

Mentoring Program

Introduction to Mentoring

Mentoring is a reciprocal and collaborative learning relationship between two, sometimes more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship. It is a process where the more experienced person assists in the learning and development of the less experienced individual. The mentor often serves as a guide, expert, counselor, wise teacher, and role model.

Traditional views of mentoring describe it as a relationship that occurs spontaneously and is based on a chemistry between two people. Mentoring may also occur through structured programs where a mentor-mentee dyad is selected, paired, or matched by others rather than by the individuals themselves. Both types of mentoring relationships can be effective as long as the mentor and mentee are committed to it and agree to identify and meet the needs of the individual being mentored.

A mentoring program will help to:

- Develop supportive and encouraging relationships
- Guide nurses in their professional, personal, and interpersonal growth
- Promote mutuality and sharing based on the needs of the mentor and mentee
- Communicate information concerning expectations, learning opportunities, and stressors

Matching Mentors and Mentees

Planned mentoring programs will match a mentee with a mentor. Providing a good fit between the mentee and mentor can either make or break the relationship and the ultimate success of the mentoring program. A successful relationship is even more beneficial when the individuals involved like each other, understand their responsibilities, have a mutual desire to build a relationship, realize they both have something to offer and learn from the other, and both share the goal of excellence in their nursing practice.

A good fit between the mentor and mentee occurs when mentors are caring, compassionate, genuine, and willing to disclose information about themselves and about what they know. Mentees, on the other hand, need to be open to accept feedback and be willing to learn more about themselves and their expected role. Matches are often more likely

to be successful when mentors and mentees are involved in selecting their partners. However, mentoring relationships can be successful when the two individuals are selected by others such as a selection team or a site coordinator.

Guidelines for matching the mentor and mentee can be very helpful. These guidelines may be based on skills, expertise, availability, learning/facilitation style and fit, experience, interpersonal skills and behavior, professional interest, personality, accessibility, education background, gender, willingness/interest, and compatibility.

Foundations of Mentoring

Inherent in mentoring are two important foundational concepts — principles of adult learning and the novice to expert continuum. While these concepts will be most beneficial in helping mentors be effective in their roles, they can also be helpful for mentees to gain a better understanding of the mentor role. It is likely that mentees, especially if they have experienced a successful mentoring relationship, will themselves become mentors in the future.

Adult Learning Principles

The mentoring relationship involves the mentee as an adult learner engaged in a life experience that presents new opportunities for growth and development. The astute mentor is knowledgeable of adult learning principles and applies them to the mentoring relationship as a development process.

Mentoring is a partnership between the mentor as a teacher and the mentee as a learner. The quality of this partnership determines the true value of the learning experience. As adult learners, mentees assume responsibility for their own learning and behavior. As teachers, mentors act as guides and facilitators of learning. The partnership must be based on the belief that the learner is at the center of any significant adult learning activity. Learners must be involved in all phases of the learning process - needs identification, planning, participation, and evaluating the learning outcome.

As facilitators of adult learning, mentors approach mentoring as a development sequence which requires an awareness of the mentees' learning needs and their stages on the learning curve. In considering mentees as unique adult learn-

Table I.
Adult Learning Principles

• Adults need time to learn at their own pace.
• Adults have unlimited potential for growth and development.
• Moving from the simple to the complex gives the adult a sense of achievement.
• Learning involves moving from dependency on the teacher/facilitator to increasing self-directedness, but at different rates for different people.
• The learning environment is characterized by physical comfort, mutual respect and trust, freedom of expression, and acceptance of differences.
• Learning must be based on learners' needs. Facilitators help learners diagnose the gap between what they know and what they need to know or do.
• Adults are motivated by the desire to immediately use or apply their new knowledge or skills. When learners need to do something now that they do not know how to do, they have a "readiness to learn." This is what is meant by the "most teachable moment."
• Adults are responsible for their own learning and take an active role in the learning process.
• Adult education is learner-centered. It begins with the learners and where they are, and takes into consideration what will be meaningful for them.
• Adults are what they have done. They have a deep investment in the value of their life experiences. Adult education includes and builds upon the life experiences of the learners.
• Learning should begin at a level equal to the learner's comprehension level.
• Adult education fosters critical reflective thinking.
• Problem posing and problem solving are fundamental aspects of adult education.
• Adult education is concerned with the development of the whole person, including their attitudes, feelings, and emotions.
• Learning can happen anywhere.
• Learning is enhanced by repetition.
• Much significant learning is acquired through doing.
• A positive or negative self-concept can promote or inhibit learning respectively.
• Stress reduces one's ability to learn.
• Learners need to know how they are progressing on their learning goals. This is accomplished through self-evaluation and feedback from others.

