

**A PROGRAM FOR SUCCESS: TRANSITION TO NURSING LEADERSHIP**

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## **Abstract**

Not all healthcare systems have a transition-to-practice program that assists nurses in transitioning to leadership roles. Research demonstrates that the use of an intentionally focused path to nursing leadership can have a positive impact on a healthcare team. An experienced, skilled clinical nurse needs additional skills to move into a leadership nursing position. Planning and supporting nurses who move to a leadership role with intentional training, ongoing education, and support can improve their commitment to a healthcare organization and thus retain experienced nurse leaders. The purpose of this project was to execute an onboarding program for registered nurses transitioning from a bedside nurse role to a leadership role that would help improve self-assessed nurse leadership competencies. The onboarding plan included educational modules related to leadership skills. Descriptive statistics compared differences between the self-assessed competencies project participants reported before and after completing the online educational modules. Self-assessed nurse leadership competencies did show improvement when comparing pre and post values to national benchmarks.

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## Chapter I: Introduction

Nurse managers provide leadership and impact quality outcomes in healthcare organizations. Nurse managers are often more experienced nurses that may be considering retirement in the near future. Stamps et al. (2019) predict a shortage of nurse managers as up to one million registered nurses (RNs) are expected to leave their nursing jobs before 2030. This significant loss of RNs will result in a critical loss of nurse managers. Healthcare has increased in complexity, requiring competent and prepared nurse managers for the challenge. The nurse manager role can be demanding, and turnover can have a negative effect on an organization. Orientation and mentoring are possible strategies to help decrease nurse turnover (Seabold et al., 2020). Nurse managers can benefit from a structured process to develop leadership competencies (Morse & Warshawsky, 2021).

Organizational stakeholders often consider nurses who provide bedside care for promotion to management positions. There are many reasons a nurse may choose this path, but transitioning from staff nurse to nurse leader can be challenging, as clinical expertise does not always translate to success as a nurse manager. Onboarding, preparing for role transition, and maximizing skills and knowledge can vary greatly among healthcare organizations (Warshawsky et al., 2020). The effective nurse manager role transition requires policies and processes that can be safely executed and sustained. According to Ramseur and Fuchs (2018), developing a structured nurse leader program provides important content that can improve a nurse's perceived leadership competence. Mentoring programs transfer knowledge from experienced nurses to less experienced ones and benefit mentors and mentees (Schroyer et al., 2016). Improving role

competency in a shorter timeframe is necessary to meet the growing need for nurse managers. The growth and development of nurse managers influences patients and staff and can even impact finances within a healthcare organization. Succession planning should include mentoring and developing less experienced nurses (Whitney-Dumas & Hyrkäs, 2019). Organizational leaders must be aware of financial considerations. Failure to retain RNs can cost healthcare organizations more than \$80,000 per nurse (Schroyer et al., 2016). Thus, developing nurse leaders is an important process that can have far-reaching results in a healthcare organization (Sisk et al., 2021).

Effective nurse leaders need many skills, such as time management, conflict resolution, strong communication skills, and resource management. A standard process including guidance and mentoring to support new nurse managers helps ensure nurse manager competency and provides ongoing support for nurse managers in training (Ficara et al., 2021). A mentoring program increases confidence and job satisfaction, which may help retain nurses in key roles (Gularte-Renaldo et al., 2023). Pertinent leadership knowledge increases skills and comfort levels when one moves into a nurse manager role. Coogan and Hampton (2020) conducted a study that used a pre-and post-test design to evaluate the outcomes of a new nurse manager orientation program. The study used the American Organization for Nursing Leadership (AONL) Nurse Manager Competency components for the new manager's orientation in the role under 12 months. Post-intervention self-assessed competency levels improved for those who took part in the program. Coogan and Hampton found that a supportive orientation program for new nurse managers positively impacted organizational outcomes.

Clinical competence in nursing does not always translate into leadership

competence, and intentional processes may be necessary to ensure that new nurse managers have the resources to succeed in their new roles. During the summer of 2021, this writer developed an onboarding program for nurses transitioning from bedside positions to leadership roles to improve their self-assessed competencies as nurse leaders. The project was completed at a 330-bed acute care facility in the Midwest. Nurse leader competencies were assessed by having participants complete the AONL Nurse Leader Self-Assessment Competency Tool (Appendix A) to identify learning needs. The project manager developed educational modules (Appendix B) that assisted nurses in transitioning from a patient care-based role to a nurse leadership role. The framework used to create these educational modules was the AONL nurse manager learning domain framework. The onboarding program also included a mentoring component. A mentoring program was created using the Academy of Medical-Surgical Nurses (AMSN) mentoring program guide (AMSN, n.d.). This guide provides an overview of the mentoring process and sections for a site coordinator, mentor, and mentee. By adapting the AMSN Mentoring Program, guidelines and tools are provided for both the mentee and mentor in the AMSN Mentoring Program for Nurse Leaders (Appendix C). The AMSN mentoring program objectives include developing supportive relationships, guiding nurses in growth and development, and ensuring effective communication related to expectations and opportunities for learning. Including a mentoring process in a transition to practice onboarding process helps to ensure continued organizational support of new nurse managers.

### **Statement of Problem**

Nurses transitioning to new nurse manager roles benefit from a transition to practice process that includes onboarding and support. If there is an influx of newer nurse



managers within an organization, it becomes even more important to provide resources to those nurse managers. LaCross et al. (2019) reported that nurse managers are essential to lead change in healthcare, and a shortage of nurse leaders is predicted in the future. Using an exploratory, descriptive, qualitative approach to explore the transitioning nurse leader, Cziraki et al. (2014) found that nurse leader transition improvement can impact the quality of care provided, finances, and patient satisfaction, and ineffective nurse leadership can adversely affect patient safety. The creation of a safe practice environment is directed by nurse leaders and affects patient outcomes (McGarity et al., 2020). Not all healthcare systems have a transition-to-practice program that helps nurses transition to leadership roles. Research supports the idea that the use of an intentionally focused path to nursing leadership can positively impact a healthcare team. Experienced clinical nurses need additional skills to assume a leadership nursing position. Lawson (2020) reports that the demand for nurse leaders continues to increase.

Furthermore, Lawson (2020) reinforces the hypothesis that support for nurse leaders increases competency. O'Connor (2017) employed a case study method to explore the use of information support and mentoring for new nurse managers, concluding that such a process has many benefits and that qualified individuals are needed to step into the important role of nurse leader. Leaders who are ill-prepared and express low confidence in their abilities may not stay in their nurse manager roles. Thus, onboarding programs for nurse leaders are necessary.

### **Purpose/Aim of the Project**

The purpose of this project was to execute an onboarding program for RNs transitioning from a bedside nurse role to a leadership role to improve self-assessed nurse leadership competencies. Improving nurse leader transition to practice can directly

impact patient and organizational outcomes. Training provided to those in nurse leader roles can improve staff and patient satisfaction and outcomes (McGarity et al., 2020). A carefully developed and executed plan is needed to support and keep nurse managers. Administrators must allocate support and resources to those transitioning to a leadership role (O'Connor, 2017).

### **Background/Problem of Interest Supported by the Literature**

The workforce will lose many years of nursing leadership experience as thousands of aging RNs are expected to retire by 2030 (Coogan et al., 2020). Older, more experienced nurses will retire, fewer nurses will enter the workforce, and the need for nurses will increase as baby boomers age (Rosseter, 2022). Successful onboarding programs identify and train younger nurses to transition to nurse leadership roles. In a rapidly changing healthcare environment, properly prepared nurse managers can lead change and move organizations in a positive direction (Ficara et al., 2021). Planning and supporting nurses that move into a leadership role with intentional training, ongoing education, mentorship, and support improves their commitment to a healthcare organization, and retains experienced nurse leaders.

### **Significance of Project**

Effective nurse leadership is key to both nurse and patient outcomes. When leadership development programs are used, novice nurse leaders transition more effectively to a new role (Lawson, 2020). Deliberate institutionalized focus on leader transition is necessary to ensure that nurse manager skills are gained and nurtured. The intentional development of nurse leaders is important to current and future success in healthcare organizations, as it affects job satisfaction, job retention, and the quality of care provided (Lee et al., 2019). Each of the roles in which a nurse leader must be

competent can be mastered more easily with strong administrative support and programs that underpin leadership knowledge in the transition to a nursing leadership role.

### **Impact of the Project**

Execution of this project impacted competency and retention at one facility in the Midwest and may be translatable to other organizations. By doing so, patient care satisfaction and outcomes are expected to improve. This project provided better guidelines for onboarding nurses in their transition to leadership roles at one Midwestern facility. The project improved self-reported leadership competencies. Providing knowledge and expertise to help a new nurse leader grow confident in the role can have far-reaching consequences. Nurse managers can impact the retention of staff, which in turn can increase patient satisfaction and decrease costs within an organization. Retention of nurses in an organization is important for stability. Successful, well-prepared nurse leaders can affect safety, staff morale, and patient satisfaction. Nurses are more likely to remain in their positions if they feel supported by their managers (O'Connor, 2017).

## **Chapter II: Literature and Theory Review**

A literature search was performed using the Cumulative Index to Nursing and Allied Health Literature Complete, MEDLINE, and Cochrane Library databases to explore strategies used in creating a mentoring and onboarding process as a transition-to-practice process for transitioning to leadership roles. Keywords included: nurse leader, onboarding nurses, nurse managers, nurse mentoring, nurse retention, nurse competencies, transition to practice, and evidence-based nursing practice. This search resulted in the discovery of several studies and recent publications showing evidence-based research related to the importance of onboarding and mentoring nurses during a transition to a leadership role.

### **Literature Review**

It is well established in the literature that role transition in nursing brings challenges, and many studies verified the utility of interventions to facilitate adjustment to these roles. The focus of the studies and publications was an exploration of current practices for onboarding and mentoring nurses during a transition to practice as a nurse leader.

### **Mentoring and Onboarding**

Schroyer et al. (2016) reported that a mentoring and onboarding process that aids the transition to practice in a new role could help ease role transition and increase nurse retention. This study used a mentorship and education model that led to increased retention. Benner's theory of novice to expert was used as a theoretical framework (Benner, 1984) for this study using five levels of proficiency, beginning with level one as a novice and ending with level five as an expert. Retention improved from 66 to 91% at the end of the study among nurses who were provided additional support and mentoring

as they increased their knowledge base (Schroyer et al., 2016).

According to McGarity et al. (2020), first-line nurse leaders who participated in a professional development program were more confident in the skills needed to lead effective healthcare teams. Participants were selected from a pool of nurse managers recommended by the organization's leadership team for an evidence-based leadership program aligned with the nurse manager domain framework. The project measured self-assessed competencies using a nurse manager inventory tool for the pre-and post-leadership development curriculum. Leadership development activities helped nurse leaders to gain needed leadership skills and receive ongoing support while acquiring necessary skills (McGarity et al., 2020). Self-assessment can help reveal areas that need further support.

Ficara et al. (2021) reported that nurse manager residency programs could support the growth of strong nurse leaders who transition from bedside clinical nurse to nurse leader roles and remain within the organization. The AONL nurse manager framework provided resources and support to participants with less than two years of practice as a manager. The nurse retention rate for those who took part was 90% one year after the completion of this program. The researchers asserted that a nurse manager is a link that connects front-line nurses with organizational goals that affect every area of a healthcare organization. They concluded that new nurse managers need support, mentoring, and education related to a new nurse role. Nurse manager competencies from AONL were integrated into the residency program curriculum. Conclusions were that daily work and standard work processes help a new nurse manager perform at a level needed to ensure quality patient care and high employee engagement (Ficara et al., 2021).

Lawson (2020) examined the evidence associated with newer nurse managers adapting more successfully to that role using a structured transition-to-practice program. The curriculum was based on the nurse manager learning domain framework. Curriculum used included the three domains of the science of managing the business, the art of leading the people, and the leader within (AONL, n.d.). Increases were recorded in all competencies with an average one-point increase. The author reported limitations in the study because of the COVID-19 pandemic.

Warshawsky et al. (2022) conducted a study of 541 nurse managers in which participants self-assessed nurse manager competency. Multiple nurse manager surveys were used. The study intended to examine nurse competencies, the nursing practice environment, and the quality of nursing care provided. Nurse manager competencies correlated in a positive direction with a better work environment for RNs. The final findings concluded that the intentional development of nurse managers would result in a more stable nursing workforce.

Effective nurse leadership is related to a healthy work environment. Leadership development needs to be intentional and organized to help achieve organizational goals. Fennimore and Wolf (2011) detailed the use of the nurse manager leadership collaborative learning domain framework to refocus on developing the nurse manager role. The initial pilot study provided evidence-based content and examined current issues in healthcare and information from professional organizations, and also allowed self-assessment related to leadership skills for participants. Many assessed areas showed improvement in comparison with pre- and post-measurements of participants. Increases in each area of self-assessment ranged from an average of 20.9 to 27%. One area for

improvement the authors noticed was identifying a way to assess how the nurse managers applied the newly identified skills (Fennimore & Wolf, 2011).

Galura and Warshawsky (2022) conducted a study to determine if interim nurse managers impacted clinical operations. The authors stated that when interim nurse managers fill critical vacated positions, resources, and support are necessary to ensure successful tenure. This study addressed succession planning and new nurse managers placed in those roles unexpectedly. The authors identified strategies that supported individuals in the interim nurse manager role and provided a pool of nurses who would be confident in management roles. Some identified strategies included access to leadership development content and orientation to the new role (Galura & Warshawsky, 2022).

Sullivan et al. (2003) conducted a qualitative study to identify leadership needs of nurse managers across a healthcare organization. The data collected from this study helped lead to the development of an evidence-based leadership development program. The study concluded that providing support to nurse managers will lead to improved nurse and patient outcomes.

The use of a framework to guide the development of an effective onboarding process can assist in the journey from bedside nurse to nurse manager. This process was used by Schroyer et al. (2016) to assist with role transition. McGarity et al. (2020) incorporated the use of a nurse manager domain framework which allowed the measurement of self-assessed competencies. Ficara et al. (2021) reported nurse retention improved with the use of a nurse manager framework to guide the transition to practice for nurse managers. Lawson (2020) determined that new nurse managers recorded an

increase in self-reported competencies after using a curriculum guided by a framework. Warshawsky et al. (2022) concluded that an increase in self-assessed competencies correlated with a better work environment and more stability for nurse managers that participated. Fennimore and Wolf (2011) reported an overall increase in self-assessed competency skills after using a framework when onboarding nurse managers. Galura and Warshawsky (2022) said that access to educational materials related to leadership can assist those placed in leadership roles unexpectedly. Measurement of self-assessed competencies can help a new nurse manager determine areas of competence and areas that still need further attention. Sullivan et al. (2003) conducted a qualitative study to investigate nurse leader needs and experiences across a professional practice environment. Recommendations from the study helped determine the need for a leadership development program for nurse managers.

### **Nurse Manager Retention**

A first-line manager in a healthcare organization can influence the quality of care and patient satisfaction by guiding staff. This guidance can decrease stress and increase communication, thereby increasing patient satisfaction and safety (Cziraki et al., 2014). Thus, finding and keeping the right nurses in leadership roles can have far-reaching consequences. Patients and other nurses and managers in a facility feel this impact. Cziraki et al. (2014) examined factors that attract and keep an individual in a nursing leadership role. Eleven registered nurses in nurse manager roles were studied using an exploratory, descriptive, and qualitative method. Study findings showed differences between attracting and keeping managers and confirmed challenges in healthcare. Factors important to attracting individuals included opportunities for engagement at work, room



for career advancement, and access to a mentor. Factors contributing to retention included meaningful work and opportunities for learning and engagement in meaningful projects. Access to support and the immediate availability of a support person who could be asked questions as the orientation process continued was deemed important to the first-line nurse manager new to a leadership role. However, limitations were identified in this study that entailed additional exploration of the topic. One of the limitations included the low response rate that could affect generalizability.

Sisk et al. (2021) used a leadership program to support nurse leaders' personal and professional development. The sample population included nurses from the United States and Great Britain. Specific learning modules were used with participants. Pre- and post-intervention data were collected and analyzed. This study concluded that creating a workplace that supports nurse leaders positively impacted them. In response to an increased need for senior nurse leaders, nurses in this study changed bedside best practices to a system levels approach that impacted more people within an organization in response to issues with the recruitment and retention of nurse managers.

Leadership programs that emphasize a commitment to ongoing education and professional development activities may impact how well nurses transition to nurse manager roles. Transition to practice programs may assist with retention in key nurse manager roles. Ducharme and Bernhardt (2017) conducted a study to determine whether nurse leaders impacted the professional practice environment. The relationship between engagement in professional practice and the perceived influence of nurse leaders was examined using the essentials of magnetism and Leadership Influence over Professional Practice Environment Scale tools. One of the goals identified in this study was to

determine the self-perceptions of the nurse leaders' influence. This study helped determine that nurse leaders' influence can be developed and can affect favorable outcomes in a healthcare environment. This effect can be felt within an organization in practice and education for nurse leaders. Limitations identified in this study concluded that the findings could not be generalized to other practice settings. The body of work on onboarding novice nurse leaders supports this author's work and identifies gaps in follow-up.

Schroyer et al. (2016) discussed a mentor program used in a northern Indiana hospital to retain new nurse graduates, re-entry nurses, and those transitioning to a different area. The study aimed to improve nurse retention rates by pairing experienced nurses with less experienced ones to improve nurse retention rates. Retention data were collected six months before using a mentoring program and again six months after that. Experienced mentors were recruited and paired with less experienced nurses in a critical care unit. Schroyer et al. used principles from the AMSN mentoring program. Data were collected from both mentored and non-mentored nurses. Nurse retention post-study data showed that mentored group retention was greater, at 91% (32/35), compared to non-mentored group retention, at 66% (23/35).

Hubleby et al. (2022) conducted a study using nursing leaders in a leadership management program with a structured mentoring program. This project's goal was to develop leaders able to function effectively within their organization. Sixteen leaders participated in the study. A mixed-method approach was used to collect data. Data analysis suggested that this leadership program was effective, with mentoring being an important part of the program. Future plans include using a larger sample size from

several different hospital systems.

Leadership programs that emphasize a commitment to ongoing education and professional development activities may impact how well nurses transition to nurse manager roles. Transition to practice programs with education and mentoring opportunities may assist with retention in key nurse manager roles.

Opportunities for a mentoring process to assist nurse managers as they transition to a new role can provide additional support from an experienced nurse manager. Cziraki et al. (2014) identified factors important for nurse retention including the use of a mentor. Sisk et al. (2021) used a leadership program with education and nurses completed both pre- and post-assessments. The Sisk et al. (2021) study reviewed nurse retention from a systems-level approach.

Schroyer et al. (2016) reported increased nurse retention using principles from the AMSN mentoring program. The study included new nurses and nurses transitioning to new roles. Ducharme and Bernhardt (2017) conducted a study that showed nurse leaders' influence. The study looked at nurse leaders' self-perception of influence and determined this could be changed; however, there were limitations identified in this study that did not allow generalizability to other practice settings. Hubley et al. (2022) used a mixed-method approach and determined a nurse manager program using a structured mentoring program was effective; however, a larger sample size is planned for future studies.

The mentor relationship is one way to bridge the gap between theory and practical application. Mentors can provide realistic details that may assist in the transition from experienced bedside nurses to novice nurse managers.

### **Review of the Theory**

Benner's novice to expert model is a theoretical framework that aligns well with this project (Petiprin, 2023). Nurses can be experts in one area of nursing yet still need education and support when transitioning to a different role in nursing, such as a nurse leader. The sequential levels of Benner's novice to expert nursing theory include novice, advanced beginner, competent, proficient, and expert. The theory comprises five main concepts: competence, acquisition of skills, experience, clinical knowledge, and practical knowledge. These concepts were developed with the Dreyfus model of skill acquisition in mind (Benner, 1984). Transitioning through each level requires focus and intention. In keeping with Benner's theory, nurses transitioning into a nurse leadership role will require support to gain confidence in their skills. Different strategies for instruction are needed according to an individual's level of skill acquisition (Benner, 1984).

### **Alignment of Theory**

Benner's novice to expert model guided the project's development and execution by explaining how experienced bedside nurses transition to a nurse leader role. In their new role, nurses are expected to move forward from a novice level. Time is necessary to develop each level of competence (Graf et al., 2020), and the length may vary by constituent and input into their development. Benner's theory proposes that the transition may appear differently in each situation, including the use of educational learning experiences, skills acquisition, intentional knowledge development, and competency measurement. The time will vary from situation to situation, and everyone will vary in the opportunities that arise to help develop their leadership skills. The new nurse leader may move from levels of competency, back to the novice or advanced beginner level on a leadership scale. Nurses in these stages of development need increased support,

education, and guidance. Benner's theory supports leadership development competence as nurse managers gain skill and knowledge as they transition from novice to expert in leadership roles using education and mentoring (Titzer et al., 2014). Benner's theory guided the development and implementation of this project by allowing the transition from one area of nursing to another area with planned education and support.

### **Chapter III: Method**

The specific aims of this project included creating and implementing an onboarding plan for nurses who recently transitioned to a nurse leadership role or who will do so soon. The goal was to improve self-assessed nurse leadership competencies. The predicted nursing shortage will result in fewer nursing candidates for nursing leadership positions. The need for prepared nurse managers can impact the quality of care and outcomes for patients (Titzer et al., 2014).

#### **Design of the Project**

The project manager and the practice mentor identified the need for an onboarding and mentoring process for nurses who had recently transitioned to nurse manager roles. The Indiana Wesleyan University Institutional Review Board approved the project (Appendix D). Participants were informed that there was minimal risk of participating, and the study was voluntary. The project had minimal risks, such as participants feeling uncomfortable answering questions on the survey tool. The onboarding plan included educational modules related to leadership skills created using aspects of AONL's nurse manager learning domain framework (Appendix B).

Participants completed the AONL Nurse Leader Self-Assessment Competency Tool (Appendix A), which they electronically received from and returned to AONL. The project advisor paid the small fee assessed for survey use. AONL granted permission to use the survey (Appendix F). The onboarding plan included educational modules related to leadership skills created using aspects of AONL's nurse manager learning domain framework (Appendix B). The project practice mentor, an associate chief nursing officer, suggested additional content to specific organizational resources. The organization's learning library with additional leadership content was accessible through an optional

link.

The educational modules were emailed to participants and accessed. Each participant received a welcome slide and an instructional slide detailing the process. The Science domain included two modules with 18 content slides. The Leader Within domain included one module with 12 content slides. The Art domain included three modules with 13 content slides. The specific organizational resources included one module with five content slides. Each educational module began with a suggested timeline of completion, followed by resources for that content area, and concluded with a reflection slide with space for the next steps, including action items and individual short-term and long-term goals. A suggested timeline of eight weeks was recommended for participants. After completing the educational modules, participants completed the self-assessment competency tool again. AONL analyzed the data.

A mentoring program for nurse leaders was adapted from the AMSN mentoring program guide (AMSN, n.d.) and titled AMSN Mentoring Program for Nurse Leaders (Appendix C), which provides an overview of the mentoring process along with sections for a site coordinator, mentor, and mentee. The process includes guidelines and tools. The mentoring program objectives include developing supportive relationships, guiding nurses in growth and development, and ensuring effective communication related to expectations and opportunities for learning.

The mentoring program provides descriptions for a site coordinator, mentor, and mentee. A framework is provided to assist nurses transitioning to a new role by matching experienced nurses with less-experienced ones. Role descriptions are included for site coordinators, mentors, and mentees. Mentors and mentees are selected using guidelines

that factor in several areas, such as skill level, expertise, availability, learning style, experience, interpersonal skills and behavior, personality, accessibility, educational background, gender, and willingness to be involved in the process. Throughout the mentoring program, the mentee and mentor can determine intervals to check progress. Tools are included for this evaluation of mentor and mentee, both throughout and at the end of the process. Additional tools are included to evaluate the mentoring program as well.

This mentoring process provides a timeline with checklists prior to beginning, one week, every month for the first three months, and again at three, six, and twelve months. The educational modules for the onboarding process are included in the steps to completion for the mentee and mentor. The educational modules have a suggested timeline of 8 weeks with modification if needed. Program goals for both mentor and mentee are created and monitored during the mentorship program. Benner's novice-to-expert model is used throughout the mentoring program to mimic the skills acquisition that accompanies transitioning to a new role. The AMSN mentoring program (AMSN, n.d.) is available to use without charge for any organization. The AMSN permits users to make changes to the materials. This permission is located within the mentoring program documents. The project manager revised the program to ensure it was appropriate for a nurse leader onboarding program. The educational modules were added as additional content to use along with the mentoring tasks. Due to the lack of time for the nursing staff related to an increased workload, the project stakeholders elected not to implement a mentoring program at the time of project execution due to a lack of time on the part of the nursing staff.



**Setting**

The project occurred at a 330-bed acute care facility in the Midwest. The facility is a regional medical referral center serving a seven-county area in the Midwest. The facility employs more than 2,400 people and admits more than 19,000 patients every year.

**Population**

The practice mentor chose the population for the project from a pool of RNs that had transitioned into a leadership role within the last 12 months. The invitation to participate was extended to 12 RNs the practice mentor identified as meeting the criteria of moving to a leadership role (Appendix E). Nine agreed to participate and completed the AONL Nurse Leader Self-Assessment Competency tool as a pre-assessment. The final population was five. Four participants were unable to complete the project and cited lack of time as the reason for not completing the project.

**Data Collection**

The AONL staff provided participants pre-assessment instructions for completing the AONL Nurse Leader Self-Assessment Competency. After participants completed the pre-assessment, the project manager emailed participants the online educational modules. Participants had eight weeks to complete the educational modules asynchronously. The educational modules were created using topic areas of the AONL nurse manager learning domain framework. Participants completed the educational modules asynchronously. Following completion of the AONL modules, participants completed the Nurse Leader Self-Assessment Competency as a post-assessment, using the same process used for pre-assessment. The AONL staff completed the analysis of the AONL competencies and emailed the results to the project manager.



## Chapter IV: Results

The aim of this project was to execute an onboarding and mentoring program for RNs transitioning from a bedside nurse role to a leadership role to improve their self-assessed nurse leadership competencies. The AONL online Self-Assessment Competency Tool (Appendix A) was used as both a pre-assessment and a post-assessment tool (AONL, n.d.) Descriptive statistics compared differences between the self-assessed competencies project participants documented before and after the completion of the online educational modules.

