



# New Trends and Issues Proceedings on Humanities and Social Sciences



Volume 4, Issue 2 (2017) 174-182

ISSN 2421-8030

[www.prosoc.eu](http://www.prosoc.eu)

Selected Papers of 1st International Congress on Nursing (ICON-2017) 16 – 18 March 2017 Grand Park Lara Convention Center, Lara – Antalya, Turkey

## Negative mentors in nursing

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### Suggested Citation:

Ozcan, B. C. & Keskin, Y. A. (2017). Negative mentors in nursing. *New Trends and Issues Proceedings on Humanities and Social Sciences*. [Online]. 4(2), pp 174-182. Available from: [www.prosoc.eu](http://www.prosoc.eu)

Selection and peer review under responsibility of Prof. Dr. Nesrin Nural, *Karadeniz Technical University*, Turkey  
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### Abstract

Mentoring is defined as the relationship between an older and experienced mentor and a less experienced young mentee who is seeking help in developing a career. Although learning, growth and development are not seen in various professional organizations and personal relationships, mentoring relationship is a relationship that focuses on the individual's career development and maturation. 2007 Eby noted; the mentoring relationship can be observed in interpersonal relations as well as differences in terms of quality. Mentoring is a positive interaction or positive results may not necessarily be observable. Negative mentoring interaction in nurses is increasing in direct proportion to burnout. Eby and Allen 2002 study; Negative mentoring experience may be associated with more negative consequences, although positive mentoring experience contributes to positive outcomes for mentees, including stress and exhaustion reduction. Negative counseling experience for mentee is associated with increased stress and reduced job satisfaction and increased work intensity. In Eby et al.'s 2008 study, we examined the relationship between emotional exhaustion dimension and negative counseling in a study that did not show a relationship between negative mentoring experience and mentored burnout status. Schaffer and Taylor 2010 have identified a destructive relationship with negative emotional exhaustion, increasing emotional exhaustion among interpersonal problems. Negative mentoring experiences are related to emotional exhaustion in nurses and they can conceive significant consequences. Negative mentoring experiences relate to emotional exhaustion in nurses and they can have important consequences. Sambunjak et al 2009 pointed out that the obstacles of health workers are not having strong mentoring skills, seeing mentees as potential competitors, personal obstacles, time constraints, lack of shift work and incentives. Allen et al. 1997, former mentoring experience of the mentor, social support of the manager, work stress or organizational factors and individual characteristics contribute. Negative mentoring should be studied to establish a successful mentoring relationship in nursing. Nurses' awareness of negative mentoring should be increased and negative mentoring problems should be minimized.

Keywords: Nursing; mentoring; negative mentoring.

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## 1. Negative Mentoring in Nursing

The root of the mentor, a 3500-year-old concept, is based on Greek mythology and is named after Mentor, the family friend of Odysseus, the King of Odysseus. Mentor is a loyal and trustworthy family friend to whom the king of Ithaca, Odysseus, entrusts his home and his heir, Telemachus, to the Trojan wars. The mission given to Mentor is to educate and inform Telemachus and train him as King of Ithaca. Years later, Mentor went beyond the guardian duty, becoming Telemachus' special teacher and a trusted mentor (Cantimer, 2008). History shows that mentoring is used up to Florence Nightingale in nursing. Nevertheless, mentoring is a new term for nursing and has been in the literature since 1980. Mentoring, which has been used in other professional organizations for a long time, has started to attract attention as an effective guide in the professional development of the nursing (Hodgson & Scanlan, 2013). Traditionally, mentoring is defined as the relationship between the older, more experienced mentor and the younger, less experienced mentee who needs help in developing a career (Kram, 1985). The mentor can work in the same institution as well as outside. Over the years, the concept of mentoring has become clear and the mentoring relationship has begun to separate from the various other personal relationships. Although learning, growth and development are not seen in many professional associations and in many close personal relationships, the mentoring relationship is a relationship that focuses on career development and maturity of the individual (Kram, 2007). The mentoring capacities of mentors are different from each other and most nurses may not have a successful mentoring ability (Hayes, 2005).

