CE Ethics Series

2.5 ANCC Contact Hours

Mentoring in Palliative Nursing

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Mentoring is a responsibility of the nurse to advance the nursing profession and can be viewed from an ethical perspective. Little has been reported about mentoring in hospice and palliative nursing, and data to support this concept are lacking. Yet, nowhere is mentoring more essential than in this specialty, which is filled with the often difficult issues of caring for those with serious illnesses and their families. Educational and emotional support, which are important components in the mentoring relationship, are critical for nurses who need a hospice or palliative care nursing colleague to guide and coach them in caring for this patient population and to advance the profession of palliative nursing. Although all nurses can benefit from finding a mentor and being a mentor, it is extremely important for those caring for patients and families facing serious illnesses.

KEY WORDS

ethical considerations, mentee, mentor, mentoring, palliative nursing

The demand for quality palliative care is increasing as the number of persons experiencing complex serious illnesses continues to rise.[1] Health care professionals need to be prepared to provide primary palliative care across all settings.[2] However, many professionals lack the knowledge and skill to provide this care, which includes expertise in pain and symptom management, communication skills for addressing serious illnesses, and expertise in caring for patients at the end of life and their families. Palliative care nurses with this knowledge and expertise have a professional responsibility to mentor others caring for patients with serious illnesses, those who are interested in entering the field of hospice and palliative care, and our next generation of nurses.

Although much has been written about the importance of mentoring in nursing, little is known about the importance of mentoring in hospice and palliative nursing, and little has been written on mentoring from an ethical lens. The purpose of this manuscript is to (1) encourage hospice and palliative care nurses to consider their professional responsibility to be a mentor and also to have a mentor, (2) explain the roles and responsibilities of the mentor and mentee in a mentoring relationship and their ethical underpinnings, and (3) discuss the benefits and challenges associated with mentoring others in hospice and palliative nursing.

CASE STUDY 1

Michael, a 22-year-old new graduate, has started his clinical practice at a large academic center on the cardiac step-down unit 4 months ago. Like many other new graduates,[3] he is struggling with putting all the tasks together in a timely manner, while also keeping in mind the importance of "being with" his patients, a skill he learned in his undergraduate nursing program.

Michael had been caring for a Mr W, a 92-year-old patient he had only met hours ago. Mr W had a cardiac arrest during Michael's shift and was transferred to intensive care. The arrest was complicated because the cardiac team had not discussed goals of care or advance directives with Mr W, and the code team was called. During the arrest, Mr W had many broken ribs, intubation was difficult due to a previous neck surgery with a cervical fusion, and he was hemodynamically unstable on transfer to the intensive care unit. Michael was distressed that his patient might not survive this admission, confused by why the cardiac team had not had a discussion of goals of care on admission the day before, and discouraged by how violent this particular resuscitation effort seemed to him. Michael struggled with how to help Mr W's family with their grief over the patient's probable death while dealing with his own moral distress. He needed time to debrief about the experience; however, the unit was extremely busy, and he had four other patients

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to care for that day. This was not the first time Michael had felt overwhelmed by what seemed to him to be an aggressive, futile medical intervention, and his moral distress was becoming cumulative, putting him at risk for compassion fatigue. Moral distress occurs when an individual is aware of a moral responsibility but is prevented from being able to act on it.[4] Compassion fatigue in nursing is a negative state in which nurses expend more compassionate energy than they are able to restore.[4] Cumulative moral distress does not allow the nurse to recover from multiple distressing experiences and puts the nurse at risk for compassion fatigue and burnout (the inability to cope with job stress that leads to feelings of ineffectiveness).[4]

Michael needs a mentor to provide guidance and support around the palliative care needs of his seriously ill patients and his own moral distress. Although, as a new graduate, he has a preceptor to help him develop his nursing skills and expertise, he would benefit from having an experienced palliative care nurse or a clinical nurse specialist with palliative care expertise mentor him. He is working on a unit that has many patients with complex, serious illnesses, and his distress will only continue to escalate. His preceptor is important in his development as a cardiac nurse on this unit, but, as on many nursing units, the preceptor's role is very different from the role of a mentor or a nursing consultant (Table 1).[5] The preceptor has a responsibility to evaluate the abilities of the new staff nurse, and that can come into conflict with the ability to provide support and mentoring in difficult situations.

