Hanging from a String in the Wind

Development of a National Framework for Mentoring for Nurses in General Practice

FINAL REPORT

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Published June 2005

This project was funded by the Australian Government
Department of Health and Ageing

DEVELOPMENT OF A NATIONAL FRAMEWORK FOR MENTORING FOR NURSES IN GENERAL PRACTICE

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ACKNOWLEDGEMENTS

The team acknowledges and thanks the following

- All participants
- Mentoring Working Group (see above)
- Australian Government Department of Health and Ageing
- Divisions of General Practice

ISBN 0 642 82296 4

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Abbreviations used in the report

APNA	Australian Practice Nurses' Association
CRANA	Council of Remote Area Nurses
DGP	Division of General Practice
DGPs	Divisions of General Practice
GP	general practitioner
RCNA	Royal College of Nursing, Australia

NOTE: the title of this report 'Hanging from a string in the wind' and the subtitles in section 3 are direct quotes from participants.

Executive Summary

This report presents a preliminary consultative study that was conducted to identify the professional support needs of nurses in general practice, and to develop a mentoring framework. A broader range of professional support needs and problems were identified than expected, and consequently the proposed mentoring framework was found to be too narrow a strategy in terms of addressing practice nurses' expressed professional support needs. Thus a second report, 'Professional Support for Nurses in General Practice' (Heartfield, Gibson, & Nasel, 2004) was produced, which considers more broadly the professional support needs of nurses working in Australian general practice.

The proposed framework and optional models presented in this report have been derived through research structured to capture the perspectives of nurses, general practitioners (GPs), relevant professional organisations and the mentoring literature to:

- identify the key issues in mentoring for nursing in general practice;
- identify a range of case studies or mentoring approaches in both Australia and overseas;
- assess the transferability of mentoring models from a range of sectors, including, but not limited to, higher education, professional groups, and corporate sectors; and
- identify the key factors for successful implementation of an approach to mentoring for nursing in general practice, in terms of organisational support, skills and attitudes, resources and collaborative structures.

The key issues and proposed framework were explored through three phases of consultation. Commencing with a teleconference with key stakeholders, a range of key issues considered critical to the success of mentoring for nurses in general practice were identified. With principles from mentoring literature, the issues of choice, relationships, structures and resources informed the development of an options paper which was circulated nationally for discussion by practice nurses and GPs. Core issues from focus group interviews echoed those of the teleconference and centred on confusion about and diversity in general practice nursing roles, expectations of what mentoring might have to offer nurses and nursing in general practice and how mentoring might be implemented.

The idea of mentoring for nurses in general practice was well supported. Challenges to establishing effective mentoring for nurses in general practice derive from fragmentation of the sector, variation in size and structure of practices, and diversity

in nursing roles. The lack of previous exposure to mentoring and the overwhelming need for professional development for nurses in general practice posed particular challenges for nurses in conceptualising what part mentoring might play in their practice. With education and mentoring both strategies for professional development, it was not surprising that many nurse participants initially had difficulty relating to mentoring when education appeared to be the greater need. Through the focus group discussions, GPs and nurses did however perceive a benefit from mentoring especially where linked to general practice specific education and training programs.

The study findings indicate that the success of mentoring for nurses in general practice is likely to be enhanced by appropriate resourcing and infrastructure to develop awareness of and commitment to flexible and accessible mentoring for nurses in general practice. At the local level, mentoring for nurses in general practice will likely be shaped by the needs of individuals, current support systems, education, and other mentoring experiences. Nurse participants described mentoring as relevant to their personal development, professional relationship and role development. Personal development included assistance with confidence building, debriefing, gaining recognition, career planning and providing an opportunity to share ideas, problems and successes. Professional relationship management included assistance in dealing with political issues and conflicts between nurses, practice managers and GPs, as well as clarification of role boundaries between team members. Role development was seen as assisting nurses to adapt to the practice nurse role from other settings, clarifying the legal parameters of their role, and developing the role so as to maximise the contribution of nurses to general practice. This included support when taking on new aspects of the role such as health assessments and care plans. These expectations are inevitably shaped by the similar educational preparation and professional isolation of general practice nurse participants in this project. For the majority of nurses prior to participating in this project, their only professional contact was through the GP, with little or no contact with other nurses until the relatively recent introduction of the Divisions of General Practice Nurse Networks. The combination of preparation for practice through hospital training and ongoing professional isolation are now well recognised as insufficient to meet the demands of contemporary nursing practice.

1. Project Overview

Background

Recent consumer initiatives and funding strategies by the Australian Government have emphasised the role and contribution of nursing to general practice and therefore health outcomes for Australians. An important issue for the performance of this role recognised at the Future Directions in Practice Nursing Workshop, held in Melbourne in July 2001 (Summary, 2001) was the need for a systemic approach to support for general practice nurses. This support was recognised to require access to mentoring systems including peer mentoring, and that such systems should recognise geographical issues and link with existing networks.

At the invitation of the National Steering Committee on Nursing in General Practice, this project was designed to scope the range of options available for the implementation of effective sustainable mentoring models for nursing in general practice.

Aims

The project aimed to employ research-based interactive processes to:

- identify the key issues in mentoring for nursing in general practice;
- identify a range of case studies or mentoring approaches in both Australia and overseas;
- assess the transferability of mentoring models from a range of sectors, including, but not limited to, higher education, professional groups, and corporate sectors; and
- identify the key factors for successful implementation of the approach in terms of organisational support, skills and attitudes, resources and collaborative structures.

Project Design

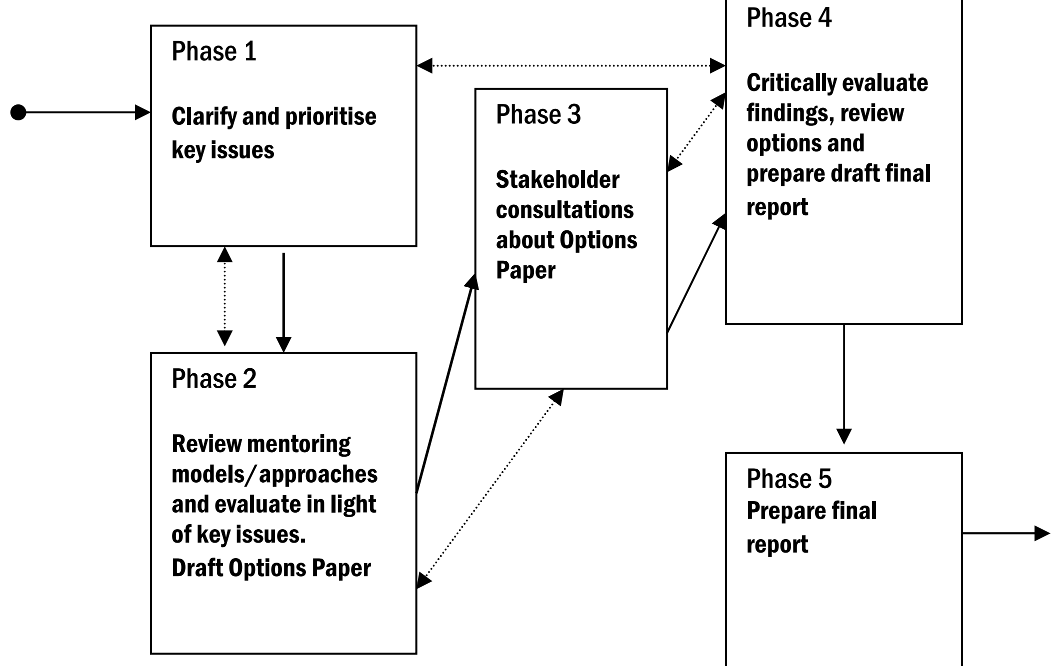
The project aims were addressed through three interrelated phases of data generation and analysis. These phases included:

Phase 1 - Key Issues Consultation

Phase 2 – Development and Circulation of an Options Paper

Phase 3 – Options Paper Consultations

TABLE 1 THE PROJECT PLAN



ETHICAL APPROVAL

The design and conduct of this project fully complied with NHMRC ethical standards for research. Ethics approval for the project was granted by the University of South Australia (UniSA) Human Research Ethics Committee July 2002 with two amendments to this consent in January and April 2003. (See Appendix A)

SAMPLING AND RECRUITMENT OF PARTICIPANTS

Cooperation with the Divisions of General Practice (DGP) was considered vital to the success of any mentoring framework, therefore Divisions were chosen as the primary sampling units through which GPs and general practice nurses were accessed. Nationally, there are 120 DGPs. The ADGP Practice Nurse Scoping Study Report (Summary, 2001) indicates that one third of practices employ a practice nurse and that while there are more practices in the metropolitan than rural areas, the ratio of practices employing nurses is higher in rural areas (Australian Divisions of General Practice, 2001). While it is acknowledged that this may not reflect actual distribution, given the response rate of 50% for that study, sampling in relation to geographical location ensures representation from rural/ remote locations, given the acknowledged significance of geographical isolation for the development of a mentoring framework. The agreed criteria for selection of participants for the project were:

- participants should be able to provide useful strategic advice regarding the key issues for mentoring for nurses in general practice at the practice level; and
- participants should represent the range of general practice contexts and settings inclusive of urban, rural and remote locations.

As there were no sufficiently comprehensive data available about the numbers and locations of nurses in general practice, statistical representativeness was not possible. Some nurse participants came from medical clinics at mining sites or aboriginal communities, therefore bringing a different perspective to discussions. These nurses were recruited through the DGP staff, as they were included in the DGP Nurse Networks.

Sampling was directed at inclusion of participants able to provide diverse and information rich data about mentoring for nurses in general practice. On advice from Department and Mentoring Working Group members, key DGPs representing urban, rural and remote locations were asked to forward invitations to participants for the study (see Tables 2, 3 and 4).

TABLE 2 SAMPLING FOR CONSULTATION FOCUS GROUPS AND TELECONFERENCES IN 8 STATES AND TERRITORIES (N=16 FOCUS GROUPS).

	SA	NT	WA	VIC	TAS	NSW	QLD	ACT
Urban	Modbury	Darwin	Fremantle	Lilydale	Hobart	Paramatta Newcastle	Ipswich	Canberra
Rural	Port Lincoln			Inverloch	Launceston		Townsville	
Remote areas in Rural regions	*Ceduna* *Kimba* *Cummins*		*Dampier* *Leinster* *Pannawonica*				Mt Isa	

Italics indicates teleconference participants

TABLE 3 PARTICIPANT NUMBERS PER STATE (N=182)

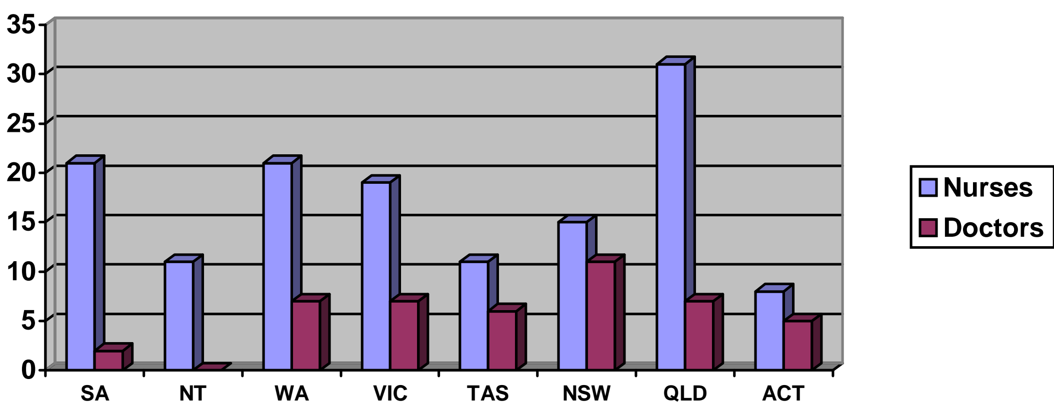
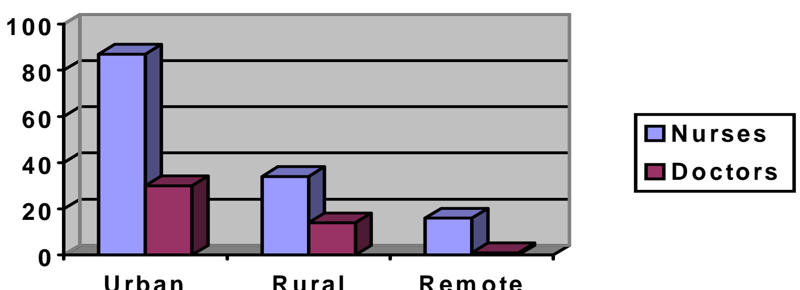


TABLE 4 GEOGRAPHICAL CLASSIFICATION OF PARTICIPANTS (N=182)



Phase 1: Key Issues Consultation

To capture the key issues for mentoring for nursing in general practice, the members of the Mentoring Working Group made up of key stakeholders and members of the National Steering Committee on Nursing in General Practice were asked to participate in and nominate other stakeholders (such as relevant professional bodies) to join a teleconference. Discussion was directed at exploring the scope and role of mentoring for nurses in general practice and clarifying the key issues that need to be addressed to ensure success of the mentoring framework.

In addition to members of Mentoring Working Group, Ms Victoria Gilmore from the Australian Nursing Federation and nationally recognised mentoring expert Ms Ann Rolfe-Flett joined with the full project team. The teleconference was audiotaped and transcribed and the data informed the development of the options paper in phase two of the project.

Phase 2: Development and Circulation of an Options Paper

Cross sector contemporary mentoring models were reviewed for their capacity to accommodate the key issues clarified in Phase 1 of the project. Following this analysis an Options Paper was developed which included:

- an introduction to mentoring and the development of practice nursing roles (Australian Divisions of General Practice, 2001; Summary, 2001);
- alternative mentoring models; and
- questions to stimulate decision making/responses about the models in relation to transferability to and sustainability for nurses in general practice.

Following review by Department staff, the Mentoring Working Group and external mentoring expert Ms Ann Rolfe-Flett, this Options Paper (printed in booklet form) was circulated to all Phase Three participants. (See Appendix B)

Phase 3: Options Paper Consultations

An invitation to participate was issued to nurses and GPs working in the broad area of general practice through contact persons at the identified DGP. Those who expressed interest in attending were posted an information package including a formal letter of invitation to participate, a project information sheet and the Options Paper. Consultation formats were designed as a series of small group interviews across urban, rural and remote locations.

Responding to local demand these groups varied in size from 7 to 22 participants in either face to face or telephone discussions, with a total of 201 participants in this phase of the project (see Tables 3, 4 and 5). Additional participants attended following requests from some DGP for observers to attend. These persons, most commonly DGP practice support persons, DGP nurses employed for specialised

roles (e.g. immunisation) or members of professional organisations (e.g. APNA), were invited to participate, though clearly introduced as neither GPs nor nurses who worked in general practice.

Expression of interest flyers were initiated and circulated by the contact person within the DGP. Information was disseminated through facsimiles, e-mails or DGP newsletters to all medical practices within the DGP. The broad scope and accessibility of information regarding the project gave rise to a snowball effect of participant sampling for the focus groups, sometimes beyond DGP networks.

Potential participants were required to contact the key person within the DGP to register their willingness to participate before the Information Package from the researchers was forwarded. The Information Package included a Letter of Invitation to participate with the focus group details, Information Sheet and Options Paper.

Participants in the focus groups and teleconferences included both nurses and GPs working in the broad area of general practice.

TABLE 5 PARTICIPANTS BY GEOGRAPHICAL LOCATION AND PROFESSIONAL CLASSIFICATION (N= 201)

LOCATION	PRACTICE NURSES	GPS	OBSERVERS*
Urban	87	30	11
Rural	34	14	7
Remote	16	1	1
	137	**45**	**19**

* Observers included members of professional organisations, the Mentoring Working Group and Practice Support staff

Group Interview Data Generation Techniques

All focus group interviews were attended by at least two members of the project team, with prompts used to promote discussion of the feasibility, successful implementation and sustainability of mentoring for nurses in general practice. Members of the project team acted either as facilitator or observer and collected notes recorded by groups as well as taking notes of the discussion. Teleconferences were audiotaped and transcribed. Both formats of data collection were undertaken with full approval and informed consent of the participant.

When planning the consultations, it was initially proposed that all participants would attend the same workshop in each location. Due to time constraints of participants, this format was altered to two shorter consultations at each location. However, for six of the groups, both GPs and nurses participated collectively in

discussions with the full agreement of each participant. Considered and sensitive facilitation ensured that the environment was created for participants to express their views freely. The format was modified to sometimes include one open discussion or at other times structured small group work (where necessary with nurses and GPs in separate groups) to produce useful data. Each group always ended with an open forum discussion of outcomes to enable discussion within and across groups. (See Appendix C)

Written Submissions

An invitation for written submissions was posted at the Department of Health and Ageing website www.health.gov.au/hsdd/gp/nursing/index.htm. Organisations or individuals wishing to make a written submission to the project were asked to download and read a copy of the Options Paper and Project Information Sheet. Questions that could assist with framing a response were also offered. An invitation to submit (via the website) was advertised through Divisional communication networks. A letter of invitation was forwarded to the Australian Nursing Federation as a follow up from their participation in the initial Key Stakeholders teleconference. No written responses to the project were received.

Follow-up Interviews

A number of nurse participants in the discussion groups related experiences of particular significance to the project. Follow up telephone interviews were conducted with a small number of these nurses to provide illustrative case studies of mentoring experiences. These case studies are presented in the report.

