Mentorship for Nurses and Midwives

Implementing a Mentorship Programme:

A Guiding Framework

MENTORSHIP FOR NURSES AND MIDWIVES

Implementing a Mentorship Programme: A Guiding Framework

This Report details the development of a Guiding Framework designed to support service managers, nurses and midwives implementing a formal mentorship programme within their organisations. The framework and checklist outlines key steps and activities required to support successful implementation and sustainability.

This Report was developed by National Leadership and Innovation Centre for Nurses and Midwifery, Office of the Nursing and Midwifery Services Director, HSE following a pilot study in University of Limerick Hospitals 2015-2016.

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This Report was compiled by Teresa Moore Leadership and Innovation Advisor on behalf of the NLIC

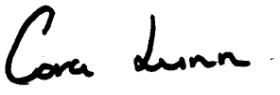
(February 2018)

Foreword

I am delighted to present this guiding framework for mentorship, as a resource that can be utilised by nurse and midwife managers who would like to establish mentorship in their service. The University of Limerick Hospitals Group commissioned the support of the National Leadership and Innovation Centre, ONMSD, to establish the structures to support formal mentoring. The learning from this experience has shaped the development this guiding framework.

Clinical leaders should be able to identify one or more people that have been particularly important to their growth and development. These people are mentors. Mentors can help in many ways. Sometimes they will help an individual with immediate needs, helping them solve problems, empowering them to make decisions or learning new ways. At other times it provides longer-term support and guidance. Regardless of the specific need, mentoring is a giving/receiving relationship for everyone involved. It is about helping each other to expand and grow so that everyone wins. As an intervention, it is very effective in developing nurses and midwives' capabilities, supporting workforce retention and recruitment strategies.

I want to especially thank Teresa Moore (Project Lead NLIC) for engaging all stakeholders and moving the project to success, and developing this guide for services. A special thanks to Margaret Gleeson (Group DONM UHL), Mary Liston, Interim Director of Nursing, Peri Operative Directorate (Lead for Mentorship) Catherine Hand, Patient Advocacy and Liaison Manager (Leads for Mentorship), Margaret Crowley Murphy Director CNME HSE West/MidWest and the clinical staff from UHL who facilitated the process.



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Background

Between, 2013 and 2015, the National Leadership and Innovation Centre for Nursing and Midwifery (NLIC), Office of the Nursing and Midwifery Services Director (ONMSD) HSE, facilitated three Future Nurse and Midwife Leaders programmes (FNML) for clinical nurse and midwife managers in the University of Limerick Hospitals (UL Hospitals). This Hospital Group is comprised of six sites, University Hospital Dooradoyle, Ennis, Nenagh, Croom Orthopaedic Hospital, St Johns and the University Maternity Hospital. The format for the FNML programme was an experiential learning approach that included mentorship as a leadership development intervention. The literature suggests that mentoring is an important factor in the development of future nurse leaders as it is deemed a practical, creative and innovate way of supporting both experienced and novice nurse and midwife leaders to enhance their leadership skills (Hawkins and Fontenot 2010, Fielden et al 2009). To encourage uptake, the FNML participants attended a mentor/mentee preparation programme and the NLIC supported participants to secure a mentor. On completion of the programme, a recommendation from the participants was that all nurses and midwives have access to a mentor. Consequently, in 2016, the Chief Director of Nursing and Midwifery (CDONM) UL Hospitals commissioned the NLIC to establish a formal mentorship programme.

This report introduces a guiding framework outlining the process of implementing a formal mentorship programme with some key steps and activities. It is hoped that the learning derived from the implementation process will support other organisations in implementing a mentorship programme

What Is Mentoring?

Mentoring is a process where a more experienced person (mentor) sets aside dedicated time to facilitate the personal and professional development of someone less experienced (mentee) (Klasen & Clutterbuck 2004). While a mentor may have more experience than the mentee, they acknowledge a mentee brings his or her own insights, experiences, and skills to the partnership. Although a mentor facilitates

the learning process, the mentee remains responsible for his or her learning and development. The skills required to be a mentor are like those used in other developmental interventions such as facilitation or coaching.

