The Mentoring Strategy of Transformational Leadership
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It is estimated that the nursing shortage may surpass 500,000 by the year 2025 with nurse turnover being a hefty threat to the stability of the profession. Although nursing is seen as a profession comprised of competent professionals trusted for their dedication to providing skilled and compassionate care, the individual beginnings of nurses are typically wrought with frail confidence and self-doubt. The successful transition from student nurse to practicing nurse largely depends upon the relationship with the mentor (Frederick, 2014). The purpose of this paper is to support the need for mentors in the workplace and explore some effective strategies useful in the mentoring relationship. In the following paragraphs, I am going to outline some unique practice needs of the new nurse, the four primary reasons nurses leave the workplace, and the role of the mentor as a transformational leader in leading the new nurse and helping foster a healthy workplace environment.

The primary apprehensions identified by new nurses are (1) the heightened level of responsibility, (2) worry about maintaining patient safety, and (3) fear of failure to effectively generate professional actions from years of book-learning. Though the nurse enters the workplace equipped with valuable knowledge gained from university courses, the fear of incompetence has a corrosive effect on the ability of the nurse to think critically and apply knowledge gained through study. This stunts the acquisition of essential experiential knowledge necessary for professional development (Kaihlanen, Lakanmaa, & Salminen, 2013).

Therefore, to support the nurse’s adaptation to the new role, careful attention must be given to how the nurse feels in regards to the increased responsibility, and any related stress and anxiety must be addressed. In addition to receiving assistance with navigating negative emotions,
new nurses need to be appreciated, accepted, and instilled with a sense of belonging. (Kaihlanen, Lakanmaa, & Salminen, 2013).

The nurse mentor is the personal bridge needed for new nurses to successfully traverse the gap between school and the professional world. The nurse mentor provides a relationship of stability throughout this transition and is responsible to teach, guide, and role-model, being careful to infuse all instruction with wisdom and a caring attitude (Frederick, 2014). The relationship with the mentor is paramount to a positive role change experience, for it precisely arranges to address the various needs of the new nurse. The exemplary mentor enhances the confidence and enthusiasm of the new nurse, upholds the change of roles, assists in adaptation to new challenges, enhances motivation to learn, and enhances the perception of the field of nursing (Kaihlanen, Lakanmaa, & Salminen, 2013). The culture of mentoring also correlates positively with improved patient outcomes, thereby creating a positive feedback loop of excellence in the workers and encouraging results (Frederick, 2014).

Should the workplace neglect providing the healthy structural and psychological environment easily addressed in the culture of mentorship, nurse dissatisfaction and subsequent turnover can result (Cicolini, Comparcini, & Simonetti, 2014). Frederick (2014) identified the four primary reasons nurses choose to leave either their workplaces or the entire profession of nursing. Firstly, nurses leave the workplace due to dwindling sense of value. Secondly, nurses leave due to deficient support and mentoring. Thirdly, nurses leave due to scant professional stimulation. Lastly, nurses leave because of a perceived lack of appreciation form superiors.

The culture of mentorship addresses these areas of dissatisfaction, resulting in a strengthened the group of existing employees and the successful addition of the new nurse (or
mentee) to the team. Specifically, the solutions to all four problems exist in the four principles of transformational leadership: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Doody & Doody, 2012). For the purposes of this paper, I will refer to the transformational leader as the mentor of the new nurse.

The first principle of transformational leadership is idealized influence. Idealized influence is used by the mentor to increase the sense of value in the workplace and to gird the mentoring relationship with trust, admiration, respect, and confidence. The mentor and mentee collaboratively design a mission statement for their work based off of values held by both individuals (Doody & Doody, 2012). Integral to this type of leadership is the mentor consciously acting as a role-model for the new nurse in both confidence and conviction (Doody & Doody, 2012; Frederick, 2014; Kaihlanen, Lakanmaa, & Salminen, 2013). From interacting with the healthcare team to caring for patients at the bedside, the mentor creates a therapeutic environment of compassion and support, consistently exhibiting professional nursing characteristics for the new nurse to emulate (Frederick, 2014; Kaihlanen, Lakanmaa, & Salminen, 2013).

