



AOTEAROA NEW ZEALAND RESEARCH

Midwifery mentorship in Aotearoa New Zealand: The mentors' perspective

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ABSTRACT

Background: In Aotearoa New Zealand, midwifery mentoring aims to develop professional confidence and is formalised in a number of programmes to support sustainable midwifery practice in different settings. Mentoring is shown to be beneficial for mentee midwives, but little is known about the impact on the person who is doing the mentoring.

Aim: To explore the key attributes that underpin midwifery mentoring in Aotearoa New Zealand from the mentors' perspective; how these are applied by mentors within the mentoring relationship; and what impact this has on them professionally.

Method: This qualitative research used focus groups with mentor midwives identified from the Find Your Mentor database. A semi-structured topic guide used seven simple open-ended questions to stimulate discussion. Discussions were transcribed and analysed using the 6 steps of Braun and Clarke's (2006) inductive thematic analysis.

Findings: Four main themes were identified. The mentors described **Creating an empowered, safe space** in which power was balanced with trust and respect, and confidentiality built so that experiences could be shared and reflections supported. The second theme identified the mentors' role in **Building a support infrastructure** which focused firstly on the mentees' development, ensuring professional knowledge and professional responsibilities were met, and secondly on building a network of professional relationships to enable safe practice. The third theme **Supporting professional cohesion** described how the mentors and the profession benefit from the understanding and acceptance of different ways of practising midwifery and different midwifery roles as seen through the mentees' lens. The final theme **Sustaining midwifery practice** described how mentoring keeps mentors up to date and that, by supporting the work-life balance of the mentees, they also reflect on their own work-life balance and holistic wellbeing. The enthusiasm of the mentored midwives affirmed and fed the mentors' own passion for their roles as both a midwife and a mentor, and reflected positively for the health of the profession.

Conclusion: Midwifery mentoring relationships benefit both mentees and mentors, and support cohesion and sustainability within the profession.

Keywords: midwifery mentoring, sustainability, professional cohesion, mentor's perspective, Aotearoa New Zealand

INTRODUCTION

The mentoring relationship is a formal or informal relationship, in which the role of the mentor is to provide guidance and direction to support the personal growth of the mentee. Mentoring has been recognised as an important tool for addressing gender-based inequities in work satisfaction, professional development and career advancement (Cross et al., 2019; Hamer et al., 2019; Harris, 2022). The benefits of mentoring programmes, in supporting professional development, advancement and sustainability, are becoming increasingly recognised by many professions within

the healthcare sector (Cash & Moffitt, 2021; Mousa et al., 2021; Singh et al., 2021), including midwifery (Bradford et al., 2022; Wissemann et al., 2022).

In Aotearoa New Zealand (Aotearoa), informal mentoring relationships have been common within midwifery. Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa | New Zealand College of Midwives (the College) defines mentoring as a "negotiated partnership between two midwives with the purpose of enabling and developing professional confidence" (Gray, 2006, p. 24). The framework for midwifery mentorship in Aotearoa is "based on midwives supporting

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their peers in a negotiated partnership and is therefore seen as an equal relationship with no hierarchical principles”, marking this model as distinct from similar relationships of preceptorship or professional supervision (Gray, 2006, p. 26). Lennox et al. (2008) define the mentor midwife’s role as “The ability to both negotiate and be responsive to the mentee’s needs and concerns” and stress that the model of midwifery mentoring is “designed to meet the mentee’s needs and purposes rather than those of the institutions in which midwives may be employed” (Lennox et al., 2008, p. 9). Furthermore, the midwifery mentoring partnership in Aotearoa is intended to reflect the partnership model of midwifery care between midwives and women. As in the midwifery partnership, what occurs in the course of the mentoring relationship can be expected to differ in some respects, depending on the mentee midwife’s personal needs (Gray, 2006).

