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Purposeful Mentoring and Healthcare

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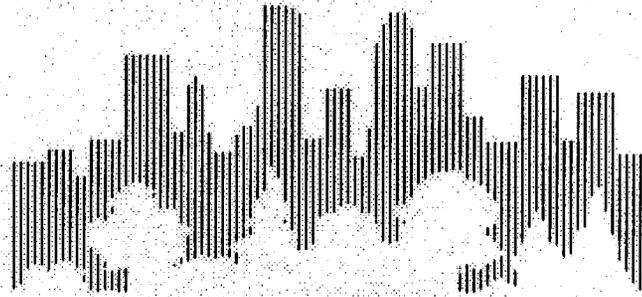
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MASTER OF ARTS IN LEADERSHIP

Joyce Schmidt Dehmer

Purposeful Mentoring and Healthcare

2007

PURPOSEFUL MENTORING AND HEALTHCARE

JOYCE SCHMIDT DEHMER

Submitted in partial fulfillment of the
Requirement for the degree of
Master of Arts in Leadership

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2007

MASTER OF ARTS IN LEADERSHIP
AUGSBURG COLLEGE
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ABSTRACT

PURPOSEFUL MENTORING AND HEALTHCARE

JOYCE SCHMIDT DEHMER

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- Thesis
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Abstract:

Mentoring is not a new concept to leadership. It is as old as civilization. It is a transfer of wisdom through the mentoring relationship. Healthcare organizations have recognized and supported the need for mentoring relationships. Mentors possess a combination of attributes that others are compelled to want to follow or work with. Mentors have a keen interest in sharing, guiding and helping others develop. Mentoring may take place formally or informally. A structured useful type of mentoring is purposeful mentoring. Purposeful mentoring in healthcare has an agreed upon purpose between a mentor and mentee. The goal of the relationship is different than that of a consultant, supervisor, leader, manager, preceptor or counselor. The author's model includes access to mentors, participation, learned visions, communication and recognition. The patient is at the core of the model as the customer or the one to be served in this relationship supported by the employee.

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PURPOSEFUL MENTORING AND HEALTHCARE

What you are in life results in great part from the influence exerted on you over the years by just a few people. – Eleanor Roosevelt

Mentoring is a practical approach to watching and guiding others. Mentoring is a transfer of wisdom. Our parents are our first mentors, guiding and preparing us for life. This includes: how to eat, get dressed and answer the phone. This is evidence of how powerful modeling is and can be. People look for mentors for many reasons. They want to learn and to develop personally and professionally.

Mentoring may take place formally or informally. In the work place, informal mentoring may occur between peers, between supervisor and employee, or in other scenarios. It happens. It is not planned and usually it is not continuous. There are also various formal models of mentoring. These are usually structured programs in which one may be assigned the task of mentoring a new or junior employee. Perhaps the mentor has volunteered for such a role, or she has been assigned that role through the organizational structure.

This paper focuses on purposeful mentoring which is perhaps the most structured, useful type of mentoring. In this study, the term *purposeful mentoring* will be used to designate mentoring that has a purpose agreed upon between a mentor and a mentee to reach a specific goal.

The purposeful mentor has a spirit or love for the work and keen interest in sharing, guiding and helping others develop. It is more than a job or assigned role for the mentor. It is intentional and relational. It is having a passion for the work with the mentee. Mentors may assist by asking clarifying questions that help the mentee/mentor relationship to more

clearly define goals and dreams. A purposeful mentoring scenario includes goal setting, establishing a time table for implementation of the new skill and evaluation. If the relationship has proven beneficial or if there is more to be taught and learned, then the relationship may be renewed. Many organizations have recognized the value of mentoring relationships in their businesses. Healthcare is an industry where mentoring programs and relationships are encouraged. This paper will examine and compare purposeful mentoring with less structured mentoring, using examples of various mentoring relationships. Examples found in the models of purposeful mentoring will be further supported in the proposed model of mentoring for healthcare.

DEFINITION OF MENTORING

It is important to clarify the definitions of a manager and a mentor. Mentoring may take numerous forms. It is important to understand the concept and how it is used. Managers may be appointed or promoted to their position. A manager is someone who directs and supervises workers. You cannot really appoint a mentor. Mentors are that because they possess a combination of attributes that others are compelled to want to follow or work with.

Mentoring is not a new concept to leadership. It is as old as civilization itself. Literature offers some definitions of a mentor. It comes from the Greek word which means enduring. The concept of mentoring has existed at least since Greek mythology as described in the book *The Odyssey* by Homer (1919). In this book Mentor was both counselor and friend. A mentor was needed because as Odysseus went to fight in the Trojan War, he recognized that his son needed to be coached by someone. The man Mentor was known for his wisdom and sensitivity - two very important skills required for the job.

Mentoring occurred among Old Testament prophets and New Testament leaders. Moses mentored Joshua and Jesus mentored his disciples. Jesus mentored his disciples to carry on his work after he was gone from this earth. “Mentoring is the ultimate in spiritual leadership. It is making disciples” (Elmore, 1998, p. 103). Jesus called us to “make disciples of all nations” (Matthew 28:19). Elmore uses the acronym “IDEA” to demonstrate the mentoring relationship based on Jesus’ life.

- I-Instruction (He taught and instructed them verbally.)
- D-Demonstration (He modeled truths for the disciples to observe.)
- E-Experience (He let the disciples apply the truth themselves.)
- A-Accountability (He debriefed their shared experience and assessed their growth.) (p. 131).

A mentor is “a person who oversees the career and development of another person, usually a junior, through teaching, counseling, providing psychological support, protecting, and at times promoting or sponsoring” (Zey, 1991, p. 7). Mentoring includes modeling the way for others by putting them in a position to watch and learn from you. Bell (1996) sums up mentoring as: surrendering, accepting, gifting and extending. Mentoring is a gift from the heart in support of someone and to support another person in their development. Bell believes mentoring to be an honor, benefiting both parties. It is part of the cycle of speaking, listening and learning. Mentoring provides the opportunity for both parties to grow and develop.

Summarizing psychologist Jerry Lynch’s views of mentoring the following list helps clarify his thoughts on professional, business and personal benefits as well:

- Mentoring provides an opportunity to slow down, rest, and add to self-knowledge for the mentor and the mentee.

- Mentors and mentees receive the ability to learn from and reflect on setbacks.
- Mentors develop loyalty and appreciation of others' growth and professional development.
- Mentors can help create a safe, nonjudgmental learning environment where all points of view are heard.
- Mentors nurture the ability for others to realize and develop their full potential by confronting and overcoming self-doubt and fear, which is especially important for women.
- Mentors help to ignite enthusiasm and passion in their protégés, as well as to reignite it in themselves.