There are several types of mentorship described in the literature. These include relational, peer, group, expert and others. The approach taken in UL Hospitals is relational set within the context of a formal mentoring programme. Ragins (2011) describes relational mentoring as an empathic, empowering relationship that creates opportunity for mutual growth, learning and development. As with other forms of mentoring, it is underpinned by the values of trust, respect, care and commitment to learning (Ragins 2011, Hawkins and Fontenot 2010). These values and behaviours also underpin nursing and midwifery practice (DOH 2016) and are consistent with UL Hospitals Strategic Priorities for Nursing and Midwifery (2014-2016) and the UL Hospitals Values in Action initiative (HSE 2015).

Formal v Informal Mentoring

Nurses and midwives view informal mentoring as an integral and valued aspect of nursing and midwifery practice. By definition, informal mentoring has little structure or defined goals, and often occurs spontaneously between colleagues (Clutterbuck 2005). In contrast, when mentoring is set within a structured programme that is supported and promoted by management it becomes a more formal process. Best practice recommends that formal mentoring should sit outside the line management relationship, as there is a potential for tension between the mentors' role and the operational accountability of the line manager (Morgan and Rochford 2017, Connect and Work Together (CAWT) 2012, OHM 1999). Engaging a mentor from outside of the normal line of management also minimises any conflict of interest or perceptions of favouritism and, in general, makes it easier for the mentee to ask for help. As the relationship aspect of mentoring is the vehicle by which learning and development takes place, the most effective partnerships occur when a mentee self-selects a mentor (Wagner and Seymour 2007). For this reason, mentoring in UL Hospitals is a voluntary endeavour, however, in an environment where staff are pressed for time, finding willing mentors and securing mentee uptake was a challenge.

Creating a Mentoring Culture

Organisations that promote a mentoring culture send a clear message that they value their staff and are keen to support their professional development (Block et al 2005). Likewise, studies identify organisational support as a critical factor in creating a positive mentoring culture (Jakubik et al 2011). Although organisational support is essential, it must not interfere in the privacy of the mentoring relationship (Jakubik et al 2016). Other key supportive structures are leadership, staff engagement, communication and the availability of mentors trained in the processes of mentoring. Equally important is the infrastructure to capture metrics and address problems. While structures are essential for building and sustaining a culture of mentoring the process must have sufficient flexibility to meet individual mentoring needs and learning styles (ANDSHOOA/PHRED 2005).

In UL Hospitals organisational commitment was evident as the Chief Director of Nursing and Midwifery was the programme sponsor, with senior managers giving a commitment to act as mentors. Active participation not only enables managers to agree a vision for mentorship it also enables managers to align the programme with specific organisational objectives. This level of involvement has shown true commitment and encouraged staff to participate.

Benefits of Mentoring

There is ample evidence on the value of mentoring in relation to empowerment, sharing knowledge and leadership skills development (Gruber-Page 2016, Weese 2015). The HSE has identified mentorship as a way of building a culture of engagement and empowerment (HSE 2016). Other benefits noted in the literature include socialisation and support for new entrants so they acquired accurate information regarding job, role, responsibilities and the organisation (Weese 2015). The positive impact on job satisfaction and improved retention rates has also been noted (Honer 2017). More recently, intergenerational mentoring is promoted to inspire greater understanding between diverse generations of nurses and midwives (Nelsey and Brownie 2012).

One of the aims of the UL Hospitals mentoring programme was to provide nurses and midwives with a safe place to think, to tease out difficult problems and identify potential solutions. Feedback from FNML participants indicates that mentoring did offer a safe environment to discuss work-related challenges. The programme participants also noted an increase in resilience and self-confidence in their role and greater engagement with senior leaders and managers. Managers also observed greater engagement and referred to mentoring as an opportunity to share knowledge and experiences and a way to contribute toward the development of the next generation of leaders.

Mentorship Implementation Framework

Establishing a mentorship programme takes time, vision, energy and the resources to put in place the structures to support implementation and ensure long-term sustainability. Implementation studies demonstrate that the purposeful selection of an implementation framework can guide leaders systematically through the stages and activities required for success. Evidence from The National Implementation Research Network (NIRN) project guided the introduction and implementation of the UL Hospitals mentorship programme. The framework is the result of a review and syntheses of research literature on implementation practices (Bertram et al 2013, Fixen et al 2005). The resulting framework details the stages and drivers required to implement a new programme or practice. It also depicts implementation as a dynamic process that requires careful attention and organisational adjustments during and following implementation. This enables new practice to become integrated and part of day-to-day practice (Burke, Morrissey 2012, ECTA 2014).

