

ORIGINAL RESEARCH

The accidental mentor: Australian rural nurses developing supportive relationships in the workplace

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ABSTRACT

Introduction: Like the fictional 'Accidental Tourist', an author who does not plan to write about travel, the accidental mentor is an experienced rural nurse who does not plan to be a mentor, and yet assumes that role with new or novice rural nurses as a result of them encountering a critical incident. Accidental mentoring is a short-term relationship that provides support for the new or novice nurse in managing the incident, while maintaining their level of confidence. This article describes the findings from a constructivist grounded theory study that examined Australian rural nurses' experiences of mentoring, including evidence for a new concept of mentoring – accidental mentoring.

Methods: Constructivist grounded theory is a research methodology that focuses on issues of importance for participants around an area of common interest – in this case Australian rural nurse mentoring. In this study, seven participants were interviewed, generating nine transcripts. These were analysed using a process of concurrent data generation and analysis. In addition, the literature regarding rural nurse workforce and mentoring was incorporated as a source of data, using collective frame analysis.



Results: Rural nurses live their work, which predisposes them to developing supportive relationships with new or novice rural nurses. Supportive relationships range from preceptoring, to accidental mentoring, mentoring and deep friendship, depending on the level of trust and engagement that is established between the partners and the amount of time they spend together. Accidental mentoring is a short-term relationship that is prompted by experienced rural nurses observing a new or novice rural nurse experiencing a critical incident.

Conclusions: Findings are presented that illustrate a new concept of accidental mentoring not present in the current literature around nurse mentoring. A series of recommendations are included that suggest strategies for improved rural nurse retention as an outcome of recognising and developing such supportive relationships in the workplace. Strategies include: performance review and development processes that account for all forms of supportive relationships conducted in the workplace; recognising the importance of developing supportive relationships and allocating time for these; and continuing professional development designed to meet local needs for developing a culture of support in the workplace.

Keywords: Australia, clinical supervision, mentoring, nurse, preceptoring, recruitment, retention, rural nurse, workforce.

Introduction

*And Mentor said to Telemachus
'Few sons are the equals of their fathers;
Most fall short, all too few surpass them.
But you, brave and adept from this day on –
Odysseus' cunning has hardly given out in you –
There's every hope that you will reach your
goal'.^{1, p.102}*

Mentor's words of wisdom and encouragement spurred Telemachus to undertake a great journey – an odyssey – to find his father. Modern day mentoring is inspired by this fable as a way of supporting mentees like Telemachus, to sustain their personal and professional journeys.

Mentoring emerged as a support strategy for career advancement in nursing in the 1970s. Since that time the concept of mentoring has evolved in the literature as either a formal or informal process². The problem of workforce shortages of Australian rural nurses prompted the introduction of mentoring into discourses produced by the need to find a solution to poor recruitment and retention rates³. Mentoring in nursing can be defined as:

...a teaching-learning process acquired through personal experience within a one-to-one, reciprocal, career development relationship between two individuals diverse in age, personality, life cycle, professional status, and/or credentials. The nurse dyad relies on the relationship in large measure for a period of several years for professional outcomes, such as research and scholarship; an expanded knowledge and practice base; affirmative action; and/or career progression. Mentoring nurses tend to repeat the process with other nurses for the socialization of [clinicians] scholars and scientists into the professional community and for the proliferation of a body of nursing knowledge^{4,p.315}.

So who, then, are accidental mentors? Rather like the main character of Anne Tyler's *The Accidental Tourist*⁵ – an author who did not plan to write about travel but does so by default – accidental mentors are experienced rural nurses who did not plan to mentor a new or novice rural nurse but do so by 'accident' or default.

Accidental mentoring describes supportive relationships where the experienced and new or novice rural nurse have



been brought together by a challenge or crisis, as opposed to feeling a sense of identification born out of sharing similar values and interests. They operate under the condition of unplanned face-to-face contact, where the experienced rural nurse spends a short amount of time with the new or novice rural nurse.

The term 'new rural nurse' is used in this argument to describe nurses who may be experienced in other areas of practice but who are new to rural nursing. The term 'novice rural nurse' refers to nurses who have recently graduated from university and are working in a rural environment.