Source: Cohen, 1995; Knowles, 1980; Lindeman, 1961; Rogers, 1979.

ers, mentors must be flexible and willing to make adjustments in the learning experience based on the mentees' maturity and learning styles. Effective mentoring becomes a continuous learning process that is a synthesis of events, experiences, thoughts, observations, feedback, and analyses.

Further adult learning principles that are beneficial to the mentoring relationship are included in Table I.

Novice to Expert Continuum

As we begin a new role, we find ourselves at a novice level. Through experience we learn and progress to higher levels of performance. Most of us have moved along the novice to expert continuum perhaps several times in our lives. We've reached the expert level only to realize our life circumstances or goals change, and we find ourselves a novice once again. Since we've been there before, we know the stages and hopefully can progress more quickly along the continuum.

Becoming a novice can be frustrating for individuals who are new to a position. For example, a person may have been a nursing student for a few years and felt fairly comfortable with the student role. Then they became a graduate nurse which is a real world situation and the nurse finds herself a novice in this role. The same may be true for an experienced staff nurse who transfers to a new unit or becomes a charge nurse. When these nurses take on a new role, things change. The new role requires a new skill set. A mentoring relationship will help the nurse accelerate through the novice to expert continuum.

Benner's (1984) Novice to Expert model explains how the acquisition of new skills requires a progression through stages or levels, and discrete capabilities distinguish the stage of development reached. There are five levels that one passes through in the acquisition and development of a skill:

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

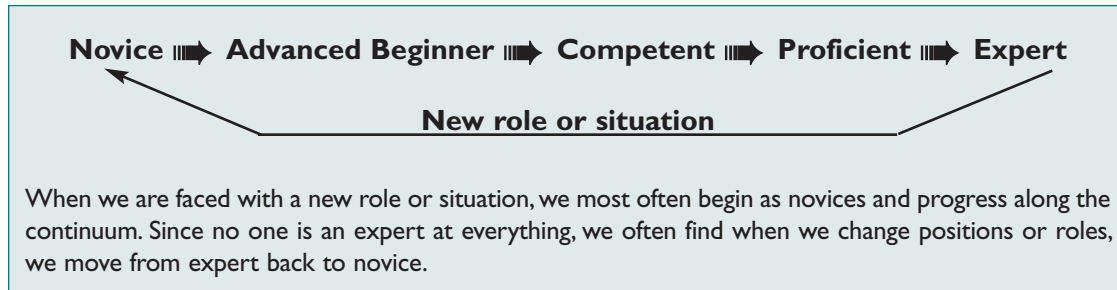
This model fits perfectly with the stages of growth for nurses who assume new roles. As they learn their new roles and grow, they progress along the novice to expert continuum (see Figure 1).

Novice

When nurses take on new and unfamiliar roles, they often begin at the novice stage. Novices use rules and facts to guide their actions. They adhere to these rules without consideration for the context of the situation. These rules are limiting since no rule can tell the novice which tasks are most relevant in an actual situation and when it is acceptable to make exceptions to the rule. Novice nurses are unable to view situations as a whole, rather they see the individual parts. It is difficult or near impossible for them to put all the parts together and see the big picture. They are concerned with the tasks at hand and cannot do more than one thing at a time.

Consider a new graduate nurse who is conducting a patient assessment and documenting in a new charting program. The focus tends to be on the mechanics of charting rather than the patient and patient needs. The patient assessment is disjointed and focused on individual body systems rather than integrating the assessment data and viewing the patient holistically.

