

Chapter IX

CMC and E–Mentoring in Midwifery

Sarah Stewart

University of Queensland, Australia

ABSTRACT

A mentoring relationship is one in which an experienced person or mentor supports a less experienced person or mentee. E-mentoring is an alternative to traditional face-to-face mentoring incorporating the use of computer-mediated communication (CMC). Currently, e-mentoring is not commonly practiced by New Zealand midwives; however there is some interest in its potential especially as it may overcome geographical isolation which increases access to mentors. This chapter will describe the experiences of one New Zealand midwife who mentored two new graduate midwives in 2006 using a secure store-and-forward e-mail system. This chapter explores how CMC was utilized to facilitate the elements of the mentor's role as well as reports on the experiences of the mentor and mentee.

INTRODUCTION

E-mentoring is a support and development strategy that is carried out using computer-mediated communication (CMC). It has the potential to be a valuable resource for health professionals, especially for those who work in geographical and professional isolation. However, there are concerns that CMC cannot be utilized to sufficiently perform the functions of mentoring. This chapter will explore how CMC can be effectively employed for the support and professional development of

midwives whose practice is based in an intensive face-to-face clinical context.

BACKGROUND

There are a number of definitions for mentoring depending on the context in which it is being carried out. Generally, mentoring is considered to be when an experienced person ‘works’ with a less experienced person in order to promote learning, reflection and self-development (Klasen

& Clutterbuck, 2004). Mentoring has a number of elements such as career development, sponsorship, counselling, networking, psychosocial support and sharing of information (Brockbank & McGill, 2006). Mentoring is not to be confused with other support and development mechanisms such as coaching and supervision, which focuses more on the development of skills. The mentoring relationship is a two-way process which potentially benefits both mentor and mentee as they learn from each other. The relationship is driven by the needs of the mentee, with the aim that she¹ becomes an independent, autonomous learner (Klasen & Clutterbuck, 2004). The advantages of mentoring for organizations and individuals appear to include decreased occupational stress; improved recruitment and retention of staff; increased self confidence and motivation; career advancement and academic success; increased communication and collaboration as well as self fulfilment (Bierema & Merriam, 2002).

Mentoring and Health Professionals

The value of mentoring has been recognized throughout the health professions and a range of schemes have been set up in both clinical and educational settings. The Guided Growth Intervention was a project that was set up in a healthcare facility in Florida in the United States of America (USA) that matched long term care nurses with mentors with the aim of increasing performance and knowledge levels (Nedd, Nash, Galindo-Ciocon, & Belgrave, 2006). The participants who were mentored had a perceived level of expertise that was twice as high as those who were not mentored. In the United Kingdom (UK) a mentoring system was developed in which senior management staff mentored mental health nurses (Woolnough, Davidson, & Fielden, 2006). An evaluation of the mentors' experiences found that they had a greater understanding of the nurses' role and organizational issues. They also had a greater sense of self fulfillment and enjoyment, as

well as a desire to affect organizational change. Career development was the essential feature of a highly successful mentoring scheme for general practitioners carried out in the London area, UK (Freeman, 1998). Mentees valued personal feedback from their mentors that helped them cope with stress and manage the boundaries between work and home life. For rural nurses in Australia, mentoring is perceived as a strategy for recruitment and retention as well as support as they face challenging issues in remote geographical locations (Mills, Francis, & Bonner, 2007). This has led to the development of training workshops by the Association for Australian Rural Nurses (AARN) in 2003, which prepared nurses to mentor inexperienced colleagues in the rural setting. The participants of the workshops reported that they felt better equipped to be mentors with an increased understanding of the mentoring process. As yet, the AARN has not initiated a formal mentoring program for rural nurses.

Mentoring and New Zealand Midwives

In the New Zealand (NZ) midwifery context, mentoring is considered to be a vital for midwifery professional development and support, especially for new graduate midwives. Midwives in NZ are autonomous practitioners who care for women and their babies from conception until six weeks after the baby has been born. This carries a high level of responsibility, pressure and stress, especially for new graduates who may move straight into self-employed practice following graduation. New graduates are encouraged to seek mentors to support them, especially if they are going to work as sole practitioners. Mentoring as seen as a strategy for life-long learning appropriate for all midwives, not just new graduates however, there has been little information as to how mentoring is carried out nationally.

A national survey was carried out in 2005 to investigate midwives' beliefs and experiences

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