MANY AUTHORS HAVE examined the pervasive phenomenon in the practice of nursing that is widely known as “nurses eating their young.” The literature reports that a staggering number of registered nurses are leaving professional nursing practice due to feelings of stress, inadequacy, anxiety, oppression, and disempowerment, often a result of horizontal violence (Baltimore, 2006; Boswell, Lowry, & Wilhoit, 2004; Duchscher, 2001).

This theme in nursing is characterized by such dysfunctional behaviors as “gossiping, criticism, innuendo, scapegoating, undermining, intimidation, passive aggression, withholding information, insubordination, bullying, and verbal and physical aggression” (Baltimore, 2006, p. 30). Other trends in today’s acute care hospital settings such as low morale, a general apathy regarding professional collegial support, heavier workloads, reduced resources, and higher patient acuity can contribute to job dissatisfaction, poor work performance, and may be putting positive patient health outcomes at risk.

It is imperative that these issues be resolved in order to retain nursing staff, and to reinstate effective health care in today’s acute care environments. Short-term initiatives such as those that focus on recruitment and retention issues may not be sufficient tools if utilized on their own. Long-term, evidence-based solutions such as those strategies aimed at fostering collegial relationships, enhancing nurses’ sense of self, promoting professional development, and encouraging feelings of professional worth are required. The Canadian Nurses Association (CNA, 2004) states that “mentoring programs are exciting avenues for stimulating professional growth, career development, staff morale, and quality within nursing workplaces” (p. 53).

To address these issues, mentoring can be utilized as an effective strategy and can be implemented through positive nursing leadership. Leadership must be seen as a collective venture, and a professional responsibility. It is one that is shared by nursing administration, and by RNs working together and on their own. Indeed, all RNs, regardless of their position, are leaders, and they have the ability to remedy this current and challeng-
Defining mentoring has been difficult, and it is further compounded by the use of interchanging terms such as coach, preceptor, and teacher (Butterworth, Faugier, & Burnard, 1998; Milton, 2004). Some writers maintain that mentorship is a research-based intervention that addresses the improvement of nurses’ confidence, promotes professional development, and encourages lifelong learning (Jakubik et al., 2004). The CNA (2004) states, “Mentoring involves a voluntary, mutually beneficial and usually long-term professional relationship. In this relationship, one person is an experienced and knowledgeable leader (mentor) who supports the maturation of a less-experienced person with leadership potential (mentee)” (p. 24). In addition, mentoring can be viewed as an informal or formal process. Informal mentoring is characterized by a shared agreement between the mentor and the mentee to establish a relationship in an unstructured manner, and is based on the realization of career goals for the mentee. Formal mentoring, however, involves structure, both in terms of defining purposes and in the longevity of the relationship (Tourigny & Pulich, 2005).

If one were to include organizational culture as an integral aspect of mentoring, the mentor, then, can be defined as an experienced individual who guides a novice member’s transition to a new culture and the expectations of a new role (Snelson et al., 2002). Greene and Puetzer (2002) state that the mentor may introduce the new staff nurse to the philosophies, goals, policies, procedures, and professional developmental challenges within a new work environment. Conversely, the mentee is one who has unique developmental and socialization needs such as new nurses, international nurses, student nurses, and nurses who are undergoing role status changes, and who may be transitioning to a new area (Marquis & Huston, 2006). The relationship between the mentor and the mentee seems to be one of the determining factors of the success of mentoring, and it is dependent on the effective fulfillment of the roles and responsibilities within the relationship. Snelson et al. (2002) and Hurst and Koplin-Baucum (2003) maintain that essential mentoring responsibilities include teaching, counseling, confirmation, accepting, friendship, protection, coaching, and sponsorship. The relationship that is developed based on these characteristics is one that is intended to achieve safe and competent nursing practice through influencing the form, quality, and outcome of the career path of both the mentee and the mentor (Greene & Puetzer, 2002).

In addressing the mentoring relationship between the mentor and the mentee, and by understanding the roles that the mentor must fulfill within this relationship, it seems that leadership and mentorship are not mutually exclusive. The mentoring responsibilities outlined previously are clearly consistent with leadership behaviors. It is, therefore, essential that staff nurses and nursing management support mentoring within the professional practice of nursing. To support mentoring, staff nurses must assist in creating and maintaining a culture that will both promote and sustain mentoring.

