Esteemed connection: creating a mentoring relationship for nurse leadership

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Mentoring relationships occur across a range of nursing contexts and are shown to have multiple, favourable personal and professional outcomes. Specifically, mentoring has been associated with the development of nurse leaders. This study describes features that are integral to initiating mentoring relationships that focus on nursing leader development. These significant features are addressed in relation to the nursing literature. Thirteen nurse leaders from eastern states of Australia were interviewed during 2005 and 2006 about their understanding and experiences of mentoring for leadership. Their narratives were analysed using a hermeneutic phenomenological methodology. Mentoring relationships for nurse leadership were revealed as developing from esteemed connections between two people. Mentors were shown to unconditionally champion their mentee’s careers, and mentees were shown to possess a leadership vision for nursing. The findings of this study have implications for establishing mentoring relationships for nurse leader development. Consideration should be given to the specific focus and context of these relationships to ensure that the full potential of the mentoring process is realised. It is also important to better understand the key aspects that contribute to the phases of mentoring relationships for nurse leader development because they are shown to influence the dynamic and function of these relationships over time.

Key words: leadership, mentoring, phenomenology.

Mentoring relationships occur formally and informally across varied nursing settings to empower and support nurses within their working life. Formal mentoring processes have been used in nursing as a mechanism for recruitment and retention, to support role transition, to promote scholarly productivity and to enhance nursing research activities (McCloughen, O’Brien, and Jackson 2006; Grossman 2007). Formal and informal mentoring has also been associated with nurse leader development. More broadly, it has been identified as a means of enhancing nursing through the promotion of standards of excellence and safeguarding the future of the profession (Bower 2000; Vance 2005; Grossman 2007).

Mentoring is a broad and complicated construct. It reflects a unique relationship with distinct interpersonal exchanges and idiosyncratic patterns of interaction that define and shape it (Eby, Rhodes, and Allen 2008). Therefore to reap the potential benefits of mentoring, nurses need to understand how mentoring relationships are established and identify some of their key features. For example effective mentoring relationships are acknowledged as having clearly identifiable stages or phases that reflect their growth and progress. According to Kram (1983), these stages incorporate variations of instigation of the relationship, goal development and attainment, and final readjustment of the relationship. Mentors and mentees bring particular characteristics to each stage of the relationship to facilitate progression and success. Essential mentor attributes can be categorised as competence, personal confidence and commitment to the development of others (Morton-Cooper and Palmer 2000). Mentees should be willing to learn and share, be career committed and competent, and have strong self-identity and initiative (Vance and Olson 1998).
This study presents a central aspect taken from the findings of a larger study that sought to explore nurse leaders’ experiences of mentoring. The significant theme *extensive connection: creating the mentoring relationship* is discussed here. It reveals features that were integral to establishing mentoring relationships that focused on nurse leader development. These features included considering each other with positive regard, developing respectful boundaries and honouring key human characteristics.

**BACKGROUND**

Mentoring has been described as a ‘developmental, caring, sharing and helping relationship where one person invests time, know-how, and effort in enhancing another person’s growth, knowledge and skills’ (Shea 1999, 3). The notion of transition is inherent to the concept of mentoring and may be seen as a change or growth in personal capability, position or some other area of achievement (Clutterbuck and Lane 2004). Mentoring occurs in multiple work-life contexts and is reported to have wide-ranging benefits (Engstrom 2004; Allen and Eby 2008). It is increasingly being used in nursing with the aim of contributing to personal and professional learning, enhanced self-esteem and confidence, career success and advancement (McKinley 2004; Block et al. 2005; Grossman 2007).

Mentoring has also been identified as an important catalyst in the development of future leaders and enhancement of leadership skills (Wieck, Prydun, and Walsh 2002; Evans and Reiser 2004; Sherman 2005; Vance 2005). Many view it as critical for the preparation of leadership roles and leadership succession (Ehrich, Tennent, and Hansford 2002; Moran et al. 2002; Borbasi, Jones, and Gaston 2004; Carroll 2004; Daniels 2004; Milton 2004; Grossman 2007). Mentoring is acknowledged as a means of sustaining the values and beliefs of the nursing profession and strengthening the profession by ensuring continuity and quality leadership (Vance and Olson 1998; Grossman 2007).

