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Mentoring and Modeling for the Millennium

Susan Stone, MSN, RN



This article is written to stimulate thought, discussion, and creative endeavors by faculty and student advisors throughout the nation. The information shared helps to explain the value of mentorship and the difference between role modeling and mentoring. In order to encourage our student nurses to become leaders in the health-care field, it is imperative that

effective strategies be developed while those beginning nurses are excited about their future role in their chosen profession. The upcoming convention of the National Student Nurses Association (NSNA) in Salt Lake City will allow those faculty attending to dialogue and begin to address the challenges we must face to enhance the profession of nursing into the 21st century. Please come and share the excitement of mentoring while becoming pioneers in the creation of new and innovative methods to meet those challenges that nurses will face in the new millennium.

What will happen to nurses in the 21st century? Many of my colleagues are retiring or leaving the nursing profession. Who will lead nurses and continue the profession?

After a quarter of a century as a nurse educator, I can truly say I worry about the future of nursing. A recent article, from the *American Journal of Nursing* (September 1999) by Willa Fuller BSN, RN C, entitled: "With a little help from our friends," inspires me to share my concerns and insights. Ms. Fuller feels mentorship in professional associations is a valuable and effective intervention to reach and interact with peers and novice nurses. This technique of encouragement and role modeling is even more effective when utilized in nursing education. The key to recruitment and retention of future nursing leaders begins when the student is enrolled in a nursing program. This is when the student starts to pursue career goals and is most enthralled with the potential and excitement of the nursing profession. It is at this beginning when a nursing student is most receptive to active participation and has become energized. An early intervention often times proves to instill lifelong ideals of commitment, involvement and dedication to nursing. The NSNA has clearly iden-

tified the need to impact and inspire the student during and combined with their dynamic educational process. The Leadership U, adapted and implemented by NSNA, (see *Deans' Notes*, September 1999) will assist the student to become a nursing leader. The program also facilitates the development of effective support systems between student and teaching institution to prepare successful nursing leaders of the future.

The current nursing graduate can experience a lack of cohesiveness with nursing colleagues. The loss of cohesiveness can be due to the cost-based health care environment since this environment is less likely to foster motivation, job commitment, and professional support systems. As a result, our future nurses may not internalize the motivation and dedication necessary to preserve the nursing profession. Connectiveness is also fostered by shared experiences. The current emphasis on cultural diversity and age disparity found within the health care environment can splinter rather than pull workers together. Many of those working in health care come from a variety of backgrounds and have difficulty learning to communicate with one another. It is imperative to assess and implement creative methods within the professional arena to prevent further deterioration of our nursing heritage. It is time to become mentors and guide our future colleagues into the 21st century.

It is important to define the term mentor in order to further describe and explain this important role. Schmidt and Wolfe (1980) clearly state that the mentor is "a colleague and supervisor who actively provides guidance, support, and opportunities for the protégé. The mentor acts as a role model, consultant/advisor, and a sponsor." By this definition, many of the nurses who interact with and impact the novice nurse may not share the enthusiasm or desire to mentor. Many students initially encounter the educator as a mentor and/or role model. Oftentimes, the faculty member is limited in their role by time constraints, work responsibilities, and poorly constructed mentoring protocols. Faculty members often need to become proactive in the development of a mentoring program to address the needs of the fledgling novice nurse. Only those faculty truly committed to the mentoring role should be educated and encouraged to assume this nurturing, interactive, collaborative, and rewarding experience.

Unfortunately, mentors are not always prepared or willing to assume the role they are expected to perform. A mentor should volunteer and not be coerced into this rewarding and important position. Each mentorship needs to be a dynamic and cooperative relationship designed to convey knowledge and advance the protégés professional and personal growth (Fox and Shepard, 1998). Mentoring and role modeling are quite different. While mentoring involves an interactive and personal experience, role modeling does not