Formalised mentoring commenced in 2007 through a number of professional programmes aimed at improving the retention, development and sustainability of midwives and their profession. Aotearoa has several professional programmes aimed at supporting sustainable midwifery practice that include the use of formal mentoring relationships. Mentoring constitutes a key component of the Midwifery First Year of Practice (MFYP) programme, a mandatory 1-year programme for all new graduate midwives wanting to practise in Aotearoa. Each new graduate midwife receives 12 months of mentorship from a mentor midwife of their choice, which involves 40-56 contact hours and at least 12 face-to-face mentoring sessions. The MFYP programme as a whole has been shown to have a positive impact on new graduates’ confidence in the first year of practice, with mentees identifying mentoring as important to their professional development (Chapman, 2018; Pairman et al., 2016). Participation in the programme has also been linked to an increase in retention beyond the first year (Dixon et al., 2015).

The Rural Midwifery Recruitment and Retention (RMRR) programme established in 2009 also provides 12 months’ funded formal mentorship for rurally practising, community Lead Maternity Carer (LMC) midwives. This programme provides peer mentoring support to rural and remote rural midwives facing the unique professional and personal demands of providing LMC midwifery care in isolated and sparsely populated areas (Crowther, 2016). Having a rural mentor has been identified by rural midwives as a key strategy for sustaining them in rural practice (Daellenbach et al., 2020).

While midwifery mentoring appears to support the retention and confidence of mentee midwives in Aotearoa (Dixon et al., 2015; Jackson, 2020; Pairman et al., 2016), the mentors’ experience of the mentoring relationship and how they define their role have yet to be fully explored. The aim of this study was to explore the key attributes that underpin midwifery mentoring in Aotearoa from the mentors’ perspective, how these are applied by mentors within the mentoring relationship and what impact this relationship has on them professionally.

METHOD

Our study employed a qualitative approach, consisting of a series of focus groups with mentor midwives from a range of different clinical practice and cultural backgrounds across Aotearoa. Focus groups are a powerful research tool for gaining access to participants’ contextually based knowledge and collective understanding, based on their shared experiences. The use of focus groups in qualitative research has been found to encourage the collaborative construction of meaning, enhance disclosure and produce more elaborate

accounts from participants (Belzile & Oberg, 2012; Kook et al., 2019; Wilkinson, 1998).

Participants were recruited through the New Zealand College of Midwives Find Your Mentor database. Inclusion criteria for the participants were midwives who were listed on the database and who had actively engaged in a mentoring relationship through the MFYP or RMRR programmes in the past 3 years. There were 4 streams to the research and participants were invited to complete an Expression of Interest form identifying the type of focus group they chose to attend, based on which stream they most identified with. The streams included mentoring from a generalist perspective, a Māori perspective, a Pasifika perspective and a rural perspective. Participants were invited to identify their ethnicity on the Expression of Interest form. Findings from the research with Māori mentors have been published in the College Journal (Pihema et al., 2023).

This paper focuses on the findings from the generalist and rural focus group discussions, held with 17 mentors over 4 focus groups. There was a notable overlap between the rural and generalist mentoring experience, so these viewpoints were combined for analysis. Participants were regarded as experts in their field, with 70% having 5+ years mentoring experience. Participants included midwives from various settings, such as caseload LMCs, locum midwives, hospital-based midwives and midwives working in midwifery schools and in maternity unit management roles.

Focus group meetings lasted between 1.5 and 3 hours. The focus groups were intentionally kept to a small number of participants each, with the aim of privileging depth of discussion over quantity of responses. The focus groups were semi-structured using a topic guide of seven simple open-ended questions, allowing for participant-led variation in the discussion within each group, as well as comparison across different focus groups. Transcripts were de-identified by removing names of all individuals, maternity units and geographic locations to protect the identity of participants before undergoing analysis by the research team. Ethics approval was granted by Ara Institute of Canterbury (#1856).