Mentoring relationships can occur as highly structured formal programmes of support and development that incorporate deliberate matching of experts with novices and the influence of organisation imperatives. Alternatively, mentoring may occur as informal learning alliances between people naturally drawn to each other and who unofficially set the nature and terms of their relationship (McCloughen, O’Brien, and Jackson 2006; Eby, Rhodes, and Allen 2008).

Regardless of their structure and definition, mentoring relationships typically follow a developmental model that can be mapped against stages in the relationship (Brockbank and McGill 2006). Although there are different mentoring models, they commonly reflect a recognisable transitional process of start, middle and end that portrays the mentee’s development within a maturing relationship. The initiation stage is based on the mentee and mentor admiring each other, being attracted, or intuitively clicking. A period of getting to know one another closely follows. The middle stage is the greater part of the relationship. It focuses on working on the mentee’s professional and personal goals. Ideally, the mentee gains in self-esteem, confidence and independence during this stage. In the final stages of a successful mentoring process, the relationship transforms into a more collegial, peer-like relationship (Kram 1983; Vance and Olson 1998; Morton-Cooper and Palmer 2000; Chenoweth and Lo 2001; Phillips-Jones 2001; Bower 2003).

A range of mentor and mentee characteristics contributes to the success of mentoring relationships and influence outcomes for those involved. A number of authors agree that successful mentors have strong self-esteem, positive attitude and outlook, and effective communication skills. They are politically astute, well respected in the workplace, hold a vision for the future and are not invested in preserving the status quo. Mentors balance personal and professional responsibilities, are highly knowledgeable in their field and are interested in new challenges. They have previous successful mentoring experiences, are willing to mentor and are motivated to mentor well (Darling 1984; Phillips-Jones 2001; Bower 2003; Heartfield, Gibson, and Nasel 2005; Grossman 2007). A number of authors recognise that mentees must be motivated to participate in mentoring, be goal driven, determined and have the potential to succeed. They should possess effective communication skills, be willing to receive constructive feedback and be able to work under the direction of another. The mentee needs to feel passionate about their profession and be committed to their career. They should possess initiative and have the ability to act responsibly and independently (Vance and Olson 1998; Morton-Cooper and Palmer 2000; Bower 2003; Heartfield, Gibson, and Nasel 2005; Grossman 2007).

In summary, mentoring is widely promoted as a mechanism for supporting and nurturing nurses and is particularly valued for contributing to the development and endurance of nurse leader roles. The literature reveals that mentoring relationships develop and progress in similar ways regardless of their purpose (Grossman 2007). Furthermore, there is agreement that specific mentor and mentee characteristics contribute to the effectiveness of mentoring relationships (Clutterbuck 2004; Lane 2004). There is a body of literature that focuses on mentoring with junior or inexperienced nurses however, far less looks at how Australian nurse leaders
experience mentoring relationships and to what extent they believe that mentoring has contributed to their development (McCloughen, O’Brien, and Jackson 2006).

**METHODOLOGY**

This article is drawn from a study that explored the experiential meanings and understandings that Australian nurse leaders apply to their mentoring relationships. The study aimed to identify whether mentoring relationships contribute to the development of nurse leaders in Australia and reveal how Australian nurse leaders conceptualise mentoring.

Hermeneutic phenomenology provided the philosophical framework for this research study. This ontological phenomenology is concerned with creating meaning and developing a sense of understanding of the life world through description and illumination of lived experience (Blattner 2008). This methodology has good fit with a study that sought meaning about the life experience of mentoring for nurse leadership and interpretation of how that experience was understood. Key concepts of the German philosophers Martin Heidegger and Hans-Georg Gadamer informed the study. These concepts are associated with: rejection of subject–object relations; belief that our fundamental experience of the world is one of familiarity therefore pre-understanding is a structure for being-in-the-world; temporality is intrinsically related to being-in-the-world and informs how we make sense of the life world; history has an unquestionable presence in understanding; and language is the fundamental mode of our being-in-the-world and is inextricably linked with understanding (Heidegger 1962; Gadamer 2004; Blattner 2008). Implications for using this methodological framework were: the need for rich and fully articulated descriptions of past, present, and future; a subjective and reflective stance by the researcher and participants; a need for the researcher to bring forth and test assumptions and preconceptions; and an emphasis on language as essential to express experience and develop shared meaning and understanding.