Caring for patients with serious illnesses requires expertise in communicating with the patient and the family about issues related to serious illnesses and end of life, skill in pain and symptom management, and an understanding of loss and grief. If Michael does not receive the support and palliative care education he needs and his moral distress continues, he may resign from the unit or leave the nursing profession completely. Many nurses leave the profession during the first year after graduation because they do not have a mentor to provide the much needed support and guidance.[6-8]

Michael's nurse manager and preceptor recognized that he needed to identify a mentor who would support him through his first years of clinical practice and help him to address the palliative care needs of his patients and to advocate for them. Michael's nurse manager and preceptor have worked closely with the palliative care advanced practice registered nurse (APRN) who serves as a consultant on their unit. They also developed a strategy to provide staffing support on the unit to allow new nurses time for mentoring. The staff recognized that supporting new nurses would in the long run improve nurse retention and decrease the preparation-practice gap and may improve patient satisfaction and outcomes.[5] Michael's preceptor requested a consult for the palliative care APRN to meet with Michael to address the moral distress he was experiencing.

The palliative care APRN, Susan, set up an appointment with Michael for the following day and helped Michael debrief about the Mr W and other patients he had cared for who had complex, serious illnesses on his unit. Michael shared with Susan that he had had other similar experiences with patients with serious illnesses who were not going to get better and he was questioning whether he should really be a nurse on this unit. He wished he had not gone into nursing if he was going to struggle with witnessing treatment plans that seemed more harmful to patients than helpful. Susan knew that Michael's frustration and concerns were complex and that he was confronting ethical issues in medical decision making that were challenging. She recognized that educating him about how to provide primary palliative care would be helpful and instructing

TABLE 1 Differences Between Consultation, Precepting, and Mentoring

	Nurse Consultant	Nurse Preceptor	Nurse Mentor
Goals of the relationship	Usually called by another nurse who is seeking a specialist to help with a problem or meet a need	Usually assigned to a nurse new to the unit or institution to provide training and education in the ways of the unit and role of the nurse	Ideally, the mentor and the mentee are not assigned; rather, they mutually agree on developing the relationship.
Roles and responsibilities	Provides a consultation to address a problem or need; provides education or support	Responsible for teaching the new nurse and also assessing skills and progress; informs the supervisor of the nurse's readiness to function without preceptor	Provides a career function (guidance, coaching) and a psychosocial function (emotional support); not responsible to supervise for the assessment of skill or ability to function
Duration of the relationship	Can be called only once or on multiple occasions depending on the need	Relationship is usually limited to precepting period (6 weeks to 6 months)	Relationship is ongoing; length is determined by goals and growth

him in healthy self-care practices to encourage resilience was needed. She offered to mentor him on the unit during biweekly scheduled 30-minute appointments for the next 3 months.

Together, they identified Michael's personal and professional nursing goals. They discussed the responsibilities of being a mentor and a mentee. These goals and responsibilities were different than those established with his preceptor. Rather than focusing on technical bedside nursing skills and timely provision of patient care, as he was doing with his preceptor, the mentor-mentee relationship focused on developing knowledge and expertise about primary palliative care (ie, communication with patients with serious illnesses and their families, pain and symptom management, and care during the final hours of life), exploring ethical issues in palliative care (ie, withholding and withdrawing care, cardiopulmonary resuscitation, and medical decision making), and recognizing the importance of self-care to prevent moral distress and compassion fatigue.

After the initial 3 months, they met monthly to debrief on how things were going on the unit and discuss patient scenarios that were emotionally challenging and Michael's professional growth. The mentoring sessions helped Michael talk through patient and family end-of-life decisions he did not agree with, cultural clashes between patients and the health care team, and unexpected deaths. Susan gave Michael reading assignments that increased his knowledge of palliative care. By the end of the first year on the unit, Michael rarely experienced moral distress caring for patients with advanced cardiac illnesses and their families and had developed skills in providing primary palliative care. He had also started mentoring another unit colleague who sought his expertise in primary palliative care and support in caring for patients with advanced cardiac diseases. He recognized that he had a responsibility to "give back" to others by being a mentor to another in the profession.

WHAT IS MENTORING?

Mentoring is a "reciprocal relationship between two or more people (one experienced and one novice) that involves counseling, guiding, sharing knowledge, providing support and role modeling."[9(p64)] Mentees have described a good mentoring relationship as a "reciprocal relationship with open communication, guidance and support in role transition" and one that has planned mentored activities.[9] Mentoring must be deliberate and intentional.[9] That means that this relationship is not a casual one; it is structured with mutually agreed upon and documented goals and objectives.