necessarily involve an interactive process (DiVito, 1998). Many experiences of role modeling include negative relationships. For many years, hospital nurses have been less than nurturing toward the novice nurse. Many role models never desire this experience and, therefore, provide unprofessional and/or unethical examples to the protégé. A recent survey appearing in a current *Nursing '99* (November) magazine explains why many staff nurses reject the role model philosophy. The intense nature of hospital environments, the poor staff-ratio aspect, job insecurity, and limited orientation time all contribute to the frustration for the new graduate nurse. This disillusionment leads to decreased involvement of the new nurse in her professional activities. It is imperative that the student develop a relationship with a mentor, who in turn, becomes a willing role model, confidant, coach and eventually a professional colleague. The mentor-protégé relationship must satisfy both parties involved and result in professional growth, cohesive ties, and lifelong collegial relationships. Only then will our nursing profession remain forever bound by a strong thread with ability to create a continued web of support throughout the coming millennium.

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Director of Development Appointed by NSNA

The Foundation of the National Student Nurses Association (FNSNA) has announced the appointment of Mark J. Robbins as Director of Development. His major responsibility is to develop a Capital Campaign for an endowed scholarship fund for undergraduate nursing education. As Director of Development he will also oversee the granting of annual scholarships in FNSNA's current scholarship program through the screening and selection committees, plan and implement awards activities, serve as liaison to sponsors, seek new sponsors, and build donor relationships.

Mr. Robbins has an extensive background in fundraising and developing Capital Campaigns for various not-for-profit organizations. He has researched and identified advance and major gift prospects (including individuals, foundations, and corporations) for various campaigns. His experience also includes planning and coordinating special fund-raising events.

A member of the National Society of Fundraising Executives, Mr. Robbins received a degree in Business Administration from Dowling College, Oakdale, NY.

The Helene Fuld Health Trust, HSBC, Trustee, has provided funding for the planning and implementation of the Capital Campaign. The Helene Fuld Health Trust is the nation's largest private foundation devoted exclusively to supporting student nurses and nursing education. HSBC is one of the world's largest banking and financial services organizations.

FNSNA provides scholarships to deserving students pursuing an education leading to licensure as a registered nurse. Contributions are tax deductible to the full extent allowable by law. For information, or to make a contribution or pledge contact FNSNA, 555 West 57th Street, Suite 1327, New York, NY, 10019, 212-581-2211, fax 212-581-2368, or visit our Web site, <http://www.nсна.org>.

Delegates to Vote on Code of Academic Clinical Conduct

Delegates seated in the 2000 NSNA House of Delegates will vote on adoption of the Code of Academic and Clinical Professional Conduct when they meet in Salt Lake City, Utah, April 12-16. The Code of Academic and Clinical Professional Conduct, printed in this issue, are the final two parts of a three part Code of Ethics that the NSNA Board of Directors has developed.

A draft of the Code of Academic and Clinical Professional Conduct was mailed to all nursing schools and student leaders for review and comment last September. It was also posted on the NSNA Web site (www.nсна.org). A forum was held at the MidYear conference at Charlotte, North Carolina and many thoughtful comments with positive feedback was received from student leaders in attendance. The Board considered all of the comments and is now ready to bring the document before the 2000 House of Delegates. In this final step of the Code's development, the delegates will have an opportunity to debate the Code and make amendments prior to adopting it.

The Code of Academic and Clinical Professional Conduct provides a high standard of behavior, guided by

ideals and values, that is expected of NSNA members. The document discusses legal and ethical principles in the academic and clinical settings, the importance of being a patient advocate, upholding school and hospital policies and much more. The completed Code of Ethics, (Code of Professional Conduct and the Code of Academic and Clinical Professional Contact) taken in concert with the NSNA Student Bill of Rights and Responsibilities for Students of Nursing, provides comprehensive guidelines that set the tone for professional development.

Once adopted by the House of Delegates, the document will be published in *Imprint*, *Getting the Pieces to Fit*, and posted on the NSNA Web site. NSNA state and school chapters are urged to present the approved Code to members for adoption, share it with the dean or director of the nursing program, and to widely distribute it to students and faculty.