Figure 1.
Novice to Expert Continuum



Source: Benner, 1984; Hnatiuk, 2009.

Moving from Novice to Advanced Beginner and Beyond

Most novices want to feel and be seen as competent immediately upon taking on a new role. It is uncomfortable knowing one does not have a firm grasp of a new role. Both mentees and mentors must realize there are developmental stages to pass through before one actually reaches a high level of performance. This is normal and patience is the key to maintaining control of the situation. Not only do mentors need to be patient with their mentees, but mentees must be patient with themselves as well. Mentees will more quickly become successful in their roles when they listen actively to what is going on and are willing to act like sponges, soaking up as much learning as possible.

Mentors can best help their mentees by using adult learning principles to help them learn, grow, and progress through the novice to higher level stages. Knowing the characteristics of these stages helps to understand the development process and realize the time and commitment needed to progress to the next levels. Patience and a willingness to share and learn are the keys.

With time and experience, novice nurses continue to experience the real world and progress to the advanced beginner stage and beyond. The characteristics of the advanced beginner to expert stages are described in Table 2.

Phases of the Mentoring Relationship

The mentoring relationship can be characterized in three phases – beginning, middle, and closing. The characteristics of each phase are depicted in Table 3.

Characteristics of Successful Mentoring

Successful mentoring relationships must be built on trust, openness to self-disclosure, affirmation, and willingness and skill in giving and receiving feedback. Although the old cliché states “trust must be earned,” a positive mentoring relationship needs to begin on the right foot – that is, both individuals trusting each other unless or until something happens to erode that trust. Establishing an early psychological foundation of *trust* is a prerequisite to promoting meaningful reflection and self-disclosure in future interactions.

Self-disclosure is another characteristic of a successful relationship. Both the mentor and mentee must be willing to share things about themselves, including those situations that may not have been pleasant experiences. The mentee must reveal vulnerable and weak areas so the mentor may provide support and guidance. The mentor must be willing to share personal mistakes since these real situations can provide valuable learning experiences for the mentee. Sharing mistakes in a humorous way can help alleviate some of the fear and anxiety the mentee may be experiencing.

Another characteristic is *affirmation*. The mentor must believe that the mentee will be successful and repeatedly make statements that affirm the mentee’s knowledge and expertise. The mentor must believe in the mentee’s capacity for success even though the mentee may be unaware of it. It is equally helpful for the mentor to show respect for the mentee’s past, present, and future accomplishments.

The fourth characteristic of a successful relationship is *willingness and skill in giving and receiving feedback*. This is important for both the mentor and mentee since one of our greatest learning opportunities occurs through the feedback we give to and receive from others. Both individuals must offer constructive feedback, positive and negative, to assure that common needs and goals are being met. They need to know how the other is doing in the relationship to determine their future direction. It is most helpful if, early in the relationship, the mentor and mentee agree on how to give each other feedback.

The mentor will be faced with the difficult decision of when it will be appropriate to provide the mentee with negative constructive feedback. In the beginning of the relationship, both individuals may be strangers. Confrontation is difficult enough when two people have an established relationship. The implications of confrontative behavior at the beginning of a relationship must be carefully weighed. Timing on the part of the mentor is critical. Confrontative feedback too early in the relationship when the mentee primarily needs support can be unproductive and detrimental to the relationship.

