



Mentorship/Āwhinatanga

Introduction

Mentorship or āwhinatanga involves a one-to-one or sometimes one-to-group relationship in which a mentor invests time, knowledge and effort to assist the mentee/s to achieve their potential both personally and professionally.¹

Mentorship is a voluntary, often informal, and usually long-term relationship.

NZNO encourages members to consider establishing mentorship or āwhinatanga relationships and processes as a means of supporting nurses in the workplace to achieve their aspirations, contribute to workforce retention and stability, and ultimately improve health outcomes. This guideline provides members with information and guidance on establishing a mentoring or āwhinatanga relationship.

Principles of mentorship and āwhinatanga

Mentoring is recognised as an essential element of professional nursing practice and is one of the most effective methods for developing people.² A mentor works with an individual or a group and is generally more experienced and knowledgeable than the mentee/s; they may also be older and more senior than the mentee,³ although this is not essential. Mentorship is not about assessing the competence of a clinician, fixing an identified problem or supervision processes, but is focused on socialisation of the mentee to the profession, and fostering their growth and development.⁴

Attributes of the mentoring relationship include empowerment, respect, mutual sharing, role-modelling, constructive feedback, support and encouragement.⁵ Although mentorship aims to enhance the personal and professional learning, growth, and advancement of the mentee, it is intended to be beneficial to both the mentor and mentee. Although mentorship is sometimes used interchangeably with preceptorship and/or supervision, it is important to remember that mentorship is a voluntary relationship, entered into by agreement with a mentor and that no formal payment is made.⁶ Table one provides some brief definitions of mentorship, preceptorship and supervision in order to assist in understanding the distinction between the terms.

Table 1. Definitions of mentorship, preceptorship and supervision

Mentorship	“Mentoring is a process for the informal transmission of knowledge, social capital, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development; mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé)” ⁷
Preceptorship	“Preceptorship is a time-limited, education-focused model for teaching and learning within a clinical environment that uses

	clinical staff as role models. Its primary goal is to assist new staff and students to adapt to their roles, develop clinical skills and socialize the novice to a department or institution” ⁸
Professional and Clinical Supervision	There are many definitions of professional and clinical supervision but all agree that it is a practice focused professional relationship that enables reflection on practice with the support of a skilled and qualified supervisor. ⁹ Professional and clinical supervision facilitates professional growth by allowing safe and supported exploration of clinical practice. ^{10,11}

For Māori, the principals of āwhinatanga include whakapapa, whanaungatanga, te reo, tautokotanga, manaakitanga, rangatiratanga, māhakitanga, utu, kotahitanga, wairuatanga, and kaitiakitanga.¹² It is important to note that within a Pākehā framework the job of mentor usually falls to respected and more senior colleagues as noted above. However, within a Māori framework the job of mentoring most appropriately falls to iwi elders or whānau leader.¹³

Given the diverse multicultural make-up of the New Zealand nursing workforce, it is important that any process of āwhinatanga or mentorship is mindful of the above principles and acknowledges the cultural imperatives required for a successful outcome. Approaches to mentoring and āwhinatanga may be different for nurses of different cultures and successful programmes will need to ensure culturally appropriate approaches are utilised at all stages of the process.¹⁴

Role of the mentee

Often it is the mentee who initiates the mentoring relationship. Nurses who wish to identify opportunities for career advancement, to enhance professional development, or build their knowledge of tikanga Māori may find a mentorship relationship particularly beneficial.¹⁵ The mentee will need to decide if professional or cultural mentorship is most appropriate based on their individual circumstances or the nature of the community they are working with. Acquiring a mentor can help provide the additional support and guidance needed to achieve personal and career goals. The following benefits associated with participation in mentorship have been identified for mentees:¹⁶

- > increased feelings of competence and confidence in practice;
- > decreased stress;
- > increased job satisfaction;
- > expanded networks;
- > more likely to complete programmes of study;
- > leadership development.

A systematic review by Sambunjak, Straus and Marusic¹⁷ found that it is important for mentees to both take the initiative in cultivating the relationship with their mentor, and be committed to the success of the mentorship relationship. In addition, Sambunjak et al. recommend that mentees be:

- > proactive;
- > willing to learn;
- > prepared for meetings; and
- > prepared to respond honestly to feedback.

Self-reflection is also encouraged.¹⁸ The mentee should be prepared to be open and honest, and contribute to a trusting and collegial relationship with their mentor.¹⁹ Mentee's should be respectful of their mentor's efforts and mindful of their other commitments.²⁰ The mentee should also be aware that where information is shared with a mentor that identifies a situation that could be considered 'unsafe' for the nurse, a colleague or patient/s, for example if a mentee discloses a situation in a workplace that is putting patients or individuals at risk of harm, the mentor may be required to disclose this information to others.