The University of Western Sydney Human Research Ethics Committee approved the project. Participants provided informed signed consent before being interviewed. Data were collected during 2005 and 2006.

**Participants**

Purposeful sampling was used to ensure that participants had experience of the phenomena being studied and ability to share their knowledge (Streubert Speciale and Carpenter 2003). Letters inviting participation in the study were sent to 15 nurses who met the inclusion criteria of: being in readily recognised leadership positions such as executive member of a professional nursing organisation, for >5 years; and, who were professionally active. For the purposes of this study, an individual was deemed to be professionally active when they were consistently engaged in activities that made a positive and practical contribution to the wider nursing profession. Participant numbers were originally based on Kvale’s (1996) estimation that generally 15 ± 10 interviews are required for interview studies, this being determined by a combination of time, resources and the law of diminishing returns. Other authors have proposed that similar participant numbers are sufficient for phenomenological studies (see Guest, Bunce, and Johnson 2006). Selecting potential participants from a range of academic, practice, management, and professional settings and from different parts of the country ensured diversity in the sample. Thirteen nurse leaders, 10 females and 3 males, from the eastern Australian states of Queensland, New South Wales, and the Australian Capital Territory agreed to take part. Rich and meaningful data were collected from conversational style interviews with these participants. This enabled a deep understanding of the phenomenon of mentoring for leadership. Repetition and confirmation of data indicated that data saturation was achieved for this particular group, that is, the researcher concluded that no further insights could be obtained by collecting more data at the time (Streubert Speciale and Carpenter 2003; Llewellyn, Sullivan, and Minichiello 2004).

**Data collection**

Each participant engaged in a face-to-face interview lasting up to 1½ hours. An in-depth, unstructured interview process was used to encourage participants to offer subjective perceptions, interpretations and evaluations central to their experiences (Minichiello et al. 2004). Open-ended clarifying questions woven through informal conversation were used to facilitate reflection and explore meaning. Specific examples that enlightened participants’ mentoring experiences were also sought (O’Brien 2003; Streubert Speciale and Carpenter 2003).

Phenomenological studies draw on participants’ language to reflect as accurately as possible the meanings embedded in their experience. Therefore, all interviews were audiotaped and later transcribed verbatim by the first author into written form so the text could be interpreted in hermeneutic tradition (O’Brien 2003). During transcription, each participant was assigned a pseudonym and real names
of individuals, organisations and other settings were substituted when inclusion of such information could compromise identities or otherwise breach confidentiality. Checking content against original tapes and including more than textual information, e.g. gestures, sounds and pauses, preserved integrity of the transcripts (Wellard and McKenna 2001). During the course of data collection, field notes that described the context and experience of each interview were maintained. This further facilitated the creation of transcripts that reflected the interview experience as closely as possible (O’Brien 2003).

**Data analysis**

Interview texts were analysed to reveal meaning and understanding about mentoring for nurse leadership. Van Manen’s (1990) approach to illuminating phenomenological themes and Kvale’s (1996) adaptation of Radnitzsky’s (1970) hermeneutical interpretation were used. Van Manen’s (1990) three-step approach to understanding experiential structures and revealing the phenomenon in-text first included holistic reading of each interview text to capture the fundamental significance of the text as a whole. Second, the texts were selectively read several times to reveal phrases that were particularly essential or revealing about the phenomenon. Third, each text was read in detail so that every sentence was searched to see what it revealed about the phenomenon being described. As the lived-experience descriptions of mentoring for nurse leadership were studied, particular experiential themes recurred that highlighted commonalities across the experiences (van Manen 1990).

Interview texts were further analysed with Radnitzsky’s (1970) principles for hermeneutic interpretation of literary texts in the extended format developed by Kvale (1996) for the interpretation of interviews. This method of interpreting meaning extends from the notion of the ‘hermeneutic circle’. The understanding of the text occurs through a back and forth process whereby meaning of the separate parts is determined by global meaning of the text. Hermeneutic explication of the text is complete when integrated meaning, free from logical contradiction, is reached (Kvale 1996). In this study, interview texts were analysed to reveal structures of meaning in the form of themes and subthemes. Theme interpretations were then repeatedly tested against the meaning structures and the whole texts until sensible patterns of meaning and coherent unity were achieved. This study revealed 4 essential themes and 10 subthemes that illustrated the formation and growth of mentoring relationships. This study focuses on only one of the essential themes – esteemed connection: creating a mentoring relationship.