A thematic analysis following the six-phase process developed by Braun and Clarke (2006) was used to identify and thematise patterns in the data set. Thematic analysis was chosen as the analysis approach because it allows for both a rich description of the data set, as well as in-depth interpretation of individual data items (Braun & Clarke, 2006). Following familiarisation with the data an inductive initial coding was carried out by two researchers (SD & LD). When similar codes were grouped together, 7-10 candidate themes were identified in each set of transcripts. These were based on a number of criteria, including a discussion topic’s presence and prevalence across transcripts, the level of importance placed on the topic by participants, and relevance to the research questions (Braun & Clarke, 2006). The candidate themes were checked for robustness and iteratively refined by the full research group, resulting in the identification of four final themes with a number of sub-themes under each.

FINDINGS

The thematic analysis identified four key themes with sub-themes (Table 1).

Creating an empowered, safe space

When asked to define the mentor’s role, participants began by discussing the need to create an empowered, safe space within the mentoring relationship. As one mentor explained: *I feel that, as a mentor, my main role is to empower and to boost them up* (FG2-3).

The foundations of the relationship were based on being able to share power, build trust and respect and share mutual vulnerability.

Table 1. Midwifery mentoring attributes: The mentors' perspective

Theme	Sub-theme
Creating an empowered, safe space	Sharing power Trust, non-judgement and mutual vulnerability A safe space
Building a support infrastructure	Observing development and growth Professional frameworks Network of professional relationships Supporting clinically safe practice
Supporting professional cohesion	Differences in midwifery practice Negotiating conflict Strengthening the whole profession
Sustaining midwifery practice	Holistic wellbeing Updating own practice Affirmation and sharing the passion

Sharing power

An important aspect of the mentor/mentee relationship appeared to be the balancing of the power dynamic. One participant explained: *It's a partnership, nobody holds more power than the other. We come each with our own strengths and weaknesses and it's actually making that work together* (FG1-2). Another elaborated on the challenge of maintaining an equal power balance and how that shapes their role as a mentor:

I think that's the challenge with mentoring – it's the power balance of that one experienced midwife with a less experienced midwife. I see my role as a mentor as not telling someone what to do but giving them skills to work out the problem solving they need to do themselves. (FG1-3)

Equalising power to support balance between the mentor and mentee appeared to be a foundational component of building the mentoring relationship.

Trust, non-judgement and mutual vulnerability

Mentors identified the importance of building trust for both of the midwives in the mentoring relationship. Mentors build trust by being aware of, and sensitive to, the vulnerabilities of their mentee. As one participant acknowledged, *Every mentee has a different thing that they feel vulnerable about and a different level of confidence in seeking out support* (FG3-1). Mentors further identified the importance of being non-judgemental and open to differences in ways of working and clinical practice: *It's being open and non-judgmental, not being too quick to judge. It's staying as open as possible to all the possibilities of how someone else wants to work* (FG5-2).

A relationship of trust and non-judgment was seen to be similar to the way midwives build a relationship of partnership with a woman during pregnancy. As one mentor explained:

It's just like having a relationship with a woman, really. If they don't trust you, they're not going to fully give you all that they need to give you. And it's the same with the mentee and mentor relationship. It needs to be one of complete trust and transparency. (FG3-2)

Another explained the similarity in terms of respecting decision-making: *the most important part of the role with both the woman and the mentee are having respect for each other and the decisions we make* (FG2-1).

Mentors build the mentoring relationship by sharing power and building trust through non-judgement and transparency, which were seen as the building blocks of a safe space in which both midwives can be vulnerable and empowered.

A safe space

The notion of creating a safe space emerged within the focus groups as being an important aspect of the mentor's role. A safe space was described as a place where mentees have the time and space to discuss and reflect on their experiences. As one mentor described it: *For me it's just providing them with another level of support in a really safe space, where they can talk about things and know that they're not going to be judged* (FG4-3).

