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# Advancing Professional Healthcare by the Use of Mentorship

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### Abstract

Mentorship is a method used to train healthcare professionals across a variety of disciplines. It comprises of a relationship between the 'mentor', or the trainer, and a 'mentee', or the learner. It is important to determine whether or not mentorship is a useful technique to increase the clinical competencies of healthcare professionals, to ascertain where further research should be directed. This paper explores the current knowledge on using mentorship to train new healthcare professionals and students in varying healthcare systems. It explores mentorship from both a clinical competency perspective, as well as a personal perspective.

## Introduction

A variety of training techniques are used to ensure health-care providers meet their expected competencies, which is important for providing quality care to patients. One such technique is known as mentorship, also known as preceptorship. The usage of mentorship as a form of training less experienced health-care professionals has been applied in a variety of different health-care systems. It involves the expertise of a mentor, who is the trained individual, and a mentee, who is the individual being trained.<sup>1</sup> It is seen as a technique to offer personal support, alongside career growth. Mentorship can be described as a formal arrangement, where the mentor and mentee are generally assigned to one another. Formalized mentorship programmes can have more structure, whereas informal arrangements tend to involve relationships that develop naturally and are more relaxed.<sup>2</sup>

#### **Structure of Mentorship Programmes**

Naturally, mentorship is not limited to the health-care field, and can be found in a variety of professions, as well as personal life. However, within varying professional fields, there are specific quality characteristics found within a successful mentoring relationship, accordingly.<sup>3</sup>

Some programmes can be highly structured and pre-organized, whereas others can work to facilitate the individual needs of the mentee. Both mentors and mentees should exhibit specific characteristics in order to facilitate a successful mentoring relationship. The mentee should be aware of the time commitment the mentor has devoted to them, as well as consider any feedback provided by the mentor. Meanwhile, the successful mentor is found to act as a guide, monitor the progress of the mentee, and warn mentees of any potential risks. Successful mentorship programs found that mentors did not force their advice onto the mentee. Rather, they encouraged mentees to use any advice provided as a way to guide the mentee into the correct direction.<sup>4</sup>

As a whole, effective mentorship programmes are found to have certain characteristics. Primarily, it is important to have the programme targeted towards the mentee, establish clear identification of expectations, and be aware of the mentor's shortcomings.<sup>3</sup> Targeting the programme towards the mentee can help individualize needs, and identify what clinical competencies should be further improved upon. Identification of a mentee's skillset can be done by the mentor- training the mentor prior to holding a mentorship position can help to ensure that the competency expectations are met by the mentee. Effective mentoring requires mentors to remain up to date on current techniques and be experts in their field. However, it also requires mentors to act as educators, and teach such skills. Although health-care professionals may be highly skilled in their own work, they may lack the educational skills required to teach mentees.<sup>5</sup> Mentors may also be slowed down in the productivity of their own work when being placed with a mentee.<sup>6</sup>

Ineffective mentorship programmes were found to exhibit certain characteristics, which should be avoided when designing a mentorship programme. Some of the barriers towards the facilitation of effective mentorship within the health-care setting include unclear expectations, lack of mentors, and the lack of an appropriate time commitment. Increased distance between mentors and mentees were also factors visible in poor mentorship programme outcomes.<sup>3</sup> Furthermore, expectations of the learning outcomes should be made clear within the mentor-mentee relationship prior to the onset of a mentorship.

#### Mentors

Good mentors are found to have certain characteristics. Strong communicative skills, combined with guidance, feedback and respecting confidentiality were found to be some of the traits in favourable mentors.<sup>7</sup> For a successful mentorship to take place, a mentor should work to develop such character traits, and a mentee should acknowledge the difficulties their mentor may face, such as the work-mentor balance. It is important to note that mentoring can be seen as difficult work with little rewards, offering less incentive for experienced health-care individuals to take part in a mentoring relationship.<sup>2</sup> Being a mentor is a committed task that requires extensive preparation and time dedication.

#### **Healthcare Systems**

Mentorship is a common form of training in regions with high-income health-care countries. Lowincome and middle-income health-care countries have also displayed an increased quality of care to patients when using mentorship as an interventional method.<sup>8</sup> On a global scale, low-income healthcare countries have a tendency to rely on didactic forms of training due to the effects of low levels of skilled professionals available.

However, this form of abstract training can poorly translate into real life clinical skills for health-care professionals. Addressing these issues through providing a mentorship programme in different regions of Africa was found to improve health outcomes, as well as staff satisfaction.<sup>9</sup> Such mentorship programmes were tailored to different regional needs and mentor availability, demonstrating the importance of flexibility within training programmes.

