A Mentoring Framework

for Queensland Continence Clinicians and those with a special interest in continence

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Home and Community Care/Medical Aids Subsidy Scheme
(HACC/MASS) Continence Project

Queensland Government

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HACC/MASS Continence Project
Medical Aids Subsidy Scheme
41 Southgate Ave (PO Box 281)
CANNON HILL QLD 4170
contpro@health.qld.gov.au

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Introduction

Mentorship is an identified need for Home and Community Care continence services clinicians throughout Queensland, according to feedback provided at education sessions undertaken by the Home and Community Care/Medical Aids Subsidy Scheme (HACC/MASS) Continence Project, and the HACC Continence Review Report (Christiansen, 2004).

Mentorship can be used as a framework to enable clinical best practice development to promote efficient and effective client and service health care outcomes. A mentoring framework assists with the development of further knowledge and skill for novice and expert continence clinicians.

The mentoring framework has been implemented by the Continence Project team who have a key role in the facilitation and coordination of the process. Those interested in becoming a formal mentor or mentee are invited to email contpro@health.qld.gov.au. This package is relevant for all clinical/health professional streams and has been formulated for use by all continence services throughout Queensland.

Section 1 - About Mentoring

1.1 Why implement a mentoring framework?

The establishment of a mentoring program for continence clinicians throughout Queensland aims to:

- promote career development principles
- support clinicians working in a rapidly changing environment
- provide access to an enabling relationship based on individual needs
- ensure that knowledge and skill development opportunities are identified and fostered for the benefit of both the individual and the organisation
- provide a cost-effective method of developing knowledge and skill development
- improve recruitment and retention of staff
- improve organisational communication, understanding and productivity
- promote the development of an organisational learning culture through encouraging people to gain from each other by sharing experiences, knowledge and skills
- help bridge the gap between training programs and clinical application
- provide the public with a better service by the contributions of the developed professionals
- build and promote confidence in all clinicians who participate (Grindel, 2004).

One of the great advantages of mentoring is that it can take place outside a structured program. A successful mentoring relationship can be established and maintained if information about the process is available, and the active support of clinicians in areas such as employment equity and staff development is offered.

Ultimately the responsibility rests with the potential mentee to identify and approach a relevant and suitable mentor.

1.2 Mentoring defined

The first concept of mentoring was identified by Homer (cited in McKinley, 2004), in his poem the Odyssey, which reflects the development of culture and values directly from other humans who one looks up to or admires. The mentoring relationship between an experienced and a less experienced employee is based upon openness, encouragement, constructive comment, mutual respect, trust and a willingness to learn and share (Spencer, Tribe, & Sokolovskaja, 2004). Primarily, the term mentor is used to describe the role of a person who acts as a supporter, friend, adviser, guide, teacher, sponsor, coach, role model and confidant (McKinley, 2004).

Morton's 1993 definition of a mentor is used for the purposes of this "Mentoring Framework for Continence Clinicians". A mentor is:

> *"someone who provides an enabling relationship that facilitates another's personal growth and development. The relationship is dynamic, reciprocal and can be emotionally intense. Within such a relationship the mentor assists with career development and guides the mentored through the organisational, social and political networks (Morton-Cooper & Palmer, 1993).*

1.3 The difference between preceptorship, coaching, buddying and mentoring

Terms used to define similar types of support are often thought to be interchangeable or mean the same (Grindel, 2004). Essentially the differences between these terms are as follows:

1.3.1 Preceptorship

Preceptorship is a short-term educational relationship, which provides newly qualified (or returning) professionals with clinical, task-oriented teaching and learning and is primarily concerned with the achievement of pre-determined levels of competence. Therefore the relationship often finishes with the achievement of set competencies (Smith, McAllister, & Crawford, 2001).

1.3.2 Coaching

Coaching, according to Pasloe (cited in Whyte, 1997) is "…directly concerned with the immediate improvement of performance and development of skills by a form of tutoring and instruction" (Whyte, 1997). Coaching is usually spontaneous or a short-term project/assignment and relates to a problem solving activity (Smith, McAllister, & Crawford, 2001).

1.3.3 Buddying

Buddying is a system primarily used to meet orientation needs rather than comprehensive transition support. It utilises several experienced clinicians from a work area to act as resource staff for new employees. The employee may have a different buddy each day, thereby reducing the continuity and coordination of support. The buddies may also have no/little formal education in teaching and learning and the outcomes are reliant on the buddy's individual abilities (Queensland Health, 2001).

