

Kansas Leadership and Mentorship Survey

Final Report, July 2014

The Kansas Leadership and Mentorship Survey was developed and administered by the Kansas Action Coalition (KSAC) Leadership Team and the Promoting Nursing Education in Kansas (PNEK) Project Staff. Data were collected between November, 2013 and January, 2014. **971 Kansas RNs** completed the survey.

Workforce within the Kansas Organization of Nursing Leaders Regions

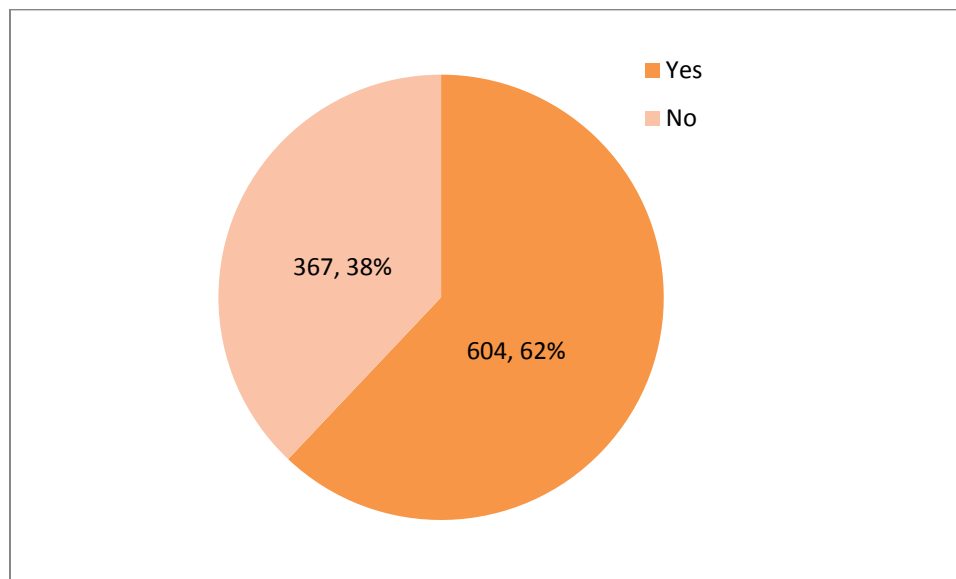
Respondents were asked to name the county for the organization that they identified as their primary nursing position. Counties were organized into the eight Kansas Organization of Nursing Leaders (KONL) regions: Region 1, Region 2, Region 3, Region 4, Region 5A, Region 5B, Region 6A, & Region 6B. Initially, county was not a variable in the survey; subsequently, there are 157 missing data. The remaining data (n = 814) were used to identify RN workforce within the eight KONL regions.

The following table provides the number and percentage of healthcare organizations at which nurses identified as their principal nursing position within the eight KONL regions (n = 814).

KONL Region	Number	%
1 (Anderson, Atchison, Coffey, Douglas, Franklin, Jefferson, Johnson, Leavenworth, Linn, Lyon, Miami, Osage, Shawnee, Wyandotte)	306	37.6
2 (Allen, Bourbon, Cherokee, Crawford, Greenwood, Labette, Montgomery, Neosho, Wilson)	51	6.3
3 (Brown, Clay, Dickinson, Geary, Jackson, Marshall, Morris, Nemaha, Pottawatomie, Riley, Washington)	65	8.0
4 (Butler, Cowley, Harper, Harvey, Kingman, McPherson, Marion, Reno, Rice, Sedgwick, Sumner)	251	30.8
5A (Cloud, Ellis, Jewell, Lincoln, Mitchell, Osborne, Ottawa, Republic, Rooks, Saline, Smith)	61	7.5
5B (Cheyenne, Decatur, Gove, Graham, Logan, Norton, Rawlins, Sherman, Thomas, Trego)	22	2.7
6A (Barber, Barton, Edwards, Ford, Ness, Pawnee, Pratt, Rush, Stafford)	24	2.9
6B (Finney, Grant, Greeley, Haskell, Lane, Meade, Morton, Scott, Seward, Stevens, Wichita)	34	4.2
Total	814	100

The following counties(KONL regions) were not represented in the survey responses: Chase (4), Chautauqua (2), Clark (6A), Comanche (6A), Doniphan (3), Elk (2), Ellsworth (5A), Gray (6B), Hamilton (6B), Hodgeman (6A), Kearney (6B), Kiowa (6A), Marshall (3), Phillips (5A), Pottawatomie (3), Russell (5A), Sheridan (5B), Stanton (6B), Wabaunsee (1), Wallace (5B), and Woodson (2).

Leadership Roles at Work, Professional Organization, and/or Community



The majority of nurses reported that they were in a leadership position. The most common leadership roles reported were organizational administrative positions, such as quality improvement roles; nursing administration and management (CNOs, nurse managers), and practice committee chairs and/or members. Other positions included government or professional organization elected positions, Board member, mentor/consultant, and community organization leader.

Desire to Serve in Leadership Positions

An interest in leadership positions was distributed fairly equally among formal leadership positions, and service oriented leadership opportunities.

