

Driving an Intentional Culture Change Through an Enterprise-wide Mentoring Program

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This article describes how all 3 entities of a large academic medical center joined together to achieve “getting everyone to play in the sandbox together.” This fulfilled the new Magnet® requirement for mentoring at all levels across the organization, as well as retaining top talent. Strategies used to embrace innovative technological solutions and best practices that align proper mentors to mentee needs are discussed.

Generating an adequate pipeline of prepared nurse leaders that are ready to step into formal leadership positions is rapidly becoming an area of concern because of the deficit of the estimated 67,000 nurse manager positions expected to be vacant by the year 2020.¹ A Magnet®-designated academic medical center in Northern California found the pressing need for a mentorship platform that would consistently prepare nurses for formal nursing leadership positions because the organization was looking open 10 additional inpatient nursing units as they open a new facility.

This academic medical center used current literature, as well as sought out organizations within and outside of the health care industry, to determine best practices to create a successful strategy, not only for retaining their nursing talent, but also for fostering their growth to ensure they are prepared to step into formal nursing leadership roles. The key component to organizations' successful succession planning is a strong mentorship program with a high volume of participation.² The academic medical center simultaneously was looking to satisfy the requirements set by the 2019 American Nurses Credentialing Center's (ANCC's) Magnet Recognition Program® Application Manual,³ which emphasizes the importance of mentorship at all levels of an organization.

Because many health care organizations are beginning to find that over half of their nurses on staff or seeking employment are composed of the Millennial Generation, many of these organizations have been placing more focus on adequately preparing the next generation of nurses to take on leadership roles through mentorship programs.⁴ This academic medical center was no different; however, the existing program was not generating nearly enough participation to prepare for the organization's transition into the new facility.

GAP ANALYSIS

The current model consisted of a 2-year commitment where the mentor would meet with the mentee monthly to establish goals, and track progress and hours spent meeting by filling out a binder. The program was built to develop strong, trusting relationships over time that could outlast the duration of the program. However, due to the lack of participation, a review of the current mentorship program was conducted, and results illustrated that the existing model was not meeting the growing needs of the organization nor the 2019 ANCC Magnet application requirements for designation.

Nationwide, the shortage for nursing leaders is growing. As nursing leaders, it is imperative to foster a culture that motivates nurses to rise to their potential and pursue roles that can have greater impact on patient populations. Unfortunately, it is easy for nurse leaders to become mired down in tasks and lose sight of a greater priority molding the nursing environment. Health care management continues to be identified as the scarcest resource in the San Francisco Bay Area.⁵ Large academic medical centers are not immune to this shortage. At the time of this writing, one large academic medical center identified 84 inpatient clinical nurses, 8 inpatient assistant nurse managers, and 4 inpatient nurse managers in the past 12 months that have turned over to external health care organizations. This rate of turnover identifies a clear gap in this academic medical center's ability to actively succession plan and mentor nurses to the next level of leadership positions.

The nursing excellence department of the academic medical center conducted a gap analysis of barriers to nurses participating in the existing mentorship program. This gap analysis strategically obtained feedback from various councils, committees, and leadership groups that were already demonstrating interest in creating change and improving the organization, and are more likely to consist of early adopters to new models. This

population also has the highest likelihood to consider participating in a mentorship program due to currently exhibiting engaged behavior.

Despite the feedback from over 200 nurses, only 3 categories of answers were returned. None of the responses were related to the primary functions of a nursing leadership role or to being mentored for a formal leadership position, but rather revealed how the current mentorship program's format prevented nurse leaders from actually mentoring due to the amount of additional tasks. The overwhelming majority of responses surrounded the fact that the program was paper-based and tracking every meeting, goal, and conversation within a paper binder was a burden. This method was unappealing because much of the meeting time between mentor and mentee would consist of filling out the paperwork, rather than interacting with each other. Another barrier identified was that both mentors and mentees were required to attend a 6-hour in-person mentorship class. In the San Francisco Bay Area, traffic congestion has been a major concern for many companies, and this requirement of attending a class deterred nurses from taking the initial steps to participate. Lastly, the third factor was that the program paired mentors and mentees together for a minimum of 2 years. Many hoped to obtain their goal in less than 2 years and felt the program duration didn't parallel their own timeline for the goals.