Mentors may have beliefs that do not function in the presentation of guidance, mentoring, and mentoring relationships. For example, in order for the mentee to achieve a very high success and follow the recommendations of the mentor, expectations must be realized in relation to a mentor that meets the expectations of the mentor (Johnson, 2002). But in the real world it is unlikely to be able to meet these expectations. Differences in quality can be observed in mentoring relationships as in interpersonal relationships. Eby (2007) emphasized the importance of relationship quality for effective communication of mentor and mentee. There is always the possibility that positive results can not be observed without a positive mentoring interaction. Interaction here involves positive / negative interactions, not good / bad. However, negative nursing interactions in nurses increase in severity in proportion to burnout (Eby, 2007). Scandura (1998) and Feldman (1999) described negative mentoring as dysfunctional and harmful for health. It lies between being dysfunctional and harmful (Gormley, 2008). Although these unhealthy associations are few, there are still participants and they may be adversely affected (Eby & McManus, 2004). Negative mentoring believes that the relationship requires mentor position and that this problem is caused by mentees (Eby, 2007; Ragins, Cotton & Miller, 2000; Feldman, 1999). Problems in mentoring interactions can be encountered in interactions with small random interactions, such as mentor-mentee communication, incompatibility of personality and value judgment, and uncomfortable hostile interactions (Eby, 2007). Mentor-mentee performance problems can be a problem in negative mentoring experiences. Problems such as a general inadequacy and reluctance to learn may be reflected in the mentor poorly. In addition, people can face serious problems such as uncompromising opinions and opposition from violations of blood, abusive behavior or disturbing behaviors (Eby, Durley, Evans & Ragins, 2008b). Many professional organizations do this by encouraging mentoring to their employees, while considering positive mentor relationships. They should also consider developing mentoring trainings or venues that can deal with negative relationships (Eby, 2007).

Even if positive mentoring experience contributes to positive outcomes for mentors, including reduction of stress and exhaustion, negative mentoring experience may be associated with more negative outcomes. Negative counseling experience for Mentee has been associated with increased stress and decreased job satisfaction and increased work intensity. Negative counseling experience for Mentee has been associated with an increase in stress and a decrease in job satisfaction and an increase in intentions. Positive mentoring relationships have been associated with increased stress, decreased job satisfaction, and increased costs while experiencing negative mentoring experience, although stress reduction has positive characteristics such as preventing exhaustion (Eby & Allen,

2002). Not only do counseling for dysfunctional mentoring is also closely associated with increased stress and anxiety in the case who are willing to be a mentor (Scandura, 1998). Eby (2002) examined the relationship between emotional exhaustion dimension and negative counseling in a study of the relationship between negative mentoring experience and mentored burnout status. Negative mentoring has found a destructive relationship with increasing emotional exhaustion in interpersonal problems (Eby, Durley, Evans & Ragins, 2008b). Negative mentoring experiences are associated with emotional exhaustion in nurses, suggesting that these negative experiences are conducive to important outcomes (Scandura, 1998). It should not be forgotten that this contact will not always be supportive when it is assumed that negative experiences increase the effect of exhaustion on the theory of social change, which is usually increased in the workplace, and social support increases. Generally negative social interactions with colleagues are the cause of stress (Schaffer & Taylor, 2010). Schaufeli (2006) found that particularly unstable help relationships contribute to emotional exhaustion and may contribute to exhaustion and skepticism among nurses, regardless of the individuals at work in Leiter et al. (2010) (Schaufeli, 2006; Leiter, Price & Spence-Laschinger, 2010). Establishing positive relationships with the workplace has a key point for burnout and is guiding the workplace's social relationship pattern. Negative mentoring experiences are directly related to increased workload. In such a case, the mentor nurses contribute to the increase of the workload and the adverse effects of the negative relationship are adversely affected (Lee & Akhtar, 2011).