2. Literature Review : Mentoring Models and Case Studies

Australian and international literature was reviewed to identify mentoring models and case studies that have been developed and implemented across a range of business and academic settings and consider their relevance for and transferability to the general practice setting. In comparison to the relatively well articulated body of theoretical literature identifying mentoring concepts and processes, detailed information of mentoring case studies is more difficult to identify. There are few publications reporting evaluation of mentoring programs and other than the reports of the ATN WEXDEV program, there are *no* available publications reporting on mentoring programs across multiple and diverse sites/organisations, such as proposed in this project in general practice. The ATN WEXDEV program is discussed further in this section.

The following discussion sets out mentoring concepts, processes and benefits as identified in the literature. Case studies from the business and academic sectors are also presented with consideration of their transferability to the general practice context. In exploring the transferability of mentoring models from other sectors or organisations to the general practice context, it became apparent that the general practice context has unique characteristics, which indicate it is not possible to directly transfer models from other organisations or sectors. Part of that uniqueness which poses a challenge for the design of a mentoring program for nurses in the general practice context, is that it is a composition of organisations or small enterprises rather than one large organisation.

In addition, as evidenced in the literature, the most successful mentoring programs are those crafted to the suit the needs and context of the particular organisation, taking into account the needs of individuals within that organisation (Rolfe-Flett, 2002; Tovey, 1999). Hence, aspects of successful models have been incorporated into the models that form the proposed framework for mentoring for nurses in general practice where they have been considered as applicable to the general practice context and able to address the issues identified through the consultations.

Historical Development of Mentoring

Mentoring has a long and ancient history. It is based on a story in Greek mythology, told in Homer's *Odyssey*. When Odysseus went to the Trojan War, he appointed his good friend Mentor as a role model, guardian and adviser to his son Telemachus. From these origins, mentoring has been defined as providing guidance and support within a personal relationship that extends over a period of time. It is usually defined as a sustained professional relationship in which a more experienced person

acts as an advisor for someone less experienced (Office of the Director of Equal Opportunity in Public Employment, 1999) to assist his or her personal growth and development. A mentoring relationship may also be formed between two very experienced colleagues who may want to discuss professional decisions and career directions. Throughout their working life, people may have a range of mentors, usually at different stages of their development. Often these mentoring relationships are based on friendship, relationships or work contacts. The mentoring relationship can be recognised by its collaborative engagement, its focus around an agreed expectation, and its mutually valuable benefits and outcomes (Hammond & Organisational Learning and Development Team, 2004).

Mentoring roles

Essentially all mentoring relationships are recognised to feature two main roles: the mentor and the mentee in '…a fundamental form of human development where one person invests time, energy, and personal know-how in assisting the growth and ability of another person' (Shea, 1997, p.3). A mentor is an equally or more experienced individual who facilitates the professional development of a colleague by adopting such roles as confidante, advisor, role model, or sounding board. Depending on organisational and mentee needs, the role of the mentor may include providing assistance with career planning, sharing personal experiences, facilitating problem solving, offering encouragement, providing direction to appropriate information and resources, and providing feedback (Hammond & Organisational Learning and Development Team, 2004). A mentee is someone who is seeking assistance with their professional development or decision making from an equally or more experienced colleague. Responsibilities of a mentee include clarifying own needs, taking initiative and responsibility for own learning, development, and career goals, being proactive, and providing feedback to one's mentor. A mentee should invest time and energy into the mentoring relationship, and be willing to accept feedback and criticism, but should also take care not to become dependent on a mentor (Australian Government Department of Defence, 2004).

Both mentor and mentee must trust and respect each other and the relationship must be based on clear principles and shared values. Cohen (1995, p.154) sums up mentoring by stating that 'mentors are not distant and idealised role models, but rather approachable, reasonable, and competent individuals who are actively committed to positive contributions on behalf of a diverse population of adult learners'. The mentor will 'pass on life experiences and knowledge in order to motivate, support and enhance the personal and career development of the [mentee]' (James & Proctor, 1994).

In addition to the mentors and mentees, a key role in mentoring is that of coordination. Rolf- Flett (2002) suggests that a critical success factor of mentoring programs is that an individual or team exists to coordinate the program and monitor, evaluate and report progress. A dedicated coordinator is seen as important because they provide the following:

- promoting and administering the mentoring program;

- consistency of information and support in the application of mentoring concepts and processes;
- implementing the program communication strategy;
- organising the pool of mentors and mentees and their training;
- facilitating any matching processes;
- monitoring mentoring relationships;
- working through any difficulties that may arise;
- evaluating the program; and
- oversight of quality assurance processes (Wareing, 2001).

These proposed coordination roles originate from reports of single organisations where the coordinator is an in-house or internal role.

Formal and informal approaches to mentoring

Many mentoring relationships are informal. Informal mentoring occurs when one person takes an interest in the well-being and advancement of another person. Sometimes it is a conscious decision on the part of the senior person to act as a mentor; sometimes the relationship is initiated by the mentee. Informal mentoring is often based on the familiar interaction between senior and junior members in organisations. Recent research (Ragins & Cotton, 1999) has found that informal mentoring can have better results and be more satisfactory to the mentee than formal mentoring. Ragins and Cotton (1999) reported on a cross US random sample of men and women questioned about their mentoring experiences. Of this group, 44% had informal mentors. These respondents reported greater satisfaction with their mentors and the outcomes of the mentoring relationship than those being mentored formally. An interesting point was that women with male mentors in formal relationships said that their program was less effective than men with either male or female mentors – in other words women gained more satisfaction from female mentors. This suggests that informal mentoring may assist nurses in general practice, particularly if they are encouraged to seek female mentors. Effort must be made to break down the barrier of isolation so that nurses have a sufficient pool of potential mentors. The most significant variable found for success was the quality of the relationship between the mentor and the mentee and informal mentoring which is based on self-selection.

Informal mentoring, however, is dependent on personal favour and may not happen, particularly for those who most need it, such as women who have traditionally been excluded from senior positions (McKenzie, 1995, NAWE, 1999). In recent years therefore there has been greater formal attention paid to mentoring as a mechanism to assist all employees achieve their full potential. Formal mentoring occurs when an organisation takes a decision to implement a scheme of mentoring which will have formal recognition within the organisation even if there are no tangible rewards for being involved as a mentor. An analysis of a number of mentoring programs operating at the five ATN universities in Australia (ATN

WEXDEV, 1999) suggested that the most successful were those that had been formally established. Formal mentoring schemes have a clear rationale; measurable goals and outcomes; mechanisms for assessment and selection of both mentors and mentees in place and accountability, since results are monitored. They typically have open recruitment, are structured, are funded, and have training. Colwell (1998) comments however that formal mentoring may be perceived as a threatening factor in socialising and inducting new staff.

A properly resourced scheme would fund a coordinator for some hours to administer the scheme, set up training workshops, provide support, encourage contact between participants and resolve any emerging difficulties. Boice (1992) found that the coordinator had a most significant role in just keeping in touch with the participants. Pairings which had some contact with a coordinator or a facilitator proved much more resilient and successful than pairings without such attention.

Mentoring functions

One influential theorist Kram (1985) makes a useful distinction between career functions and psychosocial (or emotional) functions and indicates that mentoring can involve both of these functions. Career functions encompass sponsorship, opportunities for exposure, coaching and challenging the mentee. Psychosocial functions encompass role modelling counselling, friendship and networking.

European and North American approaches to mentoring differ as to the relative weight they place on, in Europe, learning and development and, in the case of North America, career advocacy for the mentee (Clutterbuck, 1987). Analysis of the literature reveals that organisations in different countries and in different fields are likely to blend both models and to emphasise different aspects depending on the organisational needs of the sponsor.

Types of mentoring

Mentoring relationships can be one-to-one (dyadic) or one mentor with a group of mentees (Socratic model). A mentor can have more than one mentee. A mentee can have a number of mentors, and different mentors for different purposes, like a 'board of directors' (Chesterman, 2001). Sadler (1999) suggests that junior people in higher education benefit from having several more experienced staff as mentors, not just one, with mentors for research, teaching, or administration.

Although traditional definitions suggest that mentors are usually more senior, more experienced or older, the introduction of flatter management structures has meant that mentors may not always be in a higher rank. Mentoring can take place within a group of peers and friends, though it must be clear that mentoring is taking place. Mentor and mentee may also be colleagues, at a similar level of experience and able to respond to each other as equals, but from different areas or with different skills.

The choice of what type of mentoring relationship to implement depends on a number of factors, such as organisational structure, goals, resources and decision-

making processes. For example, an organisation can conduct a needs assessment, evaluating available resources, the purpose and goals of mentoring, the experience, knowledge and skills of mentors and mentees, proposed time-span for the mentoring, and other supports available to staff, to determine which type of mentoring may be most suitable.

Benefits of mentoring

Mentoring can benefit the organisation, the mentor, and the mentee in several ways. As mentoring instils greater motivation and morale in staff, work force capability is likely to be enhanced. Facilitation of communication, collaboration and leadership among staff through mentoring also tends to improve employee commitment (Rolfe-Flett, 2002). Mentors can also directly benefit from mentoring, through gaining a sense of personal satisfaction and accomplishment, by having opportunities to refine their interpersonal skills and knowledge, and by exposing themselves to new views and perspectives on the organisation. The potential benefits to mentees are diverse, and include increased integration into the organisation culture, enhanced professional knowledge and skills, clarification of career goals and planning, and opportunity to broaden professional network (Australian Government Department of Defence, 2004).

McKenzie (1995) indicates that people without mentors are lacking in knowledge in several key areas as compared to others. They have a poor understanding of how their organisation actually works, are unaware of opportunities for promotion and in fact may be unsure of where they want to go and what they want to do. She also suggests that people without mentors have less commitment to the organisation and lower job satisfaction. Successful mentoring has the potential to attract and retain talent, retain corporate knowledge and enhance organisational culture, image and capacity as well as making people feel valued through recognition of their individual contributions (Rolfe-Flett, 2002).

Mentoring and coaching

Recent management development practice has begun to draw attention to coaching rather than mentoring. Indeed there have been explicit criticisms of mentoring as too focused on individuals needs. Coaching has been defined as:

- **Performance coaching** which focuses on closing the gap between goals of the individual and current outcomes;
- **Skills coaching** which focuses on enhancing critical key skills (e.g. public speaking);
- **Career coaching** which focuses on new or future career goals; and
- **Strategic coaching** which focuses on strategic planning and management support (Grant, 2003).

Personal or life coaching where individuals directly engage a coach to assist their development rather than as a part of an organisational program has increased in popularity in recent years. Coaching differs from mentoring in the emphasis it places on organisational rather than individual needs and on establishing clearly

designed outcomes. However, a mentoring scheme can be designed to fulfil similar objectives to a coaching scheme.

Distance mentoring

With new technologies it is possible to link people across wide areas using different technologies such as phones and e-mails. An evaluation of a pilot Australian scheme found that e-mail mentoring was difficult to maintain in the face of other demands on time. It is suggested that successful e-mail mentoring requires:

- direct face-to-face contact to start with;
- very careful matching of pairs;
- training for both mentors and mentees;
- a strong support network during the period for both mentors and mentees; and
- allocation of time (ATN WEXDEV, 1999).

Mentoring Case Studies

The following discussion presents some case studies of mentoring approaches that have been implemented in business and academic settings, and considers their transferability to the general practice context.

Formal mentoring program for several target groups

In Australia, the Australian Gaslight Company (AGL) introduced a range of formal mentoring programs as part of an overall career development strategy (Rolfe-Flett, 2002). The AGL programs operate across Australia and cover different employee groups, including graduates, call-centre staff, and high-potential people. All graduates are invited to participate, but others nominate to be involved and undergo a selection process based on past performance, future potential and a range of other factors. Mentors in the programs are people who volunteer. The mentors and mentees are matched by HR staff, training for the separate groups is organised and work-books are provided. Myers-Briggs type indicators are used for personal development.

The program has been successful in its goals of career planning and development and has also been useful in increasing networking for staff across the different locations of the organisation. It is however resource intensive both for participants and for the HR staff organising it.

The model of formal mentoring for different groups designed for AGL is not directly transferable to the general practice context. Though comparisons can be made between the diversity of participants from different sectors of AGL and with the large number of practices in general practice, the AGL model operates within one organisation, is managed by one organisational department and requires

intensive resources for success. However, the concept of focusing on particular target groups, training and matching have been incorporated into the proposed framework

Formal focused program for a targeted group

The Royal Melbourne Institute of Technology (RMIT) Staff Mentoring Program began in 1993 as an initiative of the Equal Employment Opportunity Branch and was aimed at women staff both academic and general, who were seen as disadvantaged in terms of promotion. The program grew until by 2000 over 50 pairs were established. A coordinator worked for the program for 2 days a week. The coordinator matched pairs and training sessions were provided for mentors and mentees. The coordinator also provided individual counselling and assistance to resolve issues in mentoring relationships which proved to be highly resource intensive. Pairs are encouraged to meet at least monthly. Two e-mail newsgroups have been established to enable mentees and mentors to discuss issues as two separate groups (ATN WEXDEV, 1999).

A similar program was implemented at the University of South Australia (UniSA) in 1996 and grew to over 100 pairs by 2002. Coordination of this program happens in the same way as at RMIT.

This formal program is suitable for the needs of one organisation in one location, where a particular, common need is identified. It is not directly transferable to the general practice context which is comprised of multiple and diverse small businesses across Australia. In particular, problems with transferability of this model relate to the way coordination responsibilities have been interpreted. The RMIT and UniSA models are highly resource intensive with the coordinator's role in counselling and assisting pairs where problems occur. Coordination has been incorporated into the proposed framework include matching by a coordinator.

Group mentoring

At the University of Canberra, a group mentoring scheme operates, in which a group of women meet regularly – in this case once every two weeks – to discuss their work and research for a set period of time. The scheme commences with a two-day introductory weekend workshop in a pleasant environment away from the university to enable the participants to get to know each other and to identify their shared concerns (Chesterman, 2001).

Such a model could assist mentoring for nurses in general practice. This local face-to-face model could, in an inexpensive way, break down isolation between practices, and build relationships at an urban or regional level. Practice nurses would have the opportunity to meet others with whom they could form longer mentoring relationships. The concept of group mentoring has been incorporated into the framework using the existing practice nurse networks.

Distance mentoring

The ATN WEXDEV program, which runs executive development for senior women in five universities around Australia has explored cross-institutional mentoring, or mentoring at a distance, using electronic media. In December 1998, through the e-mail discussion list operated by ATN WEXDEV for 450 women around Australia, interested women were invited to join a pilot Mentoring at a Distance Network. Eight pairs were established by National Office, linking where possible people in similar discipline areas, but matching across universities. Women were from both academic and administrative streams. All were provided with detailed information on mentoring. The national director of WEXDEV tried to keep in regular contact, though some women did not respond to e-mails and phone calls. In August 1999 the national director sent all involved an evaluation questionnaire. It became apparent that, despite initial enthusiasm, the women involved found e-mail mentoring difficult to maintain in the face of other more pressing demands on their time. The mentoring was more successful when the partners knew each other and when the mentee had a clear goal to reach (ATN WEXDEV, 1999).

Phone or e-mail mentoring could be used with nurses in general practice, but is likely to be most successful only when used in conjunction with other mechanisms that put nurses in contact with each other, such as through conferences. This face to face contact would provide practice nurses with the chance to meet, establish a mentoring relationship and then use e-mail – for example to discuss a particular issue. This has particular implications for nurses in remote locations or those who have the access and skills to use electronic communication technologies

Executive coaching

Executive coaching is predominantly used in private enterprise but its impact in a public sector agency has been studied in the USA. Thirty one managers in an agency undertook management training which was followed by 8 weeks intensive one-on-one executive coaching. Coaching included goal-setting, collaborative problem-solving, practice, feedback supervisory involvement, evaluation of end-result and a public presentation. It was found that coaching was 4 times more successful in increasing productivity than conventional training (Olivero, Bane & Kopelman, 1997).

While executive coaching has the potential to achieve positive outcomes, it is too resource and time intensive for nursing in its current stage of development in the general practice setting, where the aim is for mentoring to be available to all nurses.

Mentoring in nursing practice

The clinical nature of nursing practice resulted in some initial confusion between the education and support roles of clinical supervision, mentoring and preceptorship (Morton-Cooper & Palmer, 1993; White & Ewan, 1991). Preceptorship is usually a shorter term relationship and has a focus on education. Mentoring relationships usually last longer, do not focus solely on education and are

not part of performance monitoring. Delineating between preceptorship and mentoring has been assisted by professional development and nursing career planning innovations with the National Review of Nursing Education (Heath, 2001) recognising that mentoring is more likely to be career rather than clinically oriented.

An example of a specific mentor program in Australia is the Australian Government Remote and Rural Scholarships mentor program for scholarship recipients (Royal College of Nursing Australia, 2002). The program aims to promote positive learning experiences during rural and remote clinical placements and promote cultural awareness training for students intending to work in Indigenous communities. The program coordinator identifies existing support structures and programs as resources for scholarship recipients and liaises and works with schools of nursing, academics, student rural clubs, rural and remote clinician mentors, relevant rural/remote organisations and scholarship holders to further develop networks of support resources and programs. In this way the program provides practical assistance for academics and clinicians aiming to enhance the scholarship holders clinical placement experiences in anticipation that they may be encouraged to live and work in remote and rural areas after graduation.

The coordination role from this mentoring approach may be transferable to the general practice context in that the coordination role is a very broad one of resource identification. It needs to be recognised however, that the mentor program is one aspect of an existing scholarship scheme. Hence this approach to mentoring coordination may complement role, education and training programs for nursing in general practice.

Conclusion

This section has presented an overview of relevant literature and reported case studies about mentoring development and approaches. The relevance of this literature needs to be considered in light of the unique challenges faced by general practice in establishing effective mentoring for nurses. These challenges include:

- fragmentation of the sector and variation in size and structure of practices;
- diversity of nursing roles and differing cultures of nursing and general practice;
- a different quality and accreditation system that does not link continuing education to registration;
- need for networks for mentors to share experiences and strategies;
- need to integrate nurses career plans with practice plans;
- how to develop shared understandings between GPs and nurses about the benefits of mentoring; and
- need to fund a mentoring process.