Mentoring affords its participants the ability to change places-to serve as an expert in one context and a student in another.

“A mentor is simply someone who helps someone else learn something the learner would otherwise have learned less well, more slowly, or not at all” (Bell, 1996, p. 6). The historical origin of the word mentor encourages risk taking and making use of opportunities when they become available. In a good mentor/mentee relationship they teach and learn from each other. They respect each others opinions, strengths and weaknesses.

Mentoring has also been defined as: “a deliberate pairing of a more skilled or experienced person with a lesser skilled or experienced one, with the agreed-upon goal of having the lesser skilled person grow and develop specific competencies” (Murray, 1991, p. xiv). Typically this is one mentor to one protégé and each knows what is expected of the other. The terms mentee and protégé are often used interchangeably in this paper. Murray defined some of the functions that a mentor may agree to perform such as:

- Act as a source of information on the mission and goals of the organization.

- Provide insight into the organization's philosophy of human-resource development.
- Tutor specific skills, effective behavior, and how to function in the organization.
- Give feedback on observed performances.
- Coach activities that will add to experience and skill development.
- Serve as a confidant in times of personal crises and problems.
- Assist the protégé in plotting a career path.
- Meet with the protégé at agreed time intervals for feedback and planning.
- Agree to a no-fault conclusion of the mentoring relationship when (for any reason) the time is right.
- Maintain the integrity of the relationship between the protégé and the natural boss (Murray, 1991, p.13).

Murray also states that in a facilitated program the protégé will have these characteristics:

- Willingness to assume responsibility for his or her own growth and development
- Assessed potential to succeed at one or more levels above the present position in the organization
- Ability to perform in more than one skill area
- A record of seeking challenging assignments and new responsibilities
- Receptivity to feedback and coaching (Murray, 1991, p.13).

Bell further describes mentoring by using the acronym SAGE. He defines SAGE as: “surrendering, accepting, gifting and extending” (Bell, 1996, p. 11). Leader/mentors tend to drive and control processes. This may cause resistance and minimize the potential for growth and learning of both parties. This process must be a mutual initiative meant to

truly enhance the mentoring process. As part of the honor process of mentoring we accept or embrace the challenges and changes that will occur. The mentor also does the acts of gifting and extending. These four core competencies serve as a structure in Bell's process. Their sequence is important.

Bell recommends that we start with 'surrender'. I believe that this particular descriptor is closely tied to Greenleaf's servant leadership theory. "Servant-leadership is a long-term, transformational approach to life and work-in essence, a way of being-that has the potential for creating positive change throughout our society" (Spears, 1998, p. 3). It is an attitude that starts with respect for yourself and others. It includes truly listening and gathering the opinions of others. It is more of a holistic approach to mentoring. When you surrender you do not think of yourself you think of others.

Included in this model is the act of accepting. "Accepting is embracing, rather than evaluating or judging" (Bell, 1996, p.12). Accepting includes listening to each other intently without interruptions. It is becoming focused and staying focused on the goal in front of us. Think about it. "If you could have five minutes- and only five minutes-with Moses, Mozart, or Margaret Mead, would you let anything eat up part of that time?" (p.89). He goes on to suggest that the art of listening creates balance in the mentoring relationship.

Another step of balance in the mentoring process, according to Bell (1996), is gifting. Gifting should not be confused with giving. "Gifting is an expression of generosity" with no expectation of any return (Bell, 1996, p.120). Gifting is not an act of rescue but rather an act of support. Everyone needs support at sometime and in some way from someone else. The act of gifting is the ability to receive without feeling the need to give. It is a gift from the heart with true meaning and purpose. The mentoring relationship is one way to accomplish

and support gifting. Helen Keller wrote, “Life is either a daring adventure or nothing” (Bell, 1996, p. 141).

The last step of this relationship is extending the ‘E’ in the acronym SAGE.

Extending includes giving up the established mentoring relationship to support further growth in another way. “Mentoring is an ethical act” (Bell, 1996, p.177). Good mentors must refrain from coveting their protégés’ talents but also grow and learn from them. It is a process of mutual learning. The mentoring process would include mutual respect and honesty.

The mentor relationship requires careful thought and planning. “A mentoring relationship represents a very strong bond between people” (Smith, 2000, p. 153). The temperament of each of the parties must be compatible. This would include defining what personal attributes the mentor and mentee bring to the mentoring relationship. The relationship is focused on sharing information and building perspective to assist the mentee in their overall personal and professional growth. Many times this growth is in areas, organizations and relationships purposefully established outside of the mentee’s current experiences. The mentor brings the experience and the mentee brings the interest.

The goal of a mentoring relationship is different from a consulting relationship (target outcome and compensation involved), supervision (formal relationship including all the planning, execution and control functions), leadership (where there is a common mission or vision that both parties are mutually pursuing), coaching (where there is a specific improvement that is targeted), teaching (where there is a specific topic or subject that is being pursued usually for a specific period of time), preceptorship (when a specific role is being taught), or counseling (where a relationship is established to address a particular challenge). Mentorship is about establishing a growth related relationship that focuses on the

overall growth needs of the mentee and may include discussions about and advice provided over a broad spectrum of subjects. Often the mentor has no direct involvement in or information about the mentee's ongoing experience except for what the mentee decides to share.

DEFINITION OF MENTEE

The mentoring relationship is shared by two people. The relationship is shared by the mentor and mentee. In simple terms, the mentee is someone who is mentored. The mentee is someone who is trained and supported by the mentor. They learn and benefit from the mentor who is influential in their life, training or career path.

The mentees must make themselves available for learning, not fear asking questions and sometimes needing to ask them more than once. The mentee must be secure enough in the relationship to ask questions and learn and share with the mentor. The transfer of information will be beneficial to both parties.

The mentee must be ready to explore options and not be spoon fed every piece of information. The mentee must be confident in their choices and decisions and willing to learn from them.

LEADERSHIP AND MENTORING

The role of preparing future leaders is the ultimate responsibility of leadership. Koestenbaum (1991) says, "Mentoring is to identify potential leaders and teach them the leadership mind, on the job. Mentoring, developing subordinates, is a crucial responsibility of leadership and is also good for the mentor" (p. 333). The Masters of Arts Leadership (MAL) development model at Augsburg College promotes leadership as a process that:

- Inspires cooperation among people who must compete for limited resources.
- Promotes productivity within and beyond the organization.

- Works toward progress for the individual and the organization.