**FINDINGS**

The participants had experienced mentoring relationships both within and outside of nursing. Throughout their careers they had been mentees and in turn mentored others. Many of the participants attributed their own experience of being a mentee as contributing to their development as nurse leaders and all had mentored others for this specific purpose.

The broader study revealed mentoring relationships for nurse leadership to be created from a special human connection that was pivotal to how these relationships were acknowledged and understood. These relationships were evolutionary, progressive and forward focused. Breadth of mentoring experience and centrality of human bond were significant to positioning mentoring relationships for nurse leadership as distinct from other professional relationships.

Esteemed connection: creating the mentoring relationship, was the first major theme revealed by the study. This theme illustrated that, for this group, mentoring relationships for nurse leadership were created from a distinctive coming-together that provided the foundation on which mentoring relationships grew. In turn, particular characteristics were engaged to ensure that those relationships were meaningful beyond the initial unison. Three subthemes contributed to the major theme: considering each other with positive regard describes a distinctive coming-together that the mentee and mentor that provided the framework on which the mentoring relationship evolved; developing respectful boundaries illustrates that once the mentee and mentor had made a personal connection, they began to establish the professional parameters upon which their mentoring relationship would grow; honouring key human characteristics highlights that, alongside respectful boundaries, particular human characteristics ensured that those relationships continued to grow and be sustained.

**Considering each other with positive regard**

Participants agreed that although mentoring relationships were specialised and professional, the impetus for those relationships was likely to be embedded in informal, personal connections rather than formalised or highly structured processes. They described a positive personal consideration of another as preceding their desire to establish a mentoring relationship. At the core of their mentoring relationships were two people who saw the meaning and value in each other. The mentee considered the mentor to be a role model, respected their accomplishments and viewed them as a person of merit. The mentor saw the mentee as someone
with potential who was worth investing time in. Each found something ‘appealing’ in the other person.

Ricki: We naturally come towards each other ... If you feel connected with the other person, then [the mentoring relationship is] likely to work ... it’s really hard to quantify what those qualities might be, it’s more that you two seem compatible.

The participants chose to create mentoring relationships with people they liked, were comfortable with and happy to spend time with. They acknowledged the importance of friendliness, genuine caring, mutual respect and belief in each other’s integrity. These personal aspects generated a sense of connection and compatibility upon which mentoring relationships were based.

Teresa: Often the basis of friendship is common interest, compatible personalities, generally liking a person, and I believe to an extent, that those sorts of elements are contained within a successful mentoring relationship as well. ... The people that I mentor I like and I like to be with them.

Age and gender were viewed as unnecessary measures of mentor and mentee value, and therefore did not specifically impact on the creation of mentoring relationships. For example, Jan sought out mentors with experience in areas of interest to her rather than focusing on mentors who were merely older than her. Robin acknowledged that although most of his nurse mentors had been women, he engaged with those mentors because of their honesty and steadfastness, not because of their gender.

Robin: [My mentors] have stayed the course for me because they’ve had a degree of integrity to the way they have lived out their roles ... they have mostly lived out their credentials because they have been true to their own cause and they have been consistent in their message and in the way they have dealt with me and others.

The ways in which a person could contribute to their mentoring relationships was important. The participants agreed that mentors should be recognised for their achievements and have experience of things that perhaps the mentee aspired to. They did not view experience as synonymous with age, nor did they equate older age with status or seniority. So, the wisdom that the mentor derived from their experiences and brought to their mentoring relationships was valued over the years of their experience. Mentees were described as aspiring to be something different or better. They brought potential and a sense of anticipation-of-the-future to their mentoring relationships. Mentee aspiration and potential was viewed on the merit of possibility and promise, and provided direction to mentoring relationships rather than necessarily being associated with inexperience or youth.

Jan: I don’t think [mentors] necessarily have to be older. I don’t think it’s about age as much as they have been somewhere that you either think you’re heading, or you aspire to go that way.