(Australian Government Department of Health and Ageing, 2002)

The following section presents responses by nurses working in general practice and GPs about mentoring for nurses in general practice.

3. Findings From the Consultations

Issues Identified as Impacting on the Development of a Mentoring Framework for Nurses in General Practice

Introduction

This section of the report presents the findings of the key stakeholder teleconference and national consultations with practice nurses and GPs and considers their relevance for the development of a framework for mentoring for nurses in general practice.

Key Stakeholder Teleconference

A number of key issues were identified from the literature and discussion with key project stakeholders as impacting on the development of a framework for mentoring for nursing in general practice. These issues of choice, relationships, structures and resources were included in the Options Paper circulated as pre-reading for the group interviews.

Choice : The mentoring framework needs to accommodate:

- choice about the scope and purpose of mentoring rather than single definitions;
- choice about the mentoring contexts (internal or external to individual general practices); and
- choice to adopt different mentoring roles (self mentoring, mentor, mentee, co-mentor).

Relationships : the mentoring framework needs to:

- accommodate new and existing relationships;
- facilitate collegiality in all relationships;
- accommodate individual nurse's role, context, and need;
- accommodate nurse to nurse and nurse to non nurse relationships;
- provide for different mentors at different stages of the work life; and

- optimise existing networks, structures, and relationships.

Structures: the mentoring framework needs to:

- be inclusive of existing networks, structures and relationships to assist in achieving sustainability;
- promote formal programs as an equity strategy for all practice nurses;
- assist workforce issues (e.g. workplace relief);
- facilitate ethically sound practice;
- facilitate continuing education;
- support a culture of professional development; and
- be flexible.

Resources : effective implementation of the framework requires:

- recognition of a culture that values mentoring;
- highlighting and marketing of mentoring success stories;
- the allocation of resources such as time;
- coordination of information and advice; and
- technology support to enable flexible communication methods.

These issues were reflected in the following findings from the focus group interviews with practice nurses and GPs.

Focus Group Interviews with Practice Nurses and General Practitioners

The issues arising from these consultations have been grouped in seven core areas that require consideration in the development of a mentoring framework for nurses in general practice. These areas relate to:

- role confusion and the diversity of practice nursing;
- the lack of a defined career pathway for practice nurses;
- professional isolation of practice nurses;
- the need for support of GPs;
- expectations of mentoring;
- the importance of resourcing and infrastructure; and

- roles, skills and qualities of mentors.

The findings in relation to each of these core areas will now be presented followed by a summary of related issues and implications for the development of a mentoring framework for general practice nursing. While discussion of each of these core areas is presented as separate sections, it is important to highlight that each interacts with and impacts on the other. For example the sustainability of mentoring will be impacted upon by the level of support from GPs, the extent to which mentoring meets the expectations of nurses and GPs, and the resourcing and infrastructure allocated to support mentoring for nurses in general practice.

Role Confusion and the Diversity of Practice Nursing

"I'm unsure whether my role is nursing"

Wide variation in the role and utilisation of practice nurses in Australia was reported during the focus group consultations. While not the brief of this project, discussion about practice nursing roles inevitably featured in each group interview. Factors affecting the practice nurse role include the size of the practice, the nature of the population served by the practice, the specialty foci of GPs and nurses involved in the practice, the location of the practice and proximity to other health services such as hospitals and the attitudes of nurse and GPs to the role of the nurse in general practice. It also needs to be noted that some nurse participants were from practices where the practice was not owned by GPs such as medical clinics at mining sites or in aboriginal communities.

Nursing roles ranged from providing mainly receptionist services, to various combinations of receptionist/nursing work, management of busy treatment rooms through to practice nurses operating their own list of patients for care plans and health assessments. Practice nurses working in some rural areas and busy city practices also provided a significant triage function. GPs described the significant contribution of nurses involved in telephone triage, such as screening general patient enquiries, giving results as well as calls dealing with difficult patients over the phone. Triage in some settings involved managing patient flow through multiple bed treatment rooms.

Whilst the introduction of the Practice Incentives Program (PIP) has seen the development of practice nurse roles in some areas, there was a perception by many nurses and some GPs that practice nurses are generally not fully utilised and that there is significant scope to enhance their contribution to general practice. Factors identified by participants as limiting the full utilisation of practice nurses included:

- lack of training for general practice nursing;
- lack of understanding of the contemporary nursing role by some GPs;

- GP concerns regarding liability for information provided by practice nurses to clients;
- the billing structure of a practice;
- blurring of receptionist and nursing roles;
- lack of standards and role descriptions for practice nursing;
- the cost of employing a practice nurse (overemphasis by some GPs on the cost as opposed to the value of the practice nurse);
- limitations of the SWPE count for eligibility for PIP, for example while there may be a relatively low SWPE in some areas, the nature of the population places a very high demand on the practice, some of which could be alleviated by employment of a practice nurse; and
- part time and casual employment.

Whilst some GPs and nurses spoke about conceptualising the general practice nurse role as a primary health care team member, the majority of nurses attending the workshops conceptualised their role in terms of the tasks and activities that they undertook on a daily basis. Discussions about a nurse practitioner role were not pursued and refocused toward mentoring.

THE DIVERSITY OF PRACTICE NURSING: ISSUES AND IMPLICATIONS FOR MENTORING	
ISSUES	**IMPLICATIONS**
Role diversity Role confusion	Flexible and multiple mentoring models/strategies required
Practice nursing conceptualised as tasks rather than a role	Scope of mentoring to include focus on role development/clarification Mentoring awareness raising program
Lack of training/education for general practice nursing	Mentoring to complement education/training strategy

The Lack of a Defined Career Pathway for Practice Nurses

"brave nurses enter general practice"

Throughout the workshop discussions, both nurses and GPs highlighted that for mentoring to be successful in developing practice nurses and practice nursing, recognition of practice nursing as a career with relevant education and training was required.

Many nurse participants suggested that lack of a career pathway was in part related to a general lack of understanding in the community and by nurses in other sectors about practice nursing and the role of the practice nurse. This was borne out in the recent study exploring consumer perceptions of nursing and nurses in general practice (Cheek, Price, Dawson, Mott, Bleiby, & Wilkinson, 2002) which identified that consumers of general practice services in many cases do not know who the nurse is, or what they do.

Many nurse participants identified that the status of practice nursing in the health system is very low, with the widespread perception that nurses working in general practice do not require many skills or that those who go to work in general practice may become deskilled and work there for the office hours rather than a purposeful career choice. This may in part be linked to the historical emphasis on receptionist roles.

However as many nurses identified, nursing in private practice brings a whole new set of problems and issues requiring a broader range of skills than nursing in the hospital setting, including business and financial skills. In addition, nurses in general practice require a broader range of nursing skills because as one nurse put it

> *Practice nursing is so different and so varied. You never know who is going to walk through the door. At least in a hospital ward you have a focus on people with particular conditions and age groups. In general practice you deal with any condition and ages from babies to the elderly.*

This broad role was reflected in dissatisfaction of some participants with the title of general practice nurse. A number of nurse participants suggested that this title is not an accurate or understood representation of the general practice nursing role. As one nurse participant remarked

> *The title needs to be changed to something else that better reflects what practice nurses do. People think you are practicing to be a nurse, that you are still a student in training.*

Interestingly, alternative titles suggested by nurses were "medical centre nurse" (suggested by nurses who worked in a corporation general practice setting) and primary health care nurse (suggested by nurses working in rural/remote practices).

While not scoped in any comprehensive way in this project, nurses working in general practice commonly described the education for this role as hospital based with few examples of tertiary education. These nurses had often worked in general practice settings only for the last decade, though many held other part time or casual positions in a second GP or in aged care settings. One general practice nurse also worked in a university nursing education program and several worked in community or acute health care settings. Baseline education for registered nurses in Australian has for the last fifteen years been at degree level in universities. This education meets what is prescribed as the nursing role, that is to be regulated and accountable to the community for providing high quality care through safe and effective work practice (Australian Nursing Council Inc, 2001)

The lack of specific education focusing on the practice nurse role was also seen as contributing to the lack of a career pathway. A recurring emphasis throughout the national workshops was the need for exposure to general practice as a part of pre-registration nursing education as well as the need for continuing education. Participants also identified the need for a role statement and standards for practice nursing arguing that this would enhance the professionalisation, recognition and hence legitimation of practice nursing as a valid career path in nursing. As one nurse participant put it

> *We need standards of practice nursing rather than just knowing what each doctor needs so that our role is recognised and acknowledged as a legitimate nursing role which is integral to the field of general practice.*

It was also acknowledged that the development of practice nursing standards would enhance the level of care provided to consumers.

Research conducted for the National Review of Nursing Education (Heath, 2001), identified that

> *Nursing career pathways need to elaborate the breadth and depth of nursing as a professional career, and show how the scope of nursing practice involves different roles with the potential to accommodate the education, training and employment needs of different nursing groups (Price, Heartfield & Gibson, 2001).*

In considering the outcomes of the research conducted for the National Review of Nursing Education, and the recommendations of the review in the context of this project it is clear that the recognition of practice nursing as a valid career pathway within general practice is integral to the development of practice nursing and practice nurses. Drawing on the previously mentioned reports, a practice nursing career pathway should:

- incorporate choice, recognise skill development, and provide a framework to set out the goals and strategies to achieve them; and

- be flexible to accommodate individual life experiences, access to information, personal decision-making and emergent changes to the health system (Price, et al., 2001).

From discussions with nurses and GPs at the workshops it is apparent that the recent Australian Government Practice Nurse Initiatives have provided a framework for the identification of career pathways within general practice nursing and that this is occurring in some practices, albeit in an ad hoc and uncoordinated manner. For example, in a number of practices around the country, the Enhanced Primary Care Initiatives have enabled development of a nursing role focused on chronic disease management and population health activities such as health assessments. The following exemplar from a nurse undertaking such a role highlights how one nurse has mapped a career pathway in general practice reflective of the recommendations of the Career Pathways Project (Price, et al., 2001).

> *Two years ago I went to become a practice nurse and as part of that role I was introduced to the idea of enhanced primary care and the incentives there, as far as health assessment and care plans. I saw this as a great opportunity to develop my skills in an area that I really enjoyed working in and to specialize in diabetes education. The four RNs in the practice I work at, were encouraged by the partners to take an area of education we were particularly interested in which was relevant to our work. We chose our focus and put proposals to the partners for funding support to do the relevant courses. It was up to us what we wanted to do, but we did feel that we were supported. I decided to do a graduate certificate in diabetes education because I really believed that I needed some tertiary qualifications. I had met a credentialed educator and I really felt that this was important but because of the isolation of being in private practice I didn't know who to turn to for help with this.*

This exemplar also highlights the role that a mentor could play in assisting the identification and development of a career pathway in practice nursing. However, for mentoring to assist nurses to achieve their full potential in general practice, and build the capacity of practice nursing in a way that meets current and future needs of general practice it is important that work is undertaken to map career pathways within practice nursing in a coordinated manner. Current work by the Royal College of Nursing Australia, the Royal Australian College of General Practitioners and the Australian Nursing Federation on education and competency standards for enrolled and registered nurses in general practice will assist in addressing this need.

CAREER PATHWAY: ISSUES AND IMPLICATIONS FOR MENTORING	
ISSUES	**IMPLICATIONS**
Lack of identifiable career path in practice nursing	Mentoring needs to include a focus on assisting individual practice nurses to identify career pathways within practice nursing
Isolation from mainstream nursing practice/career options	Mentoring as a way of increasing the focus on continuing professional development therefore need to link mentoring framework to broader nursing/health care professions and career planning
General practice viewed as a career end point rather than a career option	Profile general practice nursing through career pathway publications and career promotion activities of professional organisations, Australian Government bodies and educational institutions
Practice nurses require a broad range of nursing skills as well as business and financial skills for private practice	Mentor selection processes to ensure a range of mentors.

The Need for GP Support

"Working hand in glove"

Acknowledging the importance of a team approach in general practice was evidenced by a number of GPs who did not currently employ practice nurses attending the group interviews because they recognised the value of a practice nurse and were seeking information about how best to establish a nursing position in their practices. Both practice nurses and GPs highlighted the need for GP support of any practice nurse initiative such as a mentoring framework. The GPs consulted were strongly supportive of mentoring for practice nurses, recognising the importance of such support to overcome the professional isolation experienced by many practice nurses. As one GP noted

Practice nurses don't have a lot of support. Mentoring can be a support system for them where they can develop a network of practice nurses who they can share information with about what they do and get ideas from. I think this is needed for the sustainability of nursing in general practice.

Most GPs were familiar with mentoring, which has been a part of medical training in Australia and the GP Training Scheme, so many had first hand experience of the benefits of mentoring and suggested that a mentoring scheme for nurses in general practice could form part of a wider training scheme for nursing in general practice.

Many GPs highlighted the importance of recognising that general practice is a private enterprise and that mentoring needs to have practical outcomes for the GP and the practice. As one GP stated

> *I need to know that there is something in it for the practice and that it will be beneficial for the practice's income if I am going to support my practice nurses being involved.*

Whilst many GPs focused on the financial implications, others pointed out the importance of recognising the benefits such as improved quality of care that can accrue to a practice through mentoring of nurses, rather than just looking at the cost. As one GP stated

> *Why are we focusing so much on cost effectiveness of the nurse's role when we don't do the same with the receptionist? Mentoring can help practice nurses to be used a lot more effectively, which will improve quality and standards.*

It was emphasised by the majority of GPs that practice nurse mentoring should not interfere with the business of the practice. Whilst some GPs indicated that they would provide funding support for nurses to attend mentoring sessions, others stated that they were not in a position to do this and that external funding support would be required if mentoring were to occur during practice hours.

It was suggested that one way of gaining widespread GP support for mentoring was to involve GPs in some way. For example, one GP suggested that

> *There is a role for GPs to be involved in mentoring through the Division, which will help for it to become part of the culture...,and if you establish the culture, then people are going to want to be involved.*

A number of GPs suggested that mentoring was an important aspect of recruiting and retaining skilled practice nurses and that this should be promoted widely as part of any recruitment strategy.

Practice nurses in discussing the need for GP support for their involvement in mentoring highlighted that such support provided recognition from the GP of the importance of the nurse's role and contribution to the practice. They also suggested that having some Divisional involvement in the mentoring scheme would provide further recognition of the nurse's role in general practice and make nurses visible as part of the DGP. As one nurse stated

> *It is a Division of General Practice not a division of general practitioners therefore nurses need to be visible and recognised as part of the Division. Divisional support of mentoring is one way of doing that and it also shows the doctors that they will have some support to support us.*

Some nurses also indicated the importance of GP support to enable them to be a mentor for other practice nurses, suggesting that this would highlight their practice as having a culture of support for practice nurses as well as one that is '…doing things really well' in general practice and which is an example to other practices. This was also recognised as an important aspect of promoting some consistency in standards of general practice nursing and therefore quality care.

THE NEED FOR GP SUPPORT: ISSUES AND IMPLICATIONS FOR MENTORING	
ISSUES	**IMPLICATIONS**
Mentoring needs GP support to be sustainable	Mentoring through DGPs would likely be positively received by GPs
Mentoring for nurses in GP needs to • have practical outcomes for individual practice • benefit practice income and quality of care	Target GP awareness regarding benefits of mentoring to general practice and profile success stories to emphasise positive client care outcomes Emphasise the value of mentoring as a recruitment strategy to attract and retain practice nurses
Mentoring should not interfere with the business of a practice	Mentoring outside work hours unless external funding support
Mentoring to be recognised as a valid component of professional development for practice nurses	Mentoring needs to be part of recognised professional development activities, which may include schemes such as a continuing education points for general practice nurses. Also provides a source of evidence for annual registration

Professional Isolation

"hanging from a string in the wind"

Professional isolation of practice nurses was a recurring issue raised by nurses and GPs throughout the consultations. Nurse participants in urban as well as rural and remote areas spoke of often 'feeling alone' and wanting some form of contact with other nurses. This sense of isolation was encapsulated in the following comment from one nurse

I struggled for such a long period because I just felt isolated from the hospital nurses just next door to me, because they all had no idea of my role. They had never heard of a practice nurse four years ago when I started in the job, and neither had I, I must admit. The isolation of being by myself with no support was overwhelming. I had lots of support from the GP, but it is so different having another nurse to talk to.

Whilst the consultations indicate that professional isolation is an overarching concern for the majority of nurses in general practice, this was compounded by geographical isolation for practice nurses working in more outlying rural and remote areas. In many cases, there are very few practice nurses working in rural or remote regions, they are long distances from each other and often do not know who other practice nurses are in the region. One group of practice nurses from a remote region were six or seven hours drive away from each other. As one nurse from this group stated

I didn't know other practice nurses existed in the region. I would have appreciated just knowing the set up of other clinics in the region and that if I had questions I could have just rung a nurse who is in the same position. I would like to have a list of the other nurses in the region and information about their role in the practice. I would then know who I could contact for help about particular things.

While most nurses acknowledged positive working relationships with the GPs in their practice, in the majority of cases, the GPs were also their employer and therefore could not provide for all of the practice nurse's support needs because of the employer/ employee relationship. It was also recognised by nurses and GPs that GPs could not provide the same type of support as other nurses. As one nurse said

I would appreciate at the end of this if we could come up with a mentor friendly list where you could have nurses just to ring up and literally tell them about your week and what experiences you've had, and sort of just have a bit of a de-brief. Because really, the doctor has a different idea of what they have been through and what you have been through. I find it really important to talk to other nurses.