The results represented participants selected from RNs that had moved to nurse manager roles within the last 12 months. Each participant was given the AONL Nurse Leaders Self-Assessment Competency as a pre-assessment (Appendix A), which AONL delivered electronically to participants, and then AONL staff analyzed the data from this pre-assessment. Post-execution of the project, participants were again provided with the same tool used for pre-assessment. The results reported increases in each of the 12 self-assessed competency subgroups.

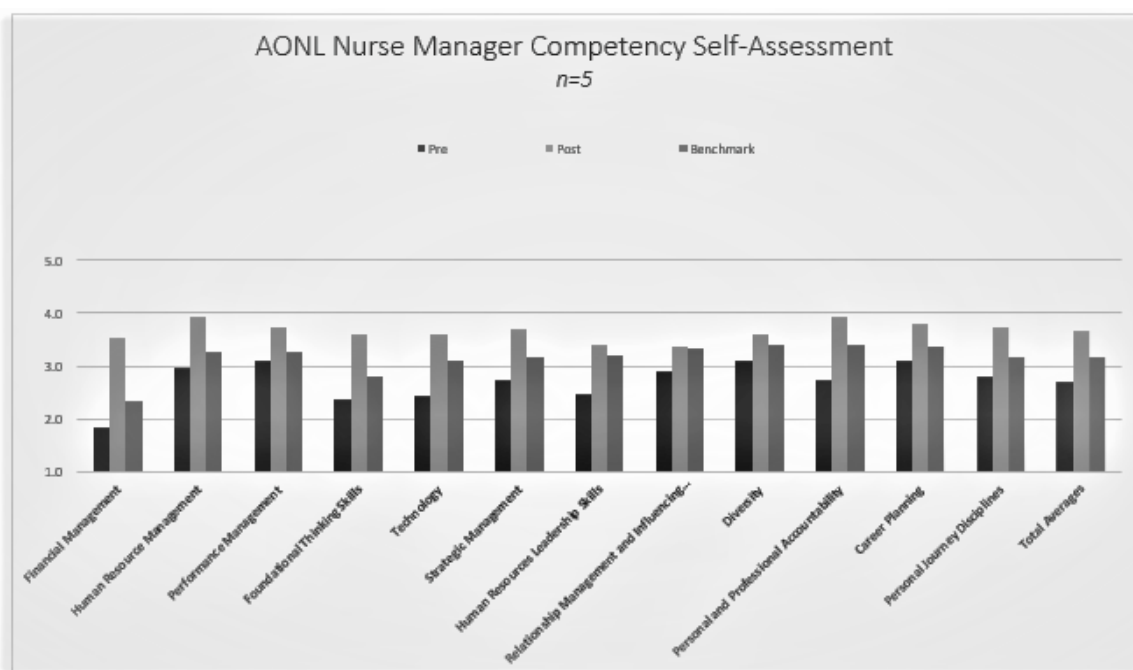
### Results of Data Collection/Analysis

Twelve participants accepted the invitation to participate; nine completed the pre-assessment, and five completed the post-assessment. The aggregate data ( $n=5$ ) from the self-assessment competency tool showed participants' responses to each question using a scale from 1 to 5, with 1 representing novice and up to 5 representing expertise. This population ( $n=5$ ) was the number of participants who completed the pre- and post-assessment. Paired-sample *t*-tests were used to assess differences from pre- and post-assessment for participants who completed both assessments and the education modules. An increase in all competencies was reported, with a range of 0.47 to 1.7. There was an

average of 0.95 increase across the 12 domains. The lowest increase of 0.47 was in the sub-domain of relationship management and influencing behaviors. The highest increase was in the sub-domain of financial management ( Figure 1). The pre-and post-scores were also compared to a national benchmark AONL provided as the competency tool score. All pre-assessment scores were lower than the national benchmark; all post-assessment scores were higher than the national benchmark. It is not possible to determine why the increases occurred.

**Figure 1**

*AONL Nurse Manager Competency Self-Assessment*



Additional statistical analysis was completed on each sub-domain with pre- and post-values. The financial management, performance management, strategic management, human resources leadership skills, relationship management and influencing behaviors, and human resource management sub-domains paired *t*-tests all showed that the two-

tailed  $p$  value is less than 0.0001, which is considered statistically significant (Table 1).

The foundational thinking skills sub-domain paired  $t$ -test showed a two-tailed  $p$  value that is equal to 0.0128, and the technology sub-domain paired  $t$ -test showed a two-tailed  $p$  value that equals 0.0329; both values are statistically significant. The diversity sub-domain paired  $t$ -test showed that the two-tailed  $p$  value equals 0.1433; this difference is not statistically significant (Table 1).

The personal and professional accountability sub-domain paired  $t$ -test showed that the two-tailed  $p$  value equals 0.0258, and the career planning sub-domain paired  $t$ -test showed that the two-tailed  $p$  value equals 0.0234; both values are considered statistically significant. The personal journey disciplines sub-domain paired  $t$ -test showed that the two-tailed  $p$  value equals 0.0040, which is statistically significant (Table 1).

**Table 1**

*Statistical Analysis of Sub-domains*

Sub-Domain	Two Tailed $p$ values	Confidence Interval	Intermediate Values	Group Mean Pre	Group Mean Post
Financial Management	$p < 0.0001$	95%	$t- 12.4400$ $df=10$ standard error of difference=0.136	$SD=1.8327$ $SEM=0.3243$ $N=0.0978$	$SD=3.5273$ $SEM=0.2240$ $N=0.0675$
Human Resource Management	$p < 0.0001$	95%	$t- 10.7940$ $df=12$ standard error of difference=0.089	$SD=2.9677$ $SEM=0.3404$ $N=0.0944$	$SD=3.9231$ $SEM=0.1013$ $N=0.0281$
Performance Management	$p < 0.0001$	95%	$t-8.5802$ $df=13$ standard error of difference=0.075	$SD=3.1029$ $SEM=0.2510$ $N=0.0671$	$SD=3.7429$ $SEM=0.1651$ $N=0.0441$
Foundational Thinking Skills	$p = 0.0128$	95%	$t-49.8000$ $df=1$ standard error of difference=0.025	$SD=2.3550$ $SEM=0.0354$ $N=0.0250$	$SD=3.6000$ $SEM=0.0000$ $N=0.0000$

Technology	$p= 0.0329$	95%	$t-19.333$ $df=1$ standard error of difference=0.060	$SD=2.4400$ $SEM=0.0849$ $N=0.0600$	$SD=3.6000$ $SEM=0.0000$ $N=0.00000$
Strategic Management	$p= 0.001$	95%	$t-4.258$ $df=19$ standard error of difference=0.06	$SD=2.7500$ $SEM=0.3171$ $N=0.0709$	$SD=3.7100$ $SEM=0.1889$ $N=0.0422$
Human Resource Leadership Skills	$p<0.0001$	95%	$t-13.4186$ $df=14$ standard error of difference=0.069	$SD=2.4780$ $SEM=0.3004$ $N=0.0776$	$SD=3.4000$ $SEM=0.1069$ $N=0.0278$
Relationship Management and Influencing Behaviors	$p< 0.0001$	95%	$t-10.3131$ $df=15$ standard error of difference=0.046	$SD=2.8969$ $SEM=0.1817$ $N=0.0454$	$SD=3.3750$ $SEM=0.0683$ $N=0.0171$
Diversity	$p=0.1433$	95%	$t-2.3491$ $df=2$ standard error of difference=0.359	$SD=2.8233$ $SEM=0.5086$ $N=0.2936$	$SD=3.6667$ $SEM=0.1155$ $N=0.0667$
Personal and Professional Accountability	$p= 0.0258$	95%	$t-6.0990$ $df=2$ standard error of difference=0.194	$SD=2.7500$ $SEM=0.4468$ $N=0.2579$	$SD=3.9333$ $SEM=0.1155$ $N=0.0667$
Career Planning	$p=0.0234$	95%	$t-6.4193$ $df=2$ standard error of difference=0.111	$SD=3.0900$ $SEM=0.3724$ $N=0.2150$	$SD=3.8000$ $SEM=0.2000$ $N=0.1155$
Personal Journey Disciplines	$p=0.0040$	95%	$t-15.8507$ $df=2$ standard error of difference=0.058	$SD=2.8167$ $SEM=0.0635$ $N=0.0367$	$SD=3.7333$ $SEM=0.1155$ $N=0.0667$

The self-assessment competency tool used for this project can help individuals assess their strengths and weaknesses and growth opportunities. Participants pre- and post-assessments were paired. Participants were de-identified in data reporting. The participant can use individual responses, and the organization can use aggregate data to determine future needs for nurse manager transition to practice processes.

## Discussion

Despite a small sample size, mean increases in self-assessed competencies were noted. It is not possible to determine why the increases occurred due to the small sample size. Only data from participants who completed both pre-intervention and post-intervention self-assessment were included in the results. Statistical analysis was completed on the sub-themes. The financial management, performance management, strategic management, human resources leadership skills, relationship management, and influencing behaviors, and human resource management sub-domains paired *t*-tests all showed that the two-tailed *p* value is less than 0.0001. A lower *p* value shows validation of the hypothesis against observed data and is statistically significant, however the sample size has to be considered when evaluating statistical data. The personal and professional accountability sub-domain paired *t*-test showed that the two-tailed *p* value equals 0.0258, and the career planning sub-domain paired *t*-test showed that the two-tailed *p* value equals 0.0234. The personal journey disciplines sub-domain paired *t*-test showed that the two-tailed *p* value equals 0.0040. The transition to practice educational modules provided information useful to newer nurse managers. The low *p* provides some validation of the significance of the increases in scores.

## Implications for Practice

A transition to practice process that can help RN's acclimate to a nurse leader role faster and with confidence is valuable to both the individual nurse manager and the organization (Coogan & Hampton, 2020). A focus on onboarding and access to tools to ease the transition from bedside clinician to nurse manager can affect all areas of a healthcare organization. Nurse manager competence can influence the professional environment and patient outcomes (Warshawsky et al., 2022). The use of a framework to

guide the transition to practice process helped determine appropriate educational resources to include in the project and can be used in the future.

### **Limitations**

The limitations include the small number of participants involved in the project. This small sample size limits generalizability to future studies and weakens the data. Nine participants completed the pre-assessment, but only five finished the educational modules, and completed the post-assessment. The project occurred during the COVID-19 pandemic, which created additional stressors for study participants. Only one healthcare organization participated in the project. It is hard to determine whether this would be useful in a larger population or other practice settings.

Another significant limitation of the project was that the mentoring piece was not executed. It is anticipated that the addition of mentoring to the onboarding program would increase leader retention, thus positively affecting the financial bottom line, patient satisfaction, and positive patient outcomes. It would have been helpful to examine variances in demographics and their possible impact on the project results. If the mentoring process had been used, data related to the tools in the AMSN Mentoring program could have been analyzed. There are mentee tools that evaluate job satisfaction, intent to stay in the job survey, assessment of the relationship with the mentor, and a mentoring program satisfaction survey. Additional evaluation tools are available for the mentor, including a mentor self-assessment, an assessment of the relationship with the mentee, and a mentoring program satisfaction survey.

### **Recommendations**

There is a need for further study of how transition to practice programs might prove beneficial in a healthcare organization. This writer recommends repeating this



project with a larger sample. The inclusion of demographic data in a future offering of this process would provide more specific data helpful to the healthcare organization. The educational modules should be updated for future use. At least some of the information should be presented in a face-to-face format to allow for immediate dialogue and feedback from participants. The organizational stakeholders plan to use the educational modules in the future for bedside nurses who move to leadership roles within the facility.

Effective nurse leaders take time and intention to develop. Additional education is needed for newer nurses transitioning to a nurse leadership role to feel comfortable and confident. Nurse/ leaders set expectations and model effective leadership qualities for those they lead. Using a transition-to-practice program before moving to a leadership role or shortly after moving into that role can help a new manager lead with confidence and can positively affect many areas of an organization.

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## Appendices

### Appendix A

#### AONL Nurse Leader Competency Assessment Tool

Section 1: The Science	2 - Advanced Beginner	3 - Competent	4 - Proficient	5 - Expert	Unable to Rate
<b>Financial Management</b>					
Recognize the impact of reimbursement on revenue					
Anticipate the effects of changes on reimbursement programs for patient care					
Maximize care efficiency and throughput					
Understand the relationship between value-based purchasing and quality outcomes with revenue and reimbursement					
Create a budget					
Monitor a budget					
Analyze a budget and explain variance					
Conduct ongoing evaluation of productivity					
Forecast future revenue and expenses					
Capital budgeting: Justification					
Capital budgeting: Cost Benefit Analysis					
<b>Human Resource Management</b>					
Staffing needs: Evaluate staffing patterns/needs					
Staffing needs: Match staff competency with patient acuity					
Manage human resources within the scope of labor laws					
Apply recruitment techniques					

Staff selection: Apply individual interview techniques

Staff selection: Apply team interview techniques

Staff selection: Select and hire qualified applicants

Scope of practice: Develop role definitions for staff consistent with scope of practice

Scope of practice: Implement changes in role consistent with scope of practice

Scope of practice: Orientation

Scope of practice: Develop orientation program

Scope of practice: Oversee orientation process

Scope of practice: Evaluate effectiveness of orientation

#### **Performance Management**

Performance improvement: Identify key performance indicators

Performance improvement: Establish data collection methodology

Performance improvement: Evaluate performance data

Performance improvement: Respond to outcome measurement

Performance improvement: Comply with documentation requirements

Customer and patient engagement: Assess customer and patient satisfaction

Customer and patient engagement: Develop strategies to address satisfaction issues

Patient safety: Monitor and report sentinel events

Patient safety: Participate in root cause analysis



Patient safety: Promote evidence-based practices	
Patient safety: Manage incident reporting	
Maintain survey and regulatory readiness	
Monitor and promote workplace safety requirements	
Promote intra/interdepartmental communication	
<b>Foundational Thinking Skills</b>	
Apply systems thinking knowledge as an approach to analysis and decision-making	
Understand complex adaptive systems definitions and applications	
<b>Technology</b>	
Information technology (Understand the effect of IT on patient care and delivery systems to reduce work load): Ability to integrate technology into patient care processes	
Information technology (Understand the effect of IT on patient care and delivery systems to reduce work load): Use information systems to support business decisions	
<b>Strategic Management</b>	
Facilitate change: Assess readiness for change	
Facilitate change: Involve staff in change processes	
Facilitate change: Communicate changes	
Facilitate change: Evaluate outcomes	
Project management: Identify roles	
Project management: Establish timelines and milestones	
Project management: Allocate resources	

**I Strategic Management**

Project management: Manage project plans

Contingency plans: Manage internal disaster or emergency planning and execution

Contingency plans: Manage external disaster or emergency planning and execution

Demonstrate written and oral presentation skills

Manage meetings effectively

Demonstrate negotiation skills

Influence the practice of nursing through participation in professional organizations

Collaborate with other service lines

Shared decision-making: Establish vision statement

Shared decision-making: Facilitate a structure of shared governance

Shared decision-making: Implement structures and processes

Shared decision-making: Support a just culture

**Section 2: The Art**

**Human Resources Leadership Skills**

2 - Advanced Beginner  
3 - Competent  
4 - Proficient  
5 - Expert  
Unable to Rate  
1 - Novice

- Performance management: Conduct staff evaluations
- Performance management: Assist staff with goal-setting
- Performance management: Implement continual performance development
- Performance management: Monitor staff for fitness for duty
- Performance management: Initiate corrective actions
- Performance management: Terminate staff
- Staff development: Facilitate staff education and needs assessment
- Staff development: Ensure competency validation
- Staff development: Promote professional development of staff
- Staff development: Facilitate leadership growth among staff
- Staff development: Identify and develop staff as part of a succession planning program
- Staff retention: Assess staff satisfaction
- Staff retention: Develop and implement strategies to address satisfaction issues
- Staff retention: Promote retention
- Staff retention: Develop methods to reward and recognize staff

**Relationship Management and Influencing Behaviors**

Manage conflict

Situation management: Identify issues that require immediate attention

Situation management: Apply principles of crisis management to handle situations as necessary

Relationship management: Promote team dynamics

Relationship management: Mentor and coach staff and colleagues

Relationship management: Apply communication principles

Influence others: Encourage participation in professional action

Influence others: Role model professional behavior

Influence others: Apply motivational theory

Influence others: Act as change agent

Influence others: Assist others in developing problem solving skills

Influence others: Foster a healthy work environment

Promote professional development: Promote stress management

Promote professional development: Apply principles of self-awareness

Promote professional development: Encourage evidence-based practice

Promote professional development: Apply leadership theory to practice

#### Diversity

Cultural competence: Understand the components of cultural competence as they apply to the workforce

Social justice: Maintain an environment of fairness and processes to support it

Generational diversity: Capitalize on differences to foster highly effective work groups

2 -Advanced Beginner  
 3 -Competent  
 4 - Proficient  
 5 - Expert  
 Unable to Rate

**Section 3: The Leader Within**

**Personal and Professional Accountability**

Personal growth and development: Manage through education advancement, continuing education, career planning and annual self-assessment and action plans

Practice ethical behavior: Including practice that supports nursing standards and scopes of practice

Involvement in professional associations: Including membership and involvement in an appropriate professional association that facilitates networking and professional development

Achieve certification in an appropriate field/specialty

**Career Planning**

Know your role: Understand current job description/ requirements and compare those to current level of practice

Know your future: Plan a career path

Position yourself: Develop a of career path/plan that provides direction while offering flexibility and capacity to adapt to future scenarios

**Personal Journey Disciplines**

Apply action learning: Apply techniques of "action learning" to problem solve and personally reflect on decisions

Engage in reflective practice: Includes knowledge of and active practice of reflection as a leadership behavior

## Appendix B

### Educational Modules

Slide 1



Slide 2

Welcome

My name is Michelle Dickey and I am a student at Indiana Wesleyan University (IWU). I am conducting a pilot study for my Doctorate of Nursing Practice (DNP) degree. The purpose of this project is to implement an onboarding and mentoring program for registered nurses transitioning from a bedside nurse role to a nurse leadership role for improved self-assessed nurse leadership competencies.

The successful transition to a leadership position in nursing requires a carefully developed plan to support and retain nurse managers. The project title is: A Program for Success: Transition to Nursing Leadership. The project plan will include educational modules related to leadership skills created using aspects of the American Organization for Nursing Leadership (AONL) Nurse Manager Learning Domain Framework.

Participants will complete the AONL Nurse Leader Self-Assessment Competency tool prior to accessing the educational modules and after completing the educational modules.

Slide 3

## How To Use Guide: Steps To Success

1. Participants will complete the AONL Nurse Leader Self-Assessment Competency tool prior to accessing the educational modules.
2. Upon completion of the AONL Nurse Leader Self-Assessment Competency tool, you will receive via email the educational modules included in **A Program For Success: Transition To Nursing Leadership**.
3. Look at the Suggested Timeline For Completion. This allows you to plan for each week during the pilot study.
4. Educational modules are based on AONL's Nurse Manager Domain Framework and will include the 3 domains: **The Science**, **The Leader Within**, and **The Art**.
5. After each module is a Reflection slide with space for your Action Items, Individual Short-Term Goals, and Individual Long-Term Goals.
6. You can print the Power Point slides out, make notes, and fill in empty Reflection Slides.
7. After completion of educational modules, send email to [michelle.dickey@indwes.edu](mailto:michelle.dickey@indwes.edu). You will receive a link to complete the AONL Nurse Leader Self-Assessment Competency tool again.

Slide 4

## Suggested Timeline for Completion

Modules	Week Number
Nurse Leader Self-Assessment Competency Tool Pre-Implementation	Week 1
Leadership Skills Module	Week 2
Resource Management Module	Week 3
Communication Skills Module + Cultural Competency Module	Week 4
Prioritization Module	Week 5
Self-Care Module	Week 6 and Week 7
Organizational Information Module + Nurse Leader Self-Assessment Competency Tool Post-Implementation	Week 8

Slide 5

## Transition-to-Practice Program: For New Nurse Leaders

- Curriculum based on AONL's Nurse Manager Domain Framework and will include the 3 domains:
  - **The Science**: managing the business
  - **The Leader Within**: creating the leaders in yourself
  - **The Art**: leading the people

Slide 6

### Suggested Timeline for Completion

Modules	Week Number
Nurse Leader Self-Assessment Competency Tool Pre-Implementation	Week 1
<b>Leadership Skills Module</b>	<b>Week 2</b>
Resource Management Module	Week 3
Communication Skills Module + Cultural Competency Module	Week 4
Prioritization Module	Week 5
Self-Care Module	Week 6 and Week 7
Organizational Information Module + Nurse Leader Self-Assessment Competency Tool Post-Implementation	Week 8

Slide 7



Slide 8

### Human Resource Leadership Skills

**Performance Management**

1. Staff development- reflect on ways to use evidence-based practice to educate staff.

**This might include onsite organizational resources and/or educational resources**

1. Staff retention-manage current staff with respect.
2. Mentoring for new nursing leaders
3. Delegation



Slide 9

## Human Resource Leadership Skills

**Managing Behaviors**

1. Conflict resolution
2. Situation management

<https://www.aonl.org/system/files/media/file/2020/12/Mitigating-Workplace-Violence.pdf>

Slide 10

## Relationship Management

**Manage Conflict:** Identify ideas to manage the inevitable conflict that can occur in any working environment.

**Situation and Relationship Management:**

<https://qualitysafety.bmj.com/content/qhc/30/1/59.full.pdf>

**Two Habits of a Healthy Team: Managing Conflict and Practicing Gratitude**

<file:///C:/Users/mdickey19/OneDrive%20-%20vy%20Tech%20Community%20College/Documents/Two%20Habits%20of%20a%20Healthy%20Team.pdf>

Slide 11

## Influencing Behaviors

1. Role model professional behavior: Your actions and behaviors have a greater effect than your words.
2. Goal setting – short-term and long-term planning is needed.
3. Apply motivational theory.
4. Act as a change agent.

StrengthsFinders: Know your strengths to be a more effective leader. Consider exploring StrengthsFinders.

<https://www.gallup.com/cliftonstrengths/en/strengthsfinder.aspx>

5. Assist others to develop problem solving skills.
6. Encourage a healthy work environment.

Slide 12

## Leadership Skills Reflection

**Action Items**

- 1.
- 2.
- 3.

**Individual Short-Term Goals**

- 1.
- 2.
- 3.

**Individual Long-Term Goals**

- 1.
- 2.
- 3.

Slide 13

## Suggested Timeline for Completion

Modules	Week Number
Nurse Leader Self-Assessment Competency Tool Pre-Implementation	Week 1
Leadership Skills Module	Week 2
<b>Resource Management Module</b>	<b>Week 3</b>
Communication Skills Module + Cultural Competency Module	Week 4
Prioritization Module	Week 5
Self-Care Module	Week 6 and Week 7
Organizational Information Module + Nurse Leader Self-Assessment Competency Tool Post-Implementation	Week 8

Slide 14

## Resource Management



FINANCIAL MANAGEMENT,  
HUMAN RESOURCE  
MANAGEMENT,



FOUNDATIONAL THINKING  
SKILLS, TECHNOLOGY



STRATEGIC MANAGEMENT,  
CLINICAL PRACTICE  
KNOWLEDGE

Slide 15

## Financial Management

- Identify key financial concepts in nursing management.
- Recognize impact of reimbursement on revenue: look at broad implications down to impact on unit/specific area of organization.
- Understand value-based purchasing
- Create, monitor, and analyze budgets

Slide 16

## Financial Management

- Evaluate productivity on an ongoing basis.
- Forecast future revenue and expenses for your area of accountability. Revise as needed.
- Capital budgeting. Understand and utilize the capital budgeting process used within your facility.

Slide 17

## Human Resource Management

- Evaluate staffing needs: plan for immediate as well as future needs
- Match staff competency with patient acuity
- Understand labor laws
- Recruit new staff : cultivate a culture where people want to come to work.

**Selection process for staff**

1. Interview process/best practices
2. Individual and team interview techniques

Slide 18

## Human Resource Management

- **Orientation Process**
  1. Develop Orientation program
  2. Oversee Orientation program
  3. Evaluate effectiveness of Orientation program
  4. Institute changes as new evidence-based practices become available

Slide 19

## Foundational Thinking Skills

- **Apply systems thinking knowledge as analysis and decision-making.** Consider the complex systems that are in place in an healthcare environment.
  - Healthcare Providers system
  - Healthcare system
  - Patients system
- Understand complex adaptive systems definitions and applications

Slide 20

## Technology

- **Information Technology**
  1. Understand how Information Technology affects safe delivery of patient care.
  2. Integrate technology into patient care processes.
  3. Use data from information systems to support decisions.
  4. Ensure education and support is provided for any new technology.

Slide 21

## Strategic Management-Change

**Facilitate change**

1. Assess readiness for change
2. Involve staff in change
3. Communicate changes
4. Evaluate outcomes of change

Slide 22

## Strategic Management-Contingency Plans

- Contingency Plans

1. Internal disaster or emergency planning and execution
2. External disaster or emergency planning and execution

<https://www.aonl.org/system/files/media/file/2020/12/Role-of-the-Nurse-Leader-in-Crisis-Management.pdf>

Slide 23

## Clinical Practice Knowledge

- Establish expectations related to clinical knowledge and skill required for each role.
- Maintain up-to-date knowledge of evidence-based best practices.
- Share best practices with team. Communicate best practices on a timely basis.
- Ensure necessary skills or certifications are updated annually or more frequently based on the area of practice.

Slide 24

## Resource Management Reflection

**Action Items**

- 1.
- 2.
- 3.

**Individual Short-Term Goals**

- 1.
- 2.
- 3.

**Individual Long-Term Goals**

- 1.
- 2.
- 3.

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## Suggested Timeline for Completion

Modules	Week Number
Nurse Leader Self-Assessment Competency Tool Pre-Implementation	Week 1
Leadership Skills Module	Week 2
Resource Management Module	Week 3
<b>Communication Skills Module + Cultural Competency Module</b>	<b>Week 4</b>
Prioritization Module	Week 5
Self-Care Module	Week 6 and Week 7
Organizational Information Module + Nurse Leader Self-Assessment Competency Tool Post-Implementation	Week 8

Slide 26

## Communication Skills



WRITTEN  
COMMUNICATION



ORAL  
COMMUNICATION



RELATIONSHIP  
MANAGEMENT

Slide 27

## Written and Oral Communication

- **Demonstrate written and oral communication skills-** Effective communication increases the quality of the decisions that are made. More communication equals more well-informed decisions. Sharing strategic goals can help a team work to accomplish those goals.
- Manage meetings: become comfortable with communicating within a group setting. Practice, until you feel comfortable.
- Demonstrate negotiation skills.
- Influence the practice of nursing-professional organizations.
- Collaborate with other service lines, units, and areas of the organization.