1.3.4 Mentoring

Mentoring provides a broader, less specific perspective that assists with career development and guides the mentee through the organisational, social and political networks. The mentoring relationship is generally a long-term personal relationship based upon encouragement, constructive comments, openness, mutual trust, respect, and a willingness to learn and share. It requires the skills of active listening and questioning.

The relationship is both enabling and dynamic and provides the mentee with the opportunity to:

- form a developmental relationship
- identify how the organisation works and what the culture is
- decide on what the organisation expects
- seek information from another experienced source
- progress professional career development (Queensland Health, 2001).

1.4 Mentoring Processes

The Mentor Framework for Continence Clinicians primarily focuses on a one-to-one relationship for mentoring, in which the experienced person assists the less experienced through regular communication. It can be described as a three step process of reflecting, reframing and resolving to empower the participants (McKinley, 2004), and a process of introduction, goal setting, troubleshooting and evaluation (Andersen, Kroll, Luoma et al., 2002). Mentoring can be conducted either through formal or informal processes, involve one or more mentee and employ peer and distance mentors, and may occur across primary, secondary and tertiary settings according to need and service ability.

Recent literature indicates that the structure of mentoring is not as important as the quality of the mentoring, and both formal and informal mentoring skills should be promoted to foster a culture that results in high quality mentoring.

1.4.1 Formal mentoring

Formal mentoring occurs when the mentoring relationship is facilitated and supported by the organisation, so that a large pool of participants can benefit. While the mentoring structure varies between organisations/facilities, generic guidelines, resources and tools are used to support the creation and maintenance of mentoring relationships (Spencer, Tribe, & Sokolovskaja, 2004).

1.4.2 Informal mentoring

Informal mentoring is a supportive relationship that develops spontaneously or informally without assistance from the organisation.

The relationship may:

- "just happen"
- be initiated by the mentor taking a special interest in the mentee, perhaps as a result of the mentee being identified as a high-potential employee in a succession planning/management initiative
- be initiated by the mentee who approaches a mentor and explains his/her intentions (Spencer, Tribe, & Sokolovskaja, 2004).

1.4.3 More than one mentee

In some organisations there may be a shortage of suitable mentors. If the parties are willing, a mentor may have two or three mentees, communicating/meeting with them separately or, where appropriate, as a group. The group situation can allow the mentees to benefit from each other's experiences and opinions (Spencer, Tribe, & Sokolovskaja, 2004).

1.4.4 Peer mentoring

In rural and remote work locations colleagues may mentor one another, with the emphasis on mutual support, co-operation in researching areas of common interest, and setting time scales and goals for ongoing work and projects. The mentoring relationship may alternate between colleagues, dependant on levels of experience and expertise in different areas (Spencer, Tribe, & Sokolovskaja, 2004).

1.4.5 Distance mentoring

Distance mentoring may be suitable where parties agree to conduct their mentoring relationship primarily by phone, fax, e-mail, video conference, telehealth etc., with communication/meetings whenever circumstances allow. This form of mentoring generally works best for people in rural/remote areas where parties know each other or have had the opportunity to form a prior relationship (Spencer, Tribe, & Sokolovskaja, 2004).

Section 2 - Aims and Objectives of the Mentoring Framework

The aim of the Mentoring Framework for Continence Clinicians is to provide and promote strategies to implement mentoring for clinicians within an organisation/agency.

The objectives of the framework are to:

- assist in the promotion of a culture of life-long learning
- provide mentees with opportunities to set clinical development goals
- assist mentees to participate in organisational activities and increase their clinical contacts through networking
- contribute to the development of a knowledgeable and skilled workforce across Queensland
- improve job satisfaction
- contribute to the retention of staff through the provision of a formal/informal support person
- enhance the performance and development of professional knowledge and skills
- enhance organisational knowledge and skills required for career development and succession management.

2.1 Outcomes

Positive outcomes that may be achieved through implementation of this framework include:

- a mentoring program that is structured, sponsored and supported
- mentees and mentors who take responsibility for professional growth by committing time and effort needed to achieve a successful mentoring relationship
- mentees and mentors who seek opportunities to enhance their career
- mentees and mentors who demonstrate increased knowledge, skills, competence and confidence
- a pool of appropriate and experienced staff to fulfil mentor roles
- a mentoring program with a focus on developing leadership and management knowledge and skills with links to other staff development strategies
- a professional ethos among staff of continuous learning
- greater retention of staff (Grindel, 2004; McKinley, 2004).