Drivers and Stages

The three key drivers described in the NIRN Framework (Fixsen et al 2005) and incorporated into the mentorship implementation framework (Figure 1) are:

Figure 1. Implementation Drivers

Leadership drivers	Focused on identifying lead/s for mentorship with the leadership skills and the decision making power to lead the programme
Competency drivers	Focused on identifying staff with skills to facilitate, set and monitor timelines, to collect data and provide feedback
Organisational drivers	Focused on UHL's readiness and capacity to facilitate implementation

The four stages described in the NIRN Framework (Fixsen et al 2005) and incorporate into the mentorship implementation framework (Figure2) are:

1) Exploration

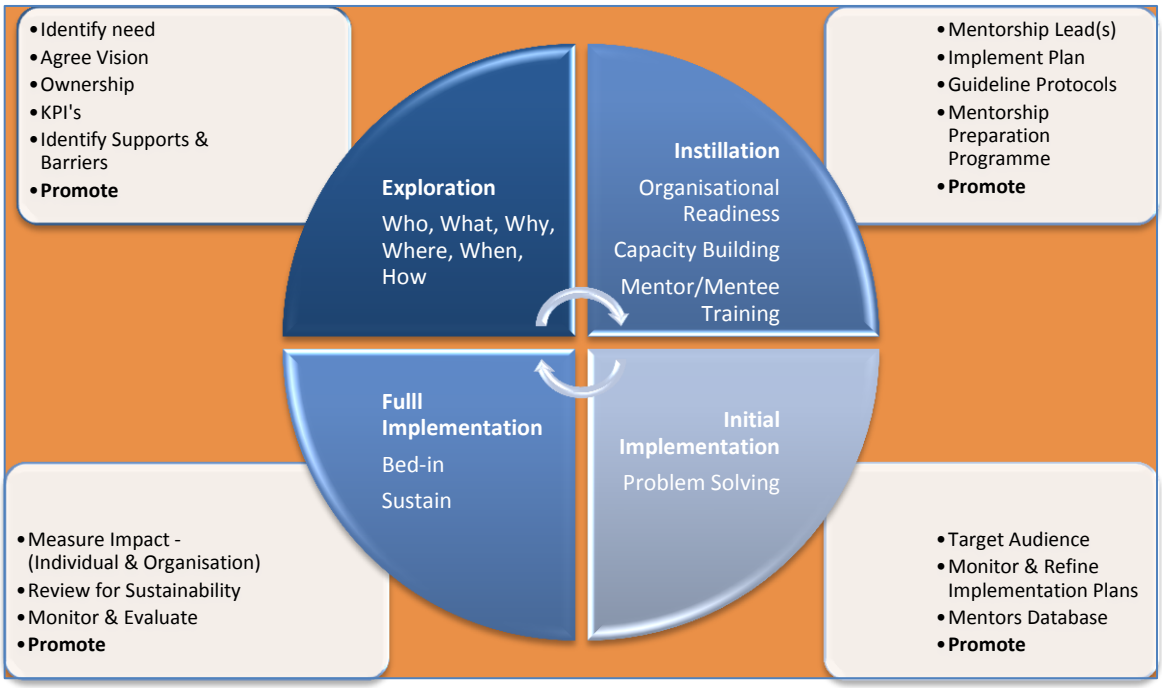
2) Installation

3) Initial implementation

4) Full implementation or Scale-Up

Each stage of implementation has a specific set of steps and activities, and while the steps suggest a linear approach, in practice there is a dynamic flow to the work. Some activities occur in a liner way, some simultaneously and events such as organisational readiness, funding issues, staffing levels or a change of leadership can influence activity and timelines. This framework recognises the importance of measurement in generating the evidence to support continuing activity, therefore, review, feedback and evaluation are central to each stage. Sustainability activity is entwined in each of the four stages and not a process left until the end.

Figure 2. Mentoring Implementation Framework



Stage 1: Exploration

When implementing any initiative, the aim of exploration is to identify the need for the initiative, potential benefits and the activities likely to support buy-in. Equally important is the exploration of barriers most likely to hinder or derail the process.

