

Mayday, Mayday! Nurse Managers Need Help: Mentoring to the Rescue

Rhonda Rychlik

Queens University of Charlotte

April 18<sup>th</sup>, 2014

As healthcare organizations are faced with challenges of healthcare reform, the role of the nurse manager has become increasingly significant. “New nurse managers often do not receive the support they need to succeed” (Grindel, 2003, p.517). Many times managers are thrown into their roles with a sink or swim mentality. Most Healthcare organizations have new leader orientation programs but do not always support or focus on mentoring as a key component. Helping managers be successful takes not only telling them what to do but showing them how to do things. A commitment from top administration boosts the chances of a successful program. “Providing support to nurse managers through mentoring has been shown to benefit patients and the health care organization through improved patient outcomes and greater staff retention and role satisfaction” (Waters 2003, p.518). While there would be no way to prepare nurse managers for all the situations they are faced with daily, having an identified mentor to turn to can be invaluable. According to the American Organization of Nurse Executives, nurse manager turnover rates average 8.3% nationwide (2013). Many people think just because a nurse is a successful, expert clinician, he/she will be a successful manager. Nurse Managers need help and support dealing with challenges and stressors of their job. The Nurse Manager Leadership Partnership developed the Nurse Manager Inventory Tool to identify and assess needs. “Mentoring has been identified as an effective tool in the development and retention of nurse leaders” (Pedaline, 2012, p.39). Mentoring can be seen as a way to provide success for the organization as well as the individual. Given the impact the nurse manager has on retention, satisfaction, productivity, and outcomes, organizations must seek ways to better understand this critical role and foster an organizational climate that develops, engages, and empowers nurse managers.

## **Background**

Mentoring has been related to job satisfaction, commitment, advancements and compensation. Historically the concept of mentorship developed from Greek mythology, particularly Homer’s *Odyssey* with the relationship between Mentor and the young Telemachus. A common definition of Mentoring is the one to one relationship between a less experienced and a more experienced person and is prototypically intended to advance the personal and professional growth of the less experience individual. Mentors are often defined as being individuals with advanced experience and knowledge who are committed to providing upward support and mobility to their mentee’s career. It is important to distinguish mentoring from

clinical supervision and orientation. Mentoring is generally agreed to be the most intense and powerful one on one developmental relationship entailing the most influence, identification and emotional involvement. Workplace mentoring programs may be informal and formal mentoring. Informal mentoring refers to relationships that occur naturally without external intervention and planning through mutual initiation and ongoing connections between the mentor and the mentee. Formal mentoring refers to the relationship instigated by organizational representatives and involves an assignment process of employees to senior employees. A formal mentoring program occurs when an organization officially supports and sanctions mentoring relationships. In these programs, organizations play a role in facilitating mentoring relationships by providing some level of structure, guidelines, policies, and assistance for starting, maintaining, and ending mentor-mentee relationships. Formal mentoring programs have been seen as being a perk and recruitment advantage to employers.

The two major categories of function of mentors are career and psychosocial. Career functions focus on the mentees career advancement and include assignments, coaching, exposure, protections and sponsorship. Psychosocial functions include acceptance and confirmations, counseling, friendship and role modeling which focus on enhancement of competence and identity. Formal mentoring programs in workplace settings have gathered momentum through the years. Orientation programs and leadership development programs are usually seen as part of the training of new managers. Mentoring goes beyond those programs. One aspect of the nurse manager's role today is to be a skilled manager of change while creating a motivational and inspirational environment (Pedaline, 2012, p.39). To ensure a viable succession plan, it is essential to support the growth the nurse leaders. Mentoring emerging nurse leaders is designed to strengthen their competence and confidence in their role and foster their commitment to continued career advancement in nursing leadership (Pedaline, 2012, p. 40). Current healthcare work environments could quickly disillusion new managers unless special attention is focused on the need to create a nurturing environment through a mentor-mentee relationship (Grindel, 2003, p.517). In this protective environment of learning, new managers can emerge to make many contributions to healthcare and the nursing profession.