A safe space is one in which the mentor *walks alongside* the midwife being mentored, sometimes actively listening and *guiding* and at other times letting them *lead the way* to facilitate the mentee's own decision making and reflective process (FG1-2). Confidentiality was regarded as key to enabling the mentee to *offload* about their experiences which is often necessary before reflection can begin:

I think it's the honesty that they can have because you've signed that absolute confidentiality with them that they can come and can actually go, 'Blehhh', dump it all and they can often pick up the things where they go, 'Oh, that's what I could've done differently'. (FG1-2)

Mentors also discussed this in terms of the midwife being mentored having someone *who she knows is on her team and on her side and supporting her to look back and reflect on her practice* (FG3-2).

Building a support infrastructure

The second key aspect of the mentor's role was to build a professional support infrastructure around the mentee to encourage their professional development and growth. This started with ensuring *clarity in what they want out of it and what they need even before you start* the mentoring relationship (FG2-3).

Observing development and growth

Mentors explained the importance of identifying the mentee's individual needs and expectations as a first step in the mentoring journey. For example, one participant explained: *I always start with, 'What do you think this relationship is? And what do you want to achieve from this?'* (FG1-3). The next step was often to identify and document the objectives of the mentee. Within MFYP, this was often undertaken formally using a standardised tool. By identifying and documenting the expectations at the beginning, mentors were able to observe the development and growth that occurred over the course of the relationship.

Professional frameworks

The mentors described the importance of having a good knowledge base themselves about the professional frameworks for midwifery practice: *You have to be also confident about midwifery frameworks and how they can be applied and thinking about the Code of Ethics and the Standards [of Midwifery Practice] and Tūranga Kaupapa* (FG4-1). They also described how they employed these frameworks in discussions during the mentoring relationship. One mentor explained:

I help her navigate where the right advice is, so that she goes, 'Oh I didn't know that series was there, I'm going to read all of it and I'm going to look at how that works with all my practice issues'. (FG2-2)

Network of professional relationships

Mentors identified building and maintaining positive professional relationships with their midwifery colleagues and *navigating the communication of the health professionals around them as one of the biggest parts* of early practice for mentees (FG5-3). As one participant explained: *I spend a lot of time when I am mentoring actually helping people negotiate the partnerships they've got with*

practice partners, what works and what doesn't work and giving them strategies and skills for trying to manage some of that (FG1-2).

For rural midwives, mentors further identified the need to support them to develop wider professional networks in order to overcome the geographical and professional isolation mentees may face:

There's a risk we can be, you can be, isolated and work in the city, and you can be significantly well networked and work rurally but there is higher potential to get isolated rurally. But that's about getting networks, picking up the phone calls, getting on the Zoom meetings, doing other things and being an active engager. (FG2-2)

Supporting clinically safe practice

The mentors acknowledged that challenging conversations were sometimes also a necessary part of their role in building a support infrastructure around a mentee. Mentors must balance *monitoring or assessing for safety* in mentee's midwifery practice with *understanding that they are their own practitioner and responsible for their practice* (FG4-1). One participant described how they approach this type of conversation as follows:

If they're talking about it anyway, then potentially they've identified that there's some discomfort there, so it's just digging down into what the source of that is and revisiting the physiology of it, 'Is there any evidence? What is the custom in your area? How do you feel that you differed?' (FG4-2)

The mentor's role in supporting mentees to unpick issues pertaining to safe midwifery practice supports their growth and development as a midwife.

Supporting professional cohesion

The mentors described the professional benefits they gained from the mentoring relationship which often involved seeing the midwifery world through the lens of the mentee. This supported an understanding of similarities and differences within midwifery practice.

