MENTORING:

An Age Old Strategy for a Rapidly Expanding Field

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Mentoring is a well known strategy used in many different disciplines. However, while it does commonly occur in the alcohol and other drugs (AOD) field, it appears that little has been published to specifically address mentoring relating to AOD work. There is, however, a considerable amount of mentoring literature produced by disciplines that have significant potential to respond to AOD issues, including medicine, nursing, social work and education. This suggests a familiarity with the idea of mentoring and a readiness to view mentoring as a strategy for the AOD field.

This paper is based on a monograph recently published by the National Centre for Education and Training on Addiction (NCETA) on mentoring in the AOD field. It is a synthesis of the mentoring literature from other disciplines, discussed in the context of AOD work. This paper addresses useful mentoring models for the AOD field and why it is an important strategy for development of the AOD workforce.

BACKGROUND

Mentoring is a well known strategy in the business world for producing leaders and supporting the career advancement and personal development of employees. It is also widely used to enhance opportunities for young people and overcome difficulties encountered by at risk youth.

In recent years there have been increasing calls for mentoring in the AOD field. Mentoring has been demonstrated to be a powerful incentive and support mechanism to help overcome recruitment and retention issues, prevent burnout and manage change. Mentoring is a sustainable activity with the potential to contribute to cost efficiencies in an integrated health service and help reduce inequalities in health status between population groups.

To date, however, there has been little systematic research into the mentoring activities that occur amongst AOD workers (McDonald, 2002). The extent of mentoring activities is not known, areas of mentoring need have not been identified and effectiveness of current activities is unknown. To address this gap, the National Centre for Education and Training on Addiction (NCETA) is currently engaged in a program of research on

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mentoring. This first phase of the program, a literature review, was completed in May 2002 with the publication of the monograph Mentoring: An Age Old Strategy for a Rapidly Expanding Field. The monograph includes a comprehensive description of mentoring, outlines the importance of mentoring for the field, discusses benefits and risks of mentoring and provides best practice guidelines for organisations, mentors and protégés. This paper answers two key questions about mentoring - what is it? and why is it important for the AOD field?

DEFINING MENTORING

Mentoring is a developmental relationship where the primary objective is learning (Linney, 1999). It is a partnership where the mentor and protégé work together to set goals, driven by the needs of the protégé (Ritchie, 1999). In meeting goals, the protégé draws on the experience of the mentor. The mentor encourages the protégé to uncover solutions themselves, rather than acting as the expert and simply providing answers (Linney, 1999).

While there is widespread agreement about the characteristics of mentoring, it is important to recognise that such relationships can also differ in a number of ways. A conservative definition of mentoring is of a one-on-one, informal, spontaneous relationship, often only recognised as a mentoring relationship in hindsight (Bernard, 1996; Linney, 1999). The mentor is usually older than the protégé, thus having greater life experience to offer the protégé (Bernard, 1996). This kind of relationship is intense and often lifelong (Andrews and Wallis, 1999).

However, most mentoring relationships do not fit perfectly into this definition. People differ in their needs, access to resources and the context in which they operate. Mentoring relationships differ in the way they are formed, the aim of the relationship and the degree of difference in experience between mentor and protégé. It is therefore useful to broaden the definition to include relationships that are:

- established in a formal, structured manner
- between peers or in groups
- short-term, infrequent or even one-off.

Taking into account these differences, it is useful to define mentoring as a range of collaborative activities, whereby a person with more experience in a particular area (the mentor) works with another, less experienced person (the protégé) to enhance learning, knowledge and skill transfer and to offer support.

MODELS OF MENTORING

Formal and Informal

The key difference between formal and informal mentoring lies in the formation of the relationship (Chao et al, 1992). Informal mentoring relationships are those that arise spontaneously. This relationship possesses many characteristics of close personal relationships. It is based on good rapport and mutual attraction and tends to develop slowly without a formal commitment by either party, resulting in strong ties and a high degree of intimacy (Caravalho and Maus, 1996). In contrast, formal mentoring relationships are initiated and managed by an external party (Clark, 1995).

Despite the apparent polarisation of formal and informal mentoring, it is useful to envisage a continuum (Ritchie, 1999). At one pole, the degree of facilitation or formalisation may be implementing systems and structures that encourage spontaneous formation of mentoring relationships, with no further intervention.

