REVIEWS

Mentorship in nursing education: A concept analysis

Jessica C. Pop, C. Susana Caxaj*, A. Oudshoorn

Arthur Labatt Family School of Nursing, Western University, Canada

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ABSTRACT

Background and objective: There is a lack of consensus on the definition of mentoring, and a lack of agreement on the role and functions of mentors in nursing education. It is critical to clarify the concept of mentorship in nursing education for mentoring to be used effectively in mentorship programs. The aim of this paper is to provide an in-depth concept analysis on formal faculty-to-faculty mentorship in nursing education.
Methods: This study used the Walker and Avant concept analysis model.
Results: The analysis identified five defining attributes, three antecedents, and six consequences of mentorship in nursing education.
Conclusions: The concept of mentorship in nursing education was clarified and can be applied to nursing mentorship programs. Further research on mentorship's empirical referents is required to properly evaluate the mentorship relationship, avoid failed mentorship, and consider how the role of age, gender, class, ethnocentric background, and race in shaping the nursing mentorship relationship.

Key Words: Mentor, Mentorship, Nurse education, Concept analysis, Nurse faculty

1. INTRODUCTION

There is a current and likely future global shortage of nursing faculty[1,2] due to the retirement of seasoned nurse faculty, the uncompetitive compensation earned by nurse faculty, and the greater flexibility offered by other employment opportunities.[3] Additionally, experienced and skilled clinical nurses find the transition to nurse faculty positions difficult and discouraging.[1,3] Mentorship programs have been adopted within nursing academia as a key component in responding to the global shortage of nurse faculty.[4] The literature shows mentorship programs offers many benefits such as a reduction in staff turnover, enhancement of staff recruitment and retention, and improved career satisfaction among nurse faculty.[5] Lastly, mentorship also eases the transition from clinical nurse to academic nurse faculty.[6]

There is, however, a lack of consensus on the definition of mentorship in the literature,[2,5,7–10] which makes this concept difficult to understand and apply. This is further complicated by the synonymous terms used for mentorship, including preceptorship,[5,7,10] coaching,[10,11] and role modeling.[5,10] Mentoring is goal-specific, context sensitive and dependent on the nature of the mentee/mentor and organization[5] making the mechanism of an effective mentorship that much harder to pinpoint Without a clear understanding of the concept of mentorship, it cannot be effectively applied to mentorship programs in nursing academia that are used to respond to the global shortage of nurse faculty. The aim of this paper is to provide an in-depth concept analysis of formal faculty-to-faculty mentorship in nursing education. The term mentee, often used interchangeably with the term protégé in the literature, refers to the individual being mentored[1] and will be used in this paper.

*Correspondence: C. Susana Caxaj; Email: scaxaj@uwo.ca; Address: Arthur Labatt Family School of Nursing, Western University, Canada.

2. METHODS

A literature search using multiple databases (CINAHL, PsycINFO, MEDLINE) was conducted using the keywords "mentorship," "mentor," "nursing," and "nursing education" in various combinations. To discover how the concept of mentorship began and changed over time, a time frame was not set. Inclusion criteria included English-only publications, academic journals, magazines, and theses and dissertations. Articles were chosen by screening the titles for keywords and reading the abstracts, and selecting relevant articles. Articles were deemed relevant if they discussed the topic of mentorship in nursing education. Due to the limited research on this topic in the nursing field, mentorship in medicine, health science, and social work fields were also included. The reference lists of relevant articles were also screened for additional articles not captured in the database search.

In total, 38 articles were included in this concept analysis. Following the Walker and Avant[12] method of concept analysis, we first sought to describe the past and present uses of the concept (mentorship) and its uses and definitions across written sources, and, within our parameters (nursing education) as described in the literature. Following this, we identified defining attributes, antecedents, and consequences of mentorship, along with empirical referents.