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## Written and Oral Communication

- Shared decision-making
  1. Vision statement
  2. Facilitate shared governance
  3. Support a just culture
  4. Support a culture of innovation-

**Use 3 Practices of Circle when communicating:**

Listen with attention (focus on what is being said without interrupting, or planning what you will say in response. Speak with intention, which means to contribute information that is relevant and meaningful. Be mindful to the wellbeing of the group. Consider the impact of your words and actions on others. Practice speaking without using blame or judgment, seeking the best solution to the issue under discussion.

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## Relationship Management

- Manage conflict: Accept that conflict is inevitable and will occur. Your response to conflict can help determine the outcome. Be a calming influence. Actively listen and analyze a situation. Neutral language can help. Determine your conflict management style.
- Situation management: Consider and plan responses to situations that may be likely to occur in your organizational setting.
- Team STEPPS: communication and teamwork improve patient safety.
- <https://www.ahrq.gov/teamstepps/about-teamstepps/index.html>

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## Mentoring

"Let us each and all, realizing the importance of our influence on others, stand shoulder to shoulder, and not alone, in good cause." – Florence Nightingale

Mentoring has been around as long as nurses have been practicing. Supporting, teaching, and encouraging others is a part of what all nurses do. We might mentor intentionally or accidentally. Mentors can inspire, increase confidence, and be a role model. This is especially important during times of crisis.

**Where can we find our mentors:**

- Workplace
- Community organizations
- Professional organizations
- Family members and friends

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## Communication Skills Reflection

**Action Items**

- 1.
- 2.
- 3.

**Individual Short-Term Goals**

- 1.
- 2.
- 3.

**Individual Long-Term Goals**

- 1.
- 2.
- 3.

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## Suggested Timeline for Completion

Modules	Week Number
Nurse Leader Self-Assessment Competency Tool Pre-Implementation	Week 1
Leadership Skills Module	Week 2
Resource Management Module	Week 3
<b>Communication Skills Module + Cultural Competency Module</b>	<b>Week 4</b>
Prioritization Module	Week 5
Self-Care Module	Week 6 and Week 7
Organizational Information Module + Nurse Leader Self-Assessment Competency Tool Post-Implementation	Week 8



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## Cultural Competence



CULTURAL COMPETENCE AS IT APPLIES TO WORKFORCE



SOCIAL JUSTICE, ENVIRONMENT OF SUPPORT



GENERATIONAL DIVERSITY

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## Cultural Competence As It Applies to The Workforce

1. Collaborate- encourage teamwork and collaboration to accomplish strategic goals.
1. Create a "safe" working environment where cultural differences are noted and respected.

Diversity: <https://www.aonl.org/system/files/media/file/2020/12/Diversity-health-care-organizations.pdf>

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## Social Justice and Environment of Support

**Social Justice**

1. Maintain an environment of fairness and equity.

**Communication**

1. Encourage respectful opinions that are different from your own.
2. Use communication to help ensure safe care of all patients.

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## Generational Diversity

**Generational Diversity**

1. Understand and utilize differences to create an effective team.
2. Realize diversity can be useful.
3. A diverse team is often reflective of the patients we care for.

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## Cultural Competence Reflection

**Action Items**

- 1.
- 2.
- 3.

**Individual Short-Term Goals**

- 1.
- 2.
- 3.

**Individual Long-Term Goals**

- 1.
- 2.
- 3.

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## Suggested Timeline for Completion

Modules	Week Number
Nurse Leader Self-Assessment Competency Tool Pre-Implementation	Week 1
Leadership Skills Module	Week 2
Resource Management Module	Week 3
Communication Skills Module + Cultural Competency Module	Week 4
<b>Prioritization Module</b>	<b>Week 5</b>
Self-Care Module	Week 6 and Week 7
Organizational Information Module + Nurse Leader Self-Assessment Competency Tool Post-Implementation	Week 8

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## Prioritization



PROJECT MANAGEMENT



PERFORMANCE IMPROVEMENT



ONGOING EVALUATION AND  
PLANNING FOR STAFFING NEEDS

Slide 40

## Project Management

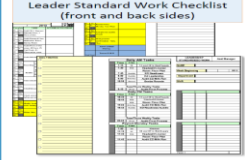
- **Project Management**
  1. Identify those involved and their roles
  2. Establish timelines
  3. Allocate resources
  4. Manage project plans

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## Performance Improvement: Leader Standard Work (LSW) [link on next page](#)



### Leader Standard Work

**Leader Standard Work Checklist**  
(front and back sides)



- Elements:
  - Document and practice the routines necessary to ensure the management system functions efficiently
- Leader Standard Work
  - Each leader performs her or his Leader Standard Work

A **red condition** occurs when a leader standard work standard is missed.

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# Performance Improvement

**Leader Standard Work (LSW) links below with editable sheets:**

<https://mail.google.com/mail/u/1?ui=2&ik=1d2ff7de82&attid=0.2&permsgid=msg-f:1710888745859718638&th=17be4c3feb2e9dee&view=att&disp=safe>

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# Performance Improvement

**15 Surprising Things Productive People Do Differently**

[C:\Users\mdickey\19\Downloads\15 Surprising Things Productive People Do Differently \(1\).doc](C:\Users\mdickey\19\Downloads\15 Surprising Things Productive People Do Differently (1).doc)

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# Performance Improvement

**THE 15 SURPRISING THINGS  
ULTRA PRODUCTIVE PEOPLE DO DIFFERENTLY**

*15 Secrets Successful People Know About Time Management* by Pinar York, Time Management author, coach, trainer, is the only guide based on actual research into the habits of working professionals and entrepreneurs, world-class athletes, Cuban and other ballerinas, Olympic athletes, straight-A students, and over 200 entrepreneurs.

<p><b>#1: They focus on minutes.</b> Think of a 15-minute interval in every day. Invest every one of them intentionally.</p> <p><b>#4: They heat procrastination with time travel.</b> Your future self can't be helped. What can you do now to make sure your future self does the right thing?</p> <p><b>#7: They only check email three times a day.</b> Don't be email or social media addicted. Your time includes time to read and respond to email.</p> <p><b>#10: They follow the 60/20 rule.</b> 80% of our work comes from only 20% of activities. Identify the 20% and spend that time.</p> <p><b>#13: They touch things only once.</b> If something adds value less than 10 minutes to complete, do it immediately.</p>	<p><b>#2: They set daily priorities.</b> Identify your most important task (MIT) and work on it for two hours each morning.</p> <p><b>#5: They make it home for dinner.</b> There will always be more that can be done. Time blocks your priorities and sets the day goals.</p> <p><b>#8: They avoid meetings at all costs.</b> Don't hold meetings. If you have to, keep them short and make everybody stand up.</p> <p><b>#11: They delegate or outsource almost everything.</b> Identify your unique ability, talent, and resources. Delegate or outsource everything else.</p> <p><b>#14: They have a consistent morning ritual.</b> Wake up early and give yourself 60 minutes for mental, physical and spiritual health.</p>	<p><b>#3: they don't use to-do lists.</b> Draw up your to-do list, but don't schedule everything on your calendar.</p> <p><b>#6: they use a notebook.</b> Capture everything in your notebook so your mind can stay on track, move to do it in the calendar.</p> <p><b>#9: They say "no" to almost everything.</b> Every "yes" is actually a "no" to something else. Say no to everything outside of your goal areas.</p> <p><b>#12: They have work themes for days of the week.</b> Create a set day of the week schedule to focus on major work. Turn off your brain during the day.</p> <p><b>#15: They don't think about time; they focus on energy.</b> Maximize your energy to maximize productivity. Focus on sleep, diet, exercise and stress levels throughout the day.</p>
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Grab your book at [www.15TimeSecrets.com](http://www.15TimeSecrets.com).

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## Performance Improvement

- Identify key performance indicators
- Establish data collection methods
- Evaluate performance data
- Respond to data findings
- **Customer and Patient Engagement**
  1. Assess satisfaction levels
  2. Develop strategies to address any identified issues

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## Performance Improvement

**Patient Safety**

1. Monitor and report sentinel events
2. Participate in root-cause analysis
3. Promote evidence-based practice
4. Manage incident reporting

Maintain survey readiness  
Monitor and advocate for workplace safety  
Promote intra/interdepartmental communication and cooperation

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## Ongoing Evaluation and Planning for Staffing Needs

- **Evaluation and planning for staffing needs**
  1. Evaluate and plan for the short-term as well as long-term.
  2. Immediate staffing needs as well as planning for future needs.
  3. Consider predictable needs.
  4. Plan for unexpected needs.

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## Prioritization Reflection

**Action Items**

- 1.
- 2.
- 3.

**Individual Short-Term Goals**

- 1.
- 2.
- 3.

**Individual Long-Term Goals**

- 1.
- 2.
- 3.

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## Suggested Timeline for Completion

Modules	Week Number
Nurse Leader Self-Assessment Competency Tool Pre-Implementation	Week 1
Leadership Skills Module	Week 2
Resource Management Module	Week 3
Communication Skills Module + Cultural Competency Module	Week 4
Prioritization Module	Week 5
<b>Self-Care Module</b>	<b>Week 6 and Week 7</b>
Organizational Information Module + Nurse Leader Self-Assessment Competency Tool Post-Implementation	Week 8

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## Self-Care



NURTURING YOUR INTELLECTUAL,  
EMOTIONAL, AND PHYSICAL  
SELF



KEEPING COMMITMENTS TO  
ONESELF



PROMOTE PROFESSIONAL  
DEVELOPMENT

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## Nurturing your intellectual, emotional, and physical self

- **Intellectual**-apply principles of self-awareness. Look for the potential in yourself and in those around you.
- **Emotional**: allow time for an emotional outlet that can help reduce your stress. This may be a spiritual practice.
- **Physical**- promote stress management. Stress can manifest as a physical ailment. Be proactive in engaging in physical activity.

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## Nurturing your intellectual, emotional, and physical self

- Moral Distress: Leading during a crisis  
[https://www.allencomm.com/courses/addressing\\_moral\\_distress/index.html](https://www.allencomm.com/courses/addressing_moral_distress/index.html)

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## Keeping Commitments to Oneself

- Personal and Professional accountability : create a balance in your responsibilities. This may look different for each person. Find your balance.
- **Career Planning**
  1. Current job description/role: evaluate current responsibilities. How well are you meeting those objectives?
  2. Plan for the future: This can be a part of your short-term and Long-term goal planning.
  3. Develop a Career Path: Evaluate current role. Determine future possibilities.

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## Keeping Commitments to Oneself

- **Personal Journey**

1. Reflection: Use reflection to help develop a better understanding of yourself. This knowledge can be used to develop a leadership style that allows for better communication with your interprofessional team.

<https://www.myamericannurse.com/thinking-it-through-the-path-to-reflective-leadership/>

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## Promote Professional Development

**Personal growth and development**

1. Create short-term and long-term goals. SMART Goals  
Specific/measurable/attainable/relevant/timebound  
<https://www.aallnet.org/allis/wp-content/uploads/sites/4/2018/01/creating-s-m-a-r-t-goals.pdf>
2. Practice ethical behavior; model the behavior you want to see exhibited by those you lead. The behavior you model speaks louder than the words you say.

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## Promote Professional Development

- . Certifications: explore relevant certifications for the areas in which you work. Add as a goal, if appropriate.
- ANCC's or Magnet's list of national certifications. The Magnet Recognition Program® maintains this list for the sole purpose of identifying certifications that Magnet-recognized and Magnet-applicant organizations may report in the Demographic Data Collection Tool® ([DDCT](#)).
- <C:\Users\mdickey19\Downloads\list-of-national-certifications-included-in-the-ddct.xlsx>



## Slide 57

## Promote Professional Development

Example of a Professional Development Plan

What are my goals?	What will I do to achieve my goals?	What resources or support will I need?	What will my success criteria be?	What are my target dates for review or completion?
<b>Attain a high standard grade in my second year of university</b>	Work to high standards in all areas of my course. Attend all lectures and seminars. Complete all assignments on time. Seek help from lecturers if I struggle to understand any topics.	Attend all lectures and seminars. Complete all assignments on time. Seek help from lecturers if I struggle to understand any topics.	The grade I will achieve in my second year of university.	End of my second year of university.
<b>Obtain a third year industry placement</b>	Apply for suitable placements, including my own. Prepare a CV and cover letter. Interview for placements. Complete all assignments on time. Seek help from lecturers if I struggle to understand any topics.	Attend all lectures and seminars. Complete all assignments on time. Seek help from lecturers if I struggle to understand any topics.	Obtain a third year industry placement.	End of my second year of university.
<b>Have a successful placement year which ends in an opportunity or a job reference.</b>	Work hard and complete all assignments on time. Seek help from lecturers if I struggle to understand any topics. Complete all assignments on time. Seek help from lecturers if I struggle to understand any topics.	Attend all lectures and seminars. Complete all assignments on time. Seek help from lecturers if I struggle to understand any topics.	Obtain a job reference from my placement supervisor.	End of my placement year.
<b>Complete my Business Information Technology degree to a high standard (aiming for a first)</b>	Work hard and complete all assignments on time. Seek help from lecturers if I struggle to understand any topics. Complete all assignments on time. Seek help from lecturers if I struggle to understand any topics.	Attend all lectures and seminars. Complete all assignments on time. Seek help from lecturers if I struggle to understand any topics.	Obtain a first class degree in Business Information Technology.	End of my third year of university.

## Slide 58

## Promote Professional Development

- **Professional Associations:** Consider the resources, opportunities, and education offered by professional organizations. Many to choose from based on area of interest and employment.
- American Organization for Nursing Leadership (AONL)
- American Nurses Association (ANA)
- Academy of Medical-Surgical Nurses (AMSN)
- Academy of Neonatal Nursing (ANN)
- American Academy of Nursing (AAN)
- National League for Nursing (NLN)
- Emergency Nurses Association (ENA)
- American Association of Critical Care Nurses (AACN)

## Slide 59

## Promoting Professional Development

- **Nursing Journals :** provide current and relevant up-to-date information for nursing professionals. Consider to subscribing to a print or online version. Read the articles, share relevant information.
- OJIN: The Online Journal of Issues in Nursing
- Nursing Economics
- American Nurse Journal
- Nurse Leader
- The Journal Of Nursing Administration

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## Promoting Professional Development

- **Nursing and Leadership podcasts:** explore current relevant content from nursing and/or leadership podcast material.

Today in Nursing Leadership  
 The Oncology Nursing Podcast  
 Your Next Shift : A Nursing Career Podcast  
 Today In Nursing Leadership  
 Central Line: Leadership in Healthcare

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## Self-Care Reflection

**Action Items**

- 1.
- 2.
- 3.

**Individual Short-Term Goals**

- 1.
- 2.
- 3.

**Individual Long-Term Goals**

- 1.
- 2.
- 3.

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## Suggested Timeline for Completion

Modules	Week Number
Nurse Leader Self-Assessment Competency Tool Pre-Implementation	Week 1
Leadership Skills Module	Week 2
Resource Management Module	Week 3
Communication Skills Module + Cultural Competency Module	Week 4
Prioritization Module	Week 5
Self-Care Module	Week 6 and Week 7
<b>Organizational Information Module + Nurse Leader Self-Assessment Competency Tool Post-Implementation</b>	<b>Week 8</b>

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## Organizational Topics







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## Organizational Resources

A reminder that there is a "Learning Library" of opportunities. <https://iuhealthlearning.org/learning-library/>

### Welcome to the IU Health Learning Library

The Learning Library serves as an important resource for engaging in meaningful, self-paced learning. Each course is designed for leaders to facilitate in person or at a learn meeting and can easily be customized for you and your team's needs.

How do I use this?Search

#### Available Courses

<b>Accountability</b> <small>Develop a Culture of Ownership and Accountability</small> Best suited for Team Members OPEN COURSE	<b>Adapting Your Leadership Style</b> <small>Discover Your Style and How to Make Your Team More Effective</small> Best suited for People Leaders OPEN COURSE	<b>Analytical Thinking Skills</b> <small>Develop Analytical and Problem-Solving Skills</small> Best suited for Team Members OPEN COURSE
<b>Art of Influencing Others</b> <small>Develop Influence Through Collaboration</small> Best suited for Team Members <a href="#">View Course</a>	<b>Assertiveness Skills</b> <small>Learning to be the Sound of Everyone</small> Best suited for Team Members <a href="#">View Course</a>	<b>Balancing Priorities</b> <small>Learn to Manage Time, Attention, and Resources</small> Best suited for Team Members <a href="#">View Course</a>

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## Additional Organizational Resources

- As well as courses can be found within "eLMS" by searching the catalog.

IU Indiana University HealthLearning

My Learning / Library

LibraryLeadership Essentials: Emotional Intelligence (Instructor-led Workshop)Language & Currency

Results for "Leadership Essentials: Emotional Intelligence (Instructor-led Workshop)"

163 COURSES


Refine By


Learning Type


Source

Delivery Method

Categories

**Leadership Essentials: Emotional Intelligence (Instructor-led Workshop)**  
ENR000000000000  
This course is designed to provide a comprehensive overview of the Leadership Essentials: Emotional Intelligence course. The pre-training material is designed to be used alongside the training session of the Leadership Essentials: Emotional Intelligence course. This course is designed to be used alongside the training session of the Leadership Essentials: Emotional Intelligence course. This course is designed to be used alongside the training session of the Leadership Essentials: Emotional Intelligence course. This course is designed to be used alongside the training session of the Leadership Essentials: Emotional Intelligence course.

**Leadership Essentials: Emotional Intelligence (Pre-Learning Module) - 30 Min**  
ENR000000000000  
This pre-training module is designed to be used alongside the training session of the Leadership Essentials: Emotional Intelligence course. This pre-training module is designed to be used alongside the training session of the Leadership Essentials: Emotional Intelligence course. This course is designed to be used alongside the training session of the Leadership Essentials: Emotional Intelligence course.

**Leadership Essentials: Coaching & Mentoring (Instructor-led Workshop)**  
ENR000000000000

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## Suggested Reading for Nurse Leaders

- **The Merging Healthcare Leader: A field Guide by Laurie Baedke and Natalie Lambertson**
- **Emotional Intelligence: Improve Your EQ For Business And Relationships | Unleash The Empath In You — By Dan Coleman**
- **Leaders Eat Last: Why Some Teams Pull Together and Others Don't — By Simon Sinek**
- **Start with Why: How Great Leaders Inspire Everyone to Take Action — By Simon Sinek:**
- **Steve Jobs— By Walter Isaacson**
- 

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## Suggested Reading for Nurse Leaders

- **Nurses as Leaders by William Rosa**
- **No Ego: How Leaders Can Cut The Cost Of workplace Drama, End Entitlement, And Drive Big Results by Cy Wakeman**
- **The Advantage: Why organizational Health Trumps Everything Else In Business by Patrick M. Lencioni**
- **Emotional Intelligence 2.0 by Travis Bradbury and Jean Greaves**
- **Wooden on Leadership: How to Create a Winning Organization — By John Wooden**
- **The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change — By Stephen R. Covey**
- **The Miracle Morning-Hal Elrod**

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## Organizational Topics Reflection

**Action Items**

- 1.
- 2.
- 3.

**Individual Short-Term Goals**

- 1.
- 2.
- 3.

**Individual Long-Term Goals**

- 1.
- 2.
- 3.

## Slide 69

## Suggested Timeline for Completion

Modules	Week Number
Nurse Leader Self-Assessment Competency Tool Pre-Implementation	Week 1
Leadership Skills Module	Week 2
Resource Management Module	Week 3
Communication Skills Module + Cultural Competency Module	Week 4
Prioritization Module	Week 5
Self-Care Module	Week 6 and Week 7
<b>Organizational Information Module + Nurse Leader Self-Assessment Competency Tool Post-Implementation</b>	<b>Week 8</b>

## Slide 70

## Final Instructions

Hello,

Thank you again for participating in this pilot study. The purpose of the project was to implement an onboarding and mentoring process that helps you in your transition to practice as a nurse leader within your organization. Nurse managers can have a tremendous impact on the quality of care provided, patient satisfaction and stability within an organization.

Please email me at [michelle.dickey@indwes.edu](mailto:michelle.dickey@indwes.edu) when you have completed the educational modules contained in the preceding slides. You will be sent a link via email to complete the AONL Nurse Leader Self-Assessment Competency tool again post-intervention (modules completed).

Thank you for your time and consideration,  
Michelle Dickey MSN, RN, DNP Student, Indiana Wesleyan University

## Slide 71

## References

Agency for Healthcare Research and Quality (AHRQ)

American Organization for Nursing Leadership. AONL Guiding Principles for Nurse Leaders.

Baldwin C., Thompson P. The Circle Way for Nursing Leadership: A Model for Conversation and Shared leadership in the Workplace. Freeland, WA: The Circle Way; 2016

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Rath, T., 2007. *The Clifton Strengthsfinder 2.0 Quickbook*. New York, NY: Gallup Press.

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Appendix C

AMSN Mentoring Program for Nurse Leaders



# Mentoring Program

## SITE COORDINATOR GUIDE

## Academy of Medical-Surgical Nurses

East Holly Avenue, Box 56  
Pitman, New Jersey 08071-  
0056

Phone: (866) 877-2676

Fax: (856) 589-7463

amsn@ajj.com

[www.medsurgnurse.org](http://www.medsurgnurse.org)

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is granted by AMSN.



## OVERVIEW

Adapted from the original Academy of Medical-Surgical Nurses (AMSN) Mentoring Program, I am delighted that you are assuming the role of site coordinator for the AMSN Mentoring Program for Nurse Leaders in your agency. This program has been adapted from the original AMSN program to assist with the onboarding process for registered nurses transitioning from a bedside nurse role to a leadership role. This mentor process is used in conjunction with educational modules related to leadership skills created using aspects of AONL's nurse manager learning domain framework. This onboarding program is expected to improve self-reported leadership competencies.

Michelle Dickey

### Overview

The AMSN Mentoring Program for Nurse Leaders has been adapted to guide a mutual relationship between an experienced nurse manager (mentor) and or nurse transitioning to a new role as a nurse manager (mentee). It is a framework for the passage of wisdom, caring, and confidence between new and experienced nurses. The program is based on the principles of adult learning with a focus on meeting the needs of the mentee.

This mentoring program is in a self-directed format. The intent of this format is to provide valid resources to help mentors, mentees, and site coordinators become knowledgeable and effective in their roles.

### Objectives

The program provides information on mentoring, along with guidelines and tools to facilitate a successful mentoring relationship. It is designed to meet the following objectives.

The AMSN Mentoring Program objectives are:

- Develop supportive and encouraging relationships
- Guide nurses in their professional, personal, and interpersonal growth
- Promote mutuality and sharing based on the needs of colleagues
- Communicate information concerning expectations, learning opportunities and stressors

### *Site Coordinator Role*

As the site coordinator, you will find this guide helpful in designing and implementing your role in facilitating the mentor-mentee relationship. You are encouraged to review all of the materials provided with this program (i.e., Site Coordinator Guide, Mentor Guide, and Mentee Guide) and use them to customize the mentoring program for your agency.

The mentoring process begins as the mentee is linked with an expert nurse manager mentor. As the site coordinator, you may identify mentors and match them with their mentees. The criteria for mentors and mentees are provided in this guide. You may also refer to the *Introduction to Mentoring* article provided in this guide for more information on matching mentors and mentees.

Once each mentor and mentee have been connected, your role will be to follow up with them to see that they are meeting, the relationship is developing, and they are following the Mentoring Program Plan. For the rest of the time, your major responsibility will be to see that the mentor and mentee are evaluating the progress of the relationship at predetermined intervals. The specifics of the evaluation process are discussed below.

For more details about your role, refer to the Site Coordinator Role Description in this guide.

### *Orientation*

As the site coordinator, you may be responsible for providing your mentors and mentees with an orientation to the mentoring program. Below are orientation guidelines.

### *Mentor*

Prior to your meeting, provide each mentor with the *AMSN Mentoring Program Mentor Guide* and the educational modules contained within *A Program for Success: Transition to Nursing Leadership*. The guide will explain the mentoring program and offer instructions for proceeding. This orientation meeting may include the following.

- An overview of the mentoring program and highlights from the mentoring materials
- Access to *A Program for Success: Transition to Nursing Leadership* educational modules and suggested timeline for completion
- Roles and responsibilities as mentors
- The evaluation process
- Opportunity for questions and concerns

You will also provide the mentors with contact information for their respective mentees and indicate that each mentor and mentee should meet within two weeks, or another specified time.

### *Mentee*

Prior to your meeting, provide each mentee with the *AMSN Mentoring Program Mentee Guide* and ensure mentee has access to A Program for Success: Transition to Nursing Leadership educational modules and is aware of the suggested timeline for completion. Your orientation meeting may include the following:

- An overview of the mentoring program and highlights from the mentoring materials
- Access to A Program for Success: Transition to Nursing Leadership educational modules and suggested timeline for completion
- The evaluation process
- Opportunity for questions and concerns

You will give each mentee some information about their mentor and indicate that the mentor should be in contact with them within a specified period of time. If this does not occur, you should request that the mentee let you know.

### Evaluation Process

To determine the effectiveness of the mentoring program, several evaluation tools are included. Your role in the evaluation process is to encourage your mentors and mentees to complete the evaluation tools at specified intervals (i.e., Week 1, Month 1, Month 2, Month 3, Month 6, and at 12 months). A Timeline is provided in this guide to assist you in organizing and coordinating the mentoring program and evaluation process. You may choose to collect the completed tools and compile data on all of the mentoring relationships in aggregate for a comprehensive evaluation of your mentoring initiative.

### Confidentiality

The mentoring relationship is confidential. Mentees may choose to disclose the identity of their mentors, but the mentors should not disclose any information.

If the mentee is not reliable in keeping appointments in a timely way or not participating in the mentoring program in some other manner, the mentor should contact you should this occur.

Ensure that the mentor and mentee understand the importance of confidentiality.

### Contact Information

For questions, concerns, or suggestions regarding the original AMSN Mentoring Program, contact the AMSN National Office via telephone at 866-877-2676 or by email at [amsn@ajj.com](mailto:amsn@ajj.com).

