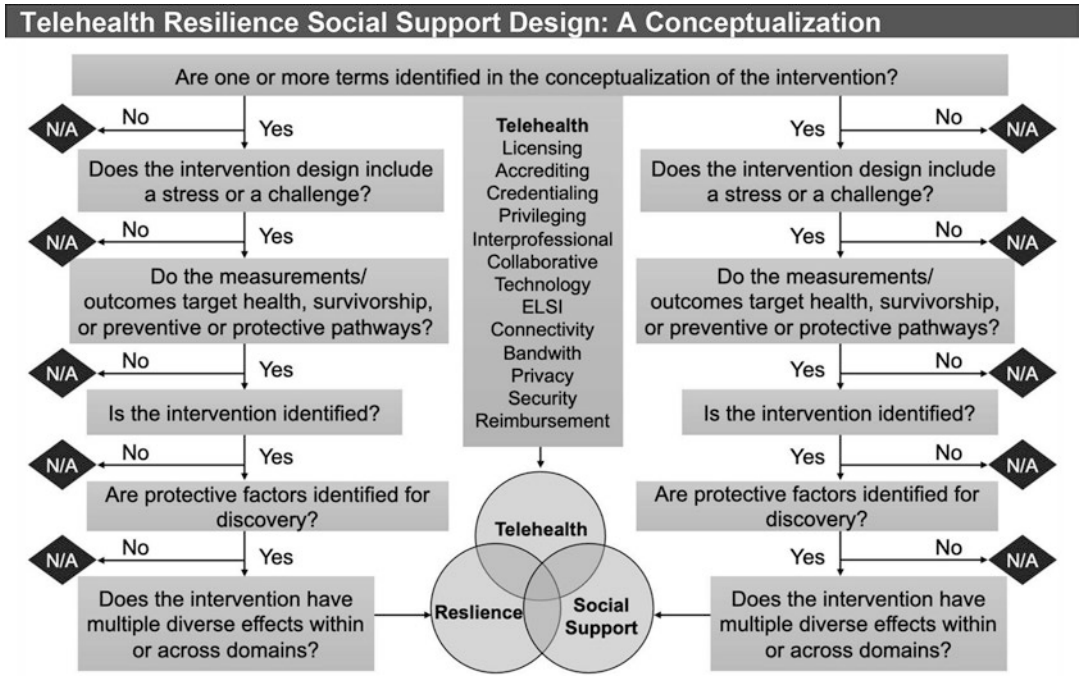


Fig. 2 Constantino drawing of Resilience and Social Support Intervention design: A Conceptualization and Mapping. (Adapted from the Trans-NIH Resilience Group [15] and the American Board of Telehealth [16] and key research terms in the design of the Resilience Social Support Intervention)

[17], **e**lder **a**buse using the Elder Abuse Suspicion Index (EASI) [18]**, r**esilience using the Connor-Davidson Resilience Scale (CD-RISC) [19], **t**echnology use, and **s**afety through an interview. They recruited $n = 42$ healthy male and female older adults, 60 years and older in the Pittsburgh area. Findings showed that PROMIS subscales on physical function, anxiety, depression, fatigue, sleep disturbance, sleep-related impairment, ability to participate in social roles, pain interference, and intensity were correlated with each other. Resilience was correlated with anxiety [−0.46, $p = 0.014$] and depression [−54, $p = 0.008$]. The second HEARTS study was with $n = 80$ healthy male and female 60 years and older participants in Manila, Philippines, one was a qualitative study on older adults' perceptions of abuse, and the other was a correlation study of HEALTH. Results showed that a low score on abuse suspicion was associated with higher health status. The third HEARTS cross-sectional study was with $n = 161$ healthy males and females, 60 years and older adults. Results showed that among all health indicators in PROMIS, sleep correlated negatively with abuse suspicion ($p = 0.027$). Resilience had a significant moderating effect between abuse suspicion and anxiety ($t = -2.52$; $p = 0.01$) and abuse and pain interference ($t = -2.01$; $p = 0.05$), and technology use (mobile phones) had a mediating effect between resilience and anxiety ($t = -2.41$; $p = 0.02$). Their next step was to design resilience and social support interventions [4–6].

3 Mentee's Narrative: Pearl Ed G. Cuevas

Mentoring is a complex and dynamic relationship that evolves when two people share a commitment to developing one another in such a way that they can share their passion and advocacies. That is the developmental relationship that emerged between mentor and mentee, not just individuals but shared growth as researchers, academics, and individuals with unique

qualities, attitudes, and philosophies. Our mentoring relationship used the socio-ecological model (SEM) as a framework for this complex and dynamic union of two different individuals coming from different contexts and living in diverse environments. The mentor is coming from a high-income country such as the United States, and the mentee comes from a low-income country such as the Philippines. Research collaboration was challenging to say the least, because of the difference in research infrastructure. However, for the mentoring relationship to flourish, the dyad requires an understanding of each other's personal, interpersonal, community, and societal domains.

On a personal level, we started as strangers who met at a Sigma event. Although we have one commonality and that being we are both Filipinos, the mentee directly comes from the Philippines and the mentor has stayed in the United States for more than 55 years. The age gap posed a challenge to the dyad, because of differences in interests, music, movies, and foods due to her religion. Thus, both made a conscious effort to understand where each other is coming from. Being "personal" means to be concerned with the individual's private life, relationships, and emotions rather than only with matters connecting to their professional career. We have met common friends and family members so that our family members now become friends. However, to get more personal into a mentoring relationship would mean to determine the character of everyone to see the "fit" of our working relationship and progress to the interpersonal level.

The interpersonal level is the manner of communication used in the mentoring relationship. Initially, this is a challenge because of distance, technology use, and a few language barriers. However, all the mentor and mentee needed was to devise a communication platform wherein ideas are clarified, welcomed, and respected. Each opinion matters and can be an avenue to work further on the relationship. Mainly, communication in this respect is related to research endeavors, and although the dyad does not have the same academic preparations, both convene as professional nurses. Thus, shared passion and interest were important to ignite the fire of wisdom in this mentor–mentee relationship.

The community domain is the feeling of fellowship that emanates from each other because of sharing common interests, goals, and attitudes. Our advocacy to develop research interventions to help older persons experiencing elder abuse is the binding force that brings us together to create and publish relevant research that can help this population group, although they both speak fluent English when talking with older adults in the community, in the Philippines, in Manila, where the dialect is Tagalog, and the mentor is originally from Mindanao whose dialect is Cebuano. Sometimes she uses her Cebuano dialect, and no one understands her, not even the mentee. The societal domain deals with how we communicate contexts that influence and are influenced by the social and institutional milieu. Research in older person care was our university's niche because of the booming needs of this age group. As nurses, we have the social responsibility to create research innovations in older person care, influenced by societal relevance.

4 Mentor Self-Reflection

As a faculty member in nursing, and a practicing lawyer in Family Law and Collaborative Law with a Ph.D. in psychiatry and mental health nursing, the mentor's experience has taught her to Collaborate, Anticipate, Listen, and Manage (CALM) in times of stress in this unprecedented challenging situation in the mentor–mentee relationship. CALMing down greatly contributed to her personal and professional life's trajectory sipping into the mentoring relationship. She integrates personal and professional life into learning, teaching, research, practice, and leadership. A paradigm shift in autonomy (respect), justice (fairness), veracity (truthfulness/transparency), and empathy guide her journey as a mentor. Her Family Law and Collaborative Law practice relates to her research, teaching, and leadership roles in caring for individuals experiencing abuse, trauma, and violence. This is the essence of the mentoring relationship.

They built an international interdisciplinary diverse team completing a research study on HEARTS (health, experience of abuse, resilience, technology use, and social support), a synthesis of lessons learned from family, students, BSN from the Adventist University of the Philippines, MN, and Ph.D. from the University of Pittsburgh, JD from Duquesne University, and many organizations and institutions in law, nursing, and health. She contributes to science, law, and nursing productively. Between 2016 and 2017, during her Fulbright Scholarship in Amman, Jordan, at the University of Jordan, she taught the effects of abuse on the health and human rights of women, also oriented the mentee with the culture and ethnicity in Jordan, and compared their similarities and differences in the Philippines and the United States. Between 2017 and 2019, during her *Balik* Scientist in Manila (at the Centro Escolar University) the mentee's institution, and Cebu City, Philippines, (Cebu Normal University), they continued to perform research on abuse and violence. They saw abuse and neglect the physical, mental, social, and spiritual health of older adutls spilling over into fuctional and cognitive issues building in the mentoring relationship. This is when the mentor met the mentee's interpersonal, community, and societal domains—her family, friends, work, institution, and social infrastructure and made it into her domain-like fish to water during their mentoring relationship. The mentoring relationship benefited from the diversity, equity, and inclusion that the dyad is passionate about in dealings with each other and other collaborators.

They have been witnesses to violence, abuse, disasters, grief, and trauma as hidden pandemics behind the pandemic. They have conceptualized resilience and social support intervention where HEARTS (health, experience of abuse, resilience, technology use, and social support) are managed. The mentor received the American Nurses Association (ANA) Jessie M. Scott Award for a nurse who integrates education, research, and practice in his/her profession. In 2017, the mentor received the *Balik* Scientist Research Award from the Department of Technology and Science, Philippine Council on Health Research and Development, and in 2020, the mentor received the ANA Hall of Fame Award bestowed on a nurse who exemplifies leadership, mentorship, and research. We shared these awards making it an example of understanding SEM, interpersonal collaboration, and caring for the HEARTS of our mentoring experience.

Looking at the current rise of intimate partner violence, and elder abuse, it took a toll during the pandemic with closed family courts, and nowhere to seek help. Their efforts to design telehealth resilience and social support intervention will help. The pandemic transformed the way the mentor and mentee live, learn, lead, practice, and grow and may not change even as COVID-19 and all its variants ever so reluctantly recede. Nursing is a field that manages survivors of illness, neglect, grief, and trauma and works to make the aftermath of tragic experiences easier to cope with. During their relationship, they strengthen their clinical judgment and decision-making. Their unrelenting belief in autonomy (uniqueness and critical thinking) and justice (fairness and accommodation) were rehearsed through mental simulations and return demonstration. Ethical reasoning is the building block of clinical judgment, enhancing diversity, equity, and inclusion establishing professional identity and role-specific competencies in caring for survivors, and the mentor/mentee relationship is paramount [20].

5 Mentee Self-Reflection

A role model is someone that I look up to and want to emulate. So, it came as a pleasant surprise that the role model I admire is also willing to be my mentor. Although I have always believed that my innate capacity to do research is above mediocre, I am thrilled that my mentor saw that "something" in me that was worth cultivating. In a diverse and changing world, few people will give their time to work for and look after the growth of a person in the same way that a mentor does. I have been a product of teachers who are so far advanced that I cannot reach them. Often this relationship results in frustration and learn-

ing does not happen. So, getting to know a selfless person that helps to mold my character is priceless and this opportunity is truly life-changing for me. I realized later that only a self-actualized person can be a mentor because that is when they can freely and willingly share what they have. One of my most respected teachers in the Ph.D. program once said, "The true measure of a teacher is when the student surpasses them after the learning process." That is what mentorship must be like to give your all to the development of the individual. It is not about producing a personal clone but about discovering the potential of the individual for greatness far beyond her imagination. In the process, being the wind beneath their wings and supporting what she wants to become.

When I met my mentor, I realized how blessed I am to stumble upon a kind soul. I feel like I have a second mother who looks after my welfare. She is someone who corrects me when I am wrong and engages me in relevant conversation to produce wisdom. Despite being based in the United States, she guides me even if I am in the Philippines via email, chat, and calls. The distance was not much of a concern for us because it was bridged with virtual constant communication. Our talks are mostly engaging and keep me engaged in research that we both want to pursue. We also worked on several projects, which helped us to grow and mature as an individual and as a professional. Our advocacies in helping with older person care have coincided, and this is the passion that burns us to do research. Her presence is constantly reassuring and inkling me to achieve beyond my expectations. She encouraged me not just to do research but to better my craft and to use research information in my daily quest for knowledge.

When we first met in Puerto Rico at a testimonial tea gathering of Sigma for the education grantees, I was a beneficiary, and she was the sponsor. I was genuinely excited to meet her as my sponsor because I would like to personally thank her. I was thankful that the first opportunity to met her was followed by several collaborations in research, mentorship, and leadership. When I formally requested her to mentor me for Sigma's Gerontology Nursing Leadership Academy, I was afraid that if she said "no" to me, that would be the end of my academic dream, but when her response was "yes" I braced myself for firm supervision. Instead, I found myself on a great adventure ride to self-fulfillment. I fondly remember staying in her hotel room until midnight to practice my elevator speech. When discussing lessons, we both learned from the sessions. The dynamic process of mentoring allows us to merge knowledge and skills in the socio-ecological model. We became friends, met our families, and our social support and network expanded. It is the common time we interact that we build great research ideas. It is the comfort derived from knowing that ideas are welcome and that there were no right or wrong propositions per se. It was just a matter of enhancing it and making it work. Just like me, ideas must come roughly at the start because it was a work in progress.

We were together for 3 months in 2017 in Manila, when she was awarded a Balik (Visiting) Scientist by the Philippine Council on Health Research and Development Department of Science and Technology and assigned to Centro Escolar University my university as the host institution. Self-reflectionSocio-ecological model (SEM)selfreflection and our "aha" moments at this time were more productive than ever before. I think there is something about being together that makes two minds better than just one. This engagement produced the HEARTS research, which was later published and presented at the international nursing research conference. At this time, I am now more accustomed to expressing myself among nursing scholars in academic events. My mentor's constant prodding and belief have helped me to establish warm self-esteem and my resilient brand of research identity.

6 Best Practice, Evidence-Based Practice

The growth of nursing science depends upon the efforts in the intentional engagement of mentors nurturing future generations of nursing scientists. According to Gruber et al. [21], mentoring has

been shown to predict positive outcomes, increased satisfaction, greater productivity, and overall well-being of mentors and mentees. However, there are challenges vanquished and opportunities to be realized. Their plan to implement resilience and social support intervention seems to be in their rearview mirror. The mentoring relationship was focused on research—implementing intervention on resilience and social support. There was a call for proposals for collaboration in low- and middle-income countries to develop, optimize, and test innovative theory-based strategies to integrate mental and physical health care within the healthcare system. Our tentative topic was to conceptualize, contextualize, and operationalize resilience and social support as a theory-based strategy in the healthcare system. We looked at a design—mixed-methods sequential, transformative design [22]. This design features an advocacy lens in which the quantitative and qualitative components of the study vary in terms of order and priority. A mixed-methods design will be used because quantitative or qualitative data collection and data analysis could be inadequate in assessing willingness to engage in the intervention, increase satisfaction, and increase confidence in seeking help and resources.

They plan to respond to five attributes in designing mixed-methods studies: (1) Rationale: mixing methods to allow participants to respond to subjective and objective data collection; (2) data collection and data analysis paradigm: We will use phenomenology to integrate not only specific quantitative and qualitative data collection and analysis procedures but also the social construction of multiple phenomena understood as valid realities in the mind of the participant; (3) priority: giving priority to quantitative data collection and analysis by first collecting and analyzing quantitative data; (4) concurrent or sequential implementation: We will use a sequential implementation and integration plan for data collection and data analysis techniques; and (5) phase at which time mixing methods will be done: Data will be analyzed separately before being merged for interpretation and validation [23].

Quantitative Data Analysis To assess a balanced group of participants, we will compare participants' demographics using (1) means and standard deviations for continuous variables and (2) frequency distribution for categorical variables. One-way ANOVA for continuous variables and chi-square tests for categorical variables will be used to compare the differences in demographics among the three groups. A $5 \times 3 \times 2$ ANOVA will be used to test the efficacy of intervention across five measures (help-seeking, health, resilience, technology usage, and social support) at three time points. Significant F-tests for the between-subject intervention factor will be followed up by custom hypothesis (t-tests) assessing that the intervention group improved on all measures pre- to mid and post-intervention, while controls exhibited no such improvements. Otherwise, significant F-tests will be followed up with post hoc (adjusted t-tests) analysis. To test the moderation hypothesis, we will fit a regression model incorporating an interaction term for elder abuse by social support in predicting health. In a typical fashion, a significant interaction coefficient will signify moderation. This will be followed up by a simple slopes analysis to illustrate the nature of the moderation.

Qualitative Data Analysis The interview schedule will generate rich information from the participants by using open-ended questions. If the participant refused to be recorded, the co-interviewer will take field notes. Completed transcripts of the interviews will be formatted and entered for coding. Significant statements in interviews, phrases, or quotes that provide an understanding of how each participant experienced the phenomenon related to their health, the experience of abuse, resilience, use of technology, and perceived or received social support are highlighted. The coders will develop clusters of meaning from these significant statements into themes. Significant themes are then used to write a textual description of the phenomenon participants experienced, called structural description.

Disruptive Frugal Innovation It was during this mentoring relationship that the mentor had an opportunity to collaborate with a group of the University of Pittsburgh faculty interested in diversity across the disciplines focusing on research on people, policy, process, and paradigm change. As global healthcare needs are complex, and the pairing of mentors and mentees could be disastrous and cost-ineffective, frugal innovation is a change in basic assumptions to enhance relationships. Disruptive frugal innovation works well during a mentoring relationship where the dyad is unified with a common goal with equifinality, negentropy, and reverberations [24]. Challenges and opportunities in a mentoring relationship in the context of disruptive frugal innovation include resources, networking, costs, and environment. Teleconferencing is important for weekly interactions between mentors and mentees. A dyad's commitment to facilitating weekly interactions is necessary. Sometimes an idea or a mental innovation that is hatched by the mentee needs to be shared with the mentor by phone or by FaceTime. Shared ideas, challenges, and opportunities highlight success in reducing turnaround times.

Expected Outcomes and Future Directions Intervention will prove to be effective in improving outcomes by quantifying qualitative data and qualifying quantitative data. The mentor and mentee are not alone, and science can be maximal—asset mapping, assessment of personal, professional, and institutional challenges, and opportunities nurturing intentional mutual support, power differentiation, distributive justice, and meeting and learning with others during the mentoring relationships. The growth of nursing science depends on the work of mentors and mentees building a pipeline for future generations of scientists. They are joined as they embrace and nurture HEARTS across the lifespan and health span and dive deep into the challenges, opportunities, and lessons learned in the science of mentoring in research and academia.

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Part VII

Mentoring in the Times of COVID-19

Mentoring in Times of COVID-19

Patricia M. Davidson

1 Introduction

The onset of the COVID-19 pandemic, caused by the SARS-CoV-2 virus, has disrupted the world and changed the ways we live, work, play, and learn [1]. The pandemic has increased the vulnerabilities of everyone on the planet but particularly for at-risk populations including the healthcare workforce [2]. The International Monetary Fund estimates that the COVID-19 pandemic will cost the global economy $12.5 trillion through 2024 meaning that the impact will be felt across generations [3].

The words and emotions that have surrounded the pandemic are uncertainty, unpredictability, and ambiguity. This is a critical time for leadership and also underscores the need for mentorship [4]. There is much written about the theoretical aspects of leadership and mentorship, but when the chips are down there is little time for discussion and debate of existential issues. It is a time for decisiveness, action, and the potential to recalibrate and pivot. This requires the ability to identify the strengths and weaknesses of both yourself and others.

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A mentor is an experienced and knowledgeable person who undertakes an instructive and advisory role of a less experienced individual [5]. This text has provided many illustrative roles of mentors and mentorship in action. However, in times of a pandemic, the role of leaders is critically important, and this can influence models of mentorship, often making them reciprocal and directive. The pressure of leadership and the need for expertise have both increased the need for mentorship and support.

A leader is someone who leads a group, an organizational unit in a specific direction [4]. The leader needs to take decisions that benefit the entire group and address challenges at the organizational level, building on the strengths of individuals and considering their welfare. It is also a time for action. During the pandemic, many of us felt outraged at the injustices, the failures of leadership and the needless death, and the suffering and devastation around us [6]. Yet, it is important to convert these emotions into tangible strategies and directions [7]. Mentorship and leadership are easier in times of stability but in times of crisis become critically important and in real terms may become a matter of life and death.

In times of crisis, it is important that individuals lead from the front, take accountability, admit uncertainty, and commit to taking care of their people. In times of uncertainty, individuals look for decisiveness, transparency, and direction. It is

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also a time when personal and professional boundaries blur, and there is a need for clarifying and ascribing to values [8].

2 My Reflections on My Pandemic Experience

I began the pandemic as the dean of the Johns Hopkins School of Nursing in the United States. It was a time of personal and professional turmoil for me, and I was stunned and appalled by the suffering around the world [9]. I readily felt the pressures of leadership and the responsibility for the welfare of students, staff, and faculty and the community, which we served. I was also fearful that I would never see my family again on the other side of the world and was concerned for their well-being.

During this time, I made a conscious decision to ascribe to my personal values and that of the organization, as well as establish a set of guiding principles in the context of multiple and competing pressures, worldviews, and a dynamic and volatile environment.

Guiding principles are any values and standards that guide an organization or individual through evolving circumstances [10]. During the pandemic, the health and well-being of the people I lead and serve have been my overarching priority despite pressures to address other needs such as financial priorities or the advocacy of individuals. As clinical priorities and guidelines have evolved during the pandemic, these guiding principles have assisted me in calibrating risks and identifying personal priorities.

During this period, I drew on the expertise of my colleagues. In this section, you will see the amazing work of Dr. Michelle Patch and how we leveraged each other's abilities to serve our community. I also leaned on the expertise and strength of Dr. Jason Farley. As an infectious disease epidemiologist researcher and nurse practitioner at Johns Hopkins, Dr. Farley faced the pandemic with courage, integrity, generosity, and commitment. His expertise was rapidly recognized internationally, and he achieved the inaugural American Academy of Nursing *COVID-19 Courage Award* for science to recognize the contributions nurses have made to save lives, advance health equity, and protect communities during the pandemic [11]. When I was concerned about placing excessive demands on Dr. Farley, he responded, "*this is the moment I have trained my whole life for.*" In the face of challenges and potential danger, he not only stepped up but also supported his immediate colleagues and health professionals and communities around the world.

3 Pandemics: Both a Crisis and an Opportunity

Pandemics and crises are certainly a time for both strength and resilience as well as humility and compassion. All of us need to reflect on this critical period of history and glean lessons and experience to future-proof our health system and our profession. Times of crises require leveraging expertise rather than hierarchical positions, and there is a need to draw on individuals' strengths and our collective capacity. There is often a need for individuals to step up quickly, therefore underscoring the importance of mentorship and support. Crises can also be a period of anxiety and conflict so navigating these waters can require support from colleagues and mentorship both informally and formally.

As you read the dyadic stories, you will glean perspectives of reciprocity, mutual respect, and personal and professional growth for both mentor and mentee. Reflecting on these experiences can influence your own professional journey. Consider aspects of mentoring during this time of crises that have either helped or hindered your professional journey.

For many nurses, particularly in high-income countries, this has been a once-in-a-lifetime experience. Few of us have had to deal with a resource-poor environment, geopolitical conflict, and death and disability on such a large scale [4]. There are many lessons to learn during this period of global crisis. Much has changed during this time, and emerging trends reflect sustained changes, particularly in digitalization.

4 Summary

Recalibrating personal and professional expectations will require leaning on the experience of others, and therefore, your mentoring needs may have changed. Take this time to reflect on your career goals and the areas of mentoring and sponsorship you need. One thing is for sure the world has changed. Our capacity to adapt and recalibrate will determine not only our personal success but also the health and well-being of the communities we serve.

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Mentoring During a Pandemic

Marisa Streelman and Amy Allen

A leader is anyone who takes responsibility for finding the potential in people and processes, and who has the courage to develop that potential.

—Brené Brown, Dare to Lead

Objectives/Goals

1. Describe a pandemic
2. Initiate conversations on the role of a nurse mentor during a pandemic
3. Identify challenges faced by DNP students during a pandemic

1 Mentoring Through the Years

When starting a new position in a large academic medical center, I was uncertain of the relationships I would make with the nursing leadership team. At this point in my career, I had been a nurse manager for just over 12 years and a nurse for 19 years. Changing organizations and roles was difficult at this point in my career. Moving from an inpatient nursing manager to a project manager in nursing was challenging. Along with forging and creating new relationships at the new organization, I was finishing up my Doctor of Nursing Practice (DNP) program and working on publishing my final project. As I started my new position, I was working with 12 different units and areas. Amy Allen was the Clinical Nursing Director (CND) for a medical–surgical unit I was working with. In our monthly meetings, we discussed the daily management system huddles, quality improvements, and patient safety for her unit. As our meetings continued, we discussed Amy's education and her ambition to pursue her DNP. As I had just finished my DNP in Systems Leadership, Amy asked me if I could be her mentor and help to guide her through this process. I was so appreciative that she would ask me to be her mentor, especially as we had only known each other for a short time. Little did we know the following years would be some of the hardest in our nursing careers.

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2 Start of Pandemic

As Amy and I began our mentoring relationship, the world started to change with the introduction of the coronavirus. We watched the news as a deadly virus from China moved around the world and came right to our doorstep [1]. In the Midwest, we were hit hard with the first wave of COVID-19 and the inpatient units at our hospital were quickly changed to accommodate this unknown virus. Many nurses have not lived through a pandemic before and did not even know what it truly meant, including me. A pandemic is described as an outbreak of a disease that occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population. Another definition is an outbreak of a disease or product of sudden rapid spread, growth, or development [2]. In the Midwest, we experienced this during the initial wave. I do not think anyone could have predicted the impact this pandemic would have on our nursing departments and the magnifying glass it would place on the issues within healthcare organizations. At the unit level, Amy's leadership was needed constantly during the first few months, and I was focused on setting up units to better care for COVID-19 patients throughout the hospital. We tried to meet when we could, but many things were placed on hold during this uncertain time. At our organization, we were under the impression, like many others, this would be over soon, and we could get on with our lives. After four significant waves of COVID-19, we are still living and working with it every day.

3 Previous Mentors

Throughout my nursing career, I have been blessed with a few great informal and formal mentors. Each role I was in from staff nurse to nurse manager and volunteer leader created room for growth and development, and I leaned on a mentor to help guide me along the way. The relationship between a mentor and mentee can have a significant impact on a person's career and trajectory [3]. My first experience with an informal mentor would be with one of my first nurse managers. She gave me the opportunity to get involved with research studies, move into a charge nurse role, and advice on what my next moves in nursing might be. I will never forget the time and energy she put into making my nursing career a success. As I continued in nursing education, I had two formal mentors, which helped me to finish my DNP. My advisor pushed me to be my best and provided the time needed for me to critically think through many of my ideas and reach substantial conclusions on ways to improve my project and publications. Another formal mentor during my DNP work gave me the confidence to complete my project and the help needed to navigate the politics of the academic medical center I was working in at the time. His unwavering support was needed through those 2 years to get me to the finish line. In my volunteer leadership role with the Academy of Medical-Surgical Nursing (AMSN), my informal mentor was the strength I needed to stay involved and have my voice heard at the national level. I would not have been able to achieve the growth and development needed to lead AMSN without her. All these experiences have been positive for me, and I take away from them the way I would like to mentor others [3]. My mentors were a diverse group of nurse leaders who brought with them a wealth of knowledge and a different perspective on many different things, which helped to shape the nurse leader I am today.

4 Formal Mentor and Mentee Relationship

Amy Allen was unsure about moving forward to continue her nursing leadership education. During her career, she moved from a licensed

practical nurse (LPN) to an associate diploma nurse (ADN) to a Bachelor of Science in Nursing (BSN) and then completed her Master of Science in Nursing (MSN). She had moved her nursing career from a clinical nurse to a nurse supervisor, and when I met her, she was a CND. The movement of nurses to advance their degrees shows their dedication to nursing as a profession and can lead to a lifetime of continuous learning [4]. As Amy contemplated her next move, in education and her career, we started to meet more frequently and establish the mentor/mentee connection. Scheduling regular intervals of time to meet is an important way to solidify the relationship and increase the likelihood of a successful mentor experience for those involved [4]. During our monthly meetings, Amy would be able to discuss her fears and concerns and I listened and gave advice when needed, or an alternative perspective. At the same time, our organization was putting together a few initiatives to promote executive leadership for our nursing leadership teams. The first of these was a scholarship for nursing leaders who are in school for their DNP. The second was a Nurse Executive Fellowship Academy program. The start of these programs helped Amy to make her decision to go back to school and get that terminal degree, despite a global pandemic!

5 Pandemic Implications

Amy Allen embarked on her DNP journey as the world was changing rapidly around her. The concerns on the inpatient medical–surgical unit had not changed greatly, in fact COVID-19 was added to the list of safety and quality priorities the staff were monitoring. As many other inpatient units, this specific unit kept a close watch on the hospital-acquired conditions. She had noticed an increase in patient falls and falls with injury during the previous year. Falls with a patient safety event occur to more than 700,000 patients in the United States each year in the acute care setting [5]. $34 billion is spent yearly on adverse events related to falls [6]. These financial implications and prevention of patient harm by falls are a few of the reasons why Amy selected to implement a fall prevention project for her DNP project. As her mentor, and a nurse leader who has worked on fall prevention previously, I was in a great position to assist her as she went through her DNP journey. The pandemic would create quite a few obstacles for Amy, and our mentoring sessions are one way we worked through the barriers to find solutions [7]. With COVID-19 being unpredictable on when, where, and who it might impact, Amy had to be strategic with her role out of her project. She had a great sense of what she wanted to see happen, but putting it into action would prove to be difficult. Talking and guiding Amy through those steps, along with working through the statistics and timelines needed to be successful were very important parts of the work we did together. Each of the project pieces was put in place, and the results were positive. Amy was able to reduce falls during the pilot time for 8 weeks and for the 12 months post-implementation. After Amy's project was completed, and her DNP done, as her mentor, I pushed her to submit the project for a poster presentation at our organization for nursing quality day and at a national conference. Both were accepted, and she was able to share her project results with others (Image 1).

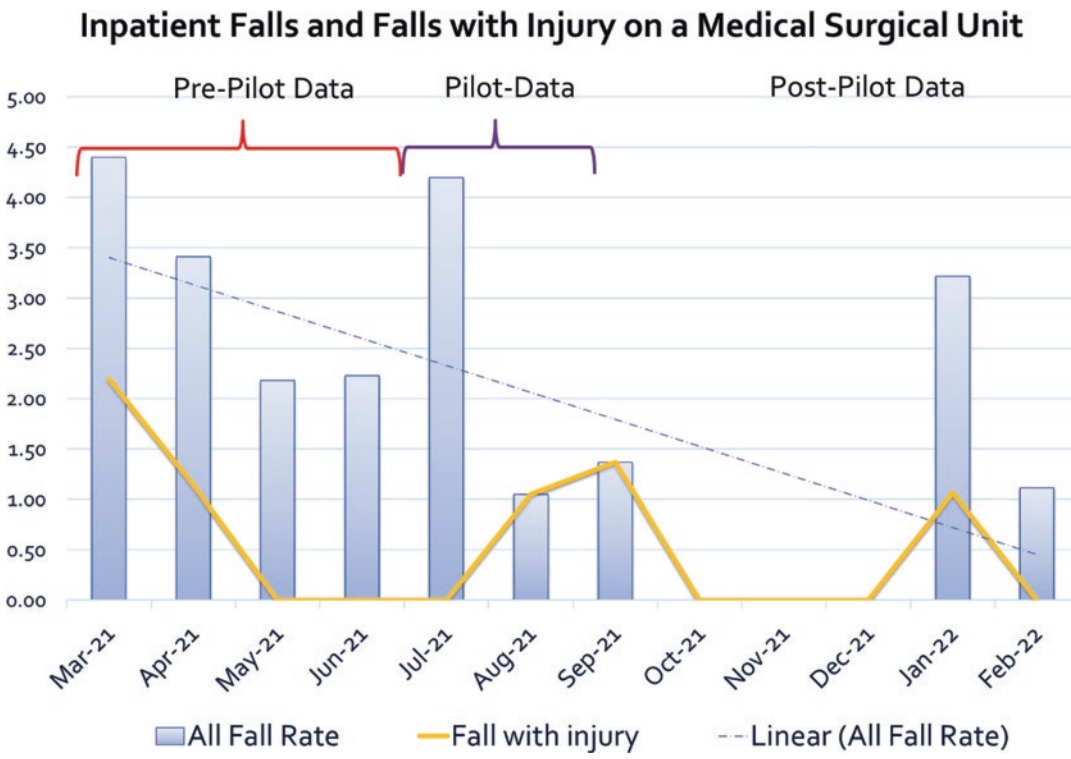


Image 1 Graph of impact of DNP project: fall rate and fall with injury rate over 12 months on a medical–surgical unit (2021–2022)

6 Self-Reflection Mentor

Throughout the last 4 years, I have been a formal mentor to a few nurse leaders, and this has meant so much to me in my career. As a new nurse manager, I did not realize the amount of time I would spend working with each member of my team to support the growth and development of their nursing careers. The joy and happiness I felt during this time have stayed with me throughout my 20 years in nursing and are one of the reasons I loved being a nurse manager. Being asked to be a mentor during the first year at a new organization was very rewarding to me, and working with Amy was one of the best experiences I have been part of. As a mentor, you are able to help lead and listen to your mentee, and you both end up growing from the experience (Image 2).

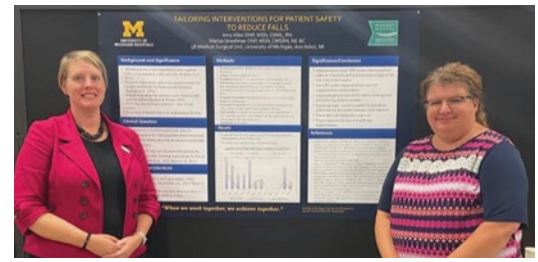


Image 2 Poster presentation: *Tailoring interventions for patient safety to reduce falls* (2022). The Academy of Medical-Surgical Nurses (AMSN) 31st convention San Antonio, TX. Marisa Streelman DNP, RN, CMSRN, NE-BC (left) and Amy Allen DNP, MSN, CNML, RN (right)

7 Self-Reflection Mentee

Being a mentee can be an intimidating feeling. It takes me back to being a brand-new nurse. I am looking up to a nurse who has her doctorate and appears to have all the knowledge in the world. Marisa had a great wealth of resource knowledge. She was able to direct me to the right people at the right time during the project. For example, she guided me to reach out to the school of nursing to find a statistician. This was beneficial because not only did I learn how to do the statistical analysis of my project, but he also gave me a lesson in statistics overall.

Marisa was always positive with every interaction. I knew she was mentoring me on a volunteer basis and had many things to do during her day. She never once made me feel as though she did not have time for me. Marisa had a great deal of patience as I asked redundant questions, problem-solved, and truly took time for me to able to find the answer.

With Marisa mentoring me, I have now become clinical adjunct faculty so that I can mentor students at all levels whether undergraduate or at doctoral level. Not only did I have an amazing mentor, but now have a wonderful colleague and friend.

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Resource

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Leading in a Pandemic: Reflections and a Path Forward

Michelle Patch and Patricia M. Davidson

Objectives

1. Differentiate the role of leaders in dynamic and fluid situations such as a pandemic
2. Justify the need for leveraging expertise in crisis situations
3. Identify the unique attributes required for leadership in a pandemic

1 Introduction

COVID-19 is an illness caused by a novel single-stranded, enveloped RNA virus called the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This highly infectious virus has precipitated a global pandemic causing death, disability and economic devastation [1]. Despite numerous warnings of a looming pandemic, it appears that all around the world we have been caught by surprise. The importance of leadership in a crisis is well documented and it is important that leadership occurs at all levels, from the government to the clinical unit. The pandemic has accentuated the power differentials in society, complicated access to resources and heightened health disparities. The role of the nurse leader is important in all emergencies but, in the case of a pandemic, creates a whole new meaning [2]. For many of us in our careers, this is the first time we have been jettisoned into a period of uncertainty and unpredictability. For our leaders and our colleagues, this has generated a range of emotions. In this chapter, we draw on our own experiences and published data to create a roadmap for ensuring nurse leaders are better prepared for future crises.

2 What Is Leadership?

Simply, leadership is a skill used to influence and guide followers or other members of an organization. Leadership should always be considered in the context of an ecosystem, but, in a pandemic, a comprehensive and universal focus becomes of greater importance [3]. There are factors to be considered at the macrosystem (e.g. global, federal, state, and local governments); mesosystem (e.g. organizational and health system); and microsystem (e.g. individuals and community groups) levels. Often, nurse leaders need to negotiate complex politics locally that are frequently contextualized within a setting of fractious and contested relationships at the federal and global levels.

During the COVID-19 pandemic, politics have been particularly divisive and navigating these choppy waters has not been easy. By draw-

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ing on professional and personal values, however, the nurse leader can focus on core goals. We recognize that this is not an easy process and can sometimes come at a cost. For example, advocating for better staffing models and conditions can be particularly challenging [4]. Although this is the time when many leaders shine, it is also important to recognize that transparency and science are not universally accepted concepts and courageous leadership can be met by professional and personal retribution.

3 Unique Aspects of Leadership in a Pandemic

In the midst of a pandemic, the theoretical and esoteric discourse of the leadership literature seems irrelevant and sometimes not helpful. However, it is in periods of crisis that leadership is critically important. In a day of leadership in a pandemic, you can find yourselves shifting through transformational, transactional and servant leadership styles in a matter of hours. It is important to avoid false promises or hope, or to suggest solutions that are too simplistic. We have reflected on our experiences to offer what we consider to be the unique aspects of leadership in a pandemic. In the context of a pandemic, healthcare leaders must focus on guiding principles, such as ensuring the welfare of their people and those they serve while achieving business continuity. This may sound straightforward, but the execution can be daunting. Moreover, role clarity can be challenged in organizations and also it is impossible to discount personal fears for yourself and family. Taking the time to reflect on personal values is really important, particularly as you may face significant hurdles in procuring and allocating needed resources.

4 Key Attributes of a Leader in a Pandemic

Although it is challenging to develop a definitive list of characteristics, we consider that the following factors are useful to consider when engaging in crisis management and leading in a pandemic.

- Establishing guiding principles and scope for decision-making
- Being humble and ready to reset the direction
- Developing a process of risk assessment and scenario setting
- Identifying credible sources of expertise and information
- Organizing core activities through a network of teams with succession and continuity strategies
- Promoting transparency and accountability in communication
- Making decisive decisions amidst uncertainty and providing justification
- Facilitating access to effective communication channels using targeted media
- Demonstrating empathy and commitment to caring for your team

To further illustrate our perspectives, we would like to introduce ourselves, recount some of our experiences of the pandemic and provide our reflections.

This is our story of working in a school of nursing embedded in an academic health sciences centre. We recognize that other settings, particularly community and humanitarian settings, have unique challenges.

5 Michelle Patch PHD, MSN, APRN-CNS, ACNS-BC

Dr. Michelle Patch is a board-certified adult health clinical nurse specialist and CNS track coordinator in the Johns Hopkins School of Nursing's DNP-Advanced Practice Program. Dr. Patch maintains a clinical practice with Johns Hopkins Hospital and Johns Hopkins Medicine's Armstrong Institute for Quality and Patient Safety. She has held progressive clinical, operational and safety leadership positions across inpatient, outpatient, emergency and austere settings. She also has extensive practical experience in emergency management and disaster response.

This includes her former service as a U.S. Navy Nurse Corps officer and operations chief for Johns Hopkins Medicine COVID-19 Unified Command Center and current efforts as director of JHSON's COVID Vaccine Volunteer Program.

6 Patricia M. Davidson PhD, MEd, RN, FAAN

Patricia M. Davidson joined the University of Wollongong as Vice-Chancellor in May 2021. Prior to her current role, Professor Davidson was dean of the Johns Hopkins School of Nursing in the United States as the COVID-19 pandemic unfolded. During her career, she has focussed on improving care for individuals, families and communities living with chronic illness. She has been a powerful advocate for nursing and invested time in mentoring relationships. Currently, she is Co-Secretary General of the World Health Organisation Collaborating Centres for Nursing and Midwifery and Counsel General of the International Council on Women's Health Issues. In 2021, she was the recipient of the Consortium of Universities for Global Health (CUGH) Distinguished Leader Award. This honour recognizes her exceptional contributions to the advancement of global health worldwide.

