



Developing Leadership Talent

A Statewide Nurse Leader Mentorship Program

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Nurse leaders continue to seek support programs essential for advancement to senior roles. Providing such support presents a challenge for the future of nursing in the state of New Jersey and on a national level. This article discusses the creation of a mentorship program by the Organization of Nurse Executives of New Jersey

(ONE NJ). In recognition of the program, which has contributed to the advancement of New Jersey nursing leadership, the ONE NJ received the 2014 American Organization of Nurse Executives Chapter Achievement Award.

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In alignment with American Organization of Nurse Executives (AONE) and Institute of Medicine (IOM) goals to prepare the nursing workforce to assume leadership positions, the Organization of Nurse Executives of New Jersey (ONE NJ) initiated a multiyear journey to promote leadership development among its members throughout the state.^{1,2} The AONE began a national Leader2Leader Mentorship Program (see Document, Supplemental Digital Content 1, <http://links.lww.com/JONA/A380>) last year, and to date, more than 300 nurse leaders have participated. The program was released to the entire membership after a 30-person beta group of mentors and mentees tested the program early in 2014.

The ONE NJ chapter identified a critical need to promote personal and professional growth among cur-

rent and future nursing leaders. This goal became a strategic priority in 2010 as the ONE NJ mentorship committee was established and the concept of developing a formal statewide mentorship program was envisioned. After hosting educational programs on mentor related topics over several years, the ONE NJ board incorporated mentorship into its strategic plan, launched 2 consecutive cohorts, and allocated funds to conduct research and evaluate the 1st cohort experience. Defining the difference between mentorship, coaching, and preceptorship (Table 1) was essential for program development.

Program Development

The ONE NJ mentorship program was launched through implementation of 2 consecutive mentor-mentee cohorts in 2011 and 2012. Both cohorts were conducted over a 1-year time period with 50 nurse participants matched in 25 leadership pairs. During the initial phase of the program, the mentorship committee members matched mentor-mentee dyads based on information obtained from applications. Geographic location was not an important



Table 1. Related Mentorship Terms

Mentorship: The process in which a wise and trusted counselor or teacher, known as mentor, provides sage advice to a less experienced individual known as a mentee.
Coaching: A training and development process, during which an individual is supported, while achieving a specific personal or professional competence, result, or goal. Coaching differs from mentoring by focusing upon competence specifics, as opposed to general overall development.
Preceptorship: A period of practical experience and training for new practitioners that is supervised by an expert or specialist in a particular field.

factor in the pairing process. After performing follow-up telephone interviews with active participants, the committee members identified opportunities for improving the mentorship experience.

In 2011, a qualitative research study was commissioned to elicit feedback from the dyad participants, identify trends, evaluate outcomes, and recommend improvement strategies. Themes emerged from the findings including the need for formal education, better geographic matching, more structured communication among the dyad teams, and greater alignment of mentor-mentee career goals, personality traits, and leadership style. Applying research findings, the committee restructured the mentorship program, developed a toolkit, and redesigned the mentor-mentee educational workshop for the 2012-2013 cohort. After conducting a literature review, a committee work group created the ONE NJ Mentorship Tool Kit (MTK), a

25-page, evidence-based document, built on the foundational phases of a mentorship relationship.³⁻⁵ The ONE NJ MTK includes term definitions (Table 1), relationship phase descriptions, role responsibilities (Table 2), partnership agreements, relationship assessments, supplemental resources, and checklists to guide participants with goal formation, meeting preparation, and progress evaluation.

Cohorts 1 and 2

Based on the results of the qualitative research and participant feedback from the initial program, it was determined that the mentorship format needed a more structured process with enhanced resources, providing stronger guidance for the mentor-mentee dyads. Geographic proximity of the mentor to the mentee became a more important priority for future facilitation of regularly scheduled face-to-face meetings. To match personality and leadership

styles, the committee recognized that mentor-mentee selection and pairing would benefit from an interactive approach and better alignment of mentor skill sets with specific mentee goals. The mentorship committee reconvened to revise the program and form 2 subcommittees: 1st to plan a mentor-mentee workshop and 2nd to develop a toolkit to facilitate the work of the mentor-mentee dyad. The work of these subcommittees resulted in effective program revisions, improved processes for matching mentor-mentee dyads, and development of the ONE NJ MTK and 3rd cohort education conference.