Table 2.
Characteristics of Advanced Beginner to Expert Stages

Advanced Beginner	
<p>Advanced beginners demonstrate marginally acceptable performance. They have encountered enough real situations to realize there is recurrent meaning in the components of the situation. Nurses at the advanced beginner stage need assistance in determining priorities because they cannot readily sort out what is significant in complex situations. Their work centers on organizing and completing tasks. They become anxious when they feel they are losing control of the task environment. They are concerned with the current situation with little regard for the past or future. They rely on</p>	<p>protocols or procedures to guide their actions and believe the protocols are appropriate for all contexts.</p> <p>Advanced beginners are often working at the edges of their safety and knowledge. They are fully responsible for their actions, while at the same time feel largely dependent on more experienced individuals such as the mentor. Guidelines and applicable examples are helpful for them.</p>
Competent	
<p>As advanced beginners gain confidence through experience with actual situations, they move to the competent stage of performance. Nurses at the competent stage begin to see their role in terms of long-range plans or goals. They focus their energy on accomplishing what they planned and controlling the activities and events in the situation. They are able to differentiate between important and insignificant components of a situation. These nurses are able to set priorities.</p> <p>They feel responsible for and emotionally attached to the decisions they make. Decisions are analytical and they are invested in the outcome. Successful outcomes can be very satisfying, while</p>	<p>unsuccessful outcomes are not easily forgotten. Since nurses at the competent stage are emotionally invested in their decisions, it is important at this stage to encourage them to talk about their feelings and anxieties and verbalize the questions they have.</p> <p>The competent stage is characterized by not needing help, putting tasks in order, and planning based on goals and predictions. At the competent level, the nurse's abilities to view the whole situation may be hampered by their emphasis on structuring their work by specific plans and goals. They may lack speed and flexibility. However, it is at this stage that they feel they have mastered their roles.</p>
Proficient	
<p>With continued practice and experience, nurses at the competent stage move to the proficient level. This stage is characterized by the ability to recognize the big picture and think systematically. Proficient nurses are guided by their experience to anticipate what to expect in a given situation and how to modify their plans to respond to these events. Systems thinking improves their decision making ability.</p>	<p>Proficient nurses are able to organize and analyze, interpret and understand, and manipulate the environment to respond to the situation at hand. Their actions are now ordered by the situation as it unfolds rather than by preset plans. Proficient nurses read situations well and are able to set priorities. Leaving things out is no longer a worry because they are confident in their ability to notice the important things and filter out those that are unimportant.</p>
Expert	
<p>Proficient nurses may make the transition to the expert stage, although not all individuals will attain the expert level of practice. This may be a matter of choice or a matter of ability. Experts function much differently from the other stages of development. When things are running smoothly and experts find themselves in familiar territory, they are immediately and directly able to grasp the situation. Important aspects of a situation stand out, and they are able to readily dismiss those that are unimportant. They know when they have a firm grasp of the situation and when they don't.</p> <p>Expert nurses are often great historians and can explain why decisions were made in the past. They are often a rich source of information and quite capable of providing sound advice. Expert</p>	<p>nurses possess a sense of intuition about certain situations as a result of extensive experience. Experts are quick and skillful in their actions. They zero in on problems and are fluid, flexible, and highly proficient. They are able to manage a variety of tasks or activities at the same time. They display a sense of calmness and control. Experts selectively filter information and pass on the important aspects to appropriate individuals.</p> <p>Experts no longer rely on rules to govern their practice. It is often difficult for experts to explain the thinking process they use in reaching a decision. They no longer think in steps or increments. Often the expert nurse is not the best teacher for the novice because it is difficult for the expert to explain decisions or actions in enough detail for the novice to grasp and learn.</p>

Source: Benner, 1984.

Table 3.
Phases of the Mentoring Relationship

Beginning Phase – Characteristics
<p>Mentors and mentees focus on interpersonal relationship building through establishing trust and nonjudgmental acceptance, articulating expectations of the relationship and each other, engaging in meaningful dialogue, determining well-defined learning goals, and initiating relevant self-disclosure. Mentees tend to put mentors on a pedestal and emulate behaviors. Mentors feel rewarded by the mentor role and value and nurture the development of the mentees. They may exchange and discuss their resumes/CVs.</p>
Middle Phase – Characteristics
<p>A safe and positive psychological climate is established and nurtured. Mentors request detailed information from the mentees and offer specific suggestions about current plans and progress in achieving goals. Mentees feel enhanced self-esteem due to the coaching and progress made. Mentees develop and confirm new skills. This phase is characterized by a high degree of interaction and intellectual exchange.</p> <p>Mentors progressively suggest new avenues for learning, then move toward tactics for solving new and more complex situations and problems. As the relationship builds, feedback (positive, but especially constructive) is given and taken in a more comfortable and growth-producing way. Mentors encourage less and less reliance and the mentees become more autonomous in their roles.</p>
Closing Phase – Characteristics
<p>The formal part of mentoring comes to closure when mentees feel comfortable functioning on their own. Mentors encourage the mentees to reflect critically on outcomes, goal achievements, and future plans. Mentors motivate mentees to take risks, make decisions without certainty of the results, overcome difficulties in the journey to reach their career goals, and become independent adult learners. Mentees achieve greater autonomy and become empowered. Both may mutually seek to dissolve the relationship. They may alternate between feelings of loss and liberation.</p> <p>Mentors remain interested and stay in touch with the mentees to provide continuing support and a safety net if needed. Mentors may feel they have shared everything they know and are proud of the mentees. As separation occurs, the relationship may transform into a friendship or peer mentoring in which both individuals take turns in mentoring each other through their nursing and life experiences. Mentoring that progresses and ends on a positive note will be memorable throughout the lives of both mentors and mentees. Mentees may themselves become mentors some day. Both partners reflect on the success of the mentoring relationship, share best mentoring practices, thoughtfully consider any stumbling blocks and what was learned from them, determine ways to improve future mentoring, and celebrate the successes.</p>

