

Nebraska Action Coalition's Efforts to Lead Change with Mentorship and Board Leadership

Michelle L. Johnson, PhD, RN, Bryan College of Health Sciences

Katherine Williams, EdD, RN, CHI Health

Stacie Ethington, MSN, RN, Nebraska Medicine

In 2010, the Institute of Medicine (IOM) provided the nursing profession with eight recommendations (Table 1) in its influential report, *The Future of Nursing: Leading Change, Advancing Health*. The report was written as a means for enhancing the nation's health and involving nursing in the process. During the same time, The Future of Nursing: *Campaign for Action* was formed to assist the nursing profession with advancing the recommendations and achieving the prescribed goals, some of which were projected for completion by 2020 (IOM, 2010). As the most trusted profession, nurses in all settings are essential partners in creating a healthier nation through transforming healthcare systems, enhancing health care delivery and improving access to care (Campaign for Action, n.d.; IOM, 2010). In alliance with the Robert Wood Johnson Foundation, the American Association of Retired Persons (AARP) Foundation and AARP, the *Campaign for Action* established 51 Action Coalitions in all 50 states and Washington, D.C. Since their inception, Action Coalitions have been networking with their community partners to support and empower nurses who have taken action towards improving the nation's health and well-being (Campaign for Action, n.d.; Nebraska Action Coalition: Partnerships, 2018).

In 2011, the Nebraska Action Coalition (NAC) was established through the vision and diligence of nurse leaders who were dedicated to ensuring that Nebraska nurses were part of the national initiative to improve the quality, safety and delivery of healthcare nationwide (Cramer, Lazure, Morris, Valerio & Morris, 2013). NAC is comprised of three teams (leadership, education, and practice); each team focuses on separate IOM recommendations that are unique to its purpose. The leadership team, for example, advances the IOM recommendations which address the importance of involving nurses as members of interprofessional healthcare teams collaborating on redesigning healthcare practice and improving healthcare systems (IOM, 2010,

Recommendation 2), along with preparing nurses across all settings to seek leadership positions within a variety of sectors and on various decision-making boards (IOM, 2010, Recommendation 7).

Through its dedication to advancing the future of nursing and action-oriented processes, NAC has been recognized as a strong Action Coalition. Among the 51 state coalitions, Nebraska is known as a state that will get things done, a recognition shared by the *Campaign for Action* (V. Vinton, personal communication, March 27, 2018). Developing a mentorship program and providing board and leadership training are examples of the opportunities NAC provides for nurses seeking to develop their leadership skills and prepare them for board or leadership positions.

### **Mentorship Program**

Early in 2013, NAC conducted a needs assessment to determine Nebraska nurses' interests in a mentorship program and their receptivity to participating as a mentor or mentee. A survey was distributed to nurses across the state and the findings were used to develop a formal mentoring program. In 2014, the inaugural cohort of mentor/mentee dyads began the mentorship program. Mentors provided biographies; mentees were encouraged to select their mentors based on the best-fit. Initially, mentor/mentee dyads were to be paired based on the region of the state they were located in; however, some dyads are now paired based on best-fit, outside of regional boundaries.

Mentorship is defined as a "...relationship between a novice and an expert practitioner that promotes role socialization, creates a supportive environment...and, fills the gap between didactic and real-world experience" (Frederick, 2014, p. 587). Mentorship can be successful across all settings of nursing, ranging from frontline nurses providing care at the bedside to using

mentoring as a tool for succession planning. Regardless of the setting, mentors are to guide mentees towards success in their nursing practice and encourage their development as nurse leaders. The literature suggests for a healthy mentoring relationship to occur, the mentor and mentee are to recognize the need for the relationship to convene and be committed to the mentoring process (Minnesota Nursing Association's Commissions on Nursing Practice and Education, 2013). When commencing a mentoring relationship, the ideal length of time for the mentor/mentee dyad to meet formally is between three to 12 months (Goldner & Mayseless, 2009).

### **Mentor/Mentee Toolkit**

The NAC leadership team worked diligently on devising a toolkit to assist the dyads with the mentoring process of preparing nurses for leadership positions. The Mentor/Mentee Toolkit is the result of an accumulation of key resources based on evidence from the literature. The Mentor Guidelines lay out a clear purpose for the mentor/mentee relationship, providing guidance for the mentor's role. The guidelines offer tools such as conversations starters, do's & don'ts of mentorship, and icebreaker activities to use during formal mentoring sessions. The Mentee Guidelines provide similar supportive tools for the mentee and include a goal-setting document. For the mentor/mentee dyad seeking to formalize their relationship, the toolkit includes a Mentor/Mentee Agreement that specifies goals and frequency of meetings. Finally, an evaluation form is included in the toolkit to gauge the quality of the mentoring relationship and to provide future opportunities for relationship building (NAC: Leadership Training Module, 2018). To date, NAC has successfully navigated two mentor/mentee dyad cohorts. NAC offers rolling enrollment in the mentorship program, so mentoring may begin once the dyad is formed.

### **Advancing Board Leadership through NAC**

Moving nurses to the table is best done through opportunities that prepare nurses to lead and manage diffuse collaborative improvement efforts (IOM, 2010, Recommendation 2). To increase the number of nurses serving on boards across the country, The Honor Society of Nursing, Sigma Theta Tau International (STTI) launched the STTI Board Leadership Institute in April 2014. The major goal of the Board Leadership Institute was to increase nurses' knowledge of board membership, develop skills and enhance competencies as preparation for moving nurses to the table (Oakes & Vlasich, 2014). In 2014, NAC sponsored a member to attend the Board Leadership Institute as part of NAC's initiative to prepare nurses for board leadership. During the board leadership training, participants were introduced to board structure, what nurses have to offer as board members, what to look for when seeking board membership, and the importance of diffusing nursing's voice when involved in collaborative board efforts (Oakes & Vlasich, 2014). More resources on board and leadership training may be found on NAC's website by selecting the Leadership Training Module button.