It was also suggested that it was important to be tuned in to changes happening to the nursing role in other areas such as the public hospital system so as to be up to date with the contemporary nursing role. As one nurse stated

> *You lose touch professionally not being part of a system like a public hospital system. In a government hospital you have staff development nurses who really push and test the development of your skills. But in a clinic, as long as you're functioning, and you're swimming, and you're just above water, then the doctor is happy with that, I find.*

Some practice nurses working in remote areas had made arrangements to maintain links with the hospital system. For example, one remote practice nurse said that she

> *Takes it upon herself to go back to a hospital a couple of times a year to work, just to stay in the system and be aware of what nurses are expected to do and their skills. I try to transfer that back to my practice and inform my doctor of what the role is in a hospital and what I can transfer back into the practice. I think a mentor could to help with this process, especially discussing the transferability to general practice.*

GPs and DGP staff in one discussion described how trials of similar practices had to be cancelled for reasons of liability cover.

Several nurses highlighted the value of having an annual funded conference or workshop for remote practice nurses where they would be able to meet other nurses in similar situations. A number of these nurses had been to a remote area conference provided by a community nursing organisation and had been able to meet other nurses and make initial links as well as gain updated information relevant to their role. Since attending the conference they had made phone contact with some of these nurses to discuss issues. These nurses also discussed the importance of ensuring that such conferences were practice nurse focused with the opportunity for introductions and a list of participants and contact details for follow up.

Practice nurses working in practices where they were the only nurse also spoke of having an acute sense of professional isolation. As one nurse in an urban practice described

> *As the only nurse in the practice I feel really isolated. In the hospital there was always someone to talk to. Here I sometimes feel like I am hanging from a string in the wind. I think I'm probably desperate by three years at least for a mentor.*

Similar comments were made by nurses who knew there were general practices in the surrounding streets but had not made contact with the nurses there. For some GPs this was viewed not as isolation, but competition. One nurse described her resistance to mentoring because she felt her participation would be restricted by the need to keep practice sensitive information confidential such as the price paid for medical supplies.

Many DGPs have recently established practice nurse networks that provide an opportunity for practice nurses within a DGP to meet and share ideas and information as well as attend education sessions on topics relevant to their role. All of the nurses who were part of these networks spoke positively of the opportunities this provided to network with other practice nurses. As one nurse described

> *We went along to that first meeting and we were just like sponges. We just wanted to be in touch with these other nurses who were in similar situations. Everyone was asking "what are you doing?", what is this?, what is that? It was just the fact that there were other people out there immediately. It was instant. It didn't make me feel on my own anymore. That's how I've felt for years—on my own out there.*

Some nurse participants also identified a range of other formal and informal nursing networks within the general practice setting and across other nursing settings through which they maintained contact with other nurses. These nursing networks were formed through relationships established in the practice or corporation in which nurses were employed, employment in other nursing settings, personal friendships with nurses, shared education experiences and isolation in remote geographical locations.

The majority of practice nurses attending the consultations were not connected into formalised professional networks or organisations, citing cost, lack of relevance to their needs or lack of time as factors impacting on their membership. Whilst some nurses were familiar with the APNA, as a newly developing organisation, as an emerging entity, APNA currently lacks visibility in the general practice setting. Similarly, some nurses acknowledged the current Practice Nurse Workshops being conducted nationally by the Royal College of Nursing, Australia.

In considering this finding it is important to recognise the potential benefits that can accrue to practice nurses through involvement with national professional nursing organisations such as access to professional networks, standards, information and continuing education. The formation of alliances or partnerships with relevant associations in the development of mentoring for nurses in general practice capitalises on already established networks and infrastructure, enhancing the sustainability of mentoring for nurses in general practice.

For example, a number of remote practice nurses discussed the need for critical incident debriefing, and highlighted that CRANA has established a crisis line for Bush Nurses that was available as a 24-hour service by telephone. An alliance could be established to enable remote practice nurses to access this service. However, issues related to relevance and cost need to be addressed so that the full benefit of such alliances can be realised.

PROFESSIONAL ISOLATION: ISSUES AND IMPLICATIONS FOR MENTORING	
ISSUES	**IMPLICATIONS**
Isolation from other general practice nurses, other nurses and professional organisations which has the effects of • minimising the professionalism of the general practice nurse • potentially decreasing the quality of patient care by nurses • potentially decreasing the contribution of nurses to contemporary standards of general practice	Mentoring should value add to and accommodate diverse modes of communication (e.g. telephone or e-mentoring via internet), resources, access points and outcomes and incorporate psychosocial and career functions. Mentoring needs to acknowledge and differentiate between networking, peer support and mentoring

Expectations of Mentoring

"someone to laugh and share experiences with"

During the consultations it became apparent that understandings of mentoring varied considerably between nurses and between nurses and GPs. As previously noted, GPs were often very familiar with mentoring as a part of their undergraduate and postgraduate education programs, though not all experiences described were positive ones. Nurses are familiar with preceptorship and clinical supervision, which are clinically oriented and focus on education related to specific aspects of the roles they are required to perform in an organisation.

The less tangible broader concept of mentoring as contextually shaped, individually directed, career or profession, rather than clinically oriented was unfamiliar to many nurses and for some difficult to relate to their everyday working life. However, for some nurses as their understanding developed during the course of a consultation the benefits of mentoring to assist with professional development and support became apparent. Further, discussions during the consultations often centred on the educational needs of practice nurses and some nurse participants had difficulty differentiating mentoring from education and information needs. Regardless of these factors, there was an overwhelming affirmation that mentoring would provide valuable and much needed support for practice nurses individually as well as contribute to the development of practice nursing as a distinct career path within

the nursing profession. This suggests that it will be important to take an evolutionary approach to the shape of mentoring for nurses in general practice as awareness and understanding changes and practice nurses and practice nursing develops.

Practice nurse mentoring needs were influenced by factors such as experience in nursing and practice nursing, current role, current support systems, exposure to education programs, and past mentoring experiences. Expectations of mentoring as described by the nurse participants focused on aspects of personal development, the management of professional relationships and role development, and included information and education needs through to mentoring to assist confidence building and to challenge and extend current thinking about their role.

Personal development included expectations that mentoring could assist with confidence building, debriefing, gaining recognition, career planning and provide an opportunity to share ideas, problems and successes.

Professional relationship management included expectations that mentoring could assist in dealing with political issues and conflicts between nurses, practice managers and GPs, as well as clarify role boundaries between team members.

Role development included expectations that mentoring could assist nurses to adapt to the practice nurse role from other settings, clarify the legal parameters of their role, and develop the role so as to maximise the contribution of nurses to general practice. This included support when taking on new aspects of the role such as health assessments and care plans.

The following exemplars from practice nurse participants highlight the diversity of expectations and understandings of mentoring. For one rural practice nurse, mentoring was described as focusing on education related to organisational aspects of her role.

> *Mentoring for me is further education. Not just nursing, it is organisation – you've got doctors to chase after. We do health assessments as well in an outpatient area that we have at the clinic, and we do a lot of treatments and things. It's trying to get education and organisation, and keeping the doctor happy. When you're there on your own you're almost a manager of that side, and you're doing bookwork, as well as chasing the doctor, as well as trying to do the clinical parts of your work. I find that very difficult, so that is where I'm looking at with the mentoring.*

Another nurse described a clinical situation where she would have liked a mentor

> *I wish I had access to a mentor when I started doing health assessments. In a hospital situation you would be always supervised when doing something new. You would always have somebody there, and you could say "come in with me while I do this". You would always just ask for that support. It's just having someone there to bounce off until you can say "Yes, I feel confident now I'll go on". Whereas when you're on your own I just felt that I needed some support. Even to be able to go with another practice nurse once to watch how they did it. It wasn't so much the clinical aspects of doing the assessment – it was more*

about having somebody to talk through my judgements and how I put the assessment together.

An experienced, remote practice nurse focused on mentoring as a way to think differently about her role, describing mentoring as

…certainly more than attending some sort of education. It is about analysing information for yourself, about self-understanding. It is just I haven't had someone to challenge me and say, " why can't you try that? Skills are skills and tasks are tasks, but for me, a mentor would be someone who would be willing to listen to how I found the experience, and throw in the appropriate questions to say, "How did that feel?" or "Where do you want to take that?" Some people can do it all in themselves, but I personally need someone to throw a few questions at me, and really get me thinking to analyse the situation. We're often told to do something a certain way, but our own experiences tell us that there might be other ways. A mentor can help me work through this. The exciting part about the job that I like is that you can really self-develop. To me, a mentor would be someone who would listen to that and help me analyse it myself so that it is clear in my own mind.

Whilst there was widespread agreement that mentoring would be useful to all practice nurses, it was recognised that nurses new to general practice require support to understand and develop the practice role to suit the needs of their particular practice. Mentoring from peers was seen as particularly useful to assist this transition, especially where it included the opportunity to observe other practice nurses and the mentor who was an experienced practice nurse. This was also seen as a way of assisting nurses to take a broader perspective about the practice nurse role and general practice beyond the immediacy of their own context. Some nurses described situations where informal mentoring from experienced nurses within their practice had enabled them to grow and develop in the role. As one nurse described

I come into practice nursing with no experience of the area at all into a situation where I felt like I knew nothing. I thought I did until I got there. I thought I knew a little bit, but right now – I've worked alongside two experienced practice nurses, and between them, with more than 40 years of nursing, I'm starting to learn things that I just didn't even think about. These are not just clinical things, they're broader than that. Like how to think about my work from a business perspective and how to get the best out of a patient. Sometimes what you've been told or shown to do fills your world —mentoring can you help you think more broadly than this.

However it was recognised that such opportunities were not available to nurses in practices where only one nurse was employed, or where nurses were employed casual or part time and were the only nurse on a shift. The inclusion of such support for all practice nurses new to the role was seen by all nurse participants as an essential component of any mentoring program for nurses in general practice.

Some nurse and GP participants provided an example of a DGP which employs and orientates practice nurses at the divisional level. These nurses are then

employed by practices within the division where there is a need for a practice nurse. This includes backfilling for annual leave and sick leave. The benefits of such a program were described as including consistency of information and standards, ensuring consistent and structured support for nurses new to the general practice setting, developing a pool of nurses familiar with the practices in the division, and staffing backup for individual practices. Such a program could link readily with mentoring and provide a mechanism through which practice nurses in single nurse practices and those employed casual or part time staff could be supported when new to the role.

The need for support of nurses new to the practice nurse role was also widely recognised by the GPs participating in the project with many GP participants suggesting that mentoring for new practice nurses could form part of a broader training program for nursing in general practice.

When discussing expectations of mentoring for practice nurses, GPs highlighted the importance of developing a mentoring program that was general practice oriented and provided opportunities for nurses to think more broadly and laterally about their role. As one GP stated

> *An important aspect of mentoring is personal and professional growth as well as providing the opportunity to step back from the day to day work and think differently about what you are doing. This can help clarify and develop the role of a nurse in their practice which will also benefit the GP, the practice and the patients.*

Recognition of the nurse as a member of a primary health care team was common amongst GPs, though less common amongst nurses. However, it was also highlighted that many nurses currently working in general practice were not educationally prepared to practice within a primary health care framework and that education supported by mentoring could assist this development.

An additional issue raised by both nurses and GPs was the need for mentoring to be voluntary and differentiated from performance review or disciplinary action. Nurses and GPs also suggested that it was important to involve GPs as the employers of nurses in general practice. It was also suggested that the local DGPs could be involved and that this was a potential way of making practice nurses more visible and supported in the Divisional structure. However, there was a clear expectation by the nurse participants that

> *… practice nurses should set the agenda of what they want in support and not have the Division only setting the agenda. There needs to be involvement of practice nurses at every level of the mentoring system.*

EXPECTATIONS: ISSUES AND IMPLICATIONS FOR MENTORING	
ISSUES	IMPLICATIONS
Lack of familiarity with mentoring Confusion between mentoring and education Diverse expectations of mentoring	Need to link an awareness raising strategy to build understanding of mentoring as a professional development strategy Mentoring needs to be tailored to the needs of individuals. Need a range of mentors
The need for a primary health care focus for nursing in general practice	Mentoring needs to link with role development and education
Need for supported orientation to the role of practice nurse using peers	New practice nurses as a target group Peer mentoring Buddy experienced with new to role
Need for ongoing support in role	Mentoring must be available to all nurses

Resourcing and Infrastructure

"The dollar's gotta follow"

The need for resourcing and infrastructure of mentoring for nurses in general practice were raised in discussions at every project consultation. There was widespread agreement from GPs and nurses that the success and sustainability of mentoring would depend on appropriate funding and infrastructure support.

There were expressions of support from both nurses and GPs for involvement of the local DGPs as they are a visible, established and commonly well-perceived infrastructure in general practice. In particular, the growing success of the DGP based Practice Nurse Networks was seen as a valuable way to foster a growing culture of collaboration and professional development. For example, one nurse described the support she has received through participating in such a network thus

> *I have found the DGP to be very supportive. I get frequent e-mails, mail, and phone calls about the activities happening for practice nurses. They have started a practice nurse network with regular meetings. Its great to meet with other practice nurses and discuss what I am doing. I've actually got a lot of help, and I can actually call any of these people at any time and ask their advice. These are nurses.*

It is no surprise therefore that many nurses and GPs in the project supported the facilitation of mentoring through this infrastructure. However, some nurses stated the importance of ensuring easy access to a mentor. One nurse expressed the view that

> *Mentoring needs to be able to happen easily*
>
> and in reply another nurse said
>
> *yes it's important we don't have to go through too may processes just to get a mentor*

This was echoed by nurses in many consultations. The nurse networks were seen to provide opportunities for face-to-face contact (a much preferred mode of communication) and networking with people with similar experiences and appreciation of the local contexts of nursing in general practice. It was suggested by many participants that any mentoring scheme could be coordinated locally, as this way individual personalities and circumstances could be accommodated in the matching of mentors and mentorees. However, many participants also recognised that the diversity and often already overstretched way that DGPs currently operate may limit their contribution to a mentoring program without additional resourcing. In addition, it was emphasised that DGPs varied in the support provided to nurses and some GPs and nurses expressed the view that an oversight mechanism external to the DGPs may be implemented to ensure that mentoring for practice nurses was not subsumed by other agendas.

The view was also expressed that links should exist with the broader profession and perhaps professional organisations. An example of a broader model proposed by one group was as follows

> *Have one to two state based conferences each year where nurse can meet other nurses and get new ideas. This enables tackling of bigger picture issues and moving beyond a DGP/regional focus as well as gaining contacts, networks, and sharing ideas. This should be followed up with local DGP based activities so that there are different levels of engagement.*

In discussion, another group proposed an alternative model as follows:

> *Government based – a national elected committee including key nursing representatives – that could be paid – to oversee state divisions or branches – which incorporate both paid and volunteers – to work with members or nurse in the scheme*

A further issue is that of confidentiality, recognised as essential to the success of mentoring relationships. It was stated in a number of discussions that confidentiality may be potentially threatened in the single DGP climate. Thus, despite apparent support for the local DGPs as a coordinating location for a mentoring scheme, some nurses and GPs identified the importance of networking from a broader basis. As one nurse stated

> *Who should run this? Not Divisions, not practices, not…[professional nursing organisations]. It needs nurses across different levels and roles, managers, educators, ENs, RNs with government national support and an elected committee.*

It should be noted that some of the nurses who sought professional mentoring relationships outside the DGP included rural and remote nurses. These nurses often do not have access to as large a community of practice nurses as do those in urban and some rural areas. In some situations, there were only two practice nurses in a remote region, which provided very limited opportunities for information sharing and networking. Nurses in these areas were in the main computer literate and had access to the internet in their work environment. However, an issue raised by some was the lack of broadband access.

RESOURCING AND INFRASTRUCTURE: ISSUES AND IMPLICATIONS FOR MENTORING	
ISSUES	IMPLICATIONS
Sustainability of mentoring will depend on structure and supports across state levels	A visible, formalised structure may include coordination at the local level as well as state/national reporting/oversight.
Efficiencies will be compromised without effective links to the nursing profession and use of existing and functional infrastructures	Mentoring through functional nurse/professional networks (e.g., DGP) Web based materials Widen support network to include all nurses in region
Support and accessibility for all, and in particular rural and remote practice nurses	Broad band access Avoid too many bureaucratic processes-ensure accessibility for nurses regardless of geographical location Local level coordination and matching

Role, Skills and Qualities of Mentors

During the project consultations, nurses and GPs were asked to describe the role, skills and qualities required for mentors as well as identify who would be appropriate mentors for nurses in general practice.

Role of mentors

Consistent with the expectations of mentoring as described earlier in this report, discussions about the role of mentors focused on aspects of personal development, management of professional relationships and role development. In describing the role of mentors there was a focus on a mentor as:

- someone to show how to develop a nurse's role to contribute more to the practice;
- someone to assist with career planning and guidance;
- someone to give advice but not just one way;
- someone good at relationships to help to rephrase issues and look at things differently;
- someone to provide support and encouragement;
- someone who would challenge;
- someone to debrief with and learn from;
- someone to share good stories with;
- someone to act as a sounding board;
- someone to talk about anything with;
- someone who can provide direction to appropriate resources;
- someone who has seen how things are done elsewhere and could come to the practice to help solve problems; and
- a liaison person to act as a mediator or go between for relationship problems with a GP, practice manager or other staff member.

Both nurses and GPs described a wide range of knowledge, skills and experience needed by mentors. These included:

Knowledge

It was suggested that mentors needed:

- to know what they are talking about;
- knowledge of the general practice context;
- knowledge of nursing in general practice;
- knowledge of contemporary nursing roles; and
- knowledge of legislation affecting nursing.

Skills

It was suggested that mentors needed to be:

- good at relationships, able to build rapport and trust;
- people with good telephone technique;
- people with good reflective listening skills; and
- people with skills in assisting translating of knowledge into the general practice context.

Attitudes

It was suggested that mentors needed to:

- have a positive attitude;
- be professionally committed;
- have a mature approach; and
- be trustworthy and able to maintain confidentiality.