The mentee also needs to provide feedback to the mentor so the mentor is aware of the behaviors that are contributing to the success of the relationship and those that need to be altered. Mentors who have achieved success in their own lives learn more about themselves and their own competency through feedback from mentees.

Mentoring fosters mentee competence through mutual respect, trust, and admiration. The mentor brings to the relationship knowledge and expertise. The mentee brings enthusiasm and a desire to learn. Through a common vision and purpose, they blend together their qualities and create a synergistic relationship which helps each rise to a level higher than either could do alone.

Mentee Role

Mentoring doesn't just happen. It involves a significant expenditure of time and energy on the part of the mentor and especially the mentee. Successful mentees are willing to assume responsibility for their own learning and growth. They seek challenging assignments and responsibilities. While they are receptive to feedback and coaching by the mentor, they also are willing to constructively give feedback. If they are not receiving the feedback they need or desire, mentees assert themselves and ask for it.

The demonstration of accountability, or living up to promises and commitments, is important. Mentees learn to achieve a balance between their own independence and reliance on the mentor. Over time, the independence will most likely dominate and the relationship will change. After spending time with a mentor, mentees often feel refueled and inspired to make a difference in their practice. Other benefits of mentoring for the mentee include:

- Increased self-confidence
- Enhanced leadership skills
- Accelerated cultural acclimation
- Advancement opportunities
- Stress reduction
- Improved networking ability
- Political savvy
- Legal and ethical insight

Mentor Role

Mentors are willing and committed to assist in the developmental growth of the mentee. This involves a reasonable amount of time and personal investment over an extended period of time. It is not unusual for mentors to believe they don't have enough time to spend on the mentoring relationship. However, the time invested is time well spent for both individuals and the hospital or facility as a whole.

The mentor's primary purpose is to help the mentee learn the ropes, their role, the political environment, and the culture of the unit or organization in a formal, yet informal way. Frequent communication offering affirmation and sup-

port will help the mentee progress through the program in a timely manner.

The mentor may wear many hats such as teacher, supporter, protector, facilitator, counselor, guide, model, nurturer, predictor, coach, door-opener, idea-generator and bouncer, feedback-giver, eye-opener, energizer, standard-prodder, problem-solver, and challenger. These roles may sound like a tall order to fill, and they are. However, they demonstrate the importance of the mentor role. To be most effective in this role, mentors must have clear perceptions about themselves and how they are or are not able to wear all of these hats.

Mentors are the guides in establishing the criteria by which a successful relationship is developed and evaluated. They create a warm and accepting environment that allows the mentees to control the relationship, while at the same time permitting the mentees to be themselves and voice relevant concerns and needs. Mentors are not distant and idealized role models. Rather, they are personable, approachable, reasonable, and competent individuals who are committed to helping mentees achieve the success of which they are capable.

Effective mentors are confident enough in their own knowledge, skills, and successes that they do not perceive mentees or their accomplishments as threatening. They are committed to seeking situations that will benefit the mentees' development. They also praise the mentees' accomplishments and publicize them to others. Mentors often recommend their mentees for significant projects or promotions.

