RESEARCH ARTICLE

Perspectives of Mentors on Mentoring: A Scoping Review of Benefits and Challenges

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ABSTRACT

Introduction: Mentoring is often conceptualized regarding benefits to mentees; however, we must also understand benefits and challenges from the perspectives of mentors. This scoping review describes, and classifies, benefits and challenges of mentoring as described by mentors.

Methods: The authors searched MEDLINE for articles related to mentors' perspectives of challenges and benefits. They applied scoping review procedures for screening abstracts, scrutinizing full texts, and extracting data. Researchers selected qualitative and quantitative empirical articles published prior to July 2023 that included mentors in a medical setting (physicians, residents, dentists, pharmacists, and nurses) providing their perspectives on the challenges or benefits of mentoring.

Results: The search identified 3038 abstracts, which the authors narrowed to 461 for in-depth review. Of these, 93 unique articles fit the inclusion criteria ($N = 53$ describing challenges and $N = 66$ articles describing benefits). From these articles, the authors extracted mentor-reported challenges of mentoring, primarily time management/workload, mentor–mentee relationship, lack of ability, information, and resources, bureaucratic issues, and mentee lack of interest/motivation.

Conclusions: Mentor-reported benefits of mentoring include increased skills, satisfaction, generativity/legacy, increased knowledge, professional relationships, and increased confidence. Mentor-reported challenges include time management/workload, mentor–mentee relationship, lack of ability/information/resources, bureaucratic issues, and mentee lack of interest/motivation. These findings highlight the mentor-mentee relationship as a source of both challenges and benefits for mentors. These findings suggest medical centres should engage in mentor training, structured mentorship programs, and structured mentor support to maximize benefits and minimize challenges for mentors.

1 | Introduction

Mentoring is key to the next generation of healthcare providers because it can result in increased mentee professional skills, personal development, research productivity, empathy, and retention [1, 2]. Mentoring is often conceptualized regarding benefits to mentees; however, it is also important to understand benefits and challenges from the perspectives of mentors. Understanding benefits to mentors is important in ensuring mentors' motivation to provide high-quality mentoring. This

scoping review describes and classifies benefits and challenges of mentoring as defined by mentors.

Mentoring has been described as 'a dynamic, reciprocal relationship in a work environment between an advanced career incumbent (mentor) and a beginner (protégé), aimed at promoting the development of both' [3]. It is a form of generativity [4], an emotional developmental stage of caring for others, often without expecting anything in return. Mentoring in health professions can take various forms. For example, (1) guiding a mentee's research project and helping them obtain funding, conduct research, and publish findings; (2) one-on-one guidance on the performance of procedural skills, such as blood draws or surgery; (3) oversight of a clinical practicum and the mentee's general clinical activities; and (4) advising on the mentee's education and training, including providing advice on completing program requirements, political and interpersonal issues, choosing a specialty, and finding employment. This mentoring can be formal (e.g., an assigned mentor for a practicum) or informal (e.g., a faculty member whom a trainee asks for advice outside of a formal relationship).

There is little research on healthcare mentors' motivations to mentor and the benefits to mentors. A study of managers in non-healthcare organizations found that intrinsic motivation (desire to help others or to improve oneself) was a strong predictor of desire to mentor, whereas extrinsic motivation (additional remuneration) did not predict desire to mentor [5]. In healthcare, where mentoring is often an expectation of faculty and clinicians, it is important to the benefits and challenges of mentoring.

Research-based guidelines for effective mentoring [6] include recommendations for organizational and structural components, topics (e.g., science, technology, engineering and mathematics), and formats (e.g., group, online). Best practices for mentoring are roughly in five areas: [6, 7] (1) appropriately matched dyads; (2) clear purpose, goals, and evaluation; (3) strong mentor–mentee relationship; (4) guidance and integration of the mentee; and (5) mobilization of resources. These guidelines and best practices are based on the mentors, which is essential for building strong mentoring programs that benefit both the mentor and the mentee.

Many academic medical centres and healthcare programs have mentor training or structured mentoring programs. Other academic medical centres provide mentors with insufficient training and preparation to mentor [8]. Finally, despite the importance of mentoring, there are persistent challenges in the research examining mentoring, leaving a gap in our understanding of how mentors make sense of their mentoring experience and create meaning from it [9].

