



Responding to Transformative Changes in Nursing Through Alumni-Student Mentorship

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Abstract

In a health care environment characterized by transformative changes, nursing roles expand to address the complex factors that impact population health, nursing care, and care outcomes. The changes call for strategies by academic and service sectors that foster better learning connections between education and emerging practice trends. Alumni/professors emeriti mentorships offer one strategy for preparing the nursing workforce for new roles. In this collaborative essay between a mentor and a mentee, we hold that mentorship is a way to respond to transformative changes in nursing by reflecting on our own experiences of alumni-student mentorship. We encourage experienced and novice nurses to seek opportunities to mentor and be mentored and for the relevant institutions to collaboratively support the strategy.

Keywords: mentorship, nursing, nursing education, alumni association, professors emeriti association

Background

The World Health Organization (WHO) designated 2020 as the International Year of the Nurse and the Midwife in honour of the 200th anniversary of Florence Nightingale's birth. Hailed as a pioneer of modern nursing, Nightingale laid the foundation for professional nursing with the establishment of a nursing school at St. Thomas' Hospital in London, England in 1860

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(The Nightingale Home). In her book, *Notes on Nursing*, Nightingale delineated the roles and responsibilities of nurses (Nightingale, 1898). Now, over a century later, what are the roles of nurses in 2021? What are the implications for nursing education?

Transformative changes that emphasize population health, quality of care, and the value of services delivered, have occurred in healthcare since Nightingale's time: changes that have had direct impact on nursing as a profession and a practice (Fraher et al., 2015). Forces for change include cost of care, waste of resources, variability and lack of standardization in health care, accountable quality, healthcare system infrastructure, aging demographics with increased longevity, and chronic illness (Barker, 2017; Salmond & Echevarria, 2017). To be influential in shaping the changes, nurses must understand the factors driving them, the mandates for practice change, and the competencies that are required. They need knowledge about health behaviours (e.g., tobacco use, diet and exercise, alcohol and drug use, sexual activity), clinical care (e.g., access to care, quality of care), social and economic factors (e.g., education, employment, income, family and social support, community safety), environmental factors (e.g., air and water quality, housing, transit, culture), and evolving technology (e.g., virtual platforms of care, information technology, robot-assisted care). The knowledge gained is then coalesced into nurses' roles, which today focus on wellness, family and patient-centred care, care coordination including transitional care and interprofessional collaboration, and informatics including outcomes and improvement (Barker, 2017; Fraher et al., 2015; Porter-O'Grady, 2006; Salmond & Echevarria, 2017).

Responding to Transformative Changes

Ricketts and Fraher (2013; Fraher et al., 2015) called for better connections between education and practice so that transformative changes can be incorporated into the curriculum and clinical placements for nurses, physicians, and other health professionals. However, achieving this goal in a rapidly changing and increasingly value-focused care environment can be constrained by barriers (Institute of Medicine [IOM], 2001; Wall, 2014). One barrier is a lack of faculty and preceptors who are familiar with the emerging roles such care coordination and informatics. Another is securing faculty and preceptors who can teach key skills across a variety of care settings. The lack of community-based practices in which to place nursing students can be an impediment. Clinical placements with a patient-family caregiver dyad in a home setting with arms length supervision can require reconceptualising the instructor role. Securing opportunities for nurses to work to their full scope of practice in collaborative relationships with other healthcare professionals including active participation in decision making can be challenging (Stirling et al., 2017; Torrens et al., 2020; Wall, 2014). Finally, financial constraints can interfere with learning (IOM, 2001). For example, health care institutions may respond to budget restraints by reducing continuing education support that would enable nurses to adapt to changing roles. Consequently, nursing education programs are challenged to prepare nurses for an evolving health care system that emphasizes accountability for the health of populations and places nurses in roles that must address the increasingly complex needs of patients across a range of inpatient and community settings (Fraher et al., 2015). To mitigate the barriers, advocates for

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the desired education and regulatory changes are needed to prepare the nursing workforce for its new roles and new employment settings (Fraher et al., 2015). The advocates can be situated in both clinical and academic settings.

Two potential sources of academic based advocates are alumni and university professors Emeriti Associations. An *alumni association* is a formal organization comprised of graduates from a university, college, or school (Definitions.net, 2020). Its general mission is to strengthen the institution that it represents. A *professors emeriti association* is a formal organization generally comprised of professors who have retired from that institution and have been awarded emeriti status by the General Promotions committee of the University . Some associations also include president emeritus, vice-president emeritus, chancellor emeritus, and registrar emeritus in their membership (Johnson, 2011). These emeriti professors can contribute to the life of the university and society at large by providing a visible and active focus for the history, experience, and expertise that the members acquired over their tenure as university academic personnel (Emeriti Association of the University of Calgary, 2021). By maintaining active relationships with their respective institutions, both associations engage in establishing networking relationships through which new students are recruited, students and new staff are mentored, career paths are visualized, and scholarships and continuing education bursaries are awarded. Scholars knowledgeable about advances and trends in their disciplines present their work. The organizations may engage in publishing newsletters and fund raising to support cultural events and research (The Best Schools, 2020). Other benefits enjoyed by both organizations can include tickets to events such as art exhibits and concerts, discounts for university merchandise and apparel, and invitations to speaking events by prominent citizens. In this article, we focus on mentorship as a way to respond to the transformative changes.