Differences in midwifery practice

Mentors often discussed midwifery practice with their mentees, finding that getting various perspectives on a situation generated a better understanding of different ways of practising midwifery and furthered the learning of both the mentee and themselves: *I was finding I was getting her perspective, my perspective, and the perspective of other people that she'd spoken to about perhaps an issue that I hadn't even thought that maybe there would be multiple ways of seeing it* (FG3-2). Some mentors identified how mentoring had helped them to gain an insight into different midwifery roles and the stresses of those roles. These glimpses into other midwifery roles and perspectives were seen as beneficial for the mentors but also for the profession as a whole.

Negotiating conflict

However, differences in perspectives can also lead to conflict. Mentors saw mentoring as especially important in supporting the mentee during times of conflict with other midwives and health professionals. They did this by offering an objective perspective:

It's strategies, because if you have been in a place for a long time, whether that's as core or as a LMC, you actually know all the midwives, you know their personalities, you know their better points and their not-so-better points. So sometimes it's just suggesting that, 'This strategy might be helpful for you'. (FG1-1)

Mentors in the RMRR programme spoke about their role in supporting rurally practising midwives to sustainably navigate

the logistical and relationship challenges at the rural/urban and primary/secondary care interface – a place where different perspectives can often collide:

Because a lot of our midwifery challenges are around interface, sometimes if you're from practice settings or you're a hospital midwife and she's a homebirth midwife but you understand rurality, then sometimes you can support them more with the challenges they've got around interface because the problem is dealing with other people's perspectives in a supportive and a non-confrontational way. (FG2-2)

The lack of understanding of the role of rural midwives by some urban counterparts at the interface and *the fact that a lot of the people that we're handing over to have little or no understanding of the complexities of rural, especially remote rural, could be hugely distressing for rural midwives* (FG2-3). Challenges could also be seen as positive with rural mentors emphasising the need to discuss differences of perspective in a professionally respectful manner and to gain an understanding of individual strengths.

Strengthening the whole profession

By fostering greater understanding and acceptance of different midwifery roles and practice environments mentoring has the potential to break down barriers:

I think that the mentoring thing where we get an opportunity to have a glimpse of what an LMC world is like if we're a core midwife and vice versa actually is very stabilising for relationships generally and we really can appreciate each other's challenges and each other's realities in a way that we really couldn't 20 years ago. (FG4-1)

The mentoring skill set and the insight into other midwifery practices, roles and environments have the potential to build professional cohesion and strengthen the midwifery profession.

Sustaining midwifery practice

A final key theme in mentors' discussions of the mentoring relationship was professional sustainability and the impact of work-life balance and lifestyle on midwives' ability to practise in a sustainable way, which will ultimately keep them in the profession longer.

Holistic wellbeing

Mentors identified that much of their time with mentees was dedicated to discussions on good work-life balance and a healthy lifestyle. As one mentor put it, mentoring was: *not necessarily always about the clinical questions, that a lot of it was to do with supporting midwives in the lifestyle, the challenge of the lifestyle and sustainability* (FG1-3).

Mentors viewed lifestyle and behaviour that support midwives to maintain their physical health as a key component of sustainable midwifery practice:

It's a hackneyed phrase, but it's holistic, the way that your physical health directly relates to your clinical judgement. If you're actually tired and you're hungry and you don't have any energy, you're going to make bad decisions. So you can't talk about clinical decisions and work and hours and even collegial relationships without looking at what's going on with their physical health as well. (FG1-1)

Other sustainable practice measures such as limiting caseload size and ensuring appropriate time off-call, particularly with newer midwives, were also commonly discussed with mentee midwives. For example, the importance of being able to say "no" to managing a sustainable workload:

I always say the most important word that you can say to anybody, whether it's another midwife or a woman, is 'No, I cannot look after you this time'... Because you don't have to look after every woman in the world. (FG1-1)

Mentoring also prompted the mentors to reflect on their own wellbeing as they become role models *modelling our own personal sustainability* (FG1-2) for their mentees.