Mentoring promotes the advancement of critical thinking and, most importantly, stimulates reflection. It is in debriefing and reflecting that both professional and personal growths occur.[10,11] Nowhere is this more important than in the care of those with serious illnesses. Michael, in Case 1, needed to be able to debrief with an experienced palliative care nurse who could help him process the difficult resuscitation effort and the likelihood that the patient would probably die. He also needed more opportunities to critically think through issues around serious illnesses and reflect on his first year as a new nurse in an acute care setting. Over time, his mentor helped him critically think about concepts such as the benefits and burdens of technology at end of life, suffering, and moral distress when witnessing futile medical interventions.

According to Shellenberger and Robb,[9] mentoring in nursing has two major functions: a psychosocial function and a career function. The mentor in palliative nursing supports the development of palliative care knowledge and expertise, such as improving communication skills and learning advanced pain and symptom management (career function). In addition to helping the mentee advance in his/her professional career, the mentor is also a source for guidance and emotional support.[12] This is much needed in the field of hospice and palliative care, with health care professionals facing complex issues associated with serious, life-limiting illnesses on a daily basis. Caring for the seriously ill can be overwhelming, which can lead to compassion fatigue and burnout without emotional support (psychosocial function). It is well known that workplace stressors and compassion fatigue have become a major factor in nurses leaving the profession, and those new to hospice and palliative care can also be affected by these stressors.[6,7,12,13]

COMPONENTS OF A STRONG MENTORING RELATIONSHIP

The qualities of a "good mentor" and a "good mentee" in a mentoring relationship have been described in the literature.[14,15] The important qualities of a mentor are being able to provide feedback and help with problem solving, having experience, being available to provide guidance when needed, being trustworthy, and possessing a positive attitude, patience, and enthusiasm.[16] Providing feedback takes skills. It is more than offering a simple response, that is, "good job with that patient." It identifies strengths and constructive recommendations for improvement. When done well, it improves the mentee's confidence, motivation, and self-esteem.[17] Ideally, feedback is given as soon after a learning experience as possible, whereas the actions and events can easily be recalled.[9]

Recognizing when to offer guidance is also a strong characteristic of a good mentor. A good mentor knows when to coach and guide and when to step back and let the mentee have his/her independence, being free to make mistakes along the way.[18] The role of the mentor is not to

make the mentee dependent on him/her but to help the mentee grow professionally and personally over time.

A "good mentee" is expected to work with the mentor to develop goals and take responsibility for learning and preparation before scheduled mentoring sessions.[19] A "good mentee" is self-motivated, respects the mentor, and is open to feedback as an essential element for professional growth. Honesty and trustworthiness are critical to the relationship.[9,19]

In a qualitative study of 117 mentor and mentee dyads, Eller et al[19] uncovered eight themes that the dyads identified as important to the mentoring relationship: communication and accessibility; goals and challenges; passion and inspiration; caring, personal relationship; mutual respect and trust; exchange of knowledge; independence and collaboration; and role modeling (Figure). These themes can be applied to mentoring in palliative nursing (Table 2). These eight themes were present during the year's mentor-mentee relationship Susan and Michael had in the case study.

ETHICAL ISSUES IN PALLIATIVE CARE AND HOSPICE MENTORING

As a practice profession, nursing has a responsibility to guide the next generation of nurses in all clinical settings. Experienced nurses are expected to coach and teach new graduates and help them grow professionally and personally, especially during the beginning of their career. For nurses transitioning to hospice and palliative care from

TABLE 2 Key Components of an Effective Mentoring Relationship in Palliative Nursing