Mentors bring experience and wisdom. They provide their mentees with insights that would otherwise have been gained only through trial and error. They ask a lot of questions, especially "why?", which encourages mentees to stop and reflect on situations and potential alternatives. Mentors are good at linking together different bits and pieces of their mentees' lives, such as work and home, thoughts and feelings, successes and failures. They try to look at the bigger picture and the future. At times, this may be difficult for mentees because their focus is on the here and now. This type of mentoring can lead to breakthroughs or peak experiences, creating memorable occasions that last for decades.

Ideal mentor qualifications and characteristics include:

- Commitment to the mission and goals of the organization or unit
- Strong interpersonal skills
- Exemplary leadership skills
- Willingness to assist in the mentee's growth
- Willingness to learn from the mentee
- Personal power and charisma
- Ability to think strategically
- Ability to share credit and successes
- Ability to help the mentee learn from mistakes
- Ability to embrace diversity

- Patience
- Willingness to take risks and share lessons learned
- Accountability — living up to expectations and meeting deadlines
- Time/availability
- Personable and approachable
- Respect and consideration of the mentee

Mentors benefit from the mentoring relationship by learning, acquiring insight, and meeting challenges alongside their mentees. Mentors receive much satisfaction in seeing another person grow and be successful, knowing they played a part in making it happen.

Potential Problems with Mentoring

Mentoring, just like any type of relationship, can have its problems or drawbacks. If the mentoring relationship is forced, it can fuel discontent, anger, and resentment. There is no guarantee that two people on a blind date will like each other even if a computer dating program matches them perfectly. The same is true of mentoring. Sometimes people are in different stages of personal development. Other times the mentor-mentee match simply doesn't work. It is no one's fault as not all chemistries are compatible. Personality clashes may exist. Sometimes one partner grows faster than the other or in a different direction and a strain on the relationship may occur.

One common problem that occurs is the lack of follow up and commitment to sustain the relationship. Other problems with mentoring include mentors who overburden the mentee with work and responsibilities and vice versa. Mentees may become a clone of the mentor and lose their individuality. Mentees may feel mentors are supervising their work too closely or perhaps being neglectful when mentees need their assistance. Mentees may also become too dependent on mentors. An unfavorable incident may occur in which the mentor or mentee feels betrayed or let down. Jealousy and personal or ethical disagreements may also strain the relationship.

Gender issues may arise between mentors and mentees of the opposite sex. Differences in communication styles can create misunderstandings. Women may manage conflict differently than men. They may delegate authority and make decisions differently. These differences may cause the relationship to separate rather than to build. Perceptions by others may cause problems if rumors begin that a romantic relationship is developing between the mentor and mentee.

Mentors or mentees who are experiencing failure may cause one another to feel guilty or embarrassed because they are associated with each other. If the mentor fails or falls out of favor within the unit or facility, the mentee, through association with the mentor, may also fall out of favor.

A final problem with mentoring is the case of toxic mentors. These are mentors who are detrimental to the success of the mentee. They may be unavailable or inaccessible to the

mentee or may throw the mentee to the wolves to either sink or swim. Toxic mentors may also block the mentee's progress or criticize the mentee in various ways.

Both mentors and mentees can learn from the problems that others have encountered in the mentoring relationship. If signs of these problems are beginning to develop in the relationship, both individuals have a responsibility to confront the situation and actively plan a resolution or dissolution. *Prior* to entering into a mentoring relationship, both parties should agree to a no-fault separation if one or both individuals realize the relationship is not working effectively.

Developing Expectations

Mentors and mentees should initiate and discuss their relationship. They should begin to learn about each other by exchanging resumes/curriculum vitae and discussing pertinent life experiences. Formulating expectations of the relationship and of each other can be a particularly powerful way of planning for the success of the relationship.

Expectations are the perceptions of the way we should behave in our roles or positions. In other words, expectations define what to do under various circumstances. Developing clear expectations can build a strong relationship. It also provides a framework for behaviors that are acceptable and unacceptable. Unclear expectations can break down communication and trust, essential elements of the mentoring relationship.