In this article the overall grounded theory of cultivating and growing rural nurses, of which accidental mentoring is a property, will be explained in order to provide a context for the findings presented. Accidental mentoring will then be described using supporting evidence from the study. Finally, this conceptualisation will be discussed in relation to contemporary literature about the nursing workforce, before concluding with a series of recommendations for clinical practice and policy development.

Methods

Constructivist grounded theory is an evolved form of traditional grounded theory that seeks to find out about issues of importance in participants' lives and to explain them through abstract theory. Situated in a constructivist paradigm of inquiry, it is relativist in orientation, understanding that individuals' lives are made up of multiple truths and perspectives and that there is no one truth or reality that can be uncovered for all. Together the researcher and participants create co-constructions about the research area, which the researcher later reconstructs into an abstract theory that remains grounded in the data generated⁶⁻⁸.

In this study interview data was generated by seven participants, two of whom shared their stories twice. Situational analysis was used in the form of situational and social mapping⁹, an outcome of which was to bring into play

the literature about the social world of Australian rural nurses as a secondary source of data. This additional analysis located participants' co-constructions within a wider context.

Ethics approval was granted by the Australian Monash University Standing Committee on Ethics in Research Involving Humans (2004/630). The research study that resulted in this journal article conformed to the provisions of the Declaration of Helsinki in 1995 (as revised in Edinburgh 2000). Written informed consent was obtained from all participants who were free to withdraw from the study at any time. Pseudonyms have been used when reporting the findings, the initials 'TM' in brackets after the participants' words stand for tape marker, and so provide an audit trail through the transcripts.

Results

Cultivating and growing rural nurses: a grounded theory

Cultivating and growing rural nurses is the core category of this grounded theory and has three sub-categories, *live my work*, *getting to know a stranger* and *walking with another*. Predicated by the context of rural nursing, which is conceptualised as live my work, cultivating and growing rural nurses has a two-part process that consists of getting to know a stranger and walking with another.

In the first instance, rural nurses live their work, framing multiple perspectives of self-nurse, community member, and healthcare consumer – through three different lenses, cultural, political and clinical¹⁰. It is the knowledge they construct from framing their worlds in this way that they seek to pass on to new or novice rural nurses.

Initially, experienced rural nurses get to know a stranger as they begin to establish a relationship with a new or novice rural nurse. Motivated by wanting to look after each other in the workplace, they identify potential mentees through either listening for trouble and identifying a critical incident that



has occurred for a new or novice nurse, or through recognising potential¹.

During this early stage of building trust and engagement, cultivating and growing is usually named either preceptoring or *accidental mentoring*. If a sufficient bond is established at this point, the relationship may take the next step to mentoring, once foundational boundaries have been established that suit the experienced rural nurse. Critical to this is the importance of a name to ensure a common understanding of the role of the mentor and mentee, as well as reasonable expectations of each other.

Walking with another is the second part of the process of cultivating and growing rural nurses. Experienced rural nurses see their role in walking with another as keeping things in perspective for the new or novice rural nurse that they are mentoring¹². They do this through creating a safe environment that promotes a sense of unconditionality about the issues that the mentee is able to talk through with them. As well, they act as a role model and a critical friend – depending on the condition that the relationship is operating under. Experienced rural nurses who choose to cultivate and grow new or novice rural nurses do so in the knowledge that their relationships provide an outcome, not an end, forming an integral part of their practice as they live their work.

Properties

For Australian rural nurses, accidental mentoring is one of a series of properties belonging to the core category: cultivating and growing new or novice rural nurses. Together these properties are: (a) preceptoring; (b) accidental mentoring; (c) mentoring; and (d) deep friendship. Each property names a relationship that can exist between an experienced rural nurse and a new or novice rural nurse under a variety of conditions: either planned face-to-face, unplanned face-to-face, or planned distant.

Supportive relationships in rural nursing are often described as preceptoring. This is when the tasks of the rural nurse are those of supervising new staff and orientating them to their

work environment¹³. These relationships operate under the condition of planned and face-to-face contact. The amount of time that the experienced and new or novice rural nurse spend together is short, and their level of engagement and trust is low.