Mentorship Toolkit

The final ONE NJ MTK was organized according to the 3 phases of mentoring, identified as the orientation phase, working phase, and separation phase.⁵ Using the phases of the mentorship relationship as a framework, the subcommittee

Table 2. Mentorship Roles

Mentor: A skilled and knowledgeable expert who has expressed an interest and is committed to a formal supportive relationship with a nurse leader, nurse manager, or aspiring nurse leader in order to enhance the professional growth and development of that individual.
Mentee: An individual seeking supportive relationships to augment personal and professional development.
Facilitator: A member of the ONE NJ Mentorship Committee who assists the mentor and mentee in working effectively and collaboratively during the mentorship program and supports both parties impartially by acting as a liaison and resource.



organized the MTK based on the resources required for each phase. In response to positive feedback from the ONE NJ Board, the committee was tasked with designing the MTK implementation process for the next cohort. The mentorship committee developed a 2-day program to orient nurse leaders, mentors, and mentees to the new mentorship resource guide, application forms, dyad-matching process, and networking opportunities. In early 2013, the ONE NJ MTK was 1st presented to potential mentors and mentees at the restructured ONE NJ educational program.

Mentorship Workshop

The 2-day mentorship workshop was structured as a 3-hour evening dinner session followed with a full-day educational and interactive program facilitated by a keynote speaker recognized for expertise in mentorship. An open forum discussion afforded ONE NJ board members and nurse mentors the opportunity to examine the principles of trust, self-reflection, self-awareness, and authenticity. The evening session concluded with an effective exercise requesting every nurse to briefly describe a written answer to the ultimate question, "What will be your legacy?"

The full-day educational program provided ample time for both didactic instruction and meaningful networking among mentors and mentees. The curriculum content was based on the coaching model for nurses, which consists of 3 components: (a) the foundation, (b) learning process, and (c) taking action phase.⁶ The foundation for structured mentoring is composed of 4 behaviors: building relationships, setting realistic expectations, observing behaviors, and using self-reflection.⁶ The learning process

incorporates the art of being present, being purposeful and positive, asking questions skillfully, listening actively, and sharing perceptions gracefully. The taking action component allows the mentor to suggest options, request behavior changes, clarify the plan with follow-up, and offer support.

The keynote speaker covered additional topics including the discovery process, the difference between coaching and mentoring, and the joy of being a mentor or mentee. Small group exercises fostered dialogue among the participants at each table and formation of relationships with nursing colleagues outside their organization. These workshop discussions resulted in individual nurses sharing information as a spokesperson for small groups and allowed the participants to experience the perspectives of other nurse leaders.

Included in the program was a presentation of the ONE NJ MTK by subcommittee members. Using the MTK as a guide, mentor-mentee roles and responsibilities were clarified; the phases of mentorship described; and partnership agreements, relationship assessments, and supplemental resources were discussed. Checklists to guide participants with goal formation, meeting preparation, and progress evaluation, as well as specific questions related to MTK utilization, were addressed. Experienced and novice nurse leaders were receptive to the MTK content format and agreed to use the resource document.

Upon program conclusion, each participant completed a postcard listing the names of 3 mentors or mentees in order of preferred priority for future matching assignments. After reviewing all applicants' current experience, development goals, geographic location, and preferred

assignment, the committee matched 13 mentor-mentee pairs for a year-long, 1-to-1 mentorship experience. The nurse applicants held a wide variety of positions including staff nurse, assistant nurse manager, nurse manager, nurse director, clinical supervisor, nurse researcher, assistant vice president, chief nurse officer, and vice president. Participants who ranked one another as a 1st choice for mentor-mentee pairs were considered a direct match for the mentorship cohort. Twenty-six nurse leaders and aspiring nurse leaders, representing 14 different healthcare organizations from various geographic regions of the state, were successfully paired in the 3rd ONE NJ mentorship cohort for 2012-2013.

An official introduction letter was sent to inform the mentors and mentees of the assigned matches and provide detailed instructions for scheduling the initial face-to-face meeting. Each of the 13 mentor-mentee pairs was assigned a facilitator from the mentorship committee who conducted follow-up telephone surveys at scheduled intervals and served as a liaison and resource. Feedback from the participants has been overwhelmingly positive, making this strategy useful to other healthcare organizations and professional associations seeking a structured mentorship process for development of aspiring and existing nurse leaders.

Summary

Over the past several years, the ONE NJ has made significant progress in the development and refinement of an exemplary mentorship program and the ability to engage nurses in formal leadership development. This achievement aligns the AONE mission to shape healthcare through innovative and expert nursing leadership



with the mentorship committee purpose to facilitate relationship building for personal and professional growth of ONE NJ members at all levels.¹

To date, ONE NJ has sponsored 3 annual mentorship cohorts and matched more than 75 nurses in mentor-mentee dyads to support ongoing professional growth in nursing leadership. Utilization of the outcomes, creation of the ONE NJ MTK, and development of a 2-day mentorship education program have significantly enhanced the accomplishments of this program. The initial vision and 3-year journey to establish a statewide mentorship program has resulted in the formation of a successful framework

with evidence-based resource materials and a structured mentorship model aligned with AONE and IOM goals to prepare and enable nurses for leading change, advancing health, and elevating the profession.

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