Mentorship

Facilitating learning through mentorship is a key element of roles and responsibilities of registered nurses and advanced practice nurses in clinical practice, education, administration, and research (Canadian Nurses Association [CNA], 2019; College and Association of Registered Nurses of Alberta [CARNA], 2011, 2019). All nurses have a professional and ethical responsibility to mentor those who are new or less experienced to mentor and to share power, learning, and expertise (CNA, 2017; Hamric et al., 2009). As health care environments increase in complexity, mentorship becomes more important as a means of recruiting and retaining nursing workforce and faculty, supporting academic success, professional development and job satisfaction, enhancing nursing practice and research competencies, fostering nursing leadership and most importantly, providing safe, competent, and ethical care (CARNA, 2019; CNA, 2019; IOM, 2011; Nowell, 2018). Facilitation of mentorship among nurses is not limited to educational and practice institutions; nursing organizations also have a role (CARNA, 2019; IOM, 2011).

Firtko et al. (2005) positioned mentorship in academia by differentiating it from preceptorship. According to Firtko, preceptorship as an arm of clinical mentorship centres on facilitating successful orientation of nurses to new jobs, roles, responsibilities, and achievement of specific practice

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competencies within a given time frame. In contrast, mentorship within an academic context facilitates the mentee's professional growth and development and achievement of career potential over the long-term.

Mentorship is described as bringing together like-minded individuals through programs that pair learners with academic and service staff in similar career fields (Koprowski, 2016). Mentorship is a process which draws on the existing knowledge, skills, and experience of accomplished and empathetic educators and practitioners who will share their expertise to facilitate the professional development of novice and less experienced individuals (Rohatinsky et al., 2018; Straus & Sackett, 2014). Mentors are defined as being competent, self-confident, and having the ability and desire to help others succeed; mentees are characterized as exhibiting a desire to learn and a commitment to the long course of events (Hamric et al., 2009). Key components of a mentoring relationship include open communication and accessibility, goals and challenges of the mentee, passion and inspiration, a caring personal relationship, mutual respect and trust, exchange of knowledge, independence and collaboration, and role modeling (Eller et al., 2014). The relationships tend to be voluntary and unpaid. They often have a defined time limit, although a pair may decide to continue to work together beyond the agreed upon time, especially if the relationship has been productive and helpful to both (Skills You Need, n.d.). Mentorship builds collegial relationships and can be both formal and informal (CARNA, 2019). Whereas formal mentoring requires the approval and support of the organization with objectives, structures, and time limits, informal mentoring is unstructured, mutually beneficial, self-selected, and usually lasts longer (Hamric et al., 2009).

Reflections of a Mentor

My role as a mentor began during my term as the associate dean of undergraduate nursing programs when a colleague spoke to me regarding her concerns about her international students who were struggling to adjust to the Canadian university system. The students had come with strong academic credentials, were highly motivated, and confident about their mastery of English, only to be confronted by a culture for which they were not prepared. Our approach was to create an extracurricular conversation group which met on campus once a week for 1 1/2 to 2 hours. Initially, my colleague and I structured the conversations to link with nursing content. However, once the students became comfortable with us, they requested that our conversations go beyond nursing content to include a focus on living in a Canadian culture and meeting the requirements for success at a Canadian university. My time with these students eventually led to my post-retirement connection with English-as-an-Additional-Language (EAL) students when instructors asked me for assistance with international students who were struggling academically in spite of having the requisite credentials for success. Initially, the students came with a singular expectation which was for me to edit their papers for spelling, punctuation, sentence and paragraph structure, which was a legitimate need. However, I recognized that, as EAL students, their need was greater than mere editing. They also required opportunities to formulate their ideas, reflect on them, and communicate them clearly in English, thereby gaining greater understanding. It was through discussion that they were able to do this, but discussion required

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time. As a retired educator, I had both time and desire to serve in this mentorship role. The students' ultimate success was affirming both for them and for me. However, the benefits for me went beyond that. Through our academic discussions, I maintained currency with the literature and, through their accounts about their clinical practice, I kept abreast of trends in nursing.