Accidental mentoring describes supportive relationships where the experienced and new or novice rural nurse have been brought together by a challenge or crisis, as opposed to feeling a sense of identification born out of sharing similar values and interests. They also operate under the condition of unplanned and face-to-face contact. Again, the experienced rural nurse spends a short amount of time with the new or novice rural nurse.

Described as being the next step, *mentoring* is the property of cultivating and growing rural nurses, that describes supportive relationships based on shared values and a bond between an experienced and new or novice rural nurse. Mentoring occurs under conditions of planned and distant, or planned and face to face, and involves a significant investment of time by each party.

Occasionally, mentoring relationships develop into deep friendship, which is ongoing and moves beyond mentoring. These types of relationships develop over long periods of time and under the condition of planned and face-to-face, and planned distant.

Dimensions

Each property: preceptoring; accidental mentoring; mentoring; and deep friendship is dimensionalised by levels of engagement and trust between the mentor and mentee. The notion of engagement and trust is underpinned by: shared values, similar philosophies, similar cultural influences, and a common interest in the practice of rural nursing.

Demonstrating a similar belief system to each other enables experienced and new or novice rural nurses to engage with each other, developing trust in each other. This is termed



'bonding' and is fundamental in locating the relationship along the continuum of properties of cultivating and growing rural nurses. Coalescent with the dimension of engagement and trust is the dimension of time. The amount of time that the experienced and new or novice rural nurse spend together directly correlates with the level of engagement and trust that they share.

Cultivating and growing rural nurses: a grounded theory model

Models, like maps, are symbols designed to represent, integrate and communicate vast amounts of detail. The following grounded theory model (Fig1) integrates each of the three aspects of *cultivating and growing rural nurses* with its properties and dimensions, while accounting for the influence of collective groups within the social world of Australian rural nurses.

A pink circle represents 'live my work', the keystone of cultivating and growing rural nurses. Live my work provides the context and the motivation for the two-part process of 'cultivating and growing rural nurses' – 'getting to know a stranger' and 'walking with another'.

In the model, getting to know a stranger and walking with another are joined to represent one following the other, feeding back into the circle of live my work. This integration of the three aspects symbolises cultivating and growing as a repeated process and outcome for experienced rural nurses supporting new or novice rural nurses.

Rural nurses and their communities are placed at the centre of the circle of cultivating and growing rural nurses. Central placement signifies that it is the experience of managing multiple perspectives of self that rural nurses want to pass on to new and novice rural nurses.

Properties of cultivating and growing rural nurses are represented on a continuum beginning with preceptoring followed by accidental mentoring, mentoring and ending

with deep friendship. Each of these properties is dimensionalised by an arch of 'trust, engagement and time'. Property arrows reach up to the corresponding level of trust, engagement and time that characterises the name used by the nurses to describe their relationships.

Collective groups that are part of the social world of Australian rural nurses are symbolised by the aqua shapes. 'Community' is much larger than either the 'academic', 'government', or 'advocate' collectives to signify the influence that this has on experienced rural nurses, cultivating and growing new or novice rural nurses as they live their work. However, academic, government and advocate collectives create the atmosphere where the possibility of naming cultivating and growing rural nurses – mentoring – can be realised; therefore, they are present in the form of blue clouds.

Accidental mentoring

Travelling through life, individuals form relationships with one another that are either planned or unplanned. Central to the sustainability of all relationships is the identification of similar cultural mores and values between each partner. Participants in this study referred to this identification as forming a bond with another, an experience fundamental to a sustainable mentoring relationship. In response to the question 'what happens when you don't bond with a potential mentee?', the term accidental mentoring was used to describe a short-term relationship where individuals did not bond, but that existed to provide a short-term pragmatic solution to a new or novice rural nurse experiencing a critical incident.