3. PAST AND PRESENT USES OF MENTORSHIP

The concept of mentorship originates in the literature of ancient Greece between 650 to 750 B.C. In Homer's epic, The Odyssey, Odysseus left his son, Telemachus, as a baby to grow up under the supervision of Mentor, who was an old and trusted friend.[7,11,13,14] This image depicts an older and wiser person taking on the responsibility of a younger person's development and learning.[7,14] In 1800 – 1900s, the concept of mentorship was then adopted in a variety of professional careers such as in medicine and business, although not called mentoring at the time. For example, in the late 1800s to early 1900s there was a neurosurgeon relationship between William Osler, Harvey Williams Cushing, and William Perine Van Wagenen.[15] Osler provided professional guidance and support to Cushing, who then did the same for many young neurosurgeons and one of them being Van Wagenen.[15] Under this mentorship, Cushing and Van Wagenen became historically renowned neurosurgeons. Furthermore, in 1901, James Cash Penney (J.C. Penny) adopted a management philosophy that was an early example of mentoring in business.[16] J. C. Penney created a system where the manager-partner of each dry goods store in the selected chain would train men with potential, who could then be sent out to be the founder of another store.[16] In business, mentorship was viewed as an informal one-to-one relationship among older businessmen (mentor) with younger businessmen (mentee) and would often develop into lengthy friendships.[16] Thus, traditionally, the usage of mentorship tended to describe a relationship that was informal whereby an older, more experienced individual who was a male, would advise and guide the younger, less experienced individual who was also a male.[13]

The concept of mentorship became formally known as 'mentorship' in the early 20th century.[15] Currently, mentoring can be broken down into informal and formal mentoring. Informal mentoring occurs when two individuals typically meet on their own time to discuss professional or career development of the individual who has less experience.[10,17] There is no organizational structure to this relationship, and it can be initiated by either the mentor or mentee.[10] Formal mentoring is initiated by the organization and parameters are placed around the mentor/mentee relationship such as criteria for mentor selection, pairing of mentors and mentees, and duration and frequency of the mentor/mentee relationship.[10]

3.1 Nursing uses of mentorship

Mentorship emerged as a formal concept in healthcare in the 1980s.[7] Beginning in the 1990s, mentoring programs were developed and implemented in various health professions, and most frequently within the profession of nursing.[18] Yet the notion of mentorship in an informal sense has been adopted in nursing since Florence Nightingale.[10,13,19] It is thought that Florence Nightingale's (mentor) letters to Rachel Williams (mentee) demonstrated many characteristics of contemporary mentorship such as encouraging innovation, providing motivation, teaching/assessing, and encouraging learning.[10] Currently, formal mentoring relationships are being used in mentoring programs in nursing education[1] and these include faculty-to-student mentoring and faculty-to-faculty mentoring.

3.2 Faculty-to-student mentoring

The first use of mentoring in nursing education is in clinical placements by nurse faculty supporting nursing students' integration into practice settings.[13,20,21] Goode[21] states that nursing students report experiencing feelings of vulnerability, anxiety, and stress when beginning their first placement, which can have a negative impact on their learning and cause them to "drop-out." Through the use of mentoring, clinical faculty guide and develop nursing students' critical thinking and clinical skills.[20] Thus, mentorship is used to facilitate nursing students' integration into professional practice and shape professional attitudes.[20]

3.3 Faculty-to-faculty mentoring

The second use of mentoring in nursing education pairs an experienced nurse faculty to a novice nurse faculty to ease the transition from clinical practice to nurse faculty.[6] Barriers to transitioning from clinical nurse to nurse faculty exist and include decreased salary, lack of knowledge concerning new role, and required education.[22] Faculty-to-faculty mentoring was developed into mentoring programs as it was thought to assist with the transition from clinical nurse to nurse faculty by enhancing job satisfaction, and therefore retaining nurse faculty.[6,23] Thus, mentorship is used as a response to increasing job dissatisfaction and challenges of recruitment and retention of nurse faculty[8] to respond to the global nurse shortage.[4] The remainder of this paper focuses on faculty-to-faculty mentorship in nursing education.

3.4 Definition of mentorship in nursing education

We identified 17 definitions of mentorship in our literature review. In nursing, confusion exists regarding the role and nature of mentorship because it is often used acontextually and inconsistently.[2,8–10] There is a consensus that mentorship involves a relationship between a more experienced individual and a less experienced individual.[5,7,9,11] However, differing opinions exist about the role, function, and outcomes of the mentor/mentee relationship.[5,7] For example, Parsloe and Leedham[24] define mentorship as an activity intended "to support and encourage individuals to manage their own learning in order that they may maximise their potential, develop their skills, improve their performance and become the person they want to be". Nowell et al.[2] by contrast, define 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".