7 My Story: Dr. Michelle Patch

COVID has presented numerous challenges for our leadership and unique opportunities for growth.

Of course, as nurses, we are used to unexpected practice opportunities. Each day seems like a new adventure as we lead teams both big and small to help patients and their families navigate health care, to advance nursing science and to educate the next generation, but a pandemic truly introduces new barriers to achieving these goals.

Early in the pandemic, I was asked to support our health system's unified incident command as operations and central functions chief, including laboratory, pharmacy, nutrition, transport, and other services. We rapidly adapted systems and workflows that worked during non-crisis times to meet current needs. Personal protective equipment (PPE) for staff was a major priority, and supply was variable across our system. We needed a good way to track where our reusable equipment like powered air-purifying respirators (PAPRs) was at any one time. We also needed a transparent allocation scheme to demonstrate equitable distribution. I huddled the team together, explained these priorities and took stock of each team member's skills. Collectively, we had experience with PPE specifications, general locations of supplies and project management. I am also a clinical nurse specialist with over 20 years of nursing experience, which afforded us the necessary practice acumen. Together, we developed a tracking method and mathematical calculation to distribute PAPRs based on existing supplies and number of ICU versus medical/surgical beds. Although it may seem small, this was in fact a huge win for staff safety and fair-mindedness across our institutions.

I also collaborated closely with leaders from other schools and divisions within our system. My previous training in team communication and just culture, along with my past roles as a safety practitioner, an educator and a departmental leader, served me well as we navigated various challenges. Over the years, I had worked with extraordinary people and become part of a large network of multidisciplinary colleagues. This collegial network, now all in different leadership capacities, was critical to navigating delicate situations requiring diplomacy, coordination and communication.

As the shortage of vaccines resolved, we faced a new shortage: vaccinators. Once again, the unique skillset of nurses was highly valued. To coordinate our efforts within the larger university and health system response, I was asked by Dr. Davidson to create a vaccine volunteer programme for our school of nursing. This necessitated interactions with high-level leaders across disciplines, schools, and the university and health system, along with our local health department.

Dr. Davidson called a school-wide town hall, where she publicly identified me as lead and emphasized she fully supported my efforts. This was an important step that gave me the confidence and authority to move forward.

With all of the different options to volunteer, navigating the process could be overwhelming. So, along with one of our fantastic graduate students, I started developing an infrastructure to support the programme. We began by creating and distributing an electronic survey to gauge interest and skills. This was quickly followed by a tracking spreadsheet to ease matching skills with needs. As I am sure you can imagine, with over 400 volunteers, daily coordination was extremely dynamic. Administrative barriers were lifted as our state's governor approved a directive expanding who could administer vaccinations. This, along with flexibility from our health system and university legal teams, gave us the freedom to create an innovative extension to our vaccinator pool. This extension allowed nursing students to achieve competency in giving immunizations and to then independently give vaccines within our health system's COVID-19 clinics. They then succeeded in increasing access to hundreds of individuals at higher risk for negative health outcomes from COVID-19.

Focusing and accelerating everyone's strengths are particular leadership imperative during a crisis. Consider particle accelerators used by physicists that "speed up and increase the energy of a beam of particles by generating electric fields that accelerate the particles, and magnetic fields that steer and focus them [5]". This is akin to what a leader needs to do during an emergency. The particles are the solutions to the various problems that arise, the electric fields are your team members, and your leadership, mentoring and strategy help steer them towards the collective goal. We were moving rapidly towards our goal of equitable and broad accessibility of vaccines to our community.

However, acceleration causes heat, and the adage about teams "forming, storming and norming" was apt. Groups were forming so quickly, and it was difficult to know who was responsible for what, who to include in meetings and who exactly was the leader. For each new group that formed, they needed to fit into the puzzle, which resulted in a great deal of friction. Under normal conditions, acclimation would occur over time and individuals could get to know each other and modulate their interactions and responses in a more controlled way. In a pandemic, groups crash together with tensions high and frustrations more easily evident. Many people wanted to help, but this meant many more wanted to be part of decisions and momentum slowed.

One example involved crucial conversations with another leader. This leader used techniques that were negatively impacting the team, such as limiting or withholding important information, triangulating other team members and task micromanagement. Using my leadership training, I organized my thoughts on what was working and what was not and why and then met with them to discuss and develop solutions. Although this discussion seemed to be well-received, the behaviours soon resurfaced, presenting obstacles that prevented goal attainment. Other discussions resulted in similar outcomes. As uncomfortable as it was, I recognized I needed to elevate the concerns to the next leader in the chain of command. I also looked to Dr. Davidson for guidance. Her focus on systems and processes versus personalities, along with her steadfast mentoring, helped me navigate this very challenging situation.

Large-scale crisis response is an "all hands on deck" evolution. The psychological cycle follows a somewhat predictable pattern but, with new variants emerging, it feels a bit like chasing one's tail. As of the writing of this chapter, we have not yet achieved an equilibrium. Dr. Davidson was, by far, my anchor in the storm. She was readily accessible for touch bases, acknowledged the stress and stakes of the situation and always made me feel valued. As a "leader of leaders", she moved barriers and amplified everyone's efforts, maximizing our ability to care for our community during an extraordinary time.

8 My Story: Dr. Patricia M. Davidson

As a health professional for over 40 years—naively I thought we had critical illness under control. Different to the world that I learned to be a nurse, heart attacks and metastatic cancer are now treatable and no longer a death sentence. All of a sudden propelled into a previous age, one I had experienced in the 70s where death from a heart attack for individuals in their 50s and 60s was common. We did not understand the pandemic, we were not prepared and I am not ashamed to say I was fearful.

As dean of a nursing school, I had many decisions to make for operations, potential financial crisis and the need to support our health system. It was in this context that I surrounded myself with experts in their fields. Dr. Patch was one of these. An effective leader with strong operational expertise, she was able to execute emergency responses.

In addition to Dr. Patch, I also relied heavily on a colleague, Dr. Jason Farley PhD, MPH, ANP-BC, FAAN, who is a professor of nursing, an infectious disease-trained nurse epidemiologist and a nurse practitioner in the Division of Infectious Diseases at the Johns Hopkins Schools of Nursing and Medicine. His research seeks to streamline care approaches that optimize navigation, linkage, engagement and retention in care for persons with infectious diseases, including studies designed to keep patients engaged in care over long periods of illness. He is the director and founder of the REACH Initiative serving Baltimore City residents living with and at risk for HIV and associated co-infections.

As an experienced infection prevention expert, Dr. Farley was part of a Johns Hopkins team evaluating the SARS response in China at an affiliated institution and country-level health system responses to tuberculosis and HIV. As the pandemic unfolded in March 2020, I relied on him heavily. When I said to him, I am putting too much pressure on you – he said to me, "This is the moment I trained my whole life for".

In addition to providing expert clinical care throughout the pandemic as a nurse practitioner, Dr. Farley led a series of innovative research projects including developing a Perspex shield to enable the safe swabbing of individuals being screened for COVID-19 infection. In recognition of his research leadership, he was awarded the American Academy of Nursing Courage Award for Science [6].

As a leader in the pandemic, I applied principles of crisis management and the first step was identifying experts such as Drs. Patch and Farley and establishing a dynamic and flexible team. Due to the uncertainty of the pandemic, pragmatic considerations were necessary and the need to correct course periodically [7]. As a leader, it is important to be humble enough to recognize limitations and to access expertise. There have been many elements of controversy in this pandemic, which have generated discussion, debate and in extreme cases conflict and demonstrations. Other key considerations of crisis management I leveraged are outlined below.

9 Considerations of Crisis Management

- Develop guiding principles to allow decision-making and enable accountability – personally and professionally
- Decipher key elements of the crisis, identify expertise (internal and external); engage key stakeholders, identify and mitigate risk and damage
- Identify reliable sources of information and key contacts internally and externally
- Devise strategies to minimize risk, navigate uncertain conditions and develop plans to achieve business continuity
- Promote activities and processes that managers and employees can apply to minimize uncertainty
- Coordinate between organizational units to facilitate communication

- Recalibrate organization structure, roles and responsibilities to meet the crisis
- Develop a comprehensive communication strategy to address internal and external constituencies
- Constitute a core crisis management team and key business units to facilitate continuity

Throughout the pandemic, my fundamental guiding principle has been safeguarding the welfare of our people. This foundational element has given me comfort and provided a "north star" in my decision-making and comfort and resilience to face criticism and differing views and opinions.

10 Reflections on Leadership in a Pandemic

It is often said that in good time leaders lead from the back and in bad times leaders lead from the front. Our two perspectives above provide examples of the challenges and opportunities of pandemic leadership.

Leading in a pandemic inherently means dealing with uncertainty, ambiguity, conflict and often grief and loss. Ensuring visibility, accountability and transparency is paramount. Developing and supporting effective teams are also critical elements. Effective teams are based on the composition of knowledge, skills and competencies as well as collaboration and communication. The changing work environment where more individuals are working remotely has presented both an opportunity and a challenge. Be prepared to deal with a confluence of emotions including anxiety, anger and fear. As in many times of crisis, good relationships get better and bad relationships get worse. Conflict is not uncommon but requires careful navigation. Respecting differences of opinion is important as often there is uncertainty and contradicting data. There is also a need to move forward strategically, navigating often choppy waters making data-driven decisions where possible and being mindful of guiding principles.

Another point of consideration is that, in a pandemic, nurses are not just health workers but parents, children and members of families and communities. It is impossible to be immune from the suffering of people around you and, try as you might, remember you are in fact human. Actively tending to your own physical and mental health is vitally important if you are to remain effective during a prolonged event such as this one.

11 What Does It Take to Be a Nurse Leader in a Pandemic?

Much is written about leadership attributes, but in a pandemic there needs to be a honing of skills and a commitment to value-based leadership, where individuals are faithful to and live by the values they hold. We envision a job description for a nurse leader in a pandemic that would include the following:

- Commitment to the values of the nursing profession
- Strong clinical acumen
- Ability to navigate the complexity
- Commitment to others and identification of high need and vulnerability
- Stakeholder management—internally and externally
- Strong communication skills
- Ability to deal with conflict
- A robust support system
- A dash of well-placed humour
- Active self-care and monitoring

12 Conclusion

The COVID-19 pandemic has not been experienced universally—in every analysis—it has impacted adversely on the poor, vulnerable and marginalized. The particular burden it has placed on the elderly is one for which history will not judge us well. Fault lines in society have been laid open and bare by this pandemic, and we need

to learn these lessons. As nurse leaders, we have certainly been challenged and our values were tested. We must use our collective knowledge, skills and leadership to do all we can to decrease poverty and achieve access to education, health and social services for every person. We are accountable for our past and our future.

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Empowering New Chapter Officers: Mentoring for Commitment and Productivity in Professional Associations

Nancy Rollins Gantz and Kindra Scanlon

The intellectual spirit, dominate engagement, and sentiment passion in mentoring will be the platform that builds and sustains the nursing profession in the future.

—Nancy Rollins Gantz.

Objectives

1. To apply proficiency at leading chapter organizations and providing service to others through the mentoring process.
2. To identify qualities and attributes of an effective chapter organizational leader.
3. To motivate and prepare staff and chapter organizational leaders through the process of mentoring.

1 The Mentor and Mentee Narrative

Mentoring emerges bearing a gift. We often see the good before noticing the part that needs correcting. Mentoring places the positive, or good, on a pillar that can grow and influence. Like a plant in the garden cannot grow and flourish without attention, nourishment, and nurturing, an individual cannot grow to their full potential without attention, education, and inspiration. Consequently, the skills and self-challenges will begin to grow and flourish. When we reach out and motivate another human being with meaningful words and teaching, we become a more unified and cohesive team that possesses a spirit that has a synergy sustaining all the challenges faced.

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2 Dialogue between the Mentor and Mentee

2.1 Identifying Strong Leaders

Mentor Nancy: Our local chapter association/organization, affiliated with a major international organization, always struggled trying to find inspirational leaders to lead in key positions. So, a model was developed whereas we would mentor potential candidates that had the desire or potential to move into a leadership position within the chapter and on the Board of Directors. Individuals would be identified through word-of-mouth and interactions of potential candidates for leadership positions. When I met my mentee, Kindra, I knew immediately that she was strong leadership material and had so much to offer the organization. Her quiet yet educated demeanor and warmth spoke volumes. Eventually she was approached to run for the President-elect position, and she welcomed the activity of being mentored by myself who was the current President of the association chapter. So began our journey.

2.2 Leadership Development

Mentee Kindra: Nancy Rollins Gantz is a pioneer, published author and international spokesperson for the field of Nursing. Nancy mentors me to do and be more. The first time I met Nancy in person, she provided me with a gigantic binder of information for my position with the local chapter of Sigma Theta Tau International and talked with me on the phone several times about my position. The binder was so big, I think it also improved my strength capabilities and the binder has been a useful trove of information since I started with chapter in the middle of the last decade! She checked in with me regularly and I found that she was always good at acknowledging details but also excellent at understanding and interpreting the bigger picture. She has served as an excellent leader and mentor to me over the years. I am appreciative for Nancy, my mentor's guidance, wisdom, and perseverance. She is always professional as well and has helped me understand and navigate difficult conversations. One of the things I have struggled with in nursing is taking the helm of leadership. I've worked in service fields for so long! I enjoy inspiring and placing others forward but find the spotlight a difficult place to be.

2.3 Self-Confidence

Nancy: Self-confidence in oneself is a skill that takes time and a skill where the more you take risks and leave your comfort zone the more self-confident you become. Building positive relationships and giving yourself a challenge helps to build self-confidence. In a chapter organization it is essential that individuals are groomed and mentored to that the succeeding place on the chapter Board of Directors [1, 2]. Alves [3] makes a compelling point that healthcare organizations should make serious efforts to invest and provide evidence-based practice mentoring programs. This philosophy is not excluded from chapter associations as they many times are struggling and trying to find active participation from members. The Board of Directors, the leaders and "captains" of the ship, many times feel a dormancy and idleness in activities due to unresponsive membership.

2.4 Presenting … Taking the Stage … Being Visible

Kindra: As being a leader is speaking and presenting to large groups of people, how do you develop the skill of presentations/speaking so engagingly in front of others?

Nancy: [laughing]…practice is the key! They say speaking in front of people is the number one most frightening thing, but I say snakes are! When I knew that my goal in nursing was to make a difference in the profession speaking was something that I had to excel in if I wanted my voice to be heard. The more opportunities you have to speak in front of groups the better you become as practice does make perfect. When you are passionate about something speaking becomes even more natural and prolific [4]. With our chapter organization I am *passionate* in that I want it to succeed and flourish in building membership and activities so speaking comes naturally as I am certain it will with you. Some

conversations will be difficult as you may not agree with an individual(s), but the goal is to reach a consensus that is the best for the membership and organization. In Brown [5] *Dare to Lead* the author speaks to the fact that a true leader will consistently live and express their values and are never silent about the hard things. That is a valuable lesson for all leaders who mentor others.

2.5 The Importance of Communication

Kindra: What are your thoughts on communication and leadership? What recommendations do have when others have time management barriers and how do you help them, me included? There are times when I just want to let everyone else talk and be silent so they can make decisions. I know as President I won't be able to do that as much, as I will be in the position of steering and directing the conversation especially if there are decisions to be made.

Nancy: Communication is the backbone to effective leadership coupled with mentoring in a chapter organization or association. Listening to all the board members and soliciting input from the quiet ones will build the team and bring cohesiveness. The affirmative mentoring leader strives to keep members happy to create harmony and cooperativeness between them. Goleman [6] looks to leadership as building strong emotional bonds and then the Board of Directors reaps the benefits which is loyalty and positive effect on communication and collaboration. People who like one another like to talk a lot and this is obvious with strong cohesive Boards. As far as time management barriers these are an Achilles tendon for any leadership position. As the President of a chapter organization there are many times personal activities or commitments take backstage as the commitment to the chapter is paramount. You want to instill the mindset that the monthly meetings take priority for Board members as that is what you model for them. Emergencies come up which is understandable, and you need to have the empathy for the Board members that have them as that is a good leader. Tannenbaum and Salas [7] express that fundamental to leadership is communication skills that provide a clear message, ask effective questions, listen actively, and convey understanding. And this is critical for Board effectiveness and performance.

The review conducted by Hafsteinsdottir et al. [8] on leadership and mentoring of postdoctoral nurses showed that mentoring supported the leadership development and was associated with improved health and lower job stress and enhanced culture of collaboration. This was significant as few studies have shown these pointed outcomes. A collaboration of the Global Leadership Community, Rosser et al. [9], focused on seven global regions and presented data that participants, both mentors and mentees identified. Significantly, the findings illustrated that mentors and mentees took further interest and leadership in addressing health policy issues. Which in my mind that could also be applied to the local level of health policy issues at the chapter parallel.

3 Learning and Listening … Servant Leader

Kindra: What do you wish you had known before taking your first leadership role as a mentor in a local chapter organization?

Nancy: There are so many that are important qualities to possess as a successful leader. I was a naïve, young, energetic, and committed nurse when I moved into my first leadership position in an organization. In fact, I organized and formed an association in the local area for geriatric nurses that focused on educational opportunities and networking. There was no such organization at the time, so we pushed forward, and little did I know I was to be the founding President. So, I read and read and read on what it took to be a good leader and an individual that is respected and followed. I learned very quickly that effective listening, two-way communication, and being focused were key if I was to be successful [10]. The more I read about leadership the more I learned and applied it to my situation. Goleman [6] communicates about being an emotionally intelligent leader and I was determined to be that person. So as time passed, I began mentoring other individuals for leader-

ship positions in our chapter organization and we grew and flourished. It is important for a leader to never think that they are the only one that can "lead" as this is so far from the truth. I believe just about anyone can become an effective leader if they truly and diligently desire this. I look back and what I transpired to be was a servant leader with a transformational overtone that would place emphasizes on "the people" of the chapter or organization. Now when I am faced with crisis management or chaos, I look for the opportunity to build a strong team (Board of Directors or members) and organization. Walters [11] terms it "grit and grace under pressure."

4 Motivating and Influencing Others

Kindra: How do you deal with individuals that aren't as motivated as you are to move the local chapter forward and get things done?

Nancy: That is always a significant challenge for any Board. I just read an enlightening book by Johnson [12] that is called *Inclusify: The Power of Uniqueness and Belonging to Build Innovative Teams.* It provided many fascinating ideas and most especially seeing each person on the team as someone who is a unique individual with perspective that can build and grow to an inclusive culture. Luis and Vance [13] consider to actively pursue mentors that are experienced nurses and excel in the area you are interested in knowing more about and becoming proficient. A mentor needs to be an advocate for you and demonstrate a caring and emotional connection. Dongen et al. [14] found that mentees with their new leadership knowledge from being mentored would transfer that to their daily practice or in our cause the practice of organizing and running a chapter organization.

5 Develop Self-Compassion

Kindra: Was there a time when you felt you messed up and felt like you failed? How did you bounce back and help others to bounce back?

Nancy: There have been many times, but the key is to go easy on yourself. I believe in people to do good so I must apply that same philosophy for myself. Even though I had the chapter in mind when I proposed a supposedly less than exciting idea, I have to sit back and listen to the negative feedback that was all justified. So even though you could say I "lost" I really didn't because most importantly the chapter won with a unified decision on the revised proposal. Does that make sense? Mentoring and leadership both are about having thick skin and being able to take the good with the challenging. Koch and Hooks [15] voices guiding principles which is something every leader must embrace. Integrity, stewardship, humility, respect, lifelong learning, self-actualization, and consistent faith are guiding principles that I try to live by and feel that any leader would be well to embrace. When you have incorporated guiding principles into your core values you bounce back from just about any obstacle on your journey.

5.1 Facilitating Change

Kindra: When trying to gain buy-in to implement a new program, what tactics have worked for you? How do you deal with those who don't agree with you? How will I move past their argument(s) when I am in the President position? Change is hard for some people, and it seems sometimes they make the most waves on the chapter Board.

Nancy: You are so correct in that change is very difficult at times but as we know the only constant we have in life is change. Sarratt and Chadwick [16] speak of responding or reacting to change and it goes without saying that we always hope we *positively respond* rather than have *unprocessed reactions*. As leaders we want our responses well thought-out, measured, and thoughtful. When mentoring we do the same thing in that we think before we speak as we want to share accurate and significant information to the mentee. Even though responding to change isn't something we get right every time we encounter it, by taking time to process and asking for more information if needed we are closer to

being consistent and successful with responding. You let the naysayers have their time to state how they feel and make certain that each of the Board members have that same opportunity. Majority rules. And that may not always be the way you want it, but it is part of being a democratic and fair chapter organization.

5.2 Self-Reflection and Journaling

Kindra: Thank you Nancy, I appreciate your mentoring. You juggle so much and yet do so with professionalism and a unique and complex leadership skill set.

Nancy: I pen daily my self-reflections in a journal very early in the morning and identify the areas that I need to focus on for my own growth and nourishment. I also write what I have done well the past day or week or two. Where I am a year from now is a reflection of the choices I choose to make right now, and I want those choices to be meaningful. I believe that every human being can benefit from reflecting not only for the benefit of deeper thinking and critical thinking but for the experience of diving into your soul and what is motivating you. As I think back at my first senior nursing administration position at age 25 and my first mentor, it was the self-reflection and journaling that I had begun that encouraged me to document my goals and now to the place I am at currently, knowing that for every leadership position you strive to move to an inspiring and influential mentor is your best teacher. A lovely book on reflection is by Rea and Douglas [17] where the stories are powerful and memorable. Rea beautifully says we must be willing to "break open to the place inside that is unbreakable and whole" and Douglas eloquently expresses to "become expansive in your being, giving care from a place of strength, abundance, and inner harmony."

5.3 Self-Reflection: Integrity, Service, and Collaboration

Kindra: I lead with integrity, service, collaboration, kindness and my mindset is one focused on the importance of leading by helping others rise. However, I am not someone who likes the spotlight. I do enjoy placing the motivational spotlight on others though. Mentoring is not just one person, but a community of people, helping others by educating about their own experiences. I have found the Sigma website to be a useful trove of mentoring recommendations and encourages leaders to also research and learn about mentorship. I enjoy webinars and seminars that focus on leadership and mentorship and particularly enjoyed Dr. Tariga's [18] *Embarking on a Professional Development Journey: Building the Future You*. This webinar provided direction on the importance of focusing your mindset on outcomes versus process and I found this very helpful.

In addition, I am very thankful to my mentor for her attention, nourishment and sunshine! She has helped me grow over the years as I've served with Sigma and I appreciate her encourage, knowledge and perspective. I would not be where I am today without her guidance.

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Resources

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Sigma Theta Tau International Honor Society of Nursing. Mentoring Program. https://www.sigmanursing.org/.



Nancy Rollins Gantz, DNP [candidate], Ph.D., MBA, MSN, RN, maintain enthusiasm and endless energy for being a consistent mentor, motivator for leadership team growth, and point-of-care staff coupled with an emphasis on quality outcome services and patient safety values. While working internationally, Dr. Gantz developed the CAPPS™ International model, *Cultural Appreciation through Professional Practice and Synergy.*

Dr. Gantz has published on numerous topics; presented and consulted/lived in over 45 countries; held adjunct professor at numerous universities; and participated in international and national editorial boards. Dr. Gantz has been an active Sigma member since 1990; a former Middle Manager Board Member of The American Organization of Nurse Leaders; and has held numerous national and regional positions with the American Association of Critical-Care Nurses (AACN). Dr. Gantz is currently president (2019–2023) of the Beta Psi Chapter of Sigma in Portland, Oregon. Dr. Gantz has a never-ending passion for Sigma International, the staff, and its membership and she holds the position of Secretary (2021–2025) on the Sigma Theta Tau International Society of Nursing Board of Directors.

She has received several honors and awards, including the American Organization of Nurse Executives PRISM Award for leadership in cultural diversity; the Lloydena Grimes Award for Nursing Excellence from Linfield University-Good Samaritan School of Nursing; and, most recently, the International Leaders in Achievement. Dr. Gantz is a Wharton Fellow through the completion of the Johnson & Johnson Wharton Program for Nurse Executives, The Wharton Business School. She is the editor and author of the book 101 *Global Leadership Lessons for Nurses: Shared Legacies from Leaders and their Mentors*, published by Sigma in 2010. Dr. Gantz recently received her certification as a Global Nursing Consultant through the International Council of Nurses and CGFNS. She also holds a CNEn as her direction in nursing is now to help educate future nursing generation professionals. Dr. Rollins Gantz holds fellowships in the American Organization of Nurse Leaders and the Royal College of Surgeons and Midwives of Ireland.



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In the Eye of the Storm: Mentorship in Times of Crisis

Ma. Nerie Bernardo and Rayne Soriano

A mentor is someone who allows you to know that no matter how dark the night, in the morning, joy will come. A mentor is someone who allows you to see the higher part of yourself when sometimes it becomes hidden to your own view.

—Oprah Winfrey

Objectives/Goals

1. Describe the motivation for mentorship in the context of a pandemic
2. Present the experience of a master's in nursing student in finding a mentor during challenging times
3. Identify the reflections of a mentor based on the experience of working with a mentee during a pandemic
4. Integrate theory and best practices as lessons learned and insights from the mentorship experience

1 Mentor: Rayne Soriano

In my 25 years in health care, most of which were spent in emergency departments, I have worked in environments where the managing crisis was the norm. From my days as a new graduate to my leadership roles today, I could not have succeeded without the guidance and insights from mentors along the way, including fellow nurse colleagues, preceptors, managers, and teachers. Each one played a role in providing just the right advice based on the challenges I was facing in my career or the opportunities that arose. From these valuable experiences, I made a commitment to pay it forward to those I could also help in their journeys and give back to a nursing career that has blessed me in so many ways. Despite working in chaotic and challenging environments, nothing compared to the challenging times that the COVID-19 pandemic brought about. In describing these challenges and the need for mentorship by new nurses coming into the field, Bryan and Vitello-Cicciu [1] described the following:

During the COVID-19 pandemic, new nurses are challenged to learn how to practice the art and

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science of nursing and must also quickly develop skills in infection prevention and control to stop the spread of COVID-19 to themselves and others. Novice nurses are now tasked to provide care to critically ill patients whose health status may deteriorate quickly. Along with additional pressures associated with high mortality rates of the pandemic, all nurses have to navigate ethical dilemmas of rationing care, discontinuing futile care, or supporting people who are dying without their families. These situations are challenging for seasoned nurses and are likely to be difficult for new nurses. As such, it is vital that these new nurses are supported in their role and authentic nurse mentors who are skilled might be able to help their new nurse mentees navigate these challenges.

This chapter serves as a testimonial from one of the proud mentorship encounters where I was able to serve as a mentor and guide for a new colleague who was ready to give up on her pursuit of a master's degree in informatics amid the challenges of finding a mentor and preceptor during the pandemic. This was my mentee's experience in her words.

2 Mentee: Nerie Bernardo

The COVID-19 pandemic made things like mentorship much more difficult. Finding a mentor amid the pandemic was like finding a *needle in a haystack*. My search for a practicum mentor started at the beginning of the pandemic. I initially approached a possible mentor, an informatics specialist, within my workplace who agreed to mentor me, only to find out that my employer did not have an existing agreement with my university. I had to scramble and switch paths and find new routes that would hopefully lead me to a mentor.

I reached out to professional social media sites like LinkedIn and tried creative approaches, even changing my title and highlighting "in search of a mentor" in my profile. I sent multiple chat messages and got in touch with so many outstanding and willing nursing professionals who could mentor me—but their bandwidths were limited and apologized stating "if only there was no surge crisis, I would be happy to help you." In hopes that I could find a mentor soon, many potential mentors also explained that "My organization has deployed our staff and me to the hospital to provide bedside care, and I cannot accommodate you in the next few months." In broadening my search, I reached out to nursing professionals as far as Hawaii to Maryland. I saved money for travel and even offered to come over to meet mentors in person, which was another considerable challenge due to the pandemic's travel restrictions and social distancing requirements. One respondent advised me to join a nursing organization, so I applied for membership and connected with Sigma Theta Tau International to expand my professional network to be able to reach out to a larger community, but that community was also challenged in supporting their local chapters and communities with pandemic relief efforts.

COVID-19 admittedly changed what I thought I would be doing and accomplishing in 2020, including a seamless mentorship experience, so I set a goal to graduate by the last quarter of 2020. What happened was I changed my practicum mentor application three times in June 2020, September 2020, and finally in March 2021. It felt like a desperate search, and I was willing to settle for anyone who could meet the minimum qualifications to be a mentor. I kept asking myself, "will I reach the end of this MSN journey?" In a serendipitous turn of events, I bumped into an educator I have worked with in the past with grace and blessing, and I told her about my difficult search for a mentor. She reached out to multiple colleagues throughout the state and endorsed me as a worthy, hard-working learner who would not be a burden to anyone who would help me. Alas, a doctoral-prepared informatics leader agreed to be my mentor and gladly accepted me to be his mentee. It was a very humbling experience as I knew he also had a lot of tasks in his hands in his organization, as he was responsible for the education and development of over 2400 nurses in 21 hospitals!

Despite the multiple changes and confusion as we pivoted from in-person to virtual means in the

practicum process, the mentoring relationship gave me purpose and direction. My mentor helped validate my feelings when I was overwhelmed with the practicum instructions and led me to develop ideas from simple to complex and vice versa. I vividly remember him saying, "Do not boil the ocean!" as I was trying to pursue transformational projects in a short time frame for my practicum. My mentor also spent time instilling a sense of value in what I do as a pediatric case manager and allowed me to hold on to or develop a practicum plan that was aligned with my work and that would support my team with information in the middle of the pandemic chaos. The mentoring relationship helped me navigate not just the practicum journey but also life's problems and challenges as I was trying to balance family, work, and school and covering for colleagues who decided to resign or retire.

Technology provided the virtual infrastructure to stay connected during this remote mentorship. Leveraging technology allowed for meaningful interactions that happened through a combination of phone calls, text messaging, Zoom, and Microsoft Teams meetings. My mentor made sure that we had regular, consistent check-ins to stay on track with our practicum project and shared with me links to relevant, contextual, and recent literature on the topics I was studying. Goal setting and managing expectations also occurred as we met weekly and I was able to give status updates, ask questions, and send drafts of my assignments for feedback. Ultimately, the practicum activities became more of a mentorship experience as it went beyond academic guidance to achieving professional development, focusing on life skills, and building resilience.

In setting and managing expectations, my mentor was flexible with making adjustments when I could not meet timelines for the practicum project. This happened when I was under emotional stress due to the high turnover in my workplace due to the pandemic. My mentor did not get frustrated or impatient, but instead, he coached me to take my time and continually emphasized the importance of work–life balance and self-care.

My mentor invested in me professionally and personally, checked on me consistently, and listened to what I perceived as barriers that could potentially prevent me from reaching my goals. He allowed me to be open and unafraid to speak up, which flourished into a mentoring relationship that went beyond the original purpose of professional development as I knew in those moments that met a life coach! When I finally finished my journey and received my Master of Science in Nursing (MSN) in Informatics, I shared and dedicated my diploma to my mentor, Dr. Rayne Soriano. His expertise, wisdom, positive outlook, and generosity have helped me achieve not only the MSN Nursing Informatics degree but the skills to be an effective mentor in times of crisis. I will undoubtedly pay it forward and pass on the meaningful mentoring relationship I had to others in my situation who are on the verge of giving up on their goals because of the challenges in finding a mentor.

3 Mentor Reflections

The Future of Nursing 2020–2030 Report [2] highlights the value of mentorship in many aspects of the profession, from academia to practice, and emphasizes the importance of diversifying the workforce through "holistic efforts to support and mentor/sponsor students and faculty from a wide range of backgrounds, including cultivating an inclusive environment; providing economic, social, professional, and academic supports; ensuring access to information on school quality; and minimizing inequities." Our mentorship experience embodied many aspects of these holistic efforts and was inclusive of the context and challenges in the challenging time that mentorship was sought. Krofft and Stewart [3] also described the organizational support needed for operational leaders, such as nurse managers, in carrying out mentorship in the hospital during the pandemic. In my organization, we have formal mentorship programs for leaders at all levels with an emphasis on inclusion, equity, and diversity. In addition, we have a partnership with an organization called MentorLead ®,

which provides guidance for healthcare organizations in developing mentorship programs and provides consultation throughout the mentorship experience. Having experienced these programs as a mentor and mentee empowered me with the tools and approaches to provide mentorship even during a pandemic. Even nursing students at all levels need support in academic settings. My mentee was finishing her master's program and also received added support from her faculty. Crismon et al. [4] highlighted the concerns of nurses in BSN and DNP programs as they sought transitional roles during the pandemic, and they described concerns with finding employment, licensing and system delays, and reaffirming the pride they felt amid the challenging environment.

Wagner's caring mentorship model was selected as the theoretical framework aligned with this mentorship experience. It was adapted from Jean Watson's Theory of Caring and Barbie Shaffer's Stages of the Mentoring Process and provided a foundation for the evolution of the mentor and mentee relationship. According to Wagner and Seymour [5], the caring mentorship model is composed of three distinct types of mentoring interactions: task-oriented mentoring, interactive mentoring, and transformative mentoring. At the initiation stage, the model assumes that the mentor and the mentee represent two independent spirals, each with his/her own "self-space" composed of their individual past, present, and future potential. According to Mijares and Radovich [6], the major assumptions of the framework deal with the idea that mentoring is a caring, interactive, and, in some cases, an interdependent relationship where both parties bring in their strengths, goals, and experiences and, if successful, are both positively changed after having gone through the process. Through the course of the meetings and activities during the practicum period, not only did the mentee gain strategies on how to manage growing demands at work with academic deadlines, but as a mentor, I learned better ways to focus and listen attentively to the needs of others despite the chaos that surrounded us. As my mentee described her work in coordinating care for pediatric patients and their families, I was reminded of why this investment in mentorship was important as it could unlock the resilience and strategies for supporting these vulnerable patient populations moving forward.

An additional area of focus in providing effective mentorship has been in areas where inequities can also be addressed while providing compassionate mentorship. Nocco et al. [7] highlight that "with compassionate mentorship, the coronavirus pandemic may create opportunities for new experiences that ultimately bolster creative thinking, cohesive collaboration, and effective science." This was certainly true in terms of our experience during the pandemic, wherein we leveraged various virtual methods to connect and innovate while respecting social distancing rules. Speak specifically to reflection with mentee.

4 Self-Reflection Mentee

Looking back to when I received my MSN diploma and during my virtual graduation ceremony, my heart felt so full of gratitude for the mentors I have met throughout my nursing career. I am most grateful for my practicum mentor who significantly aided me at the pit stop of the final lap of my MSN journey. Given the challenges of the pandemic—social distancing, travel restrictions, and surge crisis—my mentor did not only lead me to become a champion in my race to the MSN finish line; furthermore, I learned life lessons as well that I can apply to my professional and personal journeys. No nurse will eat their young if what my mentor's ask will be the ask of every mentor to their mentee…pay it forward. I can hear him say, "I am where I am now because my mentors had paid it forward."

5 Summary

We hope that this example of mentorship and perseverance inspires others to contribute to the development of nurses, despite the continuing challenges of the pandemic. With the hyper-focus of caregivers to spend time at the front lines, organizations have a major role in providing time

and resources to facilitate mentorship including investing in virtual technology, promoting mentorship platforms, and developing mentors. We cannot let this pandemic defeat our drive to develop and care for each other. Mentorship is a powerful and meaningful gift that leaders can give in order to sustain and grow leaders who will face these challenges in the future.

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Resources

Mentoring software, experts and programs—MentorLeadLifeMoxie—LifeMoxie mentoring.



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Mentoring During COVID-19

Anna Karani, Serah Wachira, and David Kaniaru

We have a chance to do something extraordinary. As we head out of this pandemic, we can change the world. Create a world of love. A world where we are kind to each other. A world where we are kind no matter what class, race, sexual orientation, what religion or lack of or what job we have. A world we don't judge those at the food bank because that may be us if things were just slightly different. Let love and kindness be our roadmap.

—Johnny Corn

Objectives

1. To share mentor and mentee experiences during the COVID-19 pandemic
2. To express individual perceptions during the COVID-19 pandemic

1 Introduction

The American Nurses s (ANA) defines mentorship as "A formalized process whereby a more knowledgeable and experienced person actuates a supportive role of overseeing and encouraging reflection and learning within a less experienced and knowledgeable person, so as to facilitate that person's career and personal development" [1]. There are many researchers who have attempted to define the term mentorship, but the caption by the ANA connects with our experiences directly.

Kaufman and colleagues did a study in the USA to explore the experiences of mentors and mentees during the pandemic. Mentors were able to transition to an online format of communication. The majority of the mentors used text messaging, phone calls, and video conferencing to connect with their mentee. The mentors were concerned about the mentee experiences of the pandemic in all aspects of their life not just academia. The study concluded that the integration of online strategies for mentorship is both effective and provides continuity of the mentoring process, but prior planning and organization by the mentor are imperative [2].

2 Mentor: Prof. Anna Kagure Karani

The COVID-19 pandemic came when the mentees were in the second year of Ph.D. studies. It was sudden with major surprises as noted all over

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the world. In 2020, the first year of the pandemic, COVID-19 dramatically changed many aspects of mentorship in all disciplines. Many countries, starting with European countries, closed their borders. Then, all social institutions were closed. The lockdown minimized the level of person-to-person interaction in an attempt to reduce the spread of the disease.

Worries were not only at work or school. Going to the clinical area was fearful. "I might get infected with COVID-19 and also take it to my family." Institutions did not have adequate resources and that increased fear. Having many infected patients with inadequate nurses and doctors plus a lack of other resources was scary. Hospitals were crowded, and it was all like a nightmare. All systems seemed not to work. Education institutions turned to online teaching, others worked online, and only a few were physical. Communication lockdown made almost all activities stop.

In Kenya, all training institutions were indefinitely closed at a time when institutions of higher learning had not fully adopted blended learning. Students were forced to stay at home for 6 months without learning. Meanwhile, some institutions that were ICT-enabled started conducting all operations virtually, including teaching and learning exercises. This raised concerns for those universities that were not prepared for the same.

The governments intervened and facilitated the capacity building of university staff by enabling them to undertake online tasks, including teaching. As a mentor to Serah and David (mentees), we switched to having regular conferences via virtual meetings. I created a Goggle meet account that worked as a gateway into the meeting venue. Through this step, we met the teaching and learning objectives on time through the mentorship process as suggested by Phillips-Jones [3].

As a mentor, I had to continue with my role to help Serah and David develop potential, build capability, and guide them to make a judgment and build wisdom. Moreover, the mentorship opportunity gave the mentees a chance to boost their confidence as they developed professionally through challenging times. From my long experience, "mentorship is more than the passing down of professional knowledge and skills. It is a mutual commitment to support the holistic development and well-being of mentee and mentor" [4].

I needed my mentees Serah and David to succeed because I believed in myself as a competent and dependable mentor. Eller and colleagues allude to the role of the mentor as one who is a role model and keeps mentees focused on the goal and support [5]. I had to encourage them to be interested and feel motivated even during this period of uncertainty. I ensured that roles for professional development were maintained by the following: 1. communication, 2. counselor relationship, 3. coaching, 4. advising, 5. encouraging professional networks, and 6. referral agent, that is, helping find resources and ensuring things are done well. Mentoring has been considered an essential step in professional and personal development, particularly in the field of health care, as noted by [4].

Through this journey as mentees, Serah and David gained a wealth of knowledge, skills, and attitude in research, teaching, and all aspects of health, leadership, and management. They have seen and experienced good times and challenging situations. For instance, as working students, there were times difficult decisions had to be made. "Do I go to work in the clinical setting, or do I go to class with Prof. Karani, my mentor?" It is between my Ph.D. and my work. Many times adjustments had to be effected for the good of everyone. My presence in the life of my mentees made a difference during an unprecedented time because I was able to adjust and accommodate their needs over and above the need to complete their training. Mullen suggests that a mentor plays a crucial role in the academic journey of their mentee [6].

3 Mentee: Serah Wachira

This reflection is based on my experience as a mentee through doctoral studies during the COVID-19 pandemic. I met my mentor during my master's program. Dr. Karani exemplified

concern for all of us as her students. She was committed to ensuring meaningful learning in each one of us. Research in nursing education has identified characteristics of good mentors as one who is available, gives timely feedback, and has a positive attitude toward the mentee [7]. My mentor exemplified these qualities that made me comfortable to ask her to be my supervisor in my Ph.D. journey.