Experience

It was suggested that mentors needed to be:

- experienced practice nurses;
- someone who understands what it is like to be in a remote area;
- someone with experience in dealing with political issues;
- someone with a range of life experiences; and
- experienced in the general practice context.

Who should be mentors

Both nurses and GPs voiced strong support for the involvement of practice nurses as mentors, citing the importance of a nurse experienced in the practice nurse role with knowledge of the practice nurse context and issues. This was seen as particularly important for mentoring of nurses new to the role. One nurse stated that

If we are developing nursing, we need to use nurses – the main mentor should be a nurse, but they might refer you to other professionals for help with some things.

The following case study provides an example of a situation where a practice nurse identified a need for a nurse mentor with an understanding of the general practice context and a specialist area of nursing practice. The case study also highlights the importance of communication skills for mentors and the need for mentor training.

CASE STUDY: MENTORING BY ANOTHER NURSE

Practice Nurse Profile
Registered Nurse, Practice Nurse 2 yrs. One of several RNs in a metropolitan general practice

Background
Penny commenced as a practice nurse with previous experience in hospital based nursing. She viewed general practice nursing as an opportunity to develop her skills and become a specialised, credentialed educator and care provider with scope for more autonomy in her practice. Penny saw the need for providing accessible education for clients who were not using the public health system. The GPs within the practice supported each of the practice nurses to pursue an area of education that was of interest to them. Penny chose the area of diabetes education.

Penny had regularly attended diabetes seminars to further her knowledge and skills but after meeting a credentialed educator at one of these sessions she saw the importance of acquiring a tertiary qualification. Her decision to advance her knowledge and skills by undertaking a Graduate Certificate in Diabetes Education was reinforced by her feelings of professional isolation in general practice nursing with no access to diabetes education networks. Being privately employed Penny did not feel the existing public health system networks were available to her and felt the need to establish her own networks to support her education.

Finding a Mentor
The networks Penny hoped to establish through tertiary education were restricted by the need to undertake distance education in another state denying opportunities for regular face-to-face contact with other students. To encourage networking the University had an online 'chat room" for students.

Penny didn't feel the online resources provided the networking she sought. Other students shared diabetes education roles in common but none worked in general practice and most were part of larger organisations (hospitals, Australian Government or community based services) with their own networks. Although able to discuss study issues Penny lacked the support of someone with a similar role in general practice amongst her fellow students.

Penny pursued her quest to find a person who would be able to support her in her role and she contacted a national diabetes organisation. When approached one of the educators agreed to be Penny's mentor but the relationship quickly dissolved when the educator responded to any contact (in person and electronic) with very terse and abrupt replies. Penny realized the educator did not appear to understand the mentor role and for Penny her expectations were far from being met.

The educator referred Penny to another educator who was completing the same Graduate Certificate. This person became an excellent "study buddy" but there was no commonality in their roles or work environment. Despite all her efforts Penny continued to feel isolated in her work. The GPs at the practice encouraged and supported her education and the establishment of a diabetes service at the clinic. However when it came to practical advice of how to deliver and administer diabetes education within the general practice context Penny had to 'go it alone'.

Penny can say from personal experience there is a need for nurses in general practice to mentor and support each other in the development of new aspects of their role.

However some nurses and GPs suggested that the mentor did not necessarily have to be a nurse depending on the needs of the person requiring mentoring. A number of nurse and GP participants felt that GPs could be involved as mentors, particularly with regard to the business and Medicare aspects of general practice. It

was also suggested that a GP mentor would be able to assist nurses to manage situations where they were having a problem with a GP in their work environment. An EN voiced particular interest in the need for an EN to be available to mentor other ENs.

Throughout the workshops some nurses provided examples of situations where they were being mentored by a GP. The case study below provides an example of a positive peer mentoring relationship between a nurse and GP.

CASE STUDY: PEER MENTORING BETWEEN A GP AND PRACTICE NURSE

Practice Nurse Profile
Registered Nurse
Practice Nurse for over 5 years
Only nurse in the practice

Background

Val works in a University affiliated general practice as the practice nurse. She describes her role as isolated being “a solo person with no peer supports or influences”.

Through informal discussions with one of the GPs in the practice she established what she described as a professional mentoring relationship. The GP had an interest in teaching nursing staff and medical students.

The Mentoring Relationship

Val initiated the mentoring relationship to discuss education and it continued on an informal, adhoc basis.

Initially, the discussions focused on sharing information through journals and discussing education sessions relevant to the practice and Val’s role. Discussions then broadened to explore career options including those beyond general practice as well as career opportunities that could be funded in the general practice setting. They also discussed interests, skills and abilities and what the doctor felt enhanced the practice. Val described this mentoring relationship as reciprocal, saying that she was comfortable to share information and ideas to strengthen the doctor’s practice.

For Val, this mentoring relationship provided recognition of her role and future within the practice. She felt valued as an individual with professional needs and aspirations and not just the person “who takes the blood, does the ECGs”.

Mentoring in this relationship included professional development, personal support and affirmation as well as career guidance. The mentoring occurred in a peer relationship between two professionals. The mentor had an understanding of Val’s role and the general practice context and was respected and trusted by Val.

A range of other people were proposed as possible mentors, including:

- Allied health professionals such as physiotherapists and occupational therapists;
- Someone from the DGP such as the practice support nurse;
- Community nurses;
- Senior nurses with wide experience in nursing;
- Hospital nurses;
- Nursing Home nurses;
- Someone with professional skills in supporting people who are stressed;

- Someone with known expertise in an area such as immunisation, diabetes education;
- An independent person external to the practice and DGP to provide objective assessment of situations; and
- Nurse Educators.

The diverse mentoring needs of practice nurses and the roles, knowledge, skills and attitudes required of mentors as identified during the consultations indicate the importance of appropriate processes for the selection of mentors, as well as ensuring mentors are appropriately trained and supported. Accessibility of mentors was also raised as an important consideration.

ROLE, SKILLS AND QUALITIES OF MENTORS	
ISSUES	**IMPLICATIONS**
Mentors should include a range of people with different areas of expertise	Need a formalised process/criteria for identifying/selecting mentors
Need some mentors who understand the context of general practice and are familiar with local needs (practice and Divisional level) as well as mentors outside immediate work environments	Need to identify some mentors from within local networks Evaluation of mentors
Mentors require skills in communication, building rapport, maintaining confidentiality, providing feedback, problem framing	Mentor training program
Mentors should be suited to a nurse's needs and personality	Matching process required
Need mentors who can challenge nurses to expand their thinking and think outside of square. Mentors need support	Develop a mentor support network

4. Shaping a Framework for Mentoring for Nurses in General Practice

Successful mentoring is critically dependant on trust. A framework for mentoring for nurses in general practice will need to build on existing mentoring relationships and facilitate associations between nurses working in general practice and others deemed to have a contribution to make to the individual nurse. Mentoring for nurses in general practice will be evolutionary as it responds to the changes to practice and education for this group of nurses who to date have had limited engagement with the professionalisation of nursing.

Characterised by core features of awareness, commitment, accessibility and flexibility the proposed framework includes a series of optional models inclusive of individuals, groups, resources and relationships, seen as integral to the successful implementation of mentoring for nursing in general practice.

The framework is detailed in this next section, as interconnecting models, which may operate independently, yet would be enhanced through connections. The section closes with a discussion of the factors critical to the success and sustainability of the framework.

The implementation of the framework requires the establishment of some new infrastructure and resources as detailed below, as well as linking to existing infrastructure through established or emerging nursing networks. Reflecting the core features as described above, the models that comprise the framework have been designed to interconnect with education focused professional development series delivered through the DGP as well as operate independently to enable individual internet access and/or professional function attendance.

The proposed framework emerges from a synthesis of literature about current mentoring approaches and the opinions and ideas expressed by participants in this project. The optional models are designed to reflect how participants thought a mentoring framework might best operate and build individual capacity to understand and participate in one-to-one or group mentoring relationships, which are new or inform and enhance currently existing relationships.

Coordination

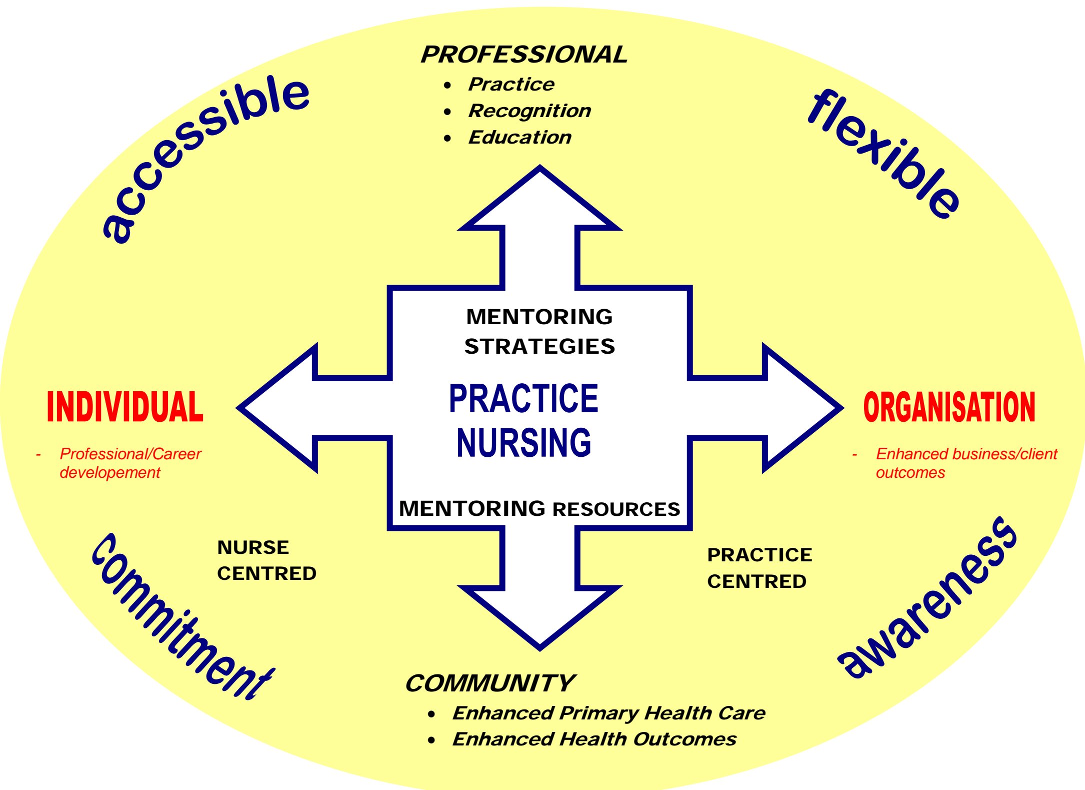
The framework is situated within a core requirement for coordination. As discussed in Section 2, coordination is widely recognised as vital to the success of any mentoring scheme and was identified by most groups as very relevant to the perceived success of any mentoring framework. Many participants spoke favourably about the need for mentoring to encompass the existing local structures through which nurses in general practice connect, as well as link to the broader nursing and general practice contexts. The increasing requirement to practice according to national guidelines (such as with incentive schemes and diabetes and immunization clinical guidelines) facilitated nurses to see themselves as part of broader professional and health care delivery systems.

As previously indicated, one group suggested that mentoring might involve more broadly based committees to oversee divisions or branches who worked with nurses at the local level. Alternatively, state based conferences were suggested as possible forums where nurses could meet. The majority of participants did not have suggestions about how coordination beyond the local level might happen. Professional nursing organisations were not perceived as very relevant nor were the DGP state based organisations.

Comments on how mentoring might be coordinated at state level were few as GPs and nurses working in general practice identified strongly with the local contexts in which they work. Some described how the establishment of the DGP Nurse Networks had shown them a value in professional engagement outside their single practice environment. At four workshops, the individuals in the Practice Support and Nurse Network roles were seen as critical to the success of any mentoring program. Elsewhere nurses recognised that professional relationships outside the single DGP would also be beneficial to the individual and practice improvement.

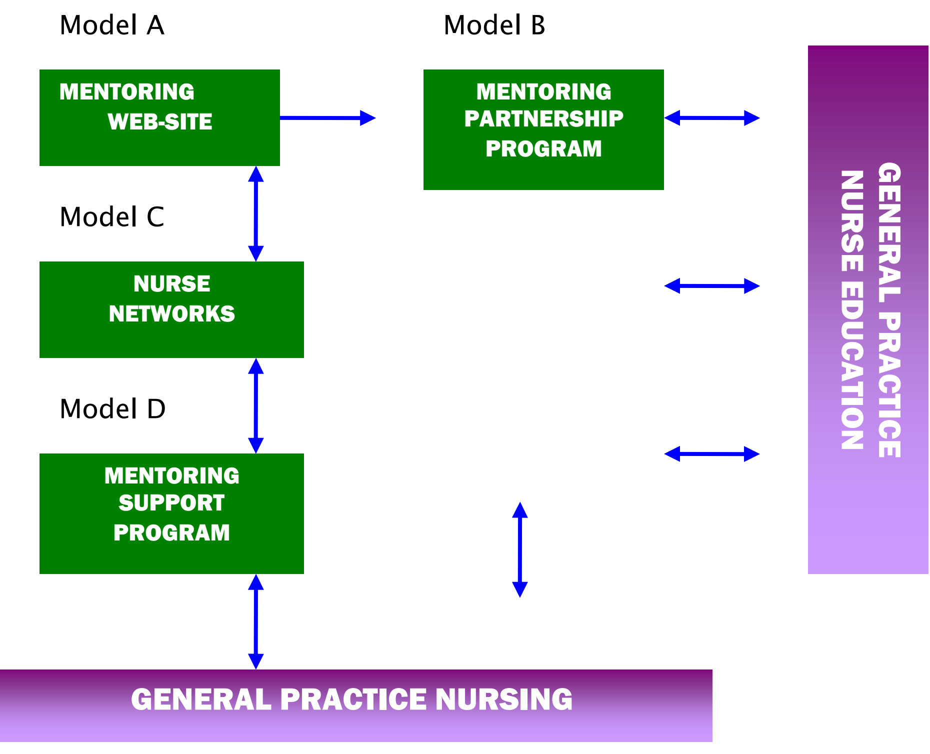
As this framework offers a choice of models, coordination will differ to that where a single organisation, model or program is involved. Though fragmented, general practice nursing is a part of the wider nursing profession in Australia and needs to be connected and developed accordingly. Representation and coordination responsibilities may occur through a professional organisation, though compulsory individual membership of that organisation would be a significant deterrent to high participation rates. New infrastructures for mentoring on its own may be difficult to justify, however linking with broader developments for nursing in general practice, such as may emerge from the RCNA/RACGP review of the role and education of nursing in general practice, may be the way to go. The most successful coordination strategy is likely to be inclusive with a core group of key stakeholders represented, noting of course that smaller groups are often more productive than larger ones.

Mentoring Framework for Nurses in General Practice



The above diagram illustrates the principles and components that constitute the proposed mentoring framework for nursing in general practice. The diagram brings together relationships between nurses as individuals, general practices as small businesses, nursing as a profession and the health of the community. The literature and responses reported in this study indicate that the success of mentoring for nurses in general practice will require flexibility and accessiblity to accommodate the diversity of nursing roles and locations. Success of any mentoring program will also require awareness of and commitment by both nurses and general practice to mentoring as a viable and worthy strategy for professional development of general practice nurses. The mentoring strategies and resources indicated in the framework are detailed in the following diagram of core and optional models for mentoring for nurses in general practice.

Mentoring Models for Nurses in General Practice



Model A,B,C and D as optional components/framework

General Practice Nursing mentoring context

The above diagram represents a number of optional components of the mentoring framework. These are contextualised within general practice nursing and general practice nurse education to acknowledge that mentoring cannot be isolated from practice and education.

Proposed Mentoring Models

Coordinated Mentoring Scheme

It is suggested that the proposed scheme may include combinations of all or some of the following programs and resources:

- Mentoring Website /Self Directed Online Resources;
- Mentoring Partnership Program;
- Mentoring through Nurse Networks; and
- Mentoring Support Program.

These models have been developed from the findings of the analysis of relevant literature and consultation phases of this project and address the need to allow choice about the scope and purpose of mentoring as identified from the Key Stakeholders teleconference. Choice in scope and purpose rather than single definitions and a 'one size fits all' approach was seen as important to address the diversity of the general practice context, and hence valuable for the success of mentoring for nurses in general practice.

Model A: Information Dissemination for Nursing in General Practice, Mentoring Website

Whilst recognising the limitations of online information provision, a website is proposed to meet the needs of the small numbers of geographically isolated practice nurses, as well as to provide a site to download hardcopy mentoring materials for others. The website, acting as an information portal, could be located on any number of reliable sites such as the RCNA, APNA and Australian Government Department of Nursing in General Practice site. Few nurse participants indicated familiarity with one or all of these sites or use of electronic modes of communication. Despite this, a website about mentoring for nurses in general practice would provide a comprehensive source of information about mentoring. This mode of communication and information provision also enables regular updating from one central site as well as ease of access for downloading and hard copy dissemination for interested parties. The website could also accommodate nurses seeking mentoring outside of the local context within which they work, or those geographically isolated. To be successful a Mentoring Website for nurses in general practice would need to:

- be widely advertised as a professional strategy for the promotion of mentoring;
- be accompanied by opportunities for internet skills training;
- include information about mentoring and participation;
- include a Mentor Database – providing background and relevant information about mentors;
- link to Australian and overseas nursing, general practice and mentoring sites for comparison, information and feedback;
- include FAQ's and link to education information/ pathways;
- be freely accessible; and
- include an interactive forum to share knowledge and ideas and gain feedback.