At the other is the fully structured mentoring program, concerned with overseeing the entire relationship, from recruitment and matching of participants, through coordinating and supporting the relationship, to evaluation of its success or otherwise (Murray, 1991). In considering mentoring as a workforce development strategy, it is important to address the entire continuum.

Implementation of policies and conditions that encourage informal mentoring relationships is vital. Firstly, there is evidence to suggest that informal mentoring relationships are more effective than facilitated relationships (Scandura, 1998). The formation of informal relationships results in a kind of "magic", because the relationship arises out of a natural rapport and common interests between the mentor and protégé (Murray, 1991). Further, the range of workers that have the potential to respond to AOD issues is vast (NCETA, 1998). It is neither feasible nor possible to establish formal mentoring programs for all of these workers. Out of necessity, a top down approach is required to address policies and procedures that both encourage and inhibit mentoring.

However, careful management and evaluation of formal programs can simulate the effects of informal mentoring. Mentoring can improve induction and socialisation of new workers, improve performance, provide support and complement other professional development activities (Gibb, 1999). In addition, formal programs have a number of advantages. They:

- increase accessibility for those who lack the social skills or opportunity to develop such relationships (Coombe, 1995)
- provide more support for both participants in the form of training and orientation and a coordinator to help solve problems (Murray, 1991).

For the AOD field, establishment of mentoring programs has the potential to:

- act as an incentive to attract skilled and qualified workers to the field and to retain those already in the field
- link different professions and institutions within the field
- provide support and accessible professional development for those working in rural and remote areas
- manage change such as expansion of the field's knowledge base, by pairing frontline workers with mentors skilled at filtering and synthesising innovations in treatment and intervention
- provide support during periods of sweeping change
- establish relationships between recognised experts in the field and those who have significant power to affect change, such as policy makers and the media.

Peer Mentoring

Peer mentoring refers to a mentoring relationship between two people of equal standing who engage in reciprocal mentoring activities, each adopting the roles of protégé and mentor (McBain, 1998). The peer mentoring model reflects increasing awareness that workers learn effectively from each other and that learning is an integral part of work (Chalmers et al, 1996). Instead of merely contributing to accreditation and professional membership requirements, peer mentoring encourages development of competence for the AOD context.

Peer mentoring is well suited to the diversity and breadth of the AOD field and makes good use of the vast range of expertise in the field. Peer mentoring can enhance:

- knowledge sharing and support between different professions and vocations, between generalists and specialists and those with various degrees of AOD experience or academic qualifications

- collaboration within and between organisations, helping to reduce the "silo effect" which results in isolation between knowledge domains and different administrative and functional services
- dissemination of research and treatment innovations by pairing seasoned practitioners with those at the cutting edge of technology and research innovations.

Group Mentoring

Group mentoring offers the opportunity for a number of people to benefit from the attention of a single mentor and has an added synergistic effect through the interaction of the group members. The mentor helps group members to mentor each other by sharing ideas, skills, experience, guidance and feedback (Kaye and Jacobson, 1995).

Participation in a mentoring group develops cooperation and collaboration between people with similar objectives but potentially diverse backgrounds, such as a multidisciplinary treatment team. Group mentoring can benefit those sharing a workplace, drawing on the potential of informal meetings and gatherings and transforming them into opportunities for context-specific learning and support.

Self Managed Mentoring

In this model, described by Darling and Schatz (1991) and represented diagrammatically in Figure 1, a person is responsible and proactive about his or her own professional development by seeking mentoring-type relationships as the need arises. It is a dynamic and ongoing process. A person has a number of mentors simultaneously, each collaborating with them to develop particular strengths. In the AOD field, a worker may seek someone to help develop their knowledge of AOD issues, another to help in knowledge management skills and yet another to develop interpersonal or counselling skills. The mentoring interactions may be a series of short term, even one-off, sequential collaborations.