A few years after the master's program, I approached her to be my supervisor since I joined the university where she was a full-time faculty member. Mentees can identify their mentors motivated by the ability of the mentor, especially the quality of approachability [8]. We had our first mentorship forum when I was conceptualizing the area of study I wanted to research. She was pretty generous with her advice reminding me of the rigor expected of doctoral-level research. Under her guidance, I was able to complete my proposal and successfully defend it. She demonstrated passion for her mentee in the way she called to remind me to send my progress reports. Moreover, she was highly instrumental in helping me go through ethical approval and full admission into the university.

The onset of the pandemic presented an unprecedented terrain. The lockdown and the switch to online learning and the anxiety associated with the pandemic were unforeseen. Furthermore, we had to learn to do online mentorship despite our lack of exposure to sophisticated technology. Initially, we used social media platforms to keep up with communication. The need for innovation in mentorship was necessitated by the challenges of an ongoing pandemic that requires mentor–mentee flexibility if the achievement of learning goals will be a reality [9].

The pandemic happened at a very crucial point in my studies when I needed my mentor the most. However, my mentor quickly adjusted to instructing on email, WhatsApp calls, and phone calls, which came in handy, especially during times of discouragement. At some point, there was so much pressure in my life that I felt like quitting. Nevertheless, my mentor kept encouraging me to keep to the deadlines. I must say that her style of mentorship in adverse situations helped me to stay focused.

An Indian study among biomedical science students evaluating their mentorship experience revealed that over 75% of students did not have any mentorship during the acute stages of the pandemic. The researchers recommended flexibility in how mentorship is done [10]. Online mentorship can be a daunting task if factors associated with pandemic challenges are not addressed. Bapat and colleagues [10] identified fundamental qualities of influential mentors with a critical focus on realistic goal focus, collaboration with their mentee to solve problems inherent in mentoring, and a genuine concern for the mentee's needs. My mentor kept communicating with me to follow up on my academic journey and find out how the pandemic had affected my family and me.

Moreover, Bapat et al. [10] identified several qualities of a mentee that would make a mentoring process feasible during times of crisis; the mentee should have a teachable spirit, have realistic expectations for mentorship, and respond to constructive feedback. Although my mentor was highly concerned about my progress, I had episodes of not keeping to the deadline because of the kind of workload I had as the department head in my workplace. Working from home, with all my children doing their studies online and the need to support them, was overwhelming. It was easier to quit my studies and assume I could pick up again later when the pressure was less. I must say that my mentor was very patient with me but firm. She would call almost every week to check how much progress I had made. Researchers directly link effective mentorship to mentee career progress and career goal achievement [11, 12]. I do not think I would have completed my doctoral studies without such a committed mentor.

Part of my mentorship journey required that I teach a group of students under supervision. My mentor linked me to opportunities of teaching online and providing critique of student work. Sometimes the students I was allocated would be

in the clinical environment presenting clinical cases virtually. This process provided an opportunity for me to learn innovative ways of teaching. In the wake of the COVID-19 pandemic, online teaching and learning have been used to bridge the gap with generally more creative methodologies than the norm [13].

As I reflect on this journey, I would conclude that my learning objectives for the mentorship journey were well met despite the challenges presented by the pandemic. I was able to complete my thesis and successfully defend my work. I would recommend that mentors stay on course with their mentees to keep them motivated to focus on the set goals. In difficult situations, mentors can be a great support to realizing one's dreams and aspirations. The mentee is also a support system for the mentor in that the mentee can keep the mentor motivated to mentor others through a positive attitude toward learning.

4 Mentee: David Kaniaru Kigayu

I was in second year of my PhD study during the COVID-19 outbreak. My mentor, Professor Karani strengthened the mode of communication by cellphone, email, and WhatsApp weekly. We held virtual meetings and discussed the learning experiences that I gained. I was involved in teaching fourth-year nursing students at the university. Prof Karani created a classroom link to Google meet for the students. They joined the class based on their current trimester timetable. Students were asked to use their official names logging in for accountability and monitoring their attendance.

They were free to write on the wall chat.

We held virtual meetings with Prof. Karani, who encouraged me to self-evaluate my strengths and weaknesses in teaching skills and corrected me positively, as noted by [4]. Working remotely online reduces spontaneous interactions among coworkers, and communication opportunities may positively impact mentees [14–16].

The mentor is expected to take the first role of developing a relationship with the mentee, which helps both of them work together harmoniously [6]. This was a good experience that I gained from Prof. Karani. Usually, mentees tend to be shy at first in fully interacting with their mentors. This is a common reaction, as noted by Cherkowski and Walker [17], and that was my experience at first.

The learning process in Kenya was heavily challenged by the pandemic eventualities. The majority of students were frustrated by Internet connectivity, which was inadequate, and had frequent interruptions. The experience made it difficult to convince students that blended learning was a possible alternative method of learning and teaching. In agreement with Coates, I noted that teaching and learning is a process that involves all parties being active in order to attain the prescribed learning goals [18].

It is not possible to teach a student's complex process at once since they may end up giving up along the way in the process of learning, especially when physical contact is impaired, as noted by Donald [19]. It was possible to work away from the office and meet the objective. It became clear that working and learning at home are possible with the availability of the Internet within our environment. With the excellent support that I received from my mentor Professor Karani during the training period, I met the learning objectives on time and obtained good experience.

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Mentoring in the Times of COVID-19: Lessons on Innovation Curriculum for Caregivers in Thailand

Boontip Siritarungsri, Pancha Boonsawad, Sukaroon Wongtim, and Chutiwat Suwatthipong

Our chief want in life is somebody who will make us do what we can.

—Ralph Waldo Emerson.

Objectives/Goals

1. To demonstrate how to conduct research by using remote mentoring.
2. To explore the remote mentoring process between mentor and mentees.
3. To analyze strategies for working with research teams and receive successful results.
4. To define what was working as a multidisciplinary research team in the times of the COVID-19 pandemic.

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1 The Mentor (Siritarungsri) and Mentee (Boonsawad, Wongtim and Suwatthipong) Narrative

Let me (mentor) provide a brief background on conducting the success of remote mentoring. I was invited to be a member of an academic committee in Thailand and was selected to be a team leader for developing "a new model of caregivers curriculum." It has been conducted by using a research and development design, titled *"An Innovation Curriculum for Elderly Caregivers in the Digital Era.*" The research was supported by two funding sources, Thailand Professional Qualification Institute (TPQI) and Thailand Cyber University (TCU) in 2020 and 2021, respectively. TPQI supported funding for developing "a tentative curriculum model for caregivers, and TCU supported funding for developing MOOC for caregivers who are part of the innovation curriculum." The funding was over five million (Thai Bahts). From the funding sources' expectations, it was such a challenging academic task—how to conduct and complete the academic research in the times of the COVID-19 pandemic.

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To conduct the research, my challenging issue was how I could keep working well with my research teams and have successful results under the conditions of keeping social distancing. I chose the remote mentoring approach as a tool for developing our research teams which was suggested by Wanberg, Welsh & Hezlett [1]. The mentoring process can be also used within the teaching and learning situation [2].

> Scientific success is mainly supported by mentoring, which often occurs through face-to-face interactions. Changes to the research environment incurred by the Coronavirus 2019 (COVID-19) pandemic have necessitated mentorship adaptations.

The statement of Termini et al. [3] as above is an important strategy to adapt the traditional mentoring process to virtual mentoring. Rideout and Robb [4] further described that e-mentoring, or digital or virtual mentoring or remote mentoring has grown in popularity due to the advancement of digital media and the widespread usage by adolescents. Carusi and Reimer [5] suggested that researchers could join virtual research environments (VREs) by the collaborative activities that they can participate in through the VREs.

Conducting this e-research, Microsoft Soft team program was chosen as a virtual room provided by my university, Sukhothai Thammathirat Open University (STOU), for group communication, participation, and discussion using remote mentoring instead of face-to-face interaction. Furthermore, other e-application free software, such as Line application, a communication application, was utilized for mentoring process concluded that the concept and practice of mentoring have been studied in a variety of disciplines including education, psychology, and management, making it an interdisciplinary concept. Further, varieties of definitions of mentoring have been offered, but most tend to agree that mentoring is *"a developmental interaction or partnership."* My approach in this successful research story was using remote mentoring in terms of a partnership.

I first contacted my 12-person previous multidisciplinary team to join the research. Fortunately, most of them work for Sukhothai Thammathirat Open University which provides distance education. They agreed to be co-researchers. Based on our academic background, especially myself who most of the time have contacted and taught students via electronic media. So remote mentoring is a possible approach used for our team. I followed the university criteria to set a good example for teams working in an uncertain world. I added more than 6 various experts, a total of 18 researchers in order to make a holistic curriculum that focused on elder-centered. The research team is composed of three groups of experts as follows: (1) experts in elder care and curriculum development, (2) a technology/digital expert, and (3) an evaluation expert. Using digital technologies as tools for the creation of innovative methodological practices, research design, data collection data analysis, and dissemination of the research results was suggested by Buchanan and Zimmer [6]. I became a team leader and also a mentor by using remote mentoring.

2 Response to Objective 1

2.1 To Demonstrate how to Conduct Research by Using Remote Mentoring

In the first meeting, I gave the research team an overview of the research goals, research design, and research budgets. To promote the research team's academic, ethical, and professional growth and to receive the best outcomes, I initiated the research project series that divided into two ~~2~~ teams. The first team developed 14 course subjects using Massive Open Online Course (MOOC) for self-paced learners in theory and experimental parts. Each MOOC is a sub-research project and has one principal researcher. The second team conducted 5 sub-research projects and had 5 research principals. The titles of 5 types of research were as follows: (1) develop-

ment of a tentative innovation model, (2) using digital technology to support learners' activities and communication, (3) evaluation of the innovation curriculum, (4) the collaborative and integrative practicum model supported by technologies, and (5) the outcomes and impacts of the developed innovative curriculum.

I started to promote the effective mentor–mentee relationship by exploring each mentee's potential/capability, interests, goals, and limitations. What is more to ensure the mutual expectations is clarified, as suggested by Perry and Parikh [7]. I allowed the research team to choose which sub-research project related to their interest and having potential. Finally, every researcher picked one or two sub-research projects and was responsible for conducting his/her research and then participated in the research project series. DeWit et al. [8] suggested that mentoring relationships often include activities and interactions that provide an opportunity for intellectual challenges and positive learning experiences, which can promote self-esteem.

Perry and Parikh [7] further stated that mentorship activities include regularly scheduled meetings, interactions geared toward emotional support, and collaborative efforts that promote both clinical and academic advancement that is helpful. I encouraged not only the helpful mentorship activities but also built the research team more confidence and motivated them to work on e-research as a partnership. We were committed to conducting e-research continuously. I also promised them that "I would work with them as a partner and stand behind them, listen to them, guide, support them, help them solve problems, give them direction, and provide for them as they need." More importantly, the mentoring process challenged them toward interconnected global mindsets.

I then showed the steps of the research and let them participate and make a discussion followed by the conclusion. During the participation and discussion, I performed active listening skills and encouraged everyone to be a deep listener which is a characteristic of effective mentors and mentees, asserted by Perry and Parikh [7]. However, in the VUCA world—volatility, uncertainty, complexity, and ambiguity, I could not tell our team exactly about some issues which are going on. I also observed that some of them felt stressed in this uncertain situation, but they respected my experiences, listened to my explanation, and let me lead them. I also pointed them to see the light at the end of the tunnel and said "we would reach there if we worked together, listen and respect to each other. We would find out the best way to reach there." Finally, I brought them the speech of His Majesty King Bhumibol Adulyadej of Thailand Rama 9 (the heart of most Thai people) on "the development efforts can be considered successful." This speech inspired them to reach the milestone without giving up on the way.

Perry and Parikh [7] did a literature review and found that general strategies for mentor–mentee pairing are divided into two forms, formal and informal. In a formal relationship, mentors are formally assigned to mentees. Overall goals, directions, and expectations of both the mentor and the mentee are clearly outlined at the beginning of the relationship. In contrast, in an informal relationship, a mentee is encouraged to self-select a mentor or mentors who match the mentee's individual interests and goals. In my mentorship I use two forms as a mentor. In conducting this research, I and my research teamwork were a partnership. I performed as an informal remote mentor for 3 mentees (3 co-authors) because we worked closely. Co-researches demonstrated establishing effective remote mentees and developed 14 subjects (MOOCs) for self-paced learning in theory and experimental parts completely. The second part, elder practicum, is in process and expected to be finalized by the end of May 2022.

3 Response to Objective 2

3.1 To Explore the Remote Mentoring Process between Mentor and Mentees

I was a mentor who influenced mentees both professionally and personally. I helped them set

goals, guide them in difficult situations, overcome challenges, develop skills, and learn as much as they can. How do I impart their wisdom? How do they act on the influence they have? These questions came from how I am at the heart of the research team. I used remote mentoring and built mentoring relationships to answer the questions step by step as follows.

During the first meeting, I observed that some researchers were not familiar with using digital technology, except for mobile phone and line applications. After the meeting, I asked the third author Suwatthipong to help them develop a virtual skillset to tackle online qualifying meetings. Apart from this, some researchers took time in presentations and complaints, so becoming stressful participation. I, therefore, communicated with them individually and prepared them to find out their data solution before the next meeting. This mentoring strategy helped their behavior adapt in a positive way. However, communication problems are still found but lesser than before.

The second co-author, Wongtim, is a research project secretary and works closely with me. I guided her to set a timetable for doing e-research both short and long goals. She also works with the researcher's assistant and research manager to keep time table and reports to the research team when having a meeting. Wongtim usually directly contacted me via line application when she had difficult situations or need some help. For example, a number of researchers were feeling emotional distress and worried about her/his research design. Wongtim would inform me and ask me to solve their problems. She is a good messenger, relationship, and group coordinator.

The first co-author Boonsawad has good conceptual skills and is an expert in elder care. She also teaches for the caregivers' program. She is also the sub-research principal titled "the collaborative and integrative practicum model supported by technologies." From her expertise, she completely designed her sub-research project and connected with stakeholders and the community well.

4 Self-Reflection

4.1 Response to Objective 3

4.1.1 To Analyze Strategies for Working with Research Teams and Receive Successful Results

Let me share self-reflection to analyze strategies for working with research teams and receive successful results. Reflective account of practice (RAP) guided by the United Kingdom Professional Standards Framework was utilized for this purpose. The data from mentor and mentees' reflections were analyzed and synthesized into two categories (characteristics) for presentation as follows.

5 Category 1: Mentor Characteristics as a Mentoring Model

Because of over 35 years of working experiences in teamwork and acting as a team leader, as well as using educational/digital technology for mentor's duty at Sukhothai Thammathirat Open University, these important mentor skills have been utilized for conducting the research in the times of COVID-19 pandemic. This is the evidence that supported why the mentor was prompted to use the remote mentoring process and work with the research team as a partner.

Regarding the successful mentoring story, it proved that mentor–mentee relationships working as a partnership are key success factors that were confirmed by D'Abate and Alpert [9]. On top of that, I demonstrated the mentoring process, which included respect for the research team, listening to them, solving their problems at any time, and inspiring teamwork.

I was accepted by mentees as "a mentoring model" which is the best key factor. This is supported by Schrubbe, KF. [10], who mentioned that mentoring is a lifelong process. Each of us has the potential to mentor another individual and

to promote the mentor role model to our colleagues. For examples of the mentoring process, the key success factors are expressed by three mentees as follows:-.

> Such a creating lessons, I have learned "Leadership for change in digital education and integration" through an online meeting process that led by mentor. Boontip, is a leader/ mentor who opens for everyone to comment and engage freely. Exchange ideas with all research team, and then a conclusion was drawn up and adopted to the suitable plan in the final meeting. We have a mentor to help throughout the research process. Mentor encouraged everyone to be skilled mentee and do this work together. Listening to my opinions and giving values to all that is a partnership model. She also listens and responds to signals or what the team sends out, both verbal or non-verbal. This is such an important technique that she used. She exemplified the creation of a team that stimulates and gives me various opportunities to know a lot of expertise, enhance abilities and self-potential, as well as to refine ideas, expand perspectives. When we met any success, she shares credit for the achievements. This is my mentor model. (Panicha Boonsawad).

> Boontip has a willingness to act as a mentor. She has effective mentor characteristics, such as knowledgeable and competence in this research. This is agreed by Morton-Cooper and Palmer [11] who stated that mentor has appropriate knowledge and experience to be effective within the organization. She also has good communication skills, convey information and knowledge accurate, up-to-date, and step-by-step that is easy to understand. The best thing made me impress that is be a good listener, especially listen to the researchers' opinions and give suggestions to others. …If I have any questions after a meeting or any time, my mentor will spend her time for an hour of consultation individually. This occurred more than 10 times. Mentor always provided information and clarified it until I understand it and can keep working continuously with the team.. Being an excellent role model in morality, ethics, sacrifice, dedicated to others and society. Self - honesty and honest to others as well as the organization, perseverance, volunteer spirit, generosity, compassion, and helping others by taking action, her performance is a good role model. (Sukaroon Wongtim).

> First of all, I am not a nurse, but I work collaboratively with nurse educators and other disciplines led by Boontip. I am a person who has learned and grown in personality and profession from Boontip model. She is a sacrificial master. Her characteristics are willingness and dedicating time, attending to every work, advising the research team in a friendly manner, as well as developing a professional vision. She specializes in project management and is able to manage. She understand the competence of each faculty and this led the research team, including me to use my capabilities effectively. She is a good human being and has a positive attitude towards work. She always joins us in expressing their opinions and solving those issues together. She is a good communicator, every time I am assigned to record for the meeting. I found that the meeting information is clearly communicated. She is responsible for our work, and works on time according to the schedule of every appointment. She is a good leader, such as having problem-solving skills that can set a good example for research members together, opens her mind to listening to others' opinions, to new ideas, and give others opportunities to make decisions in order to work to their capability. I like her calm personality. Although I had a mistake sometimes, she didn't scold me or put me down. In contrast, she usually encourages and says that we have learned from our mistakes. This led me do everything carefully and follow her mentoring model. Lastly, she always encourages their research teams to work together, be fair, give opportunities and kindness to the research team and other colleagues. (Chutiwat Suwatthipong).

For nearly 2 years, mentor–mentees worked together as a partnership. We have learned from each other and grown in academics and professions. The success story is a power of mentoring process that came from both mentor–mentee's interactions. Sambunjak, Straus and Marusic [12] asserted that successful mentoring requires commitment and interpersonal skills of the mentor and mentee.

6 Category 2: Mentees' Characteristics Led to Success

From the above mentees' reflections on the mentoring process, they also made themselves reflect on the successful mentoring process. The data were analyzed and synthesized into eight characteristics and set the priority as follows.

6.1 Respect, Trust, and Honor Mentor and Team

"Respecting and honoring mentor is the most important," said Wongtim. All mentees expressed that they trusted mentors with knowledge and experience which would help the task successfully. Throughout the work done that is close to 2 years, the mentor's performance attracted and trusted her. Wongtim's reflection is supported by Byington [13] who found that developing a relationship of trust is the first key factor of successful mentoring. Such a good role model of mentor, mentees could follow her on their styles, work happily with teamwork, as well as ability to command respect from others. Suwatthipong mentioned that listening to everyone may take time. If we think positively way, we will learn other aspects and listen to the team's thoughts that helped us grow professionally and personally. The mentor's characteristic is supported by Morton-Cooper A, Palmer A. [14] who stated that effective mentorship can play a critical role in professional growth and development as well as academic success.

6.2 Having a Work Goal and Positive Attitude

Having goals in what we are going to do is very important, said Boonsawad. Wongtim supported Boonsawad and further confirmed setting the goals clearly, feasible, with appropriate indicators together with having a positive attitude toward this useful research. Establishing short- and long-term goals is a key factor of successful mentoring, founded Byington [13]. Suwatthipong and Wongtim also stated that I strongly believed if I intend to accomplish something, I will do my best. Although the work takes a lot of time, I love to learn it. I always believe that I can do it, and I learn to do it. Having a positive attitude is a success factor because work can be problematic, but the problem will nurture us. Occurring problems reflected us to be more careful. Mentors always encourage and provide guidance on the right way that makes us learn more, said Suwatthipong.

6.3 Drive to Succeed

Suwatthipong asserted that learning new things in the time of COVID-19 pandemic is my challenge. If I have cleared the goal, I will work proactively and achieve the goals set. Suwatthipong's reflection is supported by Morton-Cooper A and Palmer A. [14], who share personal experience, knowledge, and skills that made me clear in the work goal that led to success. Such happy teamwork put us forward and continuously keep working in order to achieve the goal, expressed all mentees. Boonsawad further asserted that having good listening skills among our team is essential to connect us and others to build new networking who have the same goal. To enhance our own potential, listening to the large group, small groups, and individuals in terms of opinions, feelings, and experiences via online meetings is the mentoring process that we have learned from our mentor, expressed Wongtim.

6.4 Effective Communicator

Communication in the COVID pandemic situation is not easy, said Boonsawad. I use listening skills, observing, facial expressions, eye expressions, and movements through the camera, tone of voice, and images. Some people do not understand when I talked. It takes time to explain, so we need to reconsider "what we said." We must be mindful in communication, not use emotionally through online communication. This strategy makes our work go faster and become more clear. Boonsawad's reflection was agreed by Salsabila, Pratiwi & Anada Putra [15] who found that there

are obstacles in the teaching and learning process in online mentoring in the form of signal constraints and limited internet quota so that material and information lags often occur which lead to miscommunication.

6.5 Time Management

Proper and efficient time management would make the work successful according to plans and goals, said Wongtim. Mentor always makes a group and individual appointments in order to keep and monitor the work progress of the work plan. This allows team members to allocate time independently and have a commitment to the team plan, said all mentees. This is strategy of time management. All mentees accepted that even though the time is short, most of them were very busy in the times of COVID-19 breakdown. Working as a team with happiness under good mentoring helps us to reach the success goal in a period of a short time. Boonsawad insisted that *work is no limited time. We are ready and willing and able to work anywhere and anytime. We used our time and manage it well because we are happy. Not much time spent working, but very effective*.

6.6 Technological Skills

All mentees insisted that technological skills are very important for learning and working. It has brought work success efficiency and efficiency. A number of the research teams have expertise in curriculum development and content related to eldercare but lack technical skills. Unbelievably, although they faced a struggle, in the beginning, their effort and regular practice have led them to be lifelong learners by using technologies as tools. Therefore, remote mentoring helped their professional growth. However, if they sometimes still face technology-utilized obstacles, they will be supported or managed by a secretary of the research project. Suwatthipong mentioned that in terms of system management and management, *"the research project has led me to know how to manage the system and people. I have learned these things and brought me gained knowledge through the online learning community management system under mentoring process and become a lifelong learner."*

6.7 Patience and Perseverance

To accomplish the task and reach the goal, it is necessary to have patience and perseverance to overcome problems and obstacles, said Wongtim. Wongtim's reflection is confirmed by Jackson [16] who found that a mentoring relationship requires patience and perseverance. However, Boonsawad also asserted that I always work happily in what I chose to do. Although I work hard, my heart is not heavy.

6.8 Creating a Network

Wongtim reflected that creating a network of cooperation with other people and agencies will help create unity. Sharing knowledge with others and supporting each other lead to creating networks and success at work. Wongtim's reflection is supported by Lasater et al's research [17] that reviewed that participants described how they established and grew their connections, and developed an open, and explored the best ways for the dyad to establish and maintain a connection.

7 Best Practice and Evidence-Based Practice Example(S)

7.1 Response to Objective 4

7.1.1 To Define What Was Effective as a Multidisciplinary Research Team in the Times of the COVID-19 Pandemic

Nelson [18] mentioned that the understanding of what constitutes quality healthcare has been

shifted and occurred since the early 1990s. This is evidenced by the emergence of new concepts in the nursing literature, including best practices in nursing. The use of the concept of best practice in the nursing literature may be categorized into four distinct domains: educational, administrative, clinical, and theoretical/conceptual. Nelson further concluded that best practice is more than practice based on evidence. It represents quality care that is deemed optimal based on a prevailing standard or point of view. Specific best practices in nursing are significant because they serve to direct nurses regarding solutions to identified problems/needs.

As Nelson's concept, mentor–mentee interaction demonstrates best practices that occurred in the mentoring process. It can be illustrated as follows.

8 Educational Dimension

We have learned that mentoring process requires a relationship between mentor and mentees and works as a partnership. Mentor attains knowledge and competency and participates in ongoing educational activities regularly. Mentor–mentees also seek learning opportunities that reflect current practice to improve skills and competence in their roles. Furthermore, mentor–mentees acquire knowledge and skills appropriate to specialty areas, such in this case of eldercare and curriculum development. Lastly, mentor–mentee uses current research findings to enhance role performance and increase knowledge of the profession.

We found technology's role in transforming education that has shifted traditional teaching to blended learning. Teaching and learning evidence-based nursing also require interactive clinical activities in EBP teaching strategies that are supported by digital technology. This is agreed by Horntvedt et al. [19] who found that teaching and learning evidence-based medicine is required for interactive clinical activities in EBP teaching strategies. Self-study via MOOC is a necessary skill that led mentors and mentees to be lifelong learners.

9 Administrative Dimension

We have done the research and development guided by American Nurses Association Nurse Administration: Scope and Standards of Practice [20] as follows.

The Administrative Process Included 6 Steps *Assessment*: Mentor–mentees collected comprehensive data pertinent to the issue, situation, or trends. *Identification of issues, problems, or trends:* Mentor–mentees analyzed the assessment data to determine the issues, problems, or trends. *Outcomes Identification*: Mentor–mentees identified expected outcomes for a planning group and individualized to the situation. *Planning*: Mentor–mentees developed a plan that prescribes strategies and alternatives to attain expected outcomes. *Implementation:* Mentor–mentees implemented the identified plan. *Evaluation:* Mentor–mentees evaluated progress toward attainment of outcomes.

Collaboration Mentor–mentees collaborated with all levels of interdisciplinary teams, executive leaders, and other stakeholders.

Mentor–Mentees Mentor–mentees integrate ethical provisions in all areas of research practice.

Research Mentor–mentees integrate research findings from the first phase "A tentative mode of caregivers curriculum: MOOC development" into practice and then utilize the best available evidence, including research findings to guide practice decisions.

Resource Utilization Mentee, the first co-author, and research team who conducted" considers factors related to safety, effectiveness, cost, and impact on practice and delivery of elder care practicum, evaluate factors such as safety,

effectiveness, availability of cost and benefits, and impact on practice. Finally, they develop evaluation methods to measure safety and effectiveness of interventions and outcomes.

Leadership Mentor provides leadership in the personality and professional practice that included displays the ability to define a clear vision, goals, and a plan to implement and measure progress.

Advocacy Mentor–mentees advocate for the protection and rights of caregivers individually, families, communities, local and professional preceptors, and other professions especially related to health and safety.

10 Knowledge Distribution

Regarding the mentoring process, the research results of the first phase have been presented at "the Online National Conference on Nursing Research" held by Thailand Nursing Council and Midwifery, Thailand during January 27–28, 2022. It is illustrated in Fig. 1.

In addition, the Policy of the Department of Corrections Executives in Thailand was designed to bring some modules of the developed curriculum for caregivers in the digital era to educate inmates in the prison. This is another successful outcome of working as a multidisciplinary research team in the times of COVID-19 and using a mentoring strategy.



Fig. 1 Video and poster presentation on the innovation curriculum of elder care for caregivers

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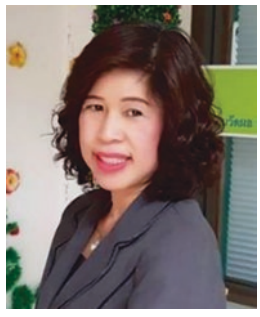
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Atrium: Seizing the Moment for Mentoring Amid Crisis

Maureen Swick and Patricia Mook

Excitement must lead to immediate action, or you will lose the power of momentum. More dreams die because we fail to ***seize the moment****. Do it now!*

—Tony Robbins

Objectives/Goals:

1. Understand how "Seize the Moment" differs from other types of mentoring
2. Understand how mentoring in the pandemic is different
3. Describe how "fishbowl mentoring" can be best used
4. Choose methods to mentor that meet the accelerated mentoring challenges of the pandemic

1 The Mentor and Mentee Narrative

1.1 Introduction

This Journey of "Seize the Moment" began when Dr. Maureen Swick joined Atrium Healthcare and continued when Patricia Mook joined the organization 18 months later. Dr. Maureen Swick came to Atrium in October 2017 as Chief Nurse Executive and Senior Vice President. Dr. Swick has previous experience as the CEO of the American Organization of Nurse Executives and Senior Vice President and CNO of the American Hospital Association. Prior to this, Dr. Swick was a System Chief Nurse Executive for Inova Health in Northern Virginia.

Dr. Swick represents Atrium's 25,000 plus nurses at the executive level as the senior vice president and system nurse executive at Atrium Health. She is responsible for maintaining consistency in nursing policy, strategy, practice, and quality and system-wide patient experience and security operations. This position leads the strategic development and enterprise planning for **e**nterprise-wide pharmacy services and is the emergency service line leader over the 25 emergency departments across the enterprise. In addition, this position leads **a** continuous improvement department that strategically identifies and oversees the implementation of actions to improve existing processes, practices, and behaviors. Her strategies include Lean and Six Sigma tools to achieve the organizational objectives. Given Atrium Health's Vision, the SVP & Enterprise Nurse Executive is a strategic and transformational leader for the organization. Dr.

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Swick drives organization-wide change within a complex, rapidly changing environment with cost and operating model pressures like never seen before.

1.2 In the Words of Dr. Swick

Immediately upon arrival, I began a three-month assessment phase when I first came to determine the strengths and opportunities of the 29 facilities. When the assessment was finished, the work began to build and strengthen the culture and build the sustainable backbone of the organization through a highly effective culture based on trust and innovation. The work of identifying the leaders and utilizing the mentoring process started the journey to developing strength in the system.

When Patricia Mook was recruited in July 2018 as Vice President of Enterprise Nursing Operations, she initially had oversight of the central resource team, which had about 350 people supporting 12 hospitals, four rehab facilities, and five skilled care nursing facilities. In addition, her oversight included the emergency service line and responsibility for initiatives related to patient experience in the greater Charlotte region. Included in her responsibilities was the oversight of nursing informatics, and the Chief Nursing Informatics Officer reported directly to her. Later, she took on oversight of Professional Practice and Development and the department that manages the scope and standards for the system.

The practice of mentoring is as old as the human race. Continuously throughout history, there has been a movement to transfer knowledge and skills from one person to another so that a less skilled person can reach a level of competence deemed necessary. In nursing, we started with an apprentice model in which the new recruit worked closely with the experienced nurse and was able to learn from working alongside the mentor. Then, more formal "training" was added, and the new nurse was expected to learn from written resources in addition to working in the shadow of an experienced person. Over time, more academic activities were added and now simulation has become a part of the normal course of imparting new knowledge to another less skilled prospective nurse and could be considered a new form of mentoring. The evidence about achieving better outcomes with mentoring programs and nursing internships and residencies is compelling and has created multiple opportunities to transfer knowledge more efficiently from a more skillful person to one with less skills.

The pandemic has necessitated rethinking traditional practices and has quickly implemented more efficient systems for the new healthcare situation. Formal mentoring has been displaced by necessity in the pandemic by more informal mentoring. This has the advantage of learning in on-the-spot situations while being immersed within a multidisciplinary team that is working under very difficult circumstances. When new and experienced nurses have the freedom to watch, participate, and evaluate with a variety of people, the richness of the experience is elevated many folds. Collaborative mentoring as defined by Grossman & Peering [1] values exposure to many people, which can happen in a pandemic effectively as people develop opportunities to work with people in new and innovative ways. Utilizing the research from mentoring in new and different ways has been the hallmark of successful mentoring in this pandemic situation. The outcomes for the mentor can be very positive in areas such as focusing on the growth and satisfaction of the protégé and of contributing to the organization and profession. The opportunity to gain personal success such as increasing the mentor's own knowledge/skill set, getting promoted, and being respected more widely throughout the organization can also be noted. The outcomes for the protégé can be accelerated in the fast-moving environment of a pandemic as people throughout the organization come together in new and innovative ways to solve problems. The exposure to new insights from observing and working with a wide range of informal mentors is invaluable.

Within the caregiving structures, there are many opportunities for informal mentoring and coaching. Johnson [2] describes the concept of "Intentional Mentor" as essential for the practice of informal mentoring. McLaughlin [3] notes that

mentoring should not be viewed as a secondary duty and must be elevated to a primary professional responsibility, which includes informal mentoring. The addition of the organization as a primary mentoring tool as described by Goodyear and Goodyear [4] in addition to the mentor and protégé is an important concept for building healthy workplace environments to complete the triad model of protégé, mentor, and organization.

Mentoring has many new variations because of the COVID-19 pandemic. The opportunity to utilize the breadth and depth of researchers to study these variations is enormous.

Most often the concept of mentoring is associated with formal mentoring that includes a well-prepared mentor who establishes the learning situation with the protégé or mentee, with the goal of establishing an effective relationship in which learning can occur. Mentoring can be available to new nurses who are just entering the profession, nurses seeking specialty training, such as critical skills or leadership skills, and experienced nurses who benefit from continual learning. Being a mentor also provides a unique learning as the mentor learns from the mentee and also learns preparing for the experience of being a mentor. In reality, an incredible amount of informal mentoring occurs in a variety of ways throughout the day as mentees observe interpersonal dynamics, skills being utilized, and cognition that creates safe outcomes for patients. In informal mentoring, the mentee and mentor are selective about whom they wish to approach for a mentoring relationship; it can last for years [5]. Informal mentoring is a strong and valuable tool for developing an employee. It occurs in a relationship that is voluntarily formed by both persons. It is friendship first and learning and career second and third. Mentees have a wide variety of skill sets to choose to model as they watch the interaction of nurses with patients and colleagues. Sometimes, these relationships develop unintentionally, and other times, it is intentionally. For example, a new hire might look for a more senior nurse to help them learn the ropes. They may also hope to model their career path to their mentor who is higher up in the company. Neither of them may label themselves as a mentor or mentee, but if you asked them, they would probably describe their relationship as something close to mentorship [6].

Professionally, many best practices and extremely dangerous and ineffective skills and interventions have been learned by mentees informally observing and adopting various practices. Not everyone who knows you knows how much of a difference they make in your life. The influence someone has on your life might be far greater than the amount of time they spend with you. Many people may show you paths or challenge you to grow without ever knowing you were watching their lives [7]. In health care, we work in a "fishbowl" with many eyes and minds digesting what they see and hear and adopting this as an accepted practice. "Fishbowl mentoring" is powerful and is a very effective way for mentees to learn.

2 Mentoring in the Pandemic Is Different

The pandemic has by necessity changed what mentoring can be. Our healthcare system has been in a continual storm before the pandemic and now contends with surge after surge of tsunami-like waves of COVID-19 that threaten to sink our healthcare system and our caregivers. Sailors believe that "storm sailing" accelerates their learning and makes them better sailors quickly. Sailors learn their best sailing in storms and will purposely sail with their protégés in stormy weather to accelerate their learning with opportunities that force one to think quickly and accurately and to learn sailing faster than on calm waters.

The pandemic has given us that same opportunity. We must "Seize the Moment" and proactively make this moment an incredible learning experience. Mentoring is more important now than ever, but by necessity must take different forms. "Seize the Moment" must now become the new model. Gone are many of the opportunities for formal mentoring because of time constraints and the availability of formal mentors.

So, rethinking new models of accelerated mentoring must be a top priority. There are many opportunities to learn and learn quickly in a pandemic and also other crises such as floods and fires. We must proactively and optimistically take advantage of these opportunities and turn them into "storm sailing" opportunities.

> *I am not afraid of storms for I am learning how to sail my ship.*
> —Louisa May Alcott

There are several learnings about mentoring in a pandemic these authors want to share. The first is five learnings that have guided our practice of mentoring. The second is the experience of the two of us working together in a close, integrated relationship of mentoring. The third is sharing the experience of two of our mentees, Nicole Deal, AVP, Patient Care Services overseeing Resource Team and Workforce Management, and Stefanie McDonald, AVP, Patient Care Services, Continuum and Emergency Services that tell in their own words what this experience of mentoring has meant to them.

2.1 Five Factors

There are many facets of mentoring that have guided our mentoring experiences. We chose these five as the top factors that we feel are extremely important to our experience as mentors.

1. Establishing Trust

   The definition can be as simple as "We have each other's back," which can create the feeling that "We work as one." Creating trust involves openness to first being authentic with others and to model how others can establish trust by observing us and others as leaders and creating trustful behaviors. Establishing trust also includes the very important concepts of authenticity and vulnerability.
2. Culture as the Backbone

   The backbone of successful mentoring in a pandemic is a culture that has been established and cannot be swayed by crisis. Just as a sturdy sailboat makes it through many storms with a strong keel as the backbone of the ship, culture is the keep that creates successful journeys through any and all storms including pandemics. Cultures provide the "rules of engagement" and the "guardrails," which are really mission-driven best practices that frame what behaviors and actions are acceptable. This "backbone" is necessary to build trust and to ensure that the work of the organization and the fishbowl observations reflect the principles of the organization's culture.
3. Creating the Burning Platform

   The pandemic has created many "burning platforms" that require fast thinking, planning, action, and evaluation. The burning platform of quickly innovating to save lives (i.e., rapidly opening vaccination and testing centers and retraining medical–surgical nurses for ICU care) are all excellent opportunities to rally around a greater mission. Within the challenges of the pandemic, mentors are wise to "never waste a crisis" and create several burning platforms that will ultimately create the best outcomes quickly.

   The demands and subsequent innovations created by the pandemic provide a guided learning experience for mentoring that will create life-long competencies.
4. "Seize the Moment"

   > *Get action.* ***Seize the moment****.*
   > *Man was never intended to become an oyster.*
   > —Theodore Roosevelt

   In the pandemic, everything is accelerated and acting quickly can be a matter of life and death. The opportunity" to dialog, role model, critique, and innovate is endless and a great experience for both people new to the system and for ones with more tenure. Optimism, a sense of purpose and mission, becomes the glue that holds people in times of crisis.

   Intuition and wisdom are important parts of operating in a fast-moving high-stress situation. Trusting intuition and the wisdom of experience help to quickly "Seize the

Moment." Overthinking can neutralize the effects of experience and wisdom.

To illustrate how the concept of "Seize the Moment" has become a central theme for us in the experience of the pandemic and mentoring, we will first discuss our experiences in what we call executive-to-executive mentoring and then add the experiences of two mentees who experienced our mentoring in the pandemic.

5. Fishbowl Mentoring

Nurses are taught observational and interpersonal and assessment skills. It is natural that nurses put those skills to work and learn informally from the environment and the significant "mentors" they watch. Observing people operate under extreme stress will leave life-long impressions and memories. In the fast-paced fishbowl we work in, everyone has the opportunity to see many more people in action in a compressed time than normal.

Using the "Come with me" approach has enabled us to expose nurses and others intentionally to many more experiences in a compressed time frame. Utilizing self-reflection to continually reflect on the kind of messages we are giving to others, how we are helping others to learn, and what we are learning from watching others is essential. We are always role modeling when we are around others. Intentional role modeling is ideal and utilizing the reality of a difficult situation as a learning moment to seize is crucial.

2.2 Executive to Executive Mentoring Dialog Collaborative Mentoring: The story of Dr. Maureen Swick and Patricia Mook

As a mature leader, Patricia was not thinking about mentoring when she first arrived. However, the relationship between us has grown into a mutually beneficial and inspiring experience for both with many accomplishments that have been the result of the mantra: "Seize the Moment." The experience has become one of "seizing the moment" for informal dialog, learning through doing, never saying no to an idea, and instead giving space to people to try out new ways of handling issues, continually evaluating the effectiveness, and making quick course corrections. We built a foundation that was strong and secure and learned to work as one to make great things happen, which was a great foundation for the COVID-19 crisis.

2.2.1 In the Words of Patricia

The mentoring relationship resulted in building trust and the sense of always having each other's back. Giving each other the gift of time, trust, respect, and mutual coaching can create great outcomes.

