

Why Does Mentoring Matter?

Kamran Sattar, Durdana Siddiqui

ABSTRACT

OBJECTIVE: This article is an in depth approach to formulate a reliable and valid answer for this important question, “What Actually Mentoring is and Does it Really Matter”?

DESIGN: Author reviewed literature to have in depth and updated knowledge about Mentoring, focusing on arguments that are in favor and against its application worldwide, especially in medical education.

DISCUSSION: It’s a relationship that involves interaction between two people (mentor and mentee) normally working in a similar field or sharing similar experiences. Significant benefits are associated with mentorship. Effective mentorship is crucial to career success in academic medicine.¹⁴⁻¹⁸

CONCLUSION: It’s recommended that in the light of the apparent and proven important benefits that have been achieved and well appreciated, academic medical leadership should pay particular attention to mentoring of medical students, medical staff, clinician–educators, research track faculty, and senior faculty.

INTRODUCTION

What is “mentoring” and is it really needed? Information is in black and white that supports the idea of acquiring mentorship system in education in general and medical education in particular. Many organizations worldwide acquire mentorship for the core interest of professional development in the field of clinical practice. In health care, mentoring has been used for teaching student and novice nurses about clinical practice.¹⁻⁵

Now a days throughout the world, importance of mentoring is being discussed that highlight importance of the topic. This article discusses mentoring in depth approach to formulate a reliable and valid answer for important question, “IS MENTORING REALLY NEEDED?” This is an important question because the popular press makes strong claims about the importance of mentoring and both public and private funds are used to support many different types of mentoring initiatives.⁶

Is Mentoring A Relationship?

There exists, as yet, no clear consensus as to what defines mentoring and many authors have encountered difficulties to get to a common, widely acceptable definition, and most of them have acknowledged that the need for a working definition is really of paramount importance. Till consensus is achieved on defining many of its characteristics; it is a relationship built within an organization that is intended to target and focuses the training of individuals with various needs focusing on features ranging from teaching the core academic material to the everlasting phase of a

person’s social behavior. Mentoring is a core component in the training of young professionals. Although there is no consistent definition of mentor, most emphasize teaching, professional and personal guidance, sponsorship, role modeling, and socialization into a profession.⁷⁻⁹

Who is involved?

The interaction during a mentorship is between two people (mentor and mentee) normally working in a similar field or sharing similar experiences. Mentor usually (not necessarily always) is an elder adult than mentee, providing to the junior with all possible and available guidance, that includes, emphasis on academic needs, career counseling and also personal behavioral angle is not left untouched. This in turn brings positive impact on intellectual growth of mentee in general, targeting cognitively as well. Supportive relationships with adults are important for personal, emotional, cognitive, and psychological growth.^{10, 11} Though the mentoring is prevalent in community and much research has been done but it has progressed within its own academics or organizational context while cross disciplinary communication among mentoring scholars is inadequate. Similarly, same basic assumption applies to all types of mentoring yet there are no available quantitative reviews of mentoring literature^{6, 12, 13}.

Is mentoring really needed?

Importance of mentoring in current times is highly acknowledged through different walks of life, especially during the initial stages of any career if provided with mentorship, peoples are found to have high career

satisfaction. Effective mentorship is crucial to career success in academic medicine.¹⁴⁻¹⁸

Interaction during the mentorship brings influence within a mentee's life in a lasting way and the process of mentorship does not end with completion of mentoring course and goes beyond till actual significance is observed when a mentee enters into his career/practical life and positive impact is apparent within a person's (who is involved) attitude.

Domain of mentorship has gained a greater and important position by involving elements of emotional uplifting. Mentoring has been discussed as a strategy for positive youth development and as a deterrent of risky youth behavior.¹⁹ Successful mentoring relationships may enable faculty to provide career and psychological support to trainees, while guiding the development of professional expertise.²⁰⁻²²

There are a number of similarities between professional development in health profession compared with the other professions therefore now a days like almost all other fields, most health professionals are also convinced that mentoring plays a vital role for the improvement and progression of their skills and career and therefore start involving themselves in this relationship, sometimes being mentors otherwise mentees.