Organizational Culture

Organizational culture includes the norms, values, and rituals that characterize an organization, and “serves as a social control mechanism that sets expectations about appropriate attitudes and behaviors of group members, thus guiding and constraining their behaviors” (Sleutal, 2000, p. 55). Factors that are influential to a healthy organizational culture include (a) providing opportunities for autonomous clinical practice
and participative decision making; (b) being valued as a practicing professional registered nurse throughout the organization; (c) continued learning; and (d) supportive relationships with their peers, physicians, and management. These factors are seen as influential to job satisfaction, and if they are present within an organization, a healthy organizational culture may exist (Apker, Ford, & Fox, 2003; Neuhouser, 2002; Newhouse & Mills, 2002; Wooten & Crane, 2003). Angelini (1995) found that expectations, rewards, value conflicts, recognition opportunities, and support within the acute care hospital setting were all factors that enhanced or hindered mentoring interactions. Although there is very little evidence in the literature that specifically addresses the impact that organizational culture may have on mentoring, it is possible that mentoring can be influenced by the organizational culture within which it exists.

**Nursing leadership.** Formal nursing management must understand the connections between mentoring and organizational culture, and emphasize the importance of mentoring in their work environments. Mentoring can then be established, and RNs, as frontline workers, will be in an excellent position to embrace and foster positive leadership to support a culture that will enhance mentoring. Through collective leadership such as this, the oppression of nurses by other nurses through criticism, gossip, devaluing one another, intimidation, etc., can be eradicated. Staff nurses can initiate this change by utilizing mentoring to strengthen nurse-to-nurse relationships, empower one another, and develop support systems for those who are vulnerable. To create a culture which is supportive of mentoring, staff nurses need to adopt a visionary leadership style that will engender inspiration, motivation, trust, empowerment, and collaboration. The qualities and practices adapted from transformational leadership provide an appropriate framework for implementing a culture that positively supports mentorship. Bass’s (1994) approach is particularly relevant as it focuses on aligning internal structures to reinforce values, morals, and ethics specific to the organization’s culture.

**Leadership Initiatives for Developing a Mentoring Culture**

To implement Bass’s (1994) leadership style effectively, the nursing leadership must first understand the “whole picture” by recognizing the close interrelationships among leadership, mentorship, and organizational culture. It is important to consider the premise that the organizational culture in the acute care hospital environment is the center of the organization. Sleutel (2000) states “organizational cultures can be conceptualized as a normative glue, preserving and strengthening the group, adhesing its component parts, and maintaining its equilibrium” (p. 55). Although, organizational cultures may differ within each hospital setting, they do explain how people relate to one another in a particular setting, and assist in understanding what the group’s values are, and how the members aspire to achieve goals. The effectiveness of implementing a leadership practice will not work if there is no understanding of the organizational culture specific to each hospital, or unit setting, and if it does not fit with the organizational culture within which it is to be implemented and maintained.

As leaders in the acute care setting, professional nurses should ensure that mentoring is embedded in the culture within which it is to exist, such that mentoring goals and values are aligned with the organizational values. As stated by Schneider (2000), “the more an intervention or practice adapts to the epistemology, or central way of knowing and understanding, appropriate to the core culture, the more probable that intervention will take hold and have significant impact on the organization” (p. 26). In addition, RNs can assist with incorporating mentoring into various aspects of organizational life. For example, developing a mission statement for the work environment that will incorporate and guide mentoring activities should make mentoring language commonplace. Learning and evaluation committees, which focus on and are highly committed to mentoring, must be established. Meetings should take place regularly, and should include all parties who are involved in mentorship. Once this perspective is understood and implemented, professional nurses can utilize Bass’s (1994) four leadership initiatives to enhance mentoring in the organizational culture within which it exists. The four dimensions of transformational leadership proposed by Bass (1994) are inspirational motivation, individualized consideration, idealized influence, and intellectual stimulation.