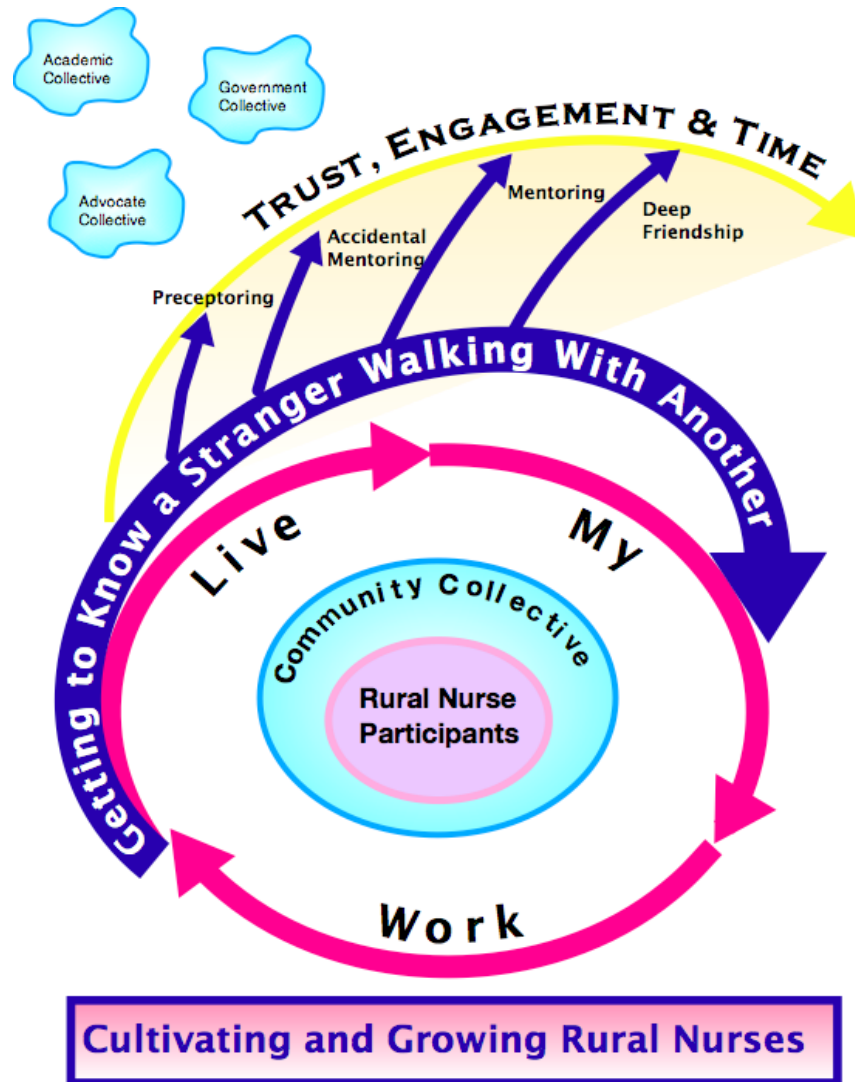


Figure 1: Cultivating and growing rural nurses: a grounded theory model.

Well in the olden days you know you would bond with somebody, it would be somebody that you have to be able to trust and you have to have faith in these people, so mentoring really. If you mentor in the exact sense, you have to trust someone enough to tell them everything, your inner most feelings and fears and its very difficult to do that unless you have a really strong bond. So I think there are various stages of mentoring. I think there are some that may happen even accidentally, because you may share an

experience or an incident where you become close and you are able to help each other through a critical episode. (Wyn TM: 5183)

Key to short-term accidental mentoring relationships being established is the ability of the experienced rural nurse to recognise when a new or novice nurse is experiencing what they themselves interpret as a critical incident. In the first instance, the experienced rural nurse metaphorically 'listens



for trouble' in the workplace and moves to act on what they sense is going on.

Sometimes people will tell you something, but they're not actually telling you. You've got to listen to what the underlying thing is that they're actually telling you...you've... got to really... listen to people and I guess just guide them. (Elizabeth TM:40808)

Maturity and experience enables the accidental mentor to make a judgement about what the new or novice nurse is really saying when they tell a story, or act out¹⁴ in the workplace. This level of experience also enables the accidental mentor to put things in perspective for the new or novice rural nurse, often sharing their own history as a nurse living and working in a rural community in order to achieve this.