Although not serving directly as a mentor, I have also been privileged to connect with nursing students and facilitate their learning through my nursing alumni. After the closure of my school of nursing, the alumni sought ways through which we could continue to contribute to and remain connected with nursing. We have accomplished these objectives by providing continuing education bursaries to practicing nurses and a bursary awarded annually to an undergraduate nursing student through the university awards department. We are rewarded in the letters from practicing nurses describing the difference the financial support has made to their practice. We are delighted when the recipients of our alumni bursary at the university attend our annual banquet and speak about their vision of nursing.

As a professor emerita, I continue to connect with undergraduate and graduate students by creating and supporting opportunities for them to present their scholarly work and receive feedback from the community of retired professors. Our professors emeriti association also supports Indigenous students through a scholarship awarded annually.

Reflections of a Mentee

My role as a mentee started when I joined the EAL nursing students support group. I was in the second year of the bachelors of nursing program. The undergraduate nursing program had experienced an increasing number of students who were recent immigrants, including myself. Although I was fortunate to be able to focus primarily on my studies, many of the students had families, children, part-time work, and other domestic responsibilities. Successful completion of the nursing theory and practice courses while also striving to improve English writing and communication skills and master culturally competent nursing skills necessary to provide professional care was a shared challenge among the students. A group of professors who were mindful about the unique challenges confronting the EAL students initiated a support group with the purpose of providing encouragement and guidance. There I met my mentors, with whom I have had lasting relationships over time. When the initiative was first advertised, my peers and I were reluctant to attend the group because of the tacit stigma attached to being identified as an English-as-the-Second-Language (ESL) or EAL student, although the academic struggle we were experiencing was self-evident. However, being curious about what the support group could offer us, we attended our first meeting. It was not long before we looked forward to those Tuesday evenings when we could meet with the professors and talk freely about our struggles. The weekly conversations about cultural diversity, nursing concepts, skills, and proofreading of assignments were extremely helpful. Moreover, we received valuable, but unexpected emotional support as mentors acknowledged our concerns as legitimate, listened to our hardships, celebrated our successes, and motivated us to stay positive and to persevere. In addition, the group provided resources that we needed to overcome language and cultural differences, accept

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challenges, grow, and develop as knowledgeable and competent nurses in Canada. The mentorship group provided a safety net for us to expose our vulnerabilities and connect with mentors openly without worries of being judged. Within the supportive relationships built on mutual trust and rapport, mentorship evoked change and empowerment.

I am one of the fortunate graduates who has continued to experience lasting mentorship throughout my career and graduate studies as the formal mentoring relationship evolved into an informal one over time. While mentorship for many is linked to developing clinical nursing skills, the mentorship I received has been academic support that created a protected environment where I can formulate and challenge ideas, ask questions, receive wisdom, and develop critical thinking, research, and writing skills. This support continues to be pivotal in my doctoral studies and professional development as a nurse scholar. Mentoring has been a gift that facilitated my growth as a nurse and fostered my own ability to mentor other nurses and nursing students. Through example, my mentors nurtured the spirit of mentoring in me as I look forward to returning their generosity, passion, and inspiration to future nursing students. From my own experience, mentoring is not just a tool to retain nursing workforce or enhance nursing practice. Mentoring is a pipeline that can generate new nurse leaders and pass down the culture of collaboration and leadership to the next generation of nurses.

Concluding Remarks

In a dynamic, fast-changing health care environment, nursing leadership in mentoring and coaching is crucial to developing and sustaining a competent nursing workforce with collaborative nurse leaders. While a number of barriers exist to connecting education and practice to prepare new nurses for transformative changes in health care, we hold that mentorship remains an enabler for supporting professional socialization of nurses and development of nurse leaders. In our reflections as a mentor and a mentee, we illustrate an example of alumni/professor emeritus-student mentorship and its benefits. For novice nurses, mentorship and preceptorship can bridge the gap between education and real-world experiences. Mentorship by role-modeling can foster the mentee's leadership skills. Our mentoring relationship began from a structured mentorship initiative at a university with the type of mentoring support being academic. However, mentorship opportunities can arise regardless of the setting as long as there is a mentor who desires to help and a mentee who desires to learn. The type of support and time requirement would vary depending on the particular challenge, need, and goals of the mentee. The ability to help nursing students and novice nurses become competent and confident nurses requires caring leaders who are interested in and committed to the success of the new nurses. More experienced nurses can advocate for the professional development of nurses who are new and less experienced by coaching and guiding, leading by example, role-modeling, sharing learning and committing to each other's professional growth, creating a shared vision, and engendering empowered leadership among nurses. Empowered nurses can, in turn, empower other nurses, health care members, and patients. Experienced and novice nurses should seek opportunities to mentor and be mentored and articulate the benefits of mentoring activities. Speaking about the

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benefits of mentorship can contribute to creating a positive organizational culture that fosters the mentoring activities of nurses.

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