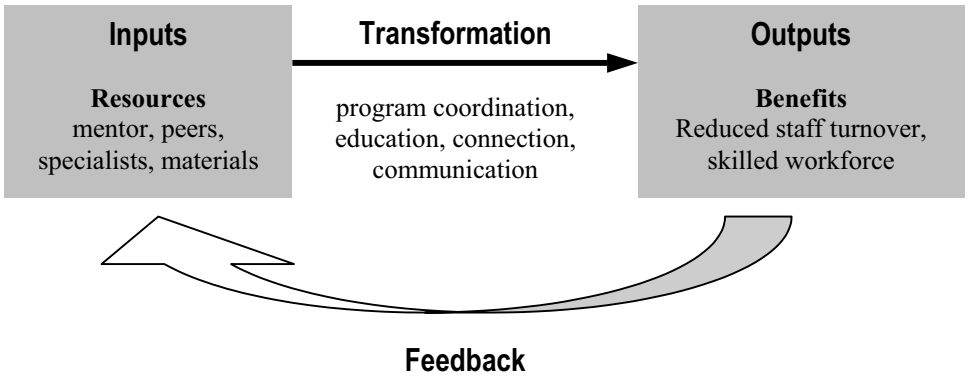

Figure 1: Self Managed Model of Mentoring

The self managed model has enormous potential to encourage spontaneous mentoring. Instead of developing a formal mentoring program, a program aimed at equipping workers to undertake this process may be implemented, which includes training workers to identify their individual mentoring needs. It is important that workers understand when mentoring is needed, their own unique developmental patterns, the most appropriate form of mentoring, and how to proceed. It would also include establishing policies and procedures that support this process and provide effective incentives.

The strengths of this model are that it:

- takes into account the current rapid pace of change and the different mentoring needs associated with different stages of career development
- does not need to function within an organisation
- encourages protégés to increase their awareness of potential mentors and other available resources, such as literature and training
- provides flexibility.

These strengths make the self management model an ideal mentoring model for the AOD field, where workers may find that the best source of expertise is someone who does not work in the same organisation, or even the same professional discipline.

Manager Involvement

The role of managers in the mentoring activities of their staff is an important consideration in a mentoring strategy. It seems appropriate to encourage managers to mentor their immediate staff. The frequent contact and common work goals between a manager and their staff create good conditions for spontaneous development of a mentoring relationship (Linney, 1999). It is logical for a worker to turn to their direct manager when seeking guidance or support relating to particular tasks, projects or issues. Similarly, it is the responsibility of a good manager to recognise when their staff need support and guidance, as well as to recognise staff potential and provide opportunities to build on strengths and address weaknesses. The readiness of managers to adopt a mentoring role becomes increasingly important for workers who have limited access to professional development opportunities, such as those in regional areas (Little et al, 2001).

This is by no means a comprehensive mentoring strategy. In workplaces that are not AOD specific, the manager may have no more AOD experience than their staff, particularly if AOD work is not primary business or specifically funded (Gore, 2001).

Whether the manager adopts the role of mentor or not, their participation in the mentoring relationships of their staff is a vital consideration in workplace mentoring programs. Consulting with the manager about the mentoring activities of their staff can avoid conflicts with the protégé's regular work activities and responsibilities. It can also help gain the manager's commitment to the relationship by enhancing their awareness of the aim and benefits, thereby reducing the potential for misunderstanding.

OBJECTIVES AND IMPORTANCE

The primary objective of mentoring, from a workforce development perspective, is to maintain and improve the overall response to AOD issues. Mentoring has the capacity to achieve this objective by building and sustaining skills and knowledge, providing incentives and support, facilitating cross disciplinary collaboration and managing change. It is also cost effective and has direct relevance to the workplace.

Building and Sustaining Skills and Knowledge

A key factor in improving health outcomes related to problematic alcohol and drug use is sustaining the skill and knowledge base of the AOD workforce. This approach can be seen as part of a succession planning strategy to ensure that there are sufficient numbers of suitably equipped workers to absorb the effects of staff turnover (Murray, 1991). This is increasingly important in the AOD field, as the demand for services continues to rise, often without an equivalent increase in funding (Pitts, 2001). In addition, there is increasing competition with other health and welfare organisations for limited resources (Evans, 2001). This has been accompanied by increasing calls for access to regular and supportive supervision to complement education and training.

The skill and knowledge base of the workforce is also maintained by enhancing transfer of the implicit knowledge of the seasoned practitioner to the protégé. It is common in the AOD field for skill and knowledge development to occur through interaction with more experienced workers or peers (Knapper, 2001). This can be particularly important for those whose pre-service training may not have equipped them with sufficient knowledge and skills to respond to AOD issues.