You just listen to people talking to you and you feel the need to salvage something...to help them find that ... situations ... not as bad as they think. So it seems to be something that you perhaps ... need to have a little bit of intuition ... to hear that people are actually asking or ... needing to be mentored. (Wyn TM:35597)

The three lenses that accidental mentors use to explain the local rural context that the new or novice nurse exists within are; culture, politics and clinical practice. Because accidental mentoring relates to a single critical incident experienced by the new or novice nurse, one of these lenses is usually brought into play, as is illustrated by the following data fragment where the accidental mentor intervened after the participant had experienced what she perceived as a critical incident.

...one particular girl just sent me off to give... streptokinase for the first time and... this man had this huge big allergic reaction... and she stood at the desk and watched me. Did not come near me... that was her test for me... when I told Ken about that as a boss... he lined me up and made me give it the next

week... [but] I've got Ken on this little bit of elastic pinging him backwards and forwards. (Margaret: TM 15116)

This example of horizontal violence in the workplace demonstrates how a nurse manager can easily become an accidental mentor for a new or novice nurse, regardless of whether a bond has formed between the two individuals or not. In this instance Ken translated the incident in relation to the culture of the accident and emergency department, and then supported Margaret through repeating the clinical experience of administering the same drug to another client – this time without an adverse effect. Reflecting on this experience, Margaret went on to identify this action as a way to retain her employment.

In hindsight... I think he probably... save[d] me from being 'eaten alive' because I... was only out two, three years ... so relatively young [compared] to all those older women who ... had been nursing for 20 [years]. (Margaret: TM 12600)

Rural nurses' histories make them open to both being accidental mentors and repeating this type of relationship with other new and novice nurses. Experience in managing the context of living and working in the same community makes them receptive to listening for trouble and acting to support and ultimately retain registered nursing staff. Issues such as professional isolation, distance from continuing professional development opportunities, establishing personal and professional networks in tight-knit communities, treating family and friends who are ill, and negotiating unspoken cultural rules can all deter a new or novice rural nurse from staying in a rural community where they do not feel supported by interventions like accidental mentoring.

I just think when they come on you have to embrace them and let them know that you are going to be there for them and that ... they can ask you anything, and, that you remember what it was like to be new,



especially being re-entry. I do remember that very [well]... coming back in... there wasn't a re-entry program when I came back, you just picked it up ... I remember doing a lot of reading... to catch up and I eventually went on to do a post-graduate degree by correspondence but... I can remember that being far more stressful than than as a young student. So I do know what its like. (Alice TM:13715)

Discussion

The concept of accidental mentoring is new to the literature about mentoring and, in particular, nurse mentoring. However, as participants have demonstrated in this study, it is a key way that experienced rural nurses can support and potentially retain new and novice rural nurses in clinical practice. Low rates of nurse retention have been identified in the literature as being of serious concern in the administration of fair and equitable healthcare services throughout rural and remote Australia¹⁵⁻¹⁶.

Highly stressful working conditions can lead to 'chronic job stress', such as can be experienced by new or novice rural nurses, potentially leading to a range of physical, social and behavioural health problems¹⁷. Karasek, cited in¹⁸, proposes that work-related mental strain results from four factors of employment that include: heavy job demands, limited input to decision making processes, lack of skill discretion with the job, and poor work-based social support,.

Findings from an Australian study that examined the causes of stress for nurses support this argument. Hegney et al¹⁹, in a study of nurses from three different sectors (aged care, public and private) found that over 30% of nurses surveyed experienced quite high or extremely high work stress. The proportion of nurses experiencing extremely high levels of work stress were much greater in the aged-care sector, than those who worked in either the private or public sector. This same study found that intrinsic work values impacted on nurses' levels of job satisfaction and related retention rates. Intrinsic work values include the emotional challenges of nursing work, the physical demands of nursing work, work

stress and morale, autonomy and perceptions of the value of nursing work.

Work based social support for nurses was found to be a significant factor in reducing the impact of workplace stress²⁰. Organisations that promote strategies such as workplace forums, mentoring, clinical supervision, teamwork models of practice assist new and novice nurses to feel that they are part of a collaborative, supportive network^{2,21}.

A series of recommendations from this study relating to the grounded theory of *cultivating and growing rural nurses*, are now included (Table 1).