## Literature Review

### Empirical Findings

A search of online journal articles in the healthcare databases of OVID and CINAHL resulted in a number of articles on mentoring programs. Search terms used through EBSCO host were “nurse manager mentoring”, “mentoring programs”, “leadership development”, “formal mentoring” and “mentoring”. Most of the articles focused on mentoring for staff nurses however little information was available on mentoring programs for nurse managers. Leadership articles were found however that identified mentoring concepts and processes needed for development. 36 articles were reviewed and 15 that were appropriate for this study were chosen for use.

Mentoring first appeared in nursing literature in the late 1970's. Over the past 40 years, the description, analysis, and evaluation of mentoring have gained significance. “The healthcare re-engineering efforts of the 1990's significantly expanded the scope of the nurse manager's responsibility” (Cathcart, Greenspan, & Quin, 2010, p. 440). The concept of mentoring in the literature has many definitions. The definition being used in this paper is “a reciprocal, long-term relationship with an emotional commitment that exists between a novice and experienced nurse” (Mariani, 2012, p. 2). “Mentoring implies a knowledge or competence gradient, in which the teaching-learning process contributes to a sharing of advice or expertise, role development, and formal and informal support to influence the career of the mentee” (Mariani, 2012, p.2). Also noted in the literature was the idea of organization support in the success of mentoring programs. “The implementation of structured mentoring programs is a relatively recent organizational strategy” (Lee & Cummings, 2008, p. 768). Throughout the research, “support is one of the strongest predictors of job satisfaction among clinical nurse managers and is a significant factor in workforce retention” (Waters, Clarke, Ingall, & Dean-Jones, 2003, p. 517). Furthermore it was seen throughout the literature that providing nurse manager support through mentoring has been shown to benefit patients and the health care organization through improved patient outcomes and greater staff retention and role satisfaction. (Waters et al., 2003). Most of the studies in this review are based solely on nurse manager self reporting and self evaluation. There is controversy over whether this is the most accurate way to predict success. There is a consensus in the literature showing most leader development programs “fall short in preparing nurse managers for their dynamic complex role because it depends on didactic education or on

the job training that falls short of true leadership development (Macphee, Suryaprakash, Skelton-Green, & Bouthillette, 2012, p. 250).

### **Theoretical Findings**

Several theories associated with mentoring were identified. The framework developed by the Nurse Manager Leadership Partnership form from the Association of Nurse Executives uses a nurse manager inventory tool to identify skills and needs. There are a variety of leadership development programs that address nurse manager competencies based on literature, needs assessments, and interviews with nurse leaders (Macphee, Suryaprakash, Skelton-Green, & Bouthillette, 2012, p. 250). Among these programs is the use of the Synergy Model to create a new orientation program for new nurse managers. According to Conley, Branowicki & Hanley (2007) using the synergy model respects the abilities and learning needs of new managers and assures them of a smooth introduction into their role.

The theoretical framework of Patricia Benner on novice to expert practice and Hildegard Peplau's theory of interpersonal relations have been used to provide guidance to the development of mentoring programs. Surveys have also focused on career satisfaction factors and intent to stay in management (Mariani, 2012). (Pedaline, 2012) utilizes the Five Practices of Exemplary Leadership with the accompanying Leadership Practices Inventory to identify areas of concern and need for managers to be successful. Formal mentoring programs like the Team Leader Program initiated in an Australian Teaching Hospital were developed and analyzed showing similar results that nurse managers felt "poorly prepared for and unsupported in their expansive role"(Williams, Cairney, Parker, Milson-Hawke, & Peek, 2009, p. 571). Development of the mentor relationship plays an important role in any framework.

There is evidence throughout the research showing executive leaders play a crucial role ensuring mentoring is embedded in their organizational culture and aligns with their mission, vision and values. "Continued focus on building leadership skills, mentoring and organizational support results in many leadership successes" (Macphee et al., 2012, p. 257). In a study conducted in an Australian Teaching Hospital, mentors were shown to serve a variety of important functions ranging from facilitating new learning experiences, guiding career decision, offering emotional support and introducing new managers to networks within the organization and the profession (2009). Mentoring viewed as an organizational commitment and solution

rather than a short term task can lead to increased success and sustainability of their Nurse Managers.