For questions, concerns, or suggestions regarding the AMSN Mentoring Program for Nurse Leaders, contact Michelle Dickey by phone at (765) 499-1571 or by email at [michelle.dickey@indwes.edu](mailto:michelle.dickey@indwes.edu).

### Introduction to Mentoring

Mentoring is a reciprocal and collaborative learning relationship between two, sometimes more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship. It is a process in which the more experienced person assists in the learning and development of the less experienced individual. The mentor often serves as a guide, expert, counselor, wise teacher, and role model.

Traditional views of mentoring describe it as a relationship that occurs spontaneously and is based on a chemistry between two people. Mentoring may also occur through structured programs in which a mentor-mentee dyad is selected, paired, or matched by others rather than by the individuals themselves. Both types of mentoring relationships can be effective as long as the mentor and mentee are committed to it and agree to identify and meet the needs of the individual being mentored.

A mentoring program will help to:

- Develop supportive and encouraging relationships
- Guide nurses in their professional, personal and interpersonal growth
- Promote mutuality and sharing based on the needs of the mentor and mentee
- Communicate information concerning expectations, learning opportunities

### Matching Mentors and Mentees

Planned mentoring programs will match a mentee with a mentor. Providing a good fit between the mentee and mentor can either make or break the relationship and the ultimate success of the mentoring program. A successful relationship is even more beneficial when the individuals involved like each other, understand their responsibilities, have a mutual desire to build a relationship,

realize they both have something to offer and learn from the other, and both share the goal of excellence in their nursing practice.

A good fit between the mentor and mentee occurs when mentors are caring, compassionate, genuine, and willing to disclose information about themselves and about what they know. Mentees, on the other hand, need to be open to accepting feedback and be willing to learn more about themselves and their expected role. Matches are often more likely to be successful when mentors and mentees are involved in selecting their partners. However, mentoring relationships can be successful when the two individuals are selected by others such as a selection team or a site coordinator.

Guidelines for matching the mentor and mentee can be very helpful. These guidelines may be based on skills, expertise, availability, learning/facilitation style and fit, experience, interpersonal skills and behavior, professional interest, personality, accessibility, education background, gender, willingness/interest, and compatibility.

### **Foundations of Mentoring**

Inherent in mentoring are two important foundational concepts: principles of adult learning, and the novice-to-expert continuum. While these concepts will be most beneficial in helping mentors be effective in their roles, they can also be helpful for mentees to gain a better understanding of the mentor role. It is likely that mentees, especially if they have experienced a successful mentoring relationship, will themselves become mentors in the future.

#### **Adult Learning Principles**

The mentoring relationship involves the mentee as an adult learner engaged in a life experience that presents new opportunities for growth and development. The astute mentor is knowledgeable of adult learning principles and applies them to the mentoring relationship as a development process.

Mentoring is a partnership between the mentor as a teacher and the mentee as a learner. The quality of this partnership determines the true value of the learning experience. As adult learners, mentees assume responsibility for their own learning and behavior.

As teachers, mentors act as guides and facilitators of learning. The partnership must be based on the belief that the learner is at the center of any significant adult learning activity. Learners must be involved in all phases of the learning process: needs identification, planning, participation, and evaluating the learning outcome.

As facilitators of adult learning, mentors approach mentoring as a development sequence which requires an awareness of the mentees' learning needs and their stages on the learning curve. In considering mentees as unique adult learners, mentors must be flexible and willing to make adjustments in the learning experience based on the mentees' maturity and learning styles. Effective mentoring becomes a continuous learning process that is a synthesis of events, experiences, thoughts, observations, feedback, and analyses.

**Table I**  
**Adult Learning Principles**

• Adults need time to learn at their own pace.
• Adults have unlimited potential for growth and development.
• Moving from the simple to the complex gives the adult a sense of achievement.
• Learning involves moving from dependency on the teacher/facilitator to increasing self-directedness, but at different rates for different people.
• The learning environment is characterized by physical comfort, mutual respect and trust, freedom of expression, and acceptance of differences.
• Learning must be based on learners' needs. Facilitators help learners diagnose the gap between what they know and what they need to know or do.
• Adults are motivated by the desire to immediately use or apply their new knowledge or skills. When learners need to do something now that they do not know how to do, they have a "readiness to learn." This is what is meant by the "most teachable moment."
• Adults are responsible for their own learning and take an active role in the learning process.
• Adult education is learner-centered. It begins with the learners and where they are, and takes into consideration what will be meaningful for them.
• Adults are what they have done. They have a deep investment in the value of their life experiences. Adult education includes and builds upon the life experiences of the learners.
• Learning should begin at a level equal to the learner's comprehension level.
• Adult education fosters critical reflective thinking.
• Problem posing and problem solving are fundamental aspects of adult education.
• Adult education is concerned with the development of the whole person, including their attitudes, feelings, and emotions.
• Learning can happen anywhere.
• Learning is enhanced by repetition.
• Much significant learning is acquired through doing.
• A positive or negative self-concept can promote or inhibit learning respectively.
• Stress reduces one's ability to learn.
• Learners need to know how they are progressing on their learning goals. This is accomplished through self-evaluation and feedback from others.

**Source:** Cohen, 1995; Knowles, 1980; Lindeman, 1961; Rogers, 1979

### *Novice to Expert Continuum*

As we begin a new role, we find ourselves at a novice level. Through experience we learn and progress to higher levels of performance. Most of us have moved along the novice to expert continuum perhaps several times in our lives. We've reached the expert level only to realize our life circumstances or goals change, and we find ourselves a novice once again. Since we've been there before, we know the stages and hopefully can progress more quickly along the continuum.

Becoming a novice can be frustrating for individuals who are new to a position. For example, a person may have been a nursing student for a few years and felt fairly comfortable with the student role. Then they became a graduate nurse, which is a real world situation, and the nurse finds herself a novice in this role. The same may be true for an experienced staff nurse who transfers to a new unit or becomes a charge nurse. When these nurses take on a new role, things change. The new role requires a new skill set. A mentoring relationship will help the nurse accelerate through the novice to expert continuum.

Benner's (1984) Novice to Expert model explains how the acquisition of new skills requires a progression through stages or levels, and discrete capabilities distinguish the stage of development reached. One passes through five levels in the acquisition and development of a skill:

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

This model fits perfectly with the stages of growth for nurses who assume new roles. As they learn their new roles and grow, they progress along the novice-to-expert continuum (see Figure 1).

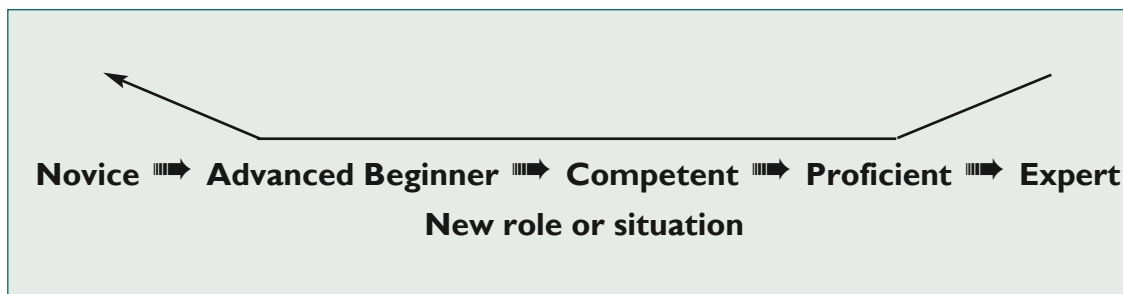
#### *Novice*

When nurses take on new and unfamiliar roles, they often begin at the novice stage. Novices use rules and facts to guide their actions. They adhere to these rules without consideration for the context of the situation. These rules are limiting, since no rule can tell the novice which tasks are most relevant in an actual situation and when it is acceptable to make exceptions to the rule. Novice nurses are unable to view situations as a whole; rather, they see the individual parts. It is difficult or near-impossible for them to put all of the parts together and see the big picture. They are concerned with the tasks at hand and cannot do more than one thing at a time.

Consider a new graduate nurse who is conducting a patient assessment and documenting in a new charting program. The focus tends to be on the mechanics

of charting rather than the patient and patient needs. The patient assessment is disjointed and focused on individual body systems rather than integrating the assessment data and viewing the patient holistically.

**Figure 1**  
**Novice to Expert Continuum**



**Source:** Benner, 1984; Hnatiuk, 2009.

When we are faced with a new role or situation, we most often begin as novices and progress along the continuum. Since no one is an expert at everything, we often find that, when we change positions or roles, we move from expert back to novice.

#### *Moving from Novice to Advanced Beginner and Beyond*

Most novices want to feel and be seen as competent immediately upon taking on a new role. It is uncomfortable knowing that one does not have a firm grasp of a new role. Both mentees and mentors must realize there are developmental stages to pass through before one actually reaches a high level of performance. This is normal, and patience is the key to maintaining control of the situation. Not only do mentors need to be patient with their mentees, but mentees must be patient with themselves as well. Mentees will more quickly become successful in their roles when they listen actively to what is going on and are willing to act like sponges, soaking up as much learning as possible.

Mentors can best help their mentees by using adult learning principles to help them learn, grow, and progress through the novice to higher-level stages. Knowing the characteristics of these stages helps them to understand the development process and realize the time and commitment needed to progress to the next levels. Patience and a willingness to share and learn are the keys. With time and experience, novice nurses continue to experience the real world



and progress to the advanced beginner stage and beyond. The characteristics of the advanced beginner to expert stages are described in Table 2.

### **Phases of the Mentoring Relationship**

The mentoring relationship can be characterized in three phases – beginning, middle, and closing. The characteristics of each phase are depicted in Table 3.

### **Characteristics of Successful Mentoring**

Successful mentoring relationships must be built on trust, openness to self-disclosure, affirmation, and willingness and skill in giving and receiving feedback. Although the old cliché states, “Trust must be earned,” a positive mentoring relationship needs to begin on the right foot – that is, both individuals trusting each other unless or until something happens to erode that trust. Establishing an early psychological foundation of *trust* is a prerequisite to promoting meaningful reflection and self-disclosure in future interactions.

*Self-disclosure* is another characteristic of a successful relationship. Both the mentor and mentee must be willing to share things about themselves, including those situations that may not have been pleasant experiences. The mentee must reveal vulnerable and weak areas so the mentor may provide support and guidance. The mentor must be willing to share personal mistakes, since these real situations can provide valuable learning experiences for the mentee. Sharing mistakes in a humorous way can help alleviate some of the fear and anxiety the mentee may be experiencing.

Another characteristic is *affirmation*. The mentor must believe that the mentee will be successful and repeatedly make statements that affirm the mentee’s knowledge and expertise. The mentor must believe in the mentee’s capacity for success even though the mentee may be unaware of it. It is equally helpful for the mentor to show respect for the mentee’s past, present and future accomplishments.

The fourth characteristic of a successful relationship is *willingness and skill in giving and receiving feedback*. This is important for both the mentor and mentee, since one of our greatest learning opportunities occurs through the feedback we give to and receive from others. Both individuals must offer constructive feedback, positive and negative, to assure that common needs and goals are being met. They need to know how the other is doing in the relationship to determine their future direction. It is most helpful if, early in the relationship, the mentor and mentee agree on how to give each other feedback.

The mentor will be faced with the difficult decision of when it will be appropriate to provide the mentee with negative constructive feedback. In the beginning of the relationship, both individuals may be strangers. Confrontation is difficult enough when two people have an established relationship. The implications of

confrontative behavior at the beginning of a relationship must be carefully weighed. Timing on the part of the mentor is critical. Confrontative feedback too early in the relationship when the mentee primarily needs support can be unproductive and detrimental to the relationship.

**Table 2**

**Characteristics of Advanced Beginner to Expert Stages**

<b>Advanced Beginner</b>
<p>Advanced beginners demonstrate marginally acceptable performance. They have encountered enough real situations to realize there is recurrent meaning in the components of the situation. Advanced beginners are often working at the edges of their protocols or procedures to guide their actions and believe the protocols are appropriate for all contexts. Nurses at the advanced beginner stage need assistance in determining priorities because they cannot readily sort out what is significant while at the same time feel largely dependent on more experienced individuals such as the mentor. Guidelines and applicable examples are helpful for them. They are fully responsible for their actions in complex situations. Their work centers on organizing and completing tasks. They become anxious when they feel they are losing control of the task environment. They are concerned with the current situation with little regard for the past or future. They rely on safety and knowledge.</p>
<b>Competent</b>
<p>As advanced beginners gain confidence through experience, unsuccessful outcomes are not easily forgotten. Since nurses at the competent stage are emotionally invested in their decisions, it is with actual situations that they move to the competent stage of performance. Nurses at the competent stage begin to see their role in terms of long-range plans or goals. They focus their energy on important relationships with their mentors at this stage to encourage them to talk about their feelings and anxieties and verbalize questions they have. The competent stage is characterized by not needing help, accomplishing what they planned, and controlling the activities and events in the situation. Nurses at this stage are able to differentiate between putting tasks in order, and planning based on goals and predictions. At the competent level, the nurse's abilities to view the whole situation may be hampered by their emphasis on structuring their important and insignificant components of a situation. These nurses are able to set priorities. They feel responsible for and emotionally attached to their work by specific plans and goals. They may lack speed and flexibility in their decisions, which are analytical and invested. However, at this stage they feel they have mastered their roles in the outcome. Successful outcomes can be very satisfying.</p>
<b>Proficient</b>

With continued practice and experience, nurses at the Proficient stage are able to organize and analyze, recognize the big picture, think and understand, and manipulate the environment to respond to the situation at hand. Their actions are now ordered by the situation as it unfolds rather than by preset plans. Proficient nurses are systematically guided by their experience to anticipate what to expect in a given situation and how to read situations well and are able to set priorities. They are confident in their decision-making ability and their ability to notice the important things and filter out those that are unimportant.

### Expert

Proficient nurses may make the transition to the expert stage, although not all individuals will attain the expert level. Expert nurses possess a sense of intuition about certain situations as a result of extensive experience. Experts are quick and skillful in practice. This may be a matter of choice or a matter of ability. Experts function much differently from the other stages of their actions. They zero in on problems and are fluid, flexible, and highly proficient. They are able to manage a variety of tasks or activities at the same time. When things are running smoothly, they display a sense of calmness and find themselves in familiar territory, and they are immediately in control of the situation. Experts selectively filter information and pass it on to those subordinates who are directly able to grasp the situation. Important aspects of a situation stand out, and they are able to readily dismiss those that are unimportant. They know when they have a firm grasp of the situation and when they don't. Experts no longer rely on rules to govern their practice. It is often difficult for experts to explain the thinking process they use in reaching a decision. They no longer think in steps or increments. Often the expert nurse is not the best teacher for a novice. Instead, expert nurses are often great historians and can explain why the decisions were made in the past. They are often a rich source of information and are quite capable of providing sound advice to a novice, because it is difficult for the expert to explain decisions or actions in enough detail for the novice to grasp and learn.

**Source:** Benner, 1984.

**Table 3**

### Phases of the Mentoring Relations

#### Beginning Phase – Characteristics

Mentors and mentees focus on interpersonal relationship building through establishing trust and non-judgmental acceptance, articulating expectations of the relationship and each other, engaging in meaningful dialogue, determining well-defined learning goals and initiating relevant self-disclosure. Mentees tend to put mentors on a pedestal and emulate behaviors. Mentors feel rewarded by the mentor role and value and nurture the development of the mentees. They may exchange and discuss their resumes/CV's.

#### Middle Phase – Characteristics

A safe and positive psychological climate is established and nurtured. Mentors request detailed information from the mentees and offer specific suggestions about current plans and progress in achieving goals. Mentees feel enhanced self-esteem due to the coaching and progress made. Mentees develop and confirm new skills. This phase is characterized by a high degree of interaction and intellectual exchange. Mentors progressively suggest new avenues for learning, then move toward tactics for solving new and more complex situations and problems. As the relationship builds, feedback (positive, but especially constructive) is given and taken in a more comfortable, growth-producing way. Mentors encourage less and less reliance, and the mentees become more autonomous in their roles.

The formal part of mentoring comes to closure when mentees feel comfortable functioning on their own. Mentors encourage the mentees to reflect critically on outcomes, goal achievements, and future plans. Mentors motivate mentees to take risks, make decisions without certainty of the results, overcome difficulties in the journey to reach their career goals, and become independent adult learners. Mentees achieve greater autonomy and become empowered. Both may mutually seek to dissolve the relationship. They may alternate between feelings of loss and liberation. Mentors remain interested and stay in touch with the mentees to provide continuing support and a safety net if needed. Mentors may feel they have shared everything they know and are proud of the mentees. As separation occurs, the relationship may transform into a friendship or peer mentoring in which both individuals take turns in mentoring each other through their nursing and life experiences. Mentoring that progresses and ends on a positive note will be memorable throughout the lives of both mentors and mentees. Mentees may themselves become mentors some day. Both partners reflect on the success of the mentoring relationship, share best mentoring practices, thoughtfully consider any stumbling blocks and what was learned from them, determine ways to improve future mentoring, and celebrate the successes.

#### Closing Phase – Characteristics

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The mentee also needs to provide feedback to the mentor so the mentor is aware of the behaviors that are contributing to the success of the relationship and those that need to be altered. Mentors who have achieved success in their own lives learn more about themselves and their own competency through feedback from mentees.

Mentoring fosters mentee competence through mutual respect, trust, and admiration. The mentor brings to the relationship knowledge and expertise. The mentee brings enthusiasm and a desire to learn. Through a common vision and purpose, they blend together their qualities and create a synergistic relationship which helps each rise to a level higher than either could do alone.

### **Mentee Role**

Mentoring doesn't just happen. It involves a significant expenditure of time and energy on the part of the mentor and especially the mentee. Successful mentees are willing to assume responsibility for their own learning and growth. They seek challenging assignments and responsibilities. While they are receptive to feedback and coaching by the mentor, they also are willing to constructively give feedback. If they are not receiving the feedback they need or desire, mentees assert themselves and ask for it.

The demonstration of accountability, or living up to promises and commitments, is important. Mentees learn to achieve a balance between their own independence and reliance on the mentor. Over time, the independence will most likely dominate and the relationship will change. After spending time with a mentor, mentees often feel refueled and inspired to make a difference in their practice. Other benefits of mentoring for the mentee include:

- Increased self-confidence
- Enhanced leadership skills
- Accelerated cultural acclimation
- Advancement opportunities
- Stress reduction
- Improved networking ability
- Political savvy
- Legal and ethical insight

## Mentor Role

Mentors are willing and committed to assist in the developmental growth of the mentee. This involves a reasonable amount of time and personal investment over an extended period of time. It is not unusual for mentors to believe they don't have enough time to spend on the mentoring relationship. However, the time invested is time well spent for both individuals and the hospital or facility as a whole.

The mentor's primary purpose is to help the mentee learn the ropes, their role, the political environment, and the culture of the unit or organization in a formal yet informal way. Frequent communication offering affirmation and support will help the mentee progress through the program in a timely manner.

The mentor may wear many hats such as teacher, supporter, protector, facilitator, counselor, guide, model, nurturer, predictor, coach, door-opener, idea generator and bouncer, feedback-giver, eye-opener, energizer, standard-prodder, problem-solver, and challenger. These roles may sound like a tall order to fill, and they are. However, they demonstrate the importance of the mentor role. To be most effective in this role, mentors must have clear perceptions about themselves and how they are or are not able to wear all of these hats.

Mentors are the guides in establishing the criteria by which a successful relationship is developed and evaluated. They create a warm, accepting environment that allows the mentees to control the relationship, while permitting the mentees to be themselves and voice relevant concerns and needs. Mentors are not distant and idealized role models. Rather, they are personable, approachable, reasonable, competent individuals who are committed to helping mentees achieve the success of which they are capable.

Effective mentors are confident enough in their own knowledge, skills, and successes that they do not perceive mentees or their accomplishments as threatening. They are committed to seeking situations that will benefit the mentees' development. They also praise the mentees' accomplishments and publicize them to others. Mentors often recommend their mentees for significant projects or promotions.

Mentors bring experience and wisdom. They provide their mentees with insights that would otherwise have been gained only through trial and error. They ask a lot of questions, especially "why?," which encourages mentees to stop and reflect on situations and potential alternatives. Mentors are good at linking together different bits and pieces of their mentees' lives, such as work and home, thoughts and feelings, successes and failures. They try to look at the bigger picture and the future. At times this may be difficult for mentees, because their focus is on the here-and-now. This type of mentoring can lead to breakthroughs or peak experiences, creating memorable occasions that last for decades.

### **Ideal mentor qualifications and characteristics include:**

- Commitment to the mission and goals of the organization or unit
- Strong interpersonal skills
- Exemplary leadership skills
- Willingness to assist in the mentee's growth
- Willingness to learn from the mentee
- Personal power and charisma
- Ability to think strategically
- Ability to share credit and successes
- Ability to help the mentee learn from mistakes
- Ability to embrace diversity
- Patience
- Willingness to take risks and share lessons learned
- Accountability — living up to expectations and meeting deadlines
- Time/availability
- Personable and approachable
- Respect and consideration of the mentee

Mentors benefit from the mentoring relationship by learning, acquiring insight, and meeting challenges alongside their mentees. Mentors receive much satisfaction in seeing another person grow and be successful, knowing they played a part in making it happen.

### **Potential Problems with Mentoring**

Mentoring, like any type of relationship, can have its problems or drawbacks. If the mentoring relationship is forced, it can fuel discontent, anger, and resentment. There is no guarantee that two people on a blind date will like each other, even if a computer-dating program matches them perfectly. The same is true of mentoring. Sometimes people are in different stages of personal development. Other times the mentor-mentee match simply doesn't work. It is no one's fault, as not all chemistries are compatible. Personality clashes may exist. Sometimes one partner grows faster than the other or in a different direction, and a strain on the relationship may occur.

One common problem that occurs is the lack of follow-up and commitment to sustain the relationship. Other problems with mentoring include mentors who overburden the mentee with work and responsibilities, and vice versa. Mentees may become a clone of the mentor and lose their individuality. Mentees may feel mentors are supervising their work too closely or perhaps being neglectful when mentees need their assistance. Mentees may also become too dependent on mentors. An unfavorable incident may occur in which the mentor or mentee feels betrayed or let down. Jealousy and personal or ethical disagreements may also strain the relationship.

Gender issues may arise between mentors and mentees of the opposite sex. Differences in communication styles can create misunderstandings. Women may

manage conflict differently than men. They may delegate authority and make decisions differently. These differences may cause the relationship to separate rather than to build. Perceptions by others may cause problems if rumors begin that a romantic relationship is developing between the mentor and mentee. Mentors or mentees who are experiencing failure may cause one another to feel guilty or embarrassed because they are associated with each other. If the mentor fails or falls out of favor within the unit or facility, the mentee, through association with the mentor, may also fall out of favor.

A final problem with mentoring is the case of toxic mentors. These are mentors who are detrimental to the success of the mentee. They may be unavailable or inaccessible to the mentee or may throw the mentee to the wolves to either sink or swim. Toxic mentors may also block the mentee's progress or criticize the mentee in various ways.

Both mentors and mentees can learn from the problems that others have encountered in the mentoring relationship. If signs of these problems are beginning to develop in the relationship, both individuals have a responsibility to confront the situation and actively plan a resolution or dissolution. Prior to entering into a mentoring relationship, both parties should agree to a no-fault separation if one or both individuals realize the relationship is not working effectively.

### **Developing Expectations**

Mentors and mentees should initiate and discuss their relationship. They should begin to learn about each other by exchanging resumes/curriculum vitae and discussing pertinent life experiences. Formulating expectations of the relationship and of each other can be a particularly powerful way of planning for the success of the relationship.

Expectations are the perceptions of the way we should behave in our roles or positions. In other words, expectations define what to do under various circumstances. Developing clear expectations can build a strong relationship. It also provides a framework for behaviors that are acceptable and unacceptable. Unclear expectations can break down communication and trust, essential elements of the mentoring relationship.

Some of us think we know what others expect of us without having to discuss our expectations. In most cases, this is not true. After all, if others do not know what you expect of them, how will they ever meet your expectations? Once expectations are developed, the mentor and mentee must agree to meet those expectations. Developing expectations will help to confront problems head on. While confrontation is usually not easy, clearly stated expectations help to take some of the pain out of confrontation because the person has essentially broken an agreement that he or she has made.

Expectations are statements of expected behaviors. They are a) observable, b) achievable and stated in a positive way, c) reviewed frequently for currency, and



d) important, meaningful, and real to both the mentor and the mentee. You may be thinking, “What does an expectation look like?”

Below are some examples. I expect my mentor to:

- Be committed and share in the responsibilities of the relationship.
- Encourage me to take risks, support me in these endeavors, and help me learn from my mistakes.
- Encourage my progressive independence, but continue to provide guidance and feedback as needed.
- Keep all information we discuss confidential unless otherwise agreed.

I expect my mentee to:

- Be willing to try new ideas, make mistakes, and learn from the experience.
- Accept my guidance and feedback in the constructive manner in which it is given, but be willing to challenge my thinking and ideas.
- Work diligently in progressing through the mentoring program to be successful in my new position.
- Keep all information we discuss confidential unless otherwise agreed.

### Evaluating the Mentoring Relationship

Mentoring is primarily a close personal relationship and a process of working together as partners to achieve mutually agreed-upon goals. This relationship and process should be carefully monitored on a regular basis to ensure its effectiveness or to resolve conflicts or problems before they become detrimental to the relationship.

Throughout the mentoring program, the mentee and mentor should determine set intervals to check on the progress of the mentoring process. They should provide feedback to each other on the strengths of the program, quality of the interpersonal dynamics, progress made to date, areas for improvement, and future direction. In addition to periodic feedback during the mentoring program, both the mentor and mentee should evaluate the strengths and limitations of the overall mentoring program.

Benefits for the mentors, the mentees, and the organization or unit can be determined, along with recommendations for improvement of the program. Once the formal mentoring program goals are achieved, that does not mean the mentoring relationship must end. Hopefully, the relationship will continue for as long as both individuals agree to the need for and value of it.

Adapted with permission from Hnatiuk, 2009.

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Parsloe, E., & Leedham, M. (2009). *Coaching and mentoring: Practical conversations to improve learning*. Philadelphia, PA: Kogan Page Publishers.

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<b>Site Coordinator Role Description</b>
--

**Role**

The site coordinator is committed to and responsible for overseeing all site-based activities related to the mentoring program.

