

Mentorship ecosystems in healthcare: A snapshot from the Radiography community of the United Kingdom

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Abstract

Mentorship is considered essential for all professions and roles in healthcare, to facilitate educational development, career growth and the sharing of institutional or professional knowledge from generation to generation.

Mentorship exists in various forms and to meet many purposes; it can be formal or informal, with the former generally being more structured, having established objectives, a designated timeframe, and defined responsibilities for the involved parties.

Multiple studies of mentoring in healthcare have demonstrated increased job satisfaction and reduced burnout rates for mentees, and a subsequent positive impact upon staff turnover and retention.

This commentary provides an understanding into the mentorship ecosystem with an exemplar snapshot from the Radiography community of the United Kingdom and advocates and proposes some practical tips through reflections that could potentially be helpful to mentors and mentees in healthcare.

Keywords: Mentorship; preceptorship; Medical Radiation Sciences; Radiography; Career Development

Introduction

Mentoring is the process through which a professional provides support, guidance, and advice, generally to a less experienced individual within their sphere of influence^{1,2}.

Mentoring relationships are based on mutual trust and respect³ and focus upon the mentee's growth and development, often through mutually agreed goals^{4,5}. The mentor acts as a role model and resource, which can be in the form of a coach, supervisor, teacher, or counsellor, dependent on the circumstances^{1,6}. The framework and theoretical basis for mentoring stems from the 1980s when two clear functions were identified: to enable career advancement and to enhance a sense of self-identity (psychological and psychosocial support)⁴. One depiction of a mentor is 'someone who has more imagination about you than you have about yourself' with a genuine interest in the mentees' wellbeing and success⁷. This article will examine the relevance of mentoring in modern day radiography practice.

Multiple studies of mentoring in healthcare have demonstrated increased job satisfaction and reduced burnout rates for mentees and a subsequent positive impact upon staff turnover and retention^{4,1,8}. In the current climate of demand upon imaging and radiotherapy services, and with the increased numbers of radiographers needed in the near future, retention is a key

consideration^{9,10}. Other institutional benefits of a strong mentorship culture include greater research engagement, increased clinical productivity, and improved leadership in the future generation^{1,4}.

Radiography is a fast-paced and ever evolving profession, where the required skillset is broad, and technological and clinical developments necessitate the imaging and radiotherapy workforce to constantly adapt. These factors can make the initial steps as a qualified radiographer feel overwhelming. Mentorship has the potential to positively influence an individual's experience in a new role or unfamiliar environment, and to increase their sense of belonging^{8,11}. There are other proven benefits for a mentee that are relevant to radiography, including enhanced critical thinking abilities, clinical knowledge, teamwork skills, leadership ability, and the opportunity to gain career planning advice^{12,1,11}. The Society and College of Radiographers (SCoR) in the United Kingdom recognise the value of mentorship for service delivery, the patient, and the health care professional, and 'expect their members to act as mentors and mentees as part of their general professional role'¹³.

The Radiography mentorship ecosystem in the United Kingdom

Mentorship is considered essential for all professions and roles in healthcare, to facilitate educational development, career growth and the sharing of institutional or professional knowledge from generation to generation^{12,14}. In the earliest stage of development as a radiographer, during student training, mentoring can be utilised to translate classroom based learning within the university, to the clinical and decision making skills needed in the imaging department when on placement^{6,15}. Student mentors can share their experience, insights to radiography, as well as help trainees in their professional identity formation^{4,16}. Newly qualified radiographers are also frequently offered mentorship through preceptorship processes to facilitate their transition to independent practice and for workplace integration¹⁷. It is, however, important to note that mentorship can be useful at many stages throughout a radiography career, beyond just those early years, particularly at pivotal moments of change or when pursuing professional goals. It is recognised by the SCoR that along a career path an individual will likely act as both a mentee and mentor multiple times¹³.

A successful mentorship process is a two-way, dynamic, and reciprocal relationship, which also provides a development opportunity for the designated mentor^{12,4}. Intellectual stimulation, gaining insight to different viewpoints, and further development of skills related to communication, problem solving, and reflection are all documented outcomes for mentors^{1,4, 11}. This aligns with the relatively new concept of reverse mentoring, where there is complete reversal of the traditional roles of mentor and mentee, and the abolition of a hierarchy¹⁸. The less experienced specialist mentors the more experienced specialist, while positively influencing both parties' learning experience and outcomes¹⁹. This theory has been explored in the fields of information technology, business and education but there is a scarcity of evidence within healthcare and radiography. This may indicate a gap and potential opportunity for further research in the future.