Considering each other with positive regard illustrates that the mentor and mentee experienced compatibility based on mutual respect, fondness and valuing. That unique and personal coming-together provided the motivation for a mentoring relationship to grow.

**Developing respectful boundaries**

Mentoring relationships were viewed as specialised professional relationships despite having fundamentally personal origins. Well-defined boundaries separated mentoring from social relationships or friendships. Honesty, integrity and mutual respect contributed to boundaries that allowed mentors to be challenging and raise problems, and provided mentees with a space to freely discuss sensitive issues and identify areas of concern. Merle and Megan illustrated this when speaking about being mentors. They were fond of their mentees and described a need to be warm, friendly and approachable to get the best out of them. However, they did not socialise with their mentees outside of the work environment.

The participants identified their professional mentoring relationships as separate to friendships. Although respectful boundaries allowed for friendliness, a distinct friendship relationship was not integral to creating mentoring connections. Christopher referred to critical mateship as a central component of his mentoring relationships, and Merle revealed that having a positive approach to the person was more important than friendship. Although the participants did not explicitly differentiate the human conditions of friendship and mentoring, they perceived friendships as having fewer restrictions than was necessary to gain the level of professional engagement required of mentoring relationships. Occasionally, friendship led to mentoring relationships or friendship emerged from mentoring relationships. When this occurred, the participants applied respectful boundaries to preserve their mentoring relationship and generally managed their friendship relationship separately. Ricki illustrated this when speaking about a mentor who was her friend prior to the creation of their mentoring relationship.

Ricki: We were friends first [but] when we were in the mentoring relationship it was work.

The participants valued the potentially broad skills and experience of mentors. Mentors were identified by their
accommodate the diversity of human experience. Therefore, if the mentor possessed adequate understanding of the mentee’s needs and the requisite skills with which to assist the mentee, it was not necessary for the mentor to be from within the nursing profession. The boundaries of the relationship were flexible enough to accommodate the diversity of human experience.

Merilyn: It depends on overall life experiences. ... What are important are the experiences [the mentor] has had along the way ... if they have had the experience you [as a mentee] want.

The participants agreed that when creating a mentoring relationship, choice of mentor should be determined by the desired content and actual context of the relationship. This meant that the mentor could be from any discipline. Many of the participants had experienced being mentored by people outside of nursing and acknowledged the merits of non-nurse mentors who ‘could bring a whole different set of eyes and understandings’ to the mentoring relationship. However, the participants’ mentors primarily came from nursing or health contexts and were able to provide meaningful mentorship because they held first-hand knowledge of the needs and experiences of nurses.

Merle: I think the characteristics of being a mentor are outside of expertise. If a potential mentor has the capacity to provide what’s needed in the relationship ... know what the issues are for the mentee, and if they are reasonably intelligent and empathetic, they’re going to be helpful ... but if they are in the health field then that’s an advantage.

Developing respectful boundaries shows that once a personal connection has been made between mentor and mentee, flexible and respectful boundaries are established to define the professional intent of the mentoring relationship and preserve the integrity of that relationship.

Honouring key human characteristics

The participants described their mentoring relationships as dynamic associations requiring continued effort to grow and flourish. Once a personal connection had been created and a professional framework established, the participants supported their early evolving relationships through the purposeful enactment of key human characteristics. By engaging characteristics that exposed their vulnerability, they highlighted their commitment to the relationship and the need for shared unconditional respect.

Mentors were described as being ‘altruistic’. As confident experts with a strong sense of self, they unreservedly and actively used their time and skills to endorse their mentees. In so doing, they never sought self-promotion or furthered a personal agenda. They championed their mentees’ careers, often using themselves as a conduit by which mentees were given opportunity to be acknowledged by others and try new things. Mentors lent their name to activities in which their mentees were involved, facilitated their entrée to important professional networks and ultimately encouraged mentees to stand on their own merits. Acting with consideration and generosity, mentors rejoiced in the personal and professional growth of their mentees. They described feeling ‘privileged, humbled’ and ‘highly satisfied’ to contribute to the gains of their mentees.