Leadership Positions	Yes	%	No	%
Healthcare Volunteer Organization	206	21.2	765	78.8
Administrative Leadership	190	19.6	781	80.4
Community Organization	171	17.6	800	82.4
Hospital or Other Governance Board	146	15.0	825	85.0
Elected Position in Professional Nursing or Specialty Organization	144	14.8	827	85.2
Shared Governance	98	10.1	873	89.9
Other	55	5.7	916	94.3
Elected Position at any Level	51	5.3	920	94.7
School Board System	47	4.8	924	95.2

Because respondents could select none to all of the options, the numbers and percentages do not equal an N of 971 or 100%.

Additional leadership roles identified included government elected positions (0.32%) and other professional organizations leadership positions (<0.40%). Eighteen nurses reported that they wanted



to continue in their current leadership positions or had achieved their leadership goals. 15% (n = 141) of the respondents indicated that they were not interested in serving in a leadership position.

Barriers that Prevent RNs from Becoming a Leader or Developing Current Leadership Positions

The KAC Leadership Team identified seven potential barriers to nurses becoming leaders or developing their leadership positions.

Barriers	Yes	%	No	%
Time available during work hours for participation as a leader	339	34.9	632	65.1
Time available outside of work hours for participation as a leader	327	33.7	644	66.3
Would like more leadership development before serving	157	16.1	818	83.9
Lack of support from supervisor to participate in leadership roles	137	14.1	834	85.9
Lack of support from interdisciplinary colleagues to participate in leadership roles	128	13.2	843	86.8
Service in a leadership role will not be recognized by my organization	109	11.2	866	88.8
Conflict of interest between organizations	57	5.9	914	94.1

Because respondents could select none to all of the options, the numbers and percentages do not equal an N of 971 or 100%.

Time available during work hours was the most frequently reported barrier (35%), followed by time available outside of work hours (34%). Other self-described barriers included limited opportunities (1.2%), organizational politics (0.37%), and personal issues (0.59%). Some respondents also reported that leadership goals were already achieved; they were not interested in pursuing leadership opportunities; or they did not experience barriers to becoming or developing as leaders.

Respondents were then asked to rank the three barriers they believed were most significant. The following table provides the percentage per ranking or not applicable (if nurses did not believe this barrier was in the top three):

Barriers	1	2	3	N/A
Time available during work hours for participation as a leader	16.2	11.7	4.3	67.8
Time available outside of work hours for participation as a leader	11.7	11.6	6.1	70.5
Lack of support from supervisor to participate in leadership roles	7.8	3.2	2.7	86.3
Would like more leadership development before serving	4.3	4.4	4.7	86.5
Lack of support from interdisciplinary colleagues to participate in leadership				88.0



roles	3.4	5.0	3.6	
Service in a leadership role will not be recognized by my organization	2.7	3.5	4.0	89.8
Conflict of interest between organizations	1.6	1.4	2.1	94.9

Time available during work hours for participation as a leader was ranked most often as the top two barriers to optimizing leadership positions, with time available outside of work ranked secondly as the first and second barrier. Time outside of work and more leadership development were ranked most often as the 3rd most significant barrier.

Professional Leadership Development

Personal leadership and influencing policy were the most common areas for professional leadership development.

Professional Development Programs	Yes	%	No	%
Personal Leadership Skill Development	318	32.7	653	67.3
Understanding How to Influence Policy	309	31.8	662	68.2
Networking Skill Development	249	25.6	722	74.4
Understanding Budget and Finance	250	25.6	725	74.4
Communication Skill Development	231	24	744	76
Skill Development for HCO Board	199	20.5	772	79.5
Other	40	4.1	935	95.9

Because respondents could select none to all of the options, the numbers and percentages do not equal an N of 971 or 100%.

Additional leadership development needs identified by respondents were reinforcement of prior leadership development (0.23%), advancing their education (0.19%), and development as a manager (0.19%).

Focused Leadership Development Program

61% (n = 434) of the 971 respondents are interested in attending a leadership program to be prepared to serve in a board position.

Mentor/Mentee Program

The last component of the survey was to identify nurses who would be interested in mentoring students and students interested in having a mentor. 48% (n = 463) of the respondents expressed an interest to mentor a nursing student. Of the respondents who wanted to mentor a student, the majority were interested in mentoring students in entry-level educational programs (35% ADN and 34% BSN).

Interest in Being a Mentor

Academic Program	Yes	%
Associate Degree	340	35



Baccalaureate Degree	330	34
Master's Degree	96	10
Doctoral Degree (PhD)	17	2
Doctoral Degree (DNP)	22	2

16% (n = 160) of respondents either are currently in a nursing academic program or are considering advancing their education and would like a mentor. Eight respondents who indicated they were a student or considering academic progression did not identify which academic program for which they would like a mentor.