The successful development of mentorship programmes in low and middle income countries requires a combination of different factors. For one, the health-care institution should designate time for mentors to learn effective teaching skills. The mentorship relationship should benefit both parties, and the mentee should be encouraged to engage with the mentor. Institutions should ensure that there are adequate mentorship training opportunities available within the organization upon recognizing the importance of mentorship.<sup>10</sup>

#### **Outcomes of Mentorship**

The usage of mentorship has been found to improve attitudes towards the work environment. It can also enable co-workers to better engage with one another, which in turn can facilitate an environment that supports better communication and teamwork. Furthermore, mentorship creates a better mutual respect towards co-workers, and members of an interdisciplinary health team.<sup>11</sup> Good communication is very important within the functioning of a healthcare team and can help improve patient health outcomes. Failure to communicate between health-care professionals can create delay or error within patient diagnosis and/or treatment, which has the potential to have a profound impact on prognosis and quality of life.<sup>12</sup>

Although mentorship may commonly be seen within hospitals and other health-care organizations, it can also provide a variety of benefits towards health-care students who have yet to be qualified. For example, implementing mentorship programmes for medical students has a positive correlation with activity in research.<sup>13</sup> Students who have mentors have increased contact with individuals who work in their future job field, which may help nourish potential fields of interests.

High turnover rates of nurses in a variety of different countries are of particular concern to various health-care systems today. One study found working conditions, a lack of appreciation, and poor working environment to be common contributors for a high nursing turnover rate.<sup>14</sup> On the contrary, designing and using a preceptorship programme was determined to increase nursing retention rates.<sup>15</sup>

There is potential for a conflict of roles between the mentor and mentee, due to the way a mentor is placed in a position where it is easier for them to overuse their power, as the mentor may be considered to be superior within the mentor-mentee relationship. As such, it can be easier to take advantage of the mentee, who may consider themselves as having inadequate knowledge to know normal procedures.<sup>6</sup>

## Conclusion

Closely observing mentorship connections can show benefits that last for a lifetime, both professionally, and for one's personal growth and development. The importance of strong, healthy mentorship relationships within the health-care field cannot be undervalued; it is a primary method of clinical training for recent health-care professional school graduates as well as medical students. Moving forward, mentorship programs should take into consideration personal factors when pairing a mentor and a mentee. Both the mentor's and mentee's perspectives should be considered. Prior to the initiation of a mentoring relationship, mentors should be provided proper training on acting as an educator, while mentees should note their personal learning outcomes.

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The authors declare that there are no conflicts of interest.

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#### **References:**

- 1. Allen, T, & Eby, L. The Blackwell Handbook of Mentoring: A Multiple Perspectives Approach. 2010; Blackwell Publishing Ltd. United Kingdom.
- 2. McLaughlin, C. Mentoring: What is It? How Do We Do It and How Do We Get More Out of It? Health Serv Res. 2010; 45(3): 871-884.
- 3. Leary, JC, Schainker EG, Leyenaar JK. The Unwritten Rules of Mentorship: Facilitators of and Barriers to Effective Mentorship in Paediatric Hospital Medicine. Hosp. Pediatr. 2016; 6(4): 219-225.
- 4. Straus, SE, Johnson MO, Marquez C, Feldman MD. Characteristics of Successful and Failed Mentoring Relationships: A Qualitative Study Across Two Academic Health Centres. Acad Med. 2013; 88 (1): 82-89.

- 5. MacLeod, S. The challenge of providing mentorship in primary care. Postgrad Med J. 2007; 83(979): 317-319.
- 6. Rose, GL & Rukstalis MR. Imparting medical ethics: the role of mentorship in clinical training. Mentoring and Tutoring: Partnership in Learning. 2008; 16(1): 77-89.
- 7. Rolfe, A. What to look for in a mentor. Korean K Med Educ. 2017; 29(1): 41-43.
- 8. Schwerdtle, P, Morphet, J, Hall, H. A scoping review of mentorship of health personnel to improve the quality of health care in low and middle-income countries. Global Health. 2017; 13: 77.
- Manzi, A, Hirschhorn, LR, Sherr, K, Chirwa, C, Baynes, C, Awoonor-Williams, JK. Mentorship and coaching to support strengthening healthcare systems: lessons learned across the five Population Health Implementation and Training partnership projects in sub-Saharan Africa. BMC Health Serv Res. 2017 (Suppl 3): 831.
- 10. Katz, F, & Glass, RI. Mentorship Training is Essential to Advancing Global Health Research. Am J Trop Med Hyg. 2019; 100(1 Suppl): 1-2.
- 11. Latham, CL, Hogan, M, Ringl, K. Nurses supporting nurses: creating a mentoring program for staff nurses to improve the workforce environment. Nurs Adm Q., 2008; 32(1): 27-39.
- 12. Taran, S. An Examination of the Factors Contributing to Poor Communication Outside the Physician-Patient Sphere. Mcgill J Med. 2011; 13(1): 86.
- 13. Meinel, FG, Dimitriadis, K, von der Borch P, Störmann, S, Niedermaier, S. 'More mentoring needed? A cross-sectional study of mentoring programs for medical students in Germany. BMC Med Educ. 2011; 11:68.
- 14. Dewanto, A & Wardhani, V. Nurse turnover and perceived causes and consequences: a preliminary study at private hospitals in Indonesia. BMC Nurs. 2018; 17(Suppl 2):52.
- 15. Halter, M, Pelone, F, Boiko, O, Beighton, C, Harris, R, Gale, J, Gourlay, S, Drennan, V. Interventions to Reduce Adult Nursing Turnover: A Systematic Review of Systematic Reviews. Open Nurs J. 2017; 11: 108-123.