Participants described mentors as behaving in a ‘visionary’ manner. As critical observers and active participants in the world, they looked beyond what was directly given, identified mentees’ potential and steered them towards envisaged future prospects. They looked further than their mentees’ immediate challenges to see how they could assist them to manage both the issues of the here-and-now and those of the future. Mentors were highly familiar with the professional landscape, politically astute, cognisant of health culture and sensitive to the ebb and flows of human life. Christopher described mentors as being best positioned to ‘scan the horizon, predict what might lie ahead and navigate the mentee forward’.

Being ‘available’ to others was another key mentor characteristic described by participants. Mentors prioritised their mentees’ needs and gave them time freely and frequently. Their availability determined that support was always on offer, to be taken up as and when their mentee required it. Mentors were conscious of being readily accessible to their mentees as they actually experienced challenges, rather than necessarily deferring them to scheduled meetings.

The participants’ revealed mentors to be ‘challengers’ presenting different perspectives, confronting the status quo and encouraging mentees to question their worldview. Mentors broadly approached mentees’ needs and potential, engaging in reflection and consideration, and thus moving beyond the evident to challenge their mentees to be more than they were. Mentors also challenged themselves. By examining personal beliefs, experiences and behaviours, they were enabled to honestly appraise and understand the validity of what they had to offer mentees. Robin explained that mentoring someone required you to have ‘an inherently reflective capacity’ to challenge your own attitudes and taken-for-granted assumptions.

Bill: [Mentors should be able to] confront, be assertive, challenge, critique, not agree with you, and yet still be a friendly, gentle, personhood kind of person.
The participants described mentees as possessing the promise of being more than they were, more than was readily apparent. That ‘potential’ was specifically recognised as a dormant or undeveloped capacity to be a nurse leader. Mentees demonstrated nurse leader potential by being self-reflective, questioning and examining their profession. They were motivated and passionate about nursing, had a vision for its future and showed a capacity to support and guide others. Jan and Gair described mentees as aspiring to be something, possessing useful qualities and having more than just good skills. Their mentees had ‘the wherewithal to make a contribution to the nursing profession’ and were going to ‘be leaders’.

For mentees to grow within their mentoring relationships and perhaps become nurse leaders, they also needed a ‘learner’ characteristic. Mentees were described as honestly appraising their lack of knowledge and having willingness to take on new knowledge. They developed as a result of that new knowledge and their exposure to new people and experiences. Mentees were open to the experience of being a learner. This characteristic was especially apparent when the participants spoke about their experiences of being experts and leaders who continued to seek mentorship from others. Despite being noted professionals and mentors in their own right, they acknowledged that as mentees they needed to continually learn and grow. They became willing students and apprentices.

Beyond their capacity to learn from a mentor, mentees needed to trust in both the direction and advice proffered by their mentor and also their own ability to integrate that information and act on it. Mentees synthesised old ways of knowing and past experiences with the new knowledge, experiences and relationships they gained through their mentoring connections. That amalgamated learning then directed their behaviour, guided their thinking and decision-making, and ultimately progressed their careers.

Ricki: The mentee is someone who is able to learn, listen and integrate, or who can share and ask questions.

Honouring key human characteristics reveals specific human features that need to be actioned by mentors and mentees to ensure that mentoring connections are strengthened over time. The synthesis of these characteristics is essential to support and progress a mentoring relationship where members feel safe and honoured.

In summary, this study revealed features that were critical to establishing and growing the esteemed connection that was necessary to create mentoring relationships for nurse leadership. First, two people who saw value and meaning in each other generated a personal connection from which each considered the other with positive regard. Second, honesty, respect and integrity contributed to the development of respectful boundaries that made a specialised professional relationship possible. Finally, critical aspects of self were revealed and acted on. Honouring the key human characteristics ensured that the evolving mentoring relationship was strengthened and maintained.

DISCUSSION

This study revealed that implicitly determined compatibility, well-defined professional intent, mentor action and mentee vision contributed to instituting mentoring relationships with a specific purpose of developing nurse leaders within an Australian context. In the main, this study extended some of the concepts that are already acknowledged in the literature.

Personal connection

The participants in this study engaged in successful mentoring relationships that specifically focused on developing themselves or others as nurse leaders. The impetus for those relationships was generated by a unique personal connection. That special coming-together was the key to establishing mentoring relationships and transcended any conscious imperative to grow leaders for the profession. It was a condition of the mentoring connection that an aspiring leader-mentee and established leader-mentor experienced a sense of value and respect for each other. There was a high level of engagement and a mutual interest either tacit or explicit, in pursuing a professional relationship with that particular individual.