What is to be expected from mentoring?

Mentoring flourishes behavioral, motivational and career outcomes and is an effective way of helping people to progress in their careers. It is becoming increasingly popular as its potential is being realized.

How does it work?

Mentorship is to give mentee a higher level of self respect and he/she starts painting his/her own self as a trusted guide. This whole process is associated with self moral building and once its achieved, mentor's job is half done. The other half also moves smoothly well because iron is already hot.

Mentorship provides the mentee with an opportunity to think about career options and progress. A mentor is a guide who can help the mentee to get to the right direction and supporting them to resolve career issues. Mentors rely upon having had similar experiences to gain an empathy with the mentee and an understanding of their issues.

Mentoring should not be thought of as one way process. If it is successful both mentor and mentee will gain considerable benefits, and this fact enhances the mentor's interest to foster his exercises that he conducts to support his mentee to reach his goal. Mentors

also derive benefit from mentoring, including satisfaction from helping others, creation of free time for alternate pursuits, organizational recognition or reward, and improved job performance through exposure to new ideas.²³

Is it beneficial to mentee only?

It is a healthy relationship based upon mutual trust and respect and provides positive developmental opportunities for everybody involved. Mentee being on the receptive end enjoys lion's share of success. Significant benefits are associated with mentorship, mentees receive more promotions, have higher salaries, experience less stress and conflict, are more satisfied with their jobs and careers, and are less likely to leave their organizations compared with non-mentees.^{24, 25}

There is a direct relation of early introduction of this academic and career empowerment tool, with a higher success rate so early the implementation the higher is the positive impact. Mentorship is gaining ground as a practical tool for the developmental progress in many healthcare organizations and the gift is doubled even for the stress full stages of academic years of residency for medical students. Residency training is a period of remarkable professional growth and meaningful personal development as young physicians acquire clinical and professional skills that will help shape their future career and build (or weaken) important personal relationships. Although period of residency, being a very important stage for any medical student yet involves stress and require much focused and targeted guidance. Recent data demonstrates that residency is associated with burnout and stress that adversely affect patient care and personal health^{26, 27}. Goal of making this period less stressed and well oriented, could only be achieved by early introduction of mentorship. Therefore if mentorship is acquired during this early important period, surely much more may be achieved in terms of higher rates of success on the part of students in coping with over burden that comes with the package of residency. Mentoring during the early stages of an individual's career has been associated with a higher level of career satisfaction and a higher rate of promotion, both in medical and non-medical fields.²⁷

COMMENTS

Mentorship is an interactive relationship and the contributors share the responsibility of this process that addresses and works for the facilitation of learning. Coaching or mentoring is an interactive, facilitative

process meant to promote learning and development that is based on educational and social learning theories²⁸. Mentorship between faculty and medical students can facilitate the transfer of technical skills and knowledge about ethics, values, professionalism, and the art of medicine. However research suggests there are only few such programs, so we lack information that how medical education mentoring be structured and implemented, barriers to its utilization, and how it could be improved.²⁹ Its apparent from the current observation that mentoring is strongly associated with various benefits ranging from successful completion of academic courses, higher job satisfaction with very little expectation of leaving the institution. So to conclude it is recommended that in the light of the apparent and proven important benefits that have been achieved and well appreciated, academic medical leadership should pay particular attention to mentoring of clinician-educators, research track faculty, and senior faculty.