Innovation has been the hallmark of what Maureen has brought to the organization and has become part of the organization's DNA. In the COVID-19 crisis, the "muscle memory" of so many successful innovations enabled the organization to quickly ramp up many new innovations to cope with the challenge. Many people have participated in innovative projects and used their mentoring well to quickly be involved in the innovations of the pandemic.

Maureen and I have used the "Seize the Moment" story to carve out time together and have been able to share and discuss many issues and engage in mentoring in every informal way possible during COVID-19.

> *A leader is great, not because of his or her power, but because of his or her ability to empower others.*
> —John C. Maxwell

What I have learned from Maureen is that achieving success requires being collaborative. You must motivate others (direct reports, peers, and others in other departments) through influence. It can be rather complicated but at the same time simple. This work often is based on the relationships that you develop over time allowing you to influence others.

Ibarra and Hansen [8, p. 73] define collaborative leadership as the "capacity to engage people and groups outside one's formal control and inspire them to work toward common goals-

despite differences in convictions, cultural values, and operating norms."

Collaborative leadership is complex because it requires leaders to achieve success by motivating individuals in multiple groups to bring together and align the goals of a large number of stakeholders [9].

In addition to the challenges of the pandemic, during this time Atrium Health grew tremendously. In 2020, the system expanded to include what is now Atrium Health Navicent in the Macon Georgia Market, Atrium Health Wake Forest Baptist in the Winston Salem Market, and now Atrium Health Floyd in Georgia, bringing the number of nurses within Atrium Health to over 25,000.

There were many people in the organization who learned through mentoring how to be successful and how to work through the pandemic. The experience of two of these people will be introduced.

2.3 Executives to Mentees: Maureen and Patricia to Stephanie and Nicole

Although Nicole Deal, AVP, Patient Care Services, overseeing the Resource Team and Workforce Management, and Stefanie McDonald, AVP, Patient Care Services, Continuum and Emergency Services, are very different people, they found their experience of "Seizing the Moment" provided exceptional growth experiences for each. Both reported the opportunity to accelerate their learning in the crisis of the pandemic within this cocoon of support invaluable. Their experience in their own word is as follows.

2.3.1 Nicole Deal

I grew up in Atrium Health. I attended Cabarrus College of Health Sciences, part of Atrium Health Cabarrus Hospital, and spent 10 years as a Labor and Delivery Nurse there. As I grew in leadership skills, I encountered many leaders and had many mentors. However, until I experienced the mentorship of Maureen and Patricia, I never truly understood the importance of vulnerability and self-confidence. I learned from Brene Brown's notes "Vulnerability is not winning or losing. It's having the courage to show up when you can't control the outcome" [10]. During the pandemic, I was responsible for the workforce in many different areas that had not been ventured previously from vaccines and testing sites to mass vaccination events and surge space upfitting. I also supported the Virtual Nurse Observer program, to support our less experienced nurses with increased patient acuity and also supported work to train 150 medical surgical nurses in intensive care competencies to assist in a team nursing model. All the out of the box thinking that benefited the patients and nurses was a direct result of the relationship and mentorship between Maureen, Patricia, and Nicole.

I appreciated being given the "space to learn" and believed that within this crisis, I and those around me learned at a faster pace and we also learned how the development of trust was accelerated. Speed was at a premium in the pandemic as in all crises. I learned to respond quickly to data and also learned to not wait to be perfect. Failure was viewed by the leaders as a learning experience and I learned to never feel bad, to examine the reasons the project went wrong and try again. Within this setting, there was always an organizational "can do" philosophy established by Maureen and Patricia that supported speed and "getting it done yesterday."

Allowing oneself to be vulnerable and that it is ok to be vulnerable was a big learning for me. I observed and experienced Patricia in the fishbowl of the pandemic to be openly vulnerable and saw the difference authentic leadership that can make to those around you. Trust came quickly because the experiences happened at a warped speed and consequently, so did the trust-building opportunities.

Learning about the community was a big mindset change for me. I learned that previously being concerned about the inpatient experience for the patient, family, and staff was much more limiting than the involvement in the community and the concern about the health of those out there. The fast-paced establishment of vaccina-

tion clinics and alternate bed sites and the need to quickly establish care systems brought me closer to knowing the needs beyond the walls of the hospital. The broadening of opportunity beyond the area of my responsibilities widened dramatically in a short time. An offshoot of this experience was the high visibility for me across the system and in areas I had not been integrated before.

Flexibility, agility, and mental toughness were all now a necessity in nursing leadership with the rise and fall of pandemic surges. Maureen and Patricia consistently trusted and encouraged, which helped me to have confidence in myself and make those turn-on-a-dime decision that could be the difference between services for patients or no services for patients.

In the words of Walt Disney, "Courage is the main Quality of leadership, in my opinion, no matter where it is exercised. Usually it implies some risk -especially in new undertakings." Maureen helped me to understand what courage really was, which it really implies taking risk, while empowering others, helping others to create the environment, while continuing to challenge the status quo… always providing support for me, while I made decisions rather than her making every decision. I learned that mentoring during crisis was about making quick decisions with calculated risk.

The nursing observation care model grew out of a need to care for mass numbers of isolated patients during this pandemic. We needed to try many things quickly. We started by using baby monitors in patient rooms to communicate without having to go in and out of the room multiple times. This helped us to conserve personal protective equipment and allowed the patient to not to feel isolated. We could talk with them frequently. Then, the idea to use iPads on a stick using new software for continuous monitoring was thought about. Maureen asked us what it would take, how long it would take us, and if we could get it up quickly.

It was a whirlwind but with the help of Stephanie McDonald who gather the equipment and Nicole Deal who provided the staff we were able to get a pilot up in less than 2 weeks. No one stopped to think about what would really get in the way, and we just kept moving forward overcoming small obstacles very quickly. We had the right people with us with technical knowledge, workforce experience, and the courage to get it done.

2.3.2 Stephanie McDonald

One of the greatest parts of the experience has been learning how Maureen and Patricia believed in us and encouraged us to take risks. The answer was never no—it was "Well try it!". As a result, we all felt we could do anything and in fact started many very innovative projects. For example, I started a podcast that now is one of the most popular features of the organization and was able to do this without the usual bureaucracy associated with a project like this. When I was stuck on something, I could reach out to many for help and received excellent support. The reward for success was the joy I felt from being seen as a mentor and the sense of resiliency I learned. There were difficult times when I wondered why I had ever attempted to do something but the opportunity to "grow in discomfort" always made the effort worthwhile. I was never alone. For me, the key was learning that tasks really are not tasks. They need to be turned into development opportunities.

> *Courage isn't an absence of fear. It's doing what you are afraid to do.*
> *It's having the power to let go of the familiar and forge ahead into new territory.*
> —John C. Maxwell

Watching Maureen and Patricia advocate for nurses, and watching them collaborate successfully with many other people on the healthcare team, exemplifies the "fishbowl" mentoring that created incredible observational learnings. Virtual technology replaced in-person communication in many situations as a result of the pandemic. This not only created a different observational experience and complexity but also provided valuable lessons in reading nonverbal communications from a different perspective.

Throughout, I learned from my mentors the concept of "pay it forward" to provide similar experiences to others in the organization that I learned from Maureen and Patricia. I learned to start where the person is instead of where they

can be so the path will not be overwhelming and the learnings on the journey will be solid. My contribution is focusing on "Hope," and I use Goodall & Abrams book, *Hope A Survival Guide for Trying Times* [11] in which they note that "Hope is a stubborn determination to do all you can to make it work."

The DAISY Foundation and the opportunity to honor nurses and managers and leaders have become a pillar of the values that make up the success of this organization. In the middle of the pandemic, when the nurses needed it most, we made sure that those nurses continued to be honored despite the COVID-19 restrictions. We know this organization is unique in its commitment to honor many nurse managers and leaders with the DAISY award.

Nicole and I now think through problems by asking themselves, "What would Maureen or Patricia do?". Their mentoring has become embedded in our lives and now is part of our intuitive manner of approaching problems and also of mentoring others in the organization. We believe that the sustainability of the accomplishments of this leadership team will be sustained as others are mentored in this remarkable way of "Seize the Moment."

3 Self-Reflection

The authors have used "Seize the Moment" mentoring as a method of always being alert to opportunities to create learning experiences and to learn from others. The pandemic did not change that. If anything, it provided more and richer experience in a compressed time frame with an incredible array of impactful opportunities and impactful learnings.

As we reflect on the past few months, we are very proud that new and experienced nurses were given the freedom to watch and partner with experts within the model of "fishbowl mentoring." We saw that giving up the layers of approval for fast data-driven action quickly translated evidence into innovation. We feel strongly that utilizing applied research to make a change will pave the way for more rigorous research in the future.

4 Summary

Mentoring is one of the most important competencies of a leader. The opportunity to "model the way" and to create a cadre of peers and followers that are well-socialized and professionally competent in the ways of the profession and the organization is a gift that great leaders utilize to create exceptional outcomes.

In crisis, mentoring can be lost, but we believe that this must not happen. The crisis must be recognized as an excellent opportunity to accelerate learning, provide experiences working in extreme complexity, and create highly credentialed and competent caregivers. The many opportunities for "fishbowl mentoring" in crisis are extremely valuable.

To "Seize the Moment" wherever it might happen in crisis provides learning experiences that are not available in other situations. In summary, the following note written by Maureen in the Newsletter for the Nurses in the organization demonstrated mentoring in action:

> *I am nt afraid of storms for I am learning how to sail my ship.*
> —Louisa May Alcott

"Unprecedented. It's a word you've heard often over the last few months but seems to continue to be most fitting for our current situation. We are facing the challenge of not only battling a new disease, but of trying to maintain connections with our patients, our families, and our friends. As individuals and as a community, we are also coming to terms with the impacts of long-standing racial injustice, even as COVID-19 exposes the health inequities experienced by racial and ethnic minorities. All of this takes a toll.

Improve health, elevate hope, advance healing for all—our mission is not just applicable to our patients, but includes you, our nurses. Remember your own health, hope and healing during these times. Please know there are resources available to support you. You are not alone.

Stay Strong, Stay Vigilant

> *You must live in the present, launch yourself on every wave, find your eternity in each moment.*

Fools stand on their island of opportunities and look toward another land. There is no other land; there is no other life but this.
—Henry David Thoreau

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Reciprocal Mentoring in the Times of COVID-19

Ged Williams, Rose Jaspers,
and Veronica Wohuinangu

Necessity is the mother of invention.

Objectives

1. To develop trust to ask for help
2. To find the courage to have a go
3. To build resilience
4. To create a legacy

1 Introduction

Papua New Guinea (PNG) is a Southwest Pacific nation to the north of Australia with nine million people and identified as a low-income country relative to other nations of the world.

Veronica is an experienced registered nurse in PNG who has worked as a critical care nurse for many years at Port Moresby General Hospital (PMGH). Over the years, Veronica has tried to build capacity and confidence in her nursing team both at PMGH and in the greater Port Moresby area and beyond. She had the ambition that PNG could establish a Critical Care Nursing Society to help guide and support improved policies, practice protocols, educational opportunities and ultimately better health outcomes for critically ill members of her community. In 2019, Australia would host the World Congress of Critical Care in Melbourne and advertise scholarships for nurses and doctors from low-income countries to be able to attend. Veronica supported her staff to apply, and three nurses attended with the mission "Find Ged Williams and ask him to help us create a critical care nursing society that is linked with the world" …. So, the journey began.

2 Serendipity: The Meeting

On Tuesday 15 October 2019, three members of the PNG contingency approached Ged Williams at a conference function and among other things posed the question: "can you help us create a critical care nursing society that is linked with the world?" Ged explained how we wanted to include PNG in activities of the Australian College of

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Critical Care Nurses (ACCCN), which he had founded in 1999, and later with the World Federation of Critical Care Nurses (WFCCN), which he had also founded in 2001, but alas, he could never find anyone in PNG who could maintain communication and frustrated his ambitions for PNG to join the larger worldwide movement of critical care nursing societies and federations that have emerged since.

Serendipity Finding a valuable and pleasant situation almost by chance…our stars had aligned at last!

Understanding the complexities and challenges of establishing societies and activities in low-resourced countries, Ged proposed that he would think about how best he could help his new PNG friends and proposed at the very least he try to visit PNG in the next year to meet the locals and understand the context, challenges and needs of the PNG critical care nursing community so that an informed and meaningful approach to empowerment could be put in place to meet the expectations of all stakeholders.

3 Planning: Between Meetings

Although Ged was based in the United Arab Emirates, he was able to engage in dialogue between Veronica, the PNG nurses and ACCCN and WFCCN, thanks to his many networks and the wonder of modern-day technology and communication systems. The ACCCN Board supported one of their members, Rose Jaspers (Victoria, Australia), to be their nominated representative to join Ged with the PNG nurses. Veronica organised meetings and visits to PMGH, other local hospitals in Port Moresby, the University of PNG and meetings with critical care nursing leaders from Port Moresby and Lae and executive leadership from the Department of Health. Ged worked with colleagues of ACCCN to discover other Australian nurses and doctors who frequently visit PNG to work and volunteer to gain extra insights into what the conditions were, what was being done to support our PNG colleagues and what could be done to add further value to the support to be given to PNG. One strong lead was Open Heart, a not-for-profit charity that supports medical teams to visit PNG 1–2 times per year to conduct open heart surgery. Ged timed his visit to coincide with the next Open Heart mission to PNG in late February 2020, immediately prior to the surge in COVID-19 cases globally.

4 Understanding: The Second Meeting

An intense 4 days in Port Moresby was arranged by Veronica for Ged and Rose to meet as many key stakeholders as possible. Veronica and Ged planned for a strong overlap with key members of Open Heart, all of whom had many years' experience visiting and working clinically in the PNG context. This proved to be a very important strategic move. Among other things, they visited and examined: PMGH—ICU, CCU, Cardiac Catheter laboratory, operating rooms, emergency, general wards and education facilities. Meetings with hospital executive members and leadership provided further insights into "how things work" and engendered a sense of cooperation and collaboration between stakeholders. Rose and Ged were able to spend plentiful time with clinical teams rounding in ICU or operating in the theatre and discussed clinical practice and learning needs of staff.

- University of PNG—health faculty staff allowed for further examination of the postgraduate courses available to nurses including critical care nurses and how these might be reviewed and strengthened to meet future needs.
- Private hospitals with ICU. Although small and limited in capacity and accessibility, the private sector allows options for some and is accessible to the government should the need arise.
- Meeting of supporters of a PNG Critical Care Nursing Society (CCNS)—these strong and passionate nurses from Port Moresby and Lae

met with Veronica, Ged, Rose and members of Open Heart to brainstorm how we could work together to strengthen clinical and professional practice in PNG...and to have the PNG Critical Care Nursing Society formally registered in PNG.

5 Action: Post-Visit Recommendations and Action Plan

Following the return home to their respective countries, Ged and Rose developed a formal report to ACCCN and WFCCN outlining a series of recommendations and actions that would help PNG nurses advance their clinical and professional practice. In addition, a manuscript was prepared to publish the findings in a peer-reviewed journal [1].

6 The Main Recommendations Were to

Build a stronger professional profile for critical care nursing in PNG, including formation of the CCNS, and a strategic plan in collaboration with other major stakeholders to drive improvements in practice across PNG.

- Build a stronger and broader range of formal education programmes for CCNs.
- Establish and strengthen the provision of short upskilling courses as a short-term measure (with assistance/mentorship from ACCCN and WFCCN).
- Engage ACCCN (and WFCCN) to provide formal mentorship and support to assist PNG CCNS to grow and prosper as a professional society in PNG.

7 The COVID-19 Challenge

Within months of leaving PNG, all participants went into lockdown in their respective countries and travel was never to be as easy again. Nevertheless, a relationship had been forged and so began a series of activities led by Veronica and Rose with help from Ged, members of the Open Heart team and ACCCN members.

8 Mentor and Mentee Narrative

8.1 Ged

Honestly, I had no idea what to expect in PNG nor did I know what I, Rose, ACCCN or WFCCN would be able to do to help. However, I have faith, through years of experience, that we would find meaningful and helpful ways to support our PNG colleagues. An expression I share often with my work colleagues is "*I do not have all the answers, but I know the solution: Teamwork is the solution!*" And forming a broader network of team players, stakeholders, colleagues and friends from diverse backgrounds and perspectives will get us and our PNG colleagues to a better place.

Accepting the PNG challenge was easy as this was an area of work I always wanted to do. At this point in my life, I was able to self-fund my visit to PNG. I have found that the human experience of physically meeting people in their own context is the richest and most helpful way to learn and understand their situation and needs. The recognition and respect that show towards the people are also very important. Knowing that Rose and I felt the mission so important that we would give our time to learn from them and to acknowledge them as "experts" in their own context establishes a deeply shared personal relationship that is impossible to replicate any other way but in this very human experiential manner.

Notwithstanding my faith and optimism, the challenges of COVID-19 have hampered our momentum and ambitions. Zoom and email can only do so much, and there is a desperate need to provide real-time, on-the-ground mentorship, tuition and support. Managing my impatience and ambition for this project to progress is a challenge. I have used this time to discuss our plans

with other stakeholders who may have access to resources and networks that can be applied to augment this relationship and help us provide more impactful solutions as COVID-19 barriers subside. I guess my role is a leadership one, finding time to step back, reflect and find strategic solutions to help our broader constituency, i.e. the many nurses and other colleagues in PNG, that can benefit from the success of the reciprocal mentorship between Veronica, Rose and I. Knowing my purpose and importance in "pushing" us as a group to aim for high ideals and outcomes and to stretch out imagination as to what might be possible is an important role I feel I need to play.... maybe that is putting too much pressure on myself and the others, and something I need to remain mindful of.

8.2 Veronica

Learning how to use Zoom and getting Wi-Fi and technology were very challenging for me, and it will be for the nurses in the provinces. The PMGH has an IT Network for the organisation and the connection was easy to start with for the Zoom sessions. However, I also believe in teamwork and embracing the younger generation was an advantage. To see them come forward, I could see that they had that enthusiasm to make things happen and be part of the group to learn new things.

In one session, the team had an online meeting with the Continulus® CEO and other international members of the team. Continulus is a company that develops online education for nurses and doctors. Ged is a member of their Board. It was an honour to meet online with the international team who inspired us, and we have the trust and confidence to explore further learning through the Continulus® website and others. On the other hand, many provincial hospitals are not connected to IT networks, and it is a real challenge for members who want to access educational materials. Looking at our situation here during COVID-19 times, learning online has been accessed through personal mobile phones where individuals are given links to log in and access information. These can be one of the means to have meetings online and have access to educational materials.

Ged and Rose both encourage me to do more and think of new ways to help my people. We are exploring how to support some of our staff to attend a conference and other learning opportunities in Australia. Ged and Rose help me find different ways to support these opportunities financially, which is very important, and I help them to identify the best people we can support who are most likely to benefit from the experience and to add the most value to our organisations on their return... this demonstrates the reciprocal nature of how we all work together for a common purpose.

8.3 Rose

During our four-day meeting at POMGen, a wonderful opportunity arose, exemplifying what can be achieved through the mentor/mentee relationship between Australian and PNG nurses to provide improved nursing skill and patient outcomes. During a tour of the ICU, we were introduced to a young patient with Myasthenia Gravis who was still breathing through a tracheostomy and able to sit up and read. This patient had not been out of bed in 6 weeks. We were able to describe best practice and benefits of early mobility [1], as part of ICU liberation [2]. Furthermore, thanks to the concurrent resources provided by OHI, we were able to work with an Australian physiotherapist to demonstrate how to safely sit this patient out of bed.

On return to Australia, the pandemic threw us many curve balls hampering efforts to progress the recommendations made [3]. However, one could argue that it also broke down some barriers. We were able to maintain a mentor/mentee relationship virtually, and this required some two-way mentor/mentee exchange. In Australia, the workspace has shifted from offices and in-person meetings to virtual meetings from home

using platforms such as Zoom. This enabled us, at almost no cost to set up a series of ad hoc lectures on topics identified by PNG nurses delivered by specialist nurses in Australia such as 12-lead ECG interpretation and angiogram procedures. The pandemic was unexpected and had a major impact on critical care services globally. Evidence was emerging on how best to use resources and treat these critically ill patients. We were able to provide the Australian experience; however, we were not sure the Australian experience would translate to the PNG context. Consequentially, and reciprocally, PNG nurses provided a COVID-19 case study that provided valuable PNG critical care nursing context to the Australian nursing cohort to best provide ongoing education.

The Zoom platform has remained relatively steadfast. There have been hurdles, such as intermittent sound reception and connectivity, particularly with Lae (ANGAU) Hospital. It is not enough; the lecture series has been dependent upon volunteer time to facilitate – and such time has been heisted by local COVID-19 resource requirements. Albeit intermittent communications, it has proved to be a sound foundation to build upon. Meanwhile, we are building a strong base of experts who are keen to provide facilitation of learning opportunities and topics as we identify them.

Intermittent and unstable Wi-Fi access and access to technology in PNG have provided some barriers. We have been able to mitigate some of these problems to a degree by seeking assistance from Continulus® and sourcing funding to improve technology and connectivity in and with PNG and to provide some permanence by way of an employed facilitator.

We "experts" in Australia are far from meeting the needs of our PNG colleagues. PNG is the experts in their own context, and we still have gaps in understanding their frameworks and what they require. A transposition of generic knowledge and skills from one context to another does not necessarily equate to improved outcomes. We need to listen to our PNG experts such as **Rose** and her team to find/provide/fund the right resources to work with our PNG colleagues to enable a self-perpetuating world-class nursing workforce that already has the champions to achieve it.

9 Self-Reflection

9.1 Veronica

I have only lived and worked in PNG as a nurse for many years. I have big dreams but do not have the connections to know where to take them. Meeting Ged was an honour, and I am grateful for Ged to bring us into the limelight. Ged introduced himself by saying that he has been to PNG in the Milne Bay Province as an 11 years old to visit his uncle who was a schoolteacher year in the 1970s.

The team felt at home, and one of my nurses introduced herself and continued to tell Ged about my dream of forming a Critical Care Society for PNG nurses. They exchanged email addresses, and on return to the country, the word was relayed to me that the team had met up with the founder of the World Federation of Critical Care Nursing and that I should communicate with Ged. We communicated through email and that is how it started and I got to know more about Ged. I was not really expecting anything, but I am very grateful that he could connect easily and he stepped to our shores too soon to know more about my dreams and aspirations to form a Critical Care Society in my country.

9.2 Rose

My nursing career spans over 40 years, half of which has been in intensive care nursing. I am currently stream lead and lecturer for the intensive care nursing stream of the Masters of Advanced Clinical Nursing at Monash University. This was an unexpected career change that was offered to me. Seemingly, my skills—not just

clinical, but informal mentorship and coaching, were recognised. I was experienced and trusted in the field (and here I was thinking it was just because I was old!). A whole world opened to me. There were researchers, clinicians, teachers, lecturers, assistants and post-grad students all offering support and votes of confidence.

Academia overtly expects professional engagement, which is generally less supported in the clinical arena. Shortly after my sojourn into academia, I was nominated for ACCCN Victorian State Committee. By mid-August 2019, I found myself president of Victorian ACCCN and therefore a director on the ACCCN National Board. I had another steep learning curve ahead of me including company law and directorship among other things. At a chance discussion at a Board meeting in early December 2019, I volunteered to lead the ACCCN's relationship with PNG critical care nursing. Volunteering for this role was easy. Although I did not know what the task would entail, I have always felt a drive for advocacy and a passion to improve patients' access to the best health care. Two short months later, I found myself booked on a flight to PNG to meet with the legendary Ged Williams, PNG nurses and the vastly experienced OHI team.

I was keen, but full of trepidation—what did I have to offer my PNG counterparts other than willingness and a conduit to ACCCN? What did I know of health care and nursing in a low-income country? Was I the right person to be representing ACCCN? What was I doing in the same playing field as the likes of Ged Williams and OHI? Could I do this experience justice? These feelings of inadequacy were no doubt born from inexperience in ACCCN (or any professional) leadership team and late involvement in the planning for the "second" meeting in PNG. However, in very short order the feeling of trepidation dissipated. I learned that there was no pre-planned agenda, other than meeting, actively listening and observing. The striking feature of this mission was a shared vision by all involved to improve healthcare outcomes by supporting PNG critical care nurses in their efforts to provide world-class nursing care. The other striking feature of this sojourn that helped dissipate any anxiety was the shared notion that we did not have the solutions immediately, but by building a team we would find them.

What did I learn from my PNG experience? Nurses (and other HCWs, but this is my experience and scope) are cut of the same cloth, regardless of culture, resources and the health burden. Nurses inherently know what is best for their patients, colleagues and general health of the population, yet they are often not at the table when policies are decided and resources allocated. By the very virtue of the workload associated with their calling, they often work in silos and so are limited to a localised effort at improvement. However, there have always been mentors trying to improve conditions by promoting nursing and nurses. Veronica and her colleagues have taught me so much about leadership: have faith in your call for assistance to champion your cause and have the courage and persistence to network with your ever-growing base to share experiences and learnings. I have also, by their generosity, had the privilege to witness the vast inequality of health care and education. Their call for mentorship and generous facilitation and escort during this initial meeting phase gave me an incredible opportunity to be mentored by Ged to grow my role as a mentor in general, but more particularly in this situation.

Since my return from PNG, we have been able to facilitate some virtual lectures/workshops providing some presentations from experts in Australia. The highlight for me was a reciprocal workshop presented by PNG nurses: a case-study narrative of a COVID-19 ICU patient at PMGH. The presentation was excellent and provided very valuable context to the situation the team want to improve. Sadly, these sessions have been nigh on impossible to run more recently due to the pandemic taking exhaustive resources on both sides of the Torres Strait (the narrow sea between Australia and PNG).

In the future, I hope (know) that we can attract enough funding to employ a supervisor/overseer type of role, so that the momentum of projects continues and is not dependent on volunteer availability that is often ad hoc (particularly during the pandemic). This will also ensure a robust structured approach. Furthermore, a "supervisor" will assist with the coordination of our volunteer base, which I would also like to see grow. Future in-country visits will be invaluable to reconnect with our colleagues and further establish what is needed, particularly after the pandemic effects. Building freely available learning resources (electronic), improving curriculum and improving clinical components and assessment of learning are all likely useful and are do-able. However, any work needs to be fit for purpose, so further in-country visit following our initial visit to fill in gaps is highly desirable. I would also like to see reciprocal visits to Australia from key PNG ICU nurses to enable them to "upskill" and then co-design and coach their own future nurses and nurse leaders/educators.

I find that the role of mentor and mentee is a very reciprocal relationship, to the point that sometimes I cannot tell which is which. Perhaps it is a dynamic process: mentor ⇋ mentee, they exist in equilibrium, and while one predominantly feels they are a mentee, one can be simultaneously mentoring. My greatest lesson is to listen and do: listen, share what you have heard and facilitate sharing the doing. I shake my head in wonderment that I am really assisting in building the village that is raising the child of equitable global health. I hope that in the future the listening (of which there has been much, yet not enough) translates into more effective doing that filters meaningfully to the coalface.

9.3 Ged

Since participating in the *Global Leadership Lessons for Nurses* book led by Nancy Rollins-Ganz in 2009 [4, 5], I have learned many "tricks", and the most significant is the importance of *humility* and the power of *coaching* (AKA mentorship). My journey with ACCCN and WFCCN and similar organisations outside the workplace has been significant because unlike the workplace, position power and standing do not assume automatic authority and right. In this non-work-related role, I need to work extra hard on relationships as they are sometimes very loose, tenuous and non-binding, meaning that others do not have to listen or follow my suggestions.

Building a reputation for availability, skill, trustworthiness and expertise in critical care at an international level and a work ethic capable of helping others outside my paid job has been hard work, but also a labour of love. It is gratifying and humbling that other people now seek me out when my expertise may be required. However, I have also been blessed to have had the opportunity to access further education beyond my nursing skill set. A Masters in Laws, which included specialist training and certification in alternative dispute resolution, scholarships to study healthcare leadership at the University of Pennsylvania, and broader government and governance training through the Australian and New Zealand School of Government, have afforded me knowledge, skills and networks that further enhance my skill set when approached by colleagues who call on my assistance.... all education and in particular self-education cannot be underestimated!

Every new mentoring assignment has a unique challenge and context, and each new challenge is humbling and occasionally overwhelming until I get a grasp on what can be done. It is always important to stay calm and patient... a solution is generally findable. The mentee is by far the most helpful person to guide me as a mentor to work out how I can help, hence active *listening* is a critical skill in the mentor–mentee relationship followed very closely by empathy and understanding... casting away preconceived ideas and biases and listening attentively to the story is important. Using Google, the literature and the wisdom of experienced colleagues are also very important to triangulate all sources of information early in the discovery phase of what this new

context brings and try to understand the hidden meaning behind the initial presentation.

Mentees appreciate and respect mentors who "go the extra mile" to learn, understand and support the mentee and their situation. Trust builds quicker, and a sense of shared purpose and ownership of the challenge emerges quickly. The mentor will eventually have a sense of belonging to the mentee's community, and the mentee has a sense of belonging (emotionally and professionally) to the mentor. This relationship has the potential to be life-long, built on intense early investments such as this.

The arrival of COVID-19 into many parts of the world at the same time as our visiting PNG meant that we were not able to visit again (this is unlikely to change for some time, this text was written in early 2022). As mentioned earlier by Rose and Veronica, the use of social media, Zoom and other tools has allowed us the opportunity to communicate much more easily. These were technologies that many of the team had never used before: *Necessity is the mother of invention!*

Many other colleagues stepped in to assist us. Continulus®, a company in which I am a board member, tried hard to develop free online education materials for critical care practitioners with aspects that were relevant to low-resource countries. Our medical colleagues from the Australian & New Zealand Intensive Care Society and the College of Intensive Care Medicine were pursuing initiatives in PNG and invited myself and others from ACCCN to participate in their endeavours. We also met colleagues working for the WHO collaborative centre and Rotary International with interests and experiences in PNG and other pacific island nations who provided invaluable guidance. We had ACCCN colleagues who work for the Australian Medical Assistance Team (AUSMAT) an Australian government disaster and relief response organisation who travelled to PNG as part of an initial COVID-19 response unit, and we were able to introduce them to Veronica and her team to maximise education support and guidance while they were there. This paragraph represents the sense that by just starting, or as Nike® would say "Just do it", many amazing things just start to fall into place and before you know it you have a team all working towards the same goal.

10 Wisdom: Conclusions and Take-Away Messages

Our journey together has been inspiring and humbling, exhilarating and a little frightening, but most of all reaffirm that we have skills and abilities that have been validated within the reciprocal mentoring relationship that is now 2 years old... and will possibly remain for many years to come.

Having the courage to take the first step and to step outside the comfort zone is very important and having faith, faith that it will be OK, and the power of the collective will ensure our success. This is the wisdom of mentorship and leadership that has given us the confidence to continue to grow in this relationship.

Diagram of Reciprocal Mentorship We all have unique and critical knowledge and experience to contribute to the relationship.

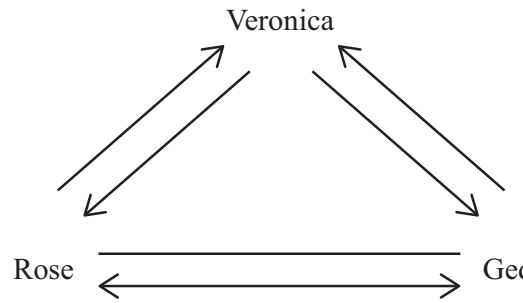




Photo: Members of the newly formed PNG Critical Care Nursing Society on Friday 23 February 2020 at the PMGH, with Ged, Rose, Veronica and representatives of the Open Heart International

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Part VIII

Mentoring in Policy - Health care Education and Research

Introduction: Mentoring in Policy - Helath Care, Education and Research

Franklin A. Shaffer

It is well known that today, our world shrinks with each technological advancement. We understand that globalization, the rapid and unstoppable convergence of economics, politics, culture, and health, impacts all workforce sectors in all regions of the world; nursing is not immune to this. Over the years, we have recognized the fundamental role nurses play as frontline combatants against major global issues such as pandemics, the climate crisis, human trafficking, and migrant and refugee emergencies. Nursing scholars and leaders have advocated for professional evolution beyond traditional, inward thinking toward more global, holistic approaches in education, research, policy, and beyond.

Nursing's presence at the global level, be it in international education, policy, or practice, has always existed [1]. For centuries, nurses have migrated around the world, bringing their unique educational, professional, and cultural competencies to new lands. In terms of global policy, nursing's presence has been robust; since the founding of the United Nations in 1945 and the World Health Organization in 1948, nursing, both within governments and civil society, has been an active player in advocating for nursing-centric policies, elevating the status of the profession, and ensuring a seat at the table [2]. This truth has only been exacerbated in the twenty-first century; today, nurses are at the forefront of global health care and policy.

Still, it is hard not to appreciate the recent rise in the prominence of nursing at the global level. Building off of decades of being the largest health profession and the most trusted profession, more broadly, nursing is experiencing notable elevation and recognition among governments, the media, and the public. Commemorating the 200th Anniversary of Florence Nightingale's birth, 2020 marked one of the most momentous years for the profession. The World Health Organization (WHO) not only reestablished the WHO Chief Nursing Officer Role [3] but also designated 2020, and eventually 2021, as the International Year of the Nurse and Midwife (2021 being the Year of Health and Care Workers) [4, 5]. Global initiatives aimed at influencing nursing-positive policies, including the UN 2030 Agenda for Sustainable Development [6], United Nations High-Level Commission on Health Employment and Economic Growth [7], the WHO Triple Billion Goals [8], and the Nursing Now campaign [9], grew in number. The State of the World's Nursing Report 2020—a WHO-ICN-Nursing Now collaboration—sought to quantify nursing's impact on a global scale and proposes considerable yet feasible policy options for the global nursing workforce [10].

This poses the question—how do we, as a profession, best leverage this unprecedented

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momentum? We must build upon the history of policy work from the birth of our profession. We have always been there, behind the scenes. We must train the next generation of nurses to become globally minded, global citizens, global health diplomats, and advocates for the profession able to contextualize the local work at the bedside to larger global issues and initiatives [1, 11–13]. A deeper examination of the UN's Agenda for Sustainable Development, arguably the world's most comprehensive global plan of action for peace and prosperity for people and the planet, will show nursing's unique position to advance the 17 goals. Most obviously, nurses are at the frontlines of promoting good health and well-being (Goal 3). Similarly, nursing, a female-dominated profession that women are often encouraged to pursue worldwide, promotes gender equity (Goal 5). More generally, nursing is fundamental to the entire agenda: Poverty eradication requires healthcare providers (Goal 1); an end to hunger demands nutritional education (Goal 2); and sustainable cities (Goal 11) cannot develop without a healthy, resilient workforce, which, in turn, leads to the achievement of other goals [14].

While our profession's potential to impact global policy and initiatives is clear, there is often a disconnect between abstraction and policy implementation and practice. Proactive, progressive, informed mentorship is needed to fill this void. This guidance can only be completed so much during the training and education stages, which are already full of rigorous curriculum and competency components. Instead, we should leverage the knowledge and experience of our profession's leaders to train and mentor nurses on how best to influence policy both at a local and global level. Mentoring in policy encompasses three fundamental tenets—education, research, and healthcare policy.

Concerning *education*, we must continue to globalize nursing education. To do this, we need global citizen mentors to encourage nurses at all levels to "think globally, act locally." Like-minded scholars argue that in today's globalized world, nurses have a professional obligation to understand our world and our work as nurses in a broader, global context. If the COVID-19 pandemic has taught us anything, it is how we cannot ignore the problems abroad—be it health, social, economic, or political—simply because they do not directly or, instead, immediately impact our lives [15]. This mentorship and global mindedness should be guided by a solid ethical code or compass that ensures the patient's health and safety and the protection, elevation, and advancement of the profession that best cares for said patient.

Regarding *research*, we must build upon already existing research and academic work of the profession. Through nursing-led research, we can achieve not only outcomes and narratives that reflect the realities and best light of our profession but also train younger nurses to become global citizens and advocates for the profession through their knowledge and exposure gained during research. The WHO State of the World's Nursing report was a good starting point but should be enhanced and repeated on a consistent basis to ensure timely and up-to-date data on our profession globally. Nursing mentorship in nursing and healthcare research is pivotal to ensuring this and the International Centre on Nurse Migration, a partnership between CGFNS International and the International Council of Nurses that emphasizes the development, promotion, and dissemination of research, policy, and information on global nurse migration and human resources for health, serves as an exemplar to this model [16].

Finally, beyond globalized education and nursing research, advocating for and implementing sound, effective, and nursing-positive **healthcare policies** are vital. As a profession, we have successfully secured a "seat at the table" through our large numbers and historically high public perception and trustworthiness. Today, for example, nursing is present at the highest levels as advocates, consultants, and NGO leaders at the UN, WHO, and beyond. The challenge now lies in ensuring effective participation and consultation at the said table to ensure policy that positively impacts not only the health and well-being of populations but also the nursing profession as a whole. This nuance can best be achieved through mentorship in healthcare policy. Some

noteworthy examples include the Nurses on Boards Coalition, which aims not only to ensure significant nursing representation on boards but also seeks measurable impact of nursing leadership [17]. Similarly, the International Council of Nurses' Call to Action to establish government chief nursing officers (GCNOs) within all WHO Member States and WHO regions is an admirable initiative for ensuring nursing engagement and participation in policy at the global level and all areas of the world [18]. These initiatives aim beyond simply getting nurses at the table but call for actual inclusion in the decision-making process locally, nationally, and internationally on boards and in governments.

The nursing profession should leverage its years of advocacy in the policy sphere and its recent rise in attention among governments, the media, and the public, to advance nursing-positive policy at local, national, and global levels. To do this effectively and sustainably, we must train the next generation of global citizens to take their local knowledge and experience to the global policy level. Nurses must be able to contextualize their local work at the bedside within larger global issues and initiatives. We should advocate beyond a simple seat at the table and ensure nursing's active involvement and consultation in policy as stakeholders, board members, and government representatives. To achieve this, we must leverage the experience of our profession's leaders to train and mentor nurses at all levels on how best to influence policy at local and global levels. As noted above and further examined throughout this section, mentoring in policy encompasses three key tenets—education, research, and healthcare policy.

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Mentorship in Nursing Education Policy Initiatives in Afghanistan and Contributions to the Establishment of the Afghanistan Nurses and Midwives Council

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We make a living by what we get, but we make a life by what we give.

—Winston Churchill

Objectives

1. Describe the significance of mentorship, particularly for nursing education policy development and implantation, and scaling it up to the national and professional regulation levels in a fragile and conflict-affected context.
2. Narrate the process and outcome from the mentor and mentees' perspective, keeping in mind the facilitators and barriers.
3. Provide recommendations integrating the experience and evidence from the literature.

1 Introduction

We believe that everyone has a unique ability that helps sustain life until they find an opportunity and direction that flourish their innate ability to grow into a change agent for many individuals, families and broader society, which ultimately becomes a critical asset to that society, which is true for the nursing professionals. The World Health Organization's (WHO) state of the world's nursing report emphasizes the nurses' instrumental role in policy development for achieving universal health coverage and sustainable development goals by 2030, particularly in fragile and conflict-affected settings aiming to establish institutions and build the capacity of individuals for effective governance and stewardship [1]. Establishing policy and institutional capacity in fragile and conflict-affected settings is challenging because of the scarcity of resources that require transformative strategies, and one such strategy could be effective mentoring/mentorship.

Cambridge dictionary defines a mentor as "a person who gives a younger or less experienced

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person help and advice over a period of time, specially at work or school" [2]. According to Collins dictionary, to mentor, someone means to "give them help and advice over a period, especially help and advice related to their job" [3]. These definitions share the meaning of the concept "mentoring" as to help and advice but vary with the specification of time duration, the content and the topic of advice (work/school and job). We acknowledge the mandate of mentorship as advisement and guidance; however, the aim of the mentorship is not confined to either school or work/job. It goes beyond school or work, encompassing both the personal and professional developments of an individual that transforms the mentee by building a trusting relationship and transfer of knowledge and learning. This chapter describes the significance of mentorship in establishing nursing educational policy, followed by a narrative from the mentor and mentees. We will provide a brief overview of nursing education in Afghanistan and discuss mentorship approaches for the policy aspect of nursing education, including the development/revision of curriculum, academic policies and educational standards from evidence. We will describe facilitators and barriers that affect mentorship with its outcomes for both mentor and mentee.