The esteemed connection between mentee and mentor revealed in this study has been confirmed in the literature as central to establishing a mentoring relationship. Bower (2000) identifies the need for mentee and mentor to actively determine their compatibility during the early selection phase of mentoring. Other authors variously refer to personal chemistry (Vance and Olson 1998), attraction (Darling 1984) or a click (Thomka 2007) as being important to the unfolding mentoring relationship.

This study also emphasised that mentoring relationships for-leadership did not usually result from the contrived matching of a senior or older clinician with one junior or younger. The mentor was appreciated for their wisdom and experience rather than status or seniority, while the mentee was viewed as appealing and worth investing time in.
A synthesis of personal integrity, values and beliefs enabled these relationships to be successfully initiated and sustained. This resonates with classical or informal mentoring relationships that occur when people are naturally drawn together and individual selection determines that the right interpersonal dynamics exist (Vance and Olson 1998; Morton-Cooper and Palmer 2000; Bennetts 2002). The need for this special personal connection is as odds with the many formal mentoring programmes discussed in the literature, which rely on obligatory pairing of senior nurses with less-experienced nurses for a myriad of purposes (see e.g. Beecroft et al. 2006; Block et al. 2005; Butler and Fels 2006; Greene and Puetzer 2002; Mills, Lennon, and Francis 2006; van Eps et al. 2006).

Mills, Francis, and Bonner’s (2008) study of rural nurses’ mentoring experiences highlights the need for nurses to find similar values and interests in each other for their relationships to develop into mentoring and be sustainable. The need for personal connection, compatibility and ‘good fit’ between mentor and mentee are also emphasised in Barker’s (2006) discussion of successful mentoring of advanced practice nurses. Milton (2004) acknowledges that mentoring relationships for nurse leader development must evolve from more than matching an expert with a less-skilled individual. The notion of compatibility is extended to emphasise careful and informed selection to match mentors with mentees who are ‘seeking out a desirable, philosophically congruent mentorship relationship’ (Milton 2004, 119). ‘Philosophical fit’ or ‘right chemistry’ is associated with respect and admiration for others with whom we feel comfortable (Hanneman 1998, 101). They cannot be mandated, rather should be based on free choice and individuals actually seeking to have a relationship with each other. The notion that personal connection based on positive regard is integral to initiating and growing successful mentoring relationships has implications for formal mentoring. As Persaud (2008) highlights, the process of selecting mentors for mentees should include sensitive consideration of personality types and specific needs. Further, ample opportunity should be provided for the mentee and mentor to meet and get to know one another over time.

**Specialised professional relationship**

This study revealed that the personal connection made during the initial phase of mentoring for leadership was supported by a specialised professional relationship. Although personal elements of initial attraction, mutual interests and compatibility were present, the professional nature of the relationship determined that respectful boundaries were established at the outset. This was clearly illustrated by the agreement that mentoring relationships were distinct from friendships and friendship was not necessary to mentoring. This more ‘formal’ framework contrasts with the ‘informal’ coming-together that initiated the relationship and differs with much of the literature that cites friendship as a component of informal mentoring relationships (Vance and Olson 1998; Morton-Cooper and Palmer 2000; Carroll 2004; Grossman 2007). Despite their formal or informal origins, it is clear that mentoring relationships require professional boundaries built on mutual respect and integrity. Regardless of whether these boundaries are implicitly or explicitly defined, they are necessary to support the creation of a safe and nurturing mentoring environment, provide a learning and development focus, and enable successful transformation of the mentee (Brockbank and McGill 2006; Grossman 2007; Mills, Francis, and Bonner 2008).

**Critical aspects of self**

This study identified particular characteristics as central to establishing initial compatibility and ensuring that the beginning mentoring connection continued to grow. Mentors were revealed as being altruistic, visionary, available and challenging, and mentees possessed leader potential and were eager to learn and develop. These attributes are recognised in the literature as contributing to successful mentoring and leadership, and have been acknowledged as important to instigating mentoring relationships when noticed in each other (Wieck, Prydun, and Walsh 2002; Clutterbuck 2004; Courtney, Nash, and Thornton 2004; Darwin 2004; Jooste 2004; Milton 2004; Tourangeau and McGilton 2004).