### **Theoretical Framework**

The theories of Patricia Benner and Hildegard Peplau were merged together to form the framework for this study. Brenner's theory of novice to expert and Peplau's theory of interpersonal relations identifies with mentoring as it is described as an interpersonal relationship between a novice and an expert nurse (Mariani, 2012, p.3). Patricia Benner's model supports this novice to expert relationship that occurs in a mentoring relationship. Hildegard Peplau's theory of interpersonal relations supports the interpersonal phase of the mentoring relationship.

Dr. Benner introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as experiences (Drucap & Bryan-Brown, 2004). A new manager, the mentee, will need education and experience to become competent. She further explains that the development of knowledge in applied disciplines such as nursing is composed of the extension of practical knowledge (know how) through research and the characterization and understanding of the "know how" of clinical experience (Drucap & Bryan-Brown, 2004, p. 441). She believed experience is a prerequisite for becoming an expert. The same is true for new managers. She described five levels of nursing experience: novice, advanced beginner, competent, proficient and expert (Curent Nursing, 2013). These levels reflect movement from reliance on past abstract principles to the use of past concrete experience as paradigms and change in perception (Curent Nursing, 2013). Each step builds on the previous one as abstract principles are refined and expanded by experience and the learner gains clinical expertise. A new manager goes through these steps as well which will be self evaluated in the AONE nurse manager survey.

Hildegard Peplau's theory explains the purpose of nursing is to help others identify their own difficulties within themselves. She believed nurses should apply principles of human relations to the problems that arise at all levels of experience. Peplau's theory explains the phases of interpersonal process, roles in nursing situations and methods for studying nursing as an interpersonal process (Gastmans, 1998, p. 1315). Nursing is an interpersonal process because it involves interaction between two or more individuals with a common goal. The mentor and the mentee would have a common goal as well. The attainment of the goal is achieved through the use of a series of steps following a series of patterns (Curent Nursing, 2013). The nurse and the

patient just like the mentor and the mentee work together so both become mature and knowledgeable in the process. The five roles of the nurse in this theory are; stranger, teacher, resource person, counselor and surrogate (Curent Nursing, 2013). These roles can be compared to those of a mentor. The four phases in the interpersonal relationship are; orientation, identification, exploration and resolution (Curent Nursing, 2013). These phases also describe the process a mentor goes through with the mentee.

With the recognition of the need for development of managers throughout the literature, a mentoring program must include the following (MacPhee, Skelton-Green, Bouthillette, & Surysprakash, 2011, p. 2):

- Roles and responsibilities of the mentors and mentees
- Process for linking mentors with mentees
- Network opportunities for both mentors and mentees
- Confidentiality
- Organizational support
- Clear program goals and objectives
- Quality training for mentors and mentees
- Structured meeting schedule
- Opportunities for informal mentoring to continue after formal mentoring program ends
- A defined evaluation program

Mentoring provides a number of benefits to the organization including (Pedaline & McLaughlin, 2012, p. 43):

- Reduces recruitment and retention costs as a result of higher employee retention
- Promotes the application of succession management
- Sharing of organizational culture and values
- Supports people working in a rapidly changing environment
- Provides managers with enhanced people management skills
- Ensures talent is recognized and fostered
- Improves organizational communication
- Builds a pool of potential mentors

- Provides a pool of talented managers who are motivated and more skilled

Organizations and nurse leaders must ensure that mentoring is embedded in the culture within which it exists so that mentoring goals and values are aligned with the organization's mission, vision and values.

### **Study Description**

The purpose of this study was to evaluate how managers score themselves in the four areas identified by the AONE Nurse Manager Inventory Tool. The Nurse Manager Inventory Tool identifies the skills and behaviors necessary for nurse managers. Through the literature review, mentoring from a more experienced nurse manager has been identified to help coach and assist new nurse managers to become more proficient, less overwhelmed and more satisfied in their role. Results of this survey are being shared with Novant executive leadership to gain support for a formal mentoring program. There has been little support for a formal mentoring program provided to Nurse Managers in hospital settings. Nurse Managers have a leadership development program in place but no structured mentoring component. Literature has shown the benefits of mentoring in helping nurse managers be successful and satisfied in their roles.

