

C929 Developing Leadership Talent: A Statewide Nurse Leader Mentorship Program

2015 ANCC National Magnet Conference, October 9, 9:30 a.m. – 10:30 a.m.

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Introduction

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St. Joseph's Regional Medical Center

A 651 bed tertiary care urban medical center located in the city of Paterson, New Jersey currently pursuing our 5th Magnet® designation

Developing Leadership Talent: A Statewide Nurse Leader Mentorship Program

- Objectives: Describe the process used to develop and implement a statewide nurse leader mentorship program.
- Summarize how the qualitative research was used to improve the ONE NJ Mentorship Program.
- Describe the development of a toolkit to guide the mentoring process
- Describe the development of educational program to guide the mentor/mentee relationship
- Discuss future directions of ONE NJ Mentorship Program.

Definitions of Mentoring



- According to Webster's New World Dictionary a mentor is defined as a loyal friend and advisor.
- Mentoring dates back to ancient Greece. In Greek Mythology Mentor was the teacher of Odysseus' son Telemachus, he was described as a wise loyal advisor or teacher.

Mentoring



- The root of the word Mentor, men means to remember, think or counsel.
- A Mentor has been described as a trusted counselor.
- According to Roget's Thesaurus a Mentor is one who makes ready or prepares. Other terms associated with Mentoring are: counselor, instructor, advisor, teacher, educator, master, thinker, lover of wisdom, man of intellect, person of knowing and understanding.

Mentoring

- The classic nursing definition of Mentoring by Bowen (1985) is:
 - “mentoring occurs when a senior person (the mentor) in terms of age and experience, undertakes to provide information, advises and gives emotional support to the junior person (the mentee)
 - In a relationship lasting over an extended period of time and marked by substantial emotional commitment by both partners” (p. 31).
 - If the opportunity presents itself, the mentor also uses both formal and informal forms of influences to further the career of the mentee (Bowen, 1985).

Mentoring

- Another nursing leader Yoder accepted Bowen’s definition of Mentorship but expands on the critical attributes of the concept. According to Yoder (1990) there are six critical attributes to the mentoring process:
 - 1) A teaching and learning process
 - 2) A reciprocal role
 - 3) A career development relationship
 - 4) A knowledge or competence differential between participants
 - 5) A duration of several years
 - 6) A resonating phenomenon

Within the program we created for ONE NJ all six attributes were taken into consideration in the development of the program

Mentoring

- There is a classical study on Mentoring among men and women in managerial, professional and technical positions by George F. Dreher, Department of Management Indiana University and Ronald A. Ash from the School of Business at the University of Kansas.
- Their study was published in the Journal of Applied Psychology (1990), Vol. 75, No. 5, 539-546.

Mentoring

- Findings: Individuals experiencing extensive mentoring relationships reported receiving more
 - promotions,
 - higher incomes, and
 - were more satisfied with their pay and benefits than individuals experiencing less extensive mentoring relationships

Mentoring

- Chung and Kowalski from both the National University and the University of Nevada published a study entitled, *Job Stress, Mentoring, Psychological Empowerment and Job Satisfaction Among Nursing Faculty* in the Journal of Nursing Education, Vol. 51, No. 7, 2012.

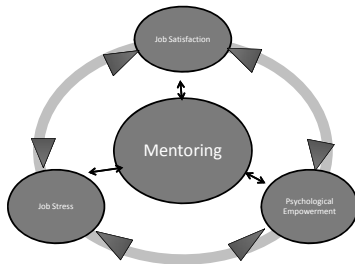
Mentoring

- This was a Nationwide study of 959 full-time nursing faculty.
- They used Dreher's Mentoring Tool.
- Gmelch's Faculty Stress Index.
- Spreitzer's Psychological Empowerment Scale
- National Survey for Post Secondary Faculty's Job Satisfaction Scale

Mentoring

- The results of the study showed that 40% of the sample had a current work mentor.
- Variables showed significant relationships to:
 - Job satisfaction ($p < 0.01$)
 - Job stress ($p < 0.01$)
 - Psychological empowerment ($p < 0.01$)

Mentoring



Mentoring

- We know mentoring works.
- Through the strategic planning retreats of ONE NJ, mentoring and succession planning became a strategic goal.
- We began many years ago by developing an education program on Mentoring. It was a very nice program on the role of the mentor and the mentee, but it was not a mentoring program.
- We knew we did not hit the mark.

Mentoring

- At our next strategic planning retreat in 2010 we discussed the education program.
- We decided we wanted to develop a Mentoring Program.
- We decided to form a Mentoring Committee.
- I was co-chair with Mary Jo Loughlin from Hunterdon Medical Center.
- Another founding member was Betty Ann Kempin from Valley Hospital.