To accomplish this, individuals aspiring to positions of leadership must possess three key attributes: a sense of vision, the ability to persuade, and the ability to direct action. Underlying these attributes is a broad range of abilities and awareness, outlined in the Augsburg model, that serve as specific outcomes for the MAL Program. Augsburg's model of leadership development is designed to assess, promote, enhance and refine these capabilities within the individual (MAL model).

Kouzes & Posner (1987) report that the three most important relationships at work are mentors, bosses and peers. "Mentors are particularly valuable as informal sponsors and coaches. They help us learn how to navigate the system, they make important introductions, and they point us in the right direction" (p. 286).

Axelrod (2000) addresses the issue of succession to leadership. A leader must deal effectively with two aspects of leadership. One aspect is with the people who hunger for the leader's power without the leader's vision or ability. The second issue is that of succession rather than competition. "Effective leaders provide for succession, and do so without compromising their current authority or creating dissension among prospective inheritors of the throne" (p. 150).

Blanchard, Hybels and Hodges (1999) discuss servant leaders and their role in the organization and in people's lives. It was thought in the past "people who feel good about themselves produce good results" (p. 146). That thought, however, has been transformed into the idea that "people who produce good results feel good about themselves" (p. 147). The function of a servant-leader is to model and encourage the behaviors and values that are aligned with a shared vision. The result of the modeling is that both "the organization wins and the people feel good about themselves" (pg. 147).

Portner (1998) quoting Rachel Remen from a talk given in San Diego in 1995 describes the differences between helping and serving.

Serving is different from helping. Helping is based on inequality; it is not a relationship between equals...Helping incurs debt. When you help someone they owe you one. But serving, like healing, is mutual. There is no debt. I am served as the person I am serving. When I help I have a feeling of satisfaction. When I serve I have a feeling of gratitude. These are very different things. Serving is different from fixing. When I fix a person, I perceive them as broken. This is distance between ourselves and whatever or whomever we are fixing and we cannot serve at a distance. (Portner, 1998, p. 24)

This is the embodiment of servant leadership. It is walking along side and teaching by example. It is allowing a person to succeed or fail in a safe environment and to learn by both observation and experience.

Ford (1997) refers to Jesus' style of developing His disciples into leaders. "Jesus' leadership program was not like school; it was life. The disciples were apprentices to Jesus" (p. 128). Jesus' style of leadership teaches us that leaders learn in real life situations. Jesus had a plan and often shared it with his disciples. Jesus' steps are effective today to develop, train and prepare leaders for the future.

- He called them. This is affirmation.
- He gave them a new vision. In this way He accepted who they were with their strengths and weaknesses, but showed them what they could become.
- He made them a team. He recognized the power of a team and taught them to work together and to rely on one another for strength in different areas.
- He trusted them. Not only did He have them follow Him and teach them by living with them, but He sent them out entrusting them with tasks.

- He tested them. He pushed them beyond safe limits. Leaders grow when they are in situations beyond their own control and strength, where they learn to succeed or fail.
- He included them. To make leaders it is necessary to focus on those who have potential. However, it is also necessary to include some who might not appear to have as much potential and give them the opportunity to grow and change.
- He made them His friends. A leadership program cannot be hierarchical, but a community of friends and colleagues.
- He warned them and restored them. He corrected them, encouraged them and then gave them a chance to begin again.
- He made them understand. The disciples were able to experience and learn Jesus' vision for them and for the future (p. 128-129).

The relationship between leadership and mentoring continues to be defined.

“Learning organizations will be the surviving enterprises of tomorrow, and the leaders who remain in these organizations will be those most adept at helping others learn. Effective leadership is practiced in its purest form in a mentoring relationship” (Bell, pg.19). The most rewarding part of leadership is being a successful mentor. “Life itself and those you have admired teach you throughout your life. Successful leadership is how you treat people” (Hughes, p. 116.).

There are not enough mentors to support the growth of mentoring and leadership in some fields of work. We need to allow ourselves to be mentors. Be a part of the solution, not a part of the problem. A mentor brings an invaluable skill to another's personal and professional life.

INFORMAL MENTORING

Informal mentoring includes everyday experiences including less structured and unplanned occurrences. Informal mentoring occurs between parents and their children. Parents may try to use a more purposeful mentoring approach, but usually follow an informal approach. Informal mentoring also occurs frequently in the work place. Is informal mentoring a chat in the hallway? Is it spending time together outside of the work or educational setting, at the golf course, the church choir, or the local coffee bar? Is it a coaching or volunteer relationship? Is it defined by how the mentor/mentee are connected- do they just naturally gravitate toward each other? The answer to all of these questions is yes.

Informal mentoring begins when an experienced employee takes an active interest in the newcomer, or the newcomer approaches the more experienced one for information or help. If the chemistry is right, a productive relationship can begin. The active interest of the mentor and the person being mentored in each other continues until its purpose is exhausted and the relationship ends. (Simons, et al., 1993, p.162).

Informal mentoring may also be called natural mentoring. It occurs through friendship, teaching, coaching, and counseling. Informal mentoring is a way of communicating skills, values or truths without setting goals or measured results. Oprah Winfrey used Nelson Mandela as her informal mentor. In a recent *People* magazine Oprah Winfrey says, "Nelson Mandela is the strongest living mentor for me. He's a role model and standard bearer for all human beings" (p. 222).

It begins for most of us in our youth with our relationship with our parents and/or caregiver. As parents we are modifying the informal plan frequently as the situation or circumstance demands.

Informal mentoring is a more natural and simpler process. It may not entail a formalized plan. It less sophisticated. Informal mentoring may be unintentional and still

provide the necessary elements to be labeled as mentoring. The matching of individuals as mentor and mentee may occur naturally. Informal mentoring may occur in everyday life experiences at work or socially

Coaches in youth programs and teachers are good examples of informal mentoring. For them to succeed in their fields it is necessary for them to tap into the intrinsic motivation of the individual in the informal mentoring process. Zey (1991) says that “the classic concept of the mentor involved teaching, coaching, and overseeing the development of the protégé” (p. 14). Coaching is an example of informal mentoring which does more than develop physical skills in the athlete. It is a way for the coach/mentor to invest him or herself into the lives of the participant by modeling behavior that will benefit both the child and the community.

Martens (1990) lists key points which a successful coach would do well to incorporate into his or her program as a way of mentoring and modeling to youth. He believes coaches should be role models. His philosophy of coaching young people includes three major objectives. They are:

1. To have a winning team.
2. To help young people have fun.
3. To help young people develop physically, psychologically and socially. (p. 3).

Marten includes key points coaches can use to focus and to help their mentees achieve these objectives. When communicating with young athletes, he suggests:

- Having credibility with your athletes is essential for effective communication.
- You can improve your listening skills by recognizing that what your athletes have to say is important.

