What’s needed to mentor new leaders?

Inda Domke, RN, BSN, CNO, had an important decision to make. After her clinical manager at Gundersen Lutheran in La Crosse, Wis, was deployed to Afghanistan in 2003 as a member of the Army Reserve, senior managers approached Domke, a team leader in neurosurgery, about filling in temporarily.

“They said, ‘Take some time to think about it. And we need your decision by 5 pm tomorrow,’” Domke says. “Overnight I went from being a patient-focused staff nurse to managing 125 employees, 15 ORs, and all of their issues.”

Domke accepted the position, at first without an administrative director to guide her in her new role. The administrator’s position had been vacant for a few months. Then interim director Sandra Batten, RN, MSN, CNOR, came to fill in the gap.

“I told her I was going to soak off her like a sponge,” Domke says. “At the time, I couldn’t even formulate a sentence to express my needs because my needs were so great.”

Domke attended management classes provided by Gundersen Lutheran when she could, but most of her training happened one-on-one with Batten, who is now a supply chain consultant but has been a full-time or interim director of surgical services for 20 years.

Similar to most nurses who enter management, Domke had advanced clinical skills but little business acumen. Batten taught her how to budget, justify staffing patterns, work with difficult surgeons, and supervise staff.

“The increased emphasis on the business aspects of health care, such as controlling costs, is critical for OR directors,” Batten says. “OR staff nurses generally have minimal understanding of the financial aspects of management, which becomes a top priority the minute they step into management.”

Domke says Batten mentored her by encouraging her to think issues through on her own.

“She didn’t give me point-blank solutions,” Domke says. “She would listen to my situations and offer me different ways to look at them, like taking someone’s culture or viewpoint into consideration.”

Domke grew to trust Batten to the point where she could vent her management frustrations. “There were days when Sandy would walk by my office and say, ‘How’s it going?’ and I would say, ‘Good.’

“Then there were the days that I said, ‘I have to close the door.’

“After I talked with her, we could work out a professional way to deal with the situation.”

The need to grow our own

Experts say mentoring has become an increasingly important tool to bring up OR nurse leaders as directors retire, burn out, or change careers.

“As the recruitment and retention crisis expands, the nursing profession must activate its ethos of caring through strengthening mentor connections at every level in the profession,” says Connie Vance, RN, EdD, FAAN, co-author of The Mentor Connection in Nursing (Springer, 1998) in Reflections on Nursing Leadership published by Sigma Theta Tau. “This is no longer just an option but a necessity.”

OR leadership positions are getting harder to fill because the job often comes with constant stress, lack of executive support, and lower pay than positions with similar responsibilities in other professions, OR Manager reported in October 2004.

“Lack of effective leadership is a contributing factor to the nursing shortage,” Batten says. “Nurses who don’t feel supported, coached, and mentored leave in search of a position where they will be.”

In response to growing job dissatisfaction and recruitment and retention challenges, nursing began to borrow in the 1980s from the mentoring practices of busi-
ness and law, according to experts at the Canadian Nurses Association (CNA), which has developed a list of mentoring competencies.

According to the CNA definition, mentoring involves a voluntary, mutually beneficial, and usually long-term professional relationship, where one person is an experienced and knowledgeable leader (mentor). The mentor supports the maturation of a less experienced person with leadership potential (mentee).

**Mentoring approaches**

Like managers, mentors have their own style and approach.

Batten has several mentoring tactics. For instance, she conducts interviews with each staff member and asks what he or she would like to see changed in the department. Then she assigns them to lead teams to address the problem.

“I serve as their coach and sounding board, often playing the devil’s advocate to challenge them and help them develop critical thinking and analytical skills,” Batten says.

She also creates development plans for each manager, which she and the manager review at least every 6 months. Growth areas include conducting an interview using behavioral interviewing techniques or preparing a draft budget.

“When they come to me with a problem, rather than giving them an answer or direction based on my experiences, I encourage them to seek out resources from HR, risk management, quality improvement, finance, or decision support,” she says. “They learn and retain more that way, plus build relationships that will help them in the future.”

In addition, Batten’s management team meetings include a literature review of a management topic with one person responsible for sharing a lesson learned.

**Support and trust**

Debbie Kisner, RN, PhD, CNOR, administrative director of surgical services at Franklin Square Hospital Center in Baltimore, believes her role as a mentor is to support the professional growth of her staff in the way each one wants to grow.