Sustaining mana, mauri and wairua are essential elements of an āwhinatanga relationship along with recognition that the upward mobility of an individual is linked to the upward mobility of whānau, hapu and iwi.²¹ Successful mentoring programmes for Māori in workplaces may need to emulate the successes of those found in educational institutions. Tahau-Hodges²² has found that good practice in mentoring programmes for Māori include:

- > prioritisation of mentoring or āwhinatanga as an important support activity for Māori;
- > programmes based on Māori values, principles and practices, supported at senior management level, and with dedicated infrastructure and resourcing;
- > utilisation of data and information to refine responsiveness to Māori needs;
- > providing mentoring activities and services that encourage long-term whānau-like relationships;
- > providing mentoring activities and services that focus on 'holistic' wellbeing;
- > contributing to community development and leadership through building the capacity of participants to 'give back' to their communities; and
- > supporting Māori to develop their identity as Māori.

Role of the mentor

A mentor may be an expert or leader within their field however this is not essential and some have found that a mentor's ability to guide a person is more important than their leadership or expertise.²³ As noted earlier, in Māori mentorship or āwhinatanga relationships, a mentor may be an iwi elder or whānau leader.²⁴ It is important to acknowledge that the mentee is an adult learner and the mentor will need to recognise the knowledge and experience the mentee brings with them to the relationship. Sambunjak et al.'s review identified the key attributes of a mentor from a western perspective and these are summarised in Table 1.

Table 1: Summary of key attributes of a mentor²⁵

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| <ul style="list-style-type: none">> Honesty> Sincerity> An active listener> Non-judgemental> Responsive> Accessible> Dedicated to developing the relationship with the mentee> Able to assist mentees to define and reach goals> Knowledgeable and experienced> Reliable |
|---|

- > Well-respected in their field
- > Compatible with their mentee in terms of practice style, vision and personality

Being a mentor can have significant benefits including:²⁶

- > enhanced self-fulfillment;
- > increased job satisfaction;
- > greater feelings of value;
- > improved interpersonal skills;
- > improved job performance;
- > increased learning, personal growth and leadership skills;
- > access to new knowledge, different perspectives and newer generational issues;
- > potential for career advancement.

Nurses who wish to share their knowledge and expertise with other nurses may find volunteering to be a mentor a satisfying way to achieve their goals.

Establishing a mentorship relationship

The context of the mentoring relationship will depend on whether it is a formal or informal mentorship relationship. Most New Zealand health organisations have formal preceptor programmes and associated training, but mentorship in the way we refer to it in this document is likely to be a less formal and less structured relationship. All parties, including employers, should recognise that successful mentorship requires time and we recommend that mentorship is acknowledged and supported in workplaces. Elements to consider when establishing a mentorship relationship are:

- > compatibility between a mentor and mentee;
- > whānau, hapu or iwi expectations;
- > communication styles;
- > boundaries or limits to the relationship;
- > dealing with disagreements;
- > options for 'opting out' if either party has difficulty with the relationship;
- > availability of time and support from the employer to ensure a successful relationship.

When choosing a mentor, a mentee may look for someone who knows them already and has observed them grow professionally, or a mentorship relationship may flow naturally from a relationship in which one person is already supporting and guiding the other. A mentor may identify someone in their workplace and approach them regarding the potential of establishing a mentorship relationship, or a tribal elder may appoint a mentor. Choosing to work with a potential mentor on a project or committee may help to confirm compatibility between mentor and mentee.²⁷ It is important to discuss expectations, learning styles, and limits or boundaries around the relationship where appropriate.

Outcomes of effective mentorship

Mentorship is intended to be beneficial for both the mentor and mentee. Sambunjak et al.²⁸ suggest that a mentoring relationship be based on the following values:

- > honesty;
- > trust;
- > mutual respect;
- > open communication;
- > confidentiality.

Effective mentorship is likely to positively affect the professional and personal lives of both the mentor and mentee.²⁹ Over time, as the mentee progresses in his/her career, the relationship may evolve into that of a peer-relationship,³⁰ and for Māori into whānau and tribal leadership roles.³¹ It is also natural that the relationship may come to an end.³² Both the mentor and mentee should remain mindful that over-dependence doesn't occur and be willing to address any conflict or challenges as they arise.³³

Further information

Further information can be found in the following publication available from the NZNO library:

- > Donner, G., & Wheeler, M. (2007). *A guide to coaching and mentoring in nursing*. Geneva: International Council of Nurses.

For further information on aspects of āwhinatanga the following article also available from the NZNO library may be helpful:

- > Hook, G. R, Waaka, T., & Raumati, L. P. (2007). Mentoring Māori within a Pākehā framework. *MAI Review*, 3(1).

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Correspondence to: nurses@nzno.org.nz

Principal authors: Jill Clendon, Nursing policy adviser/researcher, NZNO and Nikki Turner, Staff nurse, ADHB.

Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery.

NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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