The Canadian Nurses Association (CNA)[8] defines faculty mentorship in particular as "a voluntary, mutually beneficial, and long-term relationship where an experienced and knowledgeable leader (mentor) supports the maturation of a less experienced nurse with leadership potential (mentee)".

3.5 Distinguishing mentorship from closely related concepts

Certain terms have been used interchangeably with mentorship.[5,7,9] These terms include preceptorship[5,7,10] coaching[10,11] and role modeling.[5,10] Although closely related, the distinction among these words must be understood.

Preceptorship specifically occurs in the clinical environment and is a formal one-to-one relationship between an experienced nurse (preceptor) and a novice nurse (preceptee) and is predominantly used as a teaching and learning method.[5,10,11] The major difference between preceptorship and mentorship is that preceptorship has a formal evaluative component in the relationship[5] where the preceptor evaluates the new colleague as they develop professionally. In contrast, mentorship does not have a formal evaluative component, rather, mentorship focuses on constructive feedback from the mentor to the mentee and vice versa.[11] Coaching is defined as "facilitating growth and change by evoking an individual's own resourcefulness".[25] The significant difference between coaching and mentoring is that a coach is an "expert" in facilitating learning and performance enhancement within the same field as their trainee, whereas mentors are not necessarily "experts" in the same field as their mentee.[9,11] Rather, mentors share their expertise to mentees about particular aspects of a field.[8] Role Modeling is a teaching strategy in which the novice observes the practice of the master and is an essential component of mentoring but is just one aspect of a broader set of activities.[10] A significant difference to mentorship is the time commitment required for the mentor and mentee relationship[9] when compared to preceptorship, coaching, and role modeling. This is because preceptorship, coaching, and role modeling often occur in a clinical setting in nursing that have a defined time limit (e.g. a semester or 12-hour shift). By comparison the time and intensity of a mentorship typically requires a long-term relationship.[8,9,17]

4. DEFINING ATTRIBUTES

The defining attributes of a formal mentorship identified in the literature are clear purpose/goals; sharing knowledge, wisdom, and expertise; empowerment; commitment; and open communication. When these defining attributes are employed, it enhances the quality of the mentoring relationship, a fundamental aspect of the mentoring process.[7]

4.1 Clear purpose/goals

Setting clear mentorship purpose and goals between the mentor and mentee at the beginning of the relationship is critical.[1,5,8,26] Setting a clear purpose and goals is akin to setting boundaries, and necessitates a similar process within the mentor/mentee relationship.[17,23] Areas to consider when establishing the purpose and goals of the relationship include: the goals, nature and frequency of contact, duration of relationship, availability, means of communication, resources available, expectations of each other, and termination provision.[17] Goals provide structure and guidance for the mentoring process and reflect the reason for the relationship.[11,23] So transparency in purpose and goals is necessary for the mentorship to be effective and mutually beneficial.

4.2 Sharing knowledge, wisdom, and expertise

In order for mentorship to take place, there is a sharing of knowledge, wisdom, and expertise from the more experienced individual (mentor) to the less experienced individual (mentee).[25] It is often said that mentors "guide" mentees.[1,5] The definition of guide is "one that leads or directs another's way"[27] and "a person who exhibits and explains points of interest".[27] Thus, mentors guide mentees within the mentorship relationship by offering insight on situations through the use of sharing of knowledge, wisdom, and expertise. To further delineate what is meant by guidance, we have opted to emphasize resources that are imparted to the mentee through a mentorship's guidance, rather than including "guidance" as a defining attribute of mentorship. Lastly, the act of sharing knowledge, wisdom, and expertise does not infer that the mentor is simply giving all of the solutions to the mentee. Rather, the mentor can direct the mentee to appropriate resources[17] and begin to guide them in developing and using their own knowledge, wisdom, and expertise to facilitate learning and growth in the mentee.[10]

4.3 Empowerment

A common attribute of mentorship in the literature is empowerment.[5,10,11] To empower is "to promote the self-actualization or influence of".[28] The mentor empowers the mentee by building their confidence and encouraging their independence. Mentors should avoid allowing mentees to become dependent[19] and mentees should seek independence.[17] Thus, the goal of empowerment within mentorship is for the mentor to build the mentee's confidence and independence to one day be autonomous.