## **2. Other Factors Associated with Mentoring Behavior**

In mentoring, the consequences of burnout, workload and increased workload are a barrier to participation in mentoring. The perception of productivity and counseling values is related to the mentoring behavior in increasing desire and motivation for mentoring. Many studies have investigated situations in which the mentor is not willing to serve as an obstacle and mentor for mentoring, and the mentor does not accept it by protecting a certain person). Mentors are more eager to show the way they will follow people they see as highly skilled (Allen, Poteet & Russell, 2000). Mentors are those who have high performance, positive qualities and competences and are more eager to be mentors (Lapierre, Bonaccio & Allen, 2009). The characteristics of a mentee generally prevent the mentor from consulting with a particular individual, but are also influential in other factors. Obstacles in front of counseling from health workers; Not having a strong mentoring ability, seeing mentees as potential competitors, personal obstacles, time constraints, lack of attendance and incentives (Sambunjak, Straus & Marusic, 2009). Factors that may contribute to mentoring can be influenced by previous mentoring experiences of a willing person, social support of the manager, work stress or organizational factors and individual characteristics (Allen, Poteet, Russell & Dobbins, 1997b). Mentee's inclination to enter the mentality also includes the appeal of the mentor (Allen, Poteet & Burroughs, 1997a).

Another disadvantage for mentors as a disadvantage for mentors is that mentee failures are a poor source of mentoring, and should not be perceived as a qualitative mentor sensation to feel it as a shadow in revealing achievements (Ragins & Cotton, 1993). Factors that are relevant to helping and other empathy-focused personality factors are related to the greatest extent of mentoring, although mentoring is a less perceived disability (Allen, 2003).

The development of organizational culture counseling that makes it easier and easier to learn makes it difficult for mentally retarded communication to be established with people with weak social support and supervisory authority (Allen, Poteet, Russell & Dobbins, 1997b; Allen, Poteet & Burroughs, 1997a). One of the organizational barriers for mentoring in nurses in particular is time constraints (Hurley & Snowden, 2008; Sawatzsky & Enns, 2009). In the case of time constraints, people can believe that they do not have time for mentoring. In a study based on real mentoring behaviors, it can be understood by looking at the level of the individual's level of willingness and empathically focused relationship. Factors that affect real mentor behaviors and desires in mentoring may not always be compatible with each other, and studies that analyze true mentor behaviors related to it are needed (Allen, 2003).

In mentoring, individual and organizational factors are related to the desire for mentoring and the effects on actual mentor behaviors. Individuals may have individual differences in perceiving mistakes from mentee errors and their consequences (Allen, Poteet, Russell & Dobbins, 1997b). For those seeking mentoring, it is anticipated that mentee ability, lack of success, or concern and concern about the mentee's responsibilities. This factor may also affect the person who chose to engage in true mentoring behavior. Mentee's ability suggests that concerns about general concerns about lack of performance or mentee's responsiveness may be detrimental to mentors (Allen, Poteet & Burroughs, 1997a). Mentee's failures may be considered negative for mentors and negatively affect the perceived perceived failure of the mentor (Ragins & Cotton, 1993). Mentors want to mentor thinking that they have positive features, but they may be reduced because of reasons such as not being able to take the responsibility for the mentality and the possibility of causing a high cost error (Lapierre, Bonaccio & Allen, 2009). The embarrassment of material losses caused by mistakes also affects the perception of mentoring. Mentor may be responsible for the mistakes of the people they counsel than the cost of the mistakes for the nurses. Thus, possible mentee mistakes also reduce the desire to serve as a mentor (Allen, Poteet, Russell & Dobbins, 1997b).

Productivity is the willingness to mentor and can lead to the evaluation of the benefits of productivity. The prospect of guiding the new generation should be to provide more benefits with less cost. This affects individuals who are willing to mentor (Allen, Poteet, Russell & Dobbins, 1997b). Productive individuals also perceive fewer obstacles when guiding. They focus on the desire to help others, motivation and desire to convey their knowledge (Allen, Poteet & Burroughs, 1997a).

Increased workload stress creates fewer barriers to mentoring. It is thought that mentoring is more an obstacle for nurses who experience burnout at high level. Nurses with high levels of burnout are increasingly likely to withdraw by influencing their willingness to take on more role models brought about by mentoring (Allen, Poteet, Russell & Dobbins, 1997b). For mentors to engage in any issue and influence organizational hindering mentor behavior. It is natural that a nurse living in excess of workload does not want mentoring. It has been noted that time constraint is the biggest obstacle to mentoring for nurses in studies conducted. Generally, mentoring is done to reduce the workload of working nurses, but besides their professional responsibilities, the nurses have difficulty in fulfilling their role of guidance and are avoiding taking the responsibilities of extra mentoring. The relationship of individuals to their organizations and the value of their belief in their profession are among the factors affecting mentoring. The willingness to take responsibility for believing in the importance of mentoring as a valuable concept and the values that they add to the hospital affects their willingness to mentor (Hurley & Snowden, 2008; Sawatzsky & Enns, 2009).