Mentorship exists in various forms and to meet many purposes. When formal in nature, mentorship often involves established objectives, a designated timeframe, and defined responsibilities for the involved parties. Examples of this may be a preceptorship arrangement or for an academic programme. Informal mentoring is often spontaneous, unstructured, and without contractual agreement⁶. There is also increasing evidence to support innovative methods such as peer or horizontal mentorship where learners or colleagues, who are either at the same stage in their career or one is a few paces ahead, establish a support mechanism^{3,6}. This can be valuable for sharing recent direct experiences and any 'unwritten rules'. While this is often accessible and encourages collaboration, there will be a limit to career knowledge and experience gain in this form⁴.

There are many avenues to initiating a mentor-mentee relationship within radiography. Formal mentorship may be established as part of a departmental preceptorship, clinical training in a specific area, or a post-graduate educational or research programme. Further structured development opportunities are available such as the SCoR research (FoRRM) and leadership mentoring programmes, where one-to-one support is provided over a 12-month period¹⁵. FoRRM has been active since 2017 and has demonstrated overwhelmingly positive outcomes year after year²⁰.

An individual may seek informal mentorship through their organisation. There is also the option of reaching out to role models and potential mentors in a particular field via social media; the increasing use of, and familiarity with, teleconferencing makes this more achievable than previously. This opens opportunities to access specific expertise or experience from anywhere in the world and an alternate perspective, external to an individual's working environment⁶.

Within radiography in the UK, mentoring exists for many reasons and creates a rich and interwoven ecosystem. **Figure 1**, demonstrates a snapshot of an exemplar mentoring 'ecosystem'. There are many further connections involving the practitioners labelled on this diagram, where they act as mentors or mentees in other professional relationships.