The following is a suggested initial list of resources that would need to be developed to provide a pivot point for the overall mentoring scheme:

Resource 1: Awareness Raising Materials;

Resource 2: Mentoring Participation Guidelines and Application;

Resource 3: Guidelines for Mentoring through Nurse Networks; and

Resource 4: Mentor Education and Training.

Resource 1. Awareness Raising Materials

This would include information about mentoring with guides to

- Definitions of mentoring and various mentoring roles;
- Purposes of mentoring such as personal and professional goal setting;
- Case studies illustrative of positive mentoring experiences;
- General and local information about mentoring resources or systems that are available, how access might be gained and what participation might involve;
- Where to go to find further information about mentoring and participation guidelines and application;
- Information about possible 'Nominated Conferences' where an annual conference relevant to nursing in general practice might be nominated to include a Mentoring Session to enable formal and informal networking;
- Developing basic internet access skills; and
- Professional and support networks/links (services, education) available that aren't mentoring (e.g., School of Nursing, Union, Nurses Boards).

Resource 2. Mentoring Participation Guidelines and Application

This would include:

- self assessment kit for mentoring goal setting to include – identifying what individual nurses want out of mentoring and the qualities required of mentors;
- guidelines about the types of mentoring available (Mentor profile/database, contact details, internet sites, how to get face-to-face mentoring;
- guidelines on how to manage issues of confidentiality, conflict resolution, commencing, review and closure;
- guidelines on giving and receiving feedback;
- guidelines on how to negotiate practice support;
- guidelines on how to make and manage time to accommodate mentoring (self-care); and
- guidelines for developing a mentoring agreement including a sample agreement.

Resource 3. Guidelines for Mentoring through Nurse Networks

This would include information about:

- how a coordinated Nurse Network might be adapted to accommodate a mentoring program;
- how individual practices might support the involvement of nurses in mentoring;
- direction to relevant resources (conferences, websites etc);
- specific issues concerning roles, responsibilities, coordination, conflict resolution, evaluation and modification; and
- giving and receiving feedback.

Resource 4. Guidelines for Mentor Education and Training

This would include information about:

- self assessment for the necessary skills for mentoring;
- where/how to gain skills necessary for mentoring; and
- how to apply or negotiate becoming a mentor.

Recognising that not all nurses would seek to participate in an organised mentoring scheme and that some practices and corporations already provide satisfactory mentoring processes, availability of these materials enhances any pre-existing mentoring practices for general practice nurses.

Risks

- Not the preferred mode of face-to-face contact;
- Need constant updates;
- Need reliable servers;
- Need computer literate nurses; and
- Need access to internet linked computers.

Model B: Mentoring Partnership Program

This model would articulate through the website to offer a series of services directly associated with a structured formal one to one mentoring program. A clear majority of nurses stated that lack of opportunity, skill and access to computers contributed to their preference not to have an online mentoring program with preferences for face-to-face relationships, even if face-to-face contact only occurred infrequently with other contact by telephone or email. Despite this a small number of nurses reported regular use of computers to access information and communicate with others. As discussed in Section 2, some nurses indicated that were it available, they would access a database of nominated mentors to find someone with whom to communicate about practice matters.

This model represents what may be the only option for some nurses, such as those in remote locations, to engage in a mentoring program. For other nurses this may provide a non-threatening way to engage with mentoring. Recognising that distance mentoring has been reported to have a low success rate, success of this option, without face to face contact, would be improved if implemented after some of the other models were well established.

Drawing on the Mentoring Website resources, this model would:

- provide a one to one online mentor matching service, including resources for orientation to mentoring, participation as a mentor, participation as a mentee, and guides to evaluating mentoring;
- coordinate online mentor training for all mentors prior to listing on a mentor database;
- establish and manage the mentor database;
- establish and manage applications for online mentor/mentee partner matching service;
- evaluate and review mentoring relationships and orientation programs; and
- provide opportunities for professional engagement by geographically isolated nurses.

Risks

This model may be adversely affected by the following:

- few nurses participating in this project had both computer skills and access to appropriate equipment. This challenge may be overcome with access to computer skills and training. Exceptions to this were the nurses in remote geographical locations whose computer skills were often good as access to electronic communication was paramount to successful living and working in remote places;
- despite a number of trials of such programs, mentoring relationships without at least one face to face introduction have poor success/commitment/sustainability rates; and
- telecommunication costs mean that this form of mentoring would have to take place in the workplace using practice facilities.

Model C: Mentoring through Existing Nurse Networks

This project identified potential benefits in utilising existing structures that would facilitate mentoring through nurse networks, recognising that practice nurses network through DGPs and by other means. In some local areas non-Divisional nursing networks are sufficiently developed to support mentoring, and could be utilised to promote mentoring across a range of rural and urban diverse locations.

While professional isolation is commonly recognised as a characteristic of nursing in general practice, some participants in the project described access to a variety of professional networks. These formal and informal networks were shaped by the practice or corporation in which nurses were employed, the DGP of which their practice was a member, employment in other nursing settings, personal friendships with nurses, and relationships developed through education programs and across practice settings by nurses isolated in remote geographical locations.

As an example, the growing success of the DGP Nurse Networks and the demand for educational opportunities for nurses in general practice are evidence of nurse networks as one possible environment in which group and one to one informal mentoring relationships may prosper. These recently established networks provide an ongoing program to foster a culture of professional support in which mentoring can develop.

In the DGPs, a nationally coordinated infrastructure includes already established resources and processes, such as practice and nurse support roles. Hence, DGP Nurse Support staff may be seen as well positioned to accommodate local distinctiveness and needs. This provides one example of existing infrastructure, which could facilitate mentoring as a means to enhance nurses' contribution to general practice. These networks are an education and discussion forum though which informal group mentoring has been reported to be actively occurring. Hence, mentoring could potentially be included as a part of Nurse Network functions.

The practice support person in many DGPs is responsible for the coordination of the Nurse Network, though in some locations this is done by a general practice nurse in liaison with the practice support person. Sometimes these people are nurses, sometimes not. Whether local level coordination of a mentoring program for nurses should be the responsibility of the practice support person is open to question. If funds are to be allocated to this position then the value of this role being occupied by a nurse needs to be investigated further.

GP and DGP staff participants in this project indicated that any further demands on DGP resources would possibly require financial support. However, many GPs indicated that where a mentoring program was associated with education and training opportunities with outcomes directly relevant to practice needs, they would provide support. Many general practice nurses already receive either paid leave to attend education and training opportunities or have any program costs paid for by the practice. Some nurses receive both and some receive neither.

In contrast to the geographical proximity of a number of general practice nurses in metropolitan areas, general practice nurses in remote locations would be encouraged through the network model to connect with available and interested nurses and GPs, whether from the general practice sector or not. Most participants indicated a preference for nurses as mentors. Many also suggested they would access a GP for mentoring and some suggested that allied health professionals might also have a part to play depending on the situation. Views such as this were interpreted as indicative of the difficulty of some participants in differentiating between educational support and other forms of professional support. Nurses in remote locations indicated that there was considerable value for them in connecting with nurses from different practice areas or nurses from remote general practice elsewhere in the country.

Some GPs indicated an interest in mentoring nurses while noting that they were from a different discipline. They considered that their contributions would be in the areas of knowledge about primary health care and procedures common to general practice. Significantly, other GPs who spoke more conceptually about the contribution of nursing to general practice volunteered that there were many aspects of the nursing role about which they knew very little. Some (not all) GPs, when asked about their participation as mentors for nurses, suggested that any time spent mentoring nurses might need to be reimbursed.

For various nurse networks to include a mentoring component, some training and resources would need to be available. It is also important to establish the criteria of who might best facilitate mentoring through nurse networks. While some nurses spoke about having nurses in DGP nurse support roles, a serious threat to designation of any new nurse positions would be the current international nursing shortage.

A nominated mentoring facilitator would need to be someone who had received education or training about mentoring. The criteria for this position would be someone who has knowledge of mentoring (or is able to participate in training) and experience in general practice. It would be expected that this person would be involved with professional development for practice nurses. Hence they would

have existing modes of communication such as those available within the DGP or professional organisations. Many participants indicated that involvement of DGP staff may be beneficial, as in many (though not all) cases these staff know the personalities and needs of local people. The nurse network model would facilitate informal matching through face-to-face contact.

Risks

- Geographically isolated nurses may have to seek face to face mentoring annually or via video conferencing/email/telephone facilities;
- Need to ensure that selected nurse networks are well established and functional with nominated facilitation roles. For example, in DGPs the relationship between Practice Support and Nurse Support roles would need to be examined;
- Need to educate all facilitators about mentoring;
- Where DGP Nurse Networks might be involved, consideration needs to be given to the fact that GPs are the members and the decision makers, and the allocation of DGP resources to nurse mentoring may conflict with other DGP priorities; and
- DGPs may be too insular in themselves to meet the needs of individual nurses.

Model D: Mentoring Support Program

This model has been developed from the weight of available evidence from evaluations of mentoring programs that indicate successful mentoring requires environments where people are assisted to meet, get to know each other and experience some training and guidance.

From this proximity and familiarity grows, over time, the trust on which effective mentoring cultures may develop. Such forms of professional support are not always successful, as anecdotal stories about mentoring in medical education heard through the conduct of this project indicate. Recognising that mentoring through the DGPs may not always be accessible to individual nurses or provide the resources they need, an alternative that overcomes the limitation of distance mentoring needs to be considered.

As previously indicated, the literature reports many examples of well planned mentoring programs with no active participation months after commencement. Acknowledging that sustainability is a common issue, this report proposes that some funding for mentoring be directed to capitalise on nursing and interdisciplinary activities or events such as conferences, forums or educational programs which bring practice nurses together. Hence, these professional forums could be funded to include mentoring-specific activities such as awareness-raising about mentoring, mentor training, and highlighting mentoring success stories and benefits.

This model, developed to articulate with the other models in the framework, is designed to engage nurses and other key stakeholders in mentoring for nursing in general practice at the broader professional level. Hence this is proposed as one way through which a sustainable mentoring culture might develop.

As an example this model would:

- promote participation in professional nursing activities relevant to nursing in general practice;
- recommend and contribute to the development of mentoring strategies in education programs for practice nurses;
- assist relevant general practice nursing conferences to design a mentoring session;
- provide assistance for general practice nurses to attend relevant general practice nursing conferences; and
- deliver an initial series of mentoring training workshops from which:
    - a network of trained mentors for nurses in general practice would be established; and
    - successful applicants would contribute to the development of their local mentoring culture.

Risks

- Difficult to measure outcomes;
- Need effective coordination and funding;
- May threaten the viability of online mentor training; and
- May overlap with other professional nursing activities.

Sustainability of Mentoring for Nurses in General Practice

As suggested in the literature and supported through the consultations for this project, the success and sustainability of any mentoring scheme is determined by appropriate resourcing, infrastructure and support, ongoing commitment of all parties involved, and demonstrable positive outcomes to individuals and organisations ascertained through formal evaluation. To be successful and sustained, mentoring for nurses in the general practice context needs to

- be appropriately funded and resourced;
- include alliances with relevant professional nursing organisations;
- be preceded by a broadly targeted and multifaceted communication and information strategy to raise awareness and harness interest and commitment of nurses, GPs and nurse networks;
- include ongoing communication strategies to profile mentoring success stories;
- have clear aims that link to the goals of nurses and shared care goals of nursing in general practice (noting that as an emerging field, this aim will only take shape through this and related projects of the nurses in general practice initiative);
- align with other education and training strategies and resources that facilitate professional development;
- include documented guidelines and support for the roles and responsibilities of mentors and mentees;
- provide clear and accessible resource materials and structured support processes for mentors and mentees to assist in the establishment, maintenance and closure of mentoring relationships;
- have clear and accessible application and selection criteria for mentors and mentees; and
- ensure regular monitoring, evaluation and review processes.

5. Conclusion

As the findings of this report indicate, there is a high level of support for mentoring of nurses in general practice and recognition that mentoring can provide a vehicle to maximise the capacity of nurses to contribute to practice outcomes.

The mentoring framework presented in this report synthesizes available mentoring reports and case studies with the ideas and opinions of participants. The resultant framework specifies principles and components that could be considered in implementing mentoring for nurses in general practice. The four models provide choice about the strategies and resources through which mentoring for nurses in general practice may occur.

Pilot projects framed by the goals of nurses and mentoring for nurses in general practice could provide the opportunity to demonstrate the successes and limitations of particular mentoring strategies as well as produce guidelines, resources and indications of necessary support processes to make mentoring successful. The infrastructure and networks of professional nursing organisations have a potential role to play in the mentoring framework for nurses in general practice, as does current research into this field of practice. This may include association with education and training, as well as communication and information strategies to raise awareness of, and harness commitment to, mentoring for nurses in general practice.

Recognising that there is limited published ongoing evaluation of mentoring programs, it is difficult to predict with any certainty the success of a mentoring framework for nurses in general practice. Therefore it is essential that formalised and rigorous monitoring, evaluation and review processes are undertaken by appropriate personnel to establish the parameters for success, and hence sustainability. Links to existing infrastructures will also enhance sustainability.

Having sketched the components and anticipated functioning of a mentoring framework for nurses in general practice, the challenge now is to ensure that mentoring is adequately resourced as an essential component of contemporary professional development for nurses in general practice.

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Appendix A : Ethics Information

LETTER TO PARTICIPANTS
INFORMATION SHEET
CONSENT FORM

UNIVERSITY OF SOUTH AUSTRALIA LETTERHEAD

Dear Participant

RE: Project to Develop a Framework for Mentoring for Nurses in General Practice

This project has been planned in response to the outcomes of the National Workshop on Practice Nursing in Australian General Practice held in Melbourne in July 2001 and to specifically address the identified need for a support network for general practice nurses in the form of peer mentoring.

The aim of the project is to develop a contemporary, flexible and sustainable mentoring framework that meets the needs of general practice nurses and principals. This multi-phased study aims to harness the perspectives, experiences and expertise of key stakeholders and stakeholder groups, and integrate these into the development of a national mentoring framework that enhances the capacity of nurses to contribute to outcomes for general practices.

This letter is an invitation to participate in the Options Paper Consultation phase of the project. As a key stakeholder and/or member of a stakeholder group involved in General Practice Nursing, you are invited to participate in a group consultation to discuss potential models for a national framework for mentoring for nurses in general practice.

Workshop details: Tuesday 4 March 2003
Level 2 York House, 25 York St, Launceston
Nursing Workshop participation 5.30 – 7pm
General Practitioner Workshop participation 7.30 – 8.30pm

Both groups are invited to attend the total workshop however the focus of their participation will be at these times

All participants will receive a $100 participation fee to be sent following the consultation.

The enclosed Options Paper contains the information that you will need as the basis for discussion. Please read the information prior to the consultation and think about it in relation to your general practice setting. A Participant Information Sheet is also enclosed for further information.

The workshops will be facilitated by Marie Heartfield and Terri Gibson, Principal Researchers for the project.

We look forward to hearing from you and thank you, in anticipation, for your support of this project.

Yours sincerely,

Dr Marie Heartfield and Ms Terri Gibson

School of Nursing and Midwifery
Centre for Research into Nursing and Health Care

University of South Australia

Educating Professionals • Creating and Applying Knowledge • Serving the Community

PARTICIPATION IN CONSULTATIONS INFORMATION SHEET

You are invited to participate in a research project commissioned by The Australian Government Department of Health and Ageing:

"The Development of a National Framework for Mentoring Nursing in General Practice"

Researcher Team:

- Dr Marie Heartfield, Senior Lecturer and Key Researcher, Centre for Research into Nursing and Health Care University of South Australia
- Ms Terri Gibson, Senior Lecturer and Key Researcher, Centre for Research into Nursing and Health Care University of South Australia
- Dr Colleen Chesterman, National Director of Australian Technology Network (ATN) Women's Executive Development Program (WEXDEV), University of Technology, Sydney, NSW
- Ms Lyn Tagg, Senior Equity Officer, Human Resources, University of South Australia and Project Officer, ATN WEXDEV

What is the Project about?

Recent consumer initiatives and funding strategies by the Australian Government have emphasised the role of nursing in general practice in contributing to general practice and therefore health outcomes for Australians. Following "The Future Directions In Practice Nursing Workshop" held in July 2001 in Melbourne, the National Steering Committee for Nurses in General Practice (The Department for Health and Ageing) recommended five key short-term priorities to form the "building blocks" of all future development of nursing in general practice. Developing networks and effective mentoring systems for practice nurses was one of these priorities and a subgroup of the National Steering Committee, the Mentoring Working Group, was formed to facilitate this initiative.

In collaboration with the Mentoring Working Group, this project aims to develop a contemporary, flexible and sustainable mentoring framework that meets the needs of general practice nurses and principals. This multi-phased study will harness the perspectives, experiences and expertise of key stakeholders and stakeholder groups, and integrate these into the development of a sustainable national mentoring framework that enhances the capacity of nurses to contribute to outcomes for general practices.

The research project plan and processes will be used to provide to the Australian Government Department of Health and Ageing a comprehensive report which includes recommendation of a sustainable framework for mentoring of general practice nurses which addresses the following features of general practice nursing:

- complexity and diversity of roles
- professional and geographical isolation
- interdisciplinary and collaborative context.

A secondary and significant aim is to initiate the development of a culture that values mentoring.

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How will you be involved?
As a key stakeholder and/or member of a stakeholder group involved in General Practice Nursing, you are invited to participate in a group consultation to discuss potential models for a national framework for mentoring for nurses in general practice.

The enclosed Options Paper contains the information that you will need as the basis for discussion at the workshop. Please read the information prior to the workshop and think about it in relation to your general practice setting. The Options paper was designed by the research team following consultation with a preliminary group of 10 persons (who were identified as key stakeholders in General Practice Nursing) and from an extensive review of the literature and existing mentoring models.