The mentor uses the second principle of transformational leadership, inspirational motivation, to influence the new nurse to work for the greater good of over personal gain. It is through this leadership strategy that the mentee’s training needs are identified and addressed and that the he or she is taught the overall vision and goals of the workplace and what is expected of him or her as an employee. The mentor clearly communicates the high expectations of the mentee and motivates the mentee toward achieving of the workplace’s mission (Doody & Doody, 2012).
On the subject of communication, there are three ways in which the mentor fosters healthy communication. The first is questioning. The mentor must ask both open and closed questions that stimulate thought development, assess for knowledge, and lead to increased understanding. When asking questions, it is important that the mentor choose a setting away from spectators. The second area of communication is thinking aloud with the new nurse. By guiding this sort of conversation, it helps role model the ways in which the experienced nurse reaches valuable conclusions and what sorts of data are used in the process. The third part of communication is debriefing. This could take place with a group of staff members in which any may speak on a topic from the workplace that will help the new nurse remember skills and valuable parts of clinical evaluation (Frederick, 2014).

To promote the third principle of transformational leadership, intellectual stimulation, the mentor encourages the new nurse to use evidence-based practice and to innovate through the exploratory energy of creative thought. Professional stimulation is supported through the availability of resources and new intellectual material, and the encouragement of the new nurse and other staff members to share with the team any pertinent material recently acquired through educational activities (Doody & Doody, 2012). This area of transformational leadership is important as the nurse develops in his or her career. It empowers the nurse to take an active role in using current evidence to influence workplace processes and procedures. This perpetual development harbors the blessings of originality, shunning mundane routines and collective close-mindedness that can so easily alienate the new nurse and stunt his or her professional excitement and growth.
The mentor is responsible for building an emotional and transitional relationship with the new nurse (Frederick, 2014). It is through the fourth principle of transformational leadership, individualized consideration, that the mentor focuses on being emotionally and intellectually attentive and supportive to the new nurse. The mentor supplies ample positive and constructive feedback to the mentee that lead to discovery and development of professional identity (Doody & Doody, 2012; Kaihlanen, Lakanmaa, & Salminen, 2013). The mentor also arranges regular meetings in which to hear the opinions and ideas of the new nurse and thereby promote a sense of empowerment (Doody & Doody, 2012). Throughout these meetings, the mentor maintains the ability to identify with and advise the new nurse, having once walked in the shoes of the novice (Kaihlanen, Lakanmaa, & Salminen, 2013).

When preparing the workplace for the new nurse, there must first be established a culture in which blame has no voice. The new nurse needs to be easily accepted into the group with full knowledge that humans make mistakes. While mistakes are not celebrated, their occurrences create helpful educational moments in the journey from novice to expert (Parish, 2011). The mentor provides a platform for the increasing independence of the new nurse tempered with guidance as needed. It is important for the mentor to maintain an air of approachability so that the mentee feels able to request assistance in addressing an error or performing a new task (Frederick, 2014).

By integrating the mentoring relationship with the values of transformational leadership, the mentor has a framework of effective strategies that focus on the healthy development of the new nurse in the areas of idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Doody & Doody, 2012). The mentor, as a role model, is
strategically in place for the new nurse to imitate in the areas of performing skills, exhibiting necessary professional characteristics, and navigating the complexities of decision-making. A healthy mentoring relationship is most readily evident in the ability of the mentee to adjust to the role of nurse, learn necessary skills, increase knowledge, and function as a strong part of the team. In addition to setting the nurse up for a fulfilling career, a healthy mentoring relationship also leads to improved health outcomes for the patients (Frederick, 2014). The culture of mentoring must become ingrained in who we are—for the guidance of the new nurse, for the development of the workplace, for the health of the patients, and for the future of the nursing profession.
References