### **Decision-Making Board Opportunities**

Decision-making boards benefit from the addition of nurses as their members. The level of critical judgment and focus nurses provide, among other attributes, are beneficial no matter the type of board on which nurses hold seats (Prybil, Dreher & Curran, 2014). In general, nurses who provide decision-making board service develop a passion for this type of leadership (Pate, 2013).

The Nurses on Boards Coalition, 20% by 2020 Women on Boards, and Action Coalitions of individual states encourage nurses to move toward decision-making board service. These organizations work to compile the number of nurses serving on boards, aside from any board service associated with nursing organizations. One goal of NAC's leadership team is to increase

the number of nurses on boards, with a goal of 61 nurse on decision-making boards by 2020. Currently, 38 Nebraska nurses are active members of decision-making boards outside of professional nursing organizations (V. Vinton, personal communication, March 27, 2018). Because many nurses are women, the work of Women on Boards is important. Nationally, “of the 801 active Gender Diversity Index companies, women now hold 20.8% of board seats...” (2020 Women on Boards, 2017, p.2). Although the percent of women holding board seats has increased, it is still concerning particularly since boards with female members are 42% more profitable, less likely to have problems with fraud, and are more likely to have the kinds of healthy, productive board meetings that characterize successful companies (Cleveland.com, 2014). Knowing that nurses are extremely effective, it is reasonable to expect even greater outcomes with nurses on boards.

Nurses with a desire to move into board service have several easy ways to begin their involvement. The Nurses on Boards Coalition offers an area on their website for nurses to be notified when board opportunities arise; they are listed per area of interest (Nurses on Boards Coalition, 2018). Another opportunity is through the state Action Coalitions. Many post board vacancies for consideration. NAC also offers a webinar for nurses interested in seeking board membership (NAC: Teams – Leadership Opportunities, 2018). It is the hope of the Nurses on Boards Coalition, state Action Coalitions, and other groups (e.g. Women on Boards, American Association of Men in Nursing, National Black Nurses Association, the National Council on Nonprofits, etc.) that nurses begin to diversify boards by serving as members. Diversity improves the community or organization served; diverse perspectives enhance decision-making (National Council of Nonprofits, 2018).

### **Conclusion**

NAC has taken positive steps to lead change for the future of nursing. The two areas highlighted in this article demonstrate a positive movement toward advancing nurses as leaders across all settings. Promoting mentor/mentee dyads creates stronger nurse leaders through building meaningful relationships. Increasing the number of nurses on decision-making boards allows others to understand what nurses know and have to offer, and also improves nurses' leadership skills. Action Coalitions, as showcased by NAC, are able to create a positive change for nursing's future.

### **Contact Information**

If you are interested in learning more about NAC, becoming a mentor or mentee, and/or joining a decision-making board, please contact any author, or send an inquiry by accessing the Contact Us button on NAC's website (<http://neactioncoalition.org/>). Please access the Campaign for Action website (<https://campaignforaction.org/>) to learn more about state action coalitions and the work of nurses towards building healthy communities.

Authors' contact information:

Michelle L. Johnson, PhD, RN, Co-lead Leadership Team

email: [michelle.johnson@bryanhealthcollege.edu](mailto:michelle.johnson@bryanhealthcollege.edu)

Stacie Ethington, MSN, RN, Co-chair of the East region – Leadership Team

email: [sethington@nebraskamed.com](mailto:sethington@nebraskamed.com)

Katherine Williams, EdD, RN, Leadership Team member

email: [girardkathy@gmail.com](mailto:girardkathy@gmail.com)

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## Appendix

**Table 1***Institute of Medicine (2010): Highlights of the Eight Recommendations to the Nursing Profession*

Number	Recommendation
1	Remove the historical, regulatory and policy barriers that do not allow nurses, including advanced practice registered nurses, to practice within the full scope of their education and training.
2	Increase opportunities for nurses to lead and manage interprofessional healthcare teams collaborating on efforts related to conducting research, redesigning practice, improving practice environments, and restructuring health systems.
3	Take action towards designing and implementing nurse residency programs as a means for providing nurses with seamless transitions from school to practice; support new graduates and assist them with developing their knowledge, skills and confidence.
4	Raise the percent of baccalaureate prepared nurses to 80% by 2020; further education and competencies in domains like community and public health, geriatrics, leadership, health policy, systems improvement, research and evidence-based practice, interprofessional teamwork, etc.; increase diversity in the workforce to meet the needs of diverse populations across the lifespan.
5	Double the number of doctoral prepared nurses by 2020; increase the number of nurses with doctoral degrees in the domains of education, science and research, with attention given to building a diverse workforce.
6	Engage nurses in lifelong learn by providing opportunities for continuing education; provide opportunities to learn how to competently care for diverse populations across the lifespan.
7	Mentor nurses in all settings to develop leadership skills; prepare nurses to assume leadership positions across all domains; promote nurses as leaders of decision-making boards.
8	Build an infrastructure to support data collection and timely analysis of the interprofessional healthcare workforce; systematically assess the nursing workforce to project needs for education and practice.

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*Note.* Adapted from “Future of nursing: Leading change, advancing health” printed by The National Academies Press, Washington, D.C. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>.