- When you communicate to athletes that you heard and understood what they said, you are using active listening skills.
- Being skilled in nonverbal communication skills like body motion and position, touching behaviors and voice characteristics is important to your role as a coach.
- Your every action is a potentially important nonverbal message because your athletes see you as an example of how to behave. (p. 34).

In his discussion about reinforcement, Marten (1990) believes it is important for coaches to remember:

- Learning to use the principles of reinforcement effectively is a valuable communication skill.
- Reward the performance, not the outcome.
- Reward athletes more for their effort than for their actual success.
- Reward little things on the way toward reaching larger goals. (p. 41).

Marcus Aurelius, the Roman writer, in his *Meditations* (1997 edition) Book 1, comments on the people who influenced his life. He refers to family members, government officials and friends listing the things which he learned from each of them. His list serves not only as discussion of what he had learned, but is an expression of gratitude to each person and their contribution to his life and to his success as a human being.

Both Marten and Marcus Aurelius confirm Bell's ideas that mentoring is modeling the way for others. Mentoring offers the opportunity for both parties to grow and change and is a way for the mentor to invest time and energy into others.

In this natural setting the individuals are freer to participate or not participate. The end result is not an expectation that was planned, merely a function of what has evolved in

the process and meetings of the participants. I feel the term used in an informal mentoring situation would be participants not mentor and mentee. The participants would be matched by the group or task in which they chose to be involved. Matched participants would evolve through an activity such as planning for a class reunion or playing hand bells in church. The leader or mentor would be chosen by their ability or their willingness to do so. Most often this would not be a preplanned process and input from others may be received.

Informal mentoring is better represented by the participant seeking someone with more experience in an area where he or she wants to gain skills. In this way natural mentoring is a bottom to top type of structure. Informal unintentional mentoring does not mean it is unstructured, but it may be more flexible. The participants may choose a mentor for their personal style or for their expertise. Effort applied is an important aspect of informal mentoring. Informal mentoring may be perceived as more effective possibly because the expected outcome was not as clearly defined. It may be a natural occurrence, not planned just accepted.

In informal mentoring the relationships and end results evolve naturally. The participants are freer to move in any direction that nature takes them. In this environment the natural aptitudes of the individuals take over and can produce a wonderful end result. The process is not ceremonial or intentional; the process evolves without a clear definition of the steps involved. Informal mentoring relationships often go on for years, even lifetimes.

FORMAL MENTORING

“In formal mentoring, the organization itself matches individuals, and sets expectations for what should be accomplished” (Simons, Va’zques, & Harris, 1993, p. 162). It occurs through structured programs in which mentors and participants are selected and matched through formal processes. For example, in the literature *Doctor’s Stories on Teaching*

and Mentoring six physicians (five males and one female) who served as mentors for a public university medical school in the Northeast were interviewed and observed at their office or clinic. “All of the experienced physicians were observed interacting with patients in the examination room and with their third-year students in their offices and hallways” (Dollase, 1994, p. 9). Third-year students are required to follow the procedures, keep written records and follow best of practice in their field. The physicians and their medical students shared their stories, reflecting on their practice and ability to speak to their patients in good times and in bad.

Key points of *Doctor’s Stories on Teaching and Mentoring* by Dollase are summarized in the following list:

- Medical students observe the physician mentor, learning techniques to relate to the patient.
- Medical students are encouraged to involve the patient’s opinion on care preference.
- Medical students and physician mentor discuss key patients each day.
- Physician mentors do teaching ‘on-the-go’. Learning from the basics.
- Mentors teach medical students to ‘present the patient’. This includes interviewing the patient and then learning from the mentor what the student did not touch upon in the interview.
- On-the-job serious procedural training. For example: delivering a baby. (Planned teaching exercise.)
- Learn key problem solving skills such as: prioritizing work and work efficiency, organizing ideas in writing and taking responsibility for decision making.

- Learning the ethical dimension of medical practice while under pressure.
How do you tell the truth to the patient when the news is bad?
- “Success and failure are part of being a busy doctor” (Dollase, 1994, p.17).
- Learn to accept your limitations as a physician.
- Learn to work with difficult patients: those unprepared, late, those who do not listen, and those who are angry or hostile.
- Learn how to educate patients for example: breast exams, a diet and/or exercise program, and how to take their medications safely.
- Mentors give feedback routinely to the medical students on their progress and assist them when necessary.
- Mentors encourage medical students with the theory of ‘best practice’.
- Develop goals of the medical student/physician mentoring program.
- Clearly communicate those goals to all participants of the program.

The process of student teacher mentoring resembles that of the medical student mentoring pattern. The following summary of observations helps to clarify that process:

- The student teacher observing the teacher.
- Lesson planning practice with the mentor teacher.
- Actual classroom practice with feedback follow-up.
- Decision making practice and problem-solving model practice.
- Practice outlining and defining the strengths and weaknesses of the class and the students in that class.
- Document their findings in a daily journal to be shared for discussion and learning opportunities.

- Develop goals of the student teacher mentoring program.
- Clearly communicate the goals of the program to all participants.

This table compares formal and informal mentoring:

| Informal | Formal |
|---|--|
| Low expectations | More challenges |
| Little or no training needed | Formal training in the program |
| Employees do not want to appear dumb | Questions are expected and encouraged |
| No collaboration | Collaboration |
| No time- productivity focused, not learning | Time is protected—set aside for learning |
| The performance is rewarded. | The outcome is rewarded. |

These differences represent the expectation of professional growth through formal mentoring in a business or for leadership. Formal mentoring comes from the top and works down through the organization. The successful completion of the program is the focus or goal. Reward and recognition are key differences in formal and informal mentoring. Rewarding the performance and not the outcome is an example of a key difference in mentoring styles as shown above.

Formal mentoring may produce more challenges for the participants. The usual formal mentoring arrangement may not have any specific goals except to help the mentee to develop his or her talents and skills. The relationship is defined with a formal training structure with time provided for learning. Questions are expected and encouraged in the collaborative mentoring relationship. The participants are rewarded based on the outcomes of the mentoring relationship.

PURPOSEFUL MENTORING

In purposeful mentoring there is a set purpose and a goal that must be followed. It is not merely advising or counseling; it is a process with a specific goal. It is like building a car. The end result is best obtained when you follow the assembly line process in the order

provided. You know your intent from the beginning and you know what the goal is at the end. The process is set, but unlike that process there is that “x factor” which each individual, both the mentor and the mentee bring to the process, making each mentoring experience unique.