Understanding what motivates (and demotivates) mentors is essential for facilitating mentors' participation in mentoring. We could find no reviews of mentors' perspectives of mentoring. Our research question was, 'What are mentors' perspectives on benefits and challenges to mentoring in healthcare settings?'

> **"***Understanding what motivates (and demotivates) mentors is essential for facilitating mentors' participation in mentoring.***"**

2 | Materials and Methods

Scoping reviews are used where the purpose of the review is to identify knowledge gaps, scope a body of literature or clarify concepts [10]. We chose a scoping review design because scoping reviews are a first step to synthesize evidence and assess the scope of literature on a topic; scoping reviews help determine whether a systematic review of the literature is warranted [11]. Steps for scoping reviews are as follows: (1) specify the research question; (2) identify relevant literature; (3) select studies; (4) map out the data; (5) summarize, synthesize and report the results; and (6) include expert consultation [12]. We followed the PRISMA-Scoping Review criteria.

2.1 | Specify the Research Question

The research question was: What are mentors' perspectives on benefits and challenges to mentoring in healthcare settings? This scoping review focuses on mentors in a medical setting (physicians, residents, dentists, pharmacists, and nurses).

2.2 | Identify Relevant Literature

With the assistance of a research librarian, we searched the MEDLINE database July 6, 2023, using terms that combined standard medical subject heading search terms for mentoring (*mentor*, *mentee*) and keywords associated with perspectives (variations of *attitude*, *experience*, *process*, *relationship*, *benefit*, *outcome)* with no date limits and English language. We did not distinguish between formal and informal mentoring; rather, we relied on the authors' descriptions of an activity as mentoring. This paper is part of a larger scoping review that addressed multiple aspects of mentors' perspectives [13]. A review protocol is available from the authors. Search criteria are in Appendix 1.

We identified 3038 abstracts. All authors applied information synthesis procedures (e.g., identifying relevant information and assessing validity) to assess abstracts, with two authors separately reviewing each abstract. Inclusion criteria were (a) qualitative or quantitative empirical articles, (b) adult mentors in a medical setting (physicians, residents, dentists, pharmacists, and nurses) of adult mentees, and (c) perspectives of mentors on mentoring challenges or benefits. Articles included mentoring training programs, mentoring interventions and interviews/surveys with mentors about their experiences generally. We excluded articles without abstracts, non-English publications, dissertations, editorials and commentaries. Disagreements were resolved in consultation with the first author. We retrieved 461 articles with abstracts that met criteria for full-text review. Four authors identified 93 articles that met all inclusion criteria, including describing mentors' perspectives of mentoring challenges or benefits. See Figure 1.

2.3 | Map Out the Data

Authors then independently extracted data including study sample size, study methods (qualitative, quantitative, mixed methods, intervention/other), mentor-reported challenges and
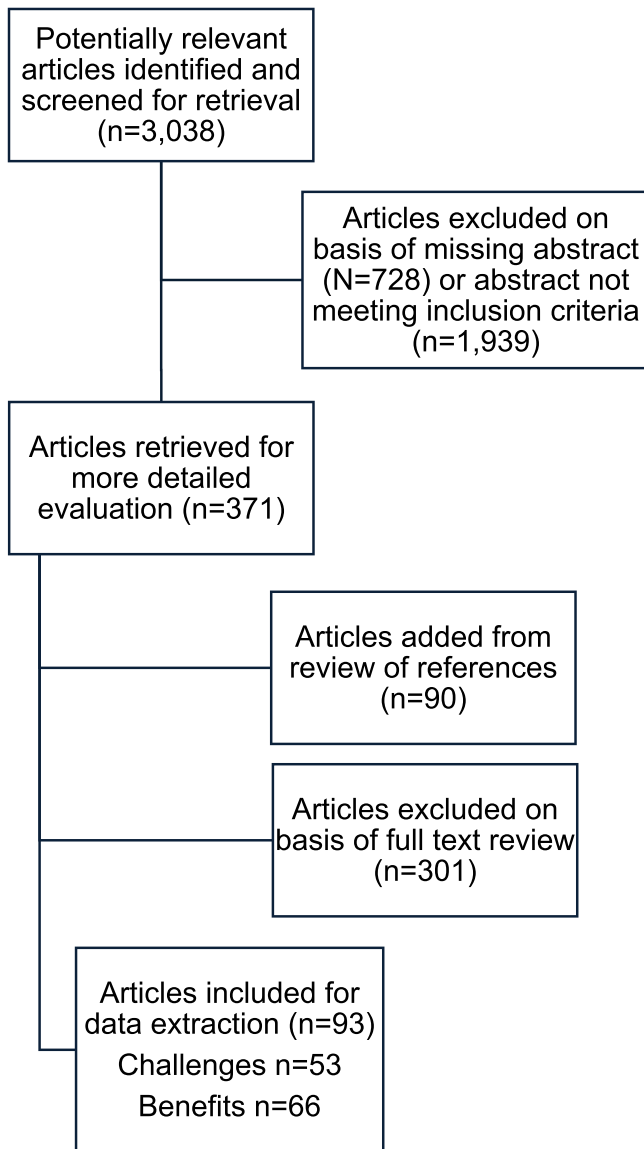
FIGURE 1 | Flow diagram.