2.2 Benefits to the mentee

The benefits to mentees include:

- acquisition of knowledge, competencies, skills and professional experience
- increased potential for career mobility and promotion
- improved understanding of roles and relationship within organisations
- a supportive environment in which successes and further development opportunities can be evaluated
- networking opportunities
- recognition, satisfaction, confidence and empowerment (McKinley, 2004; Smith, McAllister, & Crawford, 2001; Spencer, Tribe, & Sokolovskaja, 2004).

2.3 Benefits to the mentor

The benefits to mentors include:

- opportunities to test new ideas and gain further knowledge
- renewed enthusiasm for their role as an experienced employee
- challenging discussions with people who have a fresh perspective
- opportunities to reflect upon and articulate roles and responsibilities
- improved ability to share experience, knowledge, competencies and skills
- positive contribution to professional development of colleagues (Andrews & Wallis, 1998; Smith, McAllister, & Crawford, 2001; Spencer, Tribe, & Sokolovskaja, 2004).

2.4 Benefits to the organisation

- improved delivery of services through more informed and skilled staff
- potential for reduced recruitment and selection costs as a result of higher employee retention
- improved communication between separate areas of the organisation
- support networks for employees in times of organisational change
- staff with enhanced people-management skills and leadership skills (Smith, McAllister, & Crawford, 2001; Spencer, Tribe, & Sokolovskaja, 2004).

Section 3 - Scope of the Framework

3.1 Target population

The framework is relevant for all clinicians and others involved in the delivery of continence services across Queensland who are willing to engage in a mentoring relationship.

3.2 Framework components

To effectively facilitate the implementation of mentoring within organisations and to support the exchange of behaviours through the mentoring relationship, the following components have been included:

- characteristics and attitudes
- roles and responsibilities
- boundaries, barriers and concerns
- guidelines for implementation
- quality processes
- an example of agreement, analysis and evaluation tools.

3.3 Characteristics and attitudes of mentors and mentees

It is important that the mentor is able to demonstrate appropriate characteristics, attitudes, knowledge and experience in order for them to act as 'people developers'. Mentors need to be committed to their own development and fulfil logistic requirements.

Characteristics necessary for mentors and mentees include:

Attitudes	Abilities
assertiveness	leadership skills
commitment	ability to work with diverse opinions
confidentiality	ability to engender enthusiasm
discretion	listening skills
honesty	effective communication
loyalty	ability to identify opportunities and encourage
motivation	ability to see the best/potential in others
openness	ability to act as a role model
patience in difficult situations	ability to accept change
positive attitude to work position	problem-solving skills
realism	investigation skills
respect	ability to provide constructive feedback
	ability to challenge, analyse and evaluate
	ability to view problems differently to mentee and challenge assumption (Murray & Owen, 1991)

3.4 Boundaries, barriers and concerns

A number of boundaries and barriers to, and concerns about successful mentoring relationships have been identified in the literature. When implementing a mentoring framework these issues need to be considered, discussed with key stakeholders and addressed accordingly in order to maintain quality outcomes. Examples include:

- mentoring may be time-consuming and emotionally draining, especially in the initial stages of the relationship
- mentors may develop attitudes of superiority which may result in exploitation, fostering of dependency, anxiety, manipulation or inappropriate demands for loyalty from the mentee
- failure to measure outcomes
- lack of appropriate commitment support and/or sponsorship from the organisation
- withdrawal from the relationship
- peer resentment of mentee-mentor relationship
- lack of appropriate resources.

Within the mentoring relationship, the mentee may wish to discuss issues that are outside the scope of the mentoring role, for which the mentor may have inappropriate experience or skills. It is important that, should these issues arise, both parties recognise the limitations of the mentoring relationship. When a mentor is not qualified to offer advice, they must refer the mentee to other sources. Specialist counsellors may be required to deal with issues arising such as personal relationships, harassment, ill health and family issues.

Professional and organisational grievances should be managed through the local organisational processes and networks (Casey & McKavanagh, 2001).

Section 4 - Roles and Responsibilities

To facilitate the success of the Mentoring Framework for Continence Clinicians all participants must understand and apply their roles and responsibilities accordingly.

4.1 Mentor's role and responsibilities

The main purpose of the mentor is to provide another source of support and an alternative means of assisting/supporting mentees with their individual development.