The Options Paper outlines some of the key issues to be considered in developing a mentoring framework for nurses in general practice. It also presents a range of organising concepts and processes that could shape approaches to mentoring for general practice nurses. Participants will be asked to consider this information and explore enablers and barriers to successful implementation and sustainability of a mentoring framework.

Your participation would be voluntary and there are no consequences if you decide not to participate. If you decide to participate you are free to withdraw at any time without prejudice during the consultation.

How will confidentiality and anonymity be assured?
You will be involved in a group interview and a discussion concerning group confidentiality will occur at each session. Your name and any other identifying material will not be included in the data collected. You will not be identified in any way in the documentation from the consultation, in the report or any publications.

Written documentation from the consultations will be kept in a locked drawer, in a secure office within the University of South Australia and access will be limited to the researchers. The information collected as part of this study, in the form of written documentation and floppy disks will remain in a secure area at the University of South Australia, Centre for Research into Nursing and Health Care for seven years.

How to find out more information
You can contact the principal researchers to obtain further information about the project:

- Ms Terri Gibson (08) 8302 2396
- Dr Marie Heartfield (08) 8302 2341

Or if you have any concerns regarding ethical issues please contact Vicki Allen, Ethics Officer, University of South Australia on (08) 8302 3118 or fax (08) 8302 3921.

We look forward to hearing your views on this topic and thank you in anticipation for your help with this study.

(University of South Australia letterhead to be used)

CONSENT FOR FOLLOW-UP INTERVIEW

Project Title: ***"The Development of a National Framework for Mentoring Nursing in General Practice"***

Prinicpal Researchers:

- Dr Marie Heartfield, Senior Lecturer and Key Researcher, Socially Sustainable Health Research Centre. University of South Australia
- Ms Terri Gibson, Senior Lecturer and Key Researcher, Socially Sustainable Health Research Centre. University of South Australia

- I have read the Information Sheet, and the nature and the purpose of the research project has been explained to me. I understand and agree to take part a follow-up telephone interview.
- I understand that I may not directly benefit from taking part in this the project.
- I understand that I can withdraw from the telephone interview at any stage and that this will not affect my status now or in the future.
- I confirm that I am over 18 years of age.
- I understand that I will be audiotaped during the interview.
- I understand that the tape will be will be stored in a locked drawer within a secure office in the School of Nursing and Midwifery, University of South Australia during the study and that access will be limited to the researcher, her supervisor and the transcriber. Following the study the information collected as part of this study, in the form of records, tapes and transcripts will remain in a secure area at the University of South Australia, Centre for Research into Nursing and Health Care for a period of seven years.

Name of Person to be interviewed ....

Signed ....

Dated ....

I have explained the study to subject and consider that he/she understands what is involved.

Researcher's signature and date ....

APPENDIX B: Options Paper

Developing A Mentoring Framework for General Practice Nurses

OPTIONS PAPER

Commissioned by the Australian government Dept of Health and Ageing, Nursing and Allied Health Branch

Project Team

Dr Marie Heartfield

Ms Terri Gibson

Dr Colleen Chesterman

Ms Lynette Tagg

February 2003

Introduction

You are one of a group of nurses and GPs who have been purposefully selected to participate in the workshop phase of the project to develop a mentoring framework for nurses in general practice.

This booklet provides the information that you will need as the basis for discussion at the workshops. It includes

- an introduction to the aims of a mentoring framework for nurses in general practice and therefore the aims of this project
- a brief discussion of what mentoring might provide for general practice
- some of the key issues that will shape what a mentoring framework for nursing in general practice might look like and how it might work
- some of the commonly accepted ways that mentoring schemes might be organised
- some of the processes that will shape what a mentoring framework for nursing in general practice might look like and how it might work
- some examples of mentoring models for you to consider

Through discussion at the workshops we will seek your comments about the main organising concepts and processes for the mentoring framework and how they might be implemented and sustained.

What are the aims of the project?

As part of an Australian Government Department of Health and Aging Nurses in General Practice initiative, the professional development of nurses has been recognised to contribute to the quality of general practice. Mentoring has been identified as one strategy to assist in meeting this initiative. This project aims to develop a mentoring framework for nurses in general practice which:

- enhances the nurse's contribution to general practice,
- minimises the professional isolation of nurses,
- assists nurses to identify career pathways.

These aims will be achieved through two phases of consultation to produce a final report that recommends a mentoring framework for nurses in general practice and comments on issues to be addressed to ensure successful implementation and sustainability of that framework.

What is mentoring?

Mentoring traditionally refers to a relationship in which a more experienced person acts as a guide or role model for a less experienced colleague. Mentoring has recently emerged in many organisations as a formal way of assisting employees to achieve their full potential[1], to share knowledge and to build a culture of support in an organisation. Mentoring is often associated with preceptorship, as both are support roles in clinical practice[2]. However, preceptorship is usually a shorter term relationship and has a focus on education. Mentoring relationships usually last longer, do not focus solely on education and are not part of performance monitoring. The National Review of Nursing Education[3] recognised that mentoring is more likely to be career rather than clinically oriented.

How does mentoring work?

People often first experience mentoring as an unplanned informal relationship based on respect and confidence in another person. Some mentoring schemes remain relatively informal with individuals encouraged to select their own mentors, however, mentoring has recently become

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[1] McKenzie, B. 1995. *Friends in High Places: How to achieve your ambitions, goals and potential with the help of a mentor*. Business and Professional Publishing, Australia.

[2] Morton-Cooper A and Palmer A 1993, *Mentoring and Preceptorship A Guide to support Roles in Clinical Practice*, Blackwell Scientific publications, Oxford.

[3] Heath, P. National Review of Nursing Education – Discussion paper. December 2001.

more formal (i.e. planned and deliberate). Formal mentoring schemes may include arranged introductions, measurable goals and outcomes, training, and assessment and evaluation processes where results are monitored. In recent years organisations across different sectors have explored different forms of mentoring. For example:

One to One mentoring usually involves a relationship where one person is more experienced;

Peer or co-mentoring involves people who are relatively equal in a mentoring relationship focused on professional development;

Group mentoring involves one mentor with a group of people who share occupations, areas of interest, areas of practice, or geographical proximity; and

Distance mentoring can link people across a wide area using communication technologies.

Regardless of the mentoring approach, mentoring relationships move from initial contact through stages of development, growth, disengagement and redefinition [4]

What roles are involved?

All mentoring relationships feature two main roles: the mentor and the mentee. Depending on their needs and expectations, and those of the organisation, these roles may serve different functions. A mentor may act as a guide, teacher, coach, counsellor, role model, sponsor or advocate, to 'pass on life experiences and knowledge in order to motivate, support and enhance the personal and career development of the [mentee]' [5]. They should be approachable, reasonable and competent, and be committed to lifelong learning. Mentee characteristics in effective mentoring relationships include having a positive attitude to work or career, and willingness to take risks and to learn. Mentoring relies on both parties sharing trust, respect and confidentiality as well as clear principles.

What is involved?

The resources needed to support a mentoring scheme will vary depending on how the mentoring scheme is designed. Resources that are needed in a mentoring scheme relate to both individuals and organisations. These may include time, effort, commitment and money. For example, resource allocation may be needed for coordination or training personnel, release or backfill of positions, infrastructure costs such as in administrative, educational or technical support, or financial reimbursement for costs associated with participation in professional development and mentoring activities. *To ensure a sustainable mentoring scheme it is important to carefully consider the resource implications at the initial design stage.*

What does mentoring have to offer general practice?

General practice nursing is enacted in close proximity, collaboration, and often partnership with GPs while also often occurring in professional or geographical isolation from other nurses. Mentoring provides benefits for the nurse and the general practice in that it can be aligned with strategic initiatives as well as personal professional development. Mentoring has advantages for those being mentored as well as for the mentor. These advantages can cover the full scope of personal and professional growth.

A successful mentoring framework builds effective and collegial working relationships and therefore maximises the contributions of all stakeholders in general practice, including doctors, nurses, clients and communities. Successful mentoring has the potential to attract and retain talent, improve employee commitment, retain corporate knowledge and enhance organisational culture, image and capacity, as well as make people feel valued through recognition of their

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[4] Rolfe-Flett, A 2002 *Mentoring in Australia a Practical Guide* Pearson Education Australia Pty Ltd, NSW.
[5] James, J. and Proctor, M. *On mentoring*. Issues in Australian Nursing: 3.

individual contributions [6].

For the nurse

Mentoring supports the nurse to develop confidence, skills, experience, and judgement, as well as providing advice to assist career planning and professional development. Mentoring can potentially diminish the professional isolation experienced by some nurses working in general practice.

For the general practice

Mentoring has the potential to provide a range of benefits to general practice. These benefits include retention of skilled nurses and networking between individuals and practices to advance quality clinical practice.

In the general practice context, the emergent, diverse, and inherently collaborative nature of practice nurse roles requires a mentoring framework that is inclusive, non-prescriptive and can accommodate the dynamics of the setting.

Key issues to be considered in the development of a mentoring framework for general practice nurses

The following key issues are just some of the important aspects that have previously been identified from the literature and in discussion with key project stakeholders. It is suggested that these issues need to be considered in discussion about how a mentoring framework might be implemented.

Choice – The mentoring framework needs to accommodate:

- choice about the scope and purpose of mentoring rather that single definitions
- choice about the mentoring contexts (internal or external to individual general practices)
- choice to adopt different mentoring roles (self mentoring, mentor, mentee, co-mentor)

Relationships the mentoring framework needs to:

- accommodate new and existing relationships
- facilitate collegiality in all relationships
- accommodate individual nurses role, context, and need
- accommodate nurse to nurse and nurse to non-nurse relationships
- provide for different mentors at different stages of the work life
- optimise existing networks, structures, and relationships

Structures – the mentoring framework needs to:

- be inclusive of existing networks, structures and relationships to assist in achieving sustainability
- promote formal programs as an equity strategy for all practice nurses
- assist workforce issues (e.g. workplace relief)
- facilitate ethically sound practice
- facilitate continuing education
- support a culture of professional development
- be flexible

Resources – effective implementation of the mentoring framework may require

- recognition of a culture that values mentoring
- highlighting and marketing of mentoring success stories
- the allocation of resources such as time
- coordination of information and advice
- technology support to enable flexible communication methods

[6] Rolfe-Flett, A 2002 *Mentoring in Australia a Practical Guide* Pearson Education Australia Pty Ltd, NSW.

In addition, general practice faces unique challenges in establishing effective mentoring for nurses, including:

- fragmentation of the sector
- variation in size and structure of practices
- diversity of nursing roles
- the differing cultures of nursing and general practice
- a different quality and accreditation system that does not link continuing education to registration
- how to develop networks for mentors to share experiences and strategies
- how to integrate nurses' career plans with practice plans
- how to develop shared understandings between GPs and nurses about the benefits of mentoring
- funding the mentoring process[7]

These issues are offered as factors that will influence the design and implementation of a mentoring framework. Please consider them and any others relevant to your experience when reading the information in the next section.

The next section of the booklet presents some of the commonly accepted organising concepts and processes that will shape what a mentoring framework for nursing in general practice might look like and how it might work. Key advantages and challenges related to each of these concepts and processes are also presented. Please consider them in relation to your professional needs, context and practice and make notes about their relevance.

[7] Australian Government Department of Health and Ageing, 2002, Invitation to Register Interest, The Development of a National Framework for Mentoring for Nurses in General Practice, Canberra.

ORGANISING CONCEPTS

	ADVANTAGES	CHALLENGES
Informal *Self selected by the mentor or mentee*	• People know each other • Builds on existing relationships • Lasts as long as situation demands • Not an obligation	• Equity: May not involve all who need mentoring. • Left to chance • Purpose and goals of mentoring may not be made clear • May not stretch mentee
Formal *Organised by an outside person*	• Everyone has access • Has clear guidelines and evaluation • Has recourse when problems occur	• Uses more resources e.g requires coordination role • Can be perceived as rigid • Can be perceived as imposed on people
Mixed system *Establishes smaller formal scheme – available to those who wish to be involved*	• Information provided to all • Choices and flexibility • Allows existing informal relationships to remain • Access for everyone to be involved	• Requires resources and clear guidelines to ensure people are aware of all choices
One to one *An individual relates to one other*	• Has great success • Enables personal contact	• Time for meetings • Needs introduction and matching by coordinator • Mentor and mentee responsible for ongoing communication
Group *Facilitated by a senior person*	• One experienced person can work with a range of people • Mentees learn from others experiences • Enables wider access to mentors with specific skills and experience	• Group of people must have same needs and priorities • Mentor must be alert to dangers that all may not get the same amount of attention
Peer group *all members contribute equally*	• Builds on a number of people contributing, but one must undertake facilitation.	• Group must have same needs and priorities • Attention on everyone having opportunity to contribute and gain • One person must set up, facilitate and take responsibility
Advisory Panel of Expert Mentors	• Is self selected by mentee • Controlled by mentee • Mentee has access to a range of advice from a number of experienced people	• Needs confident mentee with clear idea of goals • Requires wide range of contacts

ORGANSING PROCESSES

MENTORS

	ADVANTAGES	CHALLENGES
Nurses only	• Share interests and experience • Could be linked with shadowing another nurse to observe roles and practices	• May not be available in region or area of interest • Limits range of experience
Doctors or other professionals	• Broadens range of possible mentors • Enables cross disciplinary sharing of skills and experience.	• May not be aware of issues for nurses • Perceived power differential
Critical friends *Peers willing to take on role of professional development adviser*	• Broadens base of mentors	• Needs training to separate mentoring from friendship and support
Direct supervisors	• On spot – available • Could be linked with broader performance management	• Could be a conflict of interest • Potential to confuse mentoring with performance assessment

FOCUS FOR MATCHING

	ADVANTAGES	CHALLENGES
Nurses by individual need	• Equitable • Everyone has access • Can accommodate individual needs from nurturing talent to education	• Can cut across existing relationships • Potentially requires major resources • Requires complex coordination
Nurses by level of experience or qualification (RN/EN)	• Equitable • Everyone has access to designated groups	• Nurse needs may not be similar needs • May restrict some individual matching preferences
Nurses in particular geographical location	• Draws group together • Everyone has access to designated groups • Easier to make arrangements	• Nurses may not have similar needs • Limited by who is contactable • May restrict some individual matching preferences
Nurses by areas of concern or need	• Builds on needs • Everyone has access to designated groups	• Limited mentor selection • May be geographically stretched • May restrict some individual matching preferences
By division or nursing organisation	• Everyone has access to designated groups	As above

MENTOR MENTEE MATCHING METHODS

	ADVANTAGES	CHALLENGES
Self-selected by the mentee from contacts	• Requires a wide group of contacts	• Mentee needs confidence to ask • Contacts must be available and accessible
Self-selected by mentee from data-base of mentors or through introduction processes eg conference	• Data-base or meetings to be developed, organised and maintained	• Requires resources – eg coordinator
Matched by a coordinator	• Shortens lead time • Easier for all participants	• Requires resources for coordination • Coordinator may not have knowledge of mentees needs and skills and experience of mentors • Participants may not have choice • Relationship may be artificial
Matched by an advisory committee	• Spreads load of responsibility • Extends knowledge base on which selections are made	• Requires nominated person to establish advisory committee • Requires process to identify needs of the mentees and skills of mentors • Requires allocation of time
Data–base of mentors nominated on skills related to needs analysis by mentees	• Self selection • Encourages networking • Mentees and mentors are explicit about goals and experience	• Process would need to be put in place and supervised • Time-consuming • Right to refuse must be built in

COMMUNICATION BETWEEN MENTORS and MENTEES

COMMUNICATION METHODS	ADVANTAGES	CHALLENGES
Regular face-to-face meetings	• Clarity for both mentor and mentee • Time dedicated to mentoring • Clear guidelines can be established eg regular or recommended contact	• Time and resources eg travel for face to face • Geographic issues may pose isolation problems
Distance schemes using phone and/or e-mail	• Overcomes problems of geography • Flexible – useful for 'just in time' advice	• Can be difficult if people don't know each other • Participants may not give mentoring priority
Discussion lists for groups	Excellent if people share same needs and concerns • Number of sources of advice available • Flexible • Overcomes geographic isolation	• Potential compromise of privacy issues • Mentees may not raise all issues, hence needs not meet
Chat room or a web-site clearing room	As with preceding option	As with preceding option
Mentors and mentees have a written agreement	• Sample given so participants know what is expected • Mentee clarifies goals	• Time consuming • Must be prepared by coordinator
Setting of regular times for people meet or communicate	• People are clear about expectations	• May feel imposed on participants • Doesn't relate to immediate needs or problems

Training program	• Mentors and mentees develop shared expectations of program
	• Builds a mentoring culture
		• Time consuming
		• Requires coordinator to develop materials and provide program
		• May be perceived as an imposition by mentor
		• Access may be limited by
		  o geography
		  o availability or
		  o cost of learning materials

Networking (eg conferences)	• Encourages shared experiences • Builds mentoring culture	• Requires resources to establish • Face to face means people must attend eg conferences
Formal Evaluation	• Establishes measures of success • Enables difficulties to be identified	• Resources to develop and conduct • Potential poor participation rates
Processes for resolution of problems and difficulties	• Gives a no-fault option • Acknowledges some relationships do not work • Enables opting out if mentoring relationship isn't working	• Needs sensitive contact • Respect for privacy • Skilled facilitation/ management

