# **Distal Mentoring: An Antidote to Toxicity?**

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## **Abstract**

Failures in mentoring relationships threaten outcomes and can lead to chronic damage to participants. This paper reports on findings from a recent doctoral study to establish how a developmental mentoring model would impact toxicity. Using a case study of a regional public services mentoring scheme operating a developmental mentoring model, findings indicated toxicity may be avoided when a 'distal' model of mentoring is adhered to. The paper explores the significance of a professionally or organisationally distant mentor in the prevention of toxicity.

**Key Words:** toxicity, developmental mentoring, distal, mentor self-care, chronic.

## Introduction

Despite its growing popularity and use, mentoring can occasionally fail and, due to the intensity of the relationship harm can be caused to both mentor and mentee alike. Such failing relationships have been ascribed the provocatively charged label of 'toxic' mentoring (Feldman, 1999, A wide variety of symptoms can suggest 'toxicity'; ranging from the Gray and Smith, 2000). relatively mild example of a mentee consistently arriving late or cancelling meetings, to a mentor who burdens the mentee with his/her own problems. Therefore toxicity could be described as the result of any behaviour that impairs the common intent of the mentoring process, that being, to "help people ... to release their potential and to achieve results that they value" (Connor and Pokora, 2007, p.6). This is the basis on which toxicity has been defined for this study.

The context of the research is a mentoring scheme that uses an adaptation of Megginson et al's (2006) developmental mentoring model within a National Health Service (NHS) regional scheme. The regional scheme consists of over 64 member organisations and members are encouraged to form dyads outside their organisation and profession. To avoid confusion with mentoring at a geographical distance as opposed to the professional or organisational detachment studied here, the mentoring context for this research will be referred to as 'distal'. The term 'distal' is therefore a new term adopted for this study. The combination of two elements; the developmental mentoring model as interpreted by the scheme, and the distal mentoring facility is suggestive of producing a successful mentoring environment potentially guarding against toxicity. For clarity, the developmental mentoring model used by the mentoring scheme and forming the basis of this study will be referred to as the distal developmental relationship mentoring (distal-DRM) model.

Developmental mentoring implies a relationship transformation over a period of time but it also alludes to the co-participatory nature of distal-DRM, using skills such as powerful questioning to elicit mentee contribution and ensuring a team association with an equal division of power. Distal-DRM also places the onus of listening on the mentor rather than providing instant advice to their mentee while the mentee is encouraged to explore and create solutions. Consequently the mentor has no need of specialised knowledge in the mentee's field or profession. This approach provides the

opportunity for evolving mentoring as a field. The model also lends itself to external or distal mentoring as no specialist knowledge of the profession or organisation of the mentee is required.

While early studies of mentoring by Levinson, Darrow, Levinson, McKee (1978) and Kram (1985) acknowledge problems in mentoring relationships such as overdependence, compared to the abundance of studies on the positive aspects of mentoring, far less research has been undertaken in the exploration of toxicity (Eby, 2007) with few links made between non-traditional mentoring approaches and toxic experience. Hamlin and Sage (2011, p.756) noted the lack of empirical evidence in negative mentoring and the need for a study of "ineffective behaviours". Furthermore they identified the need for raising awareness of effective behaviours through orientation sessions and ongoing training and development.

Eby and Allan's (2002) study of protégé's negative mentoring experiences identified mismatched expectations as causing high toxicity. The study was built on later by Eby and Lockwood (2005). Specific problems identified by protégés included mentor neglect and structural separation where the mentor retired or changed job. Mentors recognised feelings of personal inadequacy as problematic (Eby and Allan, 2002). Other studies (Neimeyer and Neimeyer, 1986; Kilburg and Hancock, 2006) also highlighted the issue of mismatched expectations and related it to a lack of contracting suggesting a relationship with toxicity. Simon and Eby (2003) is one of the few studies to observe a difference between mentoring models in terms of toxicity experienced in their study of 16 negative experiences. Findings linked career related mentoring with toxicity where, for example, the mentor lacked the technical skills to help the mentee, and psycho-social mentoring with a lack of interpersonal skills.

A few studies of external mentoring and mentoring networks can be found in the literature (e.g. De Janasz, 2003; McManus and Russell, 2007) but there is a lack of research into mentors external to the mentee either organisationally or professionally despite the recognition of the benefits of 'off-line mentoring' (Clutterbuck, 2004). There is however, growing evidence as to its value, for example, The Women in Universities Mentoring Scheme's evaluation report (2010) found that participants preferred the mentoring process to be outside the organisational culture.