### **Methodology**

A descriptive study was conducted that examined an inventory of nurse manager skills. Results from the tool were evaluated to support the need for mentoring. Institutional Review Board (IRB) approval for this project was obtained from Novant Health Presbyterian Medical Center and from Queens University of Charlotte. Permission was also obtained from the Director of Professional Practice of The Association of Nurse Executives to use their Nurse Manager Skills Inventory Tool (**Table 1**). The Nurse Manager Skills Inventory Survey Tool developed by The Association of Nurse Executives (**Table 2**) was hand delivered in a sealed envelope to all Nurse Managers at NHPMC, NHMMC and NHHMC. Inclusion criteria was 26 people with the title of nurse manager at NHPMC, 9 at NHMMC, and 5 at NHHMC. A convenience sample (N= 40) participated in the project. The surveys were distributed by the investigator to the nurse managers. Informed consent was obtained (**Table 4**). The completed surveys were returned through interoffice mail to the lead investigator. Managers were not identified by name or by the unit they manage so there was minimal risk of breach of confidentiality. There was no adverse event possibility with this study. There was no protected health information requested in this survey. Demographic data of participant's age, years of



experience in nursing, years of experience as a manager and whether they participated in a mentor program was collected along with the survey tool (**Table 3**). The nurse managers self evaluated themselves in three areas; managing the business, leading the people and creating the leader within yourself. The nurse managers scored themselves from novice to competent to expert in their experience and skill.

### **Data Analysis**

Data was collected over a 4 week period. 26 out of 40 surveys were returned which represents a 65% return rate. Each participant's survey was given an identifying number. Demographic data was analyzed first (**Table 5**). Participants marked the survey questions with a x representing where they believed their skill level was on a scale from novice to expert. The lead investigator measured the line at 4mm and divided the line into 8 equal sections in order to record a number that corresponded with the participant's x placement. 0 represented the most novice and 8 represented the most expert. Numbers in between 0-8 measured the progression from novice-competent-expert skill. Scores for each category were calculated and the completed tools (**Table 6**) kept in a locked cabinet in the lead investigator's office. Data was entered into an excel spreadsheet file by the lead investigator and was password protected.

### **Executive Summary**

Nursing leaders are not born into greatness. Effective leadership involves the development of skill and knowledge. These skills take time to learn, develop and practice. The new leader practicing these skills needs to grow and develop. Healthcare organizations must invest in nurse leaders to ensure their success and contribution as a leader within their organization. Formal mentoring will assist to inspire, create and develop the potential of aspiring nurse leaders (Bally, 2007, p. 144). New managers must not only be taught the skills but nurtured by a more experienced manager to help them navigate through the chaotic, challenging environment. Improving workplace culture through support from those in higher leadership positions is strongly perceived as the most important issue that would promote the development of nurse leaders. Through mentoring, costs of recruiting and retaining talented nurse managers are reduced and these cost reductions counter the administrative expenses incurred with developing a mentor program (Shiparski & Authier, 2013, p. 35). Imbedding mentoring in the organization's culture will assure sustainability and success of the program. Viewing the

essentials of mentoring in the context of organizational culture and leadership as a long-term commitment and solution rather than a short-term task will lead to improved manager retention, satisfaction and ultimately, patient outcomes (Bally, 2007, p. 143). Transformational leadership practices are key to achieving the sustainable effects of mentoring programs within the organization. It is in the best interest of organizations to nurture and grow their leaders. It is evident through this research project that managers need mentoring to advance them through the skills and competencies needed to be successful nurse managers both within themselves and for the organization. The benefits of a formal mentoring program is crucial to the establishment of the success of new managers and can also ensure leadership succession for the future.