mentor-reported benefits using data charts in Excel. In weekly group meetings, authors reviewed data extraction, including reviewing articles to confirm accuracy of data.

2.4 | Summarize, Synthesize, and Report the Results

Using thematic analysis techniques [14], author JG provided the initial analysis and categorization of benefits data; Author JPW provided the initial analysis and categorization of challenges data. Authors together reviewed data and refined categories. Researchers drafted an initial summary report of the data and a preliminary synthesis.

3 | Results

Researchers identified 93 unique articles that met the inclusion criteria: 53 articles described 139 challenges, and 66 articles

TABLE 1 | Mentor-reported challenges of mentoring ($N = 53$ articles).

Challenge	Number (%) articles reporting of $N = 53$
Time management/workload	36 (68%)
Mentor–mentee relationship	19 (36%)
Lack of ability/information/ resources	17 (32%)
Bureaucratic issues	15 (28%)
Mentee lack of interest/motivation	12 (23%)
No appreciation/compensation	10 (19%)
Mentee resistance	9 (17%)
Unclear expectations	8 (15%)
Mentor guilt/distress	4 (8%)
Language/cultural barriers	4 (8%)
Safety issues	3 (6%)
Other	2 (4%)

described 121 benefits of mentoring (See Appendix 2). Most articles included mentors who were physicians/residents ($n = 41$, 44%) or nurses ($n = 48$, 52%), with several pharmacists ($n = 3$, 3%) and dentists ($n = 1$, 1%). Articles included qualitative ($n = 35$, 38%) or quantitative ($n = 34$, 37%) methods, as well as mixed and multi methods ($n = 22$, 24%). The remaining (n = 2, 2%) were interventional. Sample sizes ranged from one to >450 (mean 42.5). Some articles addressed more than one outcome and are counted in both challenges and benefits.

3.1 | Mentor-Reported Challenges of Mentoring

Table 1 describes challenges. Full results and citations are available in Appendix 2. *Time management and workload* was reported by 36 articles (68%), including time constraints, scheduling conflicts, work overload and difficulty fitting mentoring into busy schedules. *Mentor–mentee relationship challenges* ($n = 19$, 36%) included earning the mentee's respect, defining the relationship, managing the innate power imbalance and balancing validating mentees while providing guidance. Seventeen articles (32%) reported that mentors indicated that they *lacked ability, information, or resources* to mentor, such as lacking a clear description of their role or clear guidance for defining clinical performance standards (Appendix Table 1).

> "*Mentor-mentee relationship challenges (n = 19, 36%) included earning the mentee's respect, defining the relationship, managing the innate power imbalance.*"

Fifteen (28%) articles cited *bureaucratic issues* such as inadequate institutional support, extensive documentation requirements, inadequate background information about mentees and

a desire for more institutional assistance in collaborations and conflicts (see Appendix 2).