The mentor's role and responsibilities include:

- meeting regularly with the mentee/s both formally and informally, and keeping mentee/s advised of availability, e.g. setting specific time frames
- listening to mentee/s needs, issues, concerns, aspirations and expectations
- facilitating the mentee/s personal, professional and organisational development
- motivating and supporting mentee/s in the achievement of goals and appropriate referral to resources
- providing information, guidance and constructive comments
- assisting the mentee/s to consider and evaluate various options and supporting further development in relation to roles and agreed performance
- facilitating and evaluating the mentee's decision making and problem solving
- maintaining confidentiality of matters discussed
- reviewing and evaluating the relationship with the individual mentee or mentor group
- maintaining a professional relationship
- acting as a role model, representing values and ethical standards
- providing evidence of mentee/s achievements
- notifying organisational line manager about the role and in the following circumstances:
  - difficult situations with mentee/mentor group
  - changes in the ability to provide support
  - mentee/mentor group not achieving predetermined goals/expectations
  - recognising and acknowledging when it is time to relinquish the role of mentor and doing so with good grace.

(Casey & McKavanagh, 2001; Smith, McAllister, & Crawford, 2001; Spencer, Tribe, & Sokolovskaja, 2004)

4.2 Mentee's role and responsibilities

This process will assist the mentee to identify and achieve individual and career development goals and expectations through the provision of support, guidance and assistance by the mentor.

The mentee's role and responsibilities include:

- identifying and achieving new knowledge and skills applicable to their career
- seeking guidance and advice related to ongoing developmental opportunities
- actively accepting responsibility for own development, decisions and actions
- acting on 'expert' and objective advice, and relating this to evidence-based practice findings in the area

- completing tasks and projects to a satisfactory standard by agreed times
- being receptive to feedback and coaching
- maintaining confidentiality of matters discussed in the mentor meetings and noting this as an expectation of mentor/s
- allocating time to complete developmental tasks and prepare for the meetings with mentor and/or mentor group
- keeping mentor/s advised of availability and making specific time to see them
- notifying line manager and framework coordinator after discussion with mentor in the following circumstances:
  - difficult situations with mentor/mentor group that are unable to be resolved
  - changes in ability to be able to achieve predetermined roles and expectations
  - perceived lack of support, guidance and direction from mentor
- recognising and acknowledging when it is time to end the mentoring relationship.

(Casey & McKavanagh, 2001; Smith, McAllister, & Crawford, 2001; Spencer, Tribe, & Sokolovskaja, 2004)

4.3 Line manager's roles and responsibilities (formal mentoring process)

Line managers can contribute by becoming a mentor, encouraging other relevant individuals to be mentors, facilitating and supporting the mentoring of less experienced staff, and participating in mentoring networks.

The role and responsibilities of the line manager include:

- setting work goals and targets
- ensuring work goals and targets are achieved
- facilitating the employee's performance and development
- appraising performance and providing feedback
- liaising with the organisation/facilitator and/or mentors, as necessary.

4.4 Framework coordinators roles and responsibilities

The role and responsibilities of the framework coordinator include:

- receiving applications from prospective mentors
- receiving expression of interests from mentees
- facilitating the mentoring partnership
- providing training and support for the mentors
- facilitating the evaluation process
- developing and disseminating reports.

Section 5 - Implementation

5.1 Matching of formal mentors and mentees

The success of formal mentoring relationships is dependent on several key factors such as the mentor's experience, knowledge, skills, and professional/organisational knowledge. The mentor should purposefully seek relevant opportunities for the mentee, and be aware of and apply the principles of succession management/career development in assisting the mentee.

There must be an agreement by both mentor and mentee to invest time, skill, knowledge and emotion into the relationship (Casey & McKavanagh, 2001).

5.2 How to become a formal mentor/mentee

If a person is interested in becoming a formal mentor they should:

- discuss the possibility with their line manager
- email an expression of interest to contpro@health.qld.gov.au outlining your special interest in continence

5.3 Informal mentorship relationships

Any person may act as an informal mentor. This relationship is created spontaneously between a mentee and a mentor without any assistance from the organisation. A mentee may approach and explain their intentions to an individual whom they have identified as someone to:

- assist the mentee in succession planning, management and career development
- be trusted and who will take a special interest in the mentee.

As the organisation is not involved in informal mentoring there is no eligibility criteria to be met. However, if both parties are agreeable, the mentee's line manager should be advised of the mentoring relationship and continuous quality activities implemented.