Themes	Application to Palliative Nursing
Open communication and accessibility	Mentors should be open to any questions, especially complex ethical issues such as palliative sedation, withholding and withdrawing interventions, and futile treatments. Mentees need access to mentors on a scheduled basis and when a critical event occurs.
Goals and challenges	Mentees need to work with mentors to set mutually agreeable goals, namely, skills in communication during family meetings and expertise in pain and symptom management; mentees should be challenged to advance in their career, consider publication in *JHPN*, or take a leadership role in the local chapter of HPNA.
Passion and inspiration	Mentors need to show their passion for the field of palliative nursing and inspire mentees to develop their passion—whether it is in clinical role, education, or research in palliative nursing.
Caring personal relationship	The relationship needs to be nurturing and caring. If mentees are going to learn compassion, they must experience it personally from the mentors. For many, this relationship becomes lifelong.
Mutual respect and trust	Mentees need to respect the mentors for their commitment to them and to palliative nursing and for their knowledge and expertise. Mentors need to believe in the mentees' ability to succeed and support the mentees' goals, even if the path is different from the mentors'.
Exchange of knowledge	Mentors have a responsibility to help the mentee develop critical thinking skills in palliative care. Opportunities for increasing knowledge and expertise are afforded to both mentors and mentees as they discuss the evidence behind palliative care interventions, debrief about patient scenarios, and engage in ethical discussions about complex patient and family problems.
Independence and collaboration	The mentor can broaden the mentee's career opportunities by introducing the mentee to colleagues in the field and encourage the mentee to attend professional meetings such as the AAHPM and HPNA Annual Assembly with the mentor. One of the goals of the mentor-mentee relationship is to help the mentee become independent, rather than dependent on the mentor.
Role modeling	The mentor needs to role model palliative nursing for the mentee. Role modeling behaviors that are important for becoming a strong clinician, educator, or researcher is an important responsibility of being a good mentor. Role modeling is more than teaching knowledge and expertise. It is demonstrating palliative nursing in action and will have a more lasting imprint on the mentee's professional development than any other teaching-learning experience. Opportunities for role modeling clinical expertise in palliative care arise in patient-family and clinician-clinician interactions and in team meetings.

other settings, hospice and palliative care nurses who have this expertise are expected to help their colleagues develop expertise and confidence in their new knowledge and skills and foster enthusiasm and commitment to palliative care. Nurses have an obligation to themselves, their profession, their colleagues, and health care institutions to ensure quality care for patients and families. Inherent in the American Nurses Association Code of Ethics[20] are provisions for positive relationships with colleagues and others; the promotion of personal health, safety, and well-being; and to establish, maintain, and improve the ethical environment of the work setting.

In a mentor-mentee relationship, the ethical principles of beneficence and nonmaleficence guide the relationship.[4] It is important for both parties in the relationship to help each other gain expertise, advance in their careers, and develop a new maturity from the relationship. Being a supportive mentor is essentially "the duty to promote good" (beneficence) for a colleague.

The principle of "the duty to do no harm" (nonmaleficence) is essential to the mentor-mentee relationship. It is unethical for experienced nurses to bully or mock nurses new to their clinical setting who may not know how to perform certain skills or may be experiencing distress caring for the seriously ill and dying. It is also harmful to leave new nurses on their own to deal with emotionally challenging situations without support. Michael's preceptor and nurse manager recognized his need for a supportive palliative care nurse expert to help him mature in his role as a cardiac nurse providing primary palliative care to those who were seriously ill, especially those at the end of life.

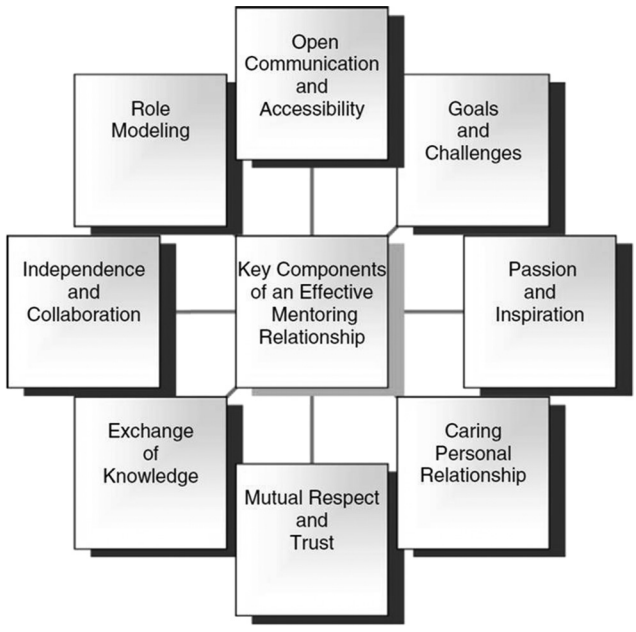

FIGURE. Key components of an effective mentoring relationship. Reprinted with permission.