4.4 Commitment

A defining attribute of mentorship is commitment. Mertz[9] describes commitment as being what is required of the mentor and mentee, which involves physical and emotional costs, a degree of investment, and a certain intensity of interaction. Mentorship is resource intensive[7] and requires an immense amount of time from both mentors and mentees. Thus, level of commitment is a crucial element to mentorship.[1,2,29] One of the major barriers to mentorship is lack of time.[10] It has been suggested that mentors should not be forced, but rather, volunteer to work with mentees[9,29] due to the physical and emotional involvement of the mentor/mentee relationship. Overall, the more time and effort that mentors and mentees expend[9] through their commitment to the relationship, the more the mentorship process is enhanced.

4.5 Open communication

A critical component of the mentorship process is frequent and open communication between the mentor and mentee.[1,2,23] For communication to be open, the relationship must be built on mutual trust and respect.[13,30] Through open communication, mentors and mentees determine the purpose and goals at the beginning of the relationship, check-in with one another regularly, and deliver ongoing feedback to determine and re-evaluate necessary processes to meet these goals.[2] Mentors and mentees engage in frequent communication using face-to-face meetings, telephone calls, and emails.[31] In short, the literature suggests that open and ongoing communication, that pave the way for mutual trust and respect is crucial to the mentor-mentee relationship.

5. ANTECEDENTS

Antecedents are required events or incidents that occur prior to the occurrence of the concept.[12] In order for mentorship in nursing education among nurse faculty to occur, certain characteristics of the mentor and mentee and a conducive mentoring environment must be established. Firstly, characteristics that make a "good" mentor include approachability, effective interpersonal skills, a positive attitude, and an ability to provide support.[7] Similarly, Simpson et al.[10] highlight that successful mentors are those that possess characteristics of being nurturing, supportive, encouraging, selfless, caring beyond their own responsibilities, mature, self-confident, compassionate, generous, and enthusiastic. Additionally, a common theme in the literature that makes a good mentor includes recognizing and understanding the specific needs of the mentee, which are different for every mentee.[5,11,17] Not all individuals will possess mentor characteristics, thus Mertz[9] argues mentors should volunteer for the position to aid in the self-selection of these necessary attributes. Secondly, for mentorship to be effective, the mentee must also display certain qualities, such as the ability to take initiative, ambition, a strong desire to learn, loyalty, and a commitment towards their career.[10] Most of the literature focuses on the characteristics of the mentor and there is a paucity in the literature in regard to mentee characteristics despite the equal importance of the mentee in the mentorship relationship. Lastly, the host organization, meaning the institution in which the mentor and mentee are employed, must promote a conducive mentoring environment that is respectful and safe for mentors and mentees to exchange ideas, voice concerns, and provide feedback to one another.[5] Nurturing a positive organizational culture of mentoring within the organization creates a respectful and safe working environment.[5] Aspects of a supportive workplace environment include training opportunities, guidelines, and other resources for mentors. Promotions, rewards, and/or reduced workloads can also promote more effective mentorship by providing mentors with sufficient time and capacity

to invest into the mentorship relationship.[5] In short, certain interpersonal skills, mindsets of both the mentee/mentor, within a supportive organizational culture that enables further commitment to the relationship, are important antecedents to effective mentorship.

6. CONSEQUENCES

Consequences are the result of outcomes from the occurrence of the concept.[12] The consequences identified within the literature for the concept of mentorship in nursing education among nurse faculty include mentor, mentee, and host organization benefits as well as negative consequences for mentor, mentee, and host organization. The aim for effective mentoring relationships is to yield mutually beneficial results.[5,7,11,17] Firstly, Andrews and Wallis[7] explain that the benefits for mentors are more intrinsic in nature, such as personal satisfaction when seeing a mentee progress. Additionally, mentorship promotes personal and professional development within mentors and results in increased career satisfaction, learning, leadership skills, and respect from colleagues.[8,10] Secondly, the CNA[8] lists personal benefits for the mentee as increased competence, increased confidence, decreased stress, and a sense of security and professional benefits for the mentee (e.g. expanded networks and opportunities for leadership development). Professional benefits for the mentee also include enhanced career satisfaction and commitment, and accelerated career advancement, which all leads to increased salary and a decrease in burnout.[5] Therefore, effective mentoring results in a mutually beneficial relationship between the mentor and mentee. Lastly, mentoring benefits the host organization by reducing staff turnover, enhancing staff recruitment and retention, and improving employee satisfaction and performance.[5] Effective mentoring may also result in increased organizational commitment and further development of partnerships and leaders[8] that benefit academic institutions.

