

Rethinking Mentoring

Joanne Disch, PhD, RN, FAAN

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Mentoring has become an accepted component of the professional development of health providers in all specialties, professions, and disciplines. Yet, the concept lacks consistent definition, sound evidence on the elements of good programs, and equitable access by all (e.g., women, underrepresented minorities). Given today's increasingly fast-paced and complex environment, the benefits of a mentoring relationship are probably more essential than ever and yet might be enhanced if traditional assumptions could be relaxed and more creative options employed. This article provides a current overview of the concept of mentoring, its benefits, and its challenges, as well as offering some different ways of thinking about who can be a mentor and what constitutes mentoring.

MENTORING

The concept of mentoring stems from a character in Homer's "The Odyssey"—Mentor—who was asked by Odysseus, King of Ithaca, to guard over his kingdom and serve as a teacher to his son, Telemachus, when Odysseus went to fight in the Trojan War. "Today, we use the word 'mentor' for anyone who is a positive, guiding influence in another (usually younger) person's life." (1). In reality, there are a multitude of concepts that occupy this space. **Table 1** lists some of these concepts (2).

Geraci and Thigpen (2) in their definitive article "Review of Mentoring in Academic Medicine" have coined the phrase "protégé support" to link all of these variants. The authors acknowledge that successful mentors probably incorporate parts of each of these roles but usually engage in a deeper, more sustained and complex relationship with the protégé.

Professor ad Honorem, University of Minnesota School of Nursing, Minneapolis, MN.

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For information regarding this article, E-mail: disch003@umn.edu

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The variability in the definitions of mentoring has predictably led to difficulties in measuring its impact and effectiveness, in conducting research on best practices, and in setting up consistent organizational structures to support the mentoring relationship. Consequently, the results of research related to mentoring are mixed and somewhat difficult to interpret. Nonetheless, the value of mentors and mentoring has become an accepted component of successful professional development.

The extent of mentoring varies greatly and, in many studies, is perceived as inadequate by faculty respondents. In one national sample, 43% of 2,178 respondents said that they had inadequate mentoring which was associated with less institutional support, lower self-efficacy in career advancement, and lower scores on a trust/relationship/inclusion scale (3). Fifty-eight percent of faculty who felt that they had inadequate mentoring seriously considered leaving their organizations, whereas only 14% of those who felt that they had had positive mentoring seriously considered leaving. In the more recent 2011–2014 Faculty Forward Engagement Survey of 24,078 full- and part-time faculty, 30% of the 11,953 clinical respondents reported having a formal mentoring relationship, with 86% of the mentored faculty viewing the relationship as important to them (4). Approximately half of faculty members (51%) without formal mentors still noted the importance of having one.

TYPES OF MENTORING RELATIONSHIPS

For the most part, mentoring relationships consist of a seasoned (although not always older) mentor and a mentee with specific development goals. They engage in a long-term professional relationship that focuses on the development of the mentee in certain areas. However, just as there are numerous definitions of mentoring, there are multiple structures that have been established to support the mentor/mentee relationship. Some were designed due to a scarcity of interested or qualified mentors; others were designed to expose mentees to a wide array of perspectives and learning opportunities. Examples include the following:

- 1) Group peer mentoring: Five cohorts (of 9–12 faculty each) participated in a year-long program with two mentors, meeting once/mo for an entire day and addressing career planning, skill development, and reflective practice (5).

- 2) A mentoring network: A national nurse faculty scholars program implemented a mentoring network for each scholar, consisting of a school of nursing mentor (primary), a university-based nonnurse research mentor (research), and a nationally recognized nurse leader at another university (national) (6).
- 3) Peer to peer mentoring: McBride et al (6) describe the benefits of this format “to assist with networking, collaborate on scholarly or nursing education projects, and provide general support...Peers can provide the “been there/done that” support that family members and friends [can’t provide] and faculty mentors may be too generationally removed to provide” ([6], p. 3).
- 4) Reverse mentoring: Nick Turkal, MD, President and CEO of Aurora Health Care has launched this program, pairing millennial employees with himself and senior leaders to learn from younger staff on desired changes in programs, benefits, opportunities, and strategies.
- 5) Institution to institution mentoring: This approach was used by the New York City Department of Health and Mental Hygiene to increase the capacity of health departments to address chronic disease prevention (7).