In UL Hospitals the exploratory stage for the mentoring programme involved a period of consultation by way of face-to-face meetings and teleconferences over a period of weeks. The lead-in time enabled the NLIC to clarify with the Commissioner and others the purpose, vision and desired outcomes for the initiative. Other organisational issues explored include UL Hospitals capacity to support a mentorship programme and capability to manage barriers such as lack of staff engagement, lack of buy-in from senior managers and insufficient mentors. The exploratory stage also enabled the commissioner to identify key stakeholders and agencies that could influence and support the initiative, as well as how best to share information so that staff and managers gained a clear understanding of mentoring and its benefits. Other issues explored included target population for the mentor/mentee preparation programmes and timelines for delivery and establishing a Steering

Group and Leads for Mentorship with the power to champion the initiative and manage barriers.

Stage 2: Instillation

The goal of instillation is to build the capacity to support new practice and agree strategies to manage potential barriers. It is a time to reflect and examine interdependencies and key tasks to accomplish before the introduction of any new practice.

The following are some of the actions and activities that occurred during stage two of the UL Hospitals mentorship initiative. Instillation activity included the recruitment of Leads for Mentorship and identifying members of the Steering Group. The primary role of the Leads was to plan and coordinate the activities needed to ensure implementation and to provide regular updates to the Steering Group. The main function of the Steering Group was to provide strategic direction and governance, and to develop strategies to manage identified barriers. As with the Leads, the Steering Group have the decision-making authority and the power to influence instillation activity. An Action Plan outlined the activities and resources needed for implementation and risks to be monitored or managed by the Steering Group and Leads.

UL Hospitals management, regard partnership as a vital component in the success of any new initiative. Within the context of the mentorship programme, the inclusive nature of partnership enabled the Leads to utilise existing organisational resources and expertise. This approach also facilitates buy-in and engagement. One of the key partners was the Centre for Nurse & Midwifery Education (CNME). Staff from the Centre facilitated the delivery of the mentor/mentee preparation programmes. To ensure an adequate source of mentors, the Centre also supported the creation of a mentor's database, which is used to record contact details of trained mentors. While mentees were encouraged to self-select a mentor, having a register of trained mentors was particularly helpful at the instillation stage especially for new entrants. Using a partnership approach also facilitates engagement, which is critical to building a mentorship culture. To promote an awareness of mentorship and to secure buy-in,

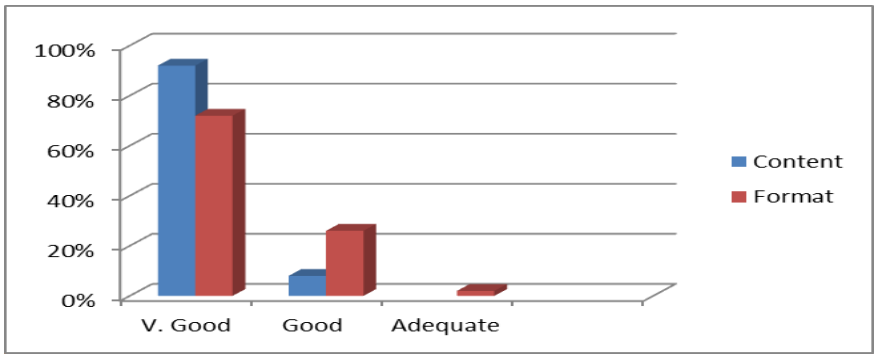
the Leads adopted a multi-layered approach to communication that included direct emails, newsletters, other publications and display posters. Mentorship is now an agenda item on all clinical meetings, senior management meetings and other fora.

Stage 3: Initial Implementation

Initial implementation is the problem-solving stage. It is an opportunity to test the new structures and review effectiveness of implementation drivers. Testing take place at selected sites or with a selected population with refinements and adjustments made prior to full implementation.

In UL Hospitals the Steering Group identified the test sites as all six hospitals in the Group. The target population for mentoring (the mentees) were the CNM and CMM2's. This grade was chosen because as first line managers and gatekeepers of patient care, nurses and midwives at this level can experience high levels of burnout or become overwhelmed by the job environment. There is ample evidence to indicate that mentoring is an effective means of building resilience thereby offsetting the impact of stress and burnout (RCN 2015). To ensure adequate availability of trained mentors, the target audience to attend the initial preparation programme was CNM/CMM3 grade and above. Staff who had previously attended a mentorship preparation programme or had acted as mentors elsewhere were also encouraged to update their skills. Staff from the CNME and Leads for Mentoring delivered the 1.5-day preparation programme. The format for the programme was experiential learning and workshops. The primary aim of the programme was to ensure both mentors and mentees had a clear understanding of how mentoring worked. To date over seventy staff have attended the programme and over 80% stated the content and format addressed their learning needs. Table 1 outlines participant's views on the content and format of the programme.