**Qualifications**

- Possesses organizational skills and a working knowledge of her/his organization
- Is familiar with group process
- Is committed to improving retention of first year nurse graduates and other nurses transitioning to new roles

**Responsibilities**

- Familiarizes self with all components of the AMSN Mentoring Program and be familiar with A Program for Success: Transition to Nursing Leadership educational modules used as part of the onboarding process.
- Recruits mentors and mentees using the AMSN Mentoring Program guidelines
- Assigns mentor/mentee teams if not already established
- Conducts an orientation for mentors and mentees
- Reviews responsibilities with both mentors and mentees
- Encourages/assists the dyad in developing the Mentoring Program Plan
- Establishes timelines for periodic review of mentoring progress
- Counsels or disbands dysfunctional or nonproductive relationships and reassigns as necessary
- Maintains the confidentiality of information shared between the site coordinator, the mentors, and the mentees

**Role**

The mentor is an experienced nurse manager committed to helping the mentee transition to a new position as a nurse manager.

**Qualifications**

The mentor is an experienced professional nurse manager who is skilled in communication. With this in mind, the mentor:

- Has more than 3 years of nursing management experience
- Has an understanding of the science of nursing and nursing standards and principles

- Is proficient or expert in the field according to Benner “novice to expert” framework
- Is able to make a minimum of a one-year commitment to the mentoring program
- Is successful in building caring relationships
- Responsibilities
- Demonstrates proficient or expert practice
- Communicates in a clear, concise, and professional manner while also being a good listener
- Keeps written records as required
- Conducts consistent scheduled meetings with the mentee to set goals, provide feedback and evaluate progress
- Has a positive attitude and is a role model
- Serves as an immediate resource person
- Provides moral support, guidance and advice
- Encourages the mentee to develop to her/his fullest potential
- Helps the mentee develop her/his own vision for the future
- Encourages progressive independence in the mentee
- Completes all required forms in a timely manner
- Performs well under stress and is even-tempered
- Demonstrates interpersonal problem-solving skills
- Adheres to the general principles of volunteerism

## **Mentee Role Description**

### **Role**

The mentee is a nurse who is transitioning to a new role as a nurse manager.

### **Qualifications**

- Is a novice nurse manager with untested judgment and organizational skills
- Is flexible
- Is willing to attend scheduled meetings with the mentor on a regular basis
- Is able to accept constructive criticism as well as feedback and encouragement

### **Responsibilities**

- Communicates effectively with the mentor and site coordinator, if applicable
- Agrees to complete all materials, self-assessment tools, and required evaluation forms in a timely manner
- Schedules meetings with the mentor and develops the meeting agenda

## Pre-Program Preparation

### Mentor

Date Completed	Activity
	1. Completes orientation with site coordinator
	2. Reads and completes the following:
	a. <i>AMSN Mentoring Program Mentor Guide</i>
	b. <i>Introduction to Mentoring</i> article
	c. Mentor Self-Assessment tool
	d. Background Information – Mentor Form
	e. Tips for Successful Mentoring
	f. “Remember When” Exercise
	g. Guidelines for Meeting with Your Mentee
	h. Background Information tool
	3. Ensure the mentor has access to A Program for Success: Transition to Nursing Leadership educational modules and is aware of the suggested timeline for completion.
	4. Contacts mentee to arrange first meeting

### Mentee

Date Completed	Activity
	1. Completes orientation with Site Coordinator
	2. Reads and completes the following:
	a. <i>AMSN Mentoring Program Mentee Guide</i>
	b. <i>Introduction to Mentoring</i> article
	c. Background Information tool
	e. The Ideal Mentor Exercise
	f. Mentoring Meeting Agenda
	g. Guidelines for Meeting with Your Mentor
	3. Mentoring Program Plan.
	4. Ensure the mentee has access to A Program for Success: Transition to Nursing Leadership educational modules and is aware of the suggested timeline for completion

### Timeline Checklist

This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the *AMSN Mentoring Program Mentor and Mentee Guides*.

<b>Week One</b>	
	Mentor _____ Mentee _____ Start Date _____  This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the AMSN Mentoring Program Mentor and Mentee Guides.
<b>Date Completed</b>	<b><u>Mentor</u></b>
	<b>Activity</b>
	1. Meets with mentee
	2. Exchanges background and contact information with mentee.
	3. Discusses significant life experiences and expertise
	4. Jointly develop the Mentoring Program Plan with the mentee. Uses the results of the following tools completed by the mentee:
	a. Ideal Mentor Exercise
	5. Establishes a schedule for monthly meetings for the first 3 months.
<b>Date Completed</b>	<b><u>Mentee</u></b>
	<b>Activity</b>
	1. Follows the Mentoring Meeting Agenda
	2. Exchanges background and contact information with the mentor.
	3. Discusses significant life experiences
	4. Jointly develops the Mentoring Program Plan with the mentor. Uses the results of the following tool completed by the mentee:
	a. Ideal Mentor Exercise
	5. Establishes a schedule for monthly meetings for the first 3 months

<b>Month 1</b>	
	Mentor _____ Mentee _____ Start Date _____  This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the AMSN Mentoring Program Mentor and Mentee Guides.
<b>Date Completed</b>	<b><u>Mentor</u></b>
	<b>Activity</b>
	1. Completes the Assessment of the Relationship with the Mentee and the Mentoring Program Satisfaction Survey
	2. Encourages the mentee to complete the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor Form
	d. Mentoring Program Satisfaction Survey
	3. Discuss the above results with the mentee and make any needed revisions.
	4. Ensure mentee has completed weeks 1-4 educational modules in A Program for Success: Transition to Nursing Leadership.
<b>Date Completed</b>	<b><u>Mentee</u></b>
	<b>Activity</b>
	1. Completes the following tools:
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor
	d. Mentoring Program Satisfaction Survey
	2. Discusses the above-completed tools with the mentor and make any needed revisions
	3. Ensure the mentee has completed weeks 1-4 of educational modules in A Program for Success: Transition to Nursing Leadership



<b>Month 2</b>	
	Mentor _____ Mentee _____ Start Date _____  This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the AMSN Mentoring Program Mentor and Mentee Guides.
<b>Date Completed</b>	<b>Activity</b>
	1. Discuss any concerns or situations that have occurred since the check-in last month.
	2. Ensure the mentee has time to discuss areas that the mentee is feeling more confident in.
	3. Ensure the mentee has completed educational modules for weeks 5-8 prior to meeting with the mentor for the planned 2-month visit.
	4. Ensure the AONL Nurse Leader Self-Assessment Competency tool is completed as a post assessment.
	5. Revisits and makes any revisions to the Mentoring Program Plan
<b>Date Completed</b>	<b>Activity</b>
	1. Discuss any concerns or situations that the mentee has encountered that could benefit from reflection and discussion.
	2. Discuss areas that the mentee is developing more confidence in
	3. Complete educational modules for weeks 5-8 prior to meeting with the mentor for 2-month visit.
	4. Ensure the AONL Nurse Leader Self-Assessment Competency tool is completed as a post-assessment.
	5. Revisits and makes any revisions to the Mentoring Program Plan.

<b>Month 3</b>	
	Mentor _____ Mentee _____ Start Date _____  This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the AMSN Mentoring Program Mentor and Mentee Guides.
<b>Date Completed</b>	<b><u>Mentor</u></b>
	<b>Activity</b>
	1. Completes the Assessment of the Relationship with the Mentee and the Mentoring Program Satisfaction Survey
	2. Encourages the mentee to complete the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor Form
	d. Mentoring Program Satisfaction Survey
	3. Discusses the results of the above with the mentee
	4. Revisits and makes any revisions to the Mentoring Program Plan
<b>Date Completed</b>	<b><u>Mentee</u></b>
	<b>Activity</b>
	1. Completes the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor
	d. Mentoring Program Satisfaction Survey
	2. Discusses the above-completed tools with the mentor
	1. Revisits and makes any revisions to the Mentoring Program Plan

<b>6 Month</b>	
	Mentor _____ Mentee _____ Start Date _____  This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the AMSN Mentoring Program Mentor and Mentee Guides.
<b>Date Completed</b>	<b><u>Mentor</u></b>
	<b>Activity</b>
	1. Completes the Assessment of the Relationship with the Mentee and the Mentoring Program Satisfaction Survey
	2. Encourages the mentee to complete the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor Form
	d. Mentoring Program Satisfaction Survey
	3. Discusses the results of the above with the mentee
	4. Revisits and makes any revisions to the Mentoring Program Plan
<b>Date Completed</b>	<b><u>Mentee</u></b>
	<b>Activity</b>
	1. Completes the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor
	d. Mentoring Program Satisfaction Survey
	2. Discusses the above completed tools with the mentor
	3. Revisits and makes any revisions to the Mentoring Program Plan

<b>12 Month</b>	
	Mentor _____ Mentee _____ Start Date _____  This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the AMSN Mentoring Program Mentor and Mentee Guides.
<b>Date Completed</b>	<b><u>Mentor</u></b>
	<b>Activity</b>
	1. Completes the Assessment of the Relationship with the Mentee and the Mentoring Program Satisfaction Survey
	2. Encourages the mentee to complete the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor Form
	d. Mentoring Program Satisfaction Survey
	3. Discusses the results of the above with the mentee
	4. Celebrates the success of the relationship
	5. Determines if or how the relationship will continue into the f f future.
<b>Date Completed</b>	<b><u>Mentee</u></b>
	<b>Activity</b>
	1. Completes the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor
	d. Mentoring Program Satisfaction Survey
	2. Discusses the results of the above with the mentor
	3. Celebrates the success of the relationship
	4. Determines if or how the relationship will continue into the future

## Mentor / Mentee Progress Record

This tool may be used by the site coordinator to track the progress of a group of mentors/mentees.

<b>Names</b>	<b>Week 1 Date</b>	<b>Month 1 Date</b>	<b>Month 2 Date</b>	<b>Month 3 Date</b>	<b>Month 6 Date</b>	<b>Month 12 Date</b>
<b>Mentor:</b>						
<b>Mentee:</b>						
<b>Mentor:</b>						
<b>Mentee:</b>						
<b>Mentor:</b>						
<b>Mentee:</b>						
<b>Mentor:</b>						
<b>Mentee:</b>						



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# Mentoring Program

## MENTEE GUIDE

## OVERVIEW

The AMSN Mentoring Program for Nurse Leaders is designed to guide a mutual relationship between an experienced nurse manager (mentor) and the nurse transitioning to a new nurse manager role (mentee). It is a framework for the passage of wisdom, caring, and confidence between novice and experienced nurses leaders. The program is based on the principles of adult learning with a focus on meeting the needs of the mentee.

The program provides information on mentoring along with guidelines and tools for a successful mentoring relationship. It is designed to meet the following objectives:

- Develop supportive and encouraging relationships
- Guide nurses in their professional, personal, and interpersonal growth
- Promote mutuality and sharing based on the needs of colleagues
- Communicate information concerning expectations, learning opportunities, and stressors

The program contains guidelines and tools for the mentor, mentee, and site coordinator. To effectively implement this program, some organizations designate a site coordinator to identify and link mentors and mentees, and oversee the timeline and completion of the mentoring tools.

Experienced nurses who change positions to nurse manager, can benefit from a mentoring relationship. Your mentor will assist you in developing skills in all of the areas listed below. As the mentoring continues, you will be able to identify growth in these areas.

### *Interpersonal Skills Communication*

- Feedback
- Assertiveness
- Service Behaviors Conflict Management
- Relationship Building
- Dealing with Difficult People/Situations

### *Management Skills Delegation*

- Motivation
- Team Building
- Organization Culture
- Networking
- Self-Management
- Self-Care

### *Organizational Skills*

- Project Management
- Goal Setting

- Time Management

### Confidentiality

The mentoring relationship is confidential. Mentees may choose to disclose the identity of their mentors, but the mentors should not disclose any information, with the exception of:

- Violation of hospital / agency policy
- If mentee is not reliable in keeping appointments in a timely way or not participating in the mentoring program in some other manner.

### Where to Go From Here?

Review the information in this guide to determine its contents and the components that will be most helpful to meet your needs as a mentee. If you and your mentor plan to follow this program as it is designed, go to the Directions for the Mentee for step-by-step directions for beginning and maintaining your mentoring relationship.

## AMSN Mentoring Program

### Directions for the Mentee

The following steps are suggestions for progressing successfully through the mentoring program. Place a check in the column once you have completed each step.

(✓) when completed	Activity
	1. Review the AMSN Mentoring Program Mentee Guide.
	2. Read the Introduction to Mentoring article to learn about mentoring, the mentor and mentee roles, and how to engage in a successful mentoring relationship
	3. Review slides 1-3 of the educational modules contained within A Program for Success: Transition to Nursing Leadership
	4. Prepare for your first meeting with your mentor by completing the following tools. <ol style="list-style-type: none"> <li>a. Background Information</li> <li>b. The Ideal Mentor Exercise</li> <li>c. Complete the American Organization for Nursing Leadership (AONL) Nurse Leader Self-Assessment Competency Tool. This will be delivered electronically by email to mentee. Suggested task for Week 1. Must be completed prior to beginning educational modules</li> </ol>



	5. Prepare your first Mentoring Meeting Agenda to ensure an organized and productive meeting. Use the Guidelines for Meeting with Your Mentor to assist you in establishing the agenda.
	6. Begin to develop the Mentoring Program Plan Read the components of this plan and begin to prepare your responses in preparation for the joint development of the program plan with your mentor.
	7. Schedule the first meeting with your mentor and provide the Mentoring Meeting Agenda in advance of the meeting. Your mentor should also complete the Background Information tool and the appropriate components of the Mentoring Program Plan prior to the meeting.
	8. During your first meeting: <ul style="list-style-type: none"> <li>a. Follow your Mentoring Meeting Agenda to keep the meeting organized and to focus your discussions.</li> <li>b. Exchange your Background Information or resumes/CVs and discuss significant life experiences. Get to know each other and your areas of expertise.</li> <li>c. Discuss the specialty of medical-surgical nursing if applicable.</li> <li>d. Discuss the results of the Ideal Mentor Exercise</li> <li>e. Jointly develop the Mentoring Program Plan with your mentor. Use the results from the Ideal Mentor Exercise to assist in forming expectations of your mentor.</li> <li>f. Discuss the suggested timeline for completion of the A Program for Success: Transition to Nursing Leadership educational modules. This is slide 4.</li> </ul>
	9. Communicate, communicate, communicate with your mentor throughout your mentoring program!
	10. For subsequent meetings with your mentor, prepare a Mentoring Meeting Agenda and provide it to your mentor in advance of the meeting.
	11. Plan for a monthly check in with your mentor for the first 3 months. Prepare to discuss the four modules that were completed over the previous month. Communicate ahead of time with your mentor if a module is not completed. Remember the suggested timeline is only a suggestion.

	<p>The entire program is designed to be completed within 8 weeks. If more time is needed, please communicate with your mentor.</p> <p>Tasks to be completed prior to first Monthly Meeting with Mentor.</p> <p>Week 1: Complete the American Organization for Nursing Leadership (AONL) Nurse Leader Self-Assessment Competency Tool. This will be delivered electronically by email to mentee</p> <p>Week 2: Complete Leadership Skills module. This includes Human Resource Leadership Skills, Relationship Management, and Influencing Behaviors tasks.</p> <p>Tasks to be completed prior to second Monthly Meeting with Mentor</p> <p>Week 5: Complete Prioritization module. This includes Project Management, Performance Improvement, Ongoing Evaluation and Planning For Staffing Needs tasks.</p> <p>Week 6 and 7: Complete the Self-Care module. This includes Nurturing your Intellectual, Emotional, and Physical Self, Keeping Commitments to Self, and Promoting Professional Development tasks.</p> <p>Week 8: Complete the Organizational module. This includes Organizational Resources, and Suggested Reading for Nurse Leaders. Please complete the AONL Nurse Leader Self-Assessment Competency Tool again, This will be delivered virtually by email to you.</p>
	<p>10. Remember to periodically check the progress of the relationship and the Mentoring Program Plan.</p> <p>a. At 3 months, complete the following tools and discuss with your mentor. Use the information gathered from these tools to determine the strengths of the mentoring relationship and areas for improvement.</p> <ul style="list-style-type: none"> <li>• Job Satisfaction Scale</li> <li>• Intent to Stay in the Job Survey</li> </ul>

	<ul style="list-style-type: none"><li>• Assessment of the Relationship with the Mentor. Your mentor should also complete the Assessment of the Relationship with the Mentee (Mentor Tool).</li><li>• Mentoring Program Satisfaction Survey. Your mentor should also complete the Mentoring Program Satisfaction Survey (Mentor Tool).</li><li>• Discuss the pre and post assessment data from the AONL Nurse Leader Self-Assessment Competency Tool.</li></ul> <p>At 6 and 12 months, or as needed, repeat the steps in 9.a. above.</p>
	<p>11. Periodically and upon completion of the mentoring program, celebrate the success of your partnership and your accomplishments.</p>



# Mentoring Program

## Introduction to Mentoring

Mentoring is a reciprocal, collaborative learning relationship between two, sometimes more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship. It is a process in which the more experienced person assists in the learning and development of the less experienced one. The mentor often serves as a guide, expert, counselor, wise teacher, and role model.

Traditional views of mentoring describe it as a relationship that occurs spontaneously and is based on chemistry between two people. Mentoring may also occur through structured programs where a mentor-mentee dyad is selected, paired, or matched by others rather than by the individuals themselves. Both types of mentoring relationships can be effective as long as the mentor and mentee are committed to it and agree to identify and meet the needs of the individual being mentored.

A mentoring program will help to:

- Develop supportive and encouraging relationships
- Guide nurses in their professional, personal and interpersonal growth
- Promote mutuality and sharing based on the needs of the mentor and mentee
- Communicate information concerning expectations, learning opportunities, and stressors

## Matching Mentors and Mentees

Planned mentoring programs will match a mentee with a mentor. Providing a good fit between mentee and mentor can either make or break the relationship and the ultimate success of the mentoring program. A successful relationship is even more beneficial when the individuals involved like each other, understand their responsibilities, have a mutual desire to build a relationship, realize they both have something to offer and learn from the other, and both share the goal of excellence in their nursing practice.

A good fit between the mentor and mentee occurs when mentors are caring, compassionate, genuine, and willing to disclose information about themselves and about what they know. Mentees, on the other hand, need to be open to accept feedback and be willing to learn more about themselves and their expected role. Matches are often more likely to be successful when mentors and mentees are

involved in selecting their partners. However, mentoring relationships can be successful when the two individuals are selected by others, such as a selection team or a site coordinator.

Guidelines for matching the mentor and mentee can be very helpful. These guidelines may be based on skills, expertise, availability, learning/facilitation style and fit, experience, interpersonal skills and behavior, professional interest, personality, accessibility, education background, gender, willingness/interest, and compatibility.

## **Foundations of Mentoring**

Inherent in mentoring are two important foundational concepts: principles of adult learning, and the novice-to-expert continuum. While these concepts will be most beneficial in helping mentors be effective in their roles, they can also be helpful for mentees to gain a better understanding of the mentor role. It is likely that mentees, especially if they have experienced a successful mentoring relationship, will themselves become mentors in the future.

### *Adult Learning Principles*

The mentoring relationship involves the mentee as an adult learner engaged in a life experience that presents new opportunities for growth and development. The astute mentor is knowledgeable of adult learning principles and applies them to the mentoring relationship as a development process.

Mentoring is a partnership between the mentor as a teacher and the mentee as a learner. The quality of this partnership determines the true value of the learning experience. As adult learners, mentees assume responsibility for their own learning and behavior. As teachers, mentors act as guides and facilitators of learning. The partnership must be based on the belief that the learner is at the center of any significant adult learning activity. Learners must be involved in all phases of the learning process - needs identification, planning, participation, and evaluating the learning outcome.

**Table I.**  
**Adult Learning Principles**

• Adults need time to learn at their own pace.
• Adults have unlimited potential for growth and development.
• Moving from the simple to the complex gives the adult a sense of achievement.
• Learning involves moving from dependency on the teacher/facilitator to increasing self-directedness, but at different rates for different people.
• The learning environment is characterized by physical comfort, mutual respect and trust, freedom of expression, and acceptance of differences.
• Learning must be based on learners' needs. Facilitators help learners diagnose the gap between what they know and what they need to know or do.
• Adults are motivated by the desire to immediately use or apply their new knowledge or skills. When learners need to do something now that they do not know how to do, they have a "readiness to learn." This is what is meant by the "most teachable moment."
• Adults are responsible for their own learning and take an active role in the learning process.
• Adult education is learner-centered. It begins with the learners and where they are, and takes into consideration what will be meaningful for them.
• Adults are what they have done. They have a deep investment in the value of their life experiences. Adult education includes and builds upon the life experiences of the learners.
• Learning should begin at a level equal to the learner's comprehension level.
• Adult education fosters critical reflective thinking.
• Problem posing and problem solving are fundamental aspects of adult education.
• Adult education is concerned with the development of the whole person, including their attitudes, feelings, and emotions.
• Learning can happen anywhere.
• Learning is enhanced by repetition.
• Much significant learning is acquired through doing.
• A positive or negative self-concept can promote or inhibit learning respectively.
• Stress reduces one's ability to learn.
• Learners need to know how they are progressing on their learning goals. This is accomplished through self-evaluation and feedback from others.

**Source:** Cohen, 1995; Knowles, 1980; Lindeman, 1961; Rogers, 1979.

As facilitators of adult learning, mentors approach mentoring as a development sequence which requires an awareness of the mentees' learning needs and their stages on the learning curve. In considering mentees as unique adult learners, mentors must be flexible and willing to make adjustments in the learning experience based on the mentees' maturity and learning styles. Effective mentoring becomes a continuous learning process that is a synthesis of events, experiences, thoughts, observations, feedback, and analyses.

Further adult learning principles beneficial to the mentoring relationship are included in Table I.

### *Novice to Expert Continuum*

As we begin a new role, we find ourselves at a novice level. Through experience we learn and progress to higher levels of performance. Most of us have moved along the novice to expert continuum perhaps several times in our lives. We've reached the expert level only to realize our life circumstances or goals change, and we find ourselves a novice once again. Since we've been there before, we know the stages and hopefully can progress more quickly along the continuum.

Becoming a novice can be frustrating for individuals who are new to a position. For example, a person may have been a nursing student for a few years and felt fairly comfortable with the student role. Then they became a graduate nurse, which is a real world situation, and the nurse finds herself a novice in this role. The same may be true for an experienced staff nurse who transfers to a new unit or becomes a charge nurse. When these nurses take on a new role, things change. The new role requires a new skill set. A mentoring relationship will help the nurse accelerate through the novice-to-expert continuum.

Benner's (1984) Novice to Expert model explains how the acquisition of new skills requires a progression through stages or levels, and discrete capabilities distinguish the stage of development reached. There are five levels that one passes through in the acquisition and development of a skill:

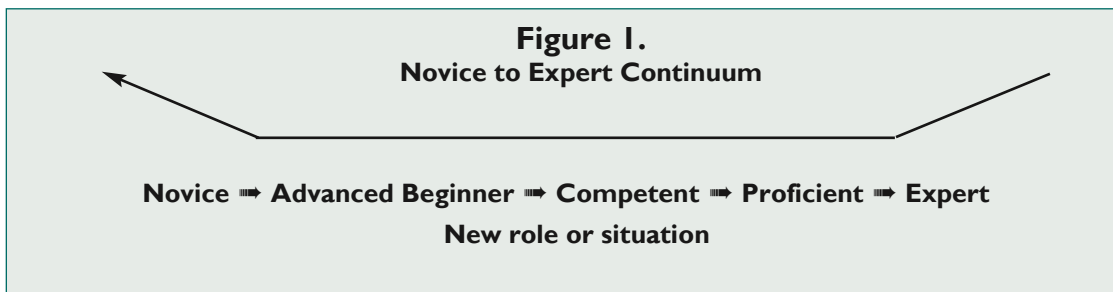
- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

This model fits perfectly with the stages of growth for nurses who assume new roles. As they learn their new roles and grow, they progress along the novice to expert continuum (see Figure 1).

### **Novice**

When nurses take on new and unfamiliar roles, they often begin at the novice stage. Novices use rules and facts to guide their actions. They adhere to these rules without consideration for the context of the situation. These rules are limiting, since no rule can tell the novice which tasks are most relevant in an actual situation and when it is acceptable to make exceptions to the rule. Novice nurses are unable to view situations as a whole; rather, they see the individual parts. It is difficult or near impossible for them to put all the parts together and see the big picture. They are concerned with the tasks at hand and cannot do more than one thing at a time.

Consider a new graduate nurse who is conducting a patient assessment and documenting in a new charting program. The focus tends to be on the mechanics of charting rather than the patient and patient needs. The patient assessment is disjointed and focused on individual body systems rather than integrating the assessment data and viewing the patient holistically.



When we are faced with a new role or situation, we most often begin as novices and progress along the continuum. Since no one is an expert at everything, we often find when we change positions or roles, we move from expert back to novice.

**Source:** Benner, 1984; Hnatiuk, 2009.

### ***Moving from Novice to Advanced Beginner and Beyond***

Most novices want to feel and be seen as competent immediately upon taking on a new role. It is uncomfortable knowing one does not have a firm grasp of a new role. Both mentees and mentors must realize there are developmental stages to pass through before one actually reaches a high level of performance. This is normal, and patience is the key to maintaining control of the situation. Not only must mentors be patient with their mentees, but mentees must be patient with themselves as well. Mentees will more quickly become successful in their roles when they listen actively to what is going on and are willing to act like sponges, soaking up as much learning as possible.

Mentors can best help their mentees by using adult learning principles to help them learn, grow, and progress through the novice to higher-level stages. Knowing the characteristics of these stages helps to understand the development process and realize the time and commitment needed to progress to the next levels. Patience and a willingness to share and learn are the keys.

With time and experience, novice nurses continue to experience the real world and progress to the advanced beginner stage and beyond. The characteristics of the advanced beginner to expert stages are described in Table 2.

### **Phases of the Mentoring Relationship**

The mentoring relationship can be characterized in three phases: beginning, middle, and closing. The characteristics of each phase are depicted in Table 3.

### **Characteristics of Successful Mentoring**

Successful mentoring relationships must be built on trust, openness to self-disclosure, affirmation, and willingness and skill in giving and receiving feedback. Although the old cliché states, “Trust must be earned,” a positive mentoring relationship must begin on the right foot – that is, both individuals trusting each other unless or until something happens to erode that trust. Establishing an early psychological foundation of *trust* is a prerequisite to promoting meaningful reflection and self-disclosure in future interactions.

