

Mentoring:

An Approach to Developing Leadership in Nurse Faculty Through an Innovative Clinical Simulation Project

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An 18-month Nurse Faculty Mentored Leadership Development (NFMLD) program provided the opportunity for a novice nurse faculty to collaborate with an expert faculty leader to develop exemplary leadership skills and lead a team-based simulation project. The concept of a mentoring triad served

as the relationship foundation. Each scholar and mentor dyad was linked to a faculty advisor to form a triad. The 3 goals of the NFMLD were individual leadership development, advancement of nursing education practice through a team-based leadership development project (LDP), and organizational change.

BACKGROUND

Nursing education is currently facing 3 major issues, that of a faculty shortage, an aging faculty, and leadership in nursing education preparation.¹ In 2009, the National League for Nursing² reported that 30% of full-time nurse educators of all ranks are 60 years and older. Research also suggests that newer faculty are dissatisfied with their job or roles in nursing education and academia,³ making the retention of nursing faculty another aspect to consider. The shortage of new faculty, retention of current faculty, and the looming retirement of faculty leaders will leave colleges and schools of nursing with a shortage of faculty to educate future nurses. These issues have the potential to vastly influence healthcare in future years, thus making it more important than ever to tap into the expertise of seasoned educators.

Additionally, evidence suggests that nurse educators lack preparation in leadership. A study of faculty and administrators in nursing programs in the United States found that 63% of the respondents had no desire to move into a position with greater administrative responsibility,⁴ and those that do accept formal leadership roles are often thrust into their positions with insufficient leadership education or experience.⁵ This is concerning, because academic leadership has been shown to affect faculty satisfaction and retention, as well as the health of the overall work environment.^{6,7}

Mentoring offers one solution to address these issues. Dunham-Taylor, Lynn, Moore, McDaniel, and Walker⁸ wrote, "Mentorship can be the single most influential way to help in the successful development and retention of new nursing faculty, not only for the initial purpose of filling a vacant position but also for the long-term maturation of nurse faculty members."^{8(p337)} However, although many recognize the importance of mentoring, formal mentoring programs are limited.

The NFMLD program was a pilot program that focused on leadership development in nursing education. The program supported a mentoring relationship between a novice faculty with leadership potential and a faculty mentor who is a recognized leader and role model. The mentor and scholar were intentionally from differing institutions. Qualifications for the mentor included characteristics, such as competence, caring, commitment, and nurturing, with the relationship being hinged on trust, communication, and mutual respect. An NFMLD faculty advisor was the resource to support the dyad in accomplishing program goals. The leadership development framework was Kouzes and Posner's⁹ fundamental practices of exemplary leadership: model the way; inspire a shared vision; challenge the process; enable others to act; and encourage the heart.^{9(p14)} These 5 practices were applied to support the novice faculty and facilitate the development of leadership qualities that could be used in future leadership opportunities in nursing education. The vehicle for the implementation of the practices was a team-based LDP. Although project outcomes were important, the major program emphasis was for the scholar to be able to develop exemplary leadership practices with mentor support and to lead a project from conceptualization through completion.

Clinical simulation was the team-based LDP of this dyad. The project focus was to advance the clinical simulation practices in an acute care course at a baccalaureate nursing program. With the rapid advancements in the science of simulation in nursing education, this scholar identified an opportunity to influence simulation practice at her university, and the LDP provided a perfect opportunity for change.

THE NFMLD AND LEADERSHIP DEVELOPMENT

The first component of the NFMLD was individual leadership development. At the program outset, the scholars reflected upon their personal philosophy of teaching, assessed their leadership styles, and completed a mentoring inventory, in addition to identifying and continually redefining the LDP. Faculty conducted a workshop that focused on leadership knowledge and tools, networking, development of leadership skills, commitment to the process, setting a pathway and seeking leadership opportunities, enhancing the educator and leader role, and accessing the expertise of faculty and mentors during the journey. Mentors were charged with sharing what leadership means to them, providing a foundation and support for the relationship, and clarifying their responsibility.

Scholars created an individual leadership development plan (ILDP) focusing on goals and objectives to advance their leadership journey over the 18 months of the program and for the future. The ILDP was a fluid document that the dyad continually used to reaffirm and evaluate progress. The mentor also assisted the scholar to remain focused on the development and use of exemplary leadership practices that were crucial to project success. Throughout the program, scholars continually reassessed their leadership styles and their role as a leader in change. Open communication was key to success.

A TEAM-BASED PROJECT: CLINICAL SIMULATION

The second program component was a team-based LDP. Once the scholar's ILDP was created, reviewed with the mentor, and revised, the focus moved to using the leadership practices in leading the team project. This scholar's project focused on advancing the use of simulation in an acute care medical-surgical course. Although simulation was an integral component of the advanced medical-surgical course, the simulation delivery format, as well as the debriefing component, was in need of change. However, in order to change the student simulation experience, this scholar had to elicit support of several faculty and staff. Part of the leadership program focused upon developing a strategic plan, which included a needs assessment, stakeholder analysis, problem identification, vision, mission, goals, methodology, action plan, and evaluation plan. The strategic plan was an integral aspect for project success, because it provided a continual focus.

The strategic plan began with a needs assessment and stakeholder analysis. For this project, the identified need was to move clinical simulation in the medical-surgical course to the next level; this was one of the only courses that did not have an updated simulation design to include a structured debriefing method with the high-fidelity simulation. The key stakeholders were the director of the simulation center

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