Mentors were shown to champion their mentees’ careers by unconditionally giving of themselves. This highlighted that mentors must do more than possess key characteristics. They must also take action. Mentoring is a dynamic process that augments transformation across life domains (Megginson and Clutterbuck 2005; Brockbank and McGill 2006; Grossman 2007). Therefore, to support mentees’ change and growth, mentors must be motivated, possess time to devote to the mentoring experience and actively facilitate mentoring processes (Phillips-Jones 2001; Bower 2003; Beecroft et al. 2006; Grossman 2007). Darling’s (1984) significant research, addressing vital components of mentoring relationships, reveals that the mentor communicates their belief in the mentee by investing in them through action, time and energy. Milton (2004, 118) describes this mentor characteristic in a similar way, ‘[mentors] also demonstrate moment-to-moment with their actions and articulations what their commitment is for those aspiring professionals who follow’. Of particular
interest to this study in which mentors saw leader potential in mentees as Darwin’s (2004) research finding that a mentor’s belief in their mentee’s capacity to achieve their full potential, is important to motivating them as mentors and initially activating a mentoring relationship.

Mentee characteristics revealed in this study as contributing to successful mentoring relationships were similar to those described in the literature. Specifically, the mentee possessed an interest in nursing that motivated a desire to learn and grow professionally, and they acted on their new knowledge (Vance and Olson 1998; Morton-Cooper and Palmer 2000; Bower 2003; Heartfield, Gibson, and Nasel 2005; Barker 2006; Grossman 2007). Leadership potential that grew from a personal vision of nursing was noted as a particularly significant mentee characteristic. This emphasised the specific focus of mentoring relationships in this study and highlighted that this characteristic provided the impetus for those relationships. The nursing literature identifies mentees’ career ambition and confidence, commitment and determination to succeed in the profession, and positive attitude or passion for nursing, which are keys to commencing and sustaining mentoring relationships (Morton-Cooper and Palmer 2000; Smith, McAllister, and Snape Crawford 2001; Greene and Puetzer 2002; Grossman 2007). Nurse leader development has been acknowledged as an outcome of mentoring (see e.g. Vance and Olson 1998; Moran et al. 2002; Daniels 2004; Washington, Erickson, and Dittomassi 2004). However, leader potential as a key mentee characteristic that triggers mentoring has received little attention in the literature over the stronger association between mentors and visionary leadership (Smith, McAllister, and Snape Crawford 2001; Darwin 2004; Aroian 2005). This study reveals that the mentee’s interest in the profession and/or their desire to be a nurse leader are less influential to initiating a mentoring relationship for leadership than if that individual already possesses a key characteristic of leadership – a ‘vision’ for the future of nursing.

**CONCLUSION**

Mentoring occurs in diverse nursing settings for a variety of purposes. Ultimately, mentoring aims to facilitate the professional and career development of a mentee. That aim is met through the process of a specific personal relationship. Some mentoring relationships focus on developing nurse leaders and in turn strengthening the future of the nursing profession. These incorporate similar aspects to other mentoring relationships; however, this study reveals that attention should be given to the way in which these particular relationships are initiated and established. It is anticipated that, when nurses who aspire to leader roles and hold positions of leadership gain a broader understanding of how mentoring relationships with this particular focus are created, they will be better positioned to recognise opportunities to develop these relationships and to action them.

It should be acknowledged that an esteemed connection between mentor and mentee is central to the framework on which mentoring relationships for leadership are grown. This special connection is generated from within individuals and is not externally produced or imposed. It emerges from igniting a warm affinity and engaging the key human characteristics. This aspect not only contributes to commencing the relationship, but also ensures that the relationship is sustained over time.

Healthcare organisations and tertiary education institutions are contributing substantial resources to developing formal programmes of mentorship to support the nursing profession across a myriad of contexts. It is important that any mentoring initiative, particularly those focused on leader development, considers the dynamic and complexity of the mentoring relationship itself and recognises this as central to how mentoring develops and progresses. This is important to realising the full potential of mentoring relationships and, in turn, maximising benefits for the profession.

**REFERENCES**


Creating a nurse mentoring relationship

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