*Self-disclosure* is another characteristic of a successful relationship. Both the mentor and mentee must be willing to share things about themselves, including those situations that may not have been pleasant experiences. The mentee must reveal vulnerable and weak areas so the mentor may provide support and guidance. The mentor must be willing to share personal mistakes since these real situations can provide valuable learning experiences for the mentee. Sharing mistakes in a humorous way can help alleviate some of the fear and anxiety the mentee may be experiencing.

Another characteristic is *affirmation*. The mentor must believe that the mentee will be successful and repeatedly make statements that affirm the mentee’s knowledge and expertise. The mentor must believe in the mentee’s capacity for success, even though the mentee may be unaware of it. It is equally helpful for the mentor to show respect for the mentee’s past, present and future accomplishments.

The fourth characteristic of a successful relationship is *willingness and skill in giving and receiving feedback*. This is important for both the mentor and mentee, since one of our greatest learning opportunities occurs through the feedback we give to and receive from others. Both individuals must offer constructive feedback, positive and negative, to assure that common needs and goals are being met. They need to know how the other is doing in the relationship to determine their future direction. It is most helpful if, early in the relationship, the mentor and mentee agree on how to give each other feedback.



The mentor will be faced with the difficult decision of when it will be appropriate to provide the mentee with negative constructive feedback. In the beginning of the relationship, both individuals may be strangers. Confrontation is difficult enough when two people have an established relationship. The implications of confrontative behavior at the beginning of a relationship must be carefully weighed. Timing on the part of the mentor is critical. Confrontative feedback too early in the relationship when the mentee primarily needs support can be unproductive and detrimental to the relationship.

**Table 2.**  
**Characteristics of Advanced Beginner to Expert Stages**

<b>Advanced Beginner</b>
Advanced beginners demonstrate marginally acceptable performance. They have encountered enough real situations to realize there is recurrent meaning in the components of the situation. Advanced beginners are often working at the edges of their protocols or procedures to guide their actions and believe the protocols are appropriate for all contexts. Nurses at the advanced beginner stage need assistance in determining priorities because they cannot readily sort out what is significant while at the same time feel largely dependent on more experienced individuals such as the mentor. Guidelines and applicable examples are helpful for them. They are fully responsible for their actions in complex situations. Their work centers on organizing and completing tasks. They become anxious when they feel they are losing control of the task environment. They are concerned with the current situation with little regard for the past or future. They rely on safety and knowledge.
<b>Competent</b>
As advanced beginners gain confidence through experience, unsuccessful outcomes are not easily forgotten. Since nurses at the competent stage are emotionally invested in their decisions, it is with actual situations that they move to the competent stage of performance. Nurses at the competent stage begin to see their role in terms of long-range plans or goals. They focus their energy on important relationships with their mentors at this stage to encourage them to talk about their feelings and anxieties and verbalize questions they have. The competent stage is characterized by not needing help, accomplishing what they planned, and controlling the activities and events in the situation. Nurses at this stage are able to differentiate between putting tasks in order, and planning based on goals and predictions. At the competent level, the nurse's abilities to view the whole situation may be hampered by their emphasis on structuring their important and insignificant components of a situation. These nurses are able to set priorities. They feel responsible for and emotionally attached to their work by specific plans and goals. They may lack speed and flexibility in their decisions, which are analytical and invested. However, at this stage they feel they have mastered their roles in the outcome. Successful outcomes can be very satisfying.
<b>Proficient</b>
With continued practice and experience, nurses at the Proficient stage are able to organize and analyze, recognize the big picture, think and understand, and manipulate the environment to respond to the situation at hand. Their actions are now ordered by the situation as it unfolds rather than by preset plans. Proficient nurses are systematically guided by their experience to anticipate what to expect in a given situation and how to read situations well and are able to set priorities. They are confident in their decision-making ability and their ability to notice the important things and filter out those that are unimportant.
<b>Expert</b>
Proficient nurses may make the transition to the expert stage, although not all individuals will attain the expert level. Expert nurses possess a sense of intuition about certain situations as a result of extensive experience. Experts are quick and skillful in practice. This may be a matter of choice or a matter of ability. Experts function much differently from the other stages of their actions. They zero in on problems and are fluid, flexible, and highly proficient. They are able to manage a variety of tasks or activities at the same time. When things are running smoothly, they display a sense of calmness and find themselves in familiar territory, and they are immediately in control of the situation. Experts selectively

filter information and pass it on to those subordinates who are directly able to grasp the situation. Important aspects of a situation stand out, and they are able to readily dismiss those that are unimportant. They know when they have a firm grasp of the situation and when they don't. Experts no longer rely on rules to govern their practice. It is often difficult for experts to explain the thinking process they use in reaching a decision. They no longer think in steps or increments. Often the expert nurse is not the best teacher for a novice. Instead, expert nurses are often great historians and can explain why the decisions were made in the past. They are often a rich source of information and are quite capable of providing sound advice to a novice, because it is difficult for the expert to explain decisions or actions in enough detail for the novice to grasp and learn.

Source: Benner, 1984.

**Table 3.**

**Phases of the Mentoring Relationship**

<b>Beginning Phase – Characteristics</b>
Mentors and mentees focus on interpersonal relationship building through establishing trust and nonjudgmental acceptance, articulating expectations of the relationship and each other, engaging in meaningful dialogue, determining well-defined learning goals, and initiating relevant self-disclosure. Mentees tend to put mentors on a pedestal and emulate behaviors. Mentors feel rewarded by the mentor role and value and nurture the development of the mentees. They may exchange and discuss their resumes/CVs.
<b>Middle Phase – Characteristics</b>
A safe and positive psychological climate is established and nurtured. Mentors request detailed information from the mentees and offer specific suggestions about current plans and progress in achieving goals. Mentees feel enhanced self-esteem due to the coaching and progress made. Mentees develop and confirm new skills. This phase is characterized by a high degree of interaction and intellectual exchange. Mentors progressively suggest new avenues for learning, then move toward tactics for solving new and more complex situations and problems. As the relationship builds, feedback (positive, but especially constructive) is given and taken in a more comfortable and growth-producing way. Mentors encourage less and less reliance and the mentees become more autonomous in their roles.
<b>Closing Phase – Characteristics</b>
The formal part of mentoring comes to closure when mentees feel comfortable functioning on their own. Mentors encourage the mentees to reflect critically on outcomes, goal achievements, and future plans. Mentors motivate mentees to take risks, make decisions without certainty of the results, overcome difficulties in the journey to reach their career goals, and become independent adult learners. Mentees achieve greater autonomy and become empowered. Both may mutually seek to dissolve the relationship. They may alternate between feelings of loss and liberation. Mentors remain interested and stay in touch with the mentees to provide continuing support and a safety net if needed. Mentors may feel they have shared everything they know and are proud of the mentees. As separation occurs, the relationship may transform into a friendship or peer mentoring in which both individuals take turns in mentoring each other through their nursing and life experiences. Mentoring that progresses and ends on a positive note will be memorable throughout the lives of both mentors and mentees. Mentees may themselves become mentors some day. Both partners reflect on the success of the mentoring relationship, share best mentoring practices, thoughtfully consider any stumbling blocks and what was learned from them, determine ways to improve future mentoring, and celebrate the successes.

The mentee also needs to provide feedback to the mentor so the mentor is aware of the behaviors that are contributing to the success of the relationship and those that need to be altered. Mentors who have achieved success in their own lives learn more about themselves and their own competency through feedback from mentees.

Mentoring fosters mentee competence through mutual respect, trust, and admiration. The mentor brings to the relationship knowledge and expertise. The mentee brings enthusiasm and a desire to learn. Through a common vision and purpose, they blend together their qualities and create a synergistic relationship which helps each rise to a level higher than either could do alone.

### **Mentee Role**

Mentoring doesn't just happen. It involves a significant expenditure of time and energy on the part of the mentor and especially the mentee. Successful mentees are willing to assume responsibility for their own learning and growth. They seek challenging assignments and responsibilities. While they are receptive to feedback and coaching by the mentor, they also are willing to constructively give feedback. If they are not receiving the feedback they need or desire, mentees assert themselves and ask for it.

The demonstration of accountability, or living up to promises and commitments, is important. Mentees learn to achieve a balance between their own independence and reliance on the mentor. Over time, the independence will most likely dominate and the relationship will change. After spending time with a mentor, mentees often feel refueled and inspired to make a difference in their practice. Other benefits of mentoring for the mentee include:

- Increased self-confidence
- Enhanced leadership skills
- Accelerated cultural acclimation
- Advancement opportunities
- Stress reduction
- Improved networking ability
- Political savvy
- Legal and ethical insight

### **Mentor Role**

Mentors are willing and committed to assist in the developmental growth of the mentee. This involves a reasonable amount of time and personal investment over an extended period of time. It is not unusual for mentors to believe they don't have enough time to spend on the mentoring relationship. However, the time invested is time well spent for both individuals and the hospital or facility as a whole.

The mentor's primary purpose is to help the mentee learn the ropes, their role, the political environment, and the culture of the unit or organization in a formal, yet informal way. Frequent communication offering affirmation and support will help the mentee progress through the program in a timely manner.

The mentor may wear many hats: teacher, supporter, protector, facilitator, counselor, guide, model, nurturer, predictor, coach, door-opener, idea generator and bouncer, feedback-giver, eye-opener, energizer, standard-prodder, problem-solver, challenger, etc. These roles may sound like a tall order to fill, and they are. However, they demonstrate the importance of the mentor role. To be most effective in this role, mentors must have

clear perceptions about themselves and how they are or are not able to wear all of these hats.

Mentors are the guides in establishing the criteria by which a successful relationship is developed and evaluated. They create a warm and accepting environment that allows the mentees to control the relationship, while permitting the mentees to be themselves and voice relevant concerns and needs. Mentors are not distant, idealized role models. Rather, they are personable, approachable, reasonable, competent individuals who are committed to helping mentees achieve the success of which they are capable.

Effective mentors are confident enough in their own knowledge, skills, and successes that they do not perceive mentees or their accomplishments as threatening. They are committed to seeking situations that will benefit the mentees' development. They also praise the mentees' accomplishments and publicize them to others. Mentors often recommend their mentees for significant projects or promotions.

Mentors bring experience and wisdom. They provide their mentees with insights that would otherwise have been gained only through trial and error. They ask a lot of questions, especially "Why?", which encourages mentees to stop and reflect on situations and potential alternatives. Mentors are good at linking together different bits and pieces of their mentees' lives, such as work and home, thoughts and feelings, successes and failures. They try to look at the bigger picture and the future. At times, this may be difficult for mentees because their focus is on the here and now. This type of mentoring can lead to breakthroughs or peak experiences, creating memorable occasions that last for decades.

Ideal mentor qualifications and characteristics include:

- Commitment to the mission and goals of the organization or unit
- Strong interpersonal skills
- Exemplary leadership skills
- Willingness to assist in the mentee's growth
- Willingness to learn from the mentee
- Personal power and charisma
- Ability to think strategically
- Ability to share credit and successes
- Ability to help the mentee learn from mistakes
- Ability to embrace diversity
- Patience
- Willingness to take risks and share lessons learned
- Accountability — living up to expectations and meeting deadlines
- Time/availability
- Being personable and approachable
- Respect and consideration of the mentee

- Mentors benefit from the mentoring relationship by learning, acquiring insight, and meeting challenges alongside their mentees. Mentors receive much satisfaction in seeing another person grow and be successful, knowing they played a part in making it happen

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### **Potential Problems with Mentoring**

Mentoring, just like any type of relationship, can have its problems or drawbacks. If the mentoring relationship is forced, it can fuel discontent, anger, and resentment. There is no guarantee that two people on a blind date will like each other even if a computer-dating program matches them perfectly. The same is true of mentoring. Sometimes people are in different stages of personal development. Other times the mentor-mentee match simply doesn't work. It is no one's fault as not all chemistries are compatible. Personality clashes may exist. Sometimes one partner grows faster than the other or in a different direction, and a strain on the relationship may occur.

One common problem that occurs is the lack of follow-up and commitment to sustain the relationship. Other problems with mentoring include mentors who overburden the mentee with work and responsibilities and vice versa. Mentees may become a clone of the mentor and lose their individuality. Mentees may feel mentors are supervising their work too closely or perhaps being neglectful when mentees need their assistance. Mentees may also become too dependent on mentors. An unfavorable incident may occur in which the mentor or mentee feels betrayed or let down. Jealousy and personal or ethical disagreements may also strain the relationship.

Gender issues may arise between mentors and mentees of the opposite sex. Differences in communication styles can create misunderstandings. Women may manage conflict differently than men. They may delegate authority and make decisions differently. These differences may cause the relationship to separate rather than to build. Perceptions by others may cause problems if rumors begin that a romantic relationship is developing between the mentor and mentee.

Mentors or mentees who are experiencing failure may cause one another to feel guilty or embarrassed because they are associated with each other. If the mentor fails or falls out of favor within the unit or facility, the mentee, through association with the mentor, may also fall out of favor.

A final problem with mentoring is the case of toxic mentors. These are mentors who are detrimental to the success of the mentee. They may be unavailable or inaccessible to the mentee or may throw the mentee to the wolves to either sink or swim. Toxic mentors may also block the mentee's progress or criticize the mentee in various ways.

Both mentors and mentees can learn from the problems that others have encountered in the mentoring relationship. If signs of these problems are beginning to develop in the relationship, both individuals have a responsibility to confront the situation and actively plan a resolution or dissolution. *Prior* to entering into a mentoring relationship, both parties should agree to a no-fault separation if one or both individuals realize the relationship is not working effectively.

### **Developing Expectations**

Mentors and mentees should initiate and discuss their relationship. They should begin to learn about each other by exchanging resumes/curriculum vitae and discussing pertinent life experiences. Formulating expectations of the relationship and of each other can be a particularly powerful way of planning for the success of the relationship.

Expectations are the perceptions of the way we should behave in our roles or positions. In other words, expectations define what to do under various circumstances. Developing clear expectations can build a strong relationship. It also provides a

framework for behaviors that are acceptable and unacceptable. Unclear expectations can break down communication and trust, essential elements of the mentoring relationship.

Some of us think we know what others expect of us without having to discuss our expectations. In most cases, this is not true. After all, if others do not know what you expect of them, how will they ever meet your expectations? Once expectations are developed, the mentor and mentee must agree to meet those expectations. Developing expectations will help to confront problems head on. While confrontation is usually not easy, clearly stated expectations help to take some of the pain out of confrontation because the person has essentially broken an agreement that he or she has made.

Expectations are statements of expected behaviors. They are a) observable, b) achievable and stated in a positive way, c) reviewed frequently for currency, and d) important, meaningful, and real to both the mentor and the mentee.

You may be thinking, “What does an expectation look like?” Below are some examples. I expect my mentor to:

- Be committed and share in the responsibilities of the relationship.
- Encourage me to take risks, support me in these endeavors, and help me learn from my mistakes.
- Encourage my progressive independence, but continue to provide guidance and feedback as needed.
- Keep all information we discuss confidential unless otherwise agreed.

I expect my mentee to:

- Be willing to try new ideas, make mistakes, and learn from the experience.
- Accept my guidance and feedback in the constructive manner in which it is given, but be willing to challenge my thinking and ideas.
- Work diligently in progressing through the mentoring program to be successful in my new position.
- Keep all information we discuss confidential unless otherwise agreed.

### **Evaluating the Mentoring Relationship**

Mentoring is primarily a close personal relationship and a process of working together as partners to achieve mutually agreed-upon goals. This relationship and process should be carefully monitored on a regular basis to ensure its effectiveness or to resolve conflicts or problems before they are detrimental to the relationship.

Throughout the mentoring program, the mentee and mentor should determine set intervals to check on the progress of the mentoring process. They should provide feedback to each other on the strengths of the program, quality of the interpersonal dynamics, progress made to date, areas for improvement, and future direction. In addition to periodic feedback during the mentoring program, both the mentor and mentee should evaluate the strengths and limitations of the overall mentoring program.

Benefits for the mentors, mentees, and the organization or unit can be determined along with recommendations for improvement of the program. Once the formal mentoring program goals are achieved, that does not mean the mentoring relationship must end. Hopefully, the relationship will continue for as long as both individuals agree to the need for and value of it.

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<b>Background Information</b>	
<b>Completed by the Mentee</b>	
Personal Information:	Age: _____ Gender _____
Education:	
Check highest degree achieved:	
<input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree in Nursing <input type="checkbox"/> Baccalaureate Degree in Nursing <input type="checkbox"/> Master's Degree in Nursing <input type="checkbox"/> Master's Degree in Other Field <input type="checkbox"/> Doctoral Degree in Nursing <input type="checkbox"/> Doctoral Degree in Other Field <input type="checkbox"/> Other Please Indicate _____	
Practice Setting:	
Current position: _____	
Clinical practice specialty: _____	
Is this your first position as a registered nurse?	
<input type="checkbox"/> Yes <input type="checkbox"/> No.	
List your employment history as a registered nurse:	
Is nursing your first career?	
<input type="checkbox"/> Yes <input type="checkbox"/> No.	
Describe your other career choices:	
How would you like this mentoring program to benefit you?	



Educational Preparation as a registered nurse:  <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Other Please indicate: _____
Date of Graduation from Nursing school Month _____ Year _____

Mentor Initials: \_\_\_\_\_

Mentee Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**Ideal Mentor Exercise****Completed by Mentee**

This tool is designed to determine your perceptions of the ideal characteristics of a mentor. After completing this tool, share with your mentor some of the qualities that you think would support the mentoring relationship. Your discussion will help you determine your expectations of your mentor. These expectations will be included in your Mentoring Program Plan

1. An ideal mentor should have the following general skills:

2. An ideal mentor should have the following interpersonal skills:

3. If I were a mentor:

Mentor Initials: \_\_\_\_\_

Mentee Initials: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Mentoring Meeting Agenda</b>
---------------------------------

This tool may be used by the mentee to create an agenda for meetings with the mentor.

<b>1. Goals for This Meeting</b>
<b>2. Topics/Issues to Discuss</b>
<b>3. Accomplishments During This Meeting</b>
<b>4. Tentative Goals for Next Meeting</b>
<b>5. Other</b>
<b>6. Next Meeting Date and Time</b>

## Guidelines for Meeting With Your Mentor

The purpose of the meetings with your mentor is to provide an environment of open communication in which you can discuss any and all aspects of your transition to your new position. You are encouraged to make the most of these meetings by sharing your thoughts, issues and questions with your mentor. The following guidelines will assist you in making your mentoring experience beneficial to you and your mentor.

For each meeting with your mentor, you are asked to fill in your goals on the Mentoring Meeting Agenda form. You and your mentor will fill out the rest of the agenda form at each meeting. Also bring your calendar to each meeting so you may schedule your next meeting with your mentor.

Your Mentor has volunteered to participate in this important relationship and is available to support you in your role development. It is up to you to set goals and the agenda for each meeting with your mentor.

### Agenda Preparation

When you are ready to prepare your Mentoring Meeting Agenda, you might consider the following:

- Your immediate needs for the next few weeks/months
- Items you have identified based on the tools provided with this program (i.e., Job Satisfaction Scale, Intent to Stay in the Job Survey, Mentoring Program Plan Background Information, The Specialty of Medical-Surgical Nursing, and the Assessment of the Relationship with the Mentor)
- A Program for Success: Transition to Nursing Leadership
- The current demands of your work
- Feedback received from others
- Something that went wrong recently
- Something that went very well that you would like to utilize more often
- Short-term goals
- Long-term goals
- Questions
- Concerns / Issues
- Wishes

### Tips for Successful Mentoring

- Be comfortable with the uncertainty of this type of new relationship.
- Meet in an environment where there will be few, if any, interruptions.
- Clarify roles, responsibilities, and confidentiality with your mentor.
- Use the relationship as a growth and development opportunity. Refrain from saying, "Oh I don't have any issues, problems, or development needs this week/month, so we don't need to meet."
- Make appointments in advance and keep them. If you need to cancel, reschedule immediately.

- Hang in there...as you know, good relationships take time. It is the consistent, quality time together that can build a relationship of trust, wherein positive development and success can occur.
- Agree to a no-fault relationship termination if it isn't working or when the time is right.

Mentor Initials: \_\_\_\_\_ Mentee Initials: \_\_\_\_\_

Date: \_\_\_\_\_

## Mentoring Program Plan

**Completed by Mentee and Mentor**

The purpose of this plan is to set and provide continued direction for the progress of the mentoring program. The plan is developed collaboratively by the mentor and mentee. The mentee's self-assessment results should be used as baseline data to determine the mentee's learning needs. This tool serves as a guide to develop goals and expectations, and a method for communication. Complete your responses to each of the sections.

### **GOALS:**

What do you both want to achieve with this mentoring program?

What do you want your outcomes to be?

### **EXPECTATIONS:**

What are your expectations of each other? (Refer to the Introduction to Mentoring Article for assistance in developing expectations.)

*I expect my mentor to...*

*I expect my mentee to...*

### **COMMUNICATION AGREEMENT:**

By what method(s) and how often will you communicate with each other?

### **EVALUATION:**

Determine periodic points at which you will discuss the progress of the mentoring program and the relationship. Develop future actions and renegotiate this plan as needed.

Mentee Initials \_\_\_\_\_

Mentor Initials \_\_\_\_\_ Date \_\_\_\_\_

<b>Job Satisfaction Scale Completed by Mentee</b>									
The following 26 items indicate dimensions of satisfaction with your job. For each item, circle your degree of satisfaction with your work experience according to the scale of 1-5									
<b>Item</b>	<b>Degree of Satisfaction</b>								
1. Importance of work	Insignificant	1	2	3	4	5	Significant		
2. Responsibility	Little	1	2	3	4	5	Much		
3. Opportunity to use skills and abilities	Low	1	2	3	4	5	High		
4. Ability to be creative	Low	1	2	3	4	5	High		
5. Decision-making power	Low	1	2	3	4	5	High		
6. Autonomy	Low	1	2	3	4	5	High		
7. Variety of work	Routine/Monotonous	1	2	3	4	5	Varied		
8. Interest level	Boring	1	2	3	4	5	Interesting		
9. Complexity	Simple	1	2	3	4	5	Complex		
10. Workload	Light	1	2	3	4	5	Heavy		
11. Staffing	Inadequate	1	2	3	4	5	Good		
12. Working conditions	Poor	1	2	3	4	5	Good		
13. Tension/pressure	Low	1	2	3	4	5	High		
14. On-job stress	Relaxed	1	2	3	4	5	Great		
15. Recognition for work done	Nonexistent	1	2	3	4	5	Given		
16. Opportunity for professional development	Low	1	2	3	4	5	High		
17. Opportunity for advancement	Poor	1	2	3	4	5	Good		
18. Relationship with colleagues	Competitive	1	2	3	4	5	Helpful		
19. Relationship with immediate supervisor	non-Supportive	1	2	3	4	5	Supportive		
20. Relationship with unit manager	Autocratic	1	2	3	4	5	Fair		
21. Relationship with VP/Director of Nursing	Autocratic	1	2	3	4	5			
22. Satisfaction with patient care given	Low	1	2	3	4	5	High		
23. Enjoyment of work	Low	1	2	3	4	5	High		
24. Status	Not Respected	1	2	3	4	5	Respected		
25. Morale	Poor	1	2	3	4	5	Good		
26. Motivation to work	Low	1	2	3	4	5	High		

Mentee Initials \_\_\_\_\_ Mentor Initials \_\_\_\_\_

Date \_\_\_\_\_

### Intent To Stay In The Job

**Completed By Mentee**

Each of the statements below is something that a person might say about his or her job. Indicate your own personal feelings about your job by writing in your degree of agreement with each statement according to the scale of 1-7.

1. Disagree Strongly	2. Disagree	3. Disagree Slightly	4. Neutral	5. Agree Slightly	6. Agree	7. Agree Strongly
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1. It's hard for me to care very much about whether or not the work gets done right.	
2. My opinion of myself goes up when I do this job well.	
3. Generally speaking, I am very satisfied with this job.	
4. Most of the things I have to do on this job seem useless or trivial.	
5. I usually know whether or not my work is satisfactory on this job.	
6. I feel a great sense of personal satisfaction when I do this job well.	
7. The work I do on this job is very meaningful to me.	
8. I feel a very high degree of personal responsibility for the work I do on this job.	
9. I frequently think of leaving this job.	
10. I feel bad and unhappy when I discover that I performed poorly on this job.	
11. I often have trouble figuring out whether I'm doing well or poorly on this job.	
12. I feel I should personally take credit or blame for the results of my work on this job.	
13. I am generally satisfied with the kind of work I do on this job.	
14. My own feelings generally are not affected much one way or the other by how well I do on this job.	
15. Whether or not this job gets done right is clearly my responsibility.	

Mentee Initials \_\_\_\_\_

Mentor Initials \_\_\_\_\_

Date \_\_\_\_\_



**Assessment Of the Relationship With The Mentor**

**To Be Completed By Mentee**

Complete this survey by circling the response that best describes your perception about your relationship with your mentor. If some of the situations have not occurred, circle 6 ("N/A not applicable").

To What Degree Has Your Mentor..	Not at All	A Little	Somewhat	Quite A Bit	Very Much	N/A
	1	2	3	4	5	6

1. Been available to talk/meet with you when you wanted to talk/meet.	1	2	3	4	5	6
2. Talked with you about your professional development.	1	2	3	4	5	6
3. Helped you strategize activities to meet your professional goals.	1	2	3	4	5	6
4. Allowed you to openly express your feelings about your current work environment.	1	2	3	4	5	6
5. Been non-judgmental when listening to your evaluation of the workplace.	1	2	3	4	5	6
6. Assisted with introductions to people who could help you professionally.	1	2	3	4	5	6
7. Expressed confidence in you and your abilities as a nurse.	1	2	3	4	5	6
8. Assisted you with long-range career planning.	1	2	3	4	5	6
9. Discussed with you ways to handle challenging patient situations.	1	2	3	4	5	6
10. Discussed with you ways to handle difficult situations with your co-workers.	1	2	3	4	5	6
11. Discussed with you ways to handle difficult situations with a physician.	1	2	3	4	5	6
12. Discussed with you ways to handle difficult situations with your unit manager.	1	2	3	4	5	6
13. Encouraged you to act as a patient advocate.	1	2	3	4	5	6
14. Talked with you about clinical decisions you made.	1	2	3	4	5	6
15. Demonstrated that she/he cared about you.	1	2	3	4	5	6
16. Advocated for you in the workplace.	1	2	3	4	5	6

17. Gave you feedback on your assessment of your performance as a nurse.	1	2	3	4	5	6
18. Fostered your independence as a nurse.	1	2	3	4	5	6
19. Communicated in such a way as to enhance your self-esteem.	1	2	3	4	5	6
20. Guided you in assessing your immediate learning needs.	1	2	3	4	5	6
21. Offered you insight into the workings of clinical agencies.	1	2	3	4	5	6
22. Offered you insight into human behavior in the workplace.	1	2	3	4	5	6
23. Guided you in assessing your future potential.	1	2	3	4	5	6
24. Been a role model for you.	1	2	3	4	5	6
25. Been supportive of you overall.	1	2	3	4	5	6

Mentee Initials \_\_\_\_\_ Mentor Initials \_\_\_\_\_

Date \_\_\_\_\_

## Mentoring Program Satisfaction Survey

**Completed by Mentee**

As your participation in this mentoring program progresses, it is important to evaluate its effectiveness. For each item, circle your degree of satisfaction with the program according to the scale of 1-5.