Updating own practice

Being part of a mentoring relationship also benefited the mentors, who described it as *forever a learning process where the more I mentor, the more I learn* (FG2-3). Mentors learned from discussing clinical practice with mentees and this contributed to keeping their practice up to date:

Because I'm learning different ways of knowing, too, that they come with new ideas, and the whole world of technology that has opened up. Yes, I feel that I've gained confidence in myself, too, and the ability that I can perhaps be learning new ways also. (FG2-1)

The mentoring relationship was also seen by mentors as helping them to reflect and grow themselves as midwives. As one participant described: *That's the beautiful thing, it extends us in many ways. And I have learnt perhaps from my mentoring experience, I have learnt more about myself* (FG5-1). The ability to reflect and continue to grow as a midwife appears to be part of the mentor's journey as well as the mentee's.

Affirmation and sharing the passion

Another benefit for mentors and the profession that was identified in the data was the affirmation of the midwifery philosophy. This was more commonly discussed by mentors working with graduate midwives:

The midwives that I've been in relationships with mentoring, they are the midwives who are helping to anchor the normal. And I feel grateful to see that... There's a lot in there for me about supporting the midwives to practise in the face of extremely strong pressure to medicalise what does not need to be medicalised. And how to do that. It's seeing that these midwives are sustaining their practices and the midwives who are strong in normal birthing and who are helping women and our profession. (FG4-4)

The *passion and enthusiasm* (FG5-3) of the midwives they are mentoring were *reassuring* (FG1-3), *refreshing* (FG4-1) and *amazingly fulfilling* (FG2-2) for the mentors and was *like a boost to keep your midwifery battery running* (FG3-1). Again, this finding was most commonly observed in midwives working with new graduate midwives. As one mentor put it: *The new graduates inspire me and it makes me feel that as I come to the end of my career that midwifery is in safe hands* (FG5-1).

DISCUSSION

Previous studies from Aotearoa have reported on the efficacy and benefits of midwifery mentoring from the perspective of mentee and new graduate midwives (Jackson, 2020; Kensington, 2006; Lennox, 2011; Lennox et al., 2008; Pairman et al., 2016; Stewart & Wootton, 2005). Likewise, international literature on mentoring relationships in midwifery has focused on the experiences of mentees and student midwives, or programme efficacy (Bradford et al., 2022; Cummins et al., 2017; Ryan et al., 2010; Wissemann et al., 2022). Where mentors' perspectives have been included it has generally been in the context of providing supervision for student midwives on placement (Gray & Downer, 2021; Jefford et al., 2021). Hopkinson et al. (2023) explored the perspectives of

midwifery coaches who were supporting Australian new graduate midwives on rotation in a continuity of care setting, and whose role includes components of mentorship and preceptorship. Our study focused solely on how mentors within dedicated midwifery mentoring programmes define and experience the mentoring relationship from a range of perspectives (Māori, Pasifika, generalist and rural) and across all care settings. By undertaking focus groups with mentors, this study was able to deepen existing knowledge of what mentoring relationships in midwifery involve as well as providing insight into how being in a mentoring relationship impacts mentor midwives.

The role of the mentor

In defining the mentor's role, the findings from our study affirm and elaborate on those in the wider literature on midwifery mentoring relationships. The two key elements of the mentor's role identified as important in the analysis were creating a safe space from which mentees can feel empowered, and helping mentees to build their own ongoing professional support infrastructure. A safe space was one in which mentors were able to balance power between themselves and their mentee and foster mutual confidentiality, respect and trust. These qualities of the relationship were important for the enabling of mentees to be vulnerable, allowing safe and supportive reflection on midwifery practice. The analysis of *kōrero* (conversation) with Māori mentors found that they work to create a culturally safe space that is likewise based on mutuality and trust; however, this is achieved through taking a collective mentoring approach and incorporating *whānau* into this space (Pihema et al., 2023). The importance of mutual trust, respect and a non-hierarchical and safe environment to facilitate successful mentoring relationships has been identified in the wider literature on midwifery mentoring (Bradford et al., 2022; Cummins et al., 2017; Jefford et al., 2021; Kensington, 2006; Ryan et al., 2010). This also reflects how mentee midwives in Aotearoa describe their experience of the mentoring relationship as providing a safe yet challenging space (Lennox, 2011) and a safe environment to reflect on practice (Stewart & Wootton, 2005), which enable mentees to feel safe, comfortable and secure (Kensington, 2006).