REFERENCES

1. Dyer L. The Continuing need for mentors in nursing. *J Nurs Staff Dev.* 2008;24(2) :86-90.
2. Kim KH. Clinical competence among senior nursing students after their preceptorship experience. *J Prof Nurs.* 2007; 23(6):369-75.
3. Lillibridge J. Using clinical nurses as preceptors to teach leadership and management to senior nursing students. *Nurse Educ Pract.* 2007;7(1):44-52.
4. Billay D, Myrick F. Preceptorship: an integrative review of the literature. *Nurs Educ Pract.* 2008;8:258-66.
5. Udalis KA. Preceptorship: an integrative review of the literature. *Nurs Educ Pract.* 2008;47:20-9.
6. Rhodes JE. A model of youth mentoring. In: DuBois DL, Karcher MJ, editors. *Handbook of youth mentoring.* Thousand Oaks, CA: Sage; 2005. pp. 30-43.
7. Rogers J, Holloway R, Miller S. Academic mentoring and family medicine's research productivity. *Fam Med.* 1990;22:186-90.
8. Schapira MM, Kalet A, Schwartz MD, Gerrity MS. Mentorship in General Internal Medicine: investment in our future. *J Gen Intern Med.* 1992;7:248-51.
9. Cronan-Hillix T, Gensheimer L, Cronan-Hillix W, Davidson W. Students' views of mentors in psychology graduate training. *Teach Psychol.* 1986;13:123-7.
10. Ainsworth MDS. Attachments beyond infancy. *American Psychologist.* 1989;44:709-716.
11. Rhodes JE, editor. *Stand by me: the risks and rewards of mentoring today's youth.* Cambridge, MA: Harvard University Press; 2002.
12. Jacobi M. Mentoring and undergraduate academic success. A review of the literature. *Rev Educat Res.* 1991;61:505-32
13. Kram KE, editor. *Mentoring at work.* Glenview, IL: Scott Foresman; 1985.
14. Sackett DL. On the determinants of academic success as a clinician-scientist. *Clin Invest Med.* 2001;24:94-100.
15. Grigsby RK. Five potential pitfalls for junior faculty at academic health centers. *Acad Phys Scientist.* 2004;5:2-3.
16. Kupfer DJ, Hyman SE, Schatzburg AF, Pincus HA, Reynolds I, Charles F. Recruiting and retaining future generations of physician scientists in mental health. *Arch Gen Psychiatr.* 2002;59:657-60.
17. Schapira MM, Kalet A, Schwartz MD, Gerrity MS. Mentorship in general internal medicine: investment in our future. *J Gen Intern Med.* 1992;7:248-51.
18. Larson EB. Academic mentorship: an important ingredient for our survival. *J Gen Intern Med.* 1992;7:255.
19. DuBois DL, Silverthorn N. Natural mentoring relationships and adolescent health: Evidence from a national study. *American Journal of Public Health.* 2005;95:518-524.
20. Bhagia J, Tinsley JA. The mentoring partnership. *Mayo Clin Proc.* 2000;75:535-7.
21. Jackson VA, Palepu A, Szalacha L, Caswell C, Carr PL, Inui T. "Having the right chemistry": a quantitative study of mentoring in academic medicine. *Acad Med.* 2003;78:328-34.
22. Weillepp AE. Female mentors in short supply. *JAMA.* 1992;267:739-42.
23. Allen TD, Poteet ML, Burroughs SM. The mentor's perspective: A qualitative inquiry and future research agenda. *J Voc Behav.* 1997;51:70-89.
24. Fagenson-Eland EA, Marks MA, Amendola KL. Perceptions of mentoring relationship. *J Voc Behav.* 1997;51:29-42.
25. Allen TD, Eby LT, Poteet ML, Lentz E, Lima L. Career benefits associated with mentoring for mentees: A metaanalysis. *J Appl Psychol.* 2004;89:127-36.
26. Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med.* 2002; 136:358-67.

27. Schapira MM, Kalet A, Schwartz MD, Gerrity MS. Mentorship in general internal medicine. Investment in our future. *J Gen Intern Med.* 1992;7:248-51.
28. Karcher MJ, Kuperminc GP, Portwood SG, Sipe CL, Taylor AS. Mentoring programs: A framework to inform program development, research, and evaluation. *Journal of Community Psychology.* 2006;34:709-725.
29. Rose GL, Rukstalis MR, Schuckit MA. Informal mentoring between faculty and medical students. *Acad Med.* 2005;80:344-8.



AUTHOR AFFILIATION:

Dr. Kamran Sattar (*Corresponding Author*)

Department of Medical Education

College of Medicine

King Saud University, Riyadh, Saudi Arabia

Email: drkamransattar@hotmail.com

drkamransattar@gmail.com

Dr. Durdana Siddiqui

Riyadh, Kingdom of Saudi Arabia.