Item	Degree of Satisfaction						
1. To what degree does this program assist you in developing supportive relationships?	Little	1	2	3	4	5	Much
2. To what degree does this program contribute to professional growth?	Little	1	2	3	4	5	Much
3. To what degree does this program Contribute to your personal growth?	Little	1	2	3	4	5	Much
4. To what degree does this program enhance your ability to communicate with your nurse colleagues?	Little	1	2	3	4	5	Much
5. To what degree does this program enhance your ability to communicate with patients?	Little	1	2	3	4	5	Much
6. To what degree does this program enhance your ability to communicate with physicians?	Little	1	2	3	4	5	Much
7. To what degree does this program enhance your ability to communicate with other healthcare providers?	Little	1	2	3	4	5	Much
8. To what degree does this program enhance your ability to problem-solve work-related issues?	Little	1	2	3	4	5	Much
9. How satisfied are you with communication with your mentor?	Little	1	2	3	4	5	Much
10. How satisfied are you with discussions at your meetings with your mentor?	Little	1	2	3	4	5	Much
11. To what degree do you think this program is helpful in your transition to your new role?	Little	1	2	3	4	5	Much
12. Overall, how satisfied are you with this program?	Little	1	2	3	4	5	Much
13. Additional Comments							



ACADEMY OF MEDICAL-SURGICAL NURSES

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# Mentoring Program

## MENTOR GUIDE

## Academy of Medical-Surgical Nurses

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## OVERVIEW

The AMSN Mentoring Program for Nurse Leaders is designed to guide a mutual relationship between an experienced nurse manager (mentor) and a nurse transitioning to a new nurse manager role (mentee). This mentoring program will assist with the onboarding process for registered nurses transitioning from a bedside nurse role to a leadership role. This mentor process is used in conjunction with educational modules related to leadership skills created using aspects of AONL's nurse manager learning domain framework. This onboarding program is expected to improve self-reported leadership competencies. It is a framework for the passage of wisdom, caring, and confidence between novice and experienced nurse managers. . The program is based on the principles of adult learning with a focus on meeting the needs of the mentee.

The program provides information on mentoring along with guidelines and tools for a successful mentoring relationship. It is designed to meet the following objectives.

- Develop supportive and encouraging relationships
- Guide nurses in their professional, personal, and interpersonal growth
- Promote mutuality and sharing based on the needs of colleagues
- Communicate information concerning expectations, learning opportunities, and stressors

The program contains guidelines and tools for the mentor, mentee, and site coordinator.. To effectively implement this program, some organizations designate a site coordinator to identify and link mentors and mentees, and oversee the timeline and completion of the mentoring tools.

Experienced nurses who change positions to nurse manager, can benefit from a mentoring relationship.

As a mentor, you will assist your mentee in developing skills in all of the areas listed below. As the mentoring continues, you will be able to identify growth in these areas.

### *Interpersonal Skills*

- Communication
- Feedback
- Assertiveness
- Service Behaviors Conflict Management
- Relationship Building
- Dealing with Difficult People/Situations

### *Management Skills Delegation*

- Motivation
- Team Building

- Organization Culture
- Networking
- Self-Management
- Self-Care

### *Organizational Skills*

- Project Management
- Goal Setting
- Time Management

### **Confidentiality**

The mentoring relationship is confidential. Mentees may choose to disclose the identity of their mentors, but the mentors should not disclose any information, with the exception of:

- Violation of hospital / agency policy
- If mentee is not reliable in keeping appointments in a timely way or not participating in the mentoring program in some other manner.

### **Where to Go From Here?**

Review the information in this guide to determine its contents and the components that will be most helpful to meet your needs as a mentor. If you and your mentee plan to follow this program as it is designed, go to the Directions for the Mentor for step-by-step directions for beginning and maintaining your mentoring relationship.

<b>AMSN Mentoring Program</b>	
<b>Directions for the Mentor</b>	
The following steps are suggestions for assisting your mentee in progressing successfully through the mentoring program. Place a check in the column once you have completed each step.	
<b>(√) when completed</b>	<b>Activities</b>
	1. Review the <i>AMSN Mentoring Program Mentor Guide</i> .
	2. Review slides 1-3 of the educational modules contained within A Program for Success: Transition to Nursing Leadership
	3. Read the Introduction to Mentoring article to learn about mentoring, the mentor and mentee roles, and how to engage in a successful mentoring relationship.
	4. Ensure your mentee receives and reads the <i>AMSN Mentoring Program Mentee Guide</i> .
	5. Complete the Mentor Self-Assessment. This assessment will help to determine your mentoring strengths and areas that need further development. The content of this guide and the references and additional readings at the end of the guide may be used as learning resources to enhance your mentoring skills.
	6. Prepare for your first meeting with your mentee by reviewing and completing the information in the following tools. <ul style="list-style-type: none"> <li>• Tips for Successful Mentoring</li> <li>• Guidelines for Meeting with Your Mentee</li> <li>• Background Information</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure the mentee has completed the AONL Nurse Leader Self-Assessment Competency Tool. This will be delivered electronically.</li> </ul>
	7. Schedule time to begin the mentoring relationship with your mentee. Exchange your completed Background Information tools or resumes/CVs and discuss significant life experiences. Get to know each others' areas of expertise..
	8. Jointly develop the Mentoring Program Plan with your mentee. Use the results of the following tool completed by your mentee: Ideal Mentor Exercise (Mentee Tool 5) to guide in the development of the plan. Remember, mentees will learn best when they can readily apply their learning to an actual situation.
	<p>9. For subsequent meetings with your mentee, encourage your mentee to prepare a Mentoring Meeting Agenda and provide it to you in advance of the meeting.</p> <p>Plan for a monthly check in with your mentee for the first 3 months. Prepare to discuss the four modules that were completed over the previous month. Encourage your mentee to communicate ahead of time with you if a module is not completed. Remember the suggested timeline is only a suggestion. The entire program is designed to be completed within 8 weeks. If more time is needed, please communicate with your mentee</p> <p><u>Tasks to be completed by mentee prior to first Monthly Meeting with Mentor.</u></p> <p>Week 1: Complete the American Organization for Nursing Leadership (AONL) Nurse Leader Self-Assessment Competency Tool. This will be delivered electronically by email to mentee</p> <p>Week 2: Complete Leadership Skills module. This includes Human Resource Leadership Skills, Relationship Management, and Influencing Behaviors tasks.</p> <p>Week 3: Complete Resource Management Module. This includes Financial Management, Human Resource Management, Foundational Thinking Skills, Technology, Strategic Management Change, Strategic Management-Contingency Plans, and Clinical Practice Knowledge tasks.</p> <p>Week 4: Complete Communication Skills and Cultural Competency modules. This includes written and oral communication skills, Relationship Management, Mentoring, Cultural Competencies As It Applies To The Workplace, Social Justice and Environment of Support, and Generational Diversity tasks.</p> <p><u>Tasks to be completed by the mentee prior to second Monthly Meeting</u></p> <p>Week 5: Complete Prioritization module. This includes Project Management, Performance Improvement, Ongoing Evaluation and Planning For Staffing Needs tasks.</p> <p>Week 6 and 7: Complete the Self-Care module. This includes Nurturing your Intellectual, Emotional, and Physical Self, Keeping Commitments to Self, and Promoting Professional Development tasks.</p> <p>Week 8: Complete the Organizational module. This includes Organizational Resources, and Suggested Reading for Nurse Leaders. Please complete the AONL Nurse Leader Self-Assessment Competency Tool again. This tool will be delivered virtually by email to the mentee from AONL.</p>
	10. Remember to periodically check the progress of the relationship and the Mentoring Program Plan.



	<p>a. At 3 months, ask your mentee to complete the following tools and discuss them with you. Use the information gathered from these tools to determine the strengths of the mentoring relationship and areas for improvement.</p> <ul style="list-style-type: none"> <li>• Job Satisfaction Scale</li> <li>• Intent to Stay in the Job Survey</li> <li>• Assessment of the Relationship with the Mentor. You should also complete the Assessment of the Relationship with the Mentee (Mentor Tool 10).</li> <li>• Mentoring Program Satisfaction Survey. You should also complete the Mentoring Program Satisfaction Survey.</li> </ul> <p>b. At 6 and 12 months, or as needed, repeat the steps in 9.a. above.</p>
	<p>11. Communicate, communicate, communicate with your mentee! Your support, guidance, and progress checks will strengthen the ultimate success of your mentee.</p>
	<p>12. When this formal part of the mentoring program has concluded, discuss with your mentee the effectiveness of this program on their new role, along with the program's strengths and areas for improvement. Communicate this information to the management staff.</p>
	<p>13. Periodically and upon completion of the mentoring program, celebrate the success of your partnership and your mentee's accomplishments!</p>



## Mentoring Program

### Introduction to Mentoring

Mentoring is a reciprocal and collaborative learning relationship between two, sometimes more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship. It is a process where the more experienced person assists in the learning and development of the less experienced individual. The mentor often serves as a guide, expert, counselor, wise teacher, and role model.

Traditional views of mentoring describe it as a relationship that occurs spontaneously and is based on a chemistry between two people. Mentoring may also occur through structured programs in which a mentor-mentee dyad is selected, paired, or matched by others rather than by the individuals themselves. Both types of mentoring relationships can be effective as long as the mentor and mentee are committed to it and agree to identify and meet the needs of the individual being mentored.

A mentoring program will help to:

- Develop supportive and encouraging relationships
- Guide nurses in their professional, personal, and interpersonal growth
- Promote mutuality and sharing based on the needs of the mentor and mentee
- Communicate information concerning expectations, learning opportunities, and stressors

### Matching Mentors and Mentees

- Planned mentoring programs will match a mentee with a mentor. Providing a good fit between the mentee and mentor can either make or break the relationship and the ultimate success of the mentoring program. A successful relationship is even more beneficial when the individuals involved like each other, understand their responsibilities, have a mutual desire to build a relationship, realize they both have something to offer and learn from the other, and both share the goal of excellence in their nursing practice.
- A good fit between the mentor and mentee occurs when mentors are caring, compassionate, genuine, and willing to disclose information about themselves and about what they know. Mentees, on the other hand, need to be open to accept feedback and be willing to learn more about themselves and their expected role. Matches are often more likely to be successful when mentors and mentees are involved in selecting their partners. However, mentoring relationships can be successful when the two individuals are selected by others, such as a selection team or a site coordinator.
- Guidelines for matching the mentor and mentee can be very helpful. These guidelines may be based on skills, expertise, availability, learning/facilitation style and fit, experience, interpersonal skills and behavior, professional interest, personality, accessibility, education background, gender, willingness/interest, and compatibility.

### Adult Learning Principles

The mentoring relationship involves the mentee as an adult learner engaged in a life experience that presents new opportunities for growth and development. The astute mentor is knowledgeable of adult learning principles and applies them to the mentoring relationship as a development process.

Mentoring is a partnership between the mentor as a teacher and the mentee as a learner. The quality of this partnership determines the true value of the learning experience. As adult learners, mentees assume responsibility for their own learning and behavior. As teachers, mentors act as guides and facilitators of learning. The partnership must be based on the belief that the learner is at the center of any significant adult learning activity. Learners must be involved in all phases of the learning process: needs identification, planning, participation, and evaluating the learning outcome.

As facilitators of adult learning, mentors approach mentoring as a development sequence which requires an awareness of the mentees' learning needs and their stages on the learning curve. In considering mentees as unique adult learners, mentors must be flexible and willing to make adjustments in the learning experience based on the mentees' maturity and learning styles. Effective mentoring becomes a continuous learning process that is a synthesis of events, experiences, thoughts, observations, feedback, and analyses.

Further adult learning principles that are beneficial to the mentoring relationship are included in Table I.

**Table I.**  
**Adult Learning Principles**

• Adults need time to learn at their own pace.
• Adults have unlimited potential for growth and development.
• Moving from the simple to the complex gives the adult a sense of achievement.
• Learning involves moving from dependency on the teacher/facilitator to increasing self-directedness, but at different rates for different people.
• The learning environment is characterized by physical comfort, mutual respect and trust, freedom of expression, and acceptance of differences.
• Learning must be based on learners' needs. Facilitators help learners diagnose the gap between what they know and what they need to know or do.
• Adults are motivated by the desire to immediately use or apply their new knowledge or skills. When learners need to do something now that they do not know how to do, they have a "readiness to learn." This is what is meant by the "most teachable moment."
• Adults are responsible for their own learning and take an active role in the learning process.
• Adult education is learner-centered. It begins with the learners and where they are, and takes into consideration what will be meaningful for them.
• Adults are what they have done. They have a deep investment in the value of their life experiences. Adult education includes and builds upon the life experiences of the learners.
• Learning should begin at a level equal to the learner's comprehension level.
• Adult education fosters critical reflective thinking.
• Problem posing and problem solving are fundamental aspects of adult education.
• Adult education is concerned with the development of the whole person, including their attitudes, feelings, and emotions.
• Learning can happen anywhere.
• Learning is enhanced by repetition.
• Much significant learning is acquired through doing.
• A positive or negative self-concept can promote or inhibit learning respectively.
• Stress reduces one's ability to learn.
• Learners need to know how they are progressing on their learning goals. This is accomplished through self-evaluation and feedback from others.

Source: Cohen, 1995; Knowles, 1980; Lindeman, 1961; Rogers, 1979.

### *Novice to Expert Continuum*

As we begin a new role, we find ourselves at a novice level. Through experience we learn and progress to higher levels of performance. Most of us have moved along the novice-to-expert continuum, perhaps several times in our lives. We reach the expert level, only to realize that our life circumstances or goals change, and we find ourselves a novice once again. Since we have been there before, we know the stages and hopefully can progress more quickly along the continuum.

Becoming a novice can be frustrating for individuals who are new to a position. For example, a person may have been a nursing student for a few years and felt fairly comfortable with the student role. Then they became a graduate nurse, which is a real world situation, and the nurse finds herself a novice in this role. The same may be true for an experienced staff nurse who transfers to a new unit or becomes a charge nurse. When these nurses take on a new role, things change. The new role requires a new skill set. A mentoring relationship will help the nurse accelerate through the novice-to-expert continuum.

Benner's (1984) Novice to Expert model explains how the acquisition of new skills requires a progression through stages or levels, and discrete capabilities distinguish the stage of development reached. There are five levels through which one passes in the acquisition and development of a skill:

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

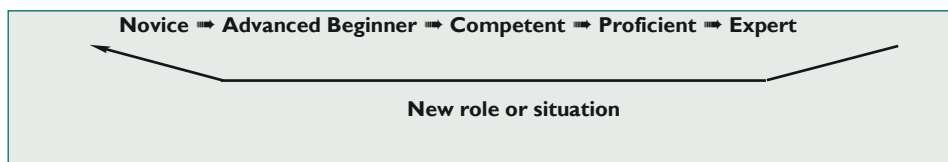
This model fits perfectly with the stages of growth for nurses who assume new roles. As they learn their new roles and grow, they progress along the novice-to-expert continuum (see Figure 1).

#### **Novice**

When nurses take on new and unfamiliar roles, they often begin at the novice stage. Novices use rules and facts to guide their actions. They adhere to these rules without consideration for the context of the situation. These rules are limiting, since no rule can tell the novice which tasks are most relevant in an actual situation and when it is acceptable to make exceptions to the rule. Novice nurses are unable to view situations as a whole; rather, they see the individual parts. It is difficult or near impossible for them to put all the parts together and see the big picture. They are concerned with the tasks at hand and cannot do more than one thing at a time.

Consider a new graduate nurse who is conducting a patient assessment and documenting in a new charting program. The focus tends to be on the mechanics of charting rather than the patient and patient needs. The patient assessment is disjointed and focused on individual body systems rather than integrating the assessment data and viewing the patient holistically.

**Figure 1.**  
**Novice to Expert Continuum**



When we are faced with a new role or situation, we most often begin as novices and progress along the continuum. Since no one is an expert at everything, we often find when we change positions or roles, we move from expert back to novice.

Source: Benner, 1984; Hnatiuk, 2009

### ***Moving from Novice to Advanced Beginner and Beyond***

Most novices want to feel and be seen as competent immediately upon taking on a new role. It is uncomfortable knowing one does not have a firm grasp of a new role. Both mentees and mentors must realize there are developmental stages to pass through before one actually reaches a high level of performance. This is normal, and patience is the key to maintaining control of the situation. Not only do mentors need to be patient with their mentees, but mentees must be patient with themselves as well. Mentees will more quickly become successful in their roles when they listen actively to what is going on and are willing to act like sponges, soaking up as much learning as possible.

Mentors can best help their mentees by using adult learning principles to help them learn, grow, and progress through the novice to higher-level stages. Knowing the characteristics of these stages helps to understand the development process and realize the time and commitment needed to progress to the next levels. Patience and a willingness to share and learn are the keys.

With time and experience, novice nurses continue to experience the real world and progress to the advanced beginner stage and beyond. The characteristics of the advanced beginner to expert stages are described in Table 2.

**Table 2.**

<b>Advanced Beginner</b>
Advanced beginners demonstrate marginally acceptable performance. They have encountered enough real situations to realize there is recurrent meaning in the components of the situation. Advanced beginners are often working at the edges of their protocols or procedures to guide their actions and believe the protocols are appropriate for all contexts. Nurses at the advanced beginner stage need assistance in determining priorities because they cannot readily sort out what is significant while at the same time feel largely dependent on more experienced individuals such as the mentor. Guidelines and applicable examples are helpful for them. They are fully responsible for their actions in complex situations. Their work centers on organizing and completing tasks. They become anxious when they feel they are losing control of the task environment. They are concerned with the current situation with little regard for the past or future. They rely on safety and knowledge.
<b>Competent</b>
As advanced beginners gain confidence through experience, unsuccessful outcomes are not easily forgotten. Since nurses at the competent stage are emotionally invested in their decisions, it is with actual situations that they move to the competent stage of performance. Nurses at the competent stage begin to see their role in terms of long-range plans or goals. They focus their energy on important relationships with their mentors at this stage to encourage them to talk about their feelings

<p>and anxieties and verbalize questions they have. The competent stage is characterized by not needing help, accomplishing what they planned, and controlling the activities and events in the situation. Nurses at this stage are able to differentiate between putting tasks in order, and planning based on goals and predictions. At the competent level, the nurse's abilities to view the whole situation may be hampered by their emphasis on structuring their important and insignificant components of a situation. These nurses are able to set priorities. They feel responsible for and emotionally attached to their work by specific plans and goals. They may lack speed and flexibility in their decisions, which are analytical and invested. However, at this stage they feel they have mastered their roles in the outcome. Successful outcomes can be very satisfying.</p>
<p><b>Proficient</b></p>
<p>With continued practice and experience, nurses at the Proficient stage are able to organize and analyze, recognize the big picture, think and understand, and manipulate the environment to respond to the situation at hand. Their actions are now ordered by the situation as it unfolds rather than by preset plans. Proficient nurses are systematically guided by their experience to anticipate what to expect in a given situation and how to read situations well and are able to set priorities. They are confident in their decision-making ability and their ability to notice the important things and filter out those that are unimportant.</p>
<p><b>Expert</b></p>
<p>Proficient nurses may make the transition to the expert stage, although not all individuals will attain the expert level. Expert nurses possess a sense of intuition about certain situations as a result of extensive experience. Experts are quick and skillful in practice. This may be a matter of choice or a matter of ability. Experts function much differently from the other stages of their actions. They zero in on problems and are fluid, flexible, and highly proficient. They are able to manage a variety of tasks or activities at the same time. When things are running smoothly, they display a sense of calmness and find themselves in familiar territory, and they are immediately in control of the situation. Experts selectively filter information and pass it on to those subordinates who are directly able to grasp the situation. Important aspects of a situation stand out, and they are able to readily dismiss those that are unimportant. They know when they have a firm grasp of the situation and when they don't. Experts no longer rely on rules to govern their practice. It is often difficult for experts to explain the thinking process they use in reaching a decision. They no longer think in steps or increments. Often the expert nurse is not the best teacher for a novice. Instead, expert nurses are often great historians and can explain why the decisions were made in the past. They are often a rich source of information and are quite capable of providing sound advice to a novice, because it is difficult for the expert to explain decisions or actions in enough detail for the novice to grasp and learn.</p> <p>Source: Benner, 1984.</p>

**Table 3.**

**Phases of the Mentoring Relationship**

<p><b>Beginning Phase – Characteristics</b></p>
<p>Mentors and mentees focus on interpersonal relationship building through establishing trust and nonjudgmental acceptance, articulating expectations of the relationship and each other, engaging in meaningful dialogue, determining well-defined learning goals, and initiating relevant self-disclosure. Mentees tend to put mentors on a pedestal and emulate behaviors. Mentors feel rewarded by the mentor role and value and nurture the development of the mentees. They may exchange and discuss their resumes/CVs.</p>
<p><b>Middle Phase – Characteristics</b></p>
<p>A safe and positive psychological climate is established and nurtured. Mentors request detailed information from the mentees and offer specific suggestions about current plans and progress in achieving goals. Mentees feel enhanced self-esteem due to the coaching and progress made. Mentees develop and confirm new skills. This phase is characterized by a high degree of interaction and intellectual exchange. Mentors progressively suggest new avenues for learning, then move toward tactics for solving new and more complex situations and problems. As the relationship builds, feedback (positive, but especially</p>

constructive) is given and taken in a more comfortable and growth-producing way. Mentors encourage less and less reliance and the mentees become more autonomous in their roles.

#### **Closing Phase – Characteristics**

The formal part of mentoring comes to closure when mentees feel comfortable functioning on their own. Mentors encourage the mentees to reflect critically on outcomes, goal achievements, and future plans. Mentors motivate mentees to take risks, make decisions without certainty of the results, overcome difficulties in the journey to reach their career goals, and become independent adult learners. Mentees achieve greater autonomy and become empowered. Both may mutually seek to dissolve the relationship. They may alternate between feelings of loss and liberation.

Mentors remain interested and stay in touch with the mentees to provide continuing support and a safety net if needed. Mentors may feel they have shared everything they know and are proud of the mentees. As separation occurs, the relationship may transform into a friendship or peer mentoring in which both individuals take turns in mentoring each other through their nursing and life experiences. Mentoring that progresses and ends on a positive note will be memorable throughout the lives of both mentors and mentees. Mentees may themselves become mentors some day. Both partners reflect on the success of the mentoring relationship, share best mentoring practices, thoughtfully consider any stumbling blocks and what was learned from them, determine ways to improve future mentoring, and celebrate the successes.

The mentee also needs to provide feedback to the mentor so the mentor is aware of the behaviors that are contributing to the success of the relationship and those that need to be altered. Mentors who have achieved success in their own lives learn more about themselves and their own competency through feedback from mentees.

Mentoring fosters mentee competence through mutual respect, trust, and admiration. The mentor brings to the relationship knowledge and expertise. The mentee brings enthusiasm and a desire to learn. Through a common vision and purpose, they blend together their qualities and create a synergistic relationship which helps each rise to a level higher than either could do alone.

#### **Mentee Role**

Mentoring doesn't just happen. It involves a significant expenditure of time and energy on the part of the mentor and especially the mentee. Successful mentees are willing to assume responsibility for their own learning and growth. They seek challenging assignments and responsibilities. While they are receptive to feedback and coaching by the mentor, they also are willing to constructively give feedback. If they are not receiving the feedback they need or desire, mentees assert themselves and ask for it.

The demonstration of accountability, or living up to promises and commitments, is important. Mentees learn to achieve a balance between their own independence and reliance on the mentor. Over time, the independence will most likely dominate and the relationship will change. After spending time with a mentor, mentees often feel refueled and inspired to make a difference in their practice. Other benefits of mentoring for the mentee include:

- Increased self-confidence
- Enhanced leadership skills
- Accelerated cultural acclimation
- Advancement opportunities
- Stress reduction

- Improved networking ability
- Political savvy
- Legal and ethical insight

### **Mentor Role**

Mentors are willing and committed to assist in the developmental growth of the mentee. This involves a reasonable amount of time and personal investment over an extended period of time. It is not unusual for mentors to believe they don't have enough time to spend on the mentoring relationship. However, the time invested is time well spent for both individuals and the hospital or facility as a whole.

The mentor's primary purpose is to help the mentee learn the ropes, their role, the political environment, and the culture of the unit or organization in a formal, yet informal way. Frequent communication offering affirmation and support will help the mentee progress through the program in a timely manner.

The mentor may wear many hats: teacher, supporter, protector, facilitator, counselor, guide, model, nurturer, predictor, coach, door-opener, idea generator and bouncer, feedback-giver, eye-opener, energizer, standard-prodder, problem-solver, challenger, etc. These roles may sound like a tall order to fill, and they are. However, they demonstrate the importance of the mentor role. To be most effective in this role, mentors must have clear perceptions about themselves and how they are or are not able to wear all of these hats.

Mentors are the guides in establishing the criteria by which a successful relationship is developed and evaluated. They create a warm and accepting environment that allows the mentees to control the relationship, while permitting the mentees to be themselves and voice relevant concerns and needs. Mentors are not distant, idealized role models. Rather, they are personable, approachable, reasonable, competent individuals who are committed to helping mentees achieve the success of which they are capable.

Effective mentors are confident enough in their own knowledge, skills, and successes that they do not perceive mentees or their accomplishments as threatening. They are committed to seeking situations that will benefit the mentees' development. They also praise the mentees' accomplishments and publicize them to others. Mentors often recommend their mentees for significant projects or promotions.