2 Significance of Mentorship

Several sources have used the word mentor, indicating a teacher, advisor, coach and similar terms. Petrin [4], a president at the management mentors, has beautifully differentiated mentoring and coaching and explains mentorship as development-driven aiming to assist an individual for the current job and beyond to their future development by creating a climate of trust for the mentee to share critical issues impacting their professional and personal success [4]. This comprehensive approach ultimately transforms an individual to serve well in an institution, profession or specific areas, such as policy development and implementation, to advance personal and professional development. The word mentor has gained value in healthcare professions after 1970 and became one of the most influential and well-established mechanisms for facilitating nursing and midwifery professionals' learning [5], most notably in pre-registration education programmes [5, 6]. To date, several sources have identified mentorship being an effective strategy for providing quality care [7–12], in academia [6, 13] and in policy areas [14, 15]. However, we did not find literature integrating mentorship in policy initiatives, particularly nursing education in fragile and conflict-affected settings, such as Afghanistan.

3 The Mentor and Mentee Narrative

Developing and implementing the nursing educational policies and accreditation standards and embedding them in the regulatory authority were not easy. It took almost two decades due to factors associated with the personal, cultural, professional and broader socio-political context. Above all, the prolonged conflict (from 1979 to 2001) in Afghanistan negatively affected the education of healthcare providers, including nurses and midwives [16, 17]. The situation created a gap that led to inadequate numbers and competencies of nurses to strengthen the existing nursing system and policies.

However, the nursing and midwifery professions were launched in Afghanistan as early as in 1920s, followed by a women's hospital; later, the first school of nursing and midwifery was founded in 1940 in Kabul [18]. In the 1970s, several initiatives were undertaken to address the severe shortage of nurses and midwives in Afghanistan, linked to the high maternal and infant mortality in regions, including an auxiliary nursing programme [19]. In 1978, a post-basic nursing school was established as the first "Teacher Training Institute" had graduated the first batch of nurses in the ongoing turmoil; by 1981, all the schools were closed [16]. Overall, these initiatives did not get time to successfully establish nursing education policy and procedures; the Soviets invaded the country in 1981, followed by the Taliban seizing control in 1996. The decades of war had destroyed infrastructure and systems, including nursing education, that

have undergone many challenges and transitions due to instability and war [16].

The withdrawal of the Taliban in 2002 and the launching of the Millennium development goals provided a window of opportunity for the country, including for the nursing profession, to re-establish the required structures. The initial assessment for the Professor Ghazanfar Institute of Health Sciences (GIHS) (training nurses, midwives and allied healthcare providers) was conducted by the Aga Khan University School of Nursing and Midwifery (AKU-SoNaM), Pakistan, in collaboration with the Ministry of Public Health (MoPH) and the WHO. The initial assessment of the nursing education programme revealed a lack of prepared educational administrators and operating policies/procedures, unavailability of trained faculty members, and out-of-date curricula not in line with international and professional standards; poor infrastructure; and a lack of teaching/learning resources, including books and reference materials in the national language. Besides, too many students enrolled without a rationale for admissions and with a lack of female students [16]. The AKU-SoNaM, which conducted baseline assessment, has developed and implemented several initiatives through its academic projects in Afghanistan (AKU-APA) for the government-run nursing and midwifery education programmes in Afghanistan, including the technical support to the establishment of the Afghanistan nurses and midwives council [20]. This chapter does not cover all the activities of AKU-APA related to nursing and midwifery, but a small section on mentorship aspects of the mentee authors of this chapter. They have been a part of developing and implementing several nursing policy initiatives in the second half (2009–to date) of almost two decades of work, carrying forward the plans and initiatives developed by the AKU-APA. Besides, it will emphasize how the mentees have contributed to policy development and implementation of the nursing profession and health sector in Afghanistan.

To respond to the identified needs of the nursing programme, the curriculum for the general nursing programme was adopted in 2003 from the AKU-SoNaM, Pakistan and revised according to the context in consultation with GIHS, MoPH, WHO and other stakeholders, aligning with international standards, including a competency-based approach. The curriculum was approved by the MoPH in 2006 and implemented throughout the country by the National Institutes of Health Sciences (IHSs). From 2002 to 2010, several nursing education policy initiatives were developed, including standardizing the academic and human resource policies for the recruitment and retention of students and faculty members. In addition, a national nursing education accreditation policy, as well as a draft of academic standards following the WHO guideline [21], was developed that encompasses five areas: organization and governance, infrastructure and resources, faculty, students and graduates, and curriculum [22]. Simultaneously, periodic training and workshops were conducted to develop teachers' and management's capacity to implement the set policies and standards using structure coaching and supervision.

The culmination of rigorous efforts by several institutions, including the GIHS, MoPH and AKU-APA, a Training and Policy unit (TPU) was established in 2012 at the GIHS. The mentor author was fortunate to be a founding manager of the TPU for nursing education and policy initiatives, which later expanded its support and scope to all governmental IHSs throughout the country, including midwifery education. The TPU assessed these IHSs, reporting the implementation status of the initially approved curriculum, policies and standards. Several issues were identified in implementing the curriculum and academic policies due to faculty members' shortage and lack of capacity. Nursing courses were taught by physicians in some IHSs, and the draft standards had never been implemented as there was no system for nursing education accreditation. The TPU focused on establishing systems, keeping in mind the sustainability of the policy initiatives by identifying some national trainers who could lead the processes and ownership of those systems for effective implementation. Initial days were challenging; we spent days discussing the plans with the teachers and management at the IHSs with no or limited outcomes. Gradually, we built a trusting relationship and selected two teachers from each IHSs to be trained as trainers for the entire teachers in the respective IHSs.

During a visit to one of the conservative provinces, the mentor encountered an enthusiastic nurse teacher in that IHS, responsible for teaching nursing skills. While visiting the skills laboratory, the teacher was found to have great potential to explore further. The mentor approached the mentee and asked about his interest and plans. Initially, he seemed to be lacking information for career progress in nursing and opting for medicine, which is a common practice in Afghanistan. This brief chat made the basis to provide mentorship and guidance to this specific mentee, which continued while he participated in training and workshops for the implementation of the curriculum, policies and standards for nursing programmes. Though the mentorship was not formalized at that time, seeing his potential, the mentor provided information about nursing programmes for the mentee's career progress. Because the mentee was inducted as one of the trainers in the TPU, which provided an avenue for both the mentor and mentee to interact and facilitate the mentee's personal and professional learning needs. This mentorship process, followed by the mentee's admission preparation and finding a scholarship for his higher education, led him to earn a BSc nursing degree from an international university successfully. Although it cost the mentee to lose his job in the government, an opportunity opened at the TPU as a nursing instructor, and he had the required qualification. He was employed after his graduation in 2015. Here, the mentor acted as a developmental facilitator by using interpersonal skills to create a learning and trusting environment that empowered the mentee to seek solutions, find and utilize his expertise in and sustain the establishments [4]. Simultaneously, four other instructors received mentorship for over three years.

Since the mentees (two out of four could not participate in this chapter) and the mentor were within the same organization, we had mutual goals to effectively implement the curriculum, according to standards in the IHSs, including the private sector through training of teachers (TOTs). Therefore, they received a focused mentorship. During the periodic training and workshops by the TPU for regional IHSs, the mentees trained the teachers following the standard processes and checklist for each training under the supervision and guidance of the mentor, who supervised their teaching, facilitation and evaluation skills for the IHSs' teachers. This process used the shared power model, identified by Schwerdtle and colleagues, which allowed mentees to identify their needs and relevant mechanisms to improve their performance [10]. In providing feedback, the mentor first asked for reflections from mentees and then provided constructive feedback on their facilitation and evaluation aspects.

The process helped the team utilize skills learned over the years, bringing a cultural change to ultimately benefit the individual trainers, the mentors, the profession and the population by graduating competent nurses to provide quality care. Besides, the mentor considered mentees' professional development by providing an opportunity to visit a standard nursing education programme outside the country; accompanying them to higher-level meetings with different stakeholders, including the government and its partner organizations; and facilitating them to present at different national and international forums, including conferences [23–25]. These mentees became national trainers and assessors for accreditation of the nursing education programmes; they served as mentors to other teachers in the IHSs who were well accepted and owned by the IHS system, leading to a successful implementation of the revised curriculum, standards and policies at the national level and integrating them to the nurses and midwives' council. These mentees collaborated with other trainers in the IHSs and trained 50 plus teachers over three years for all required training, from eight regional IHSs to effectively implement the revised curriculum in their respective IHSs.

During the process of the approval, dissemination and implementation of the accreditation standards by the TPU, we learned that there is a need to create a pool of assessors who could monitor the progress and propose modifications for future revisions. We requested the Afghanistan Midwifery and Nursing Education Accreditation Board's (AMNEAB) assistance, which had well-established structures for midwifery programmes. Through the AMNEAB forum, we connected

with some of the brilliant midwives who had initiated the establishment of the Afghanistan Nurses and Midwives Council (ANMC) back in 2009. We met with the task force for ANMC to fulfil the objective of the TPU by integrating the nursing education standards into the in-progress ANMC. Somehow, we noticed a lack of representation of the national nurses in the ANMC task force. Upon inquiring, we learned that the Afghan Nurses Association is a part of the task force. In a couple of meetings, the mentor (not national) realized that if non-national nurses continue to be part of the task force without accompanying an Afghan nurse would raise concern for operations and sustainability of nursing profession. The chair of the ANMC task force was competent in leading the processes but was a physician by profession. Some qualified and competent (professionally and contextually) nurses working in different settings who could contribute well to the council's establishment were missing from the task force. The mentor asked the opinions of the chair on including a competent national nurse in the task force to lead the professional council.

While we negotiated with the task force for including a nurse, the mentor approached a nurse who had the highest qualification (MSc Nursing) among others from an international university, was serving a hospital as the nurse administrator and had the potential to contribute to the development of the profession in that country. Simultaneously, the mentor provided guidance and directions to the nurse, replacing the mentor, to take the work forward. The mentor assured the mentee to provide guidance and support as required, which helped the mentee build confidence and agreed to carry forward the work with a couple of mentees working with the mentor on the endeavour. Later, when the council was established, these three mentees became founding members of the board of directors for the ANMC, and one of them became the founding president for the same. This specific mentee (president) was from outside of the mentor's supervisory line because the focus of mentorship was not related to the job but generally to the profession that allowed him to openly share his concerns and receive appropriate guidance for his professional development [4]. After establishing the ANMC, these mentees actively developed processes for nurses' registration and integrated the curriculum, standards and policies for accreditation, which were developed by the AKU-APA, and last revised in 2014. In addition, these members have been able to actively execute the revision of the curriculum, standards and policies in 2020 after 6 years of successful implementation in the country.

4 Self-Reflections

Reflecting on the processes, I (mentor) realized that the relationship of learning out of mentorship is bi-directional [4]. I felt satisfied with my contribution to nursing educational policy development and inspired by several mentees' enthusiasm and dedication, including the co-authors of this chapter. During more than 6 years in Afghanistan, I turned into a leader to be able to see the potential in my fellow nurses and support them in their personal and professional development, going beyond my job as a manager for the training and policy unit, which I feel has made a lasting impact for many nurses, including the mentee authors. Besides, I have learned several aspects, including the culture, the health system policies, the challenges and opportunities resulting from conflict, and how to harness those opportunities and deal with the challenges. Without it, I would have not understood the complex needs of this challenging context. I also learned from my fellow nurses and mentees the resiliency they show to care for their families, patients and the population at the cost of their personal and professional development. As a mentor, I understand that mentorship also follows the trend of DNA, which is transferred from one generation to another. I have had several mentors at the AKU-SoNaM, Pakistan; the two professors (Drs. Yasmin Amarsi and Rozina Karmaliani) have instilled the values and explicitly pushed the nursing council's agenda forward in Afghanistan, which enabled me to guide my colleagues. Without their support, it would not have been possible.

Finding a generous and right mentor is an excellent decision for a professional. I (a mentee) was

lucky to find a mentor in my life who guided me professionally and personally. When I met her, I found my professional path and developed my career. I got my higher education in one of the great international universities. After graduation from university, I got a chance to work under the leadership and management of the mentor who had facilitated my career decision. By now, I had learned the theoretical aspects of leadership and management, however, incredibly in need of application of those concepts into practical life in a war-torn nursing system, and I knew the loopholes but needed a supportive environment of trust and guidance to become an effective manager and nursing leader in the country. My mentor provided me with that avenue and trusted my abilities, which helped me exercise my existing knowledge and competencies. Besides, while accompanying and interacting with my mentor, I learned how to communicate in official meetings at the department level and the professional forums, train the teachers in the regional IHSs, conduct programme assessments following the accreditation standards and write reports. I also implemented the nursing initiatives and research projects as planned and dealt with different stakeholders involved in those projects. Above all, I learned to be consistent in my effort to strengthen the nursing profession and become a strong professional to influence other nurses in the country. The outcome of the focused mentorship relationship helped me succeed my mentor in leading the activities of the TPU in the country, including training the nursing teacher throughout the country and positively contributing to the nurses' association and nurses and midwives council.

I (a mentee) realized the importance and the opportunity for having policies for the nursing profession's development in Afghanistan while working with the governmental IHS and with Jhpiego on a nursing project. At the time, I did not have enough knowledge and skills to contribute to this golden opportunity. Fortunately, I joined as a nursing instructor under the supervision of my mentor (I knew her while working with the IHS) at the AKU-APA. While working under the supervision of my manager, I recognized the process of mentorship and took guidance for my personal and professional development. My manager/mentor helped me recognize my blind spots (Johari's windows) and guided me to strengthen them by finding more training opportunities. During my interactions with my mentor, I learned to appreciate the opportunities and deal with challenges, be persistent in dealing with resistance from different sources, including the stakeholders in a traditional society, and bring changes. In addition, I learned to make and believe in my goals for myself and the profession's development in an unpredictable context. The mentorship helped me implement my learning while working with ANMC, especially to make goals for the profession, which has a massive impact on improving nursing education through an accreditation system and regulation of the professional practice. Initially, I faced political pressures and resistance from stakeholders, including the private sector. I was able to deal with the challenges because of learning from the mentorship. I always appreciate learning from my mentor and will approach her guidance for my future endeavours.

However, the mentor and I (mentee) never had any formal reporting relationship yet had an influential association concerning the nursing professional status. She remained an active advocate for the nursing profession in Afghanistan. She always tried her best to influence decisions to empower nursing. For the same reason, she approached me to get engaged in the committees that work for ANMC. Surprisingly, when I met with the nursing and midwifery team for the first time, I received strong support from the entire team that ended up even leading the council. My experience with the mentor remained productive, and her approach was culturally friendly.

5 Integration of Evidence-Based Policy Development and Implementation

The advantages of mentorship comprise both mentor and mentee. It is advantageous for the mentee to enhance learning and develop competencies, advancing career and getting recognition; the mentor may achieve personal fulfilment,

confidence, positive outcomes of the work and new/renewed ideas and interest [10]. Before the momentum of the evidence-based practice, the policies and standards were used as means of communication and reviewed periodically to ensure that they reflected the current practice and were adherent to the regulatory standards. The emergence of evidence-based practice derives integration of the best evidence into the policy/standards, followed by an evaluation of it in the context, and then appropriately incorporates it into the policy/standards [26]. Mentorship is widely used and has shown effectiveness, including nursing policy initiatives in developed countries [14, 15]. However, there is a paucity of literature on evidence-based policymaking, particularly the complex processes of establishing professional councils and related standards in a fragile and conflict-affected setting. We have used several professional standard guidelines and analysed the role of different established nursing, midwifery and health professions councils to develop the road map for nursing in the ANMC. The road map has followed a framework proposed by Brownson et al. [27] that describes three domains for evidence-based policy: process, content and outcomes.

The policy process is complex, yet very important to understand the possibility of policy adoption once it is enacted, besides the facilitation of effective policy formulation and smooth implementation [27]. In the case of Afghanistan, the post-conflict period provided a window of opportunity to establish reforms, including the ANMC, which was prioritized by the MoPH Afghanistan as early as 2003 [22]. Several factors affected the development and implementation of the accreditation standards and established the council, including the capacity and resources to establish the council. With support from several technical partners and donors, professional associations were established, which had taken the agenda forward, particularly the Afghan Midwives Association (AMA). During the post-conflict period, concerted efforts and resources were diverted to reduce the high maternal mortality rates, and midwives took advantage and became united, which helped them lead the ANMC in 2009 [20, 28]. Several factors delayed the process, including legal, financial and political [20], and a lack of adequate participation from the nursing professionals, which was critical because the council's mandate was to regulate both the nursing and midwifery professions in the country. This last factor served as an impetus and a turning point for the mentee and mentor's relationship and promoted to include the mentee in the ANMC task force to exercise his potential to contribute to the establishment of the ANMC and lead the nursing profession in the country.

The second domain for evidence-based policy is content [27]; the standards for nursing education accreditation were developed earlier in 2009. We revised them based on the WHO's professional standards for nursing and midwifery education accreditation and modified them in the context as part of the TPU's initiatives [21]. Specific to the council, we analysed the council's role and other details from several countries' nursing councils and included them in the proposal in collaboration with the ANMC task force and AMA. The last domain for evidence-based policymaking is documenting the outcomes [27]. The policy/nursing education accreditation standards (documented) are integrated into the ANMC structure and will be used by the ANMC to accredit the nursing programmes to ensure the quality of the programme, ultimately benefiting the population to access quality care provided by competent nurses.

6 Recommendations

Power dynamics within an organization are factors for the personal and professional development of the mentee where often mentors are at the managerial rank, which impacts mentees' choice of mentors because the task is tied with employment status, performance reviews, promotion and remunerations, which are controlled by the manager [4]. However, understanding the purpose of mentorship is extremely important in such cases to create a respectful and trusted environment for capacity development, which is vital for the mentee, the organization and the profession to have a ripple effect for

future generations. In our case, a couple of mentees and a mentor belonged to the same organization for several years in the line of supervisory relation, and one of the mentees has no supervisory relationship with the mentor. Based on literature and our experience as mentee and mentor, we suggest that the mentor must be open to learning from the mentee and flexible to meet the mentee's learning style, friendly and genuinely interested in the mentee's growth to benefit him/her for personal and professional matters that contribute to developing future generations in the profession. Additionally, the mentee's empowerment and progress should not threaten the mentor. For mentees, we suggest picking a mentor with a similar background and matching the area of interest, approaching a mentor based on learning needs and discussing their needs and apprehension with the mentor to receive appropriate support and guidance, which would help transform them into change agents.

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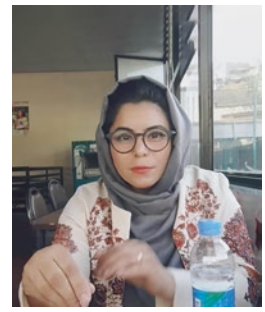
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Transcultural Mentorship in an Increasingly Interconnected and Globalized World

Franklin A. Shaffer and Alessandro Stievano

Objectives

1. Transcultural mentorship focuses on the crucial role of culture that characterizes our increasingly interrelated world. Many instruments can measure cultural competence in leadership and care.
2. Cultural competence guidance in mentor–mentee collaboration requires knowledge of the vital character of culture to deliver safe health care to service users.
3. Transcultural connections between mentors and mentees extend beyond borders and build upon the concept of fostering learning to improve performance in globalized arenas.

1 Introduction

The mentor–mentee relationship is a complex and sometimes challenging bond that rests upon a solid theoretical basis. Some theories underpin an effective progressive mentoring dialog between the mentor and the mentee in transcultural arguments. One was strictly pedagogical based on the zone of proximal development initially developed by Vygotsky and subsequently expanded and modified by several educators [1]. This theoretical social constructivist framework was influential in our specific relationship over the years in many kinds of international settings and contexts. It permeated an intense and sincere dialog in which both parties felt committed to their grounds of interest and shared a solid wish to learn from each other [2]. In our case, the mentor, Dr. Franklin Shaffer, fostered crucial guidance to the mentee, Dr. Alessandro Stievano, helping him to develop sound professional and interpersonal skills enabling him to lead activities in the transcultural field.

Another theory that informed the mentor–mentee relationship was more distinct and explicitly linked to the transcultural arena in nursing and precisely to the acquisition of competence in transcultural leadership and care [3]. Over the years, as the mentee began collaborating with his protégé, the mentor Dr. Shaffer passed down significant and valuable advice and insights into transcultural issues, health professional mobility, and ethical international recruitment practices in an increasingly digitalized and globalized society. Dr. Shaffer has always been supportive of minor and major decisions, and they built a strong rapport conducive to creating an extensive network of connections and an intense flow of communications among different health professionals and stakeholders worldwide. Conversely, the mentee, Dr. Stievano, was receptive to his men-

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tor's ideas, and they worked collaboratively to identify hindrances and establish resolutions that had to be adopted on common issues of interest. This chapter will delve into the relationship between Drs. Shaffer and Stievano and will highlight the role of nurse mobility, transcultural nursing, international codes of ethics, and the philosophy of global citizenship.

2 Setting the Scene: The Global Landscape of Nursing

Today, nursing has taken center stage like never before. The COVID-19 pandemic has demonstrated to the world—the public, health professions, and policymakers—the importance of nursing in fighting pandemics and other health crises and ensuring safe and effective patient care. Nursing is the world's largest healthcare profession, with nearly 28 million professionals globally, and it is also the most trusted [4]. Similarly, the pandemic has had varying and measurable impacts on nursing demand and supply at local, national, and international levels.

A recent study by the International Centre on Nurse Migration (ICNM), a partnership between CGFNS International and the International Council of Nurses, found that the pandemic has exacerbated the already existing global shortage of 5.9 million nurses before the pandemic, raising global demand to around 7 million nurses [4]. There is ample evidence that both personal issues of nurses (e.g., stress, workload, burnout, and infection risks) and institutional issues (e.g., re-deployment, evolving and compounding responsibilities, and access to PPE) have been heightened since the start of the pandemic and are contributing to an increasing shortage.

In 2020, more than 280 million people were residing in countries other than their origin, dramatically increasing from 221 million in 2010 to 173 million in 2000 [5].

As has been the case throughout history, in times of domestic workforce shortage, health systems look abroad for internationally educated nurses to fill vacancies and supplement depleted national workforces. Today, one in eight nurses in the world are migrants [6], and roughly 600,000 foreign-trained nurses are working across 36 high-income OECD member countries (up from 460,000 in 2011) [7]. The reliance on foreign-trained nurses compared to domestic-trained nurses varies across countries and regions but is often significant (see Fig. 1).

While nurse migration benefits countries' health systems and the individual nurses themselves, remittances are equally critical, particularly across the global south. In 2020, global remittance flows reached US$ 540 billion with the top recipients being India ($62.8 billion), China ($60.1 billion), the Philippines ($29.9 billion), Mexico ($28.5 billion), and Pakistan ($19.8 billion) [9].

Beyond the COVID-19 pandemic and its impacts on migration, international migration flows are expected to increase due to issues ranging from climate change, conflict, and inequality to labor, education, and technology opportunities. In this context of an increasing nursing shortage and a parallel increased reliance on a foreign-educated health workforce, nurse leaders around the world need to be prepared for a tsunami, both in terms of numbers as a source or destination country and shifts (i.e., different migratory patterns, implications for different

% Of foreign-trained nurses compared to domestically trained	
Italy	6%
Canada	8%
United States	10-15%
United Kingdom	15%
Australia	18%
New Zealand	26%
Gulf Region	90% *and above*

Fig. 1 Level of reliance on foreign-trained nurses in different countries. Source: OECD [8]

healthcare settings, and impacts on nursing education).

In light of this looming surge in migration, including nurse migration and health worker shortage and demand, transcultural nursing is needed more than ever to meet the needs of an evolving patient base and the global workforce of nurses. Globally, transnational partnerships, collaborations, and mentorships are crucial for bridging the cultural gaps within nursing and meeting the dire needs of our world today.

3 The Role of Transcultural Competency in an Increasingly Globalized World

While *cross-cultural* perspectives compare cultural differences and traditions, a *transcultural* worldview implies transcendence beyond cultural boundaries and assumes universal cultural patterns such as caring, health, and birthing [10]. Transcultural nursing considers cultural components impacting healthcare delivery, disease management, or the patient's overall well-being. Transcultural nursing looks to deliver a high quality of care across cultures [10]. Culturally competent care can only occur when cultural care values are recognized and serve as the foundation for patient care [11].

The Transcultural Nursing Society identified ten standards of practice for culturally competent nursing care, including the following:

1. Knowledge of cultures
2. Education and training in culturally competent care
3. Critical reflection
4. Cross-cultural communication
5. Culturally competent practice
6. Cultural competence in healthcare systems and organizations
7. Patient advocacy and empowerment
8. Multicultural workforce
9. Cross-cultural leadership
10. Evidence-based practice and research

We know today's world is becoming increasingly complex, interconnected, and globalized. In this context, a nurse's expertise in clinical practice, leadership, policy development, and research could be enormously improved through transcultural competency. As nurses increasingly migrate across borders, they must be prepared to provide culturally competent care to patients; similarly, as global migration rises, nurses must be prepared to meet the culturally pertinent needs of patients who may have migrated to receive care. Transcultural competency is of the utmost importance for nurses to practice high healthcare standards effectively and ethically in a globalized world. As scholars demonstrate and professional practice reveals, empathy and cultural awareness foster better engagement, benefiting patients regardless of race, ethnicity, or social context. Such equality in treatment benefits teams and healthcare services, boosting positive financial and quality outcomes.

The transcultural relationship between Drs. Shaffer and Stievano transcend borders and build upon the mentor and mentee's varying experiences, cultural differences, and similarities. The fruitful relationship between the mentor and mentee has resulted in considerable contributions to advancing global and transcultural nursing in the United States, Italy, and worldwide.

4 Mentorship Through Transcultural Collaboration and Nurse Mobility: The Meeting of Drs. Shaffer and Stievano

The meeting between Dr. Franklin Shaffer (the mentor) and Dr. Alessandro Stievano (the mentee) first took place in the global landscape of nursing via the exchanging of digital communications on common interests ranging from international career mobility, foreign-educated nurses, ethical recruitment practices, and funding of research internationally and international codes of ethics in a reticular, ever-changing, plural, and increasingly interconnected society. In 2009, during the quadrennial Congress of the International

Council of Nurses held in South Africa, the mentorship, at last, progressed beyond the digital realm into real life. Dr. Shaffer proposed building solid knowledge and collaboration between the two institutions where Dr. Shaffer and Mr. Stievano worked, CGFNS International, Inc. (CGFNS), and the Centre of Excellence for Nursing Scholarship—OPI Rome, Italy.

Dr. Shaffer's meeting with Mr. Stievano in 2009 inspired collaboration between the two similar organizations that work to advance the status of nursing globally, ensure patient safety, and improve the quality of care. In this context, the mentorship formed around transcultural collaboration and nurse mobility. Before delving into the evolution of transcultural mentorship, a brief overview of the two collaborative organizations will be provided.

4.1 CGFNS International: Global Recognition Through Standard Setting and Credential Evaluation

CGFNS was established in 1977, during which the United States was experiencing a mounting nursing shortage and increased demand for international recruitment of nurses and health personnel. At the time, an overwhelming number of these nurses were unable to pass the U.S. licensure examination, leading to substantial financial, professional, and emotional burdens to the nurse while also not helping the worsening nursing workforce situation in the USA. Within this context, the Commission on Graduates of Foreign Nursing Schools (CGFNS) was created, later evolving into CGFNS International, Inc. The Commission's original intent was to create a qualifying examination to predict how nurses would fare on the U.S. licensure examination before migrating to the United States. Dr. Shaffer, the current President and Chief Executive Officer, was preceded by nursing giants and mentors in their own right, such as Barbara Nichols, Virginia Maroun, and Adele Herwitz. She patriated from her European posting as Executive Director of ICN to lead the groundbreaking development of CGFNS. Throughout the next 45 years, CGFNS will continue to serve these individuals by helping them leverage their educational and professional experiences and skills to live and work in their country of choice (Fig. 2).

Fig. 2 Logo of CGFNS International, Inc.

Today, CGFNS has evolved into the world's largest credential evaluation organization for nursing and a globally recognized standard setting focusing on domestic and global standards of practice, education, accreditation, and licensure. CGFNS has become a globally minded, international staffed enterprise, touching the lives of nurses and healthcare professionals from nearly every country.

During Dr. Shaffer's tenure at CGFNS, he has overseen the continued global expansion of the organization, namely the development beyond U.S. borders to offer credentials evaluation services for nurses wishing to migrate to Canada, excluding Quebec (National Nursing Assessment Service) and New Zealand (New Zealand Nursing Council). CGFNS maintains robust working relationships with national nursing associations (NNAs) around the world and international agencies like the International Council of Nurses (ICN), World Health Organization (WHO), International Labor Organization, International Organization for Migration (IOM), and the United Nations (UN). These partnerships are just a few that make up the global network, an effort meant to elevate the status of nursing globally, advance nursing-forward policy at the national and international level, and, most importantly, better help nurses thrive in today's globalized world.

4.2 Centre of Excellence for Nursing Scholarship—OPI Rome, Italy: Elevating Nursing Globally Through Quality Improvement

This center represents a unique project for Italy and one of the first to be established in Europe. In line with the positive experiences matured in this direction in the United States, the center contributes to developing competencies to enhance the performance of individual professionals and healthcare teams committed to providing care to people. This project aims to improve the quality of care provided to the public and advance the public's perception of the nursing profession. The model adopted by the center is based on four key *pillars*:

1. Education
2. Research
3. Management
4. Clinical practice

The aims of each pillar are equally distinct but also strongly interrelated. The objectives of the center range from the development of basic and advanced education to the implementation of multicentered and interdisciplinary research. This mission is carried out in several ways, such as training new nurse managers, setting up nursing research laboratories, and even organizing students' research groups to set up boards of clinical nursing practitioners with expertise in analyzing and reviewing healthcare standards (Fig. 3).



Fig. 3 Logo of centre of excellence for nursing scholarship—OPI Rome—Italy

5 Collaboration

These shared interests in transculturalism and globalism constituted the beginning stages of the mentor–mentee relationship [12]. Dr. Shaffer kindly offered his abilities and experience to mentor Mr. Stievano during the doctoral pathway he was pursuing at an Italian University in Rome. If good mentoring depends on practical learning, this relationship led to the mentee gaining the most as he earned his PhD in Nursing Science. This interceded part of the mentor–mentee relationship enabled this partnership's continuative and successful implementation. This negotiation phase was conducive to a more robust, solid, and continuative one-on-one mentoring created on established and consistent values.

In fact, the mentoring relationship between Drs. Shaffer and Stievano was always based on trust, confidentiality, mutual respect, sensitivity, and on agreed boundaries or ground rules that did not highlight the power differentials between the mentor and the mentee. In addition, Dr. Shaffer always allowed the mentee to drive the relationship and encouraged him to take increasing responsibility for his priorities for relevant personal growth. Consequently, several projects and a sequence of educational and research initiatives were sparked. These initiatives were instrumental for Dr. Stievano to build additional leadership capacity and understand global leadership issues. This partnership, built on reciprocity, global citizenship, cooperation, blended learning, and mutually acquired competencies and occurred through an intense reflective reasoning process [13] and focused on achieving mutually defined objectives. Specifically, a succession of initiatives has spawned by this solid partnership.

6 Successful Global Projects of Evidence of Transcultural Mentorship

Notable initiatives of evidence between the mentor–mentee relationships led to a unique project for Italy in line with the positive experiences matured in this direction in the United States; for

over a decade, this work has contributed to the performances of individual professionals and healthcare teams committed to providing care to people worldwide. In regard to the mentor–mentee teamwork, the partnership flourished around three critical areas of interest that complemented their skills: transcultural and globalized nursing, international nursing codes of ethics, and nursing's professional dignity in transcultural arenas. In these fields, the collaboration between the mentor and the mentee was very intense and produced relevant outcomes such as articles, editorials, and books.

6.1 Transcultural and Globalized Nursing

The first area of interest utilized the values and passion of nurses' engagement with the ethics of transcultural nursing to be change agents in their countries, which set in motion the evolution of a distinctive culture of globalized nursing. This was spearheaded in Italy via a new resurgence of nursing's professional identity within the Italian healthcare system, using new models of care, including transcultural concepts championed by the Centre of Excellence for Nursing Scholarship, OPI, Rome, Italy. Two programs are worth noting that highlight global impact.

The first project included the evolution of nursing in Albania, where the mentor and the mentee worked collaboratively to advocate for transitions in Albanian nursing education and professionalism, aligning national guidelines with global standards. Relevant outcomes produced over the years have included nursing advancements across health professions via two critical pathways: (a) health professional education at a university degree level for entry into practice (which was prompted by and driven by nursing's quest to be a self-regulated profession) and (b) healthcare global standards sparked by nursing's mandate toward professional autonomy, as achieved via regulatory procedures and policies [14].

The second project was a program on transcultural nursing that was conducive to setting up the first Italian Nursing Transcultural Association, an institution founded by a group of experts in the field of transcultural nursing to achieve the following:

1. Promote scientific initiatives for nurses' social, economic, and cultural advancement.
2. Advance experiences to maintain the cultural identity of nurses from different backgrounds and cultural milieus.
3. Organize congresses and conferences, round tables, seminars, and teaching initiatives to advance the culture of interconnectedness and exchange in the health professions.
4. Foster initiatives of cooperation and exchange with other national and international organizations with the same mission and aims.
5. Contribute to the realization of nurses' and health professionals' cultural identity and promote their effective participation in the Italian, European, and International communities.

The Italian Nursing Transcultural Association currently comprises more than 500 registered nurses. Some are International Educated Nurses practicing in Italy from different countries such as India, Peru, and Eastern European Countries (Romania, Albania, etc.). The selection process includes a Steering Board Committee and the President, elected annually by members through an electoral vote held during the national conferences.

6.2 International Nursing Codes of Ethics

The second area of interest involved international nursing codes of ethics and healthcare practice issues and problems. Two milestones provided evidence of the global impact on nursing and the practice of ethical codes.

The first was the development of a voluntary code of ethical recruitment guidelines that assures that the same recruitment is accomplished fairly and transparently worldwide when it occurs. This Code, *Health Care Code for Ethical International Recruitment and Employment Practices*, overseen by the CGFNS Alliance for Ethical International Recruitment Practices [15], certifies and oversees

recruiters that agree to commit to the Code and educate and empower health professionals to make informed decisions. The second initiative was the development of the first Proto-Code of Ethics and Conduct for European Nurse Directors, which constituted a pioneering research-based platform that successively prompted new codes of ethics for nurse leaders in Italy and Austria.

The enactment of these international ethics-based practice reforms resulted from critical initiatives that mentor–mentee led to spark nursing reforms. This involved the development of standard policies regarding the movement of nurses across borders. In fact, the mentee, in his role as Board Member and then Vice-President of the European Nurse Director Association (ENDA) (2009–present) and a member and then Treasurer of the European Nurse Specialist Organisation (ESNO) (2015–present), drove, with the support of the mentor, nursing changes in some of the 27 European countries represented in these organizations.

This collaboration produced several outcomes based on a series of ethical research studies that uncovered the complexities of nursing and patient care problems, first in Italy and then worldwide. Three practice domains of ethical research outcomes (i.e., nursing autonomy, moral courage, and advanced nursing practice) became cornerstones of global nursing quality and safe care. Specifically, the ethics of professional dignity was a potent change agent in nurses' resilience to mitigate hostile forces and thereby reform clinical realities in many countries of the world where, at that time, Dr. Shaffer was working. This eventually stimulated reforms in those countries. These trends toward global nursing reforms, subsequently, impacted nursing regulatory practices and nurses' ability to move across borders at the global level.

6.3 Nursing's Professional Dignity in Transcultural Arenas

A similar yet critical impact on nursing was brought about by the new concept of Nursing's Professional Dignity, built via the interaction mentor–mentee, and constituted a novel thread of research for investigators worldwide. An example of this evolution was the initiation of the first Academy of Organizational Change led by nursing leaders at San Donato's Healthcare Organization (the most significant private healthcare group, consisting of 21 healthcare structures based in Milan and elsewhere in Northern Italy), which states that its mission is also based on the scholarship of Nursing's Professional Dignity [16]. It is worth noting that the scholarship of Nursing**'s** Professional Dignity has prompted a pathway for San Donato's group to employ nurse researchers devoted explicitly to tackling global health issues.

Another tier relative to giving evidence of the impact of Nursing's Professional Dignity can be found in transformative practice by nurse-led clinical research projects, specifically in more than ten grants/projects funded by the Nursing Regulatory Board of Rome for the Italian Nursing Professions (OPI)'s Centre of Excellence on this thread. By building a programmatic structure of ethical research studies, the mentor and the mentee defined and developed a scholarship of Nursing's Professional Dignity as a central element of reforming nursing practice and health care in many countries. Complemented by catalytic leadership with organizations affiliated with the World Health Organization (WHO) and the International Council of Nurses (ICN), and country-level institutional health professional entities, the mentor and the mentee attained evidence of outcomes that demonstrated a global impact of their scholarship in the dignity of the nursing profession and healthcare ethics.

7 Conclusion

The world today faces global and transnational challenges that require global solutions. Nursing shortage and a looming nurse migration tsunami are only being exacerbated by the COVID-19 pandemic, the ongoing climate crisis, and other economic, labor, and education issues. UN Secretary-General Antonio Guterres states, "Education today should combine knowledge, life skills, and critical thinking. It should include infor-

mation on sustainability and climate change. And it should advance gender equality, human rights, and a culture of peace." As we look at our current scenario, the nursing profession must embrace change concerning practice, education, regulation, and mobility. As a profession, we must incorporate the global and become worldwide citizens to meet the evolving demands of an increasingly globalized workforce and population.

From a mentor–mentee perspective, the collaboration between Drs. Shaffer and Stievano produced a resilient relationship based on mutual respect and a reciprocal excitement for the field of knowledge being shared and developed; in our case, this was global healthcare policy and transcultural nursing. The relationship has flourished over the years and has, from the beginning, been underpinned by deep-rooted ethical values of trust, empathy, honesty, and courage to speak on sensitive topics such as health worker migration. A deeper self-reflection would affirm that this relationship has been consistently committed to civility, advocacy, and support of the most disadvantaged and vulnerable in our society.

Transnational and transcultural mentorships meet this necessity. When leveraged appropriately, mentor–mentee relationships can make meaningful change at the international level. The evidence of this articulated transcultural mentorship lies in the successful projects developed by CGFNS International and the Centre of Nursing Excellence-OPI Rome, Italy, two organizations dedicated to advancing the nursing profession.

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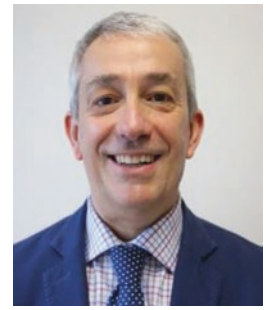
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Building Skill to Navigate the World of Advocacy and Healthcare Policy

Anna Dermenchyan
and Laura Sheree Ashley Marquez

Every nurse in every setting has the opportunity to make a positive impact on the profession through advocating daily for nurses and the nursing profession.

—Karen Tomajan

Advocacy is about believing in the power of nursing and using our bold and most trusted voices to make a difference in the lives of patients, their families, and our communities.

—Anna Dermenchyan

Objectives

1. Showcase mentor and mentee advocacy in diverse settings.
2. Describe how nurses can be involved and influence policy at the local, national, and global levels.
3. Outline activities that advance healthcare agendas and policies.

1 Narrative

Nurses today are better educated than ever before and well-positioned to advocate for initiatives that create public policies that will support the health of individuals, families, and communities. Nursing expertise and perspectives offer unique insights into patient care that benefit society. Influencing policy decisions depends on political knowledge, leadership competencies, and skilled communication. More than ever, the voice of nursing is needed at important decision-making tables to drive positive change and shape the future of healthcare.

