

What Makes a Good Mentor-Mentee Relationship?

Sambunjak D, Straus SE, Marusic A. A systematic review of qualitative research on the meaning and characteristics of mentoring in academic medicine. J Gen Intern Med 2010;25:72–8.

Study Overview

Objective. To understand the meaning and characteristics of mentoring relationships in academic medicine.

Design. Systematic review.

Setting and participants. A systematic search of the following databases was performed: psycINFO (1967–2008), ERIC (1965–2008), Ovid MEDLINE(R) (1950–2008), Scopus (1996–2008) and Ovid Current Contents/All Editions (1993–2008). Studies that used qualitative research methods to explore the meaning and characteristics of mentoring relationships in academic medicine were included. Quantitative studies, studies dealing with peer mentoring, online or telementoring, and studies of short-term, task-oriented relationships such as clinical, research, or educational supervision were excluded. There were no language restrictions. Eligible articles were used as the starting point for a “berry-picking” search that included footnote chasing, citation searching, author searching, and searching of related articles in MEDLINE. Titles and abstracts of all retrieved articles were independently screened by 2 reviewers. Full texts of potentially eligible articles were read by 2 reviewers; in cases of disagreement, the third reviewer was consulted and a decision was made by consensus. Quality assessment and data abstraction were performed independently by 2 reviewers.

Main outcome measures. Qualitative meta-summary—a noninterpretive method for aggregating qualitative research—was used to analyze study findings. Findings were grouped into 5 thematic categories: (1) desired characteristics and actions of mentor and mentee, (2) initiation of the mentoring relationship, (3) structure of the mentoring relationship, (4) characteristics of the mentoring relationship, and (5) barriers and possible solutions to mentoring.

Main results. The database search yielded 8487 citations. Of these, 114 full-text articles were reviewed and 8 met inclusion criteria. The “berry-picking” search yielded 3431 citations. Of these, 4 full-text articles were reviewed and 1 met inclusion criteria. Thus, a total of 9 studies were included in this systematic review. All studies were conducted in North America. The median (range) number of participants was

18 (2–71). More than half of the studies included both mentors and mentees, while the rest included only mentees.

Four studies reported the following desired characteristics of mentees: taking the initiative, having a commitment to the success of the relationship, having a passion to succeed in their career, being willing to learn, being selective in accepting a mentor’s advice, preparing for mentorship meetings, completing agreed upon tasks, responding honestly to feedback, performing self-reflection, and having the courage to face their weaknesses and make changes. The desired characteristics of mentors (described in 6 studies) were grouped as pertaining to the mentor’s personality (eg, patience and honesty), interpersonal abilities (eg, accessibility and dedication to the mentoring relationship), or professional status (eg, being well-respected in their field). The actions of a good mentor (described in 6 studies) were conceptualized as a continuum ranging from the personal (eg, providing moral support) to the institutional (eg, enhancing the mentee’s visibility).

Two studies explored the initiation of the mentoring relationship, which was described as the responsibility of the emerging mentee with early guidance from their institution. Participants in 4 studies raised concerns about the formal assignment of mentors, as this assignment could ignore the interpersonal aspects of the relationship and thus prove less effective.

Several studies discussed the preferred structure of the mentoring relationship. Findings about the importance of gender/race/ethnic concordance between mentor and mentee were inconclusive, with the sensitivity of the mentor viewed as more important than matching on these factors. Systems of multiple mentors were perceived as a possible solution to the challenge of gender, racial, ethnic or other differences.

Mentoring relationships were described as both personal and professional connections that may evolve over time and possibly develop into a peer relationship. It was perceived that mentoring should be based on honesty, trust, mutual respect, open communication, and confidentiality.

All studies reported barriers to mentoring, which could be classified as personal (mentee- or mentor-related), relational (ie, taking advantage of the mentee or competition between mentor and mentee), or structural (ie, time constraints

or lack of continuity). Suggested strategies to improve mentoring included training and education, fostering relationships, expanding the choice and availability of mentors, and providing mentoring rewards.

Conclusion. This systematic review identified a range of mentorship qualities and functions that provide both personal and professional support. Barriers to mentoring included personal attributes, relational problems, and structural constraints; suggested strategies for improvement were grouped similarly.

Commentary

Widely perceived as critical to a successful career, mentorship in academic medicine remains somewhat of a mystery [1,2]. What are the key components of a productive mentorship? What are the expectations of mentors and mentees? What functions can a mentorship serve? What are the most common pitfalls encountered by mentors and mentees, and how can these be overcome? While most trainees and faculty members can cite examples of mentoring relationships that failed, little guidance exists for those seeking to engage in or promote successful mentoring. In this article, Sambunjak et al explore the meaning of mentorship through a review of qualitative research addressing the attributes and actions of a good mentor, as well as mentorship barriers and facilitators. Their findings highlight the complexity of mentoring relationships and the need for further evaluation in order to translate desired mentorship characteristics into replicable actions.

The complexity of the mentoring relationships stems in part from the broad range of functions that it encompasses. The studies reviewed in this article emphasize that good mentors provide personal as well as professional support. For example, a mentor may help a mentee to balance career and family responsibilities and encourage self-reflection (more personal roles) while also advocating for the mentee in the department or larger academic community (more professional role). Similarly, barriers to a successful mentorship may stem from personal or relational conflicts (ie, differences in style or difficulty finding common ground) in addition to structural problems such as time constraints and lack of recognition or compensation for mentors.

Overcoming barriers to successful mentorship will therefore require a multifaceted approach. The authors highlight strategies targeting the personal aspects (ie, a mentorship

training program for faculty), relational aspects (ie, creating a space for mentorship outside the institution or writing a partnership agreement) and structural aspects (ie, giving faculty incentives such as formal evaluations or protected time) of mentoring. Many institutions have recently focused increased attention on the importance of mentoring, and/or instituted voluntary training for mentors [3]. Support for mentoring in academic medicine may be bolstered by accumulating evidence of the value of such programs [4]. More research is also needed to determine the acceptability, cost, and comparative effectiveness of these interventions.

Several limitations should be considered in the interpretation of this study's results. As with all systematic reviews, the authors were limited in their ability to draw conclusions by the quality of included studies. As the authors note, included studies did not explore the experience of mentoring in depth (ie, by doing an ethnographic study) and thus were unable to provide examples of how recommended strategies to improve mentoring were implemented in practice. While the author's search was systematic, it is notable that many articles were reviewed through a "berry-picking" search and it is possible that they failed to retrieve all relevant studies.

Applications for Clinical Practice

Mentoring relationships serve multiple important functions in academic medicine, including personal as well as professional support for mentees. Successful mentorship requires a commitment from both mentor and mentee and strong interpersonal skills, as well as a facilitating institutional environment. Additional research is needed to explore the effectiveness of strategies to improve mentorship.

—Review by Yael Schenker, MD

References

1. Jackson VA, Palepu A, Szalacha L, et al. "Having the right chemistry": a qualitative study of mentoring in academic medicine. *Acad Med* 2003;78:328–34.
2. O'Sullivan PS, Niehaus B, Lockspeiser TM, Irby DM. Becoming an academic doctor: perceptions of scholarly careers. *Med Educ* 2009;43:335–41.
3. Feldman MD, Huang L, Guglielmo BJ, et al. Training the next generation of research mentors: The University of California, San Francisco, Clinical & Translational Science Institute Mentor Development Program. *Clin Transl Sci* 2009;2:216–21.
4. Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: a systematic review. *JAMA* 2006;296:1103–15.