“I believe a successful mentor looks at people’s needs and talents and provides opportunities and support to place them where they would be of the most service,” says Kisner, who received the 2005 Mentor of the Year award for the Washington, DC, and Baltimore region from Nursing Spectrum magazine.

Kisner provides a nonpunitive environment where it’s permissible to make managerial mistakes as nurses become leaders.

“I had one staff nurse who I asked to become a nurse manager, but she turned it down because she had had such a negative experience as a nurse manager in another institution,” Kisner relates. “She got no support, and when she made a mistake, it was all fire and brimstone.”

With the approach of support and respect, Kisner got her to agree to try management again. “I asked her, ‘What do you need from me? When do you want me to step in? When should I stay out? How can I support you? What’s working? What isn’t?’

“She no longer has the feeling that if she makes a mistake, the ax will drop,” Kisner says. “She knows I’m behind her.”

**Organizational commitment**

Batten says more hospitals are calling on their education departments to provide formal leadership development for staff. But these hospitals are still in the minority.

“For the most part, the profession continues to assume that the best clinicians will naturally become the best managers,” Batten says.

She believes hospitals that want to grow their own leaders must provide training time within the employee’s working hours.

“Managers need to have the flexibility in their schedules to have time to manage by walking around,” Batten says. “FTE budgets need enough cushion to allow for development time.

“We have to take some risks, because not everyone we mentor will be a success story. But in the long run, I believe that if hospitals encourage current managers to
mentor future ones, everyone wins, including the hospital, by reducing turnover rates and associated costs.”

Institutional learning

At Franklin Square Hospital Center, leadership development is ongoing, even for seasoned managers, Kisner says.

The hospital offers formal training for up-and-coming managers through the Nurse Manager Academy at Johns Hopkins University in Baltimore. Also, nurse managers attend the Advisory Board Company’s Nursing Leadership Academy. The hospital pays for the courses and for the students’ time. In addition, the hospital holds quarterly leadership retreats attended by all managers, who study and practice one of the Studer Group’s Five Pillars of organizational excellence (www.studergroup.com).

Franklin Square Hospital has developed a competency-based orientation for new managers in which they partner with an experienced buddy, or sponsor, who shows them skills, such as budgeting and human resource applications. Nurse managers also are required to become proficient in Excel data management software.

“If they know what to do with the data, the more apt they will be to plug it in,” Kisner says.

Power of learning

Baptist Health South Florida, which has 6 hospitals as well as outpatient, diagnostic, urgent care, and ambulatory surgery centers, has an extensive leadership program for cultivating managers.

“Baptist Health is an organization that understands the power of learning and in particular the role leaders have at all levels in making an organization succeed,” says Helen Slaven, assistant vice president and chief learning officer.

Baptist Health offers new and veteran managers several leadership development opportunities:

- A 1-day resource orientation that provides an overview of the manager’s responsibilities and resources.
- “Leading People,” a 7-week course that meets 3 hours once a week, emphasizing personnel management.
- E-leader, a 6-month intensive, blended learning program for experienced managers using e-learning modules from Ninth House Network. Participants complete the online modules and meet in a classroom once a month to discuss what they’ve learned and share successes and failures. “People need to come back and talk about integrating lessons into their real life,” Slaven says. “That’s how people learn to lead—one part knowledge and one part implementation.”
- The Baptist Learning Network, the health system’s corporate university, has online management tools, such as policies and forms. A searchable leading practices database is upcoming.
- A Nursing Leadership Competency Module, recently developed, to assess the skills necessary for nurse managers, directors, and chief nursing officers.
- A formal mentoring program is under construction and should be completed next year, Slaven says.

Resistance

Mentoring isn’t an activity all OR managers will embrace, Batten says.

“Many of our current leaders haven’t had good mentoring themselves and have learned through trial and error,” she says. “Some don’t know how to mentor or don’t feel they have the time to be a mentor along with all of their other responsibilities.”

Batten was director of surgical services at University Community Hospital in Tampa, Fla, when Kathy Schulz, RN, BSN, MS, CNOR, became an OR manager at one of the satellite hospitals. Schulz believes some managers don’t mentor because they feel threatened.

“They worry that if you know what I know, you’ll get my job,” Schulz says. “But if nobody is ready to take your position, you’re not going to get promoted.”