BENEFITS OF MENTORING

In spite of the variability in operational definition, a number of positive benefits have been identified as being associated with mentoring: greater career satisfaction, a better fit with their choice of specialty, heightened productivity, a better balance between personal and professional lives, professional development, and greater skill in achieving successful clinical outcomes. In 2016, Stubbs et al (8) found that 95% of academic

TABLE 1. Concepts Similar to Mentoring

Advising: offering suggestions about a course of action or academic program
Advocating: providing personal support of an individual through activities such as connecting them with influential leaders and key networks and nominating them to boards and committees
Coaching: helping a person learn a particular skill or achieve a specific goal
Counseling: professional guidance of an individual through the use of psychologic therapies
Guiding: offering advice along a particular course of action
Role modeling: serving as an example of desired values, behaviors, and attitudes
Sponsoring: an explicit relationship by which a sponsor provides resources and tangible support to a professional colleague
Teaching: a formal, structured process of helping another learn specific content within a given time frame
Tutoring: providing intensive one-on-one teaching to learn specific content or to develop a particular competency

Modified from a table in Geraci and Thigpen (2).

family medicine faculty respondents (of approximately 67% of 1,029 invited to participate) reported that they had received mentorship in several areas, with informal mentoring being the most frequently cited method. In the Faculty Forward Engagement Survey (4), faculty members with mentors responded significantly more favorably to a number of dimensions, such as interest in professional development, satisfaction with the pace of professional advancement, one’s “fit” within their department, clarity of role, and promotional requirements. Mentees in effective mentoring relationships can gain different perspectives, develop new networks and contacts, gain access to new resources, and expand their insights into the bigger picture, whether it be their organization, career, or worldview.

Organizations can also benefit from having successful mentoring programs within their structure. These can include more satisfied and productive faculty, greater retention, greater frequency of scientific collaboration among scholars, and enhanced scientific reputation. Luke et al (9) found that successful mentoring relationships led to future benefits, as well. For every additional mentoring relationship established in the first year of three years being tracked in a project at the National Institute of Mental Health, the likelihood of scientific collaboration in year three was increased by almost 7%. This took the form of new research, grant submissions and publications.

Conversely, it is predictable that an unsuccessful mentoring relationship can lead to negative outcomes. These can arise through a mentor’s abuse of power, when the mentor is inexperienced or incompetent or when either mentor or mentee fails to honor the conditions of the relationship—which assumes that these were clearly and thoughtfully laid out at the beginning of the relationship.

Two groups that have not enjoyed the same opportunities from mentoring are women and underrepresented minorities in medicine (URMM). Blood et al (10) raised the question of “Academic women faculty: Are they finding the mentoring they need?” and answered that although women comprise an increasing proportion of U.S. medical school faculty, they are underrepresented at higher ranks, and a lack of effective mentoring may be contributing to this disparity. In a study they conducted, of 1,179 women faculty who responded, only 54% had a mentor and 72% without a mentor desired mentoring. In 2016, Surawicz (11) echoed this question, describing the glass ceiling (the invisible barrier to advancement) and the leaky pipeline (the loss of women faculty along the path to advancement). Her recommendations are as follows: improving institutional culture, assuring that women advance as rapidly and equitably as men, providing resources to help with all aspects of work-life balance, and providing adequate mentoring and leadership development

In 2013, Pololi et al (12) reported on a survey of 4,578 MD and PhD faculty from 26 U.S. medical schools, with 23% (512) being URMM. URMM faculty had higher leadership aspirations than non-URMM faculty, yet reported lower perceptions of relationships/inclusion, gave lower scores on institutional equity and efforts to improve diversity, and 22% of URMM (115) had experienced racial/ethnic discrimination. In 2013,

Beech et al (13) conducted a comprehensive review of published mentoring programs designed for URMM faculty to identify “promising practices.” Of 73 citations identified, a subset of 13 programs were selected for review. Most evaluated programs on productivity and satisfaction with program content. A variety of training experiences were described and barriers identified, such as time-restricted funding, inadequate evaluation due to only a few participants, and difficulty addressing institutional challenges faced by URMM faculty. The team concluded that URMM faculty often experience unique career challenges and that more institutionally supported mentoring programs are needed, along with detailing plans for program sustainability.

Paradoxically, in the Faculty Forward Engagement Survey, significantly higher proportions of female than male faculty members reported being in a mentoring relationship (34.6% vs 28.3%) (4). Similar trends existed for ethnic minority faculty vis-a-vis ethnic majority faculty members (35.9% vs 30.2%) and for junior versus senior faculty members (42.6% vs 19.8%). The authors noted that there might be bias in the findings, as women and majority race faculty were overrepresented in the respondent pool. It is not surprising that junior faculty members might be more likely to be in an explicit mentoring relationship than senior faculty.