Nurses regularly deal with chaotic environments, unpredictable patient conditions, and death and disability. The surge in inpatient care demands, the ongoing risk of infection to self and family members, and the physical and psychological demands of the job have put enormous strain on the profession. Nonetheless, nurses show up every day on the frontlines to take care of other people in need [1]. Nurses can leverage their position as the most honest and trusted profession to impact policy change in their local communities as well as nationally and globally [2]. Nursing science can offer patient-centered interventions and whole-person care that go beyond disease treatment alone [3, 4].

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Nurses are natural advocators. Nurses lead many health quality indicators for patient safety and outcomes in inpatient and ambulatory settings. Many of the day-to-day issues they advocate include process improvements and patient-related practice changes. Nurses promote, advocate, and protect patients' rights, health, and safety using science and evidence-based practice [5]. During the COVID pandemic, personal protective equipment (PPE) shortages were a critical issue for hospitals and clinics and nurses continued to voice significant concerns about adequate and appropriate PPE. From the bedside to the national stage, nurses and nursing professional organizations took COVID-19 supply chain concerns to their legislatures to urge policymakers to use evidence in planning for an adequate supply of PPE [1].

Advocacy is the process of building support for an issue to create change in attitudes, behaviors, policies, systems, or ways of doing things. Advocacy is an ethical obligation in the nursing profession. The American Nurses Association (ANA) Code of Ethics for Nurses, Interpretive Statement 5.6, states that "nurses are encouraged to read broadly, continue life-long learning, engage in personal study, seek financial security, participate in a wide range of social advocacy and civic activities, and pursue leisure and recreational activities" [6].

The advocacy role of nurses could help ensure that structural and process changes translate to real-world patient and public health benefits. Many individuals and organizations use advocacy to build support for a given issue, intervention, or technology among key audiences and move them to action [5, 7]. Policy advocacy is the deliberate process of informing and influencing decision makers in support of evidence-based policy change and policy implementation, including resource mobilization. Policy advocacy is a deliberate process that requires planning and strategy.

At the beginning of the COVID-19 pandemic, I arrived to work my shift at a local hospital and was asked to fill out my daily symptom tracker. I had to check "Yes" for the "gastrointestinal symptoms" question since I was having an upset stomach and nausea that day. The hospital staff immediately directed me to the emergency department.

While I waited inside the medical tent, a nurse and physician informed me I needed a routine urine analysis before being COVID swabbed. I responded with laughter and that I hoped it was not a pregnancy test, as I was definitely not pregnant. They reassured me that it was not. After multiple hours of waiting in this medical tent, a different physician walked in and said that my urinalysis came back, but it was contaminated and that I did not have enough symptoms for the hospital to use the swab kit. I was worried about potential COVID-19 exposure as I worked in the hospital's COVID-19 ICU. The physician then sent me home to self-monitor my symptoms. A COVID-19 swab was never conducted.

Three months later, I received a bill for nearly three thousand dollars, which was not covered by the hospital and a billing invoice that included a pregnancy test. This was the pregnancy test that I had declined and was told was not being performed but it was performed anyway. I was also charged for the initial urinalysis plus an additional fee for sending the specimen out for further testing. I was shocked and distrustful of the healthcare facility that I worked in.

Unfortunately, similar countless patient violations occur frequently in healthcare settings. There are still many unethical, invasive, life-altering, nonconsensual, traumatizing, and little/outdated practices in healthcare that are not evidence-based or supported by research. Some of the reported cases include medically unnecessary and unknowingly performed pelvic and rectal exams on both men and women, unwanted/non-consensual gender reassignment surgeries on infants and children, and advanced directives denied or voided during pregnancy [4, 8, 9]. In these types of cases, autonomy to choose needs to be a priority, and patient rights must be respected and protected.

My experience in the emergency department was at the forefront of my mind when I reached out to my mentor. I explained to her my frustration that many healthcare organizations do not have proper protocols in place

Table 1 Steps of advocacy[a] [10]

Define goals	• Start with advocating for an issue you are passionate about in current clinical or professional practice • Ask: What needs changing? Does it require a change in legislation, policy, regulation, programs, or funding?
Know your audience	• Learn about your legislators and the staff supporting them. Their personal history informs their public policy decisions and provides information that you can use to make connections with them • Review current data and financials related to your issue
Craft your message	• State the problem and offer solutions • Be clear and concise in your message • Keep it simple and focused on the issue • Use positive language to tailor the message • Use evidence and scientific findings, including economic data • Share a personal story that highlights the connection to the data
Identify the messenger	• Identify a champion who is a skilled communicator • Seek feedback on the messaging from diverse stakeholders before the formal presentation
Identify delivery methods	• Direct communication involves influencing through private communication with decision makers. This is sometimes seen as lobbying • Campaigning involves speaking publicly on an issue to generate support from the wider public
Identify resources and gaps	• Conduct a SWOT analysis to help you identify strengths, weaknesses, opportunities, and threats related to your advocacy efforts • Identify gaps and develop capacities that are lacking, such as research, outreach, and media. • Incorporate existing resources and opportunities into your plan
Plan next steps	• Plan your strategy and map out achievable outcomes • Set out clear steps and assign roles, including timelines • Communicate the plan with partners and stakeholders • Focus on the long-term goals
Evaluate effectiveness	• Regularly revisit each of the steps to make sure the strategy is effective • Discard any tactics which are not working and build on those that do • Re-evaluate as new opportunities and challenges emerge • Communicate changes internally

[a] Table adapted from Cancer Control: Knowledge into Action (2008) *World Health Organization (WHO) Guide for Effective Programmes, Policy and Advocacy*

to protect basic patient rights and my interest to learn about policy creation and healthcare regulation. My mentor guided me to numerous resources focused on healthcare policy education and influential contemporary healthcare leaders and advocates to follow and learn from. These resources included the opportunity to attend Webinars about nurses shaping policy and virtual conferences about leadership and women in the workforce. These opportunities provided learning about prominent figures on social media who are healthcare policy advocates. Learning the steps of advocacy (Table 1) has helped me focus my energy on improving structural and process changes that could help healthcare organizations to deliver better care to individuals, families, and communities.

2 Self-Reflection

Nursing is not a partisan profession. When nurses advocate, they should not worry about party affiliations, but concentrate on the issues that affect nursing and patient care. Much of what nurses do and experience daily while caring for their patients is influenced directly by laws, regulations, and other policies. A nurse that is well-informed and passionate and can communicate effectively is a valuable resource to elected officials and their staff. A persistent lack of public understanding about nurses' professional roles and the science behind our practice holds us back from being invited to decision-making tables. To improve our public image and obtain a seat at the table, we need to increase our visibility to our legislators (Table 2).

Table 2 Activities to advance healthcare agendas and policies

Local activities	• Support candidates that support nursing and healthcare issues in your district • Attend assembly and senate representative's open house and town hall meetings in the local district • Host meets and greets with local candidates • Meet with candidates on health and nursing issues
Regional and state activities	• Take part in nurse lobby days • Listen in to the Board of Registered Nursing (BRN) meetings, including disciplinary action meetings • Attend legislative open house and town hall meetings • Connect with professional association policy representatives • Offer your legislators your expertise on nursing and healthcare issues • Testify on nursing-related issues
General advocacy activities	• Email or write letters to your legislators • Write opinion pieces and letters to the editor of the newspaper • Post Web-based bulletins and online discussions • Support large-scale advertising campaigns • Seek celebrity endorsements • Phone bank for candidates • Join health policy conference calls • Build a relationship with elected officials • Consider government appointments or running for elected positions

My journey with my mentor started when I reached out to her about a research paper assignment for my graduate studies. I was curious about women's rights in healthcare policy with supporting state and federal laws. I wondered if she knew of an easier way for me to navigate finding information on topics of interest. The mentor–mentee relationship has helped me assess my needs and ask for assistance that I need to succeed in my professional journey.

My mentor started referring me to resources that I could utilize to expand my knowledge. For example, she introduced me to the Alliance of Nurses for Healthy Environments, which aims to educate, inspire, and advocate by incorporating environmental health into nurse education, practice, research, and public policy. Through this resource, I learned about law creation, specifically within California. Speakers emphasized that deadlines are important in legislation. If you have an idea for a policy, it must be proposed by January 31 or will have to wait until the following year. I also attended Webinars on [6] How Nurses Shape Policy [7], The Legislative Process: How Laws get made in California [3], Tools You Need to be an Effective Advocate [1], State Executive Actions that Changed Healthcare Workforce Flexibility in Response to COVID-19, and [8] Farmworkers' Health & Safety: What Every Nurse Should Know.

During my research, I learned about Lauren Underwood, the youngest Black woman to serve in the United States Congress. She is a nurse leader whom I find inspirational and empowering. She speaks about the power of nurses believing in themselves to make a difference and advancing policies that strengthen the nursing workforce. She takes an evidence-based practice approach in her policymaking and focuses on advancing policies that strengthen the nursing workforce and education, especially during the COVID-19 pandemic.

3 Best-Practice, Evidence-Based Practice Example(s)

The ability to communicate with those who design policy and legislation affecting healthcare delivery is an important skill to acquire. Every day legislators make decisions that affect professionals working in health care, thus impacting care delivery and patient outcomes. Learning about advocacy, policy, and politics is an integral part of any professional practice. Healthcare providers with similar interests who gather to amplify their voices in policymaking are empowering and exciting to see. Part of delivering a unified and effective message is to initially achieve practical consensus within coalitions and professional groups. Identifying a common ground

among stakeholders can achieve a shared understanding of the issues and their advancements.

Forming meaningful relationships with policymakers and their staffers is critical in building trust and confidence in professional advocacy abilities. It is important to know who within local legislation covers health issues and reach out to them first. Often, staff members are more an expert on specific matters than the legislator. Thus, it is important to notify the staff of the topic ahead of time, so they are prepared for the meeting. It is also critical to note some of the logistics during the meeting. In a team, it is crucial to rehearse the information before showing up to the legislator's office. The group needs to be clear about their priorities and only hit the highlights during the meeting. Furthermore, being sensitive to the staffer's time and listening closely to their responses is an important part of having a successful meeting. Finally, sending an immediate thank you note that reiterates the key points reminds the legislators of the agreed-upon next steps. This is an effective way to build a long and lasting relationship.

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Resources

Alliance of Nurses for Healthy Environments (ANHE). ANHE promotes healthy people and environments by educating and leading the nursing profession, advancing research, incorporating evidence-based practice, and influencing policy. The public awareness and interest in all things "green" is creating a demand for nurses to understand the relationship between human health and the environment, in which we live, learn, work, and play. https://envirn.org

Nurses on Boards Coalition (NOBC). NOBC represents national and state efforts by nurses and others working to build healthier communities in the United States. NOBC is committed to increasing nurses' presence and influence on corporate, health-related, and other boards, panels, and commissions. Their mission is to improve the health of communities and the nation through the service of nurses on boards and other bodies. https://www.nursesonboardscoalition.org/

Nurse in Washington Internship (NIWI). NIWI is an annual event open to nurses, nursing students, and nursing organization staff leaders interested in an orientation to the legislative process. There is no application or acceptance process to attend NIWI. https://www.nursing-alliance.org/nurse-in-washington-internship





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Mentoring Path: Lived Experiences from Sub-Saharan Africa

Pendo Paschal Masanja
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A mentor is someone who allows you to see the hope inside yourself.

—Maya Angelou

Objectives

1. To mentor future national educators by the dissemination of quality curriculum that supports the specific needs of mentees, especially targeting the healthcare workforce of women.
2. To accompany graduate students, as they are mentored through training the trainer, for critical skills and ways of assuming leadership that will meet community needs and reduce in-country mortality.
3. To recognize the qualities of leadership in those who have been chosen by their government for higher education and to nurture these leadership abilities in healthcare professionals entrusted to your mentoring.
4. To develop grassroots mentoring opportunities for students by encouraging solidarity among cohorts of healthcare leaders, addressing misinformation, and creating initiatives that cross borders, faith groups, gender, and ideologies.
5. To recognize, as mentors, that those we mentor are experts in their own right, gracefully giving back to us essential information and abilities to maneuver the obstacles they have already crossed, culturally, economically, socially, and geographically in times of peace and in times of conflict.
6. To share our own lived experiences as mentors to promote relationships with our mentees encouraging movement away from pessimism and abuse to empowerment and acknowledging the gaps and challenges our mentees face daily.
7. To model as a mentor productive relationships whether with urban or rural, vulnerable or privileged, or educated or uneducated in those we all serve as healthcare workers.
8. **Synchronicity** illustrates that leadership releases and enables others to break free of limits—limits created organizationally or self-imposed. Synchronicity in result-based monitoring is profoundly important for the development of **organizational learning, self-evaluation, and increased program effectiveness with in-country expertise**.

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1 Pendo's Story

I grew up in a rural area, Mwanza Tanzania, and like many other girls coming from rural low-income countries, our stories could be identical. Growing up in rural Tanzania involves facing a lot of hardships to access basic needs including proper nutrition, health, shelter, education, and water. As a young girl growing up in rural sub-Saharan Africa, it is even more difficult despite some improvements we are seeing today.

Mwanza region is known for gender discrimination; girls are not encouraged to become educated or aspire to a career. Early marriage is prevalent, and gender-based violence is rampant. Growing up in a family of 12 siblings with six girls, I saw elder sisters failing to complete their education and being pushed into early marriage. My desire to pursue education and to challenge the status quo came as a young girl while succeeding in primary and secondary education. I saw the ways girls' abilities and their intellects were stunted.

Fortunately, I took the journey to college, graduating in 2007 with a diploma in nursing. My first job was as a nurse in a faith-based healthcare facility. During my years of work, I pursued a bachelor's degree in nursing with support from the Tanzania Student Loan Board. I graduated with honors and worked in Dodoma, at local and regional health care centers, with maternal child health as my specialty. In 2015, I was chosen as a tutorial assistant for the University of Dodoma, teaching undergraduate nursing and midwifery students.

My passion to build a career in pediatrics was realized when the University of Dodoma began its first master's degree in Pediatrics, and I was chosen among a select few for this small class, focusing on the role as pediatric nurse practitioners. My education was funded by the University of Dodoma, as my employer, and I graduated with honors with a master's degree in pediatrics in 2017.

Living as an assistant lecturer, a pediatric nurse, and a mother, I use my time, my love, and my caring attitude to serve my community. Through my community service, I have contributed especially to vulnerable populations by organizing, educating, and supervising youth to address health issues of HIV/AIDS, gender discrimination, intimate partner violence, reproductive health, and ways to achieve financial independence. I am the founder of a youth-led initiative, *Tanzania Youth Bright Future (TYBF)* organization, a nongovernmental organization (NGO) registered in Tanzania's mainland. This NGO enables youth, especially girls, to contribute to community development with a strong mindset built on healthy lifestyles, educational success, and financial stability. The vision of *TYBF* is to create a community where all youth achieve their full potential and shape their futures with power and confidence.

In my community I organize members to give back to the community, especially to the sick, children living with HIV/AIDS, orphans, prisoners, elderly, and underprivileged groups. I am also a founder of the *Dodoma Giving-Back Community (DGC)* in 2017. This community includes anyone willing to help our vulnerable populations facing health challenges regardless of religion, race, culture, and political background. *DGC* provides home, prison, and institution visits, health services education, counseling, and provisions of groceries and supplies. Our volunteers fill gaps for those living at the margins; they engender hope.

Despite my educational background, my career achievements, and my life experiences, my service is what gives me the greatest sense of fulfillment. It always struck my heart and mind that through the little things I have done, I have become a mentor. I told that I am an inspiration to my community, especially the younger generations. In community service work, I have created opportunities to create bridges for young adults and teens involving service to patients at the margins of our community. The work not only involves children who are orphans but also involves those incarcerated, those suffering from HIV/AIDS, and the elderly. My own mentoring is through accompaniment, working with young volunteers as we serve people groups who they did not know existed in Tanzania. It is both a privilege and a challenge to break down barriers

that produce this kind of synchronicity between the "helper" and "helpee." Those I mentor are essentially those who are helped most by these opportunities to serve.

On my 40th birthday, a young teen mentee sent these wishes:

> I am proud to know you; you have brought important and precious lessons to my life. For me, you have become a shining star which brightens my way, day after day, from one point to another. Thank you for showing me your footprints.

This message reminds me of the role I have yet to play in the lives of people in my community and my country. It reminds me that I too have been mentored by Professor Martha and now I will be a mentor to others. It is helpful to reflect on my own path to pediatric nursing, to the support I had, and to the hard work and perseverance that were important on the path I walked. I have faced professional and personal situations that required resilience, hard work, determination, and maturity to stay the course.

Throughout my college, university, and working experience, I cared for children living with HIV/AIDS. During my studies, clinical work, and research, I became involved in addressing the nutritional needs of children with HIV. I witnessed children being impacted by malnutrition and stunting, which impacted their response to the pharmacokinetics of antiviral medications, including viral load fluctuations. I became intrigued by the promotion of nutritional health that could impact infection rates, development, and abilities to thrive and survive for children with HIV. This is the pull I now have toward pursuing my PhD studies. I am determined to develop a nutrient-dense food formula using locally produced ingredients for the treatment and management of malnutrition in children infected with HIV. I am both a mentor and a mentee, for life.

2 Martha's Lived Experience

All teach; all learn. This philosophy is resounding in every keynote address given by Dr. Don Berwick, founder of the Institute of Healthcare Improvement. In my clinical, teaching, and service career, this is above all the bond that keeps our teams together by having students as colleagues. Cooperation wins, easily, over the competition.

There is nothing in health care accomplished alone. In training, in working, in creating programs, and in healing people, there are partnerships. I have never been alone in this work.

This mentoring story includes mentoring exceptional people and presents a story of creative flipping classrooms with materials mastered before clinical rotations. It includes the importance and appreciation of the synergy between professor and student. Learning happens, especially rapidly in communities where gaps in health care extend beyond the capacity of a health system to respond. Saletnik [1] and Lin et al. [2] give succinct and encouraging information about mentoring in nursing. For those who are wary of mentoring, apart from being an expert in skills and specialty of nursing, a mentor needs to be transparent and authentic. To support another, in a mentoring process, exponentially transfers to other nurses in a relationship with the mentee. Mentoring is an inoculation toward retaining nurses who are effective, caring, and leaders in their work. The leadership, support, and care modeled to the mentee eventually empower others, considering the seven degrees of separation that connect us all. When we consider the healthcare worker shortages in global south communities, usually three HCWs for 100,000 people, it is understandable the intense need for mentoring and training masses of students. The students know that they are vital for the survival of those in their communities with gaps in care. In the States, there are also disparities between urban and rural, between socioeconomic groups, and along racial and gender divides [3, 4]. I will focus for the purposes of this mentoring work on sub-Saharan Africa and the mentoring partnerships that developed, in one of the countries I served, Tanzania.

Seldom do mentors have the script and backdrop set for those who will become mentees, but such was the case in Tanzania with the Seed Global Health program. Although relationships

take time, and the mentoring process evolved over a year, in person, and then continued virtually for 4 more years, the opportunity to develop relationships with accomplished mentees was in place when I arrived in-country. Often, we forget that the low-hanging fruit still requires the same amount of expertise, beginning with listening, spending time with mentees, and seeing their accomplishments and their challenges. The process starts with listening and being present.

In Tanzania, in the dry dusty middle part of this beautiful country is a national university. Dodoma is the home of a national referral hospital, along with a busy regional hospital facility and neighborhood clinics. The university has the challenges of educating and creating a healthcare workforce able to care for large populations, both urban and rural. A program created by the Peace Corps and Seed Global Health partnering with the University of Dodoma, Tanzania, set up expectations that American scholars who had maintained their clinical expertise would join in-country healthcare providers and professors to scale up established programs in chosen national colleges and universities. The programs were to be sustainable and build capacity.

I have been lucky, many times in my life, but this opportunity to team up with Tanzanian and American healthcare providers offered me an intense look into why we first learn to relate and then relate to learn. My experience, although alternating between large classes of undergraduates and intimate postgraduate courses, led to an immense appreciation of the abilities of those healthcare workers surrounding me. In particular, I was impressed with those nurses chosen to become clinical, academic, research, and service-oriented specialists in their chosen field of maternal child health, especially pediatrics and midwifery. I met during my first week of Tanzanian service, "graduate pediatrics, class one." These ten unique nurses approached by the Government of Tanzania to become the first pediatric nurse practitioners in the country, and all accepted the challenge. Their country needed their expertise, and they were eager to grow into responsibilities that would buckle the knees of workers in the global north. "Real courage is doing the right thing when nobody's looking" (attributed to [5], 1887–1948).

This group of future pediatric specialty nurses came from all regions of Tanzania. The ten represented different religions, different tribes, different second and third languages, diverse backgrounds in nursing, and different aptitudes with English. They were universally competent nurses, experienced in community health, in midwifery, in areas of population health, and in teaching. It was difficult to imagine that this group, which was chosen by the government, could form together within weeks as a cohesive class, and was forged by the experience of learning. This was exemplary. They were acutely aware of the honor of being a select force for good in Tanzania. I was humbled, as I am now to share ways that my mentorship ran parallel to the accomplishments that each one brought into the classroom and clinical settings. I could draft this story ten times, and each graduate student truly deserves to be honored as a case study. However, for now, the narrative will reflect the accomplishments of Pendo Masanja, RN, MSc Pediatrics, CPhD.

I will admit, from the start, every story of my teaching experience around the globe must include love. In general, I do not find anything that has been meaningful in my clinical or academic career accomplished without love for those I serve and those I serve alongside. Sometimes, we have disputes and disagreements, but in the end, it is the common goal of healing and care that brings us together with purpose. I have never earned much of a salary in my work, but I have gained a tremendous amount of love currency over these 46 years of nursing.

Pendo, one of my mentees, had a keen interest in learning and in becoming proficient in clinical work and in research. She served in multiple roles during her graduate studies. She was a lecturer at the same university, and she was assigned as a graduate student. Pendo was a registered nurse supporting the clinical care of orphans with HIV who lived in a large home-based facility caring for over one hundred children. Children left by their families, to die, ended up being there for "life." Pendo understood life, and she, along with her classmates, helped me cope daily with death. Pendo, as a mentee, exemplified Churchill's

quote about mentoring "You cannot transit wisdom and insight to another person. The seed is already there."

Pendo had a keen interest in learning and in becoming proficient in both clinical care and in research. She served in multiple roles during her graduate studies. She was a lecturer at the same.

As an American, I have been at the bedsides of those dying and have responded to emergencies on hospital wards, highways, and airports that were tragic ends of lives. Never had I experienced life snuffed out, so frequently and so unnecessarily, especially for those under-fives. Pendo and her colleagues sat near when I grieved; they could come to my rock, the place I had designated to cry, to sit for a spell. This crying rock was at the regional hospital complex, an open-air facility; it was my place to sit for a minute and reflect. In the year, I served alongside these students, staff, and patients, I never saw another Tanzanian cry. There is just no more crying when it comes to loss in places plagued by gaps and delays in care and the inevitable supply chain "no more" response. There is a chronic shortage of healthcare workers to address the population demands even the most basic care. These are the times when mentor and mentee have a thin veil between who is helping whom. The scripts keep changing as circumstances demand and the goal remains the same and build strong resilient caring professionals and teachers for the future.

How is it that we become as one, the professor and the student, reaching for equipment, swaddling a baby, bagging with the Ambu, starting the IV, calculating doses of emergency medications? It is exactly in these moments when we show up. We show up together, not just for grand rounds and the teaching, but for walking into wards with beds full and patients on the floor. We walk in to join the mothers as care providers for their own children when nurses' hands are kept busy with critical care. We showed up for kwashiorkor and burns, for hypoxia, for pneumonia, for birth injuries, for malaria, and for sepsis. The experience of the group kept the children alive. Together, we would pause, thinking of solutions when there was no bubble CPAP, or no more oxygen supply, or a family had given up on their child's survival. I would feel a hand on my shoulder when it was time to stop bagging a perfectly grown 4-month-old, just needing to have positive ventilatory end pressure to keep the alveola open. "Just a new more breaths please until the antibiotics take effect." The hand would come again to my shoulder, and I would back away, go to my crying spot, and then be comforted by another student. The students were an enduring presence and a reminder that I was "fetched" for the next task. The needs never ended.

I do not believe you ever forget the faces of the children who die. I am not strong enough to endure repeatedly babies and toddlers who should have lived, if not for … fill in the blank. There were exceptional abilities to keep children alive with minimal equipment and medications and skilled hands. There were gaps that we would not imagine in our global north countries. Each night I would ask my engineering husband if he could turn breast pumps into bubble CPAP and if we could ship oxygen concentrators or get clipboards to organize charts for us to coordinate care. There were bright spots, and having been "loaned" a V-scan ultrasound for the intended fast emergency diagnoses, I was able to figure out uses for obstetrics and for pediatrics. Clever Tanzanians also showed me ways to use sterile shards off the Pitocin vial to cut a placental cord when there were no sterile blades available. How would we even chart that in the States? "Umbilical Cord three vessels, tied securely, cut by shard off Pitocin vial."

I learned that mothers could bag babies; creativity saved lives. I saw Pendo's hands, heart, and head be alert to the places her experience and expertise would be most needed. When talking about the increase in chorioamnionitis and fetal tachycardia, and death presumed to be Group Beta Strep (GBS), she designed a research study to consider the primary and secondary impact of GBS screening in the global south. There was no GBS screening at the time. She had success with her publications and with her findings, enough to earn acceptance into two doctoral programs, later thwarted by a student VISA's not being forthcoming (a regrettable American political time for countries with religions that drew attention). Later, her scholarship and her podium presenta-

tions and research were once more recognized. She earned acceptance into a renowned doctoral program focusing on pediatric clinical research.

Pendo is one example of a positive deviant. She has established herself as a PhD candidate, working toward a degree that will place her in the top 1% of her country. Think about what this means for serving in the global south where her experience and education can impact exponentially others in-country. She will become "a teacher of teachers," one who will guide clinical, research, education, and service in her country. Her hands will treat and teach, and her academic abilities will advise public policy and graduate student research. Pendo's heart will keep her on track during this chronic "chronic-ness" of professional overload in Africa.

As a perspective, by the time a young African woman reaches the university, she has already accomplished enormous feats. She has learned not only her tribal mother tongue, the official language of the country (Kiswahili), but also English (the language of the university). She has been in the top 1% of the country, having completed secondary school, and then on to university and now onto postgraduate work. She is a positive deviant and one who taught me!

A strength-based approach, such as acknowledging the positive deviants, notices and mobilizes cultural wealth. Especially for those who have been in mentoring relationships in the global south, there is a realization that there are days you are the teacher, and other days you are the student. The rich relational strength experienced in Tanzania affirmed what I learned as a teenager serving in West Africa in 1971. Amid extreme gaps in care and challenging living conditions, there was more wealth in relationships and connection, compared to our privileged global north "plenty," often combined with the poverty of social connections. Students, everywhere, taught me that relational health is what supported them through their various professional studies. Although we currently focus on biological illnesses associated with toxic stress, it appears that relational health rescues us from illnesses and circumstances otherwise thought of as predestined by toxic stress.

Connecting to Country [6] demonstrated one way that health supports impactful, culturally competent programs with mentors and mentees. They promote enduring reciprocity of all working relationships, including education. Beyond reciprocity is the absolute commitment to acknowledging that when an outsider is teaching in the global south, the most important consideration is the sovereign experience of in-country scholars and clinicians having expertise, beyond yours in their specific setting. Indigeneity requires, according to Bainridge, basic consideration for any mentoring relationship. Indigeneity is relational and the lynchpin of strong value-based connections [4].

Pediatric literature helps support why safe, stable, and nurturing relationships (SSNRs) turn off the body's stress machinery and create pathways to wellness [7]. Although every human living in our world has experienced a degree of toxic stress, it is our own safe, secure, nurturing relationships that inoculate us against adversity related to extreme stress [8]. By the nature of our work, everyone in the healthcare professions has associated stress with giving care, working under time pressures, and charting that rocks your workday and physical exhaustion. However, when there are strength-based relational health connections, the "job" puts in perspective [9]. Colleagues support each other, giving hope, and offering tips for avoiding extreme burnout and encouragement to not leave the profession. Resilience is nurtured and fostered by colleagues when the physical and mental reserve is "spent" [10, 11]. The American Psychological Association defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences" [12, p. 2].

In African university settings, students relocate to distant educational institutions, sometimes out of their country. At that time, the educational family, including faculty, becomes a lynchpin for relational support and accompaniment. Accompaniment provided to others shows commitment to a strength-based relational work

life. Boomeranging back to us is the same support just when we need this uplift. We get good at what we practice. If we choose to empower others and approach our colleagues and our patients with strength-based relational health framework, we ourselves create unique inherent health in our own body, mind, and soul. There is no resiliency gene; resilience is there will be times when those who are "the least among us" will return to us immeasurable joy, vital support, full measure, packed down, and overflowing.

Hidden in my career as a nurse midwife and family nurse practitioner is times of inspiration that have come from my team in-hospital, or in the clinic, working clinic days to develop relationships with patients, and the all-night responsibilities to bring babies and mothers safely home. Why did this urgency to keep clinically active become such an obsession? Motivated by my undergraduate nursing education where only one faculty member participated in clinical practice, I wanted to teach differently. The culture shock manuscript assignments, the papers that were to document the process we took, as nursing students to change the system, were ivory tower sorts of requirements. We were taught by those who did not practice. I vowed never to teach something I could not "do." Modeling, besides being an important way of learning, is also an opportunity to engage and show a spirit of connection that is both healing (later between nurse and patient) and enriching. We know that nurses stay in nursing for years; they love humanity, enjoy the day-to-day work, and have supportive environments without lateral violence. However, documented across 15 years, 40 percent of new nursing graduates caring at the bedside stay in nursing longer than 8 years. Currently, with the Great Resignation, almost twenty-eight percent of new nurses leave bedside nursing in their first year of service [13, p. 10].

3 Self-Refection

From maintaining clinical and teaching proficiency in my dual nursing disciplines, I realized as a young college student, being in practice would enrich my teaching and my career. Without this work, I would not have been able to "show up" for those I was educating. Angelou had it right in *Phenomenal Woman*, "*it's the click of my heels, the bend of my hair, the palm of my hand, the need for my care*." When we stay in the relationship with our teammates, our students, and those we serve, life remains unbelievably larger compared to others who work without engagement or leave altogether. There will be times, I have discovered, that the team holds me up, linking arms on both sides to keep me going, making outrageous laughter to encourage, and listening through hot tears about witnessed hospital and clinic tragedies.

Nothing helps you stay up for the second or third long night in a row to deliver a family's baby except commitment and the sweet memory of those prenatal discussions with that very family. You have an enduring connection with the toddlers who helped with fundal height measuring tape and auscultating fetal heartbeats. We often have ten clinic visits over a course of a pregnancy that connects us with a family; we are the lucky ones. We all have one life to use, therapeutically, with engagement and mentoring, with love, and with service. It is a choice for us, and it is a shared vision with our students.

I will end with Ernest Boyer's wisdom, talking to educators:

> The tragedy is not that we grow old and die, but that we die like sheep with dreams unfulfilled, with talents unused and with our passions unexpressed (Ernest Boyer, archival collections https://www.messiah.edu/info/22575/archival_collections).

4 Summary

1. Are the opportunities you present to students truly accessible? (Do not create a path forward that cannot come to fruition, such as no VISAs from the USA for certain nationalities concerning religious mix in-country)
2. Can you identify conferences and seminars that are available at nominal costs, free, or find a way to help pay for that educational opportunity?

3. Can you make a path forward to access Internet literature searches, journals, and texts that are prohibitively expensive in the global south?
4. Can you put the "students" name in front of the audience, at conferences, and list them as the first authors even when work and publications are shared?
5. Can you provide honest and shame-free feedback on clinical and academic performance, by modifying questions used during post-simulation debriefing [14]?
6. Can you accept and honor the challenging life–work balance of the global south by creating class times, assignments, and learning that can accommodate 12 h of daylight?
7. Do the hours you require for students infringe on their second shift work with home and childcare responsibilities? (Daily marketing to fill a cooking pot and coping with limited Internet connectivity and undependable electrical power are part of student challenges).
8. Can you acknowledge gender disparities in-country and then listen without fixing? (We have no idea about what gaps there are, still, for those who are working at our elbows).
9. Is it possible for you to listen and learn from insiders about the difficult topics to hear? (Violence and maltreatment, harassment, FGM, IPV, sexual assault, human trafficking, war).
10. Do you value creating times of sharing food and fun, and getting to know students outside of the classroom and clinical area? (Hospitality restores all sorts of mistakes made in the process of educating and mentoring).
11. When there is a terrible catastrophe, can you make room for grief and give time for healing, even when you are an outsider?
12. Can you be silent and take breaths with your students when there are no words, no tears, and no understanding of how life can be so hard for those we serve?
13. When asked for a loan, critical money for tuition, for books, and for food, will you respond with wisdom? (The needs are real and there are ten others in the class; be generous when you can and remember that money given is a gift, not a loan. Do not destroy relationships over financial concerns. Your mentoring is a gift too; mentees know this!)
14. Can you keep up with social media, even when it is in Kiswahili and the jokes are completely Tanzanian? (Welcome Google translates!)
15. Can you applaud loudly at mentees' successes? (Realize that in the end, your students will outpace you every time! Thank goodness we will be replaced.)
16. Can you give up judgment and move full of grace to accept things out of your control?
17. Can you be authentic and vulnerable, able to show both courage and strength when outcomes have not been ideal and work must go forward?
18. Can you lead and mentor with love?

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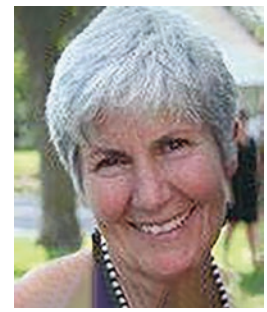
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Martha Hoffman Goedert earned her MSN in Family Nursing at the University of Kentucky (1979), and a PhD from the University of Utah. Goedert's experience involves service in Togo, Haiti, Uganda, Kenya, Mali, India, Tanzania, and Ethiopia. In positions as Ambassador's Distinguished Scholar, Ethiopia, 2018–2020 and with Seed Global Health/Peace Corps responsibilities as a visiting professor for the University of Dodoma, Tanzania, 2015–2016, Goedert's experiences centered around life-saving skills and compassionate care. Goedert is currently teaching at Creighton University and continues to use population health as a backdrop for her work globally.

Policy and People: A Transdisciplinary, Holistic Mentoring Experience

Judith Bruce and Janine White

… once you have learnt something, and been blessed by that lesson, as a leader it is your responsibility to pass it on. That is how we lift others as we rise.

—Bonang Mohale

Objectives

1. Provide shared experiences of holistic and transformative mentoring across two health disciplines.
2. Describe possibilities and opportunities in transdisciplinary mentoring.
3. Elucidate the duality of roles in the mentoring relationship in respect of peer mentoring and hierarchical mentoring.

1 Introduction

In keeping with traditional mentorship structures, mentoring in the policy environment may be described as formal and informal. Formal mentoring requires the assignment of a mentor to a mentee, usually as part of a nationally or institutionally supported and resourced program, whereas informal mentoring unfolds spontaneously based on mutual interest, trust, and personal comfort either as a product of or in parallel with a formal mentoring relationship. This chapter is informed, firstly, by the structure of formal mentoring that, in the process of mentoring, evolved into an informal mentoring relationship. We elucidate this in the chapter as a transformative experience for both the mentee and the mentor.

Our journey began as a formal assignment and as part of a national imperative to address academic capacity development at all levels and areas of public universities in South Africa. Framed within a national University Capacity Development Programme (UCDP), the New Generation of Academics Programme (nGAP) led by the South African Department of Higher Education and Training (DHET), is a "comprehensive, transformative approach to developing future generations of academics and building staff capacity" [1, p. 3]. With the emphasis on equity, programmes such as the nGAP attempt

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to address the paucity of women in senior and leadership positions in universities, specifically women from marginalized groups informed by race.

The nGAP programme involves several interventions to recruit and support new academics in universities, particularly from previously disadvantaged groups (as defined by the programme). Chief among these is a mentorship intervention that involves the assignment of a dedicated mentor to each nGAP academic who is appointed through this programme. The responsibilities of the mentor, among others, include assistance with personal development, enrolment for a PhD, self-efficacy in respect of time management, resource management, and engaging in reflective discussions on teaching, research, opportunities, and challenges as new faculty.

Although driven by an equity agenda, successful nGAP applicants are also appointed on merit having already achieved a higher degree and meeting the requisite competencies for doctoral studies. Once selected, the mentee is appointed to a permanent post and becomes part of the institution's 3-year staffing plan. The duality of mentee roles thus becomes obvious and is unavoidable, enacted as both a PhD scholar and a new academic in the field of public health. This brought interesting perspectives to the mentoring relationship, which we coined as transformative, holistic, and transcendent (transcending borders).

2 Academics Without Borders

2.1 Mentor Narrative

The thought of mentoring across disciplines was unsettling initially, but this feeling soon dissipated by the realization that health was the nexus between us and our respective disciplines. I am a nurse, and Janine, my mentee, is not a nurse but a social scientist in the School of Public Health. The notion of multidisciplinary, interdisciplinary, and transdisciplinary teams or groups is not new in health professional education, research, clinical practice, therapy, and the like. In the mentorship discourse, interdisciplinary and transdisciplinary approaches have become more conspicuous in people's experiences of their mentoring journey and its benefits. The difference between these two approaches is what qualifies the one or the other to harvest such benefits. A transdisciplinary mentoring approach transcends traditional boundaries of the disciplines of nursing and public health to merge each other's values and skills, achieving a holistic, synergistic interaction between mentor and mentee. There is a balance of (professional) power and of individual potential that enables the mentor and mentee to share their knowledge and skills in a way that is beneficial to both. In contrast, an interdisciplinary approach to mentoring happens within professional boundaries and endorses professional identity, using skills and knowledge in its purest form for the benefit of (mainly) the mentee.

Approaching mentoring across another discipline gave me the opportunity to be more open-minded and receptive to mentee needs other than the traditional needs and goals of a mentee who works in a research-intensive academic setting. In a new academic environment, the skills needed to deliver on the academic project tend to take precedence over those that assist in adjustment, integration, and socialization. In a cross-disciplinary mentoring program that involved women faculty, career goal development, work/life integration, and demanding work situations were the most frequently occurring needs among female academics [2]. Other best practice themes are advocacy and guidance where psychosocial support, work–life balance, and career progression guidance are highly valued by mentees [3]. In addressing these needs, the mentee and mentor work together and gain more insight into each other's respective disciplines and work/institutional settings—a key outcome of transdisciplinary mentoring.

Being a nurse academic and leader also means that you are a nurse in the first instance and that caring comes naturally. Combining caring with diverse ways of knowing became a powerful tool (for me) to transcend the confines of our disciplines. Conferred over years of experience, intuition as a legitimate form of nursing knowledge became an extremely useful tool for me to be "present" and ask the right questions during

interactions with my mentee, Janine. This was especially relevant when she faced tough internal struggles and challenging circumstances in the work environment. Sensitive probing helped me cross the proverbial discipline boundaries to gain insight into the dynamics of the public health environment and provide appropriate advocacy and guidance.

2.2 Mentee Narrative

Throughout my participation in the nGAP initiative (described previously), the mentorship aspect of the programme was critical to my success. The journey towards graduation was not an easy one, particularly nearing the end. During this time, I struggled with feelings of low self-esteem and confidence, constantly questioning my worthiness of a PhD candidacy, and whether I deserved to be on the programme at all, exaggerating my mistakes as inextricably linked to this deservingness. Despite the successes evident in awards and participation in programmes such as the nGAP, I experienced constant self-doubt and lack of confidence. I was—by no means—alone in my struggles with these intense feelings as a woman, in the dual role of a teaching/research position in higher education, and as a doctoral candidate in public health. In fact, these intense feelings I was experiencing at the time, Clance and Imes refer to as "imposter phenomenon" (IP), describing it as "a strong belief that they are not intelligent; in fact, they are convinced that they have fooled anyone who thinks otherwise" [4, p. 241]. Additionally, empirical evidence has suggested the presence of imposter syndrome, sometimes referred to as imposter phenomenon, both at a faculty level and among doctoral students [5–7], with one study focusing on women in higher education and the relationship between IP and motivation [6].

