

Strengthening Mentorship for Leadership Development

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Given predictions of a looming shortfall in nursing human resources and the need for strong leaders to meet the challenges of sustaining and managing the healthcare of Canadians in the face of this crisis, a focus on leadership development becomes critical. Canada needs a new cohort of leaders in nursing and healthcare, as the current cohort is fast approaching retirement. Today's cohort of nursing leaders contains significantly fewer people than it did a decade ago owing to healthcare downsizing and cost containment. Those nurses who remain in leadership positions now cope with role expansion and increased competing demands, leaving little or no time to mentor emerging leaders in the profession. These facts, together with the lack of incentives to attract younger nurses into managerial and administrative positions, present a serious challenge for future nursing leadership.

Recognizing the detrimental effects of the reduction in nurse leadership

positions on the quality and efficiency of healthcare delivery and the retention of staff, several national reports, such as the Romanow (2002) Commission on the Future of Health Care and the First Ministers Health Accord (Government of Canada Privy Council Office 2003), have highlighted the importance of strengthening nursing leadership in Canada. The Canadian Health Services Research Foundation (2004) has identified the "nurturing of professional leaders" as a priority, along with the need to identify key attributes of successful leaders and specific competencies and skills required of leaders in healthcare. The CHSRF's report, which was based on a national consultation process, also pointed to the need to describe effective approaches to the development of future healthcare leaders.

The Academy of Canadian Executive Nurses recognizes its own commitment to the future of nursing leadership in Canada. As part of that commitment, ACEN is working in collaboration with

the Canadian College of Health Service Executives and with the Canadian Society of Physician Executives to secure federal government support for a full human resources study of healthcare leaders, including the determination of future competencies. The project is expected to be launched in the current fiscal year. However, the Academy is aware that action is required now to address leadership development among its members. To that end, ACEN has established a Leadership Committee to define the role ACEN might play in supporting its members. One of the committee's proposed initiatives focuses on mentorship, including the exploration of more formal means to strengthen members' mentorship role.

Mentorship is integral to leadership development and is therefore a priority among diverse professional groups. It refers to learning in the context of career development and usually manifests as a supportive relationship with someone senior to the mentee. Mentoring does not require proximity, and may occur at a distance. A person may have more than one mentor at the same time, depending on the mentee's perceived learning, competence needs and career goals. Being mentored and mentoring should be lifelong activities, as mentorship is a powerful growth experience for both mentor and mentee (Zachary 2000). In addition to enhancing career success, mentorship has been associated with higher job satisfaction, higher income, increased confidence and self-esteem and promotion and advancement (Goran 2001).

Many successful leaders are mentors, and many are still being mentored. It is, after all, a continuing journey of development. Surprisingly, however, there continues to be a large number of people in leadership positions, or those who aspire to such positions, who are not actively involved in a mentoring relationship. It is unlikely that these people do not value mentoring or being mentored; in fact, they may fully agree that mentorship is important. Why, then, is it not part of their agenda? The reasons undoubtedly vary, but may include the time constraints, competing priorities and excessive demands faced by most senior managers.

Most professionals experience informal, periodic mentorship at various times in their careers. If you are fortunate enough to have had someone senior to yourself take a special interest in you and facilitate your career development, you will appreciate the benefits of mentorship. Or you may have admired a person in a leadership position and attempted to emulate some of her or his characteristics in your own behaviour and leadership style. These examples of informal mentorship are probably the most common. The major problem with informal mentorship is its lack of consistency and sustainability. Too many people with the potential for leadership are not exposed to these experiences.

Formal mentoring programs vary in design, scope and cost. Some are highly sophisticated – with dedicated staff, for example – while others are volunteer networks designed to support mentors as well as those being mentored. It is

this latter type of program or service that ACEN is in the process of designing. Access to mentorship would become a part of ACEN membership services. The model being considered would be flexible to address ongoing and changing needs for development, and the length of the program would be open to agreement between the mentor and mentee. It is also proposed that a member of ACEN could enroll as a mentor, a mentee or both. An evaluation framework will be developed to document the process and outcomes of this initiative. ACEN will also collect and develop Web-based resources for members to support their learning and development as part of the mentorship program. The program is anticipated to begin with a few interested members and to expand over time into an integral aspect of member services.

The Leadership Committee has taken a broad and inclusive approach to the design of the mentorship program. Committee members have varying experiences with existing leadership development programs for nurses, such as the Robert Wood Johnson Executive Nurse Fellows Program in the United States, which is a three-year program with mentorship as a cornerstone, and the Dorothy Wylie Nursing Leadership Institute in Canada. The mentorship program being developed by ACEN is not meant to replace these formal programs. Rather, it seeks to establish longer, one-on-one mentorships, based on the learning needs of the mentee and matched with the strengths of the mentor.

As a first step, the Leadership Committee has circulated a brief survey to ACEN members to determine interest in participating in the proposed mentorship program. The results of the survey will facilitate the initial matching of mentors with mentees and the development of appropriate resources to support them. If you received this survey, please complete it as soon as possible. If you have other thoughts or ideas on how ACEN can promote the leadership development opportunities of its members, please add these to your survey responses.

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