Section 6 - Quality Processes

6.1 Mentoring agreement

At the initial meeting between the mentor and mentee, it is important to agree on some basic principles and the purpose of the relationship. A clear statement of the expectations for both parties and the goals to be achieved will assist the relationship to produce the desired outcomes and assist with reviewing and evaluating the relationship.

A Mentoring Agreement form is attached (See Tool 1).

There is no formula for how often the mentee and mentor should communicate, or the length of a mentoring relationship. They may choose to make contact frequently, or when there is a need to address particular issue (e.g. an upcoming position, course assignment or project). Regular reviews of the relationship will guide this process.

6.2 Analysis

As part of the preparation and planning for mentoring, the needs, interests, concerns and expectations of the mentee need to be explored.

The Needs, Interests, Concerns and Expectations (NICE) analysis provided is an example of a tool that can be used to guide and assist in these discussions (See Tool 2). It is helpful to provide the NICE analysis to the mentee prior to the meeting so there is time to think about and prepare responses to the questions.

6.3 Evaluation and review

Evaluation of the mentoring relationship is recommended to assist mentors and mentees make decisions about:

- how well the relationship is going
- what has been achieved
- what changes need to be made
- when is the time to end the mentoring relationship
- future education and training requirements.

The use of a documented tool such as the Mentoring Agreement Review form will be useful (see Tool 3). In addition, interview processes can be used to assist the evaluation.

Section 7 – Glossary of Terms

Career Development – (Individual direction)

- A process whereby individual, organisational and professional imperatives form the basis of ongoing learning and development, and is supported and facilitated as it relates to career aspiration goals and/or direction.

Succession Planning – (Organisational needs/direction)

- An organisational approach to ensuring employees develop/gain the requisite knowledge and skills to fulfil the primary responsibilities of designated positions
- Defines successors for specific jobs.

Succession Management

- Identifies and creates a pool of talented people with leadership potential
- Ensures that planned training and development occurs in line with organisational workforce planning and development, to provide a competent and skilled workforce.

Mentoring

- The deliberate pairing of a more skilled or experienced person with a lesser skilled or experienced one, with the agreed-upon goal of having the lesser skilled person grow and develop specific competencies.

Mentor

- Someone who provides an enabling relationship that facilitates another's personal growth and development. The relationship is dynamic, reciprocal and can be emotionally intense. Within such a relationship, the mentor assists with career development and guides the mentee through the organisational and social networks.

Mentee

- Someone who actively seeks the advice, counsel, support and/or assistance of a more experienced colleague to guide and enhance career development

(Heron, 2004; Murray & Owen, 1991; Queensland Health, 2001; Spencer, Tribe, & Sokolovskaja, 2004).

Tool 1 – Mentoring Agreement

I, _____ (mentor) and _____ (mentee) have agreed to enter voluntarily into this mentoring agreement which is expected to benefit individual professional and organisational development. Information shared will remain confidential.

Goals of the Mentee

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3. ……..……..…
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Frequency of Meetings

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Estimated Duration of the Mentoring Partnership

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❑ Mentoring relationship and expectations have been discussed and agreed.

❑ A no-fault conclusion to the relationship is agreed to if, for any reason, it seems appropriate.

Review Date: ……..

Signed: Mentor: ……..…….. Mentee: ……...

Date: …….. Date: ……...

Tool 2 – Needs, Interests, Concerns, Expectations (NICE) Analysis

As part of your preparation and planning for mentoring, you need to explore your own needs, interests, concerns and expectations. This NICE analysis may assist with this.

1. **Needs**: What are your needs at this present time as a mentee?

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2. **Interests**: What are your main interests/skills with regard to work?

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3. **Concerns**: What are you concerned about in your work life?

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4. **Expectations**: What do you expect from your job? What do you expect a mentor to be able to do?

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Tool 3 – Mentoring Agreement Review

Original goals:

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What has been achieved?

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What more needs to be done?

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Any new goals?

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Actions to be taken: By Whom/When

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Next Review Date: ……..

Signed: Mentor: ……..…….. Mentee: ……...

Date: …….. Date: ……...

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A further mentoring document useful for Specialist Clinicians and Nurse Leaders is:

Association of Queensland Nurse Leaders. (2008). *Mentoring Framework and Tool Kit for Aspiring Nurse Leaders in Queensland*, Access via www.aqnl.org.au

Appendix - Flow Chart for Mentoring Framework