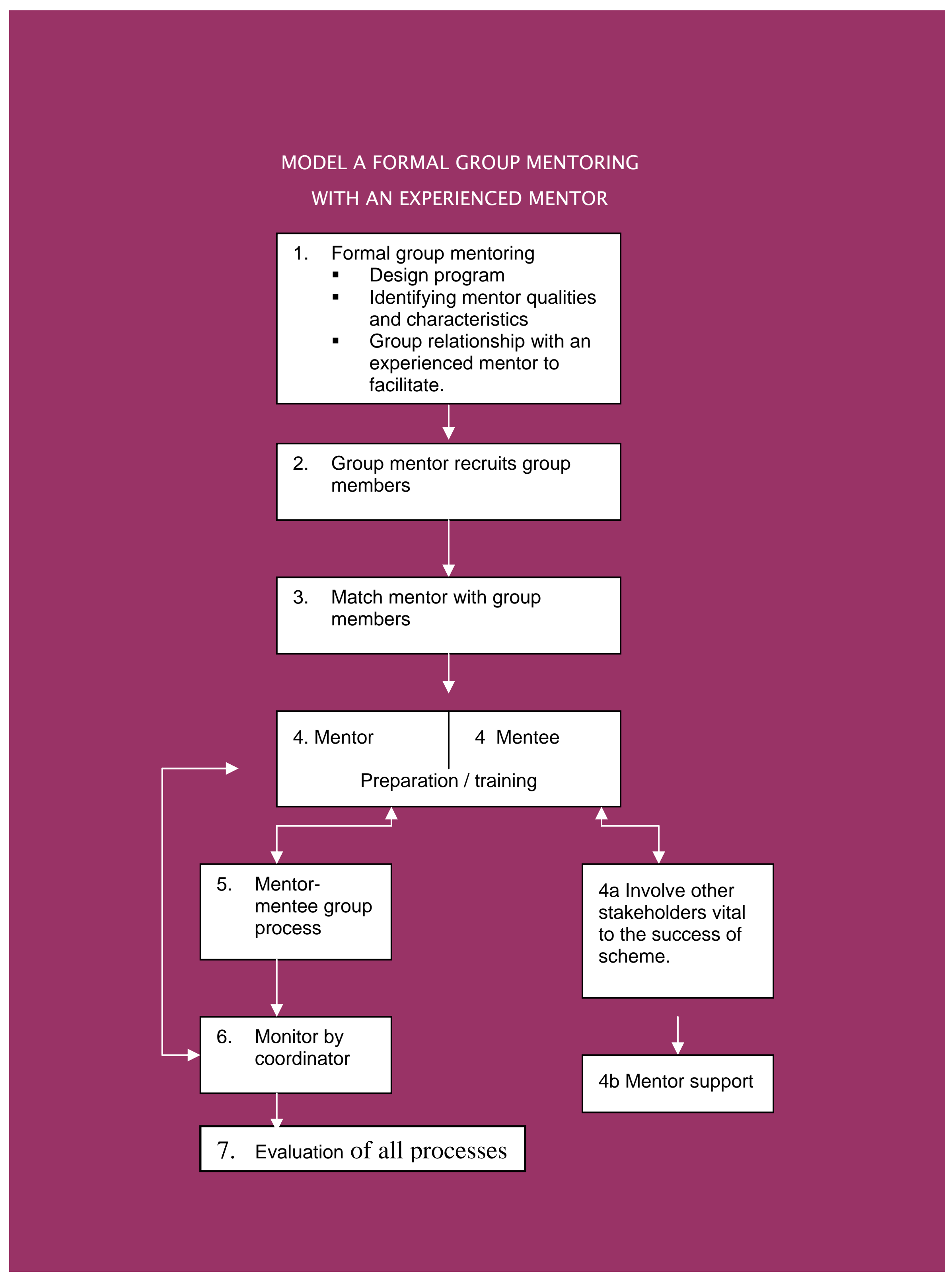
MAINTAINING AND SUSTAINING A MENTORING CULTURE

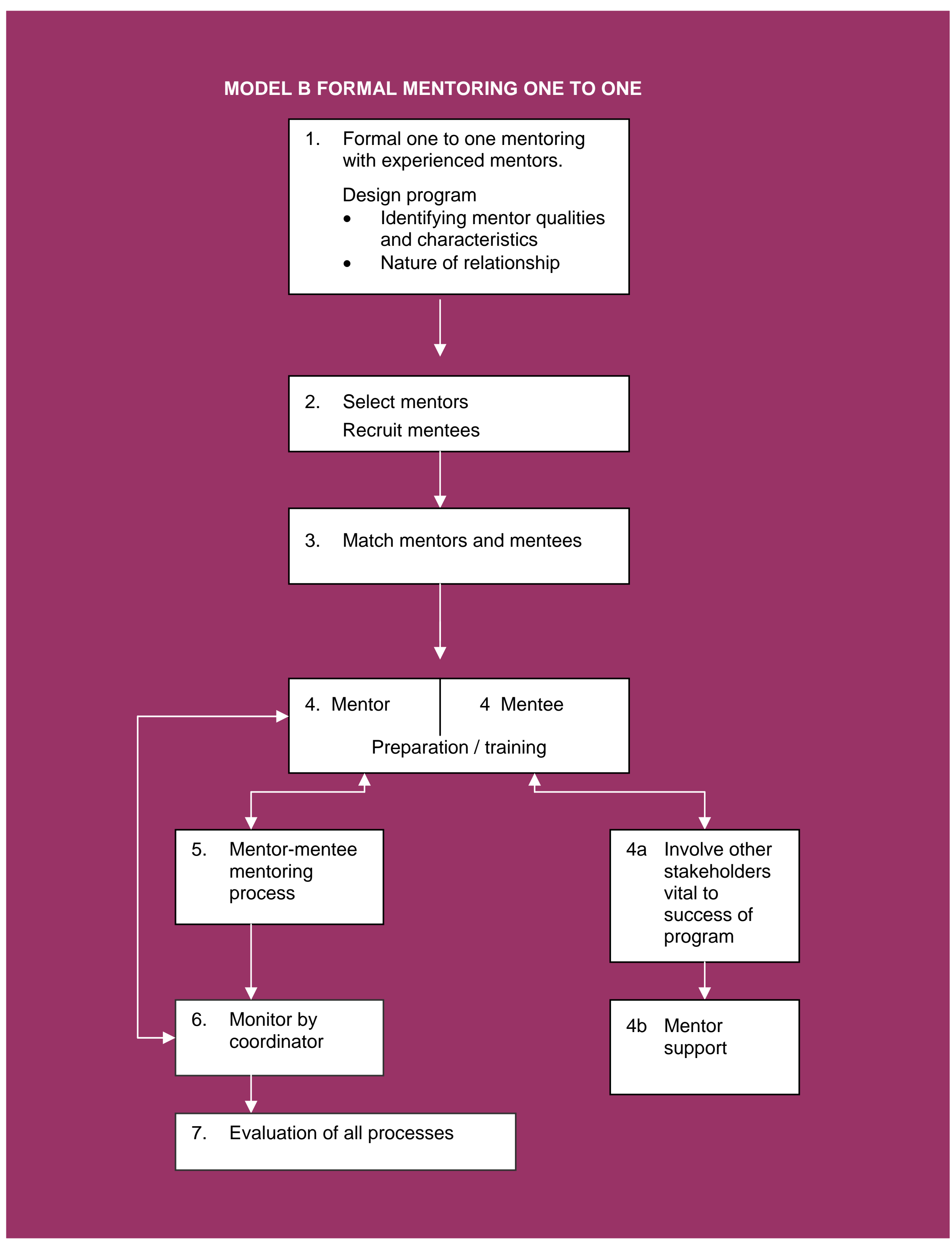
	ADVANTAGES	CHALLENGES
Mentoring sessions at national or regional conferences or division meetings	• Opportunity to hear about progress of mentoring schemes • Shares success stories	• Expense and time of travelling
Training sessions	• Mentors and mentees develop shared expectations of program • National or regional or division based • Shares success stories	• Time consuming • Requires coordination • May be perceived as an imposition • Access may be limited by o geography o availability or o cost of learning materials
Newsletter	• Spreads information widely • Shares success stories • Markets scheme to new participants	• Resource intensive - requires coordination role
Chat rooms or web-sites	As above	• Resources required to establish chat room • Requires web access • Requires coordinator to lead discussion • People may not make time to log on

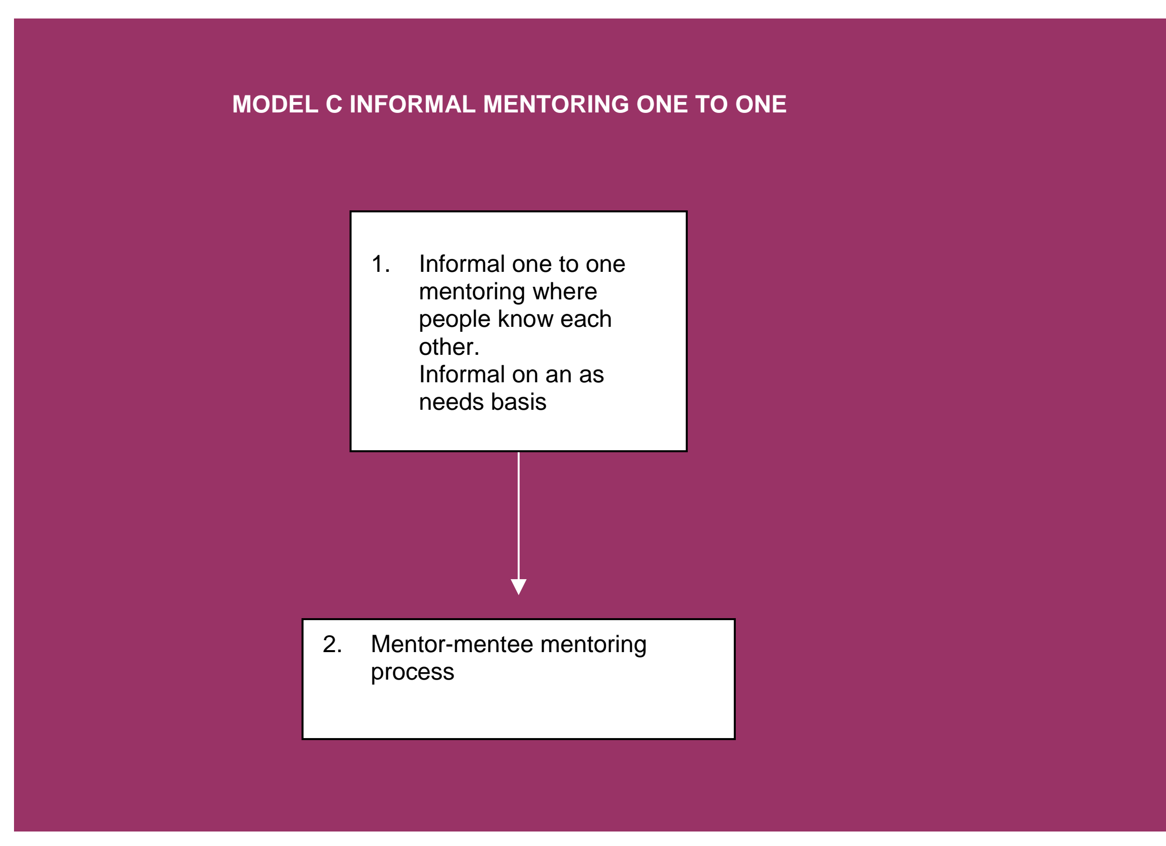
Having read and thought about these organising concepts and processes, the final section of this booklet presents some diagrams of alternative mentoring models. These models are common approaches used in mentoring programs across industry.

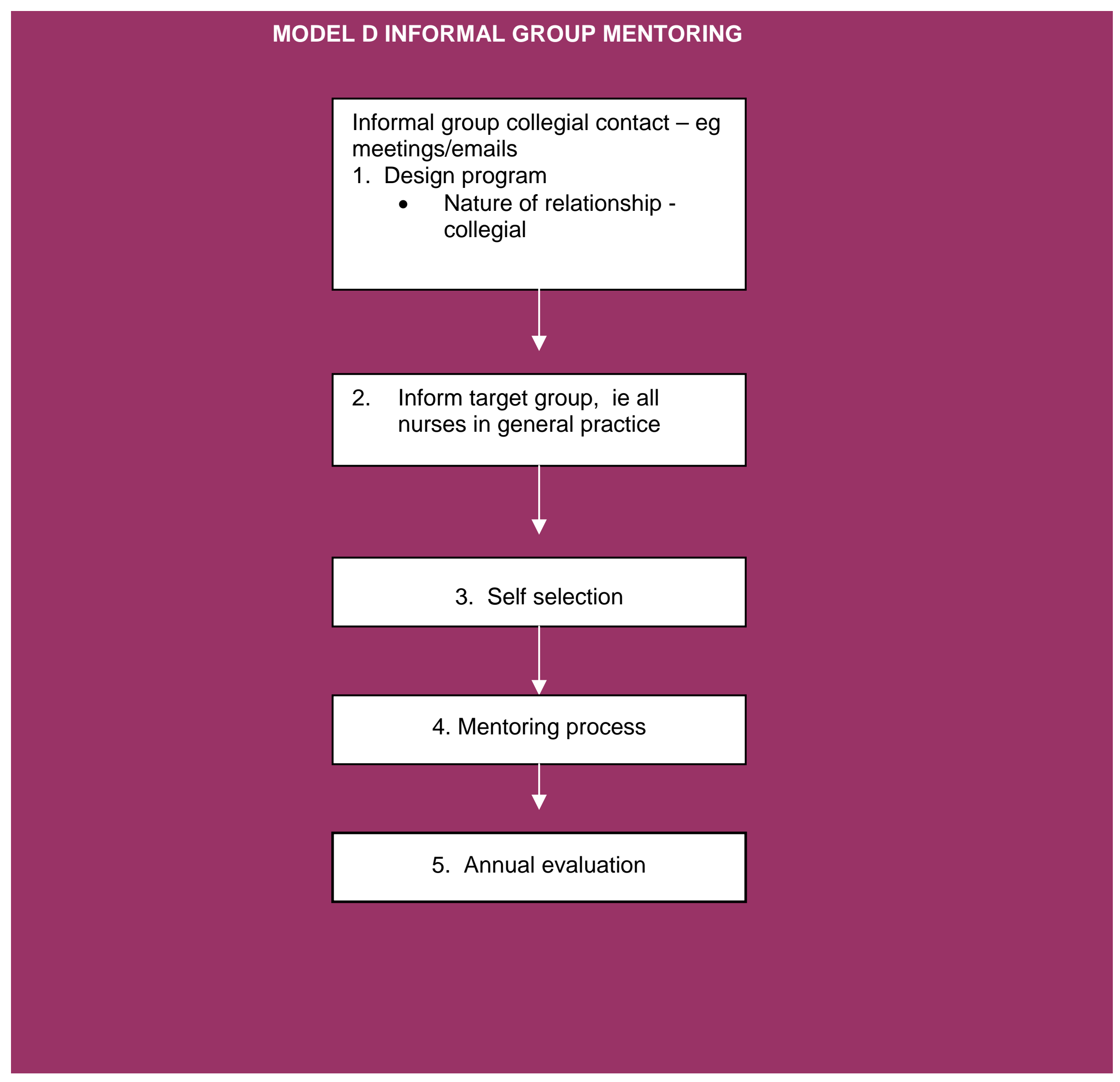
Your challenge is to consider how these models might meet or be modified and further developed to meet the following project aims:

- enhance the nurse's contribution to general practice,
- minimise the professional isolation of nurses, and
- assist nurses to identify career pathways.


MODEL A FORMAL GROUP MENTORING
WITH AN EXPERIENCED MENTOR
1. Formal group mentoring
▪ Design program
▪ Identifying mentor qualities and characteristics
▪ Group relationship with an experienced mentor to facilitate.
2. Group mentor recruits group members
3. Match mentor with group members
4. Mentor
4 Mentee
Preparation / training
5. Mentor-mentee group process
4a Involve other stakeholders vital to the success of scheme.
6. Monitor by coordinator
4b Mentor support
7. Evaluation of all processes


MODEL B FORMAL MENTORING ONE TO ONE
1. Formal one to one mentoring with experienced mentors.
Design program
• Identifying mentor qualities and characteristics
• Nature of relationship
2. Select mentors
Recruit mentees
3. Match mentors and mentees
4. Mentor
4 Mentee
Preparation / training
5. Mentor-mentee mentoring process
4a Involve other stakeholders vital to success of program
6. Monitor by coordinator
4b Mentor support
7. Evaluation of all processes


MODEL C INFORMAL MENTORING ONE TO ONE
1. Informal one to one mentoring where people know each other.
Informal on an as needs basis
2. Mentor-mentee mentoring process



Please feel free to discuss the information in this booklet with your colleagues and bring your views and any notes you have made with you to the workshop. We look forward to your participation in the workshop discussions that will inform the development of the framework for mentoring for nurses in general practice.

As a part of the project, we are also interested in exploring the potential contribution of case studies about mentoring. If you have a story to tell please approach Marie or Terri at the workshop or contact them as follows

Marie Heartfield on 0883022341 or email to marie.heartfield@unisa.edu.au

Terri Gibson on 08 83022396 or email to terri.gibson@unisa.edu.au

APPENDIX C: Focus Group Plan

UNIVERSITY OF SOUTH AUSTRALIA

Centre for Research into Nursing and Health Care

Development of a National Framework for Mentoring for Nurses in General Practice

Introduction
Welcome and overview
Brief summary of the key points presented in the Options Paper

Activity 1 Benefits of mentoring
Small group discussion:
Triggers: *What do you see as the benefits of mentoring for nurses in general practice?*

Feedback and discussion

Activity 2 Challenges in establishing a mentoring framework for general practice nursing

Small group discussion:
Triggers: *What do you see as the major challenges in establishing a mentoring framework for nurses in general practice?*

How can these challenges be addressed or overcome so as to develop and sustain a mentoring culture?

Feedback and discussion

Activity 3 Identifying Mentoring model/s suitable for the General Practice Setting

Small group discission
Triggers: *Which of the concepts and processes presented in the Options Paper would be suitable for the general practice context?*

Feedback and discussion

Summary and close