Despite these benefits, not all mentoring relationships result in beneficial consequences.[9,23] Unsuccessful mentoring can have negative consequences for the mentor, the mentee, and the host organization.[23] Decreased levels of career satisfaction are a negative consequence to poor mentoring[23] that can be experienced by both the mentor and mentee. Hence, unsuccessful mentorship is not mutually beneficial. The literature does not explicitly address the negative consequences of unsuccessful mentorship on the host organization. Yet if successful mentorship can contribute to organizational loyalty and workplace retention, it is possible that poor mentorship may have negative consequences for retention of faculty. These potential consequences merit further investigation.

7. EMPIRICAL REFERENTS OF MENTORSHIP

Empirical referents quantify the occurrence of the concept in the real world and are usually presented in the form of an instrument/tool.[12] Empirical referents support the validity of the concept and in many cases include all of the defining attributes.[12] Two instruments that have been developed to measure the concept of mentorship are The Mentorship Profile Questionnaire and The Mentorship Effectiveness Scale, which are used in combination. These instruments were developed by the Ad Hoc Faculty Mentoring Committee at the Johns Hopkins University School of Nursing.[32] These tools were developed to evaluate the effectiveness of the mentorship relationship.[32]

The Mentorship Profile Questionnaire is used by the mentee and describes the characteristics and outcome measures of the mentorship relationship.[32] The Mentorship Effectiveness Scale, which evaluates 12 behavioural characteristics of the mentor, is a 12-item questionnaire and each item is rated using a six-point Likert rating scale, ranging from zero to six, where zero means "strongly disagree" and five means "strongly agree," and six means "not applicable".[4] These tools were created in the absence of formal mentoring programs; however, Berk et al.'s[4] argue that "the content, items, and instrument's structure can be applied, or easily modified, to fit most informal as well as formal [mentoring] programs already in operation." Notably, these tools highlight the mentee's perspective of the mentorship relationship and do not elicit the perspective of the mentor. All attributes identified in this paper thus far, except for clear purpose/goals of mentorship in nursing education among nurse faculty are represented in these tools. Since these tools were developed in 2005, more recent research indicating the importance of establishing clear purpose/goals in the mentorship relationship must be considered. In addition, further research may be required to explore mentor's perspectives on the mentorship relationship. Lastly, studies focussed on linking these aspects of mentorship with specific outcomes and indicators of success for mentees, mentors, and host organizations is also warranted.

8. IMPLICATIONS FOR NURSING EDUCATION AND RESEARCH

Areas that arose throughout the nursing literature on mentorship but were not explicitly addressed were the topics of how to avoid failed mentorship and how age and gender affect the mentorship relationship. Firstly, the nursing literature has not yet addressed how to avoid failed mentorships, rather, the literature has identified barriers to effective mentorship. As previously mentioned, the most reported barrier to effective mentorship is lack of time invested by both mentor and

mentee.[10,23,33] In addition, other barriers include shortage of available mentors, a lack of recognition of the role by institutions, and personal characteristics.[23,33] Yet addressing barriers to effective mentorship may also prevent failed mentorship. For instance, the barrier of lack of time can begin to be addressed by both the mentor and mentee volunteering for the mentorship relationship as opposed to being forced[8,9,29] and then both allocating and committing the appropriate time available to one another. Related to a shortage of time, a shortage of available mentors is related to a lack of recognition of the role by institutions. Given that these relationships require an immense amount of time and energy, with little in return, the benefits for mentors to participate are often intangible[23] which may contribute to a shortage of mentors. Due to the time commitments of mentorship, it has been recommended that the mentor role be considered part of the teaching load[1,2,5,26] or salary merit,[5,26] which in turn would encourage mentors to volunteer for such roles because the institution is formally recognizing a mentor's time and effort. Lastly, as previously discussed, not all individuals possess mentor and mentee characteristics.[10] Given that the emphasis in the literature has been on the characteristics of, and the barriers faced by mentors, future research should consider the unique characteristics required of mentees, and what obstacles may be faced by this group to contribute to a successful mentee-mentorship relationship.