WHAT TO LOOK FOR IN A MENTOR

The relationship with a mentor is usually a very personalized decision, based on where the mentee is on his/her professional journey and what goals have been identified. Mentors offer a different, usually broader, perspective and can help the mentee reframe challenges and opportunities as they chart a career course. Thus, mentors are rarely used to give pragmatic advice on daily situations that face the mentee but rather focus on longer term situations and options.

Historically, mentors in academic settings have been selected because of their expertise within a particular clinical specialty or the perception of their influence in shepherding younger professionals through challenging political climates. As one physician colleague noted: “Good mentors guide. Bad mentors diagnose.” Another admonished mentors to “always be humble and kind.”

C. Kilo (personal communication, 2017), CEO of GreenField Health, Portland OR, drew from his own experience when he observed: “The best mentors are those with keen insight into personal behavior and the ability to observe and critique, completely with the learner’s best interest in mind. Great mentors deliver that feedback in a generative way to the recipient. Finding a mentor willing to be very honest can be a challenge.”

Tian (14) interviewed approximately 100 leaders across several industries, seeking to understand better what they do to successfully judge and develop the talent within their organizations. In short, they mentor in ways that create better leaders of the mentees than creating better followers. Four characteristics distinguish the better, more effective mentors:

- 1) “They put the relationship before the mentorship.” This requires a baseline chemistry between the two—and avoiding a “check the box” procedure mentality of traditional mentoring.
- 2) “They focus on character rather than competency.” Going beyond the mastery of skills and competencies, great mentors focus on shaping character, values, self-awareness, empathy, and capacity for respect.
- 3) “They shout loudly with optimism – and keep quiet with cynicism.” Mentors need to be givers of energy, not takers. Even outrageous ideas warrant some consideration and may work.
- 4) “They are more loyal to their mentees than to their companies.” Great mentors serve as anchors and guides within an organization, helping individuals be successful or, at times, helping them think through finding a better fit. At times, a good mentor will help someone move away from the organization.

An interesting twist on what makes for a good mentor comes from Vance (15), author of the award-winning book “Hillbilly Elegy.” While mentoring within the professional discipline is critically important, so too is mentoring in life skills and everyday experiences. Admitted to Yale Law School, and yet feeling an imposter since he had come from the hills of Appalachia, he wrote about the enormous value of social capital that comes from networks and a mentor—and leads to a better overall life, not just career:

Social capital is all around us. Those who tap into it and use it prosper. Those who don’t are running life’s race with a major handicap. [It’s] the networks of people and institutions around us...They connect us to the right people, ensure that we have opportunities, and impart invaluable information. Without them, we’re going it alone.

My professor gave me permission to be me. It’s hard to put a dollar value on that advice – Social capital isn’t manifest only in someone connecting you to a friend or passing a resume on to an old boss. It is also, or perhaps primarily, a measure of how much we learn through our friends, colleagues, mentors. I didn’t know how to prioritize my options, and I didn’t know that there were other, better paths for me. I learned those things through my network – specifically a very generous professor

GETTING STARTED WITH A MENTOR

Paying adequate attention to several key steps can enhance the likelihood of success with a mentor.

- 1) Thoughtfully reflect on what you exactly want to gain from a relationship with a mentor.
 - a) Are you seeking a sounding board? Someone to challenge your thinking? An experienced leader in your specialty who can share insights and learnings? A successful role model who has achieved certain milestones?
- 2) Invest adequate time in identifying the person with the greatest experience in this area.
 - a) Is the person trustworthy and would keep confidential your work together? Is the person interested in the development of others? Does the person have adequate experience and expertise in your areas of focus? Can the person devote the necessary amount of time?

- 3) Clearly convey your goals and hopes to the mentor, what you hope to obtain from the relationship.
- 4) Create some structure as to the timing and nature of the interactions.
- 5) Convey your appreciation for the mentor’s insights and support.
- 6) Treat your communications with respect.