**Inspirational Motivation**

This initiative places strong emphasis on inspiring all nurses in the work environment to understand and utilize mentoring. By using this initiative, nurse managers together with staff nurses, will articulate and communicate an understanding of the values and goals that are associated with mentoring, and share these with colleagues. Providing a clearly articulated vision of what mentoring can achieve will not only provide guidance, but may inspire other nurses, encourage a sense of purpose, and foster the attachment of that purpose to their work. However, vision development is not a solitary leadership effort. As Callahan and Ruchlin (2003) state, “The broader the ‘buy-in,’ the greater the chances for success. Successful alignment requires effective communication that encompasses ongoing rather than one-time efforts” (p. 296). Communication for this purpose...
entails informing and enlisting interested, motivated, and value-driven individuals whose cooperation is essential in achieving the vision. It involves building collaborative partnerships that are necessary to implement the vision. Motivation and inspiration are the aids for overcoming barriers to successful implementation of mentoring, and for gaining employee commitment (Geijsel, Sleeegers, Leithwood, & Jantzi, 2003).

The dissemination of research, based on positive outcomes of mentoring, mentoring activities, characteristics of mentoring, and informing staff about ways to get involved, will assist in making mentoring visible and will create excitement about mentoring. Focusing on positive staff outcomes of mentoring, such as individual growth, collaboration, staff retention, and satisfaction, and ultimately enhanced patient care, are surely goals with which all RNs can identify and strive to attain. Values and goals can be reinforced through training and socialization. Wooten and Crane (2003) believe that “the most critical stage of socialization is the first year of employment. The first year is the staff nurse’s best opportunity to mold the newcomer into a team player and help that individual adapt to the organization’s culture” (p. 277). The organization’s goals and values, such as patient safety and valuing nursing staff, can be related to newcomers through the telling of stories, nurse-of-the-month awards, coffee parties that highlight staff achievements, and staff meetings that reinforce important values and communicate cultural assumptions. It is essential that seasoned nurses be brought into this practice as they are the ones who have the wisdom, the knowledge, and the experience that can be shared with other nurses. By communicating and passing on cultural values and goals, new and current nursing staff will appreciate the means and methods for achieving those goals. This will serve as a foundation for mentoring, and in the future, the memories and stories of success will provide for a historical and meaningful support system for mentoring.

Lastly, a transformational organizational culture is one that visualizes all group members as being responsible for its success (Wooten & Crane, 2003). Therefore, as a collective obligation, nurse managers and RNs must ensure that all nurses are empowered by utilizing participative decision-making processes. Owens (2004) states that in “participative decision making, all organizational members have a right to be heard, to have their views considered, to express feelings, and to offer knowledge and information” (p. 309). When nursing staff are empowered by taking part in decision-making processes, they do so by enhancing their knowledge base, and therefore, they experience growth in both personal and professional dimensions. Feelings of empowerment, and of inclusion in decision-making processes, result in staff members who are energized and committed to put forth their best efforts and skills. Moreover, empowerment generates support for organizational goals and momentum for change, initiatives for autonomy, and for the encouragement of staff member involvement in ways that promote learning and professional development. The end results are staff nurses who are more knowledgeable, and who are committed to mentoring.

Individualized Consideration

The nurse leader should also utilize techniques that can be adapted from Bass’s (1994) concept of individualized consideration. It is essential that each RN in a real or prospective mentor dyad be treated in a unique manner to determine her/his issues, needs, and interests. “By establishing a program of cultural listening, the leader can obtain a good perspective about the needs, abilities, and variables that are conducive to staff satisfaction” (Kerfoot, 1997, p. 644). This information will be helpful in formulating methods for implementing successful mentoring objectives within the hospital setting. Consequently, this information will aid in developing a structured information system for assisting potential mentees and mentors with appropriate matches between the mentor and the mentee, and will therefore enhance the mentoring relationship and its success. Nurses can then develop methods for simply relating information regarding potential matches to qualified mentors and potential mentees, as voluntary participation can contribute to mentoring success.

Taking the time to identify each nurse as important and integral to the process of mentoring gives the nurse manager the opportunity to demonstrate that individual staff members are vital and important to the health care setting in which they are employed. Talking to each member of the mentoring community on an ongoing basis is a function of the successful creation of an organizational culture that respects and cares about the staff. It provides an opportunity to share learning experiences, honor achievement, reinforce the cultural values of the organization, and expand knowledge about mentoring. This can also be achieved through the display of banners and posters, a mentoring showcase, or via email.