Table 1. Participants feedback on Mentor Preparation Programme



Stage 4: Full Implementation

The goal of full implementation is to bed-in and spread the new practice. Activity at this stage must focus on uptake, impact and explore how the organisation is accommodating and adapting to the new initiative. In UL Hospitals management acknowledged that building a culture to support a mentorship programme would take time and persistence.

The following are some of the activities devised to support sustainability and spread:

- The mentor preparation programme is now a standard item on the CNME programme schedule. Information on mentorship is available to participants attending all education and training programmes. The CNME programme is open to all nurses and midwives including those in CHO Area 3 (Clare, Limerick, North Tipperary and East Limerick) and the voluntary sector.
- To promote a mentoring culture the Steering Group and Leads use every opportunity to raise the profile of mentoring within the organisation.
- As management regard mentoring as a significant incentive in the recruitment and retention of staff, new entrants are encouraged to access a mentor and attend the mentor preparation programme.
- To ensure availability of trained mentors all managers and staff are encouraged to mentor and register as mentors.
- Continuous monitoring is essential at all stages of implementation, but is crucial at full implementation stage as it enables the Steering Group to

regulate activity to support full integration and ensure the gains achieved are not lost. Key activities that require constant consideration include:

- Mentor Database
- Education programme attendance
- Surveying mentors and mentees to determine level of uptake of mentoring

Evaluation

Evaluation should be aligned to the goals set at stages one and two and include impact on professional or leadership development as well as impact on service. In UL Hospitals, evaluation of the mentoring programme has just commenced and to date twenty-five staff have registered on the mentor's database. The findings from a recent survey aimed at capturing data on mentoring uptake indicate a high rate of interest but a low level of uptake. Some of the primary reasons for low levels of uptake identified in the literature are time, poor communication, lack of role modelling by senior managers and the lack of a mentorship culture (Zachary 2005). The Steering Group is currently exploring these issues and action necessary to improve uptake.

Lessons Learned

Implementing a formal mentorship programme is a dynamic and planned process that requires leadership and commitment by management and staff. Reflecting on the activities and actions used to implement mentorship for nurses and midwives in an acute hospital setting highlights factors that contributed to the success of the initiative as well as identifying key learning.

Key Supports

- Management commitment
- Clear vision for mentoring
- Governance by way of a Steering Group
- Leads for Mentorship with leadership skills and authority to make decisions
- Identifying target population(s)

- An appropriate framework to guide implementation (Appendix 1)
- An Action Plan with clear goals and objectives
- Partnership (internal and external agencies)
- Communication strategy
- Mentorship Guidance Documents
- Mentor Database

Key Learning

On reflection, implementation may be less challenging and uptake levels higher if greater consideration is given to the following during the various implementation stages:

- Using internal communication systems and short information sessions to raise awareness among staff and management of the benefits of mentoring
- Identifying the level of need for mentoring among staff and management e.g. online surveys, focus groups
- Verifying organisational readiness using the Organisations Readiness Check List (Appendix 2)
- Agreeing clear processes and timelines for measurement of impact on the mentors, mentees and the organisation
- Providing key stakeholders with continuous information and feedback throughout the various stages, e.g. feedback on mentees and mentors experiences, training programme attendance rates, outcomes and impact
- Ensuring availability of an adequate number of Leads for Mentoring within each hospital, Directorate or service
- Establishing a Network for Mentors

Following the UL Hospitals Pilot Study the NLIC developed a Guiding Framework, which reflects best evidence for implementing mentorship programmes, and learning derived from implementing a programme for nurses and midwives in an acute hospital setting (Appendix 1)