Helping the mentee midwife to build up their own support infrastructure, to facilitate ongoing practice sustainability after the mentoring relationship has finished, was the second key finding. This focused on the mentees developing a knowledge of professional frameworks and safe practice, forging good working relationships with midwifery colleagues and other health professionals, and the importance of holistic wellbeing. The role of mentoring programmes to support and improve clinical knowledge and safety is a recognised benefit of mentoring in health care settings, including midwifery (Wissemann et al., 2022). In Lennox's (2011) study, mentors viewed it as important to have an impact on the "new graduate's ability to create sustainable practice structures" but it does not describe how mentors approached this (Lennox, 2011, p. 142). The focus on forging positive working relationships is supported by the literature which has identified collaboration with other midwives across different birth settings as an essential component of a supportive practice climate (Thumm & Flynn, 2018).

Midwifery partnership is a professional framework for practice, based on the principles of equity, reciprocity, informed choice, shared decision-making and responsibility (Guilliland & Pairman, 2010). Our findings that mentor midwives speak about the mentoring relationship along these same principles provide evidence to support the argument made by others that midwifery mentoring relationships reflect the model of midwifery partnership

(Bradford et al., 2022; Cummins et al., 2017; Lennox et al., 2012). Mentors in the generalist and rural streams described the mentoring relationship as one of walking alongside the mentee and discussed the ways in which this relationship was just like having a relationship with a woman. Both relationships were identified as a partnership requiring trust, non-judgement, respect and a recognition that it is her journey. Like the midwifery partnership relationship, midwifery mentoring in the general and rural groups was based on a Eurocentric worldview that conceives of these relationships as occurring between two individuals. By contrast, Māori mentors regarded mentoring as a relationship that included the mentee's and mentor's whānau and their midwifery hapū. However, this relationship was similarly governed by principles of reciprocity and trust and described as walking through the challenges and frustrations of a colonial system together (Pihema et al., 2023).

Benefits of being a mentor

An important finding of our analysis was the benefits that mentors experienced from being in a mentoring relationship. Supporting holistic wellbeing, including work-life balance and physical health, was a key role of the mentor in sustaining midwifery practice. Doing physical exercise has a significant impact on midwives' ability to manage stress and protect against burnout (Mollart et al., 2013). Mentors in Lennox's (2011) study similarly discussed the importance of having conversations about self-care with new graduate mentees. However, where mentors in Lennox's study expressed frustration at being unable to influence mentees' self-care practices, for mentors in our study, discussions around health and wellbeing with mentee midwives challenged them to reflect on their own self-care. Being in a mentoring relationship also motivates mentors to keep up to date with professional frameworks, as well as learning new practising approaches from their mentees.

Our findings on the benefits to the mentor suggest that mentoring may also contribute to mentors' job satisfaction, which has been linked to supportive relationships with other midwives and a shared passion for midwifery, among other factors (Bloxsome et al., 2018). The enthusiasm of mentee midwives affirmed and nurtured the mentors' own passion for their role as midwives. This corresponds with findings from the Māori mentoring analysis that mentees' enthusiasm and passion fills the kete of the mentors, helping to keep them in the profession (Pihema et al., 2023, p. 39). Research on perinatal nurses' experiences of mentoring similarly found that the passion of mentees was integral to positive mentoring experiences for mentors (Ryan et al., 2010). Denmark and Williams (2012) have posited that being part of woman-to-woman mentoring relationships can sustain older women's connection and contribution to their field. While previous research from Aotearoa has found that mentoring programmes improve the retention of early career midwives (Dixon et al., 2015), an important consideration from our study is that mentoring relationships may play a role in supporting the job satisfaction and sustainability of mentors themselves (Pihema et al., 2023).