The following sections outline the methodology used, and the study's findings in relation to distal mentoring and a discussion and conclusion.

# Methodology

It was considered that an holistic (Baxter and Jack, 2008) case study approach would be most suited to this research in recognition of the contextual implications of the setting, the focus of the model and its potential relationship with toxic prevention. A case study acknowledged the individual interpretation and subjective meaning of the toxic experiences allowing complexity of views to be expressed (Creswell, 2009), elucidating without narrowing the data's profundity.

The mentoring scheme chosen was ideally suited as a case study and comprised practicing mentors and mentees. It can therefore be viewed as a relatively specialist group. The mentors are all trained in distal-DRM techniques and the model is regularly promoted through training, awareness sessions and network learning events, consequently members could be described as informed. Although formally trained in this model mentoring styles can vary widely from developmental to traditional as mentors are encouraged to be adaptable, employing their own skills and knowledge for the benefit of their mentee. Membership consists of a wide variety of professionals and functions ranging from clerks to chief executives, clinical and non-clinical as shown in table 1 below.

Roles	Mentor	Mentee
Chief Executive/ Non-Executive	58	8
Consultant/GPs	106	63
Director/Senior Manager	264	545
Middle/Junior Manager	177	557
Band 1-4/Other	147	207
Total	752	1380

Table 1 Breakdown of members' roles in Scheme

There is therefore a wide range of roles and perspectives. Mentor and mentee viewpoints were sought in the study to provide a fuller perspective. The research sample offered an informed yet inclusive perspective for the study.

Figure 1 below details the research process showing the multiple units of analysis embedded within the scheme and the context of the sector. This multi-sourced approach contributes towards triangulation and offers a fuller view which contributes to the phenomenon's overall understanding, each providing "one piece of the puzzle" (Baxter and Jack, 2008, p.554).

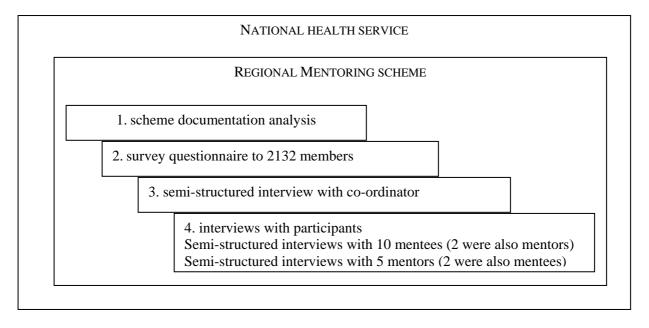


Figure 1 - Research process, embedded – multiple units of analysis

An analysis of the Scheme documentation was undertaken to review the level of training received by members. Interview and survey data was categorised to establish themes and patterns. The use of a survey as part of a case study methodology was influenced by Eisenhardt's (1989) recommendation that it can be synergetic: quantitative evidence can reveal relationships not obvious from qualitative data. It can also confirm qualitative theory. The survey was particularly guided by Creswell's 'checklist of questions' (2009, p.147) in its design, and Eby's 'continuum of relational problems' (2007) in its content. The intention of the survey was to:

- Gather facts about participants
- Establish their experiences of toxic mentoring
- Evaluate and explore the nature of toxic mentoring
- Seek participation in the main research study.

The survey of all Scheme members was undertaken with 141 responses. 29% had experienced toxicity and were questioned on their experiences both within and outside of the Scheme. In depth semi-structured interviews were then undertaken with 13 members to generate richer data, along with an interview with the Scheme Co-ordinator to provide insight into the original intent of the initiative. This was deemed sufficient because the interviews represented three of the five sources of data for analysis; the perspectives of mentors, mentees and the coordinator, along with the analysis of the Scheme documentation and analysis of the survey data. Table 2 below displays demographic information collected relating to the interviewees such as gender, experience and role. Only 3 interviewees possess a clinical background which, while representing only 23% of the sample, broadly correlates with the overall general demographics of the Scheme's total membership which consists of 32% categorised as 'clinical'. Non-clinical professions in the NHS are not, as a rule, offered access to professional mentoring schemes, unlike the clinical roles which benefit from a range of supportive programmes such as preceptorship in nursing. This incongruity may well contribute to the higher proportion of non-clinical staff attracted to the Scheme which is open to all.