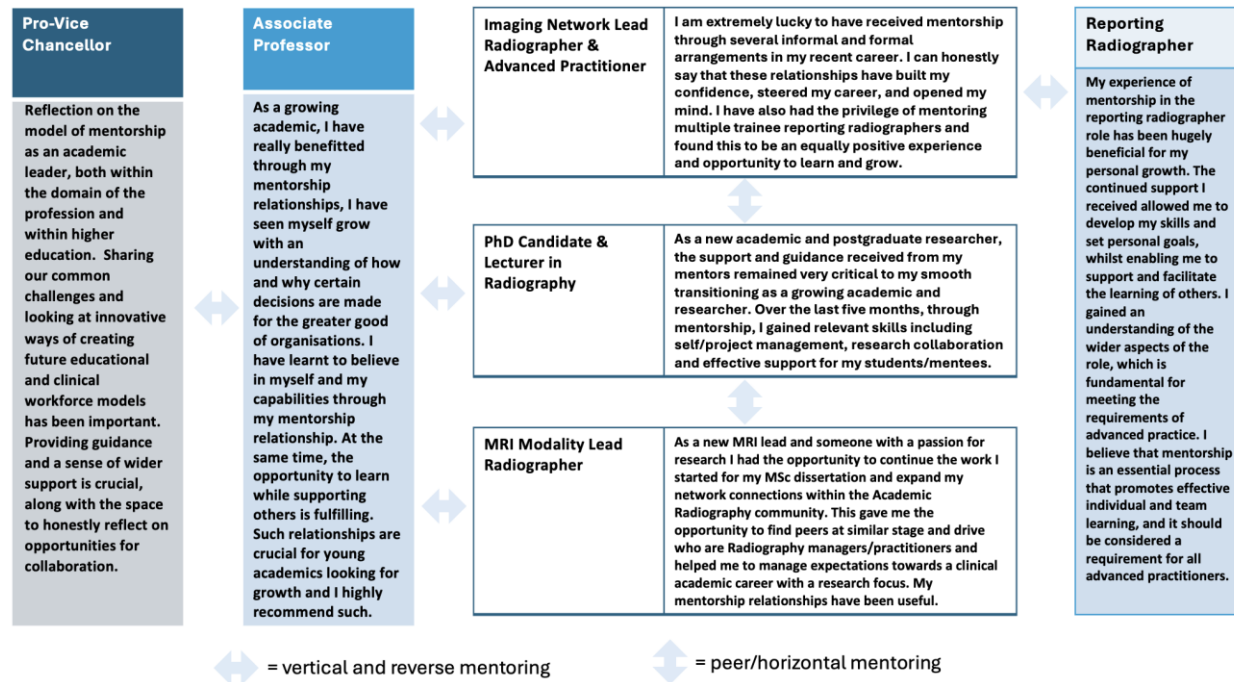


Figure 1: Illustration of some types of mentorship with commentaries showing the spheres of influence within the Radiography community. This demonstrates a snapshot of an exemplar mentoring network and relationships that exist within the Radiography community. This is developed from reflections from the authors' own relationships to highlight the various mentorship. *Vertical mentorship* brings the wisdom and years of experience to support the growth and progression of relatively junior colleagues while *horizontal mentorship* provides a safe space for colleagues at the same stage who are mostly dealing with similar challenges along their growth journeys.^{18,19} *Reverse mentoring* is critical for the development of specific skills of mostly senior colleagues through their relationship with relatively junior colleagues.¹⁸ For example, the relationship between the Pro-Vice Chancellor and the Associate Professor is mostly vertical, however, it becomes a reverse mentorship relationship while exploring specific topics for skill and knowledge exchange. This phenomenon is depicted across the other relationships highlighted. Peer/horizontal mentoring relationship exist with the Imaging Network Lead, the Lecturer and the MRI Modality Lead Radiographer. Of note, they collectively receive *group mentorship* from the Associate Professor who equally benefits from their current clinical expertise through a reverse mentorship relationship.

Inclusion and visibility of diverse leadership to enhance mentorship

Mentorship is not without its challenges, especially the time, effort and dedication that is required from the mentor^{12,4}. One method to overcome this is through a mentoring network, where an individual has multiple mentors, thus sharing the workload and responsibility¹². This exposes the mentee to a more diverse range of mentor expertise, perspectives, and personalities, and has been shown to result in higher job satisfaction^{4,6}. There is a need for a whole system approach to mentorship, specifically, across the academic space. Nursing and Medical programmes typically embed leadership, autonomy, and confidence within pre-registration curricula. Conversely, some allied health professions (AHPs) have not experienced a culture of promoting the concept of leadership or mentorship all the way through their careers. AHP programmes tend to focus more on environment to create an impact upon the expectation, mind-set, and motivation of all healthcare professionals working within Higher Education²¹.

There are other key lessons to enhance the mentorship experience including clearly defining roles, responsibilities, and goals early in the process¹². The relationship should be based on trust, respect and mutual understanding with effort and commitment required from both sides^{12,6}. Open and supportive communication should be encouraged, with the mentee being able to receive feedback to facilitate their learning⁶. It is vital that mentors from diverse backgrounds (including ethnic minorities, neurodiverse, and disabled groups etc) are promoted to provide guidance and role modelling to all in the radiography profession¹⁶. The visibility of leaders from similar backgrounds to the diverse healthcare workforce is important for true inclusivity and to properly reflect the profession. The positives of receiving mentorship may also aid individuals from minority populations to overcome known barriers such as less developed support networks and poorer long-term career outcomes⁶. Mentorship needs to be threaded through the radiography community, in all forms, and accessible to all of the workforce, at various stages throughout their career journey. This collaboration and mutual support promote a continuous learning and improvement culture, which positively impacts practitioner job satisfaction, services and patients. There are opportunities available within radiography, as well as the option for practitioners to initiate their own mentoring arrangements. Creating the right environment for mentorship models to flourish is important and links with the approach taken to innovation within any organisation. Building a future-focused culture that is open to a mentorship approach, through strong relationships, and a desire to learn from each other and understand the skills, beliefs and values required for societal success is important²².

Conclusion

Mentorship should be viewed as a two-way and dynamic process, either via an individual or group approach. Frameworks for formal and informal mentorship within Radiography have existed for many years; however, the complexity of roles within contemporary practice, coupled with the need to create the relevant 'bandwidth' that focuses on the future, whilst managing the present challenges and opportunities across the workplace is critical. The development opportunities for potential mentorship opportunities should not be underestimated and this is especially true when we think about the practice-orientated dimension of AHPs and the diverse range of roles that may exist. The cyclic nature of mentorship should create the necessary space for reflection, sharing of experiences, and networking. The mentorship relationship should also ensure there is time set aside for unintended conversations that may and often arise through a collaborative exploration of intersectional topics.

Dedicating time, space, and an authentic approach to any mentorship relationship is key, with an appreciation for cultural and discipline differences at the centre of conversations. Any mentor and mentee should also look to embed an intersectional lens in all the conversations and potential steps taken, and this should create positive opportunities for models such as reverse mentoring and greater understanding of emerging approaches to new ways of working across the profession.

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