Strengthening the profession

Not only does mentoring have a positive impact on mentors, it also has a positive impact on the profession. Mentors from our study observed a strengthening of the profession in terms of its cohesiveness and solidarity which, for them, was synonymous with the widespread use of mentoring as a formal support tool for all new graduate midwives. In Aotearoa the midwifery workforce is almost evenly split between self-employed midwives providing community-based continuity of care and hospital-based midwives employed in maternity facilities (Midwifery Council,

2022). Because mentoring relationships occur between midwives who work across all midwifery settings – community, hospital, education, urban and rural – they facilitate understanding of the different practice perspectives and challenges that arise from different work settings.

Being exposed to multiple perspectives is a valuable part of being in a mentoring relationship and supports a sense of connectedness and professional belonging (Jefford et al., 2021). Positive collegial relationships have been identified as an important contributor to midwives' job satisfaction and can act as a buffer for workplace stress (Bloxsome et al., 2018). A notable exception to this in our findings was the rural midwifery context, in which rural midwives tend to mentor and be mentored by other rural midwives, and conflict at the rural/urban interface remains a key issue despite the support provided by the rural midwife mentors around this. This is supported by the Aotearoa-based literature, which describes rural midwives' experiences of negative judgement and unfair treatment at the urban/rural interface due to a lack of understanding of the realities of rural practice, which can be disempowering and impact on job satisfaction (Crowther, 2016; Crowther et al., 2018; Daellenbach et al., 2020).

Daellenbach et al. (2020) found that rural midwives identified mentoring as a strategy for supporting them with interface challenges. Including rural placements for students in all pre-registration midwifery programmes has likewise been identified as important for improving understanding of the realities of rural practice (Kensington et al., 2018). More research is needed into how mentoring programmes can provide greater opportunities for urban and hospital-based midwives to be exposed to rural practice realities and perspectives, to better support and build professional cohesion and collegiality at this interface.

STRENGTHS AND LIMITATIONS

This study had explored mentoring from the mentor's perspective, involving a small cohort of midwife mentors. The results provide a deeper understanding of the attributes of mentoring but cannot be generalised to all mentoring relationships or to midwives working within other countries and contexts.

CONCLUSION

Mentor midwives in this study defined their role as creating an empowered, safe space based on shared power, trust and non-judgement, and building a support infrastructure around mentees to facilitate their growth as midwives and their holistic wellbeing. Our study provides new insight into the benefits mentor midwives receive from being part of a mentoring relationship, including fulfilment, joy, reassurance and reflection, which keep their own midwifery practice satisfying and sustainable. The mentors' perspective—that the longstanding use of formal mentoring programmes as a workforce support and retention tool have facilitated a more sustainable and cohesive midwifery workforce in Aotearoa—is a finding that is unique to our study. This articulation of the benefits of mentoring relationships for mentors and the wellbeing of the profession may be of relevance internationally, where implementing midwifery mentoring initiatives is being considered as a retention strategy.

DECLARATION OF INTEREST

The authors declare that, at the time the research was carried out, Lesley Dixon and Elaine Gray were employed by the College as Midwifery Advisors; Nicole Pihema was the president of the College; and Shanti Daellenbach was affiliated with the College in her employment by the Midwifery and Maternity Providers

Organisation. The College holds a contract to administer the Midwifery First Year of Practice programme. The authors received no funding for this research.

KEY POINTS

- Mentor midwives create safe, empowering spaces and build a professional support infrastructure around mentees.
- Mentoring promotes holistic wellbeing and helps to build professional cohesion within midwifery.
- Being a mentor supports the sustainability and job satisfaction of mentor midwives.

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