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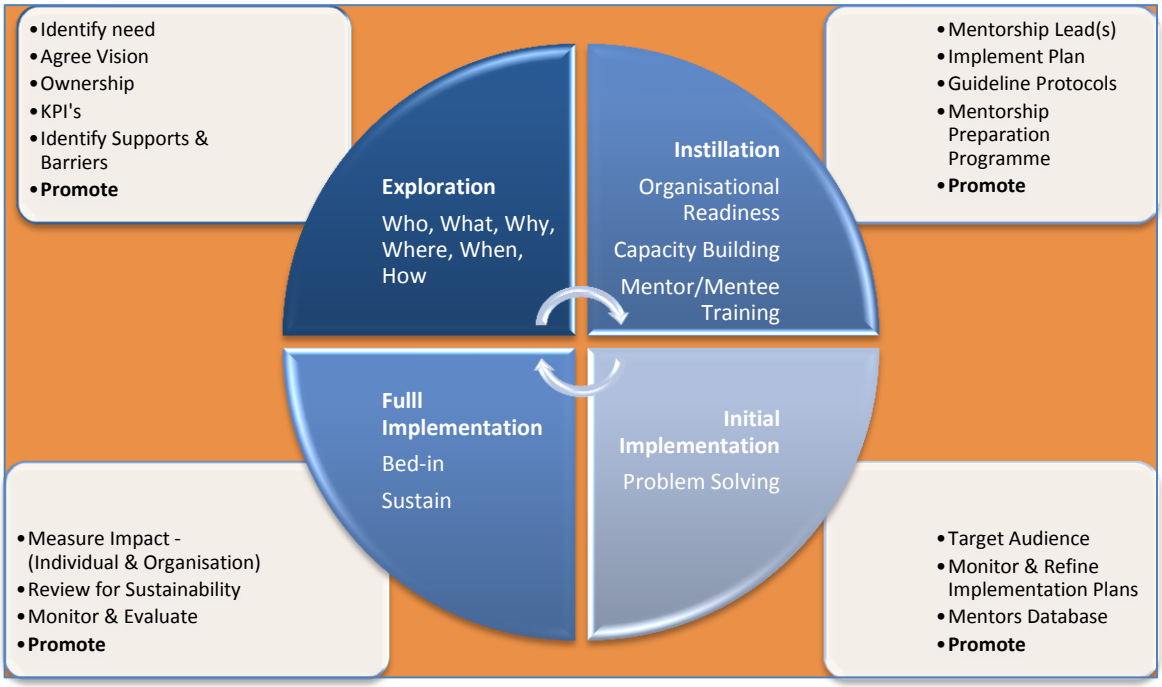
Appendices

Appendix 1: Guiding Framework for Implementing a Mentorship Programme

Office of the Nursing & Midwifery Services Director
National Leadership and Innovation Centre

Nursing and Midwifery
Compassion, Care, Commitment

Whether you are exploring the idea of starting mentorship programme or in the process of establishing a programme, taking the time to think through all aspects of the programme will enable you to build a solid foundation for mentorship. Implementing a formal mentorship programme is dynamic and planned process that requires leadership and commitment by management and staff. The guiding framework below reflects evidence for best practice from implementation sciences, and learning derived from implementing a formal mentorship programme for nurses and midwives in an acute hospital setting.



Framework stages	Actions	Status /Comment
What is the rationale or vision for a mentorship programme? How will mentorship contribute to the strategic vision for the organisation, service?	Document a short statement to capture the intent. Identify 1 or 2 key objectives for the programme e.g. • Leadership development • Staff support/resilience • Staff retention • Succession planning	
KPI's for the mentorship programme KPI's support measurement and evaluation. Being able to demonstrate how the program has made a difference can be critical to program sustainability	Agree one or two KPI's, aligned to the primary objectives	
Ownership A critical factor for success is identifying who has overall responsibility for implementation and measurement	Identify person/s with overall responsible for the programme	
Governance Refers to the processes, procedures used by Commissioner, Steering or Implementation Group and Lead(s) charged with responsibility for implementation	Establish a Steering or Implementation Group with leadership skills and decision-making power to guide and champion the programme.	

Organisational Readiness The aim is to identify the level of readiness for implementing mentorship	Copy of the NLIC Organisational Readiness Checklist (Appendix 2). It is also available from nmleadership@hse.ie	
Lead/s for Mentorship The Leads supports the Commissioner to implement and roll -out the programme in their hospital, Directorate, primary care team or service	Identify staff who have an interest in mentorship or experience in mentoring and have the leadership skills to champion the programme, and the authority to make decisions	
Target Audience for Mentoring (The mentees) Starting with a small-scale targeted population will enable the Steering Group to test out implementation processes, identify risks, and to build the capacity to support mentoring.	Identify target population for mentoring e.g. • All staff • Staff nurses/staff midwives • Clinical nurse/midwife managers • Directorate Team, Primary care team	
What is the level of interest in mentoring in the target population, organisation or service?	Ascertain level interest via • Online survey (email/ Survey monkey) • Focus Groups or other meetings	
What is the level of	The level of knowledge can be	