Elmore suggests that as a purposeful mentor you are a guide and a ‘provider’ and follow the plan. As the ‘provider’ you are purposeful; this is not a casual relationship. You are committed to the process and to the person with whom you are working. It is the duty of the provider to establish and maintain a healthy mentoring relationship. Elmore goes on to explain that doing what is right is the objective of the mentoring/mentee relationship. The provider must also be vulnerable, sharing his or her personal experiences whether positive or negative. The provider must walk the talk and be responsible with those you interact with. Elmore asks the provider to share the power and share the success in the relationship. He also challenges the provider to use wisely every person, dollar and opportunity available to them to successfully obtain the desired outcomes.

Nursing is another profession that clearly relies on purposeful mentoring. Mentoring was described in the nursing arena as a song of beginning, a personal song you learn to sing, and a song of power. Key components identified in the Vance and Olson (1998) *The Mentor Connection in Nursing* were:

- Mentor concept in the classroom is more a guided learning experience.
- Learn from others by listening to their stories.
- Listening for directions from others.
- Include those being mentored in faculty meetings.

- Mutual understanding between the student nurse and mentor that the student may exceed the mentor in both educational and professional accomplishments.
- Treating each other as equals and willing to take on challenges that the relationship brings.
- The mentor walks the talk by providing opportunities – not just stating the mentee has potential and leaving it at that.
- The ability to create change, to see the world from more than one angle, and the strength to admit error.
- The desire to commit to a common goal and make a change.
- Understanding the philosophy of “The Patient Comes First”.
- The mentoring relationship is a privilege and a responsibility.

Another study found in the *Journal of Professional Nursing* (Angelini, 1995) described mentoring experiences of staff nurses working in various hospital settings. Hospital staff nurses and their nurse managers were interviewed and audio taped during the study. This study revealed three main categories of mentoring factors: environment, people, and events.

Each of these factors was then further analyzed by subcategories. Environment as a mentoring influence was defined as: barriers, non-barriers, expectations, and rewards. The people category was subdivided into two groups, primary and secondary mentoring influences. Influential events were further categorized as career incidents, clinical patient situations, and socio-political-cultural circumstances. They also discovered the process model of mentoring.

The study in the *Journal of Professional Nursing* (Angelini, 1995) defined the four phases of a process model of mentoring to be mentoring characteristics, mentoring dimensions,

mentoring strategies, and career development outcomes. Each of the phases in the mentoring model helped to further define the path to the next link. The following themes emerged from the interview data:

- The influence of the hospital environment on staff.
- Staff nurses need for assistance with clinical problem-solving.
- The work nurse managers perform to promote career advancement for staff nurses.
- The need for support and socialization for hospital staff nurses.
- The influence of staff nurse peers.
- Nurse managers need development in their own career guidance skills to effectively develop staff nurses as employees.

This model found in the *Journal of Professional Nursing* (Angelini, 1995) defined mentoring as a process in the career development of hospital staff nurses and especially important in bedside nursing practices. Another example in nursing of purposeful mentoring is that of a preceptor role. The preceptor mentors the new clinician into their role. They assist the mentee to understand the environment, people, and events in their role as preceptor. It is replicated in the purposeful mentoring relationship of the preceptor during orientation into a clinical role in the healthcare setting. The preceptor also has the ability to share findings with others in the program. The preceptor is purposeful in their role. This may further the development of the program and those involved in it. Purposeful mentoring is not a casual thing it requires “you to live and serve on purpose, not by accident” (Elmore, 1998, p.177).

Various roles include: positions from the past, volunteers, coaches, and people connected positions in the community. A table representing this would look like this:

| Informal | Purposeful |
|------------------------|--------------------|
| Hand bell ringer | Music Director |
| Class reunion planners | Teachers |
| Volunteer Coach | Pro-team Coach |
| Disciples | Jesus |
| Hospital Volunteers | Clinical Preceptor |
| Stephen Ministers | Minister |

Sweeney’s definition was tested by comparing the definitions of purposeful and informal mentoring and Sweeney’s definition. The clearest difference was between the outcome and performance based. It is also clear that the reward or recognition in the end would be different in each of these scenarios. Purposeful mentoring also recognizes the intent of the relationship between the mentor and the mentee.

The purpose of the work we each do and the role we play doing it helps to create the foundation of purposeful mentoring. In *Hardwiring Excellence* “Employees want to be aligned with a leader. They want to work beside and for leaders with the right purpose and intent” (Studer, 2003, p. 34). Most of us chose healthcare to obtain purpose, worthwhile work, and make a difference in the lives of others. Purposeful mentors will reinforce these behaviors and effect change more quickly. Gandhi once said, “Be the change you wish to see in the world” (Leider, 1996, p. 193).

Studer (2003) is known for his commitment to excellence of the five pillars: people, service, quality, finance and growth. In summary, his nine principles of service and operational excellence are:

1. Commit to excellence
2. Measure the important things

3. Build a culture around service
4. Create and develop leaders.
5. Focus on employee satisfaction
6. Build individual accountability
7. Align behaviors with goals and values
8. Communicate at all levels
9. Recognize and reward success

The focus of his work for this paper is that of leadership as characterized above. He attributes leadership to sustaining a culture of organizational excellence. Never let great work go unnoticed. Success stems from the right reasons: they want to provide better care for the patients, a better workplace for their employees, and a better place to practice medicine for their physicians.

MENTORING PROGRAM GUIDELINES

Mentoring is a way to invest our time and energy in others. It is a way that we leave our legacy behind through others. Mentoring is taking the time to reflect and taking more risks to grow and learn which includes helping others along the way. Mentoring allows us to be teacher and learner at the same time. It builds confidence and is a means of expanding and changing a career.

Mentoring allows us to be open to new ideas and learn from our mistakes. Margaret Mead stated, “the best possible work has not yet been done” (Pierce, 2001, p. 77). There are many formal and informal programs and situations for mentoring available to us.

Mentoring signifies more than a development of skills. It relies on the human factor of the mentor and mentee and supports the goals of that relationship. Many writers provide guidelines for a mentoring program in an organization:

1. Establish clear goals of the program. “The organization has to determine early on whether it wants the mentor program to fulfill a teaching function, a counseling function, or a promotional function” (Zey, 1991, 210). The formulators of the program must establish clear goals. “Context has a lot to do with both your goals and authority as a mentor” (Elmore, p. 212).
2. Communicate the program’s goals to all participants. The mentor and protégé must both be clearly informed of the goals of the program. “Being clear up front about the purpose of your advice can help focus your scattergun thoughts into laser like advice” (Bell, 1996, p. 59).
3. Determine the organization’s ability to absorb program ‘graduates’. For example, if the formal mentoring program is instituted in order to develop highly trained managers, make sure that your organization can absorb them in that new role. The best mentor is one who has knowledge of the vision and long-range plans of the organization.
4. Enlist the cooperation of the entire organization. The entire organization must be engaged and support the mentoring program. The mentoring program may be developed to aid in succession planning or strengthen the organization in another way. Be clear about the benefits to the organization.
5. Make the selection process as autonomous as possible. The selection process must fit the needs of both the mentor and mentee/protégé. The pair may be self-matched based on needs that the mentee wants to develop. These may be personal and/or professional.
6. Be assured of the commitment of the mentors. Mentors must keep time commitments and assist with developmental activities. “But remember: to get to the

fruit, you've got to go out on a limb" (Elmore, 1998, p. 108). There are risks in mentoring that we must take in order to be successful.