They wanted him to be a successful, competent, and confident new nurse. They also recognized that Michael's professional growth, as a result of the work done in this mentor-mentee relationship, may also have a positive impact on patient satisfaction, patient care outcomes, and unit morale.

Michael's mentor was positive and supportive, promoted good, and respected the principle of "do no harm." By educating Michael in primary palliative care skills, she had an impact on his patient care. By listening to his concerns and distress, she offered support. Susan's relationship with Michael demonstrated caring and compassion for his emotional well-being as a person and as a nurse. This relationship, like other mentoring relationships, was rooted in feminist ethics, an ethic of care.[21] Caring as an ethical ideal is grounded in the reciprocal caring relationship between persons.[4]

CASE STUDY 2

Raphael has been the assistant nurse manager in the residential hospice facility for more than 4 years. He came into nursing as a second career 10 years ago and has had a great mentor who recognized his managerial skills and interest in leadership when he came to work for the hospice facility. Raphael's mentor encouraged him to take a leadership course offered by the hospice education department, recommended that he take a leadership role in their local chapter of the Hospice and Palliative Nurses Association, and nominated him for their hospice's "Nurse of the Year Award." With his mentor's support and guidance, he has grown professionally and is being considered for a nursing administration role within the large hospice.

Raphael recognized that one of the newer nurses was an exceptional palliative care nurse, and he wanted to help her become a leader, just as his mentor had helped him. He set up a meeting with her to see whether she would be interested in working in a mentoring relationship with him. The nurse, Lynn, appreciated that Raphael recognized her passion for this work and was very interested in his mentorship. She understood the importance of her role as a mentee and assured him that she would be diligent in preparing for and participating in their meetings together.

For the next 2 years, Raphael helped Lynn identify her strengths in communicating with patients and families about the final hours and providing compassionate bedside nursing care for patients with dementia and other advanced neurological conditions and helped her develop her skills more fully. Lynn joined a committee to improve hospice care for the patient with end-stage dementia, became a preceptor for local nursing students doing their clinical rotations at the hospice facility, and shared her desire to become an author of a nursing manuscript that would detail how to better care for patients with advanced dementia and their families.

With Raphael's support, Lynn wrote and published a manuscript on an evidence-based strategy that the hospice facility piloted to improve the assessment of pain in this vulnerable population with dementia. Her clinical expertise continued to develop, and she was asked to teach new hospice nurses how to care for patients with neurologic diseases. Currently, Lynn is chairing a staff development committee for continuing education activities for the hospice teams and is considering applying to graduate school. Raphael was able to identify that Lynn had great potential as a leader, and he was instrumental in mentoring her as a clinician, an author, and a beginning educator. He challenged her to challenge herself and tackle new opportunities and experiences that she had never considered before.

Raphael demonstrated all the qualities of a "good mentor." He had experience, was enthusiastic and passionate about his nursing specialty, and kept his commitment to meet monthly, which demonstrated his trustworthiness. He also believed in Lynn and encouraged her to reach beyond what she thought she was capable of.

Lynn was a "good mentee." She met the obligations required of a mentee. She was reliable, self-motivated, willing to learn and prepare for the scheduled mentoring sessions, and passionate about becoming a palliative nursing leader in her clinical setting. She respected Raphael's time and expertise and appreciated his passion for palliative nursing. Because of Raphael's role-modeling "good mentor" behaviors, Lynn was able to mentor nursing students and nurses new to hospice with caring and compassion.

BENEFITS OF A MENTORING RELATIONSHIP

The benefits of participating in a mentoring relationship are numerous for the mentor, the mentee, and the institution where the mentor and mentee are employed.[22] For the mentor, the experience of being a mentor to a colleague has been shown to increase job satisfaction, provide recognition, increase learning, and potentiate career advancement.[23] Mentors report feeling valued by their institution for the role they play in helping colleagues and appreciating the opportunity for meaningful discussions that help them grow professionally and personally.[5,24] Mentoring nurses new to hospice and palliative nursing gives the mentor a chance to tell the story about how he/she entered the field and the development and advances in the field, feel ownership of the quality of care in the institution, and share the many rewards experienced from palliative nursing.

