

Mentoring geriatric nurse scientists, educators, clinicians, and leaders in the John A. Hartford Foundation Centers for Geriatric Nursing Excellence

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Mentoring is a key component of the John A. Hartford Foundation's initiative on Building Academic Geriatric Nursing Capacity (BAGNC). For an in-depth description of this program, see the first article in this issue. Without strong mentoring, neither the objectives of the Program, nor the successes of the Hartford Centers of Geriatric Nursing Excellence (HCGNE) would have been realized. This implicitly, if not explicitly, required commitment by the directors and senior faculty of the Centers, who viewed mentorship as central to strengthening the field of geriatric nursing, as well as assuring its future.

In this article, we discuss the concept of mentoring broadly to include not only one-to-one mentor-mentee relationships, but also comprehensive approaches to faculty, diverse levels of students, and community partners. Over a 5-year period, mentoring came to encompass a multitude of programs and activities for

undergraduate and graduate students, pre-doctoral scholars and post-doctoral trainees, faculty, and practicing nurses preparing for leadership roles as geriatric nurse clinicians, educators, and scientists. In addition, outcomes from the overall initiative are described, as well as a synthesis of themes based on the experiences of each HCGNE.

The concept "mentor" originated in Greek mythology. In Homer's *Odyssey*, Telemachus, son of King Odysseus, is taught and guided by the King's good friend, Mentor, when the King leaves home to join the siege of Troy. Mentoring is a more experienced person providing support and guidance to a less experienced person who is the protégé. The mentor and protégé work together in a mutually agreed-upon distinctive interacting relationship for a sustained period of time.^{1,2} Both parties seek something from the mentoring relationship³ that is essential to socialization and career development.⁴

Various views exist of mentoring. Broome⁵ describes mentoring as coming from many—including students, colleagues in all settings, peers, and others. This view of mentoring underlies the creation of study and work environments where the freedom of all to share ideas is fostered. Opportunities for each person to lead, grow, and achieve are strengthened by multiple ideas, perspectives, and energies.

Most mentoring occurs in phases.⁶ Career-related mentoring includes sponsoring, creating visibility, exposure to advantageous projects, protecting, and coaching.⁷ Mentoring entails psychological and social support provided by listening, caring, accepting, confirming, befriending, and encouraging. In mentoring relationships, mentors and protégés have expectations for both parties in the relationship.⁸ Protégés expect their mentors to be role models and to have the expertise, interest, and demeanor needed to guide and support protégés in seizing and using opportu-

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nities to develop a successful career. Mentors seek protégés who are motivated for success and leadership, and are a good match with the mentor in terms of career interests and a mutually beneficial relationship.

MENTORSHIP IN GERIATRIC NURSING

The demand for knowledgeable and skilled geriatric nurse leaders is unprecedented and will further intensify in future decades. Mentorship has long been recognized as critical for the development of successful academic and practice leadership in nursing.⁹ Throughout the recorded history of nursing, the importance of mentors for leadership and political influence has been noted by nurse leaders, including Florence Nightingale, Linda Richards, Annie Goodrich, and many others.¹⁰

Because nursing is a creative, judgment-based field, strong mentoring is a major component of the preparation of highly qualified geriatric nurse clinicians, educators, and scientists. The appropriate qualifications of mentors depend on the learning needs of the student or nurse protégé. Expertise in gerontological nursing, substantial experience, and a good match with the protégé in terms of career focus, interests, and personality are always required. Additional mentoring by interdisciplinary experts in gerontology is also important. The best mentoring relationships include mutual benefits and positive attitudes between the mentor who enjoys guiding and supporting the protégé and the protégé who seeks to model the behaviors and achievements of the mentor. For undergraduate and graduate nursing students, as well as practicing nurses, the most effective mentors usually have advanced degrees in gerontological nursing and are expert educational or clinical leaders with exceptional professional judgment. For nurses preparing for academic leadership careers, mentors who are most effective are successful gerontological nurse scientists and educators. These qualifications are necessary if the mentor is to be successful in guiding and coaching the protégé with the appropriate assignments, experiences, and opportunities, including exposure to those with expertise in other disciplines.¹¹

COLLECTIVE OUTCOMES FROM THE HCGNE

Although each of the HCGNE has its own distinctive style and approach to mentoring, as will be further described below, all in one way or another address enhancements in capacity to recruit, retain, and educate students; create internal infrastructure to support these mentorship activities; develop research skills in students (undergraduate and graduate, as well as post-doctoral fellows) and junior faculty; and attain awards and recognitions for students and faculty reflective of success in the mentoring endeavor.

Exemplars, among many, of mentorship strategies across the 5 Centers include a BS to MS/PhD fast track program pairing students and mentors according to

mutual interest; selection annually of one faculty research scholar to receive protected research time and mentorship in aging research; funding for mentoring grants through a regional consortium enabling more junior/senior faculty mentoring relationships; and establishment of an executive mentorship program to increase the pool of MSN and PhD graduates poised to assume executive leadership positions in gerontology.

Together, the five HCGNE provided support, training, and mentoring for 45 (of a total of 82) John A. Hartford Academic Scholars from 2001–2004. Each of the HCGNE supported an average of 9.4 Scholars over the first 4 years of funding, including joint mentorship with other HCGNE or schools of nursing with less gerontologic nursing research capacity. Over this initial period of Hartford Foundation support, the HCGNE also considerably enhanced their capabilities in the training of students by obtaining additional research training monies (for example grants for pilot research studies in aging) by refining educational approaches and curriculum to support interest in geriatric nursing and mentored research activity; and by providing administrative structures that facilitated grantsmanship and student recruitment. These types of activities yielded a spectrum of results, from increasing the numbers of undergraduate and master's students interested in aging, to enhancing the pool of doctoral and post-doctoral students.

Obviously, each of the HCGNE had as a core goal the recruitment and retention of gerontological nursing students and faculty, and success hinged greatly on the quality and availability of mentorship and collaboration. Many types of activities evolved across Centers to assure the development of a talent pool in aging. Summer externships exposed BSN honors students to geriatric research, leadership, and practice. Center staff carefully tracked students with interests in aging in order to follow up on all inquiries and assure that students were appropriately attached to faculty advisors and mentors, programmatic opportunities, and funding. Crucially, doctoral students were assisted with all aspects of applying to programs, developing scholarship applications, receiving technical assistance with professional presentations, identifying additional research opportunities (eg, summer research institutes), and planning and placement for post-doctoral fellowships. These initiatives are described fully in this and other articles in this special issue.

Producing a cadre of future academic and practice leaders was fundamental to every Center's mission, and remains the glue holding the five HCGNE together, promoting a common, noncompetitive agenda among Center faculty. As is apparent from the above description, this effort at "building academic geriatric nursing capacity" depended on ongoing professional development for students, faculty, and staff; and constant enhancement of research skill and capacity through

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