Another strategy that can be utilized is verbalizing thankfulness and gratitude for individual contributions, suggestions, and input. Feedback and reward systems are key components of a successful motivational program (Newhouse & Mills, 2002). Celebrating big and small milestones and recognizing achievements can foster feelings of acceptance, value, and pride. Utilizing this leadership initiative allows nursing management, as well as RNs, to develop a sense of belonging and involvement among
all registered nurses. The consideration of each individual ensures that everyone has a voice, and this creates feelings of trust and caring. The individuals who are involved will feel that their contributions are acknowledged and valued. Ultimately, it is hoped that this will maximize staff participation, contribution, and interest in mentoring.

**Idealized Influence**

Wooten and Crane (2003) state “a leader exemplifies the vision and values of the organization since they are role models for the other members” (p. 277). To enable the nursing staff to achieve the organization’s goals regarding mentoring, all RNs should commit to role modeling these goals and values in all endeavors so that they can share experiences, best practices, and encourage mentoring excellence. However, for role modeling to be effective, registered nurses must establish credibility within the work setting, and develop trust among staff members. Studies of culture within successful organizations indicate that an environment where staff are helpful and supportive of one another, trust each other, and have friendly, open relationships, emphasize credibility and attentiveness. Being authentic and treating people with respect and dignity are all characteristics that nurses can demonstrate to achieve a sense of trust (Dixon, 1999; Newhouse & Mills, 2002). Trust relates to open communication channels, which in turn enhances feedback at all levels. Requesting, receiving, and providing feedback are integral to the success of mentoring, and essential for providing adequate support and a challenging environment, and for maintaining the organization’s vision.

This initiative promotes the utilization of interpersonal communication skills and active listening. By utilizing these leadership skills, RNs can create an organizational culture that is seen as safe; one that will enhance the feedback cycle and the evaluation of the mentoring relationship and process; and one that will create a collaborative environment which will sustain mentoring, staff satisfaction, and retention (Neuhauser, 2002; Newhouse & Mills, 2002; Wooten & Crane, 2003).

**Intellectual Stimulation**

Intellectual stimulation requires collective leadership between formal nursing management and staff nurses to support the professional growth and development of each member in the organization. To achieve this goal, continuous mentoring education and training opportunities should be integrated into the work environment to increase the general awareness of mentorship in that setting. This collective leadership can provide valid, relevant, and up-to-date mentoring information for staff nurses that is in tune with the values and goals of the organization. The organizational culture should be resilient and emphasize creativity and goal achievement. “Specific educational strategies could focus on exploring the role of relationship-building; reviewing positive and negative experiences of staff nurses relative to the environment; and upgrading the awareness level of career transitioning and the facilitation of the career process for staff nurses” (Angelini, 1995, p. 95).

Registered nurses can also assist in creating and maintaining support groups and mentoring task forces which provide skills training, foster the exchange of best practices, and promote peer learning. This can also provide a forum for feedback, evaluation, and problem solving in order to foster creative input and generate new ideas. In addition, it is also an opportunity to reflect on what has been tried and tested, and what is, and is not true. Continual learning and development gained from identifying mistakes is essential to implementing new and improved initiatives and ideas. During meetings such as these, it is important to maintain appropriate confidentiality and to foster positive analysis. Of particular importance is the understanding that to be effective, mentoring training and education must be available in different forms, in different venues, and on an ongoing basis. Making recent literature about mentoring available on the nursing unit, organizing mentoring workshops, scheduling meetings or information sessions at convenient times suitable for the nursing staff, and presenting mentorship successes at staff meetings, are all activities that can be utilized in this endeavor.

Intellectual stimulation also provides an initiative for professional nurses to promote a better understanding of mentoring, such as the roles of the mentor and mentee, the relationships that need to be formed, the matching strategies, and the processes involved in mentoring. Hopefully, this will enhance interest, commitment, and participation, and it will increase personal and professional growth and development.

Thus, it seems possible that by utilizing the practices and qualities adopted from the transformational leadership approach, nurse managers together with staff nurses can enhance the organizational culture within the acute care hospital setting to create and maintain mentorship practices. However, without the support from middle management and organizational administration, it is very difficult to implement or sustain such a venture. The literature indicates that administrative support is demonstrated through financial incentives, staffing and scheduling flexibility, and title and leadership recognition (Greene & Peutzer, 2002). Therefore, an organizational infrastructure that supports mentoring must be in place. Although this is not necessarily a responsibility of the staff nurse, identifying whether or not such a structure is present, and recommending and assisting with creating such an investment, is certainly achievable. The CNA (2004)
suggestions that “the sponsoring organization shall provide an administrative structure and the resources for effective development” (p. 32). Tasks such as recruitment and retention programs that value mentoring and provide appropriate learning resources including funding are essential. Together, these can assist in building the organizational scaffolding that will support mentoring ventures.