Mentees report that being in a mentoring relationship has increased their job satisfaction as well.[16] They also acknowledge increased professional development/career development opportunities, increased self-esteem, and decreased job stress.[7] These positive work environment outcomes are especially important in clinical settings where complex patients with serious illnesses and their families are cared for. Nurses new to hospice and palliative care need to learn the principles of palliative care, which they may not have had in their clinical experience or undergraduate education. The concepts and principles of palliative nursing are complex, and it takes time and practice to master the art and skills involved. Having a mentor to help gain skills and improve self-esteem during this transition can decrease job stress and prevent burnout.

CHALLENGES ASSOCIATED WITH THE MENTORING EXPERIENCE

Although the benefits of being in a mentoring relationship outweigh the challenges, it is important to note the barriers that may impede the development of a strong mentoring experience. First, there needs to be a good match between the mentor and the mentee. Ideally, the mentor and the mentee seek out this relationship rather than have it assigned.[16,18,25] Random assignment of mentors to mentees, without identifying personality traits and common interests, may lead to failure.

Another barrier to successful mentoring experiences is the lack of recognition of the importance of the mentoring experience for both the mentees and the mentors on the part of some supervisors and institutions.[15] Mentors have reported that a major barrier to success develops when the institution does not value the experience or fails to acknowledge the hard work of mentoring.[26,27] It is important that the institution reward the mentor. Yearly evaluations should reflect the commitment mentoring requires, and positive feedback will encourage the mentor to continue this work with others.[27] Award ceremonies, honoring outstanding nursing mentors at events such as Nurses' Day Celebrations or during Hospice and Palliative Care month in November, is another way to demonstrate recognition for work well done. Michael's mentor, Susan, who has taken on a number of new nurses as mentees, received an award for "Mentor of the Year" and was nominated for this award by the cardiac unit staff.

A third barrier to effective mentoring is the lack of designated time for goal setting and debriefing.[16,19] If the supervisors and the institutional mission do not value the time that is needed for quality mentoring by supporting staffing coverage or reimbursing overtime for meetings, the mentoring experience is limited, and both mentors and mentees lose a valuable opportunity. Workload decisions in staffing should take into account the importance and value of "protected time" to allow the mentor to set goals, review progress, and debrief with the mentee on a scheduled basis.[16,17,27]

Another challenge occurs when mentors are expected to "learn their mentoring role on the job." Leadership training and mentor preparation are required to support the

mentor to fulfill this important role. Professionals wanting to be mentors, or who are searching for a mentor, should contact their professional organization for help. The Hospice and Palliative Nurses Association provides support to its members and has resources available for leadership development.[28]

It is essential that the mentor is trained in the responsibilities of the mentoring experience and not expected to take on the role of the mentee's evaluator. Having to make decisions about the nurse's ability to function in the clinical setting is usually the preceptor's role. The evaluation of job performance conflicts with the supportive role of the mentor.[5] Mentoring and evaluating involve very different tasks and responsibilities, as noted in Table 1.

STRATEGIES FOR DEVELOPING A MENTORING RELATIONSHIP

To find a mentor/mentee, remember that mutual selection rather than arbitrary pairing is always the best.[2,16] The mentee should keep in mind that one might need different mentors for different professional and career development ladders. The mentee may seek a clinical mentor in the clinical practice setting and need an academic or research mentor if the mentee is furthering his/her nursing education or embarking on a research career.[18] An academic or research mentor is critical for the mentee who is learning how to navigate the challenges of limited research funding in palliative care or strategies for striving for an advancement in rank or tenure.[18]

Regardless of the role the mentor will fill, select a mentor who has the qualities that you are looking for in this relationship. There needs to be a good fit personally and professionally for both the mentor and the mentee. It is important to evaluate the mentoring experience on a regular basis to make sure that the relationship is continuing to be one that nurtures both the mentor and the mentee. Mutual respect, trust, and appreciation, as mentioned earlier, are critical for success.

SUMMARY

Being a mentor and having a mentor are our professional responsibility as we help advance the field of hospice and palliative nursing. We have an ethical responsibility to support and care for our colleagues seeking to grow professionally and personally in their career and to prepare future hospice and palliative nurses who will come after us. Nurses cannot practice what they do not know, and mentoring is a caring way to guide nurses new to palliative care concepts and principles in the art, as well as the science, of our work. In addition to helping to build knowledge and expertise in palliative nursing, mentoring provides the psychosocial support that all nurses experiencing moral distress need to be able to provide quality palliative care to our patients with serious illnesses and their families.

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