Secondly, the image of a mentorship relationship depicts an older and wiser person taking on the responsibility of a younger person's development and learning,[7,14] thus equating age with experience. The idea of equating age with experience is also implicitly situated in nursing mentorship relationships as the nursing literature address that the mentor is often a "senior" nurse who is paired with a "junior" nurse as the mentee.[5,13,23] Although age is not explicitly addressed in these relationships, the terminology used equates age with experience in the nursing mentorship relationship. Interestingly, one study reveals that a successful mentoring relationship is dependent upon matching mentors to mentees with similar interests, goals, motivations, and complimentary personalities[5] but does not mention or compare this finding to age between mentor and mentee. Given the ways in which mentorship is commonly understood in terms of age differences, and because of the non-conventional journey into academia that nurses may take, further research investigating age in influencing both the perception and success of a mentorship/mentee relationship should be explored.

Lastly, the role that gender and other social identities play in the mentoring relationship has not been discussed in the nursing literature. Historically, the concept of mentorship has been understood as a practice that involved men guiding men in their journey towards success.[34] This is evident as the 'revolutionary' research and theoretical work on mentoring by Levinson et al.'s[35] only took men into account and their research was used by businesses and universities to start their formal mentoring programs. Nursing continues to be a woman-dominated profession[36] and as such, the concept of mentorship within the profession largely departs from its origin. Research focused on the experiences of women in academic medicine found that a lack of availability of female mentors, especially at higher academic ranks, may be contributing to a lack of mentorship among female mentees.[37] The authors discovered that some women may prefer mentorship from other females due to issues such as work-life balance, childcare leave, and career-life planning. The authors highlighted how gender dynamics may potentially impact the mentoring relationship in significant ways and ultimately contribute to the gender gap that continues to exist in careers regarding promotion, productivity, and pay.[37] Further research should explore how mentorship relationships may look differently in women-dominated fields such as nursing. Considering other identities such as class, ethnocultural background, and race may also shed light on the unique context of mentorship in nursing, given that nursing faculty continue to lack representation across various diverse social positions.[23,38]

9. Conclusion

The Walker & Avant's[12] method of concept analysis was used to provide clarity on mentorship in nursing education among nurse faculty. Mentorship is a voluntary, mutually beneficial, and long-term relationship between a knowledgeable leader (mentor) that supports the maturation of a less experienced individual (mentee) with leadership potential.[8] From this definition and the literature review, the defining attributes of mentorship in nursing education have been explained and include clear purpose/goals, sharing knowledge, wisdom, and expertise, empowerment, commitment, and open communication. The antecedents of mentorship identified in this concept analysis include mentors' and mentees' characteristics and a supportive organizational environment. The consequences of effective (or ineffective) mentoring can result in profound consequences for mentee, mentor and the host organization, both positive and negative. When the mentoring relationship is mutually beneficial, it improves career satisfaction, staff recruitment and retention, and reduces staff turnover.[5] The empirical referents currently being used to evaluate mentorship includes the Mentorship Profile Questionnaire and the Mentorship Effectiveness Scale. While these tools encompass many of the dimensions identified in this analysis, further research is needed to incorporate the

establishment of clear goals and purpose, and to consider the necessary attributes that a mentee brings to influencing the success of a mentor/mentee relationship, especially from the perspective of prospective mentors. Furthermore, universities may encourage successful mentorship by formally recognizing the role of mentors as part of the teaching load[1,2,5,26] and/or salary merit[5,26] due to mentors' time and effort commitments. Future research needs to begin considering the role of mentees and what obstacles may be faced by this group to contribute to successful mentorship. Further research is also necessary to explore how age influences both the perceptions and success of a mentorship/mentee relationship, and how gender, class, ethnocentric background, and race may impact mentorship in nursing. Overall, providing clarification on the key aspects of mentorship in nursing education among nurse faculty can help promote dialogue and planning that can affect positive change in mentorship programs used in nursing academia. Amidst a global shortage of nursing faculty, effective mentorship programs may be critical to the retention and success of the next generation of nursing educators.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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