### **3. Shift Work**

Although there is no definite definition of what constitutes exactly what the shift work is, it is often referred to as working outside the general daytime schedule. May include work nights or evening shifts (Boggild & Knutsson, 1999; Smith, Folkard, Tucker & Evans, 2011). Such shift programs are very common in the health field; Maintenance, 24 hours a continuous supply. Shift work can have negative consequences for employees (Costa, 1996). Relevance of the shift work system can be linked to decreased performance in relation to biological disorders and health problems. In shift workers, cardiovascular diseases increase the risk of encountering various illnesses with adverse health behaviors such as sleep disturbances, increase in stress, prevalence in cigarette use and poor nutrition habits (Boggild & Knutsson, 1999).

In research that investigates the effects of shift work on employees, it is an important source of the intensity of working at night shifts. Working in shifts can cause conflicts in business life and the lack of control over work (Pisarski, Brook, Pohle, Gallois, Watson & Winch, 2006). Shift work in nurses can lead to increased role ambiguity, decreased work satisfaction with more workload, and increased work intensity when undertaking a task (Jamal & Baba, 1992).

Time constraints and shift work in nurses are defined as a reduction in mentoring behavior and an obstacle to mentoring (Hayes, 2005). An irregular and non-routine shift system is seen as an obstacle to the increase in workload in mentoring practices (Ragins & Cotton, 1993; Hurley & Snowden, 2008; Yildirim & Aycan, 2008). At the same time, shift work has been associated with reduced use of social support systems (Boggild, Burr, Tuchsén & Jeppesen, 2001). Mentoring is a kind of social support; Shift workers may not receive social support or be less willing. The age of entry into the shift work system decreases with age. This increases the likelihood that senior nurses may be interested in receiving less workload by controlling shift schedules (Bohle & Tilley, 1998). The severity is strongly related to the perceived less willingness and utility of mentoring. While senior nurses are more willing and able to participate in mentoring, shift nurses are less likely to mentor because of their attitudes to working in shifts (Ragins & Cotton, 1993; Chislieri, Gatti & Quaglino, 2009).

Workers at night have work related to having a lower control sensation and decision-making power than those who work in the daytime (Pisarski, Brook, Pohle, Gallois, Watson & Winch, 2006; Boggild, Burr, Tuchsén & Jeppesen, 2001). Nurses working at night indicated that they could not have enough control power to use time and resources to participate in mentoring as they had less responsibility (Bohle & Tilley, 1998). This suggests that they may be less willing to undertake additional responsibilities for mentoring. Establishing a high quality relationship with the supervisor nurse has been associated with being willing to mentor (Allen, Poteet, Russell & Dobbins, 1997b). Reducing professional involvement during night shifts and decreasing the adoption of superior role models of mentoring may also lead to reduced outcomes (Blau & Lunz, 1999).

Shift work programs are a structural barrier to participation in mentoring because of reduced mentoring behaviors and lack of continuity with the employee (Sambunjak, Straus & Marusic, 2009). The same nurse can not be in the same shift every shift in shift work. Because of this, they can not set the time required to establish a mentoring relationship. Nurses with a fixed working schedule are more inclined to participate in work and meetings with their professions. This is especially true for senior nurses (Jamal, 1981).

Although shift work is associated with an increase in workload, there are different results in the literature. They found that the irregular work programs were related to the increase in workload. They reported that the levels of responsibility were lower at night when employees were less involved. The increase in workload and shift work were affected by the decrease in the use of social resources (Yildirim & Aycan, 2008; Bohle & Tilley, 1998).

#### **4. Productivity**

Mentors may be motivated to provide counseling for a variety of reasons. Although individual variables may be explained by more variables in the motivation of mentors than organizational variables; both individual variables and organizational variables can motivate the mentor to mentor with organizational incentives (Aryee, Chay & Chew, 1996). Another reason for focusing on mentoring and asking for mentoring is explained as organizational incentives (Allen, Poteet & Burroughs, 1997a). Another study suggests that increased motivation for mentoring may be a source of concern for others. For individuals seeking mentoring, this concern can be called anxiety about productivity (Allen, Poteet, Russell & Dobbins, 1997b). Management and mentoring are often theoretically linked (McAdams & de St. Aubin, 1992).