	Mentor	Mentee	Mentor & Mentee
Female	2	7	2
Male	1	1	-
Inexperienced in mentoring	-	4	-
Scheme members	1	4	1
Non-scheme members	2	4	1
Non-clinical	2	7	1
Clinical	1	1	1

Table 2 Interview participants' demographics

The intention of the interviews was to illuminate the survey findings in terms of definition, symptoms and causal factors. The focus of the questions included understanding of the term 'toxic', the symptoms and causes of toxicity, any links between prevention and the model along with the concept of external mentors. The use of Eisenhardt's (1989) 'within case' analysis described earlier presents a practical solution for dealing with the amount of data arising out of a case study. The technique involves making detailed notes, usually descriptive, to promote intimacy with the data. The notes or 'write ups' produced were more reflective, to include impressions of the interview, and proved helpful in analysis. These reflections contributed to the overall picture being formed creating a reminder that the interview data was just one element of the overall case and not to be regarded or reported independently (Baxter and Jack, 2008). Tracy (2010) argues that multiple sources of data, including researcher viewpoints, encourage consistent interpretation. The demographics of the data provide a reasonable balance in terms of distribution from mentors, mentees, roles and gender. Despite the higher female to male ratio and mentee to mentor ratio, the participating group mirrors the wider Scheme demographic and thereby presents a realistic reflection of the context. There is a wide range of experiences both from within and outside of the Scheme providing a broad view of toxicity from "information-rich clients" (Salminen et al, 2006, p.5).

Mindfulness of validity increased as the interviews progressed to maintain vigilance against leading the interviewee by directly asking if the regional aspect of the Scheme influenced prevention even though Kvale (1994) argues that leading questions are under-used and do not necessarily reduce reliability. Price's (2002) 'laddered question' technique also increased awareness within an open interview allowing the researcher to adapt to the interviewee and respond more sensitively. This is achieved through electing levels of questions at appropriately responsive moments such as directive/action questions initially followed by knowledge/philosophy questions in response to the interviewee's answers. The use of knowledge questions can help the interviewee deconstruct a response, thereby validating its intent. This technique was adopted to individualise interviews whilst based on a standard question and ensured a more robust validity and ethical awareness.

The main ethical concerns identified in this study included potential damage to the participant when recalling their toxic experience, and the duality of role as researcher and Scheme trainer. To minimise the bias associated with insider-research the 'voices of the participants' were clearly represented by 'standing outside the practitioner researcher self' (McNiff, 2008, p.359).

# **Findings**

The term 'distal' has been referred to in previous mentoring literature concerning long-term benefits and outcomes (Eby, Durley, Evans, Ragins, 2006; Karcher, Kuperminc, Portwood, Sipe, Taylor, 2006), but not in respect of professional or organisational distance. It therefore represents a unique feature of this study. The research explored the impact and significance of the introduction of an external mentor; a mentor outside the mentee's organisation or profession or both, with regard to the prevention of toxicity. The findings lend support to the premise that this element of being 'offline' (Clutterbuck, 2004) improves confidentiality and trust thereby enhancing the mentoring relationship as described by the Scheme Coordinator:

Not working in the same organisation or indeed the same department as the person you are mentoring is far healthier and far less likely to have any overlaps or awareness of any situation your mentee is involved in, or have that personal attachment to it, that could have already led you to form your opinions or developed a belief about an individual. Coordinator

The Coordinator highlights the symmetry between distal mentoring and other elements of the DRM model, specifically as mentors are not forming or expressing opinions, thereby allowing the mentee to lead the discussion.

I think that working on the regional approach and the model that we use that is cut out of it, because you are not, as a mentor, living and breathing the organisation's issues, history, or acting out the behaviours of that organisation. I am not saying that will draw a line under it and stop it (toxicity) from happening because I am not sure you can really truly prevent an individual performing poorly or mentoring in a negative way, but certainly having that distance from an individual makes a huge difference and reduces or removes any toxicity because of the professional distance... certainly I think that plays a big part in preventing that. Co-ordinator

The notion of mentoring benefits brought about through professional distance is also recognised by mentors:

I think that all mentoring relationships should be outside of your comfort zone, so I do not want to mentor nurses because its what I do...and I am not as good, and the reason I am not as good as a mentor is that I bring all my assumptions...and its not a good place to be... the

foundation of your experience is already there so you have got your reaction before you start off. Participant Mentor

While the distal-DRM model encourages the mentor not to be judgmental or make assumptions because that may discourage the mentee from creative thought, disconnection from the profession or organisation guarantees an open mind.

