

Creating a Mentoring Culture for New and Seasoned Chief Nurse Executives in a Health System

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Chief Nurse Executives (CNEs) are the key to top performing quality and service in hospitals today, and retaining leaders in this role is a priority in today’s healthcare environment. Transition to the role of CNE to a new organization can be a challenging time for a new and even seasoned CNE who was considered an expert in his/her previous organization. In a large and complex health system, the problem can be more pronounced, leading to an increase in turnover and potentially seriously limiting the success of strategic initiatives for any organization. Utilizing a mentor framework of support can mitigate the chance of CNE turnover and provide mentoring opportunities for seasoned CNEs already enculturated into the organization. A strong sense of community and relationship can lead to decreasing CNE turnover and increasing retention which can have strong implications across a health system. This literature search and a proposed formal mentoring framework serves as one strategy a system CNE can implement to improve outcomes and increase the depth and value of the relationships among CNEs in a large system.



What comes to mind when you think of the term *mentor*? Trusted advisor, friend, sounding board, ally, and support system are all words and phrases that have been linked to that most sacred relationship between an aspiring leader and the people that help to guide them throughout their careers. The term “mentor” comes from ancient Greece. Mentor was the name of the tutor who Odysseus engaged for his son Telemachus, and came to mean a senior person instilling wisdom in a junior person.¹

Now, *who* do you think of? Was it a colleague who asked you to step out of your comfort zone, a supervisor who challenged you with a project that you thought was too big for

your capabilities, or a faculty member who encouraged you to keep going, even when the road ahead seemed exhausting? The higher up the nursing leadership chain a person ascends, the more critical it is to have at least 1 mentor to help instill wisdom and provide support. As health care continues to face unprecedented turnover in the chief nurse executive (CNE) role, the idea of a formal mentor program for CNEs new to the role, or new to an organization, is potentially an effective way to bridge the gap between being a novice mentee to an engaged and contributing mentor.

The CNE is the senior leader whose primary responsibility is to ensure top quality care and patient experience in acute care

hospitals today. Uncertainty in the political environment and anticipated changes to the Affordable Care Act (ACA) underscore the need for hospitals to maintain the continuity of leadership at the level of the executive closest to patient care—the chief nurse. Integrating into the culture of a large and complex health system as a CNE can be an overwhelming experience for even seasoned professionals—and especially daunting if you are new to the role of CNE. An often untapped resource is the presence of tenured CNEs in a system. Incumbent CNE colleagues at all levels of experience within an organization can assist with the socialization of a CNE new to system, each contributing a unique perspective to the process.

The American Organization of Nurse Executives–Nurse Executive Competencies (AONE–NEC) describe the fundamental skills necessary for a nurse leader to have at the executive level.² The skillset cuts across organizations and educational preparation in 5 core areas: communication and relationship management, health care environment, leadership, professionalism, and business skills.² As a complement to the attainment of skills and knowledge an executive demonstrates via the AONE–NEC, the purpose of this body of work is to focus on the importance of relationship building among peers, with special attention to the CNE in a new role or new organization. By implementing a formal mentoring framework that is accessible to all CNEs in an organization, the hypothesis is that CNEs engaged in and supported by other CNEs are less likely to leave their roles. In this article, compelling statistics describing the impact of CNE turnover are discussed along with the theoretical background and a suggested framework for the implementation of a formal mentoring program at the CNE level.

LITERATURE REVIEW

CNEs play a key role in promoting safe, quality patient care, and exemplary care experience, and improving operational efficiencies by bridging the gap between the goals of the organization and the practice of professional nursing.^{3,4} It is the CNE at the highest executive level who brings the voice of both the front-line nurse and the patient to all decisions from the bedside to the boardroom. The 2004 Institute of Medicine (IOM) seminal report, *Keeping Patients Safe*, calls on the CNE to bring the nursing perspective to the organization's care delivery system to optimize safety.⁵ When a CNE leaves, the turnover is felt at all levels of nurses in the organization that can impact their job satisfaction, lead to feelings of loss, and a decrease in productivity.⁶ The entire facility can feel the effect in a loss of momentum and stability on strategic and quality initiatives.⁷ When the executive with approximately 75% of the workforce under their authority leaves, the impact can be a decrease in progress on organizational goal attainment, sabotage strategic plans, and lead to increased dissatisfaction for other members of the senior leadership team.⁶

To illustrate the impact to the bedside, when a CNE leaves, research shows that staff nurses job satisfaction decreases by approximately 29%, and 35% of staff nurses and other hospital nurse leaders report being concerned that the CNE departure indicates that the hospital or the nursing department is in trouble.³ Approximately 17% of the CNE's direct reports leave with

them, further contributing to the disruption of the nursing service line. The ensuing chaos coupled with the lack of succession planning inherent to the discipline makes the recruitment and retention of quality nurse executives an imperative to respond to the looming changes in health care.⁴

Having a mentor has shown to improve organizational outcomes in succession planning, reduce intent to turnover, improve job satisfaction, and increase the feeling of belonging.^{8–12} The value in including all CNEs in the effort is that this will contribute to a mentoring culture and bring a renewed energy to allow the nursing leadership strength and resiliency to thrive. A CNE is peerless in their facility. Unlike leaders at the manager or director level, it is rare for the CNE to have another comparable nurse executive to turn to on a daily or even a weekly basis. In addition to the value of membership to AONE and state executive/leadership organizations, CNEs in systems should be able to leverage resources of more seasoned CNEs in the same system as mentors to assist newcomers in gaining social competency in a new organization.

A PROPOSED THEORETICAL FRAMEWORK FOR THE MENTORING MODEL

Adults long to understand meaning in their experiences through transformative learning that happens with open and honest dialogue about varying viewpoints and context of a situation.^{8,9,13,14} Inherent to the role of registered nurse is a quality of leadership as a natural element of nursing practice yet there has *not* been a distinct focus on leadership development by way of mentoring in the nursing literature.^{15,16} A mentoring culture provides an environment where self-directed, relationship-focused learning can occur that is driven by the needs of the mentee.¹⁷

A proposed theoretical framework for the formal mentoring concept is a Caring Executive Leadership Progression Model, which is a blended theory of Novice to Expert Model elements within the Model of Exemplary Leadership.^{13–15} Table 1 cross-walks the elements of the 2 theories. As the CNE new to an organization moves through the progressive stages from novice to expert, each element and stage builds upon the previous experience that contributes to CNE success, ultimately leading to a sustainable succession plan for a mentoring pipeline. Benner's model has been attributed to successful retention in the clinical staff nurse role and is applicable to executive nurse leadership milestone measurement as it highlights the complex nature of the discipline of nursing.¹³ The more seasoned/experienced CNEs can also benefit from their contribution to the growth and development of newer CNEs by fully realizing their own potential as leaders.¹⁶

Many of the CNEs who are considered “novice” in a new system, may be competent to proficient (if not expert) at their former organization. Becoming a novice or advanced beginner again can be challenging and humbling for seasoned CNEs. The feeling of lack of self-confidence can be detrimental to the enculturation of a new CNE into the new organization and increase the risk of turnover in this critical role. A formal mentoring program can help provide this support and contribute to the retention of the CNE.

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