Conclusion

Cultivating and growing rural nurses, a grounded theory, explains the experiences of Australian rural nurse mentors. Contextualised by the concept that rural nurses live their work, a two-part process was identified. Initially, experienced rural nurses get to know a stranger before walking with another. Properties of *cultivating and growing rural nurses* describe the range of supportive relationships that experienced rural nurses establish with new or novice rural nurses. Participants named the relationships they experienced as: preceptoring, accidental mentoring, mentoring and deep friendship.

Accidental mentoring is a new concept to be introduced into the discourse of rural nursing. This was defined by participants as a supportive relationship where the experienced and new or novice rural nurse have been brought together by a challenge or crisis, as opposed to feeling a sense of identification born out of sharing similar values and interests. This type of supportive relationship operates under the condition of being unplanned and face to face, over a short period of time.



Table 1: Recommendations for rural nurse mentoring

Area	Recommendation
Clinical practice	<ol style="list-style-type: none"> 1. Cultivating and growing rural nurses needs to be conceptualised and identified by rural health clinicians, managers and policy makers as a series of supportive relationships dependent on trust, engagement and time. 2. Educational content of a revised Australian Rural Nurses and Midwives Mentor Development Workshop should emphasise preceptoring as influential in raising new or novice rural nurses' cultural, political and clinical awareness. 3. Accidental mentoring is a new concept that needs to be introduced into the discourse of rural nursing. Understanding that there is a place for short-term support is vital in new or novice rural nurses managing confronting situations in their worlds and maintaining their confidence. Retention rates of new or novice rural nurses could potentially be improved if accidental mentoring was recognised and fostered. 4. The idea that mentoring could metamorphosise into deep friendship and that this is acceptable needs to be introduced as a departure from traditional theories of mentoring. 5. Performance review tools for experienced rural nurses could incorporate cultivating and growing new or novice nurses as a way of identifying and affirming positive practices that contribute to building supportive workplaces that have high staff retention rates. 6. Time for cultivating and growing new or novice rural nurses needs to be allocated to facilitate experienced rural nurses in creating safe environments that promote establishing trust and engagement. 7. The process of creating supportive working environments through cultural, political and clinical orientation begins and ends with rural grassroots clinicians and their leaders. External mentoring programs, therefore, will not provide a one-fit solution for the problem of nursing workforce shortages for Australian rural nurses. Findings from this study recommend caution in the adoption of external, formal mentoring programs that have not taken into account local context.
Policy	<ol style="list-style-type: none"> 1. State and territory governments concerned with the problem of nursing workforce shortages should identify the existing resource of experienced rural nurses who cultivate and grow new or novice rural nurses and incorporate such a resource into planning of recruitment and retention strategies. 2. Local workshops to raise awareness about cultivating and growing rural nurses ought to be facilitated by state and territory government health departments, while at the same time affirming and legitimating existing practices.
Research	<ol style="list-style-type: none"> 1. A longitudinal study that examines the effects of preceptoring, accidental mentoring and mentoring on retention rates of nursing staff at rural health facilities is required in order to provide evidence for further practice development in this area. 2. Findings from this study suggest that accidental mentoring is commonplace in rural nursing workplaces. Using an action research approach, reflective group data generation would allow further unpicking of the meaning of this phenomenon, while at the same time raising consciousness among rural nurses about the power of this form of supportive relationship.
Tertiary education	<ol style="list-style-type: none"> 1. Australian schools of nursing and midwifery should incorporate characteristics of preceptoring, accidental mentoring and mentoring into their existing curricula so that new generations of nurses will understand these concepts and have the chance to develop these skills as they move into the nursing workforce.



Understanding that there is a place for short-term support is vital in new or novice rural nurses managing confronting situations in their worlds, while maintaining their confidence. Retention rates of new or novice rural nurses could potentially be improved if accidental mentoring was recognised and fostered by organisational leaders. Potential strategies to achieve this are: performance review and development processes that account for all forms of supportive relationships conducted in the workplace; recognizing the importance of developing supportive relationships and allocating time for these; and continuing professional development designed to meet local needs for developing a culture of support in the workplace.

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