Mentoring

- In alignment with the American Organization of Nurse Executives (AONE) and the Institute of Medicine (IOM), American Nurses Credentialing Center (ANCC) Magnet® Recognition program, ONE NJ embarked on a multi-year journey to create a structured mentorship program for the development of current and aspiring nurse leaders.
- Chief Nurse Executives, Assistant Vice Presidents, and Nurse Directors from several magnet organizations, established and developed a formal statewide mentorship program. After much discussion and planning we were ready to launch our first cohort.

Mentoring

- We put out a call for mentors and mentees to our membership.
- We asked both potential mentors and mentees to submit a resume, and to complete a Meyer's Briggs Personality Assessment.
- The mentors were asked to list their management strengths and the mentees were asked to list the areas of development they wished to focus on.

Mentoring

- Once we got the data back from the mentors and mentees we held a meeting to begin the matching process.
- We made a decision not to use the Myer's Briggs for matching.
- Some committee members wanted to match like personalities, others wanted to match opposite personalities. Since we could not agree we decided not to use the tool.

Mentoring

- We also assigned liaisons from the Mentorship Committee to the pairs.
- The liaisons were to check-in with the pairs to see how the mentee/mentor relationships were developing. They were also available to the pairs for issues and concerns.

Mentoring

- We matched by request of mentee to the role he/she desired to be mentored by, examples are

Mentee	Mentor
Director	CNO
Nurse Manager	Director
Nurse Educator	Seasoned Educator
New Researcher	Seasoned Researcher
New Bed Manager	Seasoned Bed Manager

- We also paired by specialty and considered geographic location.

Mentoring

- We developed guidelines for how often the pairs should meet.
- And launched the first cohort with 14 pairs.
- The feedback from the liaisons was extremely positive so we decided to launch the second cohort.
- This time we did not use the Meyer's Briggs.
- We paired based on the mentee request, the type of position the mentee wanted to be paired with, specialty, etc.

Mentoring

- The second cohort did not go as well as the first.
- Some pairs never connected.
- One match was not good and the mentee did not know who to report that to.
- The remainder of the pairs had a positive experience.

Mentoring

- We decided we needed to evaluate our program.
- With the assistance of the ONE NJ Research Committee and the doctoral prepared nurses in the organization we decided to do a qualitative research study.
- Tracy Vitale from St. Peter's University Medical Center will discuss our qualitative research study.

Research and Outcomes

Tracy Vitale, MSN, BSN, RNC-OB, C-EFM

Nurse Manager - MFM Research Site
Saint Peter's University Hospital
New Brunswick , NJ



Saint Peter's University Hospital

A 478 bed community hospital located in the city of New Brunswick, NJ
currently pursuing our 5th Magnet® designation

Qualitative Research Study

- Discuss and reflect on the experience of the ONE NJ Mentoring Program
- Mentors/Mentees from Cohort 1 invited to participate (11 pairings)
- Informed Consent for voluntary participation
- IRB Approval through St. Joseph's Medical Center; Paterson, NJ

Qualitative Research Study

- Interviews via focus groups at New Jersey Hospital Association
 - 5 mentees
 - 4 mentors
- Data collection via audio-taped records and transcribed verbatim by professional transcription services.
- Only the research facilitators and the ONE NJ Executive Director were permitted to hear tapes and read the transcripts.

Focus Group Questions

- What was your role in the mentor/mentee relationship?
- Tell me about your experience overall.
- What did you learn from the mentor/mentee experience?
- What would you have liked to experience differently?
- What are your thoughts about continuing the program for future mentor/mentee pairs?

Quotes

- "I have enjoyed the mentorship program. I have learned a lot and it is nice having someone with so much experiences to mentor me."
- "Mentoring has been a hallmark of my success. Therefore, I believe in mentoring and think all employees, particularly nurses should receive mentoring."
- "As the mentor, I was pleasantly surprised to gain as much as I gave during the mentoring process."

Research Study Results

Themes

- Making a Connection
- Giving and Getting
- Emotional Roller Coaster
- Logistics
- It Can't be Forced

Sub-Themes

- Safety
- Boundaries
- Strangers

Recommendations

- Design educational session
- Reevaluate/restructure matching process
- Improve support structure
- Consider secondary mentors
- Create toolkit

Toolkit Development

Mary Jo Loughlin, MAS, RN, NE-BC

Administrative Director, Patient Care Services
Hunterdon Medical Center
Flemington, New Jersey



Hunterdon Healthcare

A 178 bed rural community hospital located in the town of Flemington, New Jersey currently pursuing our 3rd Magnet® designation

Development of the Toolkit

- A sub committee was formed from the Mentorship Committee
- Members had expertise in practice or academia.

The Mentorship Committee: Vision

Vision:

To have written materials in the form of a toolkit to help guide the mentoring process and support the developing relationship from beginning to end.