NSNA encourages all school and state chapters that are eligible to send delegates to the 2000 House of Delegates to have their full delegations present to debate and vote on this important document. For more information about the Code of Academic and Clinical Professional Conduct and the House of Delegates, contact: Judith Tyler, Director of Program, 212-581-2211 ext. 215 or email (judith@nsna.org).

Code of Academic and Clinical Professional Conduct for approval at the 2000 NSNA House of Delegates

As a member of the National Student Nurses' Association, I pledge myself to:

1. Actively promote and encourage the highest level of legal and ethical principles in academic and clinical situations.
2. Strive for excellence by maintaining and promoting integrity, truthfulness and honor in all aspects of academic and clinical responsibilities.
3. Pursue and promote life-long learning and constantly strive to improve the quality of nursing care.
4. Treat others with respect in all areas of the clinical and academic setting.
5. Facilitate an environment in the classroom and clinical setting that promotes learning and allows faculty to educate nursing students.
6. Cooperate in every reasonable manner with the academic and clinical faculty and clinical staff to ensure the highest quality of patient/client care and use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
7. Encourage faculty, clinical staff, and peers to mentor nursing students and to strive to satisfy the academic and clinical needs of nursing students.
8. Advocate for the rights of all patient/clients.
9. Provide care to the patient/client in a reasonable compassionate, considerate, knowledgeable, and professional manner.
10. Refrain from performing any technique or procedure, including medication administration, for which the nursing student is unprepared by education or experience and/or without faculty or preceptor approval.

11. Accept the moral, ethical and legal responsibility for my actions.
12. Accurately identify and represent myself as a nursing student in all academic and clinical settings.
13. Refrain from any action or omission of care on campus or in the clinical setting that creates unnecessary risk of injury to self or others.
14. Maintain patient/client confidentiality in all written, verbal and non-verbal communication.
15. Serve all patients/clients impartially and accept no personal compensation from those entrusted to my care as a nursing student.
16. Always communicate academic and clinical information in a truthful, timely and accurate manner.
17. Refuse to engage in unauthorized research.
18. Ensure that there is full disclosure and that proper authorizations are obtained from patients/clients involved in all areas of research including, but not limited to, clinical trials and investigative studies.
19. Ensure that informed legal consent of the patient/client has been obtained to perform clinical procedures.
20. Abstain from the use of alcoholic beverages, illicit substances and/or any substance which may impair judgment in the academic and clinical setting.
21. Support access to rehabilitation for students who are experiencing impairments related to substance abuse and/or mental health issues.
22. Refrain from the possession of unauthorized firearms, explosives, dangerous chemicals, or other weapons on campus or in the clinical practice setting and immediately report any violations to the appropriate authorities.
23. Cooperate with authorities in the identification of those in violation of the Code of Academic and Clinical Professional Conduct.
24. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.



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Career Fitness Center Volunteers Needed

One feature of the NSNA convention is the Career Fitness Center sponsored by Nursing Spectrum. This is where students may seek guidance about career components such as educational options (BSN completion and graduate study), preparing for various specialty practice areas, and seeking a first job. The need for this special activity is continually underscored at both the NSNA Convention and MidYear Conference as increasing numbers of students come to the center for guidance. We are calling on all State Consultants, Faculty Advisors, and other faculty who are planning to attend the 2000 NSNA convention in Salt Lake City Utah in April and are willing to volunteer an hour or more of time to assist in the Career Fitness Center. It will be located in the Exhibit Hall on Thursday, April 13 and Friday, April 14 during the exhibit hours. A Career Fitness Coordinator will provide an orientation and on-going assistance, as needed. Varied resources from the American Association of Colleges of Nursing and the National League for Nursing will be available to assist counselors. These include listings of graduate,

BSN completion, and nurse practitioner programs, a listing of specialty organizations, and selected articles.

Nursing Spectrum will demonstrate their Web Site and show the students how to search the internet for jobs and other career resources.

If you or your faculty are able to assist with a minimum of one hour or a maximum of whatever amount of time is individually determined, or if additional information is needed please contact Tom Edwards at NSNA headquarters 212-581-2211 x202.

We are grateful for the participation of faculty, consultants, and advisors in this important service.