knowledge about mentorship in the target population, organisation or service?	determined when surveying level of interest	
Supports and barriers Identifying key supports and barriers enables the Steering/Implementation Group to build collaborative partnerships and manage potential risks	Identify key supports e.g. • Level of interest or need • Organisational support • Staff with mentorship experiences and training • Staff with project management skills • Lead/s for Mentorship • CNME/NMPDU and other partners Barriers e.g. • Lack of clarity on what mentorship involves • Low level of interest among target population • Poor organisational support • Timing and competing interests (other programmes or initiatives) • Lack of trained mentors	
Implementation Plan A plan serves as a road map and enables the Steering/Implementation Group and Leads to breakdown key actions into manageable activities. It also enables the Group /Leads to	In collaboration with Steering Group, the Lead/s develop an Implementation Plan to include: • Target population/s • KPI's • Metrics • Timeframes	

monitor activity	• Role / responsibilities • Data collections • Strategies • Analysis • Communication strategy	
Mentor's database A database records contact details of trained mentors. While mentees are encouraged to self- select having a register of trained mentors is particularly helpful for new entrant and those new to mentoring.	Issues to consider: • Who is responsible for establishing and managing the database? • How can a mentee access? • How can mentor register on the database? • Consent and FOI issues	
Promote/ Communicate Building a solid mentoring culture among key stakeholders and staff requires on-going communication and promotion	Promotion activities to consider: • Leads / Steering Group to develop a communication strategy • Look to staff familiar with mentoring for support • Use short stand-alone mentorship awareness sessions • Offer to provide information on mentoring before or after key stakeholder meetings, CNME and other programmes • Use local newsletters, direct mail, etc. to	

	promote mentoring • Publish feedback from mentors, mentees and outcomes from evaluations	
Mentorship Preparation programme: A mentor-mentee preparation programme is the first step in clearly defining the type of mentorship available in the organisation. It also enables mentors, mentees and the organisation to gain a clear understanding of mentorship, and their roles and responsibilities	Items for consideration • Programme facilitator/s • Programme content • Venue • Programme evaluation • Guidance for Mentors and Mentee and other documentation (nmleadership@hse.ie) • Mentee and mentor post training support • Resources and funding	
KPI's for Mentor Preparation Programme KPI's enable the Steering/Implementation Group to determine if the programme is supporting uptake of mentoring (mentors and mentees)	Identify 3-4 KPI's e.g. • Number of Preparation Programmes to be delivered within an agreed timeframe • Following the programme the number mentors providing mentoring or registered on Mentors Database • Uptake of mentoring following the programme	
Evaluation Metrics Metrics enable the Commissioner and other to	Agree key metrics for evaluation e.g.	

determine success and impact of mentorship on the mentors, mentees and on the organisation	• Impact on leadership development on mentors and mentee • Impact on retention rates • Impact on job satisfaction • Knowledge transfer • Resilience building	

Appendix 2: Mentorship – Organisational Readiness Checklist

Mentorship – Organisational Readiness Checklist

The checklist provides a summary of some of the key actions to consider when assessing the level of readiness for implementing a mentorship programme

Planning	**Yes**	**No**	**Actions**
A clear need for mentoring established			
Hospital Management or CHO Manager accepts ownership for the programme			
Management have clear objectives for the programme			
Management have identified staff to lead the programme			
Senior managers/leaders have agreed to support the programme			
Mentorship Implementation Group established			
Funding is secured			
Administrative support is available			
Signed: Title: Date:			
Implementation Readiness			
Implementation Plan developed			
Mentorship Database established			
Mentor/mentee Preparation Programme			
Target population for mentoring identified			

Target population and recruitment strategy for mentor/mentee preparation programme			
Guidelines and tools for mentors/mentees available			
Communication strategy in place			
Signed: Title Date			
Evaluation			
Education programme evaluation			
Evaluation process to monitor effectiveness of Implementation Plan			
Evaluation process to capture mentee/mentor experiences			
Evaluation process to determine individual impact and outcomes			
Evaluation process to determine service impact			
Evaluation process to determine effectiveness of communication strategy			
Signed: Title Date			

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