Toolkit Foundation

- The Mentorship Committee had established a mission and purpose and also defined the terms such as mentor, mentee, or facilitator. These original materials became the foundation for the tool kit.
- We began by revising some of the definitions as many were unclear.

Literature Search

- We performed a literature search and narrowed our results to readily available resources that would assist in meeting the overall objectives of our program.
- 3 closely aligned:
 - The University of California, San Francisco, Mentoring Toolkit
 - The Ontario Nurses Association, Mentoring Toolkit
 - The Academy of Medical Surgical Nurses, Mentoring Program

Essential Topics

- Self assessment
- Program implementation
- Program development
- Program evaluation
- Relationship building techniques
- And problem solving strategies

Toolkit Phases:

1. Orientation phase
2. Working phase
3. Separation Phase

Orientation Phase

- Getting to know each other.
- Sharing information about yourself.
- Building a rapport.
- Defining clear roles and expectations.
- Establishing the purpose and expected benefits of their mentoring journey.

Working Phase

- Establishing how the mentoring pair will work together.
- The mentoring pair identifies more specific needs and goals, and starts working towards them.
- Giving and receiving feedback.
- Reviewing and revising goals.
- Developing desired outcomes.

Separation Phase

- Confirming that the mentoring relationship has achieved its goals.
- Some pairings at this point may choose to continue the relationship as colleagues and friends.

Support for the Phases

- Material support related to these phases included:
 - Definition of terms
 - Descriptions of the phases of the mentoring relationship
 - Checklist to help participants formulate goals
 - Prepare for the meeting materials and evaluation of progress.

Supplemental Resources

- We recognized that not all users of the toolkit would have the same level of experience in mentoring so supplemental resources were added to assist less experienced mentors and mentees.

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Final Toolkit

- The toolkit was reviewed by the entire Mentorship Committee then submitted and approved by the board of ONE NJ as it embraced the mission, vision and core strategic initiatives and goals of the organization.
- The Mentorship Committee collaborated with the ONE NJ Education Committee to develop a program that would provide nursing leaders, mentors, mentees an opportunity to network and be oriented to this new resource.

Education Workshop

Bettyann Kempin, MSN, RN, APN-C, NEA-BC

Assistant Vice President, Medical Surgical Services
The Valley Hospital
Ridgewood, New Jersey



The Valley Hospital

A 451 bed hospital located in the town of Ridgewood, New Jersey currently pursuing our 4th Magnet® designation

Education Program

- Collaboration with the ONE NJ Education Committee.
- Development of a 2 day educational program:
 - “Mentor-Mentee Relationships for Successful Professional Growth for Nurse Leaders and Aspiring Nurse Leaders”

Workshop Structure

- Guest Speaker/Facilitator:
Karen Kowalski PhD, RN, NEA-BC, FAAN
- Evening Session
- Full Day Session

Evening Session

- Principles of Trust, Self Reflection, Self Awareness and Authenticity.
- “What will be your legacy?”

Day Session

- Didactic Instruction
- Networking
- Seating Importance

Curriculum Content

Coaching model for nurses consists of 3 components:

- The Foundation
- Learning Process
- Taking Action Phase

(Kowalski & Casper, 2007)

The Foundation

Four Behaviors:

- Building Relationships
- Setting Realistic Expectations
- Observing Behaviors
- Using Self Reflection

(Kowalski & Casper, 2007)

The Learning Process

Incorporates:

- The art of being present
- Being purposeful and positive
- Asking questions skillfully
- Listening actively
- Sharing perceptions gracefully

(Kowalski & Casper, 2007)

The Taking Action Phase

- Allow mentor to suggest options
- Request behavior changes
- Clarify the plan with follow up
- Offer support

(Kowalski & Casper, 2007)

Additional Program Content

- Discovery process
- Coaching versus mentoring
- Joy of being a mentor or mentee
- Small group exercises



Trust Exercise

Toolkit Incorporation

- Mentor-mentee roles and responsibilities
- Mentorship phases
- Partnership agreement
- Relationship assessments
- Supplemental resources
- Checklists

Lifelong Process

An interesting phenomenon occurred when experienced nurse leaders who were enrolled as mentors shared the realization that professional development is a lifelong process and they would equally benefit from continued mentorship as a mentee while also serving as a mentor.



Panel of Mentors and Mentees

Program Completion

- Identification of Potential Matches
- Formal Pairing
- Notification of Mentees and Mentors
- Role of the Mentorship Committee

Our Future Looks Bright !

- Research on Cohort 3
- Continue support of Cohort 4
- Plan for 2016 Mentorship Educational Session and Cohort 5
- Further develop LTC Mentorship Program
- Pursue additional publication venues



AONE
Volume 43, Number 2, pp 63-68
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Developing Leadership Talent

A Statewide Nurse Leader Mentorship Program

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AONE Chapter Achievement Award





Board and Committee Members receive the AONE award.

Questions?

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