The results of the survey illustrated the correct mindset of a nurse leader; that is, the responses all aimed to remove the barriers so that the primary goal could be achieved. The increased paperwork, class time, and commitments created additional tasks, pulling attention away from the primary goal of inspiring and guiding new nurse leaders toward gaining skills and knowledge to prepare them the next level. With barriers identified, a redesign of the mentorship program was set in motion, aiming toward implementing techniques to decrease barriers. The feedback of too much paperwork being involved also gave the foundation in which the redesigned program would be built on, as a digital platform. A key component of the redesign would revolve around leveraging the capabilities of technology to minimize barriers to participation in the program. A web-based mentorship program would allow for easy tracking of interactions, goals, and notes. Technology would also allow the content presented in the mentorship class to be uploaded and to be reviewed at the participants' convenience. Because many times, goals have varying timelines, the program will also be designed to end in 1-year increments that can be continued if goals are not met or new goals are established.

Using the identified barriers to participation in the current mentorship program, the objective of the redesigned digital mentorship program is to increase participation to the point that the organization can demonstrate formal mentorship that addresses at least

3 of the following clinical levels: clinical nurse, nurse manager, nurse director, advanced practice nurse, and chief nursing officer. By achieving this level of mentorship, an organization could also hope to increase the retention rate of their formal nurse leaders.

LITERATURE REVIEW

Aside from mentorship being a requirement for ANCC Magnet redesignation, understanding its value will aid in identifying and developing a program that best meets the needs of nurses in the organization. As the Baby Boomer Generation looks toward retirement, successfully preparing the next generation must be engaged to assume the nursing leadership positions left vacant. Strong mentorship will effectively identify strong candidates to be guided using various strategies. The strategic planning of a mentor will expose their mentee to various roles, projects, and shadowing experiences, as well as introduce them to other leaders for additional learning opportunities.²

Strong mentorship programs allow for mentors to get to know the mentee so that together, the pair can establish goals that align with the mentee's identified strengths. Goals may vary and do not always focus toward leadership positions, but all goals increase the engagement of the mentee toward the organization and the profession, and ultimately increasing retention of quality nurses. If a leadership position is identified as a goal, review of the required competencies and successful attributes must be analyzed and compared to the mentee's strengths to reveal skill and competency gaps.⁶

METHODOLOGY

Development of Platform

Following the gap analysis of the existing structure, the pertinent next step was to examine successful mentorship platforms in other health care settings. The existing program was well structured and was based on the Robert Wood Johnson Foundation's Mentoring Toolkit and Handbook.⁷ The existing mentorship program had met all the criteria of an impactful mentorship program from the literature but simply lacked the user-friendly requirements, which created a barrier for nurses to participate. A search for a digital platform that allowed extensive customization was crucial. The academic medical center identified a mentorship platform that has had great success within and out of the health care setting that met the customizable options to integrate the Robert Wood Johnson Foundation's Mentoring Toolkit and Handbook, ability to measure criteria to satisfy the ANCC Magnet Manual requirements, and met the needs identified in the organization's gap analysis.

Integration of technology provided numerous streamlined benefits. The web-based platform provided opportunities to have content of the mentorship class

available online so that content could be consumed in pieces at the participants' convenience. The inclusion of algorithms that showed similarities among skills that mentees would like to learn with skills that mentors had identified were their strengths streamlined the pairing process.

COLLABORATION ACROSS ENTITIES

Despite the opportunities for practice enhancement in large size of the academic medical center, it became apparent early into the development of the digitally redesigned program that some nurses may want to develop a skill that may be a specialty or not easily available within the organization, or were interested in gaining skills that maybe someone outside of the hospital may hold. To leverage the knowledge and talent that works under the umbrella company, the academic medical center reached out to their pediatric counterpart facility and the university's medical school to jointly build specific programs for their entities on 1 platform, with the capabilities of crosspollinating each's mentorship programs if the participants were to set goals that another entity held. There were distinct advantages to "getting everyone to play in the sandbox together"

Cooperatively building mentorship platforms among 3 entities allowed for each entity to adopt successful components of each other's programs and provided opportunities to assist in troubleshooting components other entities were facing. By using the work of other programs, developing each platform required significantly less time, capital, and commitment for each entity to develop their final product that was launched. Together, each entity's program became stronger and more refined due to collaborating during the development of the platforms and launch.

STRATEGIES

The academic medical center's Nursing Excellence Department made it a priority to build a collaborative integrated program and not a silo. Throughout the development of the platform, the department used the organization's shared governance model to assist in developing content, customization of profiles, and inclusion of information they found valuable. The feedback and participation from the targeted population generated interest and inclusion on the part of those involved. This generated enthusiasm for the program and led to a sense of urgency to launch it so that nurses would be able to use the program they participated in building.

