

Creating Healthy Work Environments 2019

Peer Mentorship for Unit-Based Council Chairs

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An important component of a strong healthy work environment is staff empowerment and shared decision making. Unit based councils (UBC), are the foundation of the shared governance model that we developed at our Magnet recognized community hospital. UBC's are staff led meetings that promote shared decision making and allow the frontline staff to optimize patient outcomes. However, many bedside nurses lack leadership training or experience with leading meetings, which can make the success of these meetings challenging (Shiskowsky, 2016). One of the most important catalysts in the enhancement of leadership skills is effective mentoring (Holliday, Dawson & Hall, 2017). With this in mind, I modified an existing unit level mentorship program, to design a peer mentorship program for our UBC chairs.

According to the AACN Standards for Establishing and Sustaining Healthy Work Environments, 2nd edition, there are six standard elements to a healthy work environment (HWE); skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership (2016). This mentorship program is designed to promote each of these standards and strengthen HWE's. By offering constructive feedback and encouraging open dialogue, nurses become effective communicators and promote interprofessional collaboration. One of the critical elements of the authentic leadership standard is that the health care organization needs to make a formal mentoring program available for nurse leaders (2016).

Mentoring is a tool that many other disciplines have found invaluable to leadership development; however, nursing seems to be lacking overall in formal mentorship programs (Nickitas, 2014). When studied, mentoring programs prove to be an effective tool for development of leadership skills as well as developing a sense of belonging and well-being, professional growth and providing effective communication skills (Jakubik, Eliades, & Weese, 2016).

The program runs over a year and pairs up chairs of UBC's randomly. Each pair is asked to meet at least six times a year, attend a UBC meeting of your peer and evaluate for strengths and opportunities for improvement, arrange a meeting between the mentor pairs and their managers, so the four can discuss what UBC means, what is the focus and see if the council is living up to everyone's expectations. The pairs share ideas and feedback and issues and solutions can be shared at our shared governance council for discussion and brainstorming.

The goals of the program are to build and maintain partnerships between chairs and leaders, strengthen peer relationships, to act as resources for one another and for mutual learning. After our inaugural year of new shared governance councils we considered opportunities for growth among our UBC colleagues. Several leadership skills were identified; ability to communicate, organize, prioritize, motivate and inspire others. In addition to; creating agendas, developing action plans and managing conflict (Player & Burns, 2015). Beyond the UBC chair position, we knew that developing our chairs would not only benefit the success of their UBC's but also grow rising leaders among our nursing staff. All along the professional spectrum, from new nurse to expert, having mentors and role models are vital for emotional support, knowledge building, networking, and expert guidance (Florczak, Collins & Schmidt, 2014).

While we are in the first year of our mentorship program, feedback from the UBC chairs have been favorable. Mentorship programs have proven to be effective for enhancing leadership skills. By developing and supporting our UBC chairs to mentor one another and become more confident leaders, we anticipate benefits including more effective meetings, successful initiatives, and improving patient outcomes and experience. We have already realized increased staff engagement and involvement. By

mentoring our peers we aim to provide each other with the skills, accountability, resources and confidence to ensure excellence in practice.

Title:

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Keywords:

peer mentorship, shared governance and unit based councils

References:

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Abstract Summary:

A new peer mentorship program for Unit Based Council (UBC) chairs at our Magnet recognized community hospital has formalized collegial support and builds confidence for successful empowerment and shared decision making at the point of care. Facilitation of successful UBC leadership is critical a healthy work environments.

Content Outline:**1. Introduction**

1. successful shared governance model
2. peer mentorship as intentional process for leadership development

2. Body

1. Main Point #1 evidence supports mentorship
 1. Supporting point #1 AACN Healthy Work Environment Initiative
 1. a) *Skilled communication*
 2. b) *Authentic leadership*
 2. Supporting point #2 Mentorship as Leadership Tool
 1. a) *Enhances leadership skills*

2. Main Point #2 Program Development
 1. Supporting point #1
 1. a) *Process of development*
 2. b) *Goals of program*
3. Main Point #3 Implementation
 1. Supporting point #1
 1. a) *Building in identified leadership skills*
 2. Supporting point #2
 1. a) *Early evaluation*
 2. b) *Feedback from participants / mentor pairs*

III. Conclusion

1. early success
2. ongoing development

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Professional Experience: I have over 20 years of clinical nursing experience in critical care nursing and hold CCRN and grief counselor professional certifications. I have served as UBC chair and shared governance council chair for multiple years. I will graduate with my MSN in leadership in Administration in September 2018.

Author Summary: Denise graduated with her BSN from Plattsburgh State University in New York. Currently, she works at the bedside in critical care. Denise has been a leader among her peers and implemented a mentor program on her unit. Denise is currently the chair of an organization wide shared governance council.