7. Give free rein to the mutual benefits accruing to both parties. Mentoring provides for increased productivity, improved recruitment efforts, and overall increase in the success of the organization and at the individual level.

8. Permit withdrawal from the program. Withdrawal from the program may be the best option if the relationship for either of the parties is not on target. However, this process should not be taken lightly. This may be an opportunity for conflict resolution and growth for both parties involved (mentor and protégé).

9. Evaluate the program continually. Programs may be evaluated on many factors including but not limited to: cost-effectiveness, value to the organization, motivation, increased skills and attrition. If one particular factor is valued more highly it could be set up to be weighted more heavily in the analysis. On-going evaluation of the program is essential for continuous program improvement.

10. Give the program a long-term test period. "Don't forget that the journey of a thousand miles begins with a single step" (Elmore, 1998, p.186). Long term evaluation of the participant's development patterns and their effects are an important step in the mentoring program process.

11. Anticipate extraneous effects of organization's perception of participants (Zey,1991, p.209). It is important for a mentoring relationship to be tailored to operate within the structures of the organization. The perception by others of the participants may play a key factor in the success of the program. The mentor and protégé/mentee must be aware of the likelihood of this occurring to them and also the organization.

From the definitions and literature we see that mentoring is the part of leadership that allows us to learn and develop personally from the relationship while also supporting others to grow and develop. “Ethics in leadership means mentoring” (Koestenbaum, 1991, p.160). Mentoring is a way of accepting the challenge to influence others. Mentors perform a valuable service by giving feedback about another’s abilities, performance, career options, and how others may perceive you. “An old Chassidic saying assures us that in teaching the teacher learns five times as much as the student” (Koestenbaum, 1991, p. 333).

Many organizations have both purposeful and informal mentoring processes taking place at the same time. It must be remembered that with people there is always that “unknown” which may not be revealed until you are in the situation and learn how someone will react or respond.

NEW MODEL

In seeking purposeful mentoring in healthcare, the author decided to create her own model, which we shall call “A model of purposeful mentoring in healthcare.” The model is a framework for a purposeful mentoring relationship in healthcare. The roots of this model are founded in the patient and the experiences of the healthcare worker. Why do we choose to work in healthcare? It is the answer to “what on earth am I here for?” It is “patient centered care”. Most would agree it is because we want to make a difference in the health and lives of others.

This model includes customer service and caring and experiencing rewarding outcomes, while doing the work planned with passion. Patient-centered care is an expectation for people working in the healthcare profession. All decisions and all the work are based on what will be most beneficial to the patient with a positive outcome for the employee as well. The model reinforces “patient centered care”. The mentor would have the

same passion for the mentoring relationship as they do patient service. It is not just a new name for a familiar idea. The model includes: 1) access to mentors, 2) participation, 3) learned visions, 4) communication and 5) recognition. The patient is at the core of the model as the customer or the one to be served in this relationship.

Access to Mentors

Access to mentors includes the ability to choose a mentor that will model the purposeful mentor best fitted for the mentee. Mentors are those rare individuals in life who see our potential. Access to mentors includes “one person at a time”. Mentoring has long been a part of the business world but has only recently become a more purposeful part of family medicine training. Case studies on mentoring reveal that the mentorship experience is one that develops out of a fortuitous relationship that helps the learners, both student and mentor, define support and attain their professional aspiration. To facilitate faculty in their career development, the authors implemented and evaluated an innovative collaborative, or peer-group, mentoring program at their medical school. Based on Rogerian and adult learning principles, the program incorporated development of skills in key areas for career development, a structured values-based approach to career planning, and instruction in scholarly writing.

A 21-item questionnaire was sent to all physical medicine and rehabilitation (PM&R) residents in training in United States residency programs in May of 1993 by the Department of Physical Medicine and Rehabilitation, Veterans Affairs Palo Alto Health Care System, California. Overall resident satisfaction with mentorship was significantly higher ($P < 0.0001$) in mentorships formed by free choice compared with those that were correlated ($P < 0.0001$) with frequency of communication between mentor and protégé, while gender and ethnicity had no effect.

The mentor and mentee would often be connected by their passion to put the patient first. One may observe the other during an inspiring circumstance with a patient or an instance that they felt they could have more positively impacted the outcome.

Participation

Participation is especially important in the healthcare worker mentoring relationship. Participation must include a clear understanding of the mentoring relationship and those elements in the relationship that make it work. Participation is a key ingredient in all mentoring relationships. The mentor and mentee must be engaged in the process for it to flourish and be meaningful. It means coming to work; ready to work, ready to have fun, ready to smile and ready to help and support others when they need it.

Participation requires action, have fun with it and choose to support the goals of the relationship. For example, in an organization rounding with staff and leaders will promote participation. Rounding may include asking what is going well and what is not today. It may include asking how they may assist the mentee or employee with their daily work or career goals. It may include providing them with additional tools or resources the employee needs to do their work. When full participation in this model is achieved, it will lead to a more constant joyful state and greater satisfaction of the mentor and mentee.

At work, participation may include being part of interviewing teams, rounding on peers to see if you can be of assistance to them in any way while learning from others. It includes participating in educational opportunities to learn more about a particular service or a tool to assist you in providing the service.

Learned Visions

The new model also includes learned visions. These goals include the specific goal of the mentoring relationship and of keeping the patient first. The goal of “patient centered

care” is the star in the lives of the healthcare worker. In the scenario of the healthcare worker mentoring relationship it would include that all learned visions would center on the patient and be reflected in the purposeful mentoring relationship. If for example the learned vision better serves the worker than the patient, then that would not be a good learned vision in support of the mentoring relationship. The vision is discussed in the interview process and during new employee orientation. It is continuously reinforced with all employees at forums and group meetings.

The learned vision is required to be clear with the goals of the relationship and how that may impact you in your work setting. It is clearly aligned with the goals of the patient and of your organization. Those visions may include understanding the goals and visions of your unit and of a larger strategic group that you work or function within. The clearer the vision, the less time may be lost in defining it.