**Conclusion**

An essential task for nursing leaders today is to create a sustainable nursing workforce in a health care system that is currently undergoing significant changes including the loss of experienced nurses to retirement, and new graduates to horizontal violence. Mentoring is one method that can enhance staff satisfaction, and therefore, can reduce the feeling among nurses that they are being devalued, discriminated against, and disempowered by their own peers. In utilizing mentoring to enhance staff development, to assist nurses to adapt to new and different roles, and to increase staff satisfaction, nursing leadership must understand that mentoring is influenced by the organizational culture within which it exists. That is, staff nurses and nurse managers alike must recognize and understand the interrelationships among mentoring, organizational culture, and leadership for the optimal development of effective mentoring. As a means of achieving success in this endeavor, professional nurses must align the organizational culture with appropriate leadership and mentoring strategies. By utilizing principles and qualities adapted from transformational leadership, specifically Bass’s (1994) four leadership initiatives, registered nurses can assist in creating an empowering, innovative, and dynamic culture within which successful mentoring can be developed and sustained. Consequently, this will lead to increased job satisfaction, more effective nursing care, and the promotion of quality health care outcomes.

**REFERENCES**


**ADDITIONAL readings**


The Role of Nursing Leadership in Creating a Mentoring Culture in Acute Care Environments

Answer/Evaluation Form:
The Role of Nursing Leadership in Creating a Mentoring Culture in Acute Care Environments

This test may be copied for use by others.

COMPLETE THE FOLLOWING:

Name: ____________________________________________________________
Address: ___________________________________________________________________________
City: ___________________________ State: _______ Zip: __________
Preferred telephone: (Home)_____________________ (Work)________________________
☐ Check Enclosed ☐ American Express ☐ Visa ☐ Mastercard
Credit Card Number: ______________________________ Exp. Date _____________
Registration fee: Nursing Economic$ Subscriber: $10.00
Nonsubscriber: $15.00

Answer Form:

1. If you applied what you have learned from this activity into your practice, what would be different?
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Evaluation

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2. By completing this activity, I was able to meet the following objectives:
   a. Discuss the essential dimensions of successful mentoring. 1 2 3 4 5
   b. List characteristics of organizational culture. 1 2 3 4 5
   c. Describe leadership initiatives for developing a mentoring culture. 1 2 3 4 5

3. The content was current and relevant. 1 2 3 4 5
4. The objectives could be achieved using the content provided. 1 2 3 4 5
5. This was an effective method to learn this content. 1 2 3 4 5
6. I am more confident in my abilities since completing this material. 1 2 3 4 5
7. The material was (check one) ___ new ___ review for me
8. Time required to complete the reading assignment: ____ minutes

I verify that I have completed this activity: _____________________________

Comments______________________________________________________________
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Objectives

This continuing nursing educational (CNE) activity is designed for nurses leaders and other health care professionals who are interested in understanding the role of nursing leadership in creating a mentoring culture. For those wishing to obtain CNE credit, an evaluation follows. After studying the information presented in this article, the nurse leader will be able to:
1. Discuss the essential dimensions of successful mentoring.
2. List characteristics of organizational culture.
3. Describe leadership initiatives for developing a mentoring culture.

CNE Instructions

1. To receive continuing nursing education credit for individual study after reading the article, complete the answer/evaluation form to the left.
2. Photocopy and send the answer/evaluation form along with a check or credit card order payable to Anthony J. Jannetti, Inc. to Nursing Economic$, CNE Series, East Holly Avenue Box 56, Pitman, NJ 08071–0056; or visit www.nursingeconomics.net
3. Test returns must be postmarked by June 30, 2009. Upon completion of the answer/evaluation form, a certificate for 1.4 contact hour(s) will be awarded and sent to you.

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This article was reviewed and formatted for contact hour credit by Connie R. Curran, EdD, RN, FAAN, Nursing Economic$ Editor; Alison P. Smith, BSN, RN, Nursing Economic$ Assistant Editor; and Sally S. Russell, MN, RN, CMSRN, Anthony J. Jannetti, Inc., Education Director.