## References

- Bally, J. M. (2007, June). The role of nursing leadership in creating a mentoring culture in acute care environments. *Nursing Economics*, 25(3), 143-149. Retrieved from Ebsohost
- Cathcart, E. B., Greenspan, M., & Quin, M. (2010, February). The making of a nurse manager: the role of experiential learning in leadership development. *Journal of Nursing Management*, 18, 440-447. <http://dx.doi.org/10.1111/j.1365-2834.2010.01082.x>
- Cohen, S. (2013, February). Transitioning new leaders: seven steps for success. *Nursing Management*, 44(2), 9-11. <http://dx.doi.org/10.1097/01.NUMA.0000426146.989.3.e7>
- Conley, S. B., Branowicki, P., & Harley, D. (2007, November). Nursing leadership orientation. *Journal of Nursing Administration*, 37(11), 491-498.
- Curent Nursing. (2013). [http://www.currentnursing.com/nursing\\_theory](http://www.currentnursing.com/nursing_theory)
- Drucap, K., & Bryan-Brown, C. W. (2004). From novice to expert to mentor: shaping the future. *American Journal of Critical Care*, 13(6), 448-450.
- Gastmans, C. (1998). Interpersonal relations in nursing: a philosophical ethical analysis of the work of Hildegard E. Peplau. *Journal of Advanced Nursing*, 28(6), 1312-1318.
- Grindel, C. G. (2003, October). Mentoring Managers. *Nephrology Nursing Journal*, 30(5), 517-522.
- Lee, H., & Cummings, G. (2008). Factors influencing job satisfaction of front line nurse managers: a systematic review. *Journal of Nursing Management*, 16, 768-783. <http://dx.doi.org/10.1111/j.1365-2834.2008.00879.x>
- Lee, H., Spiers, J., Yurtseven, O., Cummings, G., Sharlow, J., Bhatti, A., & Germann, P. (2010). Impact of leadership development on emotional health in healthcare managers. *Journal of*

- Nursing Management*, 18, 1027-1039. <http://dx.doi.org/10.1111/j.1365-2834.2010.01178.x>
- MacPhee, M., Skelton-Green, J., Bouthillette, F., & Suryaprakash, N. (2011, April 26). An empowerment framework for nursing leadership development: supporting evidence. *Journal of Advanced Nursing*, 159-169. <http://dx.doi.org/10.1111/j.1362-2648.2011.05746.x>
- Macphee, M., Suryaprakash, N., Skelton-Green, J., & Bouthillette, F. (2012). First-line nurse leaders' health-care change management initiatives. *Journal of Nursing Management*, 20, 249-259. <http://dx.doi.org/10.1111/j.1365-2834.2011.01338.x>
- Mariani, B. (2012, February 19). The effect of mentoring on career satisfactions of registered nurses and intent to stay in the nursing profession. *Nursing Research and Practice*, 2012, 1-9. <http://dx.doi.org/10.1155/2012/168278>
- Pedaline, S. H., & McLaughlin, M. (2012, September). Preparing exceptional leaders. *Nursing Management*, 39-44.
- Shiparski, L., & Authier, P. (2013). Mentoring frontline managers. *Nursing Administration Quarterly*, 37(1), 28-36. <http://dx.doi.org/10.1097/NAQ.0b013e31827514d2>
- Spence Lashchinger, H. K., & Finegan, J. (2008). Situational and dispositional predictors of nurse manager burnout: a time-lagged analysis. *Journal of Nursing Management*, 16, 601-607. <http://dx.doi.org/10.1111/j.1365-2834.2008.00904.x>
- Thompson, R., Wolf, D. M., & Sabatine, J. M. (2012, November). Mentoring and Coaching. *The Journal of Nursing Administration*, 42(11), 536-541. <http://dx.doi.org/10.1097/NNA.0b013e31827144ea>

- Waters, D., Clarke, M., Ingall, A., & Dean-Jones, M. (2003, February 19). Evaluation of a pilot mentoring programme for nurse managers. *Journal of Advanced Nursing*, *42*(5), 516-526.
- Williams, A. K., Cairney, K., Parker, V. T., Milson-Hawke, S., & Peek, C. (2009, December). Preparing clinical nurse leaders in a regional Australian teaching hospital. *The Journal of Continuing Education in Nursing*, *40*, 571-576. <http://dx.doi.org/10.398/00220124-20091119-04>