These feelings intensified towards the end of my doctoral journey creating a complex cycle between work, life, and studies. This interplay between work, life, and studies meant that when I struggled with my mental health, for example, my work and studies began to suffer. Conversely, when progress languished in my doctoral work, it impacted my mental health. At times, it felt like a black hole that sucked me to the bottom and I had to claw my way back out. I had extraordinarily little motivation, and this led to days of procrastination, where the fear of writing would simply consume me, and I would write little if anything and do little as well. I would then recover from this moment of procrastination and push forward. Mentoring played a key role in that push forward.

Judy and I embarked on a mentoring relationship that was an evolving one. There was active participation through our mutual engagement as well as an opportunity for brainstorming solutions to some of the challenges I experienced in work, life, and studies. Our expectations of mentor and mentee were made clear from the onset, and we allowed for flexibility as this mentoring relationship evolved.

I experienced the following benefits from our mentoring relationship as follows:

- The opportunity to talk about my feelings in a safe space, without judgement or prejudice (thinking about packing it all up and leaving).
- The validation of my feelings (that I was not going mad for feeling some of the things I felt).
- Challenging negative views about myself through counter-storytelling [8].
- Affirmation of my capabilities through the identification and acknowledgement of my progress in seeking and engaging with solutions to the challenges (the importance of self-care).
- Absolute confidentiality between mentor and mentee through a relationship built on mutual trust.

My perceived benefits from mentoring models are what scholars have referred to as an ethic of care [9]. An ethic of care is about the person as a whole-being, validating personal experiences and encouraging a supportive environment that considers educational and personal development [8]. Another unique aspect of this mentoring relationship is that it considered the dual role I played.

3 Duality of Roles

3.1 Mentee Narrative

A unique aspect of this mentoring relationship was my dual roles of being both a staff member/faculty and a doctoral student, i.e. a combination of hierarchical and peer mentoring. The literature distinguishes quite clearly between hierarchical mentoring and peer mentoring. Collier describes hierarchical mentoring as a relationship between "...individuals from two different social positions, such as faculty member–student, adviser–student, or counsellor–student" [7, p. 1]. On the other hand, peer mentoring is described as a mentoring relationship between two students, where the mentor in this type of relationship has more experience than the mentee and thus serves the role of providing support and advice to the mentee mostly on matters related to academic success [10].

Judy and I began our formal mentoring relationship in February 2019. As indicated previously, this mentoring relationship was a structured, formal mentorship as part of the nGAP initiative. Sharing similar social characteristics allowed me to identify with my mentor as a fellow woman of color. I saw Judy as a role model and imagined the possibilities of what I could achieve in my journey as faculty and as doctoral candidate. Because of these dual roles, our mentoring relationship can be described as promoting both academic success and professional success.

Our face-to-face meetings were scheduled monthly for about an hour at a venue that provided comfort and privacy for both of us. During these sessions, Judy would warmly welcome me and encourage me to begin the session with an update on my progress on my PhD and a summary of my work activities. Judy would listen attentively, making notes as she listened, and ask thoughtful and insightful questions. Our foundation of trust allowed me to speak freely and openly about my feelings. Although I initially had reservations about what was acceptable to speak about, these fears were quelled because of the strong trustful relationship. Beyond the face-to-face meetings, Judy encouraged me to reach out to her at any point when I needed to, providing me with her personal mobile number to allow me to contact her telephonically or through instant messaging platforms.

Although Collier suggests that "Peer mentors and mentees are more likely than participants in hierarchical mentoring relationships to share a common perspective with regards to how they understand and enact the college student role" [7, p. 15]. Our current experience of mentoring suggests an alternative view to that of Collier—there may be potential that mentors and mentees in a combination of peer and hierarchical mentoring may be able to share commonalities of academic [and professional] success. The role of context may be a contributing factor in this combination mentorship and should be studied further.

3.2 Mentor Narrative

Whilst there is greater emphasis in the literature on the experiences of peer mentoring between students at various stages of their studies, the value of such mentoring between academic colleagues as peers should not be underestimated. There is general agreement that peer mentoring happens in a relationship that is built on a measure of equality and similarity of circumstance—personal and social, etc., which enable reciprocal sharing of experiences and perspectives towards personal and professional goal attainment. As academics within the same institution and bound by shared values, Janine and I were high on trust—there was little suspicion about each other's motives, which helped to consolidate a relationship of trust. Reporting on how to reframe peer mentoring, Nicholson et al. underscore the essentiality of trust for an effective peer mentoring relationship [11]. In the duality of roles that Janine found herself in, there was often a shift between being a peer and a student. I found that my input as mentor into substantive aspects of her PhD was pale in comparison to what I could contribute from an affective or psychosocial point of view.

Dealing with (harsh) feedback and reviews and how to use them optimally to progress one's career goals were paramount to quash the

imposter phenomenon and procrastination that Janine experienced (see above). We used a trilogy of words: *leave, retrieve, and receive*, to help her move from feeling rejected (as a scholar) to making the most of the feedback. *Leave* refers to setting aside the reviewed (written) work for a short while—a cool-off period that allows the mentee to manage emotional arousal and subsequent reactions such as anger and disdain. As a guide, a reasonable period should not exceed 72 h so that the mentee does not retreat into procrastinating. *Retrieve* means to pick up the work for the purpose of engaging with the feedback given. This may involve meaningful reading without personalizing the comments. Receive refers to keeping an open mind whilst reading a reviewer's the feedback; it means understanding the feedback and its improvement intent, and using the feedback constructively. As peers, the mentor and mentee can relate to being on both the giving end and the receiving end of review feedback.

4 A Holistic, Transformative Experience

4.1 Mentor Narrative

A holistic or whole-person approach to mentoring is well-documented but not routinely applied in practice for a variety of reasons or various circumstances that inform the mentee's needs. Adopting a holistic approach means to nurture the mentee, facilitating personal growth [12]; it means viewing the mentee as an integrated whole—body, mind, spirit, within a recognized context; it involves reciprocal teaching and learning that emphasizes individual autonomy [13]. I found this transformative in the sense that I did not anticipate any learning gains as a mentor, having reached the tail-end of my career. For both Janine and I, personal growth and resilience were key outcomes of the mentoring process, acknowledging the co-existence of emotion and intellect and how this may strengthen mentee agency, posited as a likely by-product of holistic mentoring [13].

There was an openness, a blank canvas presentation at our first encounter that enabled a sharing of leadership lessons with artistic adaptation that suited Janine. This allowed me to "gain entry" into her innermost self from a whole-person perspective and fully appreciate what was needed. The emphasis of reciprocal learning (for me) was how policy processes in public health are influenced by socio-political, economic, and legislative factors and a range of stakeholder networks and dynamics. People, also known as actors, are at the heart of policy, and as a dynamic part of policy, they influence processes by using their knowledge, beliefs, and power [14]. The evidence suggests that, in an African context, power may be used positively to prioritize agendas, focus attention, and fast-track policy processes; used negatively, power may control and dominate policy dialogues [14], sometimes causing tension and interpersonal strife. I came to understand how these might have contributed to my mentee's experiences and how my own leadership lessons could shape the course of mentoring and its outcome. Along the course of mentoring, I did not have all the answers but had sufficient confidence in knowing when to step back. Together, we explored new possibilities and opportunities and made new discoveries about ourselves, which is at the heart of transformative, reciprocal learning.

4.2 Mentee Narrative

Mentorship promotes authentic connection between mentor and mentee. Through my mentor's guidance, with an emphasis on accountability and ownership of my path, I was able to navigate the challenges of work, life, and studies. My mentor viewed me, her mentee, as a whole person; her approach to mentoring and thus our mentoring relationship was grounded in holistic well-being. Gilligan describes a holistic approach to mentoring as an ethic of care [9]. It is defined as "an ethic grounded in voice and relationships, in the importance of everyone having a voice" [9].

My voice and what I had to say were important to my mentor—she encouraged me to speak and to

be silent when I felt that was what I needed. I learnt that silence is as loud and as much of a voice as talking can be (sometimes with great emotion). I became more solution-driven—for example, accepting those moments of procrastination, not being so hard on myself when they came, but when the moment passed that I would push forward and grab the moments when energy levels were high. On further reflection, I began to see the inextricable link between emotional well-being and a successful PhD journey. Towards the end of our formal mentoring journey, I began to imagine myself as a mentor to others and how my experience with my mentor could be a blueprint for the kind of mentor I want to be. This was transformative for me.

5 Conclusion

Mentoring models and structures are constantly being tested during changing circumstances. Before completing the formal mentoring part of the nGAP initiative, the COVID-19 pandemic struck, necessitating a rethink about future interactions and what sort of shifts needed to take place for the mentoring relationship to continue. Working from home also meant working at home since many people, especially women, grappled with the integration of academic work, child-minding, and other household chores—neither the mentor nor the mentee was exempt. Following a short pause, the transition from face-to-face mentoring to online mentoring was seamless and aided the successful completion of the formal mentoring requirements, including Janine becoming a PhD graduate. With mutual trust, similar identity traits, and a shared interest in professional growth as catalysts, there was (also) a natural transitioning to informal mentoring. It is here where the mentor shares valuable leadership lessons and anecdotes that influence the mentee's career journey in a meaningful way.

6 Self-Reflection

Mentor: When something does not work out well, the tendency to reflect is greater than in times when things do go well. Ordinarily, the focus of (my) self-reflection would be on negative aspects, non-fulfilment, or failure. It was different in this mentoring encounter where, as a mentor, I found myself casting back my thoughts, trying to make sense of the "goodness" I was feeling. Given the transdisciplinary context, I was both open-minded and mindful of our respective worlds of work. I felt the need to be more "present" in our mentoring dialogue so that I could pick-up every nuance of expression and what Janine sometimes left unsaid.

I seldom made notes after a mentoring session but would give myself time to ponder on the spoken and unspoken and the trends and patterns of our mentoring conversations. Pondering and reflecting would happen within the first few hours up to one day after the session; reflecting, helped to crystalize my thoughts and develop pointers that would shape the next mentoring session.

Mentee: Following the natural ending of our structured mentor relationship, we now embark on a different kind of mentorship relationship—one that is still structured but no longer an official part of a university program. Upon reflecting on the journey to this point, as a mentee, I realized that I have undergone many changes as an individual and I learnt many things about myself during the mentoring process.

Throughout the mentoring process, I have been able to address my challenges and I have grown in both my personal and professional capacity. This mentoring relationship has exceeded my expectations and has grown beyond the parameters of mentoring—a testament to the multidimensionality of the transformative experience. My mentor's genuine care, compassion, and commitment to our mentoring relationship will have a lasting personal impact on me.

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Resources

This mentoring guide will assist the mentor and mentee in establishing and navigating the mentoring relationship. Link to guide: https://cdn2.sph.harvard.edu/wp-content/uploads/sites/31/2015/10/Mentoring_Guide.pdf.

This mentoring workbook provides a comprehensive guide (including assessments) on the mentorship relationship for both the mentor and mentee. Link to workbook: https://www.brockport.edu/life/leadership/Documents/Mentor%20Resources/Full_mentoring_workbook_for_PDF_link.pdf.

This toolkit focuses on building a strong relationship between mentor and mentee with an emphasis on trust, mutual respect and effective communication. Link to toolkit: https://www.go2itech.org/HTML/CM08/toolkit/tools/relationship.html.



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Part IX

Mentoring in Politics: Healthcare, Education, Research

Introduction: Mentoring in Politics—Health Care, Education, and Research

Diana J. Mason

1 Politics

The word is associated with numerous connotations, including some that are unsavory: influencing, strategy, backroom deals, dark money, lies, scheming, and more. Granted, we see the unsavory part of politics almost every day in news reports of global, national, state, and even local machinations by so-called leaders who seem to be more enthralled with amassing power than with sharing it. But politics is defined as "influencing the allocation of scarce resources," "competition between competing interest groups or individuals for power and leadership (as in a government)," and "the total complex of relations between people living in society" [1, 2].

I like to think of "politics" as influencing in a strategic way. Whether in government, healthcare organizations, professional associations and interest groups, communities, or our own homes, who among us does not want to influence decisions, resources, and events in our world [1]? Readers of a book on mentoring that includes "mentoring in politics" may assume that the relevance is solely to the politics one finds in the sphere of governments. But that assumption is mistaken. Politics infuses the lives of nurses in clinical practice, research, education, and wherever they work and whatever they do.

Certainly, the politics in government is a key to effective action in that sphere. Mentoring in governmental politics has been described as a "game changer" [3]. Nurses need to be mentored to run for office at the local, state, and national levels. Most often, such mentoring will arise outside of nursing. We simply do not have enough nurses who are policymakers to mentor the growing cadre of nurses interested in serving as mayors, state senators, and congressional representatives, along with those who want political appointments to leadership positions in the executive branch of governments or to commissions and task forces. But, more so, nurses who are running for office should seek out the considerable expertise and connections of seasoned politicos of the political party on whose ballot line they are seeking to run, whether or not they are nurses. Such mentors are more likely to invest time and resources in someone from their own party, though a mentor from a different political party can be invaluable in future partnerships and coalition building.

I have been asked many times to advise nurses who want to run for political office or hold a political appointment. My recommendation is usually for the nurse to seek out a leader in their political party who can advise, open doors, endorse their candidacy, and more. As efforts increase to have more diverse representation in the halls of government, we are seeing an evolu-

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tion of organizations and initiatives for mentoring women and people of color that provide great opportunities for nurses whose election would contribute to diversifying these centers of power. Healing Politics (www.healing-politics.org) is a new non-profit organization whose mission is to inspire and train nurses and midwives to run for elected office up and down the ballot. The initiative was developed as a capstone project for two students, Kimberly Gordon and Sharon Pearce, in the DNP program at Yale University School of Nursing, in collaboration with their professor, Lisa Summers [4]. Sharon had run for a seat in the North Carolina statehouse, and Kimberly was her campaign manager. Although Sharon lost her race, both nurses concluded that more nurses needed to be running for political office and set out to do something about this. COVID disrupted the planned launch of their first candidates' school for nurses and midwives. Now, as Healing Politics, the initiative continues to unfold. Nurse legislators who serve as faculty for the Healing Politics candidate school will mentor other nurses considering or planning a run for office.

But nurses would be remiss to confine their political mentorship to the sphere of government. Politics abound in our healthcare organizations, for example. Evidence suggests that mentorship mediates the relationship between an understanding of organizational politics and one's ability to develop and use social networks, and this is particularly so for women and people of color [5]. I urge aspiring nurse leaders and even seasoned nurse administrators who are promoted to higher positions to seek a mentor who can help them to navigate the considerable politics that often determine whether the nurses will be "successful" in the organization without abandoning their own values and goals. Mentoring by an influential leader inside or outside of the organization can provide access to important information, resources, and networks.

Similarly, research is a highly political endeavor. Politics can determine whether grant funding is available for your area of research, your institution's resources support proposal development and project management, and putting together the right research team [6]. Senior researchers know how to navigate these politics, but they often learn this through trial and error. It is seldom discussed openly or part of the discussions of doctoral programs. In a study of participants in a doctoral or postdoctoral nursing scholars program, Montalvo and Byrne [7] found that mentoring was a key to their development of political skills. Crucial aspects of mentoring include role modeling, facilitating learning, coaching, advocating, and providing personal and emotional guidance. Interestingly, friendship was a key characteristic of the mentored experience, as mentoring without friendship felt impersonal. Today, most advanced scholar nursing programs include a mentoring component. For example, the National Institutes of Health's K01 Mentored Research Scientist Awards provide an excellent opportunity to learn the politics of research from a senior researcher. The Betty Moore Fellowship Program for Nurse Leaders and Innovators at the University of California, Davis, makes its mentor component explicit as well, and each scholar has two mentors in this three-year program—one selected by the scholar and one assigned by the program.

In education, which programs and faculty are supported by the school and university can be driven by the politics of the school and the university. While schools of nursing have criteria for tenure and promotion, every assistant professor quickly gets the message that they need to tread carefully in the world of academic politics if they are seeking tenure [8]. Mentoring is particularly crucial for nurses from historically marginalized and underrepresented racial and ethnic groups. The National Academy of Medicine's *Future of Nursing 2020–2030* [9] report calls for the nursing profession to be more diverse and inclusive. The report notes that one of the "desired outcomes' from efforts to "achieve health equity through nursing" is as follows:

> Nurses reflect the people and communities served throughout the nation, helping to ensure that individuals receive culturally competent, equitable health care services. (p. 356)

The report's mandate is that we not only examine our approaches to recruiting and graduating diverse nursing students, but also recognize and

support the leadership capacity of nurses from historically marginalized and underrepresented groups. Mentoring is crucial at both levels, whether students or practicing nurses. This mentoring must reinforce a sense of "belonging"—that the mentee brings valuable contributions, thoughts, and perspectives to decision-making tables. This is particularly so when the situation is one where a nurse of color has no or few colleagues of color in a setting. Being the "only" in an all-white faculty is too lonely for a new assistant professor who is unlikely to successfully navigate the politics of promotion and tenure without intentional mentoring.

I want nurse leaders—whether expert clinicians, chief nursing officers, researchers, or professors—who know and can build their power, are comfortable sharing their power, are strategic in how they bring about change, and are viewed as authentic and valuable to their organization. Too many nurses think that "being political" means "keeping your mouth shut." It does not. We do not need more leaders who value keeping their positions more than ensuring that the organization's mission is at the forefront. I urge nurses to seek "political mentors" who are effective in leading transformational change and are highly trusted and regarded by their colleagues.

Politics permeates all aspects of our lives. We often need a stable of mentors who will guide us to think deeply about political strategy, including the ethical issues that can arise when one considers whether the means justify the ends. Good politics are thoughtful strategies for influencing the events and decisions in our lives. And good mentors will help us be these thoughtful strategists. They will guide us, share information, open doors, and endorse our aims. Look carefully at a range of potential mentors. Find one or more who are ethical strategists and will share your values about operating as a politically savvy leader.

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Breakfasts, Open Doors, and Belonging: Moving Through and Beyond Racism

Kenya Beard and Diana J. Mason

We are striving to forge a union with purpose, to compose a country committed to all cultures, colors, characters and conditions of man. And so we lift our gazes not to what stands between us, but what stands before us.

—Amanda Gorman (2021)

Objectives

1. Identify opportunities for all nurses to build diversity, inclusion, equity, and belonging in nursing through mentoring.
2. Discuss the value of mentors role modeling interactions with people in positions of power.
3. Describe the benefits for mentees of applying for and participating in global and national fellowship and scholar programs, with support of mentors.
4. Embrace affirming that one "belongs" as foundational to the mentor–mentee relationship.
5. Discuss the importance of mentors being prepared to shift to peer mentoring.

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1 Mentor–Mentee Narrative

DM: One of the reasons I went to Hunter College after being the Editor-in-Chief of the *American Journal of Nursing* for over a decade was the diversity of its student body, including in the school of nursing. Upon my arrival in 2009, I realized that the nursing faculty were far from diverse. The faculty included one tenured professor who identified as a Korean-American, one Latina professor who was going up for tenure, and an assistant professor who was Nigerian-American and was not on faculty the following year. I was delighted when we hired Dr. Kenya Beard on an Assistant Professor line in 2010.

The need for mentoring for all new faculty is clear [1], but especially for Black, indigenous, and other people of color (BIPOC) if we are to build a diverse workforce of nurse educators. In one faculty meeting early in the academic year, Kenya spoke up and was quite articulate on an issue under discussion, but in a way that seemed almost defensive. I thought about how difficult and unsafe it must be to be an "only"—the only Black faculty member and at an untenured, assistant professor level. I was committed to helping

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to build a diverse faculty who looked like the students and communities we were serving. After the meeting, I went to Kenya's office and told her, "I'd like to be your mentor and support you in getting promotion and tenure here." She seemed surprised but accepted my invitation.

KB: Prior to joining the faculty at Hunter, I accepted a position at a nursing program where I was the only faculty member who was African American. Conversely, the student body had recently become racially diverse. During my initial appointment, I was exposed to discriminatory comments that initially stunned me into silence. For example, when the National Council Licensure Examination (NCLEX) pass rate declined (the examination graduates of nursing schools take to qualify as registered nurses in the United States), a colleague shared during a faculty meeting that the school did not have a problem until they "let them in." Who were "them" and why did so many colleagues look at me after the comment? Although questions swirled in my head and an awkward silence blanketed the room, I could not muster the words to respond. Being in the new role, I did not want to believe the acts of discrimination I witnessed or stereotypical comments I heard were happening. Not having anyone to discuss the comments or actions with and not wanting to believe what I was experiencing, I dismissed much to a misunderstanding. However, as the discriminatory practices grew, along with my feelings of isolation, I decided to leave. Organizational socialization encompasses "gaining information regarding formal and informal work relationships, power structures, learning to work from within a groups' culture, and learning to deal with political behavior" [2]. Without a mentor or feeling empowered to speak against injustices, it would have been difficult for me to gain role-related knowledge on how to establish a more inclusive culture and persist in the environment I was in. The cues that I received conditioned me to believe that the institution was unwilling to invite, support, or learn from diverse perspectives.

When I had the opportunity to join the faculty at Hunter, I immediately accepted the offer. When I shared the opportunity with my family, my mother reminded me that my grandmother had graduated from Hunter when it was an all-girl's school. While I was happy to be at the college, I found myself once again at a nursing program with a racially diverse student body surrounded by a homogenous group of faculty. However, this encounter was different. After the first faculty meeting, Diana introduced herself to me, asked me if I had a mentor, and readily shared that she would mentor me. I established my first formal mentorship and, during my tenure at Hunter, my scholarship was supported, research interests affirmed, and I was guided along my academic journey.

The Future of Nursing, 2020–2030, report focuses on health equity and addressing the structural racism in health care and in our own profession [3]. *It will take all of us to do this. But we must be clear about what we are trying to create. It is more than building a diverse and inclusive workforce. It is creating the conditions for developing a feeling of "belonging" that arises when you truly do belong in a group or space that has not always been safe—whether the profession, health care, or society. Mentoring can help to build these conditions.*

DM: While not everyone understood Kenya's research on multicultural education and she felt pressured to switch to clinical research, I invited her to co-chair a faculty development group and shared an opportunity for her to advance her educational research through the Macy Faculty Scholar Program of the Josiah Macy Jr. Foundation. When Kenya decided that she would apply, I did not hesitate to agree to serve as her mentor in her proposal. I knew she would be a great Macy Scholar. She was smart, thoughtful, articulate, and a star in the classroom. Students loved her courses. Becoming a Macy Scholar would strengthen her CV, extend her professional networks, and provide national visibility for her considerable talents and the school. I read her proposal, gave feedback, recommended other research mentors, and shared with the dean that Hunter's support of her application was a no-brainer. The dean signed off on her application.

KB: When Diana initially shared the call for applications, I did not believe I was ready to

apply to be a Macy Scholar. However, she helped assuage my fears and guided me through the application process. When I was invited to the first round of interviews, she prepared me for what I believed to be an intimidating process. I would be interviewed by a group of nationally renowned leaders. I remember walking out of the interview and immediately calling Diana. I told her that I thought I had bombed the interview. She listened to my recall of the interview and responded: "I think you did a phenomenal job!"

Becoming a Macy Faculty Scholar in 2012 was a career and life-changing event. My research project was challenging and required that I develop a program using the tenets of multicultural education to strengthen the capacity of faculty to teach culturally diverse learners. Diana introduced me to colleagues across the university in different disciplines who invited me into their offices and helped me advance my research project.

DM: I know how difficult it can be when you're climbing a career ladder. Reaching out to people of influence and stature can give a less senior person pause. So, one of the things that I do as a mentor is to help mentees to seize opportunities to extend their professional networks, both within and outside of nursing.

The Macy program included a meeting of scholars, their mentors, the foundation's president and board members, as well as the program advisers. Scholars were to present their projects. Kenya was the last scholar to present. She had made more progress on her project than any other scholar. Her presentation was impressive! But one of the nurses on the program's advisory board challenged her on an aspect that the advisor misunderstood. Kenya responded with a solid explanation and clarification, but the advisor continued to challenge her in a way that was upsetting to me and potentially embarrassing for Kenya. All other scholars—including two physicians who had almost nothing to report on their projects—had received vocal support from the board and their mentors. I felt strongly that I needed to provide clear support of Kenya's work, so I pushed back on the advisor's incorrect claims. Whether the misinformed challenge arose from bias on the part of the advisor or simply a misunderstanding was moot. I was not going to permit someone to suggest, even indirectly, that Kenya did not belong in that room. She not only belonged; she was the star in the room by virtue of her project's successes and her ability to present her work with confidence and brilliance. I was in her corner all the way, without relieving her of the responsibility and opportunity to defend her own work.

KB: While difficult, being challenged made me a stronger researcher and speaker. Although I am aware that the color of my skin can influence the ways in which I am perceived and the assumptions that influence the questions that are asked, I did not readily pick up on the different lines of questioning. Being in the middle of a discourse and completely absorbed in my research project, I focused on the questions and tried to respond authentically. Later, when Diana and I discussed my presentation, I reflected on what occurred and realized that I was conflicted. I deeply appreciated that my educational research was being supported and was able to discount what occurred. In retrospect, it would have been nice to have a conversation to explore what was happening. However, that would have required courageous colleagues who were able to engage in uncomfortable conversations that extended beyond diversity, equity, and inclusion. To me, conversations that centered on racism were largely taboo.

Mentoring is a kind of coaching but with an emphasis on the relationship between the mentor and mentee rather than a task [4]. Good mentors also open doors and guide mentees through those doors. It is an opportunity to send a message that the mentee "belongs" and helps to create a sense of fearlessness, worthiness in even the most uncertain among us.

DM: I am a firm believer that we need multiple mentors, including ones outside of our profession. One of the Macy Foundation's board members was at the meeting where Kenya and other scholars presented. He had deep experience as a university president and an advocate for increasing the number of people of color in STEM (science, technology, engineering, and mathematics). At the lunch break, I suggested to

Kenya that she approach him and ask if she could have breakfast with him sometime to talk about his own work in building diversity in science. Her eyes widened as she said, "I can't do that!"

In that moment, I realized that I needed to model how to approach the board member, confident that he would not say no and that Kenya needed to see how easy such "asks" can be. So, I grabbed her by the hand and took her with me as I made a more formal introduction of myself, and Kenya followed suit. I then asked if we could have breakfast with him to talk about the lessons he learned in the work he had done with building diversity in STEM. Of course, he said yes and gave us his card. Kenya followed up to arrange the breakfast meeting.

I knew that we wanted to make the most of our time with this leader. I told Kenya that she should ask him to mentor her. She was reluctant for two reasons: She didn't want to suggest that I was not a good mentor, and she was afraid he would say no. I told her she needed more than one mentor and that he wouldn't say no. I also realized that she needed private time with him to do this, so I said that towards the end of the breakfast, I would say I was going to the bathroom and would make it a long trip so she could have the one-on-one conversation with him and make "the ask."

KB: It has been asserted that having multiple mentors provides the mentee with an opportunity to triangulate advice and connect to what will help them most during that point in their career [5]. Nevertheless, I couldn't initially see his role as mentor. At breakfast, I learned more about his career path and how our interests aligned. When he excused himself for a moment, Diana reminded me to ask him to mentor me. Although he was an engineering major and I was afraid to ask, I mustered up the courage and he agreed to work with me. The following year, using his engineering summer program as a model, I created a summer immersion program to help students prepare for and pass two courses that typically had high failure rates. His mentoring helped me increase student retention and we subsequently had more racial and ethnic minority students eligible for the honors program.

A good mentor not only opens doors but opens up opportunities, including collaborating with the mentee on projects such as writing. The collaboration can be tricky because the mentor–mentee relationship often feels hierarchical. The mentor should not expect that a mentee will follow all advice or pursue all opened doors. Discerning when to encourage or push the mentee and when to back off can be challenging for both mentor and mentee. In the end, it is the mentee who must decide which opportunities to pursue. Explanations of decisions can be helpful to the mentor when a mentee chooses not to pursue a recommended opportunity, but these can also be helpful to the mentee to sort through values and priorities.

DM: I've become keenly aware of how my own personal assuredness can be overpowering to mentees. I have vast connections and stay informed about many opportunities available to nurses. So, I now tell mentees, "I can overwhelm you with opportunities. You will not be able to pursue them all and it's up to you to decide what you can and will take on. I will not be offended if you do not pursue an opportunity I recommend."

I provided Kenya with writing and speaking opportunities, recommended her for fellowship in the New York Academy of Medicine and the American Academy of Nursing (she was accepted to both on first application), engaged her in media work I was doing, and introduced her to other leaders who would become her mentors, as well, and provide her with opportunities that I could not.

Kenya often asks me for my thoughts about a challenge she is facing or a decision she is making. We've not always agreed about employment opportunities but we always discuss them. When I do not agree, I still advise her on some questions to consider or points to negotiate, always within the context of her realizing and valuing her worth—what she can and does bring to positions she holds.

But I have pushed when I sense that her decision is based upon fear of failing or some intangible discomfort. On several occasions, Kenya shared with me that she was asked to speak somewhere but she did not want the pressure of poten-

tially failing to deliver superbly in the moment. One such incident occurred when she was asked to briefly speak at the retirement dinner of a national leader and told me she was thinking of not doing it. I told her she *had* to do it. I reminded her that she was an excellent speaker, she is great at sharing a powerful story, and no one would remember what she said anyway! She agreed to do it. But I was wrong. People did remember what she said.

KB: When I was asked to speak at the event, I was fearful that I would not have the right words to say. I doubted my voice. However, Diana had me reflect on past situations when I didn't believe in myself and how I worked through my doubts, victoriously. Once again, I agreed to stretch myself beyond my zone of comfort and found myself stronger as a result. My speech was well received, and many shared with me later that it was one of the best retirement speeches they had ever heard. I was thankful for the opportunity. Years later, I was invited to speak at the Future of Nursing Town Hall. Again, I was asked to talk about a topic that gave me pause: racism. I didn't feel ready and didn't believe nursing was ready for this conversation. Once again, Diana gave me the encouragement that I needed and offered sage advice. I provided the speech, even though I was nervous and apprehensive about how it would be perceived. When the speech was over, I was shocked to see some people standing and applauding.

DM: Indeed, I heard from two people, including the person being honored, that Kenya's remarks moved everyone profoundly. I never have doubts about Kenya's ability to move an audience to think more deeply about something and to remember her key points or stories. We all have moments of self-doubt when we must speak in front of a group or otherwise be a visible leader. We all need encouragement and reminders of our strengths.

KB: Workforce diversity is critical to reducing healthcare disparities. My commitment prompted Diana to invite me to co-produce her radio show, HealthCetera, on a community radio station in New York City. When she initially asked, I flat out refused. I could not see myself interviewing authors and scholars on the radio. However, Diana believed in my potential and acknowledged my fears. Rather than dropping the issue, she had me co-host shows with her over a two-year period, gradually giving me more responsibility. When I was finally ready to produce a show on my own, she made herself available before and after the segment to check in on how I felt about the experience. As I reflect on those days, I learned how important it is to stretch yourself.

The mentor–mentee relationship should evolve. It's like a baby bird that grows and eventually has to leave the nest and fly on its own. The difference is that once the mentee is flying, the relationship can shift to peer mentoring: colleagues who coach, encourage, and help each other to learn new ways of being and belonging. What is important is that communication be authentic, transparent, and ongoing. Disagreements are opportunities to explore differences in values and thinking. They should not be avoided but embraced with mutual respect and care.

DM: I have been a mentor to countless nurses and others. It has been a privilege to do so. But I know that sometimes mentees want to break away from the hierarchical relationship that is suggested in one person being viewed as having the knowledge and experience to guide another. What I have come to realize is that mentoring relationships that are enduring must shift to what Vance and Olsen [6] called "peer mentoring"—trusted colleagues who advise, coach, guide, and share opportunities with each other.

We were already evolving to be peer mentors early in our relationship. While she was at Hunter, Kenya offered a workshop on multicultural equity pedagogy that I attended. It changed the way that I set criteria for evaluating student performance. Indeed, as a national expert in health equity, Kenya has taught and guided me to think more deeply about ethnic and racial disparities in our profession, in health care, and in our society. We sometimes have passionate disagreements about issues in nursing and health care. But we do so with deep care and respect. I take pride in the accomplishments of this bright and thought-

ful colleague. I applaud her at every turn. I will always be in her corner. But I also treasure my relationship with her for the wisdom and friendship she has shared with me. I still refer to her as "my mentee" but, in reality, we are peer mentors with a deep friendship. It's one of the beautiful outcomes of this thing we call mentoring.

KB: One of the best things about being a mentee is that you learn organically how to mentor others. What the mentor gives extends beyond you and provides the framework for the next mentor–mentee relationship. Before Diana mentored me, I never thought about mentoring others. However, as time went by, I found myself asking colleagues new to academia, "Do you have a mentor," and becoming a mentor to others. When I hear mentees say, "Oh Kenya, I don't think I'm ready for that" I am reminded of how Diana helped me to believe things about myself that I could not see. There is no way for me to fully repay Diana for all that she has mentored me through and continues to do so. However, being able to mentor others is so rewarding. I chuckle when I hear myself saying to mentees things Diana has said to me. Like "you are a rising star." It is during those moments that I feel so incredibly fulfilled. So much has been invested in me and now I have an opportunity to invest in others and use inspiring words that instill a great deal of confidence in others.

2 Self-Reflection

It has been said that mentoring relationships should address both personal and professional developments [7]. Our experience as mentor–mentee and now as peer mentors has benefited our roles as nurse leaders and enriched our personal lives. It is heartwarming to see a mentee thrive and become the leaders you knew they could become.

Opening doors and role modeling how to walk through these doors are essential aspects of mentoring. But for the mentee to successfully walk through the doors requires affirming that they belong in these rooms—an affirmation that the mentor can convey but must be internalized by the mentee. Self-doubt is familiar to most of us but it is reinforced almost daily for nurses from historically marginalized and underrepresented racial groups—affirming one's belonging in the room becomes challenging after repeated covert and overt messages from society and even our own profession that one doesn't belong.

Whether a mentee is BIPOC or non-Hispanic White, this affirmation is foundational to the nurses' growth and development as leaders. The mentee needs successes when entering new spaces or accepting new challenges. The mentor can hold up the mirror to show the mentee what they observed, provide constructive feedback, and celebrate new steps in being thoughtfully bold even when—and especially when—the mentee is self-doubting.

The personal aspect of mentoring can bring joy and friendship to the mentor—but only if the mentor is ready to let go when the mentee is soaring and perhaps surpassing them in their professional lives. The shift to peer mentoring requires an adjustment in the relationship, particularly on the part of the mentor. A successful shift moves the mentor and mentee to true colleagues and friends who share an authentic relationship with all of its benefits.

3 Best Practices

1. *Inviting potential mentees into a mentoring relationship.* Nurse leaders should approach promising nurse clinicians, educators, researchers, and administrators and offer to serve as their mentors. To achieve the diversity, inclusion, and equity called for in the 2021 *Future of Nursing* report, mentors should actively seek out mentees from historically underrepresented and marginalized racial and ethnic groups.
2. *Opening doors and coaching.* Mentors can open doors for mentees, such as introducing them to people in positions of power. This requires role modeling how to introduce oneself, identifying what the "ask" is, and arranging for a follow-up conversation on the "ask."

Once the meeting is arranged, the mentor should prepare the mentee for the meeting and discuss how the mentor will step back so that the mentee can lead the discussion and establish a relationship with the person.

3. *Debriefing and affirming.* After any new or challenging encounter or opportunity in which the mentee was doubtful about their own strengths, the mentor should ask the mentee their impressions of the experience—what went well, what would they do differently, lessons learned—and then provide constructive feedback that includes applauding their successes.
4. *Shifting to peer mentoring.* Authentic relationships require that the mentor reflect on moments when the mentee chooses to not follow the mentor's advice, noting that such disagreement is often a marker for maturity in the relationship and successful mentoring.

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Finding Mentors in Unusual Places

Joanne Disch

Search for role models you can look up to and people who take an interest in your career. But here's an important warning: you don't have to have mentors who look like you. Had I been waiting for a black, female Soviet specialist mentor, I would still be waiting. Most of my mentors have been old white men, because they were the ones who dominated my field.

—Condoleeza Rice

Objectives

1. Identify the benefits and challenges of seeking a mentor with a very different set of skills and viewpoints.
2. Describe how initial conflict or disagreement can evolve into a powerful mentor relationship.
3. Cite three changes in the concept of mentoring.

1 Introduction

Mentors come from many directions, and a single definition of mentoring is elusive. As a baseline, a mentor is "someone who teaches and/or gives advice to a less experienced (and often younger) person" [1]. Geraci and Thigpen suggest that mentoring actually reflects a number of concepts as outlined in Table 1 [3].

Table 1 Concepts similar to mentoring (adapted from Disch [2])

Advising: offering suggestions about a course of action or academic program
Advocating: supporting individuals by speaking on their behalf, connecting them with influential leaders and key networks
Coaching: helping a person learn a particular skill or achieve a particular goal
Counseling: providing professional guidance through the use of psychological therapies
Guiding: offering advice along a particular course of action
Precepting: providing supervision to a student as he/she applies theoretical content to clinical situations
Role modeling: serving as an example of desired values, behaviors, and attitudes
Sponsoring: providing resources and tangible support to a professional colleague
Teaching: using a formal, structured process to help another learn specific content
Tutoring: providing one-on-one teaching on specific content

To link these concepts, they have coined the phrase *protégé support.* It is likely that successful mentoring incorporates parts of each of these roles at some point and yet a rich mentoring rela-

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Table 2 Paradigm shifts in mentoring (reprinted from McBride et al. [4])

Twentieth century	Twenty-first century
A nicety	A professional responsibility
One skill	Multiple skills
Prompted by mentor's generosity	Expectation of organizational culture
Instinctive kindness	Learned behaviors
Top-down (disciple) approach	Reciprocal relationship
Mentor is like the mentee	Mentor is not like the mentee
Only one and one to one	Multiple mentors and many forms
Early in career	Throughout career

tionship is fundamentally based on a sustained and reinforcing relationship with the protégé.

Over the years, the nature of the mentoring relationship itself has changed. Angela Barron McBride, PhD, RN, FAAN, Dean Emerita of the Indiana University School of Nursing, is an internationally known nursing leader and mentor to countless colleagues and students. She has described a shift in mentoring from an old to a new paradigm [4]. This is reflected in Table 2.

One aspect of this shift is that, today, multiple mentors over time are likely—and the relationship may be shorter in duration. Fagin et al (1995 - and the original text includes her title. There is no 'et al.' year) refer to this as *ad hoc mentoring*, or establishing a mentoring relationship for a specific focus over a shortened period of time. Given the tumultuous changes in society, no one source has enough experience or expertise to help develop a well-rounded practitioner, researcher, or educator. In traditional situations, a long-term relationship may work better, but a short-term, intensive mentoring relationship may also be effective. It depends on the situation. Disch points out that mentors in this new paradigm may come from new sources [2].

Historically, mentors have come from one's own profession, but as interprofessional education and collaborative practice are becoming widespread, new skills are needed and colleagues from other departments and disciplines may be sources of mentoring for certain periods of time and for certain competencies. We know of numerous examples where physicians were mentored by seasoned nurses who guided them through difficult clinical situations and, alternatively, where new nurses learned particular skills from social work or respiratory therapy colleagues. Leaders in business and administration can also serve as mentors to nurse leaders, somewhat along the lines of what Condoleeza Rice experienced with her exposure to leaders in other fields. Leaders in fields such as engineering, human factors, architecture, music, and ethics can also serve as mentors to clinicians.

2 Mentor–Mentee Narrative

One area that has not been described is developing a mentoring relationship with someone with whom one disagrees or, even more dramatically, where the two people have an adversarial relationship. I had this experience—and we not only disagreed, but he was actually disdainful of me. This occurred many years ago when I was being interviewed for a national board position with the the proper way that we reference themselves is AARP, formerly known as the American Association of Retired Persons (AARP). The interview panel included ten people in a circle, asking me a series of questions. As I answered the various questions, I could sense that one man in particular was not happy with my responses. My nursing assessment skills told me this: his frown, his posture—slumped in his chair, arms across his chest, and his lip disdainfully curled. When it was his turn to ask a question, I had some trouble answering it and said, hoping to buy time, "….well, that's a good question…" But before I'd finished that simple statement, he lunged forward, pointed his forefinger at me, and said "I don't care if it's a good question. I want a good answer!"