The mentoring relationship helps to avoid waste and inefficiencies. In healthcare, mentoring is customized by purposeful mentoring to meet the challenges of creating an effective leadership base for the future. The need for a new purposeful mentoring model is a key strategic planning step for workforce planning in healthcare. It must include value-added experiences for both the mentor and the mentee. The learned vision requires clear communication techniques.

Communication

The model also includes key initiatives for communication, i.e. communication boards, emails, newsletters and lunch and learn sessions. Communication in person one-to-one is usually effective and well received. It allows both parties the immediate opportunity for questions and answers. Communication must never be forgotten and constantly improved upon. In this age of email and many other means of electronic media we might

forget about the human factor in the mix. Training to use the new electronic means of communication is very important if that is one of the core expectations in the organization or relationship. Research has demonstrated that frequency of communication and the importance of the human element (not electronic) was a key factor for satisfaction.

Meaningful meetings are still important to obtain group consensus. Creating a communication book may assist those that are otherwise inhibited by other media and or other people when confronted with issues face to face. Other means of communication are shift huddles and group paging of information.

Communication also includes being meaningfully visible in the relationship. Keep the goals and visions of the relationship in the forefront of mentoring conversations. Communication may also be reinforced through reward and recognition.

Recognition and Reward

Recognition and reward are also important in the mentoring relationship. It is important to recognize others for the good work and or great ideas they have. It is important to recognize the mentee for their abilities. It is important also to use those ideas throughout the work.

Types of recognition include personal thank you notes and opportunities to recognize others for their good work in front of their peers. An example would be the nurse who provides a family with a lunch coupon after identifying the family's inability to pay for lunch or the registrar who spends time with other staff to train them on a new skill needed to do their job. Reward and recognition adds closure to the process of being a good role model and mentor.

The model may include bringing the patient into the model. The patient is at the heart of the mentoring relationship that supports the employee. The employee expects

independence and respect and accepts oversight in their position. This model may be adapted for other situations: like insurance, sales and real estate. Situations where the customer (like the patient) is the center of the work they do. Serving the customer is the ultimate goal and purposeful mentoring is the way to obtain that learned vision.

In summary, the new model includes:

| | |
|-------------------|---|
| Access to Mentors | Mentee and mentor that provide the best fit for the required relationship goal and need. |
| Participation | Ready to participate in the relationship, ready to work, ready to have fun, ready to smile, and ready to help and support others. |
| Learned Visions | Visions or goals of the mentee and of the goals of the mentoring relationship that foster 'patient centered care'. |
| Communication | Includes communication boards, books, electronic communication media (email), face to face communication and group meetings. |
| Recognition | Thank you notes and recognition in front of others for the good work accomplished. |

The model has the patient/customer being served as the core of the model. The model supports a passion for "patient-centered care". The model includes: access to mentors, participation, learned visions, communication and recognition. The mentoring relationship benefits both the mentor and mentee in the present and would ultimately benefit the patient/customer receiving better care and services.

CONCLUSIONS

This paper examined and compared purposeful mentoring with other various mentoring relationships. Mentoring is not new to literature or leadership definitions. Greek mythology and the Bible both referenced mentoring as the key to helping others learn and enabling them to carry on the work of the leader. The mentoring model is a valuable process

in one's personal life and professional performance if implemented appropriately according to the plan. Mentoring is part of leadership development.

Bell, Elmore and Zey all provided guidelines for the mentoring process. Bell and Elmore both described mentoring with acronyms. Bell used "SAGE" surrendering, accepting, gifting and extending. Elmore described mentoring as "IDEA" instruction, demonstration, experience and accountability. Both descriptions demonstrated balance and a relationship to the servant leadership theory. Zey developed guidelines to further enhance a formalized program. The most formalized plan in my model is purposeful mentoring.

Formal and informal mentoring are structured and less structured mentoring relationships. Informal mentoring is a simpler more natural process as displayed in a mentoring relationship within a volunteer hand bell group. The individuals maybe naturally matched in an informal relationship. In a formal process the organization selects and matches the mentors and mentees that will best work together to achieve their goals.

Mentoring guidelines may be formal or informal and provide both parties with opportunities. Sweeney contrasted outcomes based challenges with performance rewarded expectations. Differences were noted with training processes or no process. Employee participation was encouraged and questions encouraged in the formal process and not encouraged in the informal process. Employee productivity is the focus of informal and in the formal process time is set aside for learning and encouraged.

In this paper the definition of purposeful mentoring includes a set plan and goal. To be purposeful nature cannot be allowed to take its course. It is important to become involved in the process and assist in setting the course to follow with the mentee. One person is always in the lead doing the encouraging. The ability to encourage and support

others is a strong characteristic of a purposeful mentor. Show the mentee the way and encourage them to reach the goal.

Purposeful mentoring is a mutual plan between the mentee and mentor to reach a specific goal. When working with adults in the work setting this is often the best method. This provides both parties the necessary tools to carry out the process. It allows them both to agree upon expectations and goals. It provides the mentee with a plan, goal and a support person with which to work.

Many organizations encourage and support mentoring relationships. They have discovered the reciprocating value of a mentorship program. Teachers, pro-team coaches, music directors and religious professions all demonstrate the characteristics of purposeful mentors. All of these roles are committed to the understanding leaders have about service and operational excellence. The uniqueness of the process is the “x factor” of the individuals in the relationship. Physicians and clinical nursing professions rely on purposeful mentoring in their training processes. The role of the preceptor is one of a purposeful mentor. The purpose of the work we each do and the role we play doing it helps to create the foundation of purposeful mentoring.

The proposed model draws from numerous models with emphasis on the relationship between the patient and the healthcare worker with adaptability for other services lines. A key concept of the model is a joyful attitude while doing the work supported in the mentoring relationship. The model includes: access to mentors, participation, learned visions, communication and recognition.

This model relies on relationships forming and growing. They are not pre-assigned or pre-determined as in some formal mentoring relationships, but they do have structure and goals. Full participation by both parties is necessary, encouraged and supported. This model

supports “patient centered care” and could be adapted by other service organization mentoring relationships.

Mentoring is different in different situations. The mentoring goal is a shared goal: set together and celebrated together when accomplished. It is a way to leave a legacy as a mentor. Others are benefited by your lifelong learning and experiences. It is a purposeful and rewarding experience for both mentor and mentee. Being a mentor is being part of the solution for developing future leaders. “What you are in life results in great part from the influence exerted on you over the years by just a few people” Eleanor Roosevelt.