Twelve articles (23%) reported a barrier in the form of *mentee lack of interest/motivation* in the form of mentee passivity, lack of commitment or lack of follow through. In 10 articles (19%), mentors identified a challenge of a *lack of appreciation/compensation*. These mentors indicated mentoring was uncompensated or undervalued by their institution. Some mentors indicated desire for a letter or certificate of appreciation. *Mentee resistance* was cited in nine (17%) of articles, including overconfident mentees who 'did not want to listen', mentee unwillingness to have difficult conversations and mentees making excuses.

Minor themes reported by fewer than 10% of articles were (a) *mentor guilt/distress* ($n = 4$, 8%), such as feeling pressure from the mentee to receive a passing grade in the practicum or questioning their own competence, (b) *language/cultural barriers* such with international faculty or geographic separation ($n = 4$, 8%) and (c) *safety issues* ($n = 3$, 6%), like maintaining confidentiality and avoiding legal problems.

3.2 | Mentor-Reported Benefits of Mentoring

Table 2 describes mentor-reported benefits of mentoring. The most frequent stated benefit was *increased skills* ($n = 20$, 30% of articles), including communication, intercultural skills, clinical skills, collaboration, leadership, problem solving, and teaching. *Professional development* as cited as a benefit by 17 (26%) articles including expanding mentors' professional networks and developing a relationship with their mentee.

TABLE 2 | Mentor-reported benefits of mentoring.

Benefit	Number (%) of articles reporting of $N = 66$
Increased skills	20 (30%)
Professional development	17 (26%)
Generativity/legacy	14 (21%)
Personal growth/reflection	14 (21%)
Increased knowledge	13 (20%)
Satisfaction/enjoyment	13 (23%)
Increased confidence	7 (11%)
Other	7 (11%)
Awards/recognition/financial benefit	6 (9%)
Development of department/field	5 (8%)
Credibility/prestige/reputation/respect	3 (6%)
Increased empathy	2 (5%)

Mentors in 10 (15%) articles cited *generativity/legacy* as a benefit of mentoring. Some mentors reported an intrinsic benefit of leaving a legacy, describing parallels to parenting. Other mentors appreciated contributions of new leaders and guiding the next generation. *Personal growth and reflection* was cited by mentors in 14 (21%) articles, including that the mentorship experience increased self-insight, increased personal growth, enhanced leadership and reflection, and provided an opportunity to reflect on their own careers. Thirteen (20%) articles reported mentors obtained *satisfaction or enjoyment* from mentoring. These mentors cited increased job satisfaction, happiness, and intrinsic satisfaction. Thirteen articles (20%) cited *increased knowledge* as a benefit to mentoring. Increased knowledge specifically included learning new developments and topic areas in the mentors' field and learning about the practice of teaching and mentoring. Seven articles (11%) cited *increased confidence*, charisma or self-assurance as a benefit of mentoring.

> **"***Personal growth and reflection was cited by mentors in 14 (21%) articles, including that the mentorship experience increased self-insight.***"**

Minor themes reported by fewer than 10% of articles were as follows: (a) *awards, recognition or financial benefit*, cited by 6 (9%); (b) *contributing to the development of the institution/field* ($n = 5$, 8%); (c) *increased prestige, reputation, or respect* ($n = 3$, 6%), and (d) *increased empathy* ($n = 2$, 5%). Seven articles (11%) cited *other* benefits including helped them feel young, fulfilment of need for intellectual stimulation, learning about next generation, research dissemination, research tasks, giving voice, reciprocity, safe space, catalyst for innovation, affirmed values/beliefs, independence and resilience.

4 | Discussion

This scoping review summarizes perspectives of mentors in a medical setting (physicians, residents, dentists, pharmacists and nurses) related to the challenges and benefits of mentoring. Mentors were challenged by (in decreasing order of articles reporting) managing their time and workload; managing mentor–mentee relationships; lacking the ability, information, or resources to mentor; encountering bureaucratic issues, managing mentees' lack of interest/motivation, feeling a lack of appreciation in mentoring or a lack of compensation; and experiencing mentee resistance to mentoring. Alternatively, mentors reported numerous benefits to their experience of mentoring, including increased skills, professional development, generativity/legacy, personal growth and reflection, satisfaction or enjoyment and confidence.