When you mentor somebody in a profession that you know nothing or little about, you have got to ask clarifying questions and that stops you making assumptions. Even if you think of the nursing hierarchy, ok, the bands may be the same but the personalities in those bands across organisations are not the same, so therefore the sisters I have worked with in the past are not going to be the same, so that all adds to toxicity doesn't it? At the end of the day you have got all that transference going on as well, whereas I prefer a) outside your organisation if possible and b) outside your professional scope as well. Participant Mentor

In addition, Distal mentoring was identified as reassuring mentees of complete confidentiality where the issue of trust is removed:

I think having someone outside your organisation means you are free to talk about whatever you want. Because I know that she doesn't know her (the manager) and doesn't know anyone who does, so I feel quite happy to know its all in confidence anyway, but I know she wouldn't be able to tell anyone. Whereas I think if it was in my organisation there is always a chance, I do not know if they know them, and try as much as you can to not say their name, even if they know which department you are in they are going to know who your manager is. Having people outside my organisation is really important. Participant Mentee

Similar observations are found throughout the study:

I think it is a trust issue, certainly in my organisation we do not change staff a lot, and so it's quite an incestuous organisation. So it's about who you want to be mentored by...is that mentoring being performance monitored...all the issues around that, have trust. The fact that you can see someone who does not know your organisation... one of the mentors I had came from a completely different directorate and work that I did and that was a breath of fresh air. Participant Mentee

This observation strengthens the distal-DRM model's ideal of not forming opinions to allow the mentee to discover a new perspective or view of their situation.

While distal mentoring was recognised as safeguarding trust and confidentiality within the relationship the reverse was considered to affect the nature and focus of the session. This mentor comments about the role of the line manager as coach:

I do not think it's appropriate that a line manager or someone close in the organisation should be doing this kind of scheme with someone that they know quite well, because that just muddies the waters. Participant Mentor

In the following quotation a distal mentor offered clarity and focus to the relationship unfettered by the struggle to put aside her own views, opinions or agendas.

I had a mentor in a completely different discipline and she was really supportive, but it was really helpful to have someone who was not involved with the stuff I was going through. At the time we were going through a lot of change..... distance is a good thing because you cannot get involved with people's issues in the same way. It's so easy to slip into a moaning session for an hour and not achieve anything at all. I do not think that's conducive to a big, open mentoring relationship, I think it just gets everyone down. People do it and it is psychologically soothing at times, but then you can get into this spiral downwards, and you've got no one saying positive messages, people become very insular. So that's why I think it's better in a different organisation. Participant Mentor

Many mentoring schemes have recognised the benefits of distal mentoring to foster an 'independent learning dialogue' (The Women in Universities Mentoring Scheme, 2010) and avoid the mentor being labelled as 'an organisational agent' (Haggard, 2012) representing a potential risk to the confidentiality of the relationship. Threats to confidentiality could lead to toxicity as trust is compromised.

#### **Discussion and Conclusions**

From the findings presented above, it can be seen that the significance of the regional network was evident to participants and demonstrated a meaningful contribution to the model's success.

As a feature of the Scheme, distal mentoring was found to advance some defence against toxicity with 10 out of 13 interviewees citing a distal mentor as important. This supports the existing theory of off-line mentoring (Clutterbuck, 2004) and, due to the nature of the distal mentoring model, and the regional aspect of the Scheme offering a wider pool of members, extends it to cross-professional as well as cross-organisational boundaries. This is entirely appropriate for psycho-social mentoring rather than career orientated mentoring where the mentor provides specialist guidance to the mentee.

The implications for the profession are potentially significant, extending access to mentoring by increasing the pool of mentors. The absence of the need for specialist knowledge creates a non-judgemental mentoring experience, offering opportunities for cross mentoring. This bridges the professions, organisations, public and private sectors, injecting differing perspectives to enrich the process. Opportunities for further research are plentiful, in particular replication and extension of this aspect of the study to explore the relationship between distal mentoring and toxic prevention in a wider range of contexts.

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