Mentors bring experience and wisdom. They provide their mentees with insights that would otherwise have been gained only through trial and error. They ask a lot of questions, especially "Why?", which encourages mentees to stop and reflect on situations and potential alternatives. Mentors are good at linking together different bits and pieces of their mentees' lives, such as work and home, thoughts and feelings, successes and failures. They try to look at the bigger picture and the future. At times, this may be difficult for mentees because their focus is on the here and now. This type of mentoring can lead to breakthroughs or peak experiences, creating memorable occasions that last for decades.

Ideal mentor qualifications and characteristics include:

- Commitment to the mission and goals of the organization or unit
- Strong interpersonal skills
- Exemplary leadership skills
- Willingness to assist in the mentee's growth



- Willingness to learn from the mentee
- Personal power and charisma
- Ability to think strategically
- Ability to share credit and successes
- Ability to help the mentee learn from mistakes
- Ability to embrace diversity
- Patience
- Willingness to take risks and share lessons learned
- Accountability — living up to expectations and meeting deadlines
- Time/availability
- Being personable and approachable
- Respect and consideration of the mentee

Mentors benefit from the mentoring relationship by learning, acquiring insight, and meeting challenges alongside their mentees. Mentors receive much satisfaction in seeing another person grow and be successful, knowing they played a part in making it happen.

### **Potential Problems with Mentoring**

Mentoring, just like any type of relationship, can have its problems or drawbacks. If the mentoring relationship is forced, it can fuel discontent, anger, and resentment. There is no guarantee that two people on a blind date will like each other even if a computer-dating program matches them perfectly. The same is true of mentoring. Sometimes people are in different stages of personal development. Other times the mentor-mentee match simply doesn't work. It is no one's fault as not all chemistries are compatible. Personality clashes may exist. Sometimes one partner grows faster than the other or in a different direction, and a strain on the relationship may occur.

One common problem that occurs is the lack of follow-up and commitment to sustain the relationship. Other problems with mentoring include mentors who overburden the mentee with work and responsibilities and vice versa. Mentees may become a clone of the mentor and lose their individuality. Mentees may feel mentors are supervising their work too closely or perhaps being neglectful when mentees need their assistance. Mentees may also become too dependent on mentors. An unfavorable incident may occur in which the mentor or mentee feels betrayed or let down. Jealousy and personal or ethical disagreements may also strain the relationship.

Gender issues may arise between mentors and mentees of the opposite sex. Differences in communication styles can create misunderstandings. Women may manage conflict differently than men. They may delegate authority and make decisions differently. These differences may cause the relationship to separate rather than to build. Perceptions by others may cause problems if rumors begin that a romantic relationship is developing between the mentor and mentee.

Mentors or mentees who are experiencing failure may cause one another to feel guilty or embarrassed because they are associated with each other. If the mentor fails or falls out of favor within the unit or facility, the mentee, through association with the mentor, may also fall out of favor.

A final problem with mentoring is the case of toxic mentors. These are mentors who are detrimental to the success of the mentee. They may be unavailable or inaccessible to

the mentee or may throw the mentee to the wolves to either sink or swim. Toxic mentors may also block the mentee's progress or criticize the mentee in various ways.

Both mentors and mentees can learn from the problems that others have encountered in the mentoring relationship. If signs of these problems are beginning to develop in the relationship, both individuals have a responsibility to confront the situation and actively plan a resolution or dissolution. *Prior* to entering into a mentoring relationship, both parties should agree to a no-fault separation if one or both individuals realize the relationship is not working effectively.

### **Developing Expectations**

Mentors and mentees should initiate and discuss their relationship. They should begin to learn about each other by exchanging resumes/curriculum vitae and discussing pertinent life experiences. Formulating expectations of the relationship and of each other can be a particularly powerful way of planning for the success of the relationship.

Expectations are the perceptions of the way we should behave in our roles or positions. In other words, expectations define what to do under various circumstances. Developing clear expectations can build a strong relationship. It also provides a framework for behaviors that are acceptable and unacceptable. Unclear expectations can break down communication and trust, essential elements of the mentoring relationship.

Some of us think we know what others expect of us without having to discuss our expectations. In most cases, this is not true. After all, if others do not know what you expect of them, how will they ever meet your expectations? Once expectations are developed, the mentor and mentee must agree to meet those expectations. Developing expectations will help to confront problems head on. While confrontation is usually not easy, clearly stated expectations help to take some of the pain out of confrontation because the person has essentially broken an agreement that he or she has made.

Expectations are statements of expected behaviors. They are a) observable, b) achievable and stated in a positive way, c) reviewed frequently for currency, and d) important, meaningful, and real to both the mentor and the mentee.

You may be thinking, "What does an expectation look like?" Below are some examples. I expect my mentor to:

- Be committed and share in the responsibilities of the relationship.
- Encourage me to take risks, support me in these endeavors, and help me learn from my mistakes.
- Encourage my progressive independence, but continue to provide guidance and feedback as needed.
- Keep all information we discuss confidential unless otherwise agreed.

I expect my mentee to:

- Be willing to try new ideas, make mistakes, and learn from the experience.
- Accept my guidance and feedback in the constructive manner in which it is given, but be willing to challenge my thinking and ideas.
- Work diligently in progressing through the mentoring program to be successful in my new position.
- Keep all information we discuss confidential unless otherwise agreed.

## Evaluating the Mentoring Relationship

Mentoring is primarily a close personal relationship and a process of working together as partners to achieve mutually agreed-upon goals. This relationship and process should be carefully monitored on a regular basis to ensure its effectiveness or to resolve conflicts or problems before they are detrimental to the relationship.

Throughout the mentoring program, the mentee and mentor should determine set intervals to check on the progress of the mentoring process. They should provide feedback to each other on the strengths of the program, quality of the interpersonal dynamics, progress made to date, areas for improvement, and future direction. In addition to periodic feedback during the mentoring program, both the mentor and mentee should evaluate the strengths and limitations of the overall mentoring program.

Benefits for the mentors, mentees, and the organization or unit can be determined along with recommendations for improvement of the program. Once the formal mentoring program goals are achieved, that does not mean the mentoring relationship must end. Hopefully, the relationship will continue for as long as both individuals agree to the need for and value of it.

Adapted with permission from Hnatiuk, 2009.

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## Mentor Self-Assessment

The purpose of this tool is to provide a self-assessment of the mentor's skills. Complete and use the tool to evaluate strengths and areas for improving your mentor effectiveness. Read each mentor behavior and, using the scale below, circle your assessment of your skills in each area.

After scoring the behaviors, look at those areas in which you circled an 'S' or 'L'. These are your areas for improvement. Begin developing your personal development plan to increase your mentoring effectiveness. You may consider discussing your areas for improvement with a person who has successfully functioned in the mentor role.

**Note:** If you have functioned as a mentor before, base your responses on past experience. If you have not previously functioned as a mentor, your responses should be based on how you have helped others learn and how you would most likely interact with a mentee.

E=Experienced S=Some Experience, Could Learn More L=Little to No Experience and Need to Learn	
<b>Mentor Behaviors</b>	
1. I encourage mentees to express their honest feelings about their experiences. I maintain a nonjudgmental, but supportive attitude.	E S L
2. I initiate periodic progress reports to determine mentees' perceptions of their learning and progress toward goal achievement.	E S L
3. I refer mentees to other individuals who may offer information and guidance in areas that I may not have the expertise.	E S L
4. I use eye contact when meeting with mentees.	E S L
5. I share my life experiences to help mentees learn from practical experience.	E S L
6. I encourage mentees to refer to the organization's mission and values when communicating and making decisions.	E S L
7. I encourage mentees to gather all the facts and define the problem before attempting to solve a problem.	E S L
8. I ask probing questions and encourage mentees to reach their own conclusions and solve problems while providing helpful support. I try not to solve problems for them.	E S L
9. I link mentees with learning resources (human and material) to expand their knowledge and skills.	E S L
10. I encourage mentees to challenge the way things have always been done and "color outside the lines."	E S L
11. I point out inconsistencies in mentees' rationale for their actions and assist them in clearly thinking about their behaviors.	E S L

12. I encourage mentees who are upset or discouraged about a mistake, failure, or negative experience to identify what went wrong, determine reasons why and what could be done differently next time, and to learn from the experience.	E S L
13. I provide negative feedback privately and at times when I think mentees are ready or able to constructively receive this information.	E S L
14. I provide negative feedback to mentees by a. making a positive comment b. stating the undesired behavior/action c. discussing ways to correct the situation and/or ways to improve in the future and ending on a positive note of affirmation of the mentees' skills and abilities.	E S L

<b>Mentor Behaviors</b>	
15. I assist mentees in viewing and managing change as a positive opportunity for growth.	E S L
16. When mentees are in a position to institute change, I encourage them to involve all individuals who will be affected by the change and attempt to obtain their "buy-in" prior to instituting the change.	E S L
17. I encourage mentees to continually assess their learning needs and provide guidance in meeting those needs.	E S L
18. I try to stimulate mentees to critically think about the long-range implications of their actions and goals.	E S L
19. I provide step-by-step guidance and direction to mentees when they are performing a task they have never done before. I provide feedback on their performance afterwards.	E S L
20. I look for situations, projects, or advancement opportunities for mentees to gain experience and demonstrate their expertise.	E S L
21. I guide mentees' actions in a way that is politically correct within the unit/organization.	E S L
22. I assist mentees to identify and make appropriate decisions about situations that pose ethical dilemmas.	E S L
23. I communicate my concerns when the mentees' verbal and nonverbal behavior is not in agreement.	E S L
24. I share personal examples of difficulties and how I overcame them, either in my personal life or in my experiences within the association, as a method to provide insight and learning for mentees.	E S L
25. I express my personal confidence in mentees' abilities to succeed and their competence as adult learners.	E S L
26. I confront mentees with the reality of potential consequences in a direct, but supportive, manner if they are avoiding dealing with problems or not demonstrating accountability in fulfilling their responsibilities.	E S L
27. I encourage mentees to use me as a sounding board when handling	

difficulties. I listen and allow mentees to vent their feelings and frustrations. I then help mentees in exploring ways to deal effectively with their difficulties.	E	S	L
28. I am proud of my mentees' successes and publicly praise them for their accomplishments.	E	S	L
29. I encourage mentees to display a positive attitude and a confident manner when interacting with patients and colleagues.	E	S	L
30. I encourage mentees to provide me with feedback about how I am doing as a mentor and how I am contributing, or not contributing, to their learning.	E	S	L
31. I establish with the mentees expectations or ground rules for our relationship. I periodically review these expectations with mentees to determine how well we are meeting them.	E	S	L
32. I discuss and clarify my role as a mentor as often as needed.	E	S	L
33. I encourage mentees to become progressively independent, but remain available as a coach and a facilitator of their continued learning.	E	S	L
34. I recognize and value the expertise that mentees bring to the relationship. I am open to learn from my mentees.	E	S	L
35. When engaging in dialogue and decision making, I encourage mentees to separate facts from feelings, interpretations, and opinions.	E	S	L
36. I can be trusted with sensitive information and I maintain confidentiality.	E	S	L
37. I lead a balanced life, making time for major interests including board service.	E	S	L

- Be comfortable with the uncertainty of this type of a new relationship.
- Present the mentoring relationship as a growth and development opportunity. Use adult learning principles.
- Exhibit exemplary/role model behavior. Be interested. Don't appear rushed.
- Be clear about the necessity of meeting on a regular basis, even if your mentee doesn't appear to have any issues, problems, or development needs. Expect your mentee to actively participate.
- Make appointments in advance and keep them.
- Meet in an environment where there will be few, if any, interruptions.
- Introduce your mentee to coworkers, physicians, and other significant individuals.
- Offer guidance in the customs/culture of the unit/organization.
- Remember, it is the consistent interest, friendliness, and quality time that builds a relationship of trust, wherein positive development occurs.
- Publicly praise your mentee's accomplishments and abilities.

- Recognize and encourage potential.
- Provide support in times of personal crises or problems.
- Monitor your mentee's progress.
- Assist in making decisions through listening, support, and feedback.
- As a novice, provide specific direction to the mentee as needed. Allow and encourage independence when ready, while continuing to provide the proper amount of guidance.
- Share appropriate life experiences to personalize and enrich the mentoring experience. Describing mistakes made in a humorous way can be especially helpful ("You wouldn't believe what I did/said...").
- Encourage the mentee to take risks and learn from mistakes.
- Agree to a no-fault termination of the relationship if it isn't working or when the time is right.

**“Remember When” Exercise**

In preparing to meet with your mentee, answer the following questions to help you remember in a personal, realistic way, what it was like to be a new nurse manager.

**Questions**

1. When you first became a nurse manager, what was difficult for you?
2. What were some of your immediate fears?
3. What were some of your needs as a new nurse manager?
4. Was there a person who was especially helpful to you?
5. What did that person do that was so helpful?
6. What particular strengths did you have that helped you?
7. What motivates you now to stay in a nursing manager role?



## Guidelines For Meeting With Your Mentee

The purpose of the meetings with your mentee is to provide an environment of open communication where you can discuss any and all aspects of your mentee's transition to a new position. Encourage your mentee to make the most of these meetings by sharing her/his thoughts, issues, and questions. The following guidelines will assist you in making your mentoring experience beneficial to you and your mentee.

For each meeting with your mentee, encourage your mentee to complete the goals and topics to discuss sections of the Mentoring Meeting Agenda form. You and your mentee will fill out the rest of the agenda form at each meeting. Also bring your calendar to each meeting so you may schedule your next meeting with your mentee.

### Agenda Topics

The following are topics you and your mentee may discuss during your meetings:

- Your mentee's immediate needs for the next few weeks/months
- Items your mentee has identified from the tools provided with this program (i.e., Job Satisfaction Scale, Intent to Stay in the Job Survey, Mentoring Program Plan, Background Information, and the Assessment of the Relationship with the Mentor)
- The current demands of your mentee's work
- Feedback received from others
- Something that went wrong recently
- Something that went very well that your mentee should utilize more often
- Short-term goals
- Long-term goals
- Questions
- Concerns / Issues
- Wishes

Mentor Initials: \_\_\_\_\_ Mentee Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**Background Information**  
**Completed by the Mentor**

Personal Information:	Age: _____	Sex: _____
Education (check highest degree achieved): <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree in Nursing <input type="checkbox"/> Baccalaureate Degree in other field <input type="checkbox"/> Masters Degree in Nursing <input type="checkbox"/> Doctoral Degree Other: _____		
Certification: List current certifications		
Practice Setting: Current position: _____ Years in current position: _____ Clinical practice specialty: _____ Years at current clinical agency: _____ Years in nursing: _____		
Have you mentored other nurses? <input type="checkbox"/> No <span style="margin-left: 150px;"><input type="checkbox"/> Yes, please</span> describe: _____		
How did you become involved with this Mentoring Program? <input type="checkbox"/> Volunteered to be mentor <input type="checkbox"/> Asked to be mentor <input type="checkbox"/> Part of my role description		
How do you hope to benefit from this program?		
How do you expect your mentee to benefit from this program?		
What personal characteristics do you have that will contribute to your ability to mentor a nurse manager in a new position?		

Mentor Initials: \_\_\_\_\_ Mentee Initials: \_\_\_\_\_

Date: \_\_\_\_\_

## Mentoring Program Plan

The purpose of this plan is to set and provide continued direction for the progress of this mentoring program. The plan is developed collaboratively by the mentor and mentee. The mentee's self-assessment results should be used as baseline data to determine the mentee's learning needs. This tool serves as a guide to develop goals and expectations, and a method for communication. Complete your responses to each of the sections.

### **GOALS:**

What do you both want to achieve with this mentoring program?

What do you want your outcomes to be?

### **EXPECTATIONS:**

What are your expectations of each other? (Refer to the Introduction to Mentoring Article for assistance in developing expectations.)

*I expect my mentor to...*

*I expect my mentee to...*

### **COMMUNICATION AGREEMENT:**

By what method(s) and how often will you communicate with each other?

### **EVALUATION:**

Determine periodic points at which you will discuss the progress of the mentoring program and the relationship. Develop future actions and renegotiate this plan as needed.

Mentor Initials: \_\_\_\_\_ Mentee Initials: \_\_\_\_\_

Date: \_\_\_\_\_

## Mentoring Meeting Agenda

This tool may be used by the mentee to create an agenda for meetings with the mentor.

1. Goals for This Meeting
2. Topics/Issues to Discuss
3. Accomplishments During This Meeting
4. Tentative Goals for Next Meeting
5. Other
6. Next Meeting Date and Time

Copy this tool for each meeting

Mentor Initials: \_\_\_\_\_ Mentee Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

<b>Assessment of the Relationship With the Mentee</b>						
<b>Completed by the Mentor</b>						
Complete this survey by circling the response that best describes your perceptions about the relationship with your mentee. If some of the situations have not occurred, circle 6 (N/A - "not applicable").						
To what degree has your mentee:	Not at All	A Little	Somewhat	Quite a bit	Very much	N/A
1. Kept appointments to talk/meet with you.	1	2	3	4	5	6
2. Initiated telephone calls to speak with you.	1	2	3	4	5	6
3. Participated in strategizing about activities to meet her/his professional goals.	1	2	3	4	5	6
4. Openly expressed her/his feelings about the current work environment.	1	2	3	4	5	6
5. Been willing to constructively evaluate the environment.	1	2	3	4	5	6
6. Followed up with introductions you provided to people who could help her/him professionally.	1	2	3	4	5	6
7. Seemed confident in you and your abilities to guide her/him.	1	2	3	4	5	6
8. Discussed her/his long-range career planning with you.	1	2	3	4	5	6
9. Discussed with you ways to handle challenging patient situations.	1	2	3	4	5	6
10. Discussed with you ways to handle difficult situations with her/his co-workers.	1	2	3	4	5	6
11. Discussed with you ways to handle difficult situations with a physician.	1	2	3	4	5	6
12. Discussed with you ways to handle difficult situations with her/his unit manager.	1	2	3	4	5	6
13. Talked with you about her/his ability to act as a patient	1	2	3	4	5	6
14. Talked with you about clinical decisions she/he made.	1	2	3	4	5	6
15. Demonstrated that she/he valued your discussions.	1	2	3	4	5	6
16. Allowed you to advocate for her/him in the workplace.	1	2	3	4	5	6
17. Gave you feedback on her/his assessment of her/his performance as a nurse.	1	2	3	4	5	6
18. Discussed her/his ability to act independently as a nurse.	1	2	3	4	5	6
19. Openly communicated with you about issues in the workplace.	1	2	3	4	5	6
20. Discussed her/his immediate learning needs with you.	1	2	3	4	5	6
21. Inquired about the workings of clinical agencies.	1	2	3	4	5	6
22. Talked with you about human behaviors in the workplace.	1	2	3	4	5	6
23. Discussed with you her/his assessment of her/his future potential.						

	1	2	3	4	5	6
24. Been participatory in the mentor-mentee program.						
	1	2	3	4	5	6

Mentor Initials: \_\_\_\_\_ Mentee Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**Mentoring Program Satisfaction Survey  
Completed by Mentor**

As your participation in this mentoring program progresses, it is important to evaluate its effectiveness. For each item, circle your degree of satisfaction with the program according to the scale of 1-5.

Item	Degree of Satisfaction
1. To what degree does this mentoring enhance your professional contributions to professional nursing?	Little   1   2   3   4   5   Much
2. To what degree does this mentoring contribute to your personal satisfaction as a professional nurse?	Little   1   2   3   4   5   Much
3. To what degree have you been able to develop a supportive relationship with your mentee?	Little   1   2   3   4   5   Much
4. To what degree have you been able to enhance your mentee's ability to assess and resolve work-related issues?	Little   1   2   3   4   5   Much
5. How satisfied are you with communication with your mentee?	Little   1   2   3   4   5   Much
6. How satisfied are you with the discussions at your meetings with your mentee?	Little   1   2   3   4   5   Much
7. To what degree do you think this mentoring helps the nurse transition into the workplace?	Little   1   2   3   4   5   Much
8. Overall, how satisfied are you with this mentoring relationship?	Little   1   2   3   4   5   Much
9. Additional Comments?	

## Appendix D

### Institutional Review Board (IRB) Approval



**Institutional Review  
Board 4201 South  
Washington Street  
Marion, IN 46953**

**Tel: 765-677-2090**

**Fax: 765-  
677-6647**

9/2/2021

Proposal

1623.21

Reviewer

Your research proposal, with respect to the rights and safety of the human subjects, has been evaluated as follows:

1. INFORMATION FOR THE IRB:

The information given to the IRB is complete and accurate enough to reach a valid decision concerning the research.

The information for the IRB as presented is incomplete or defective in that:

2. RISKS TO SUBJECTS:

The proposed research involves minimal risk and/or the subject's safety is adequately protected.

The proposed research involves an element of risk to the research subjects and further measures seem advisable to protect the subjects:

The research subject population has specific vulnerabilities not yet adequately addressed in the research proposal:

The risk seems greater than can be justified by the research in that:

3. INFORMATION FOR THE SUBJECTS:

The information to be given the subjects (or their legal representatives) is complete and accurate enough for them to reach a valid decision concerning participation in the research. The information given to the subjects provides a clear description of the experience that the research subject should anticipate due to participation in the research project.

The information for the subjects as presented is incomplete or defective



## **Appendix E**

### **Consent for Participation**

Program for Success: Transition to Nursing Leadership

#### CONSENT FOR PARTICIPATION IN AN ELECTRONIC SURVEY SAMPLE

Hello, we are conducting research related to an onboarding program for nurses transitioning from a bedside nurse to a nursing leadership role entitled: A Program for Success: Transition to Nursing Leadership. If you want to participate, please read the following consent document.

I certify that I am over the age of 18 and am participating in this survey of my own freewill. I recognize that some or all of the questions contained in this survey may be of a sensitive nature and may cause discomfort. I understand all survey answers will be held in strict confidence and may be used by the researchers for future publications.

I understand that the purpose of the research is to implement an onboarding and mentoring process that will be used by registered nurses transitioning from a bedside nurse role to a nurse leadership role to improve self-assessed nurse leadership competencies.

I authorize (Michelle Dickey) of the Indiana Wesleyan University College, School of Nursing, Doctor of Nursing Practice program and any designated research assistants to gather information regarding my responses to questions asked on this Nurse Leader Self-Assessment Survey. This survey will ask about understanding and perceptions of nurse leadership competencies and, will take approximately 15 minutes to complete both pre and post project. If I agree to take part in this study, I understand that I will be asked to complete the survey questions contained within the Nurse Leader Self-Assessment Competency. I understand that my responses will be utilized for research and may become part of a published journal article or scholarly presentation.

I recognize that I will not receive monetary compensation for participating in this survey. Conversely, there are no monetary costs to me for participating.

I certify that my participation in this survey is wholly voluntary and recognize that I may withdraw at any time. I understand that I am free to skip any question I do not feel comfortable answering. There is no obligation for my participation, and I may withdraw at any time. My employment status will not be affected in any way by my choice to participate or my choice not to participate.

I understand that Michelle Dickey will be available for consultation should I have any additional questions regarding the research being conducted.

I understand that the answers given to this survey will be maintained by the researcher for a period of no less than three years after the close of the study. The researcher will store all paper copies of surveys in a locked and secured filing cabinet. Additionally, paper copies of surveys and release forms may be digitized and stored electronically on a password-protected hard drive.

I release any claim to the collected data, research results, publication of or commercial use of such information or products resulting from the collected information.

If I have any questions or comments about this research project, I can contact:

- Michelle Dickey ([michelle.dickey@indwes.edu](mailto:michelle.dickey@indwes.edu)), or
- Dr. Karen Hoffman ([karen.hoffman@indwes.edu](mailto:karen.hoffman@indwes.edu)).

If I have concerns about the treatment of research participants, I can contact the Institutional Review Board (IRB) at Indiana Wesleyan University, 4201 South Washington Street, Marion, IN 46953. (765) 677-2090.

The survey is designed not to collect e-mail addresses or Internet protocol (IP) addresses. To further maintain confidentiality of the survey, please do not include your name or any other information by which you can be identified in any comment boxes that may be included in the survey.

BY CLICKING ON "CONTINUE," I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND AM PREPARED TO CONSENT TO MY PARTICIPATION IN THIS SURVEY.

#### Email\*

Your email

Please select from the choices below\*

I want to continue. I consent to participate. I will receive a pre-assessment survey link in a separate email.

I do not wish to continue.

## Appendix F AONL Permission of Use



### AONL Permission of Use

Name: Michelle Dickey  
 Organization: Indiana Wesleyan University  
 Address: 4201 S Washington (college address)  
 City, St, Zip: Marion, IN  
 Email: michelle.dickey@indwes.edu  
 Phone: 765-499-1571 (my cell phone)

Request of information for a(n):

Researcher

Request permission to use a(n):

Competency

Permission to reproduce material from:

Title: Nurse Leader Self Assessment Competency  
 Author: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Published In (if applicable): \_\_\_\_\_  
 Date: \_\_\_\_\_

This material will be used in the following way (mark all that apply):

- Reproduction - \_\_\_\_\_ approx. number of copies
- Distribution of copies
- Derivative Work (modifications, adaptations, different format - example: creating an evaluation for your staff, book, article)
- Display work publicly (artwork, stills for audiovisual works, internet, etc.)
- Perform (Include in presentation)
- Published (referencing the material exactly as is in a published work)

Please write a brief description of use:

Will use Nurse Leader Self-Assessment tool in a DNP project related to nurses transitioning from a bedside role to a nurse leadership role.

**Terms of usage:**

- I. A digital sample of the usage will be sent to AONL via email at [aonl@aha.org](mailto:aonl@aha.org).
  - II. When material is produced, one complete electronic copy must be sent to the American Organization for Nursing Leadership (AONL) at [aonl@aha.org](mailto:aonl@aha.org).
  - III. AONL will supply copy written material directly to applicant for inclusion in undersigned's publication. Please indicate the file format you prefer to receive this content (ie, JPEG, PDF, etc.) AONL will do their best to accommodate this request.
- I. In addition to the stipulations above, the undersigned agrees to the following additional stipulations that apply to reprints of AONL material:
    1. The following credit line, including copyright notice, will appear on the first page of reprinted material:
 

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**AONL**

**APPLICANT**

By: Crystal Lawson

By: 

Michelle Dickey

Date: 7/14/21

Date: 7/8/2021