Now an interim manager at Southern Ocean County Hospital in Manahawkin,
NJ, Schulz is a strong mentoring proponent. “We need to mentor and have folks ready to step into our shoes,” she says.

Schulz’s mentoring approach is to send the staff to management training courses that are useful, but mostly it’s to be out of her office and visible, modeling determination and assertiveness.

“You have to be able to see you walk the walk, not just talk the talk,” Schulz says.

Her presence has been especially important in teaching her managers to confront physicians with concerns.

“I believe a lot of times bad things happen because nurses are intimidated by physicians,” she says. “They watch me talk to the surgeons and see I’m not destroyed. They all have my pager number, and I will leave any meeting to come to the OR to back them up.”

Schulz spent 4 years in nursing education, which she believes helps her mentor. “Mentoring is an education process,” she says.

**Rewards**

For mentees, the rewards are many when guided by an effective mentor, says Jane Root, senior manager, leadership and career development, for Sigma Theta Tau International, Honor Society of Nursing. Root says these benefits include:

- connections to resources and networks
- guidance on career direction
- emotional support
- technical expertise
- strategies for involving stakeholders in decision making
- a wider perspective of hospital systems, especially if mentored by a manager in another area of the hospital.

“You can’t have too many people supporting you,” says Root, who oversees Sigma Theta Tau International’s Chiron program, which pairs mentors and mentees in a 1-year partnership to achieve one of the mentee’s professional goals in leadership, scholarship, evidence-based practice, or health policy.

And the rewards for mentors? Linda Phillips-Jones, PhD, of The Mentoring Group in Grass Valley, Calif, lists numerous benefits:

- enhanced people skills
- giving back for what one was given by mentors
- recognition for spotting and attracting talent
- reviewing and validating one’s knowledge and experience
- helping the organization by increasing job satisfaction, loyalty, productivity, and quality
- leaving the world a better place.

“Taking the time to reach out to others, sharing your life’s wisdom, and conveying your respect for them is probably the least expensive and most powerful way to change the world, one life at a time,” Phillips-Jones says.

For interim manager Kathy Schulz, her reward is celebrating her mentee’s victories.

“It’s so much better for me to stand back and watch someone else succeed,” she says.

—Leslie Flowers

Leslie Flowers is a freelance writer in Indianapolis.

The Baptist Health Nurse Leader Competency Model is in the OR Manager Toolbox at www.ormanager.com
What makes a mentor effective?

An effective mentor:
• listens carefully without first interpreting or judging
• creates an environment of mutual trust, empathy, and understanding
• holds back a bit, giving mentees time to process situations and draw conclusions
• lets mentees make managerial mistakes occasionally without judgment or condemnation
• has a positive attitude and outlook
• has a caring approach toward others
• draws on people’s strengths
• is a savvy insider, seasoned veteran, and experienced practitioner
• is a model employee and exemplary professional
• is a good communicator
• is trusted, respected, and admired
• enjoys learning
• loves people
• has been a mentee
• knows when to end the mentor relationship.

Sources
Sandra Batten, RN, MSN, CNOR, supply chain performance improvement consultant, former director of surgical services.


Spotting leadership talent

What are the qualities to look for in a potential perioperative nurse leader?
• Shows interest in leading
• Volunteers for projects
• Has a positive attitude: “makes lemonade out of lemons”
• Sees and understands the larger picture
• Understands interconnectedness of roles and responsibilities
• Is other-centered, not self-centered
• Seeks feedback about her or his own performance
• Has good time-management skills
• Has insight into herself or himself
• Learns from experiences.

Sources
Beth Babin, director of organizational learning and development, Tulane University Hospital and Clinic, New Orleans

Jane Root, senior manager, leadership and career development, Sigma Theta Tau International, Honor Society of Nursing

Kathy Schulz, RN, BSN, MS, CNOR, interim director, Southern Ocean County Hospital, Manahawkin, NJ
Mentoring resources

**Canadian Nurses Association**

*Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentoring.*

**Sigma Theta Tau International, Honor Society of Nursing**

www.nursingsociety.org/career

Web site has mentoring link, plus a directory of leadership development programs and online continuing education management courses.

**Leadership development programs**

**Nurse Manager Academy**

The Institute for Johns Hopkins Nursing
www.ijhn.jhmi.edu/NurseManager/default.htm

**Nursing Leadership Academy**

The Advisory Board Co

**Ninth House Network**

www.ninthhouse.com