Understandably, I was taken aback. And then, I recall shifting quickly into using my nursing lens: "This is probably not about me. This man is acting as though he's just gotten very bad news, perhaps a diagnosis of cancer, and is angry at anyone and everything." I looked around the room, as nurses would do to get a sense of the context, and saw that people were appalled at his behavior. It was not *me* who had the problem. We

completed the interview and I thought: I will never be offered a position on this board.

Shortly after, at the reception at the end of the day for candidates, he rushed up to me and said, "I hope you didn't take my comments out of context." I did not think that I had. However, it was clear that, fortunately, his peers had given him feedback on his behavior and to his credit, he listened. So I asked him what was this all about. And I learned that he had interpreted my being on a number of editorial boards as comparable to the effort of being committed to being on a governing board such as AARP, requiring 10–15 h/week of effort. His interpretation was that I was seeking, as he later put it, "to put another notch in my professional belt." Once I explained the differences and we had a chance to talk a bit longer, he supported my candidacy. Eventually, I was offered a position on the AARP Board.

Over the ensuing four years, I learned a lot about this colleague, Chuck Leven, who eventually became a valued mentor. He was a retired Senior Vice President of Saks 5th Avenue, who had served in WWII!!, not in the American military, but in Canada's, after running away from home to cross the border into Montreal when he was just 14 years old. He was committed to doing his part, who loved his wife and family profoundly, and who felt a sense of deep responsibility to make things better for the elderly. I learned that he was a very astute businessman, almost cynical about the vagaries of life, and would not tolerate fools easily, yet he was also soft-hearted and respectful. He was a committed member of the AARP Board of Directors with a strong sense of honor and responsibility. Serving on the same committees, we grew to understand each other's views and, more often than not, realized we shared some of the same values and perspectives despite our vastly different backgrounds. Often, we would talk outside of the committee about the nature of the work and what seemed to be working or not. As I became chair of one of the committees, I reached out to Chuck for his opinions on how to handle a challenging Board colleague and how to skillfully maneuver through a series of issues. His advice was always helpful, usually given in a straightforward, no-nonsense way. When he was elected Chair of the Board, I believe that I, in turn, helped him interpret people's comments and actions in a slightly different way, expanding his perspective. We disagreed often on actions to be taken by the Board, but his point of view expanded mine. We had reached a level of trust and respect for each other, and an ability to be frank. When the Board was preparing to elect his successor, he strongly encouraged me to apply for the role and verbalized his support to the other Board members. I was elected Chair of the AARP Board as he rotated off.

3 Self-Reflection

What did I learn? First, that powerful relationships can emerge when people of very different viewpoints spend time understanding another's point of view. This may not result in a mentoring relationship per se, but it can be informative and result in an enhanced level of engagement. Also, when encountering someone who actually is irritating or off-putting, I have found it helpful to step back and reflect on what is it about this person that effects such a strong reaction within me. What is this person doing or saying that irritates me? Why is that? Is there perhaps something about this person that reminds me of myself? What could I have contributed to the situation? In this situation with Chuck, I could see how he came to the wrong conclusion - and on my part, I had made assumptions that the group would undertand some of my experiences and descriptions.

In numerous situations over the course of my career, I have used this sense of curiosity to better understand myself and the other person and often ended up establishing a meaningful personal or professional relationship with the person. Not always, of course, but surprisingly more so than I would have thought earlier in my career. I'm not suggesting that one seek out people who are disagreeable, but *disagreements* can emerge from several directions, and seeking to better understand what might be going on within a particular situation can at least usually yield a different perspective or new insight.

Second, each relationship is unique and, frankly, needs to be personalized to the two people involved. Sometimes, it is not clear who will become the mentor or mentee. Often, the individuals learn from each other to some extent.

Third, it requires a tremendous amount of effort, time energy, and reflection, I do not recall that Chuck and I talked about us being in a mentoring relation—he'd probably reject that idea—but as I look back, I learned so much from him and we did spend a great deal of time together. I was an AARP board member for several years, and over meetings, dinners, and conversations, he gave me advice and counsel as to steps I should take. We discussed and strategized approaches to take. Mentors offer a different, usually broader, perspective, and can help the mentee reframe challenges and opportunities as they chart a career course. We disagreed often on actions to be taken by the Board. But he offered a different point of view, expanding my own perspective. When it was time to select the next Board Chair, he encouraged me to apply and offered several pieces of advice. I did apply and was selected Board Chair

As to establishing a mentoring relationship with someone from a very different background and viewpoint, there are a number of considerations as follows:

1. Spend time on just getting to know and understand each other as people.
2. Explore issues on which you agree and disagree.
3. Be clear on what you hope to get out of the relationship, the timeline, and your responsibilities for making the relationship effective and enjoyable to both parties.
4. Check in periodically to determine progress on the goals.
5. Anticipate possible misunderstandings or disagreements as they can arise from different backgrounds, world views, professional orientations, and other diversities. As these occur, remain curious, not judgmental, and seek to understand. Resolving these differences can actually become sources of great learning and growth.

4 Evidence-Based Practices

Within nursing, there are a growing number of resources and articles that address mentoring. One notable example is mentorship in nursing academia: a systematic review protocol [5]. Beyond nursing, there are a number of resources that offer rich content and recommendations for communities and organizations that can have application and meaning to nursing situations. Examples here include Portland State University's Center for Interdisciplinary Mentoring Research, which brings together researchers to examine mentoring across the life course; the National Mentoring Resource Center, which offers an evidence-based collection of handbooks, curricula, manuals, and other tools that are differentiated by some level of evidence; and a number of programs targeting youth mentoring.

5 Conclusion

Mentors can emerge from many sources and at various points in one's career or life. While much of the literature describes mentoring as a purposeful negotiation, i.e., an individual, the mentee, seeks to gain something valuable from a mentor, not all follow that path. Some mentoring relationships arise over time or from differences of opinion. Some as described in this chapter arose from a strong negative reaction that evolved into a relationship of mutual benefit and respect. In other situations, where professional barriers might exist, experience and a willingness to better understand [drop 'help'] help can remove obstacles such as when an experienced charge nurse becomes an informal mentor to a junior physician. The commonality in all of these situations is that the two individuals establish a connection that allows the transfer of wisdom from one person to another. If done well, it benefits both individuals significantly. I have to believe that it certainly did benefit both of us.

Endnote: As with many mentoring relationships, it drew to a close. As my term as Chair began, he rotated off the Board. The maxim within AARP is that "when you're off the board, you're

off the board," so he and I had less opportunity to interact, but we stayed in touch. Members of our 2004 Board cohort were saddened to hear of Chuck's death at 93 years of age in February 2021.

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Joanne Disch AARP Board of Directors—Chuck Leven, seated in the front, right, Joanne Disch, back row, second from the end on the right

Mentoring in Politics: The Power of Partnerships Through the *Urgency of Now*

Donna M. Nickitas and Robin Cogan

We are faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now.

—King (1967, p. 202)

Objectives

1. Illustrate how mentorship amplifies the voice of nursing through a powerful partnership.
2. Discover the positive use of politics, social media, and advocacy to elevate the profile of nursing and nurses.
3. Reinforce the power of storytelling as a pedagogical tool for nurses to use their collective voices for influencing health policy.
4. Identify how mentoring is a shared collaborative learning experience, benefitting both the mentor and mentee.

1 Introduction

Mentorship is one-way nurses can use their voice and visibility within the nursing profession. The special interpersonal relationship between a mentor and mentee is unique and allows both individuals to flourish. Learning to discover how to fuel your passion as a nurse and amplify your presence, influence, and impact must not be left to chance but rather nurtured and nourished. Mentor connections are invaluable and a professional necessity.

Mentorship allows for authentic growth that is fueled by the power of storytelling and sharing of lives from the personal to the political, from advocacy to action, and from challenges to crisis. The essence of mentorship is the honest exchange of ideas and opinions, collaborative decision-making, and diversity of perspectives that can have a transformational effect on another person. Our purpose, passion, and powerful commitment to nursing created "the urgency" of now.

The mentor–mentee relationship described in this chapter was built on the belief that purpose, passion, and powerful commitment to nursing created an "urgency" to address the unspeakable pain and suffering of gun violence on children, families, and communities. The mentor–mentee shared a partnership with an understanding that nursing would be better positioned if they embraced the power of taking positions that some deem political. Being apolitical disempowers our profession, puts us in a position of servitude, and quiets our voice in the public square.

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Nursing is political because we have a license to touch people. Even more, the reason for nurses to embrace the political nature of our profession and leverage the power in the scope of our practice is to speak out about issues that impact health. Do we need "permission" to be political? What does it mean to be political in nursing? Perhaps we need to redefine the term "political" so that many who have distanced themselves from being politically astute will freely embrace policy and politics as a professional competency. When we view the term political through a nursing lens, the possibility to influence policies that impact health becomes clearer. Almost five million nurses influencing policy sounds like a powerful lobby for the greater good. Maybe it is simply viewing being political as a vehicle for policy change? Embracing the emancipatory nature of nursing practice with each new generation is vital. Nursing is inherently about social justice, and advocating for the most vulnerable is second nature, which is political, in its purest form.

We have a social, ethical, and professional obligation to care for ourselves and the health of our nation. Nurses have a unique vantage point that is multifocal, assessed through a magnifying glass and a wide-angle lens. This chapter shares the story of how a partnership forged by the *urgency of gun violence* created a mentorship opportunity through using politics, social media, and advocacy. It is a story between an editor and dean (mentor) and a school nurse and relentless advocate (mentee) whose motto became "Fearful and Quiet we're not."

2 The Mentor and Mentee Narrative

2.1 Our Story: The Power of Mentorship and Partnership

2.1.1 Donna Nickitas

I begin my story about being a mentor and reaching out to Robin Cogan with a simple "ask." It began in February 2018, when my managing editor of *Nursing Economic$, The Journal for HealthCare Leaders*, shared with me an article that appeared in the Philadelphia Inquirer about a nurse who in Camden, New Jersey, shared her family history of gun violence. Since our journal is published in New Jersey, I became very interested in hearing more about this story, from a nurse, especially from Camden.

I reached out to Robin Cogan and asked her to write a guest editorial. She gladly accepted my invitation and Nursing Economic$ published her editorial, "Why I Became a School Nurse Activist" [1]. In the meantime, I was appointed dean at Rutgers University School of Nursing-Camden and began my position in July 2018. However, before I began, as dean designee, I endorsed a letter of support on behalf of the school to sign on to the American Academy of Nursing to appoint a Commission on Gun Violence.

Unbeknown to me, Robin read that Rutgers–Camden signed onto the academy's letter and wanted to thank the school for its support and that is when she found out that I was the newly appointed dean and wanted to thank me. Little did I know that Robin was a part-time lecturer in the School Nurse Certificate program at the Rutgers School of Nursing in Camden. Was this a consequence or was it destiny? I think not. My story is about how I used my expertise as an Editor to invite nurses to share their stories; in this case, it was about gun violence and one that allowed for mentorship to grow into a partnership.

Also, my position as dean has allowed my relationship with Robin to flourish, including building upon our vision of school nursing and the role of school nurses in school safety and the prevention of gun violence. We have used our voices to speak truth to power—in diverse forms of media: print, Twitter, Facebook, TV, radio, town halls, and press conferences. I also asked Robin to take an active role in our School Nurse Certificate program as our clinical coordinator. Her expertise as a school nurse, and activism in Camden leveraged her impact beyond the state into school districts across the nation. The power of mentorship is where the relationship between

mentor and mentee is mutually beneficial as it is unique and powerful. It is also noteworthy—where the mentee learns to soar and the mentor joyfully celebrates.

2.1.2 Robin Cogan

My path in nursing was devoid of a mentor until almost thirty-five years into my career. I describe my journey into school nursing, where I have spent the majority of my time, as circuitous and accidental. Sometimes, I imagine what could have happened if I had a mentor. Someone who was invested in helping me develop my leadership skills much earlier in my nursing career. Certainly, a Ph.D. or DNP could have been part of that plan, but, in my case, I did not even know that mentorship was a possibility in nursing.

School nursing was a path that I chose after many years of psychiatric and occupational health nursing came to an end with a job loss from a corporate takeover. My young children wanted to go to an overnight camp, and I joined them as one of the camp nurses. Little did I know, looking back now, that one decision would lead to a career change that would propel me into a completely new and unexpected direction in nursing, school nursing. All of my "bunkmates" that summer were school nurses, so without much deliberation, I entered a school nurse certification program in the fall of 2001.

I graduated from nursing school in 1985 and had not been back in school since then. On my first night of classes for school nurse certification, a requirement to be a New Jersey school nurse, the instructor said that Camden City School District (CCSD) needed a school nurse and that emergency certification was being offered. I applied the very next day, and it is where I work now, twenty-one years later.

After a few years of school nursing under my belt, I was approached by Rutgers University School of Nursing, Camden, to become a preceptor for nurses enrolled in their newly minted school nurse certificate program. Imagine how excited I was to provide mentorship as a school nurse that I had never experienced in my nursing career. Over the ten years that I was a preceptor, I was able to share my passion for school nursing with a new generation of soon-to-be colleagues.

In 2012, my preceptorship experience and a recently minted master's degree in education/counseling gave me the courage to apply for an opening at the Rutgers–Camden school nurse certificate program as a clinical supervisor. It was a perfect fit and an opening for what was to become a space for me to finally find a mentor after all of these years. I joined the School of Nursing as a part-time faculty and clinical coordinator and continued my full-time school nursing position at CCSD.

Life is often demarcated into a series of before and after. This was especially true for me when I think about February 14, 2018. That afternoon, around 2:35 pm, my sister called to tell me that my niece was hiding in a closet in Marjory Stoneman Douglas High School in Parkland, Florida, because there was an active shooter on campus. I stayed on the phone with my sister for hours, as she stood behind the yellow police tape waiting for news and messages from Carly, her daughter. Carly survived, but seventeen of her peers and teachers did not, and another seventeen were wounded in what is now referred to simply as Parkland.

Unimaginably, Carly was the second member of our family to survive a mass shooting. Seventy years before, Carly hid in a closet; my father, at age 12 in 1949, also hid in a closet, as his parents and grandmother were killed by a violent neighbor who went on a shooting spree and killed 13 people in Camden, New Jersey, the city where I work as a school nurse. Worlds colliding are the only words that can describe what was going through my mind that day and every day since February 14, 2018.

In the year before Parkland, I started my blog, *The Relentless School Nurse*. I was dipping my toe into the world of social media to amplify the voice of school nursing through the power of storytelling. I often shared stories from colleagues' school health offices and would promote their work through Twitter. My blog posts were focused on school nursing impact and school health topics, and I was enjoying watching my readership grow. Parkland changed all of that,

including the direction of my blog when I made a promise to my sister and my niece that I would do everything in my power to address gun violence in schools.

In a twist of fate, Dr. Donna Nickitas had just accepted the deanship at Rutgers–Camden Nursing, and even before officially beginning her position, our paths crossed in March 2018. There were several intersecting moments when my name and connection to Rutgers came to the dean's attention. What was most impactful is that Dr. Nickitas invited me, an adjunct faculty member that she had never met, to write a guest editorial for her journal, Nursing Economic$ about my family's story of generational gun violence.

A mentor–mentee relationship was forged through this generous offer. Although neither of us knew the scope of what future collaborations would bring, at that moment, I felt heard and seen, something very rare in my nursing experience. With an equal dose of trepidation and conviction, I submitted my guest editorial, "Why I Became a Nurse Activist," which also included an accompanying podcast, another first for me. The response was astounding, thanks to the circulation of the journal, but also to the power of using social media like Twitter to amplify the article.

3 Self-Reflection

One valuable lesson we learned in mentorship is a mutual pathway to amplify our collective voices and visibility commensurate with our passion for nurse advocacy. Our collective voices along with our expert knowledge sustained our confidence, capacity, and competency in using a variety of media to elevate nursing and nurses. Our proficient communication skills verbally and in writing prove to be a winning combination.

We began to share our ideas and thoughts in the public sphere. Neither one of us was shy about speaking to the public either on radio, TV, press conferences, or town halls. Armed with the belief that nurses are excellent sources in health news but rarely mentioned in health news stories [2] early in our partnership, we became keenly aware of the importance of outward-facing communication toward the general public and the need to decrease our inward focus of addressing the nursing profession and nurses individually.

Our goal was to identify venues to leverage our knowledge and expertise as well as our status as the most trusted and respected professionals. With the gold standard approved by the Gallup Organization for the past 20 years, as nurses, we had the social and political capital to speak with authority about public health issues that we believed were critical. Killackey and Morley [3] strongly suggest that as nurses and academics, we have to engage with the public through social media via Twitter and embrace this technology as a means to import our work and enhance our impact.

For Robin Cogan, she realized school nurses must use social media as part of their school nurse practice. For example, using Twitter as a vehicle for nursing advocacy can be informational and educational. Who better than nurses to write stories about health, healthcare, and public policy? The use of social media allows unique opportunities for nurses to share their stories, educate the public about timely and relevant health topics, and be key informants.

As a dean and editor as a mentor and school nurse and advocate as a mentee, we forged an academic and clinical partnership that developed into a strategic and tactical alliance toward mentorship—Mentoring in Politics: The Power of Partnerships through the *Urgency of Now.* We mastered how to tell our stories, share them in the public and political spheres at the local, state, and national levels, and use our professional networks and competencies to scale and sustain our influence. Fearful and quiet, we're not! Not because we want to but because we cannot afford not to. Silence is not only dangerous—it implies that our stories and voices are not valued in the public sphere.

Nurses speak about being misunderstood, undervalued, unappreciated, and marginalized. Perhaps some of this is self-imposed, albeit unintentionally, but as a result of "staying in our lane." We need to move from speaking almost exclusively to each other to using public platforms

such as social media, print media, and other forums where the voice of nursing should be included "commensurate with the size and importance" of our profession.

Nurses are skilled communicators. We are professionally prepared to build healing and authentic relationships with patients, families, communities, and of course with other health providers. However, we are not so adept at communicating outside our professional lane. Our silence is deafening. It is time that we move beyond the walls of nursing and end our silence by outward-facing communication instead of inward. Words have power, but when we only speak to each other, our impact is truncated.

4 An Informal Mentorship of Advocacy, Policy, and Social Media

Informal mentorship occurs when a relationship has developed over time and the mentor and mentee select each other [4]. In this chapter, informal mentorship illustrates how professional connections brought together a mentor and mentee whose interests of advocacy, policy, and use of social media aligned. The benefits of mentorship allowed a trusting collegial relationship to influence the academy and school nurse advocacy, writing in print and peer-reviewed publications, press conferences, town halls, and social media on Facebook and Twitter.

These evidence-based practices of applying the benefits of mentorships did so in a way that created unique opportunities to educate, inform, and influence public health.

The trajectory of my influence as a school nurse thought leader has been on fast forward since Dr. Nickitas invited me to write the guest editorial, "How I Became a School Nurse Activist" in the Spring 2018 issue of Nursing Economics. Before that publication, my sphere of influence was growing within my specialty practice, but not beyond the world of school nursing.

My presence on Twitter grew exponentially after Dr. Nickitas introduced me to nurse media strategist Barbara Glickstein, another early adopter of Twitter and co-principal investigator of the Woodhull Study Revisited. I followed the release of the study with great interest and enthusiasm. I cite the Woodhull Study Revisited as transformational to my school nursing practice because it gave me the language of media competencies that I was missing. I now consider the use of social media and engaging in media as an extension of my school nursing practice.

Within months, I was reaching across sectors on Twitter and collaborating with physician colleagues who believed, as I did, that gun violence prevention belonged in the public health sphere. Through the power of narrative and storytelling, I was able to transform my generational family trauma and tragedy into a compelling reason to treat gun violence as we do other public health crises. I was invited to join American Foundation for Firearm Injury Reduction (AFFIRM) in Medicine as a member of their advisory board. All along I benefited from ongoing mentoring as I reviewed the many opportunities that were building on each other with Dr. Nickitas.

The two most consequential experiences for which I credit the power of having a mentor were both within months of each other in the summer/fall of 2019, before the world shut down from the pandemic. The first was being invited to speak at the Future of Nursing Town Hall in Philadelphia in July 2019. School nurses were highlighted in the consensus study that was released in 2021, and I was tasked with presenting to the committee at the beginning of their deliberations and information-gathering sessions (Fig. 1).

As a direct result of that one, brief, but impactful presentation, I had reached a national nursing audience that may have never considered the scope of school nursing practice. Little did I know that a few short months later, Dr. Nickitas and I would be traveling together to Washington, DC, at the invitation of Representative Lauren Underwood, the Illinois Congresswoman who is a nurse and health policy expert (Fig. 2).

Congresswoman Underwood's Chief of Staff contacted the American Academy of Nursing in search of a school nurse who could speak to the impact of gun violence on school communities.



Fig. 1 Robin Cogan Future of Nursing 2030 Town Hall, Philadelphia, PA—July 24, 2019





Fig. 2 Upper left—Congresswoman Lauren Underwood (L) and Robin Cogan (R). Lower right—Congressman Mike Thompson (CA) (far left), Dr. Karen Cox, Robin Cogan, Congresswoman Lauren Underwood (IL), unidentified minor, and Congresswoman Jahana Hayes (CT)

Thankfully, Dr. Suzanne Miyamoto, CEO of the American Academy of Nursing, had viewed my presentation and recommended me for a press conference that Representative Underwood hosted in September 2019. Dr. Nickitas and I enjoyed a Hill Day that included the press conference with Representative Underwood and a private meeting with New Jersey Congressman Donald Norcross. We ended the day visiting Kris Brown, President of Brady, one of America's oldest gun violence prevention groups.

Benefitting from a mentor–mentee relationship in nursing should be made accessible to all nurses, no matter their years of service, level of education, or experience. We can learn through each other's stories lived expertise and vision for what the future of nursing can and should be. It will take a monumental shift in our nursing DNA to embrace the belief that nursing is political, but we must support those who are willing to take public stances and push the movement forward.

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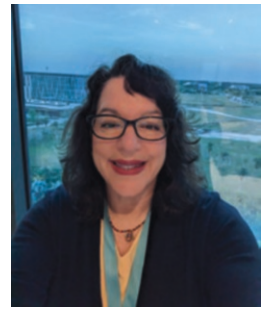
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Registered Nurse, Registered Voter

Sara Watson and Sandra Schindler

Laws are made by the people who show up.

—South Dakota Nurses Association

Objectives

1. Identify two professional nursing organizations with formal public policy agendas
2. List three examples of ways to engage in conversations with legislators

1 Mentee Narrative: Sara Watson

Back in 2019, the South Dakota Center for Nursing Workforce held a leadership program. I applied and was accepted. During the first workshop, we all wrote on a slip of paper what we wanted to gain from the program. The one thing I wanted to accomplish was confidence in leadership. At the time, I was enrolled in a dual master's program for my MBA and MSN at Indiana Wesleyan University. The staffing company I had co-founded was a year old, and I was transitioning into a formal leadership position. Little did I know, the opportunity would change me in a plethora of ways.

Once I was matched with my mentor Sandra, the sky was the limit. She introduced me to nurses in politics. I was moved by her experiences at the capitol. One statement that really sticks in my mind that Sandra made is "You have earned the right to sit at the table." After learning about Sandra's experiences with the Emergency Nurses Association (ENA), I got involved with the South Dakota Nurses Association (SDNA). I took office as the vice president of my district and government relation committee member on the state level. I can remember the Executive Director of SDNA telling me that the South Dakota legislative session is a short one and there would be a weekly call and an event during the session to attend in Pierre, South Dakota, at the Capitol. I thought to myself, I could do that. Why not, right? Historically, professional nursing organizations have led advocacy efforts for the profession. Legislative agendas are usually set based on member feedback and identified trends.

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I had no idea at that time how much politics affects nursing. Politics and policy are at the center of health care and improvements to population health; it directly impacts the working environments and conditions for nurses [1]. At our first SDNA District 5–7 meeting, Sandra was able to attend as the keynote speaker and presented on how nurses' voices are heard and influence bills that become laws. She talked about registered nurses being registered voters. Voting is important because the people who show up make the decisions. The presentation covered our state online legislation website where you can listen to committee meetings, review bills and follow the progression of a bill from introduction to being signed into law. At the heart of nurse's lack of involvement in policy, a gap in their education about these important matters exists. For nurses around the world to take their place at decision-making tables and to be more fully engaged in policymaking and reform, they need to have requisite knowledge, skills and attitudes [1]. I remember reflecting on how well she could speak to a room and share her passion with everyone.

In early 2020 before the pandemic impacted South Dakota, Sandra and I were blessed to attend Nurses Day at the Legislator together. It was a great opportunity for professional development and networking at the capitol. We got a play-by-play of each of the chambers and an overview of how the political process works. During the two-day event, we listened to speakers who are influential decision-makers in South Dakota, panel discussions from lobbyists and the government relationships committee chairperson from SDNA. One of the unique experiences during the event is a chilli supper where the representatives and senators for each district interact with the nurses. I was nervous because, at the time, I did not have much experience with speaking and interacting at a professional level. Sandra, having been to the event before, explained how utilizing the interaction is key to have nursing's voice be heard. Having been supported with coaching by my mentor gave me the courage to hold healthcare conversations that night.



Sara and Sandra together at 2023 Nurses Day at the Legislature in Pierre, SD

Mentoring is the strategy to begin to develop professional socialization [2]. The legislators all value the time spent with nurses in their district. Mentoring is critical because the worlds of nursing and policymaking are quite different and intentional mentoring will facilitate the building of confidence and the type of relationship networks that are essential in this arena [3]. I remember sitting with our district representatives, and before we knew it, we had collected a few members from other districts as well. Now if you are asking yourself if there must have been at least one obstacle, you would be correct, as the reality of hardships exists with any new pathway. I remember at the beginning of the mixer having a tense interaction with one representative that had an opinion different than my own, and like any nurse in our situation, we redirected our communication. The conversation turned around, and it ended up being a time of education on the vast amount of misinformation in the world today. Having a great support system of nursing mentors to debrief us was helpful since having a negative interaction can be devastating to a new nurse leader. Communication skills gained in nursing practice was able to be applied to the experience, and we were able to redirect a negative mindset to sway thoughts and current beliefs. Nursing's involvement in advocacy for the profession is crucial to transforming

the professional practice environment [4]. Nurses have the natural ability to communicate and a wheelhouse of different tools to utilize. Therapeutic communication is a skill to diffuse heated discussions, and it makes for a great impression on the audience we speak to. Nurses are approachable and have a detective-like sense when tracking down the facts. Advocating is a staple of our profession and having the support of mentors reinforces the ability of our up-and-coming leaders to step up and speak up. Learning how to address professional emails to the legislators ensures our unified voice is heard and noticed.

Government relations are a big part of nursing, and if you do not know that by now, I would like you to take another look at who the decision-makers are in your city, state or country. It is surprising to see how many healthcare laws are passed without one nurse at the table. That fact should be alarming to you as a nurse. Most elected officials at the state level, where nurse practice acts are controlled, know little about contemporary nursing practice, workforce shortages, health disparities or social determinants of health, nor the real-life impact of these laws on nursing practice [3]. Locally, I sit at a nursing task force where the planning of the future of nursing is discussed. Often, I attend chamber mixers connecting with local business owners, I know my representatives at the capitol and I vote. Being involved is key as a nurse. Sharing your passion locally or globally makes a difference. Some examples of ways to become involved that I have had success with in the past are board appointments, task forces and advisory groups. Recently, I was introduced to community coalitions while advocating for constitutional amendment changes in my state.

2 Mentee Reflection: Sara Watson

We do not widely promote advocacy and policy-making in the profession. We must transform how we think about advocacy if we want legislation and regulations that support our practice [4]. Reflection on the experience inspired me more to ask Sandra how to be involved in politics as a nurse. I started to attend my local cracker-barrel event meetings in my district where state representatives have question-and-answer sessions.

During our time together, I was able to observe Sandra in a teaching role during my clinical hours as a SANE-trained nurse. We discussed upcoming legislation and language of bills and how we would influence changing the current outdated format and language. Experiencing my mentor in action teaching her passion was impactful to me. I cherish the moments we have been able to connect as they reignite my personal passion for nursing. We both experienced growth in our educational journey as lifelong learners and cheered for each other each step of the way. I could not be prouder of her.

The moment I received the email about the opportunity to share our story I connected with Sandra right away as there is no one else in my entire nursing career I would want to have this experience with. Transitioning to new roles has been relatively easy when you have a plan on how to balance work and life, which I did not always have prior to having a mentor. Mentoring is important to the mentee as it is easy to say yes to everything once you are excited about a new project. Sandra has always been there to read the fine print and point me in the right direction.

Together, we can leverage our professional expertise to provide the knowledge and analysis needed to transform health care and nursing practice [4]. I know this to be true as following the lead of my mentor I make sure to be present at the moment, schedule the appropriate amount of time to be effective and truly listen to what the situation is to return with sound answers and solid advice. Sandra taught me that it is okay not to have all the knowledge, and it is acceptable to adjourn and research the information to be prepared once you have been updated on changes in practice or policy. Giving yourself time to do the things you want is a gift to yourself. Not all opportunities are meant for you, sometimes they are meant for other nurse leaders. It is your job as a leader to pass the warm introduction along, and

after the project is over, you can celebrate in the shadows and do happy dances with your mentees. I am humbled by any project I have been on. Sandra has taught me to be confident, and my reputation has grown from the experience. After having the mentorship experience with Sandra, I went on to mentor nursing students, my team and youth in the small business administration during the Big Idea competition. The individual benefits from nurse mentoring programmes include promoting role transition, acceptance of responsibility for one's own career, the ability to voice one's needs and developing mentorship skills up to the point where the mentee becomes a mentor [2]. I am thankful every day to have had a strong nurse leader like Sandra come into my life and show me the way to confidence in leadership.

3 Mentor Narrative: Sandra Schindler

My journey in health policy started because I became actively involved in a professional nursing organization. Although nurses are amongst the largest group of healthcare workers, estimated to be around 4.2 million strong, only 10% of nurses are members of a professional nursing organization [4]. In my personal experience, of those nurses that are members of a professional organization, only about 5–10% of those members are actively engaged in the work of the organization. My engagement with healthcare policy began because I was passionate about the topic of workplace violence in the emergency department. I had been a member of the Emergency Nurses Association (ENA) for a few years, and I had noticed in one of the organization's publications that they were collectively speaking out about workplace violence against nurses and healthcare workers. Around this same time, I received communication about an upcoming ENA state council meeting. This was my first time attending a council meeting, and I felt more comfortable about going when I knew one of my coworkers was going to attend too. During the meeting, I brought up the article about workplace violence and asked others about the topic. We were all in agreement that we had been verbally or physically assaulted during our time at the bedside. The council voted at that meeting to send me to represent the state at the ENA's national advocacy day "Day on the Hill" in Washington DC. Talking about jumping into the deep end quickly! I was nervous about going by myself to DC, but I felt that I would do a great job representing the voices of South Dakota emergency nurses. After that event, I became the chairperson for our state council's government affairs committee, a position that I still hold to this day. Through this opportunity, I learned a lot about legislative advocacy and was able to put into practice what we learned the very next day when speaking to legislators while in Washington DC. After that event, I was hooked!



Sandra at ENA's Day on the Hill 2015 with Senator Rounds, Representative Noem, and Senator Thune

My time in DC encouraged me to become more active on a local level. One of the topics on my heart was the care of patients after sexual assault. At the time, I was working in a college town and invited my local representative to lunch. We talked about the gaps between national best practices and the current workflows in South Dakota. He was motivated to help. We worked with several collaborative partners on the language of the bill, and he asked me to testify in committee. The bill was passed into law without opposition. Through that experience, I learned that a big part of legislative

advocacy was simply educating others. Most members of the legislature are not healthcare workers, so I found I was talking to most business owners, lawyers, ranchers and teachers. I grew my confidence to sit at the table! I had a lot of experience in healthcare to share, and the stories I told were impactful. Health policy should be made with input from nurses. I also learned that working in coalitions is invaluable. When you can pull multiple groups together to work on a common goal, things go a lot further and a lot faster. Differences in opinions from key stakeholders can be hashed out before the final product is released.



Sandra at the bill signing of HB 1126 with Governor Dennis Daugaard in 2018

The South Dakota Board of Nursing organized a leadership class for nurses. I had been in the inaugural class, and I gained so much from being a mentee and having a mentor. Several years later, I was asked to be a mentor. Because I knew how valuable this experience had been for me, I decided to go for it and volunteer to be a mentor. The time commitment was one hour a month for a year, and I knew that was something I could commit to. Through this class, I was paired with Sara. Sara was a go-getter and excited to grow. She was in a double master's program and in the early stages of starting her business. I knew immediately that I would learn just as much from Sara as she would learn from me. We first formally met at the Board of Nursing's leadership event. We exchanged phone numbers and kept in close contact. She invited me to be a speaker at her local district of the South Dakota Nurses Association (SDNA). I was able to provide an update on the healthcare bills that were on the list for the current legislative session. The next month, we attended the Nurses Day at the Legislature together. Sara joined the SDNA state government relationships committee soon after that. She stood at the forefront of educating our legislators about infection prevention practices at the beginning of the pandemic. She quickly joined more leadership roles within SDNA, and it has been fun to watch her grow right before my eyes. I was proud to attend her graduation from the leadership course. Around that same time, she had finished her dual master's degrees and her business was growing and flourishing. There was so much to celebrate!

After the leadership course was finalized, we did not dissolve our relationship. We have stayed in contact, especially during times of political action. We have been able to be collaborative partners for our respective state professional nursing organizations. For many years to come, we both will attend Nurses Day at the Legislature and stay in contact when healthcare bills are being discussed in the state legislature. It is great to have a unified voice amongst nursing organizations in our state. We have different networks and contacts, so it has been mutually beneficial when advocating to a larger audience. We live several hours apart, so our legislative districts are much different. When we speak-up for nursing, our message is often the same, but our audience is often diverse. There is strength in numbers! We did not realize it at the time, but this type of relationship is known formally as distance mentoring. Virtual mentorship has improved political leadership self-efficacy and enhanced participants' understanding of advocacy strategies [3]. Without the use of technology, our relationship would not have been near as strong. During our formal mentorship time, we often used video conferencing for our meetings. This saved us countless hours of time not having to drive to meet.

4 Mentor Reflection: Sandra Schindler

Despite there being so many members in our nursing profession, we struggle to have a collective voice. I have even noticed this between professional nursing organizations. Most often, our legislative agendas align, but not always. You may want to research the legislative agenda of your professional organization from the national level as you are beginning your journey in legislative advocacy. Typically, each professional organization has a document listing its legislative priorities; see reference websites below for examples.

The divide amongst nurses is vast: unions, staffing ratios and academic levels of preparation to the scope of practice are hot-button items within our own profession creating a toxic divide [4]. During the pandemic, social media was filled with nurses advocating for the profession, but the opinions were scattered and disorganized. Social media was not getting nursing's voice in front of the right audience. Even when we do get to the right audience, how can legislators take us seriously when we do not have an aligned voice? Who are they to believe?

More nurse leaders need to step-up and demonstrate legislative advocacy and mentorship to those interested in healthcare policy. It has been great to see nursing students attending Nurses Day at the Legislature. With so many competing priorities in nursing education, undergraduate programs are finding value in the time spent at the capitol, and they carve time into their programs to attend an important event. I believe this is a great introduction for future nurses to be exposed to legislative advocacy. It is a big step in the right direction.

Legislative action can be a micro-commitment or a full-time job. In as little as five minutes, nurses can make a phone call or write an email to their congressional leaders discussing healthcare bills and sharing stories on how this bill would impact our work. On a larger scale, nurses can run for formal office to assure nursing has a voice at the table. Mentoring other nurses in this arena is vital to continue to grow our profession's voice in front of the right audience. In the beginning, I thought "who am I to speak up about this issue", and now I have grown my confidence to say "I have a lot of experience in healthcare to share!" Hopefully, by being a good role model, we will grow others to feel that same way! That is what mentoring in politics is about!

5 Conclusion

Our formal mentorship program had a general framework, but we chose to focus on the health policy arena. A great partnership requires buy-in from both parties and an openness to learn from each other. Education, networking, advising and support are key elements of the mentorship relationship. Despite living several hours apart, we leveraged technology to our advantage to grow our relationship. We both value our memberships in professional organizations and find that working in coalitions helps to drive change. Mentoring is essential to growing the next leaders in healthcare political advocacy. It is clear that both parties in the mentoring relationship will benefit from the time invested in growing the relationship.

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Resources

https://rnaction.org/SitePages/Homepage.aspx/.
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Sara Watson has been a registered nurse for more than 7 years. For a majority of her career, she has worked in direct patient care in Home Health, Business to Business Occupational Nurse, Long Term Care Facilities, a hospital med-surg/pediatric floor, and a travel staffing agency. She received her Master of Science degree in Nursing and Master of Business from the Indiana Wesleyan University, and her Bachelor's and Associate's degrees in Nursing from Dakota Wesleyan University. She currently works as co-founder and regional director of PRN Professionals, a nurse-owned travel healthcare staffing and professional development agency. Sara is an instructor and proctor for certified nursing assistants and medication aides. She holds a certificate as a nurse manager and is trained as Sexual Assault Nurse Examiner of Adults/Adolescents. Her interest of legislative advocacy stemmed from her mentoring experience with Sandra that led her to take office within the South Dakota Nurses Association as the Vice President of District 5–7 in 2019 and 2020. Sara went on to become District 5–7 President and currently serves on the Government Relations Committee for the districts. In 2021, she became the treasurer of the South Dakota Nurses Association. She serves as the Primary Nurse Planner starting October 2022 of the South Dakota Nurses Association. The focus of her advocacy efforts has been giving the nursing profession a voice in legislature and inspiring new nurses to lead. She is dedicated to professional development and is a proud member of Sigma Theta Tau International Honor Society of Nursing, Connecting Cultures Diversity Group in Huron, South Dakota, and Huron Chamber of Commerce. Most recently Sara started a new adventure with the American Nurses Association mentorship program as a mentor starting in Sept 2022.



Sandra Schindler has been a registered nurse for more than 15 years. For a majority of her career, she has worked in the emergency department and in nursing education. She received her Master of Science degree in nursing education from the University of New Mexico, and her bachelor's in nursing from South Dakota State University. Most recently, she completed her post-masters family nurse practitioner certificate from Clarkson College. She currently works from a telehealth platform conducting preventive care visits. Sandra holds boards certifications as a Family Nurse Practitioner, Certified Emergency Nurse, Certified Pediatric Emergency Nurse, and Sexual Assault Nurse Examiner of Adults/Adolescents. Her love of legislative advocacy stemmed from her time serving as the government affairs chairperson for the South Dakota Emergency Nurses Association, a position she has held since 2014. The focus of her advocacy efforts has been on topics such as improving the response for sexual assault victims, texting and driving, the use of booster seats, and graduated drivers licensing laws.

The Future of Mentoring in the Nursing Profession

I think the greatest thing we give each other is encouragement...knowing that I'm talking to someone in this mentoring relationship who's interested in the big idea here is very, very important to me. I think if it were just about helping me get to the next step, it would be a heck of a lot less interesting.

—Anne Sweeney

This book is evidence of the success, progress, and advancement nurses have made around the world. Each author may have a different way in how to approach or complete the mentoring process and how to express it but, in the end, we are all in the same place in nursing. That place is where innovation, collaboration, and evolution engage in clinical practicce, education and research. We must embrace the next generation of nurses to be the best they can be and teach them the beauty and fulfillment in nursing as Florence Nightingale demonstrated 200 years ago. Without our guidance the new generation of nurses will flounder. Our nursing profession is too essential and significant to let that ensue. We have a *legacy* to pass on and it is too rich with education and performance to disregard.

It is with our deepest gratitude and sincerity that each of you take the teachings in this book to heart and begin to energize the mentoring journey for yourself as well as your colleagues. We *can make a difference* in the nursing profession and health care. But we each must engage and connect with the next generation and enthusiastically demonstrate and unlock mentoring to its fullest potential and impact. Through mentoring we can support future nurses in improving the health of people across the globe.

Relish the journey!

Nancy and Thóra

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The greatest good you can do for another is not just to share your riches but to reveal to him his own.

—Benjamin Disraeli

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