Throughout several stages of the platform development, each entity used a variety of beta testers from every level of each organization and from various settings. Incorporating nurses who were unfamiliar with the buildup to that point allowed for identification of challenges with navigating the platform, understanding next steps, and the overall user friendly levels of the program. It was the incorporation of beta testers that

allowed for the program to repeatedly refine questions for the mentee profile and expertise of the mentors to increase the specificity of goals the mentee wished to accomplish, then being able to pair them accurately with a mentor by identifying a nurse who had already accomplished the mentee's desired goal.

POPULATION AND SETTING

To participate in the new digital mentoring program, you must be currently employed by the organization. This is regulated by the system's requirement for an active employee e-mail address. Additionally, specific criteria must be met to qualify to be mentor and mentee. A mentor must be employed to work 48 hours per pay period (0.6 full-time equivalent), have been employed by the organization greater than six months (passed the probationary period), have no active disciplinary action filed, and have a satisfactory past current evaluation.

RECRUITMENT OF PARTICIPANTS

For appropriate pairings to be generated, a sufficient application pool to select from is imperative. For this reason, 2 recruiting efforts will occur simultaneously. To recruit mentors and mentees at the clinical level, the use of the organization's shared leadership structure will be utilized to beta test the program, generate pilot pairings, and become advocates of the redesigned program. The shared leadership councils consist of over 200 highly engaged clinical leaders that represent every clinical area and level of the organization.

The transition of nursing leadership positions occurs over time and the mindset of mentoring future colleagues in leadership positions generated a majority buy-in by of the administrative levels. Demonstrations of the program, presentation of the ANCC Magnet Recognition Program requirements, and success stories were also conducted throughout several patient care services leadership meetings. This meeting occurs twice a month and consists of every administrative role that reports to the chief nursing officer. Commitment from the chief nursing officer to participate as a mentor role modeled the value that mentorship has in nursing and through the messaging of having a voice in how the future of nursing administration will operate.

MAINTENANCE AND SECURITY OF DATA

A key component of generating a web-based mentorship platform is ensuring the security of the information being placed on it. The organization entered a contract with a vendor that will conduct routine and as-needed maintenance to ensure the site's security and functionality. Maintenance of the program operations and progress of pairings will be conducted by the organization's nursing excellence department. This department consists of a director of nursing excellence and Magnet programs along 2 two program managers who will collaboratively work to develop pairings.

To contribute to the security of all information loaded onto the program, all data entered in the platform will be securely stored within the United States. To meet the needs of regulatory compliance of health care systems, all participants will acknowledge that they will not use the mentorship platform to house any patient health information (PHI) or personal identifiable information (PII).

RESULTS

Within the first 6 months of launching the program, the academic medical center has had over 30 mentorship pairings of nurses, including at least 1 pairing from every level of the organization, from a clinical nurse level up through the chief nursing officer. The academic medical center has also generated the interest of over 150 participants who signed up for the mentorship program within that timeframe. Of the 30 pairs, goals of enrolling back in school, progressing through a clinical ladder, and promotions into formal leadership positions have already been achieved.

NEXT STEPS

With the success of the program through the first 6 months, from July 2018 to January 2019, the focus moving forward will be focused on tracking outcomes and reducing bottlenecks in the program to maintain high participation levels. Each entity has also begun exploring additional programs to incorporate specialties that may benefit from modified models to the program, including new graduate cohort mentorship, advanced practice mentorship, and integration of additional disciplines for a broader opportunity for skill development.

CONCLUSION

Mentorship of new nurse leaders in all health care organizations is imperative to the quality of care provided, to nurse satisfaction, and to an organization's bottom line. Data have shown that the direct and indirect costs of turnover, a result of lack of formal succession planning, vastly outweighs the costs of implementing and sustaining a mentorship platform. Beyond the provision of quality patient care, a mentorship platform, and the culture of learning it fosters, provides a foundation for the development of nursing practice and innovations in nursing leadership. By providing a rich variety of mentors across numerous entities, the individualized needs of the next generation of nursing are being met.

As an organization, the nursing leadership of this academic medical center understands that cultivating the development of future nurse leaders not only has direct impact on the current nursing environment, but is also a legacy to build upon for future generations of nurse leaders. A more engaged, empowered nursing workforce, equipped with the knowledge and resources to step into leadership roles that will become available as the Baby Boomer Generation looks to retire, is not

just an organizational issue, but a population health concern. Hence, it is imperative that today's health care organizations deploy and refine mentorship platforms for nurses as a standard in their nursing practice.

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