Previous research on mentoring in medicine and nursing identified challenges in the mentor–mentee relationship, including misaligned expectations, lack of motivation and commitment of mentees, gender and cultural issues, personality conflicts and communication problems [15, 16]. An additional study of mentoring in medical education has also found motivations to mentor that align with the benefits described here, including expanding educational experience, building relationships with students, and improving performance reviews [17].

> "*Many challenges indicated by mentors are actionable for decision-makers developing and designing mentorship programs.*"

Many challenges indicated by mentors are actionable for decision-makers developing and designing mentorship programs: Many drawbacks can be addressed through mentoring programs that include mentor training, consideration of mentor workload, institutional support for mentors, recognition for mentors, clear expectations and goals, extensive communication with mentors and mentees, and periodic assessment of mentoring relationships. For example, institutional mentor training programs can assist mentors in listening and communication skills, conflict resolution, and culturally competent mentorship training, which can proactively address mentor–mentee relationship challenges [18, 19]. Further, mentor training programs can assist mentors in clarifying and setting clear expectations about their role and the protege's role and expected time frames and commitment [18]; mentor training that addresses expectations can help mentors feel more prepared to mentor [19].

Future research should explore how benefits and challenges of mentorship intersect with context. For example, it would be useful to understand mentor requirements; the findings reported here may vary when mentors are compelled to participate versus those who are volunteering. Research should also explore the seniority of mentors (e.g. residents vs. senior faculty; certified nursing assistants vs. registered nurses) and trainees (e.g. first year students vs. early-career clinicians). Further, findings from the larger scoping review associated with this research found that the training and on-boarding mentor varies significantly and results in an impact on mentors' readiness to mentor [13]. Finally, some studies have indicated distinctions in mentoring experience based on sociodemographic factors such as race or gender of the mentors or mentees [20], and this should be explored as well.

4.1 | Limitations

This study was limited to medical professionals (physicians, residents, dentists, pharmacists and nurses), which may limit its generalizability to non-clinical or non-medical professions. Findings would likely differ across disciplines. Future research would benefit from a cross-discipline and interdisciplinary perspective. The search was only in the MEDLINE database, so it could have missed literature in other databases that discuss mentors from medical/nursing fields. It could be that medical professionals have different expectations and standards for mentoring than other professionals. Additionally, as a scoping review (as opposed to a systematic review), it did not include quality assessment or critical appraisal of studies; rather it focuses primarily on the (mostly qualitative) reports of mentors about their experiences. Finally, to clarify the scope of current research on this topic, we reported in Tables 1 and 2 the proportion of articles in which a mentor or mentors reported a challenge and benefit in their findings; the articles' study designs did not necessarily include interview or survey questions to their study participants specifically about each of these challenges and benefits. Nevertheless, we believe this reporting provides a reasonable approximation of the scope of the research on the topic.

5 | Conclusion

Mentors are the driving force of mentoring relationships, as they hold the expertise and skills being passed to the mentees. It is imperative that the needs and motivations as well as the challenges of the mentors are understood so mentoring programs can have both mentor and mentee needs met, thus ensuring better relationships and exchange of knowledge.

Mentor-reported benefits of mentoring provide suggestions for how healthcare institutions and academic medicine can maximize the benefits of mentoring for mentors, such as providing structured and opportunities for mentors to reflect on their experiences, especially personal growth, skills, knowledge, and confidence. These engagements can assist mentors in creating meaning from their mentoring experiences, recognizing and maximizing the benefit from mentoring and ultimately, increase the engagement and persistence of mentors in supporting the next generation.

Author Contributions

Jennifer P. Wisdom: conceptualization, investigation, writing – original draft, methodology, validation, visualization, writing – review and editing, formal analysis, project administration, data curation, supervision. **Cynthia Drake Morrow:** data curation, supervision, project administration, formal analysis, methodology, validation, visualization, writing – review and editing, writing – original draft, investigation, conceptualization. **Jacob Greene:** formal analysis, project administration, writing – review and editing, writing – original draft, validation, visualization, data curation. **Samantha Stone:** writing – original draft, writing – review and editing, project administration, validation, visualization, data curation. **Sarah Domsky:** formal analysis, writing – review and editing. **Deborah Heiser:** conceptualization, investigation, validation, formal analysis, project administration, resources.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.