“Mentors are people too.” K. Weiss (personal communication, 2017), Senior Vice President for Institutional Accreditation at the Accreditation Council of Graduate Medical Education shared this quote, pointing out that the mentor/mentee relationship is not unidimensional and that mentees can bring something very significant to the relationship and do have responsibilities as well. Healey and Welchert (16) included this perspective in their early definition of mentoring: “a dynamic, *reciprocal* relationship in a work environment between an advanced career incumbent (mentor) and a beginner (mentee) aimed at *promoting the career development of both*. [emphasis added in italics by author]”

Mentees have a responsibility for respectfully interacting with their mentor, for listening to their points of view, for expressing appreciation for the commitment of time and energy, and for contributing actively to sessions together. Depending on the situation, mentees can bring their own insights and experiences into the conversation, expanding the mentor’s knowledge and perspective. On occasion, there can be mutual mentoring as when one person in the relationship has expertise and experience in one area, and the other person has a rich background in another area that benefits the other partner. When appropriate, mentees can tangibly recognize the impact of the mentor’s counsel on their careers and success. This recognition can take several forms: letters of appreciation, nominations for professional awards, citations in publications and presentations, coauthorship when the mentor has substantively contributed to the work, and

PROFESSIONAL GENEROSITY

In satisfactory mentoring relationships, there is a sense of professional generosity. “Professional generosity is an experience in which one’s expertise or assistance is freely shared with another. There is a spirit of willingness, openhandedness, magnanimity, collegiality.” (17). Professional generosity is tangible when colleagues willingly invest time and energy in critiquing each other’s research proposals or manuscripts, when senior faculty share their wisdom with junior faculty, when mentors introduce their mentees to influential people in their field and make sure that the mentees are making the right connections, when faculty members share lecture notes or materials with others, when leaders give credit to—and make a point to publicly praise—their subordinates for work well done.

On the other hand, mentors can demonstrate professional stinginess when they withhold helpful information or other resources from their mentees; when they take credit for the work of their colleagues or mentees; when they denigrate the work of others; or when they advance themselves at the expense

of others, such as demanding first authorship and getting themselves appointed to prestigious committees. One particular form of professional stinginess occurs when senior faculty, or mentors, are inaccessible for long stretches of time, requiring the mentee to spend time repeatedly seeking to schedule meetings, often resulting in delaying the mentee’s timeline.

A PARADIGM SHIFT IN MENTORING

Angela Barron McBride, PhD, RN, FAAN, Dean Emerita of the Indiana University School of Nursing and a highly regarded mentor within the international nursing community, has outlined several aspects of a new paradigm in mentoring. These are reflected in **Table 2** (6).

As society and healthcare become more complex and change continually, healthcare professionals need new options for developing their capacities and competencies. No one source has enough experience or expertise to help develop a well-rounded practitioner, researcher, or educator. Thus multiple mentors, over time, are more likely, and the relationship may be shorter in duration. Claire Fagin, PhD, RN, FAAN, former Interim President of the University of Pennsylvania, calls this “ad hoc mentoring” or establishing a mentoring relationship for a specific focus over a shortened period of time. This also suggests that healthcare professionals might have more than one mentor at any time.

And where can mentors come from in this new paradigm? One source can be from outside one’s own profession. As inter-professional 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.

There are also numerous anecdotes shared by physicians about the mentoring they received early in their careers from seasoned nurses who shepherded them through the difficult and, sometimes, demoralizing first days of clinical practice. A comment from one intensivist underscores this point: “It may sound strange – but my most helpful mentor was the charge nurse of the ICU who took me under her wing and helped guide me through those first few months.”

TABLE 2. Paradigm Shifts in Mentoring

20th Century	21st 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 = like mentee	Mentor = not like mentee
Only one and one to one	Multiple mentors and many forms
Early in career	Throughout career

McBride et al (6). Reprinted with permission from Elsevier.

A second source of mentoring can come from someone with whom the professional disagrees initially. I had this experience, and we not only disagreed but he was actually disdainful of what I was saying. Fortunately, we were able to sit down and sort out what was happening in that interaction; he acknowledged that he had misunderstood my point of view, and over time, we continued to meet and exchange views on a number of things. Eventually, he became a valued mentor, not in nursing but in guiding me through the intricacies of serving on the national board of AARP, formerly known as the American Association of Retired Persons. In his role as chair, he continued to offer guidance and advice and helped groom me to become the eventual chair of the board. From his initial disdainful reaction, I found an intelligent, strong-willed, outspoken, and professionally generous friend, colleague, and mentor.

In conclusion, engaging in a reciprocal and intentional mentoring relationship for the purpose of professional growth and development can be one of the highlights of a professional career. How this relationship unfolds, what it looks like, who is involved, and over what period of time are aspects that will be as individualized as the two people engaged in the relationship. The key element is the commitment that each person brings to enriching the experience and to being of service to the partner in the relationship.

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