Some of us think we know what others expect of us without having to discuss our expectations. In most cases, this is not true. After all, if others do not know what you expect of them, how will they ever meet your expectations? Once expectations are developed, the mentor and mentee must agree to meet those expectations. Developing expectations will help to confront problems head on. While confrontation is usually not easy, clearly stated expectations help to take some of the pain out of confrontation because the person has essentially broken an agreement that he or she has made.

Expectations are statements of expected behaviors. They are a) observable, b) achievable and stated in a positive way, c) reviewed frequently for currency, and d) important, meaningful, and real to both the mentor and the mentee.

You may be thinking, "What does an expectation look like?"

Below are some examples.

I expect my mentor to:

- Be committed and share in the responsibilities of the relationship.
- Encourage me to take risks, support me in these endeavors, and help me learn from my mistakes.
- Encourage my progressive independence, but continue to provide guidance and feedback as needed.
- Keep all information we discuss confidential unless otherwise agreed.

I expect my mentee to:

- Be willing to try new ideas, make mistakes, and learn from the experience.
- Accept my guidance and feedback in the constructive manner in which it is given, but be willing to challenge my thinking and ideas.
- Work diligently in progressing through the mentoring program to be successful in my new position.
- Keep all information we discuss confidential unless otherwise agreed.

Evaluating the Mentoring Relationship

Mentoring is primarily a close personal relationship and a process of working together as partners to achieve mutually agreed upon goals. This relationship and process should be carefully monitored on a regular basis to ensure its effectiveness or to resolve conflicts or problems before they are detrimental to the relationship.

Throughout the mentoring program, the mentee and mentor should determine set intervals to check on the progress of the mentoring process. They should provide feedback to each other on the strengths of the program, quality of the interpersonal dynamics, progress made to date, areas for improvement, and future direction. In addition to periodic feedback during the mentoring program, both the mentor and mentee should evaluate the strengths and limitations of the overall mentoring program.

Benefits for the mentors, mentees, and the organization or unit can be determined along with recommendations for improvement of the program. Once the formal mentoring program goals are achieved, does not mean the mentoring relationship must end. Hopefully, the relationship will continue for as long as both individuals agree to the need for and value of it.

Adapted with permission from Hnatiuk, 2009.

References

- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley Publishing Company.
- Cohen, N. (1995). *Mentoring adult learners: A guide for educators and trainers*. Malabar, FL: Krieger Publishing Company.
- Hnatiuk, C.N. (2009). *Mentoring the stars: A program for volunteer board leaders*. (2nd Ed.). Pitman, NJ: Anthony J. Jannetti, Inc.
- Knowles, M. (1980). *The modern practice of adult education: From pedagogy to andragogy*. Englewood Cliffs, NJ: Cambridge Adult Education.
- Lindeman, E. (1961). *The meaning of adult education*. Eugene, OR: Harvest House, LTD.
- Rogers, C. (1979). *Freedom to learn*. Columbus, OH: Charles E. Merrill, Publishing Company.

Additional Readings

- Darling, L. (1985). What to do about toxic mentors. *The Journal of Nursing Administration*, 15(5), 43-44.
- Garvey, R., Stokes, P., & Megginson, D. (2008). *Coaching and mentoring: Theory and practice*. Thousand Oaks, CA: Sage Publications.
- Maxwell, J. (2008). *Mentoring 101*. Nashville, TN: Thomas Nelson.
- Merlevede, P., & Bridoux, D. (2004). *Mastering mentoring and coaching with emotional intelligence*. Norwalk, CT: Crown House Publishing Company.

-
- Murray, M. (2001). *Beyond the myths and magic of mentoring: How to facilitate an effective mentoring process*. San Francisco, CA: Jossey-Bass Publishers.
- Parsloe, E., & Leedham, M. (2009). *Coaching and mentoring: Practical conversations to improve learning*. Philadelphia, PA: Kogan Page Publishers.
- Shenkman, M. (2008). *Leader mentoring: Find, inspire, and cultivate great leaders*. Franklin Lakes, NJ: Career Press.
- Zachary, L. (2005). *Creating a mentoring culture: The organization's guide*. San Francisco, CA: Jossey-Bass Publishers.