REFERENCES

- Angelini, D. J. (1995, March-April). Mentoring in the career development of hospital staff nurses: Models and strategies. *Journal of Professional Nursing, 11* (2), 89-97.
- Aurelius, M. (1997). *Meditations*. Mineola, NY: Dover.
- Axelrod, A. (2000). *Elizabeth I CEO*. New York: Prentice Hall.
- Barna, G. (1997). *Leaders on leadership*. Ventura, CA: Regal Books.
- Bell, C. R. (1996). *Managers as mentors, building partnerships for learning*. San Francisco, CA: Berrett-Koehler.
- Boreen, J., Johnson, M.K., Niday, D. & Potts, J. (2000). *Mentoring beginning teachers*. Portland, ME: Stenhouse.
- Brem, M. L. (2001). *The 7 greatest truths about successful women*. New York: G. P. Putnam's Sons.
- Briner, B. (1996). *The management methods of Jesus*. Nashville, TN: Thomas Nelson.
- Clemens, J. K., Mayer, D. F. (1999). *The classic touch*. Chicago, IL: Contemporary Books.
- Collison, J. (2001). *No-how coaching*. Herndon, VA Capital Books.
- Cooper, R. K., Sawaf, Ayman (1997). *Executive EQ*. New York: Grosset/Putnam.
- Covey, S. R. (1990). *Principle-centered leadership*. New York: Simon & Schuster.
- Covey, S. R. (1989). *The 7 habits of highly effective people*. New York: Simon & Schuster.
- Daloz, L. A. (1986). *Effective teaching and mentoring*. San Francisco, CA: Jossey-Bass.
- Daloz, L. A. (1999). *Mentor*. San Francisco, CA: Jossey-Bass.

- Davidson, J. (1998). *The complete idiot's guide to reaching your goals*. New York: Alpha Books.
- Dayton, E. R. (1992). *Succeeding in business without losing your faith*. Grand Rapids, MI: Baker Book House.
- Dollase, R. H. (1994). *Doctor's stories on teaching and mentoring*. Bloomington, IN: Phi Delta Kappa Educational Foundation.
- Draves, W. A. (1984). *How to teach adults*. Manhattan, KS: The Learning Resources Network.
- Elmore, R. (1998). *Mentoring, how to invest your life in others*. Athens, GA: EQUIP and Emerging Young Leaders.
- Gerber, R. (2002). *Leadership the Eleanor Roosevelt way*. New York: Prentice Hall.
- Greenleaf, R. (1977). *Servant leadership: A journey into the nature of legitimate power and greatness*. New York: Paulist.
- Hower, S. D. (1996). *Sharpening the sword*. St. Louis, MO: Concordia.
- Hughes, J. W. (1995). *If you listen really hard, God will tell you stories*. Winona, MN: Saint Mary's.
- Hunt, J. G. (1973). *Leaders and managers*. New York: Pergamon.
- Kalas, J. E. (1994). *If experience is such a good teacher why do I keep repeating the course?*. Nashville, TN: Dimensions For Living.
- Kaye, B. & Jordan-Evans, S. (1999). *Love 'em or lose 'em*. San Francisco, CA: Berrett-Koehler.
- Kelly, K. J. (1992). *Nursing staff development*. Philadelphia, PA: J. B. Lippincott.
- Klenke, K. (1996). *Women leadership*. New York: Springer.

- Kline, P. & Saunders, B. (1993). *Ten steps to a learning organization*. Arlington, VA: Great Ocean.
- Koestenbaum, P. (1991). *Leadership the inner side of greatness*. San Francisco, CA: Jossey-Bass.
- Kouzes, J. M. & Posner, B. Z. (1987). *The leadership challenge*. San Francisco, CA: Jossey-Bass.
- Levinson, D. J. (1978). *The seasons of a man's life*. New York: Ballantine.
- Leider, R. (1996). *The ultimate leadership task*. Hesselbein, F., Goldsmith, M. & Beckhard, R. (Eds.) *The leader of the future*. San Francisco, CA: Jossey-Bass.
- Martens, R. (1990). *Successful coaching*. Champaign, IL: Leisure.
- Maxwell, J. C. (1993). *The winning attitude*. Nashville, TN: Thomas Nelson.
- Microsoft® Encarta® Online Encyclopedia. (2004). *Nelson Mandela*. Retrieved on [insert date], from http://encarta.msn.com/encyclopedia_761556825/Mandela_Nelson_Rolihlahla.html.
- Moore, L. F. (1985). *Motivating volunteers*. Vancouver, Canada: Vancouver Volunteer Centre.
- Murray, M. (1991). *Beyond the myths and magic of mentoring. How to facilitate an effective mentoring program*. San Francisco, CA: Jossey-Bass.
- O'Toole, J. (1995). *Leading change: The argument for values-based leadership*. New York: Ballantine.
- Pell, A. R. (1999). *The complete idiot's guide to managing people*. New York: Alpha.
- People Magazine (April 12, 2004). Picture montage "The time of my life."

- Peters, T. & Austin, N. (1985). *A passion for excellence*. New York: Warner.
- Peterson, D. P. & Hicks, M. D. (1996). *Leader as coach*. Minneapolis, MN: Personnel Decisions International.
- Pierce, G. F. A. (2001). *Spirituality@work 10 ways to balance your life on-the-job*. Chicago, IL: Loyola.
- Portner, H. (1998). *Mentoring new teachers*. Thousand Oaks, CA: Corwin.
- Renesch, J. (1994). *Leadership in a new era*. Visionary approaches to the biggest crisis of our time. San Francisco, CA: New Leaders.
- Roberts, W. (1985). *Leadership secrets of Attila the Hun*. Salt Lake City, UT: Publishers Press.
- Robinson-Walker, C. (1999). *Women and leadership in health care: The journey to authenticity and power*. San Francisco, CA: Jossey-Bass.
- Simons, G. V. C. & Harris, P. (1993). *Transcultural leadership: Empowering the diverse workforce*. Houston, TX: Gulf Publishing.
- Smith, D. M. (2000). *Women at work, leadership for the next century*. Upper Saddle River, NJ: Prentice Hall.
- Spears, L. C. (1995). *Reflections on leadership*. New York: John Wiley & Sons.
- Studer, Q. (2003). *Hardwiring excellence*. Gulf Breeze, FL: Fire Starter.
- Vance, C. & Olson, R. (1998). *The mentor connection in nursing*. New York: Springer Publishing.
- Wilson, M. (1976). *The effective management of volunteer programs*. Boulder, CO: Volunteer Management Associates.
- Wolfe, J. (1991). *Making things happen*. Sacramento, CA: Island Press

Wren, J. T. (1995). *Leader's companion*. New York: The Free Press.

Zey, M. G. (1991). *The mentor connection, strategic alliances in corporate life*. New Brunswick, NJ: Transaction.