Providing Incentives and Support

Recruitment and retention issues have become increasingly important for the AOD field. Many health services report difficulty in filling vacancies. A recent survey conducted by NCETA in March to August 2002 of 250 AOD specialist treatment service managers identified lack of qualified staff, limited public support for working with drug users, insufficient salary or other remuneration, limited scope to advance, and difficult working environments as key factors.

Mentoring can be a powerful incentive, potentially more so than salary and other benefits (Clark, 1995; Moore, 1992). Mentoring can offer enhanced career opportunities through a more rapid acquisition of skills and knowledge, assistance in career planning and introduction to a network of useful and powerful contacts (Clark, 1995; Murray, 1991). A mentor can be a vital source of support, helping the protégé to find solutions, avoid pitfalls and manage stress.

In addition, the offer of mentoring contributes to a feeling of being valued (Clark, 1995; Murray, 1991), as well as helping prevent staff burnout. These are both vital in the AOD field where work is often perceived as stressful, heartbreaking and thankless. Support and a sense of being valued can help alleviate the stigma of public perception (ie negative attitudes towards those who use or have dependency on alcohol or other drugs) and difficult working environments, as well as contribute to the prevention of staff burnout.

Facilitating Cross Disciplinary Collaboration

From a public health perspective it is recognised that not only AOD specialists but also a range of human service workers, particularly those from health, education and law enforcement backgrounds, have the potential and responsibility to respond to AOD issues (Allwell et al, 2001; Gore, 2001; NCETA, 1998). Unfortunately, many of these workers have insufficient education, training or experience to fulfil their potential in this role (NCETA, 1998). They may feel inadequate or unsupported, or may feel it is not a legitimate part of their business. This can result in limited commitment to work involving AOD problems. Mentoring has the potential to address these role issues, as the mentor is a source of support, information and skill development.

In addition, collaboration amongst these different groups is vital in the response to AOD issues. Unfortunately, these groups are often isolated from one another as a result of administrative structures,

demarcation of roles, conflicting paradigms of drug use behaviour, or failure to recognise their unique role in AOD (Gore, 2001; Roche, 2001). A key aim of mentoring in a comprehensive workforce development strategy is to enhance collaboration both between and within disciplines, services and knowledge domains.

Managing Change

The AOD field is dynamic and rapidly changing, with fluctuations in drug use patterns, shifting public attitudes towards drug users, changes in funding and resource allocation, and innovations in treatment and prevention (NCETA, 1998). With this comes the requirement for a flexible workforce. Thus, another workforce development objective of mentoring is to help workers adapt to changing work environments. Unlike education and training, mentoring does not usually require time away from the workplace, it has direct relevance to issues and challenges encountered at work, and is ongoing, economical and flexible, particularly with respect to time and frequency of mentoring activities.

Cost Effectiveness and Relevance to the Workplace

A particularly appealing feature of mentoring is its cost effectiveness (Howard, 1999). Compared to other professional development methods, it is both effective and inexpensive. The protégé has the opportunity to learn and practice desired skills without the costs of traditional training relating to room hire, trainer fees and time away from the workplace (Murray, 1991). In addition, mentoring results in development of skills and knowledge that are directly pertinent to the work context and addresses issues and problems encountered by the protégé in their daily work.

FUTURE DIRECTIONS

The second project in NCETA's mentoring research program is a scoping exercise. The project will investigate and document the current level, type and quality of mentoring in the AOD field including formal mentoring programs, mentoring resources, spontaneous mentoring relationships, cross disciplinary and peer mentoring, and access to mentoring for workers in rural and remote areas. The expected outcomes of this project include:

- identifying barriers and facilitators for development and maintenance of mentoring relationships
- identifying mentoring needs of a variety of AOD workers
- producing best practice guidelines
- contributing to an evidence-base regarding effectiveness of mentoring as a workforce development strategy in the AOD field
- identifying existing mentoring resources, including formal mentoring programs, online mentoring opportunities, mentoring manuals, and the use of mentoring to support education and training.

The outcomes of the project will identify areas for improvement and inform future strategy development. The project outcomes will also inform subsequent projects in NCETA's mentoring research program,

which include implementation of pilot mentoring, development of mentoring support tools and resources and an evaluation of mentoring efficacy.

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