Productivity may also contribute to the positive results associated with the mentor, while contributing to the candidate mentor. It is important to be able to understand individual differences in determining mentor motivation. However, it should always be kept in mind that individual differences affect the value of productivity in mentoring relationships in mentoring relationships. Compared to other productive items that make up the entire social structure in mentoring, the productivity level increases with the number of mentors who are mentally productive (Parise & Forret, 2008).

Those who are highly productive mentally outsource any organizational encouragement to mentoring for an opportunity to give back to their organizations. That is, productivity can serve as an

individual's own internal reward. Having many positive counseling experiences can be pre-determined patterns for highly productive individuals and can be part of a lifestyle that includes other ways of producing return services. For this reason, having positive counseling experience may be more important for less productive individuals, less active for productive individuals. Most external acquisitions associated with positive mentoring experiences can be particularly beneficial for less productive individuals. Productive individuals reported that they had more personal sense of accomplishment when the more productive individuals were more positive than them (Schaffer & Taylor, 2010).

When a mentoring relationship is characterized by many negative counseling experiences, the mentors may result in much more negativity than the benefits to be provided in the future for the possible mentoring relationships. Hence, the negative counseling experience may also be related to the increase in the exhaustion of mentors. However, individuals with very productive qualifications may be more resistant to negative counseling experiences. They are mentors to help new generation nurses and they only function to fulfill the mentorship role. Most mentors may not think that counseling is rewarded from the outside, but they also think that rewarding from outside is not appropriate (Dickinson & Johnson, 2000).

Also, for individuals with a high prevalence of mentoring, mentoring may lead to a resultant productivity. Thus, negative mentoring experience may be less effective for these people. For these reasons, highly productive individuals may not be as influential as non-productive individuals than negative mentoring experiences. Productivity serves as a buffer for success from the negative effects of negative mentoring experiences (Schaffer & Taylor, 2010).

## **5. Mentor's Value Perception**

As already mentioned, productive anxiety refers to the concern of the individual to help the success of the new generation of nurses. The less experienced nurse can be explained by organizational factors, but the desire to help through mentoring. Organizational factors can cause differences in the perception of the value of mentoring in different nurses, in the workplace where they work. Some nurses may think that the mentoring is supported or rewarded by the hospital. Non-formal mentoring may be an extra role behavior and one might think that nurses may have a very serious prescription for their progress in the organization. Some nurses may have a large number of experienced nurses who need mentoring, while others may not feel the need for mentoring. This influences the perceived value of entering into great mentoring. The perceived value of mentoring as an organizational factor may also affect the relationship between mentoring and burnout. Individual characteristics play a stronger role in mentor motivation. Organizational characteristics for mentoring are also related to organizational awards and organizational mentor motivation (Aryee, Chay & Chew, 1996; Dickinson & Johnson, 2000).

## **6. Perceived Results of Mentoring**

Negative mentoring experiences are defined while conflicts are defined as a destructive relationship pattern, whereas negative performance problems of mentees and mentee errors in nursing can affect the results as mentor-focused (Schaffer & Taylor, 2010). Unlike other professions, the mistakes that the mentees made in nursing are much more critical. A mistake made by a nurse can cause life threatening and death. There is some responsibility for mistakes that may cause the mentoring relationship to be perceived as particularly stressful by individuals who receive mentoring services. In the nursing literature, student nurses stated that they experienced stress when they thought they could not be informed or were not as ready as they were. General knowledge and skill levels are reported as a source of the student-related conflict (Kemper, 2007; Mamchur & Myrick, 2003). Another study reports an increase in the level of anxiety about responsibility when examining variables related to student errors and potential anxieties (Omansky, 2010).

## 7. Conclusion

The importance of mentoring should be emphasized in order to establish a successful mentoring relationship for nurses. Research and studies on negative mentoring in the nursing literature should increase. Indeed, almost all of the nursing literature is focused on positive mentoring. Therefore, new studies should be carried out on the basis of values outside of the semester data that focus on negative experiences. Nurses should be aware of the difficulties in mentoring reported by health professionals, and the problems of negative mentoring should be minimized.

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