Interest in Being Mentored

Academic Program	Number	%
Associate Degree	2	1
Baccalaureate Degree	40	27
Master's Degree	69	45
Doctoral Degree (PhD)	9	6
Doctoral Degree (DNP)	32	21
Total	152	100

“Additional thoughts or ideas about the nursing profession in Kansas or comments about the survey”

Forty comments were provided by the participants. Most were coded and collapsed into 3 themes with one overarching theme: Advocating for RNs, students, and Kansans. Comments that did not contribute to the understanding leadership roles, and goals, and student mentoring were not included in the analysis.

Themes	Comments
Appreciation for leadership	“I choose not to do any leadership roles right now due to family demands... But I certainly support and recognize the contribution of others who do choose to be in those roles.”
Importance of education and experience	<p>“ADN's should have more financial help in going back to school.; We've done our time in the work force we could use help going for a BSN.”</p> <p>“I feel all levels of education are important to RNs' work. Experience is by far, the key along with realistic goals.”</p> <p>“Too much focus on degrees/formal education vs years of experience/ non-degree focused professional/personal development. Many leaders with BSN//MSN lack nursing experience/common nursing sense.”</p>
Value mentor/mentee relationships	“I enjoyed mentoring nursing students, CNA's/techs and would someday love to be able to again, just not now.”



“I believe heartily in mentorship, am currently very involved in mentoring my successor and looking forward to exploring interest outside of my nursing career.”

“When I graduated from nursing school, I was disappointed that my organization did not pair me with a mentor, and because I was new, I did not have the contact base to locate a mentor on my own.”

KONL Regional Data

Data were analyzed for frequencies per each of the KONL regions for leadership roles, interest in a focused leadership development program, barriers, and professional development needs.

Leadership Roles at Work, Professional Organization, and/or Community

Region	Yes	%	No	%	Total
1	174	57	132	43	306
2	35	69	16	31	51
3	37	57	28	43	65
4	165	66	86	34	251
5A	44	72	17	28	61
5B	15	68	7	32	22
6A	15	63	9	37	24
6B	29	83	6	17	34
Total					814

Over 50% of the respondents (Range 57% - 71%) within each region reported being in a leadership role at work, within a professional organization and/or in a community organization.

Interest in a Focused Leadership Development Program

Region	Yes	%	No	%	Total
1	140	58	100	42	240
2	25	64	14	36	39
3	29	59	20	41	49
4	119	61	75	39	194
5A	26	58	19	42	45
5B	11	65	6	35	17
6A	11	61	7	39	18
6B	19	68	6	32	28
Total					630

Over half of nurses in each region (Range 58 – 68%) were interested in participating in a focused leadership development program.



Region 1

Barriers that prevent RNs from becoming a Leader or developing current leadership positions: Time available during work (40%) and time available outside of work (39%) were the two most frequently reported barriers.

Professional development programs: Personal leadership skill development (35%) and understanding how to influence policy (32%) were the two most frequently reported leadership development needs.

Region 2

Barriers that prevent RNs from becoming a Leader or developing current leadership positions: Time available during work (41%) and time available outside of work (37%) were the two most frequently reported barriers.

Professional development programs: Understanding how to influence policy was the most frequently reported leadership development need (45%), followed by networking skill development (30%) and personal leadership skill development (30%).

Region 3

Barriers that prevent RNs from becoming a Leader or developing current leadership positions: Time available during work (37%) and time available outside of work (37%) were the two most frequently reported barriers.

Professional development programs: Personal leadership skill development (35%), followed by communication skill development (31%), and understanding how to influence policy (31%) were the three most frequently identified leadership development needs.

Region 4

Barriers that prevent RNs from becoming a Leader or developing current leadership positions: Time available during work (38%) and time available outside of work (38%) were the two most frequently reported barriers.

Professional development programs: Personal leadership skill development (36%) and understanding how to influence policy (32%) were the two most frequently reported leadership development needs.

Region 5A

Barriers that prevent RNs from becoming a Leader or developing current leadership positions: Time available during work (30%) followed by time available outside of work (26%) were the two most frequently reported barriers.

Professional development programs: Communication skill development (36%) and understanding how to influence policy (34%) were the most frequently reported leadership development needs.

Region 5B

Barriers that prevent RNs from becoming a Leader or developing current leadership positions: Time available during work (41%) followed by time available outside of work (36%) were the two most frequently reported barriers.

Professional development programs: Communication skill development (41%), understanding budget and finance (41%), and understanding how to influence policy (41%) were the three most frequently reported leadership development needs.

Region 6A

Barriers that prevent RNs from becoming a Leader or developing current leadership positions: Time available outside of work (29%) time available during work (25%) and lack of support from interdisciplinary colleagues to participate in leadership roles were the three most frequently reported barriers.

Professional development programs: Skill development for a healthcare organization board was the most frequently identified leadership development need (33%). Personal leadership skill development (25%), understanding budget and finance (25%), and understanding how to influence policy (25%) also identified as important leadership development areas.

Region 6B

Barriers that prevent RNs from becoming a Leader or developing current leadership positions: Time available during work (32%) and time available outside of work (32%) were the two most frequently reported barriers.

Professional development programs: Personal leadership skill development (35%) and understanding how to influence policy (35%) were the two most frequently reported leadership development needs.



