

THE VALUE OF LEADERSHIP DEVELOPMENT THROUGH MENTORING

More Experienced Colleagues Can Help Protégés

Health care is a dynamic field challenged by development of new technology, response to consumer expectations, and industry consolidations and mergers. Effective leadership is essential for health care organizations to survive and thrive. Employers often rate leadership skills as the most important competence for employees. Today's global marketplace offers many opportunities for talented leaders. The challenge for organizations is to retain and develop leaders within their current workforce.¹

This article will describe mentoring as a component of leadership development. Several studies from the literature — relating benefits of mentoring — will be summarized. Analysis of the value of mentoring and the outcomes realized within a single health care system will be discussed.

Many organizations use a structured approach to mentoring for development of potential leaders and managers for the future as well as retention of employees.² Mentoring can be used to motivate employees by providing direction and intensifying specific competencies. For simplicity in this article, the term mentor will be used to describe the individual with more experience or skills and protégé as the term for the individual with lesser skills.

STUDIES ADDRESSING MENTORING

Mentoring is defined as a “deliberate pairing of a more skilled or experienced person with a lesser skilled or experienced one, with the agreed upon goal of having the lesser skilled person grow and develop specific competencies.”³ Sosik & Godshalk recommend that organizations devote resources to implementing and supporting mentoring programs.⁴ The benefits of mentoring for the protégé include career development, preparation for additional responsibilities and enhancement of leadership skills. The organizational

benefits derived from mentoring are improved retention of management staff, leadership development, effective succession planning, and increased organizational commitment on the part of protégés.^{5,6,7} Mentoring may represent an inexpensive way to proactively influence employee attitudes and perceptions, and also reduce turnover.

DESCRIPTION OF ORGANIZATION

Affinity Health System is an integrated health care system in the upper Midwest consisting of 4,100 employees, three acute care hospitals, 28 clinic sites, a long-term care facility, and a regional health insurance organization. This Catholic health care system is deeply committed to its mission, vision and values. The culture exemplifies these values and aligns them to the strategic plan and goals of the organization.

The Affinity Leadership Institute (ALI) started in 2003 as a leadership development program with the purpose of recognizing and inspiring high performing leaders within the organization to refine their leadership skills. The inaugural and subsequent annual ALI classes were guided under the direction of the system president and CEO,

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the senior vice president for human resources, and the senior vice president for mission services.

MENTOR/PROTÉGÉ SELECTION

Leadership development cannot be delegated to others within an organization.⁸ Affinity Health System executive leadership owns the process of leadership development, including acting as mentors for the ALI. The responsibilities of mentors are to:

- provide a safe environment for the protégé to comfortably share information.
- build a level of trust with the protégé.
- actively listen to concerns.
- guide protégé to determine correct course of action (mentor cannot make decisions for protégé).
 - serve as a role model.
 - introduce protégé to others who can help her/him advance.
 - recommend a protégé for assignments.
 - provide protégé with honest feedback.

Members of the ALI classes, eligible directors and managers, who were high performers and displayed the organization's values, were selected through a consensus process of the senior leadership team. These 12 protégés were selected from a variety of business units in the organization. The responsibilities of the protégé are to:

- set personal goals and objectives for the mentoring experience within defined timelines.
- establish routine meetings with the mentor to review progress.
- openly share information with the mentor regarding career goals and aspirations.

MENTOR/PROTÉGÉ PAIRING

Individual ALI members were assigned to a mentoring relationship with an executive leader using the following criteria:

- consider ALI member and executive leader preferences.
- check availability and commitment of mentors.
- expand understanding of an unfamiliar segment of the organization.
- find likely compatibility to establish a productive relationship.
- exclude of immediate supervisor as mentor.

AFFINITY LEADERSHIP INSTITUTE STRUCTURE

Three components of the ALI structure were didactic instruction, a group project, and one-to-one mentoring. ALI members gathered for two to three hours of education and interaction twice a month for eight months. Consistent with the organization's focus, one of the first class sessions focused on Catholic foundations of health care, which was designed by mission leaders from organizational sponsors. Other educational sessions addressed areas of organizational and strategic importance. A challenge of a leadership development program is keeping topics fresh and contemporary in health care. Sessions were led by executive leaders based on their expertise and roles in the organization. Increased interaction between executive leaders and ALI participants was an intended outcome of this format.

An expectation of each ALI class was a "deliverable," a group project designed to foster collaboration, develop strengths and expand leadership skills among the participants. Each year, ALI members selected projects based on an expectation to generate a product of organization-wide impact, attainable during the duration of the class yet sustainable beyond the end of the formal ALI sessions.

A 360-leadership assessment tool was used to provide the ALI participant with performance feedback from peers, direct reports, co-workers and her/his immediate supervisor. The mentor and protégé used the information to identify the areas for continued development. Mentoring relationships took many forms from occasional lunch meetings of a primarily social nature to formal structured, goal-directed encounters.

METHOD

Evaluation of the ALI mentoring component was conducted using a written survey tool. The goal of the survey was to obtain feedback regarding the ALI process and to determine value to the participants. Respondents were encouraged to

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write comments with this subjective information included in the analysis. Using an affinity process, surveys from 2004, 2005 and 2006 were analyzed.

FINDINGS

Three major themes emerged: value of mentoring, relationship building and benefits of mentoring. First, ALI participants found the mentoring experience to be highly valuable. Responses from participants included comments such as “my mentor was great” to “this (mentoring) experience would probably be rated highest overall.” One respondent stated that the mentoring experience “pushed me into areas I never dealt with before.”

Second, participants viewed mentoring as a powerful building tool for relationships. ALI members noted that mentoring “developed a spirit of camaraderie” and “friendly fellowship.” In the relationship-building process, ALI members stated their self-confidence was improved because of the interaction.

The final theme focused on the benefits of mentoring, which highlighted individual development, improved decision-making of the ALI member, and ongoing support. ALI members noted this learning experience allowed them to be more effective within the organization. Table 1 (shown below) describes the major components of each theme.

ALI FINDINGS COMPARED TO OTHER STUDIES

The findings regarding ALI mentoring were consistent with the literature review. Mentoring can be beneficial to the organization, the mentor and the protégé.⁹ ALI respondents recognized mentoring as valuable and mutually beneficial. Consistent with the literature, the themes that emerged highlight the important components of mentoring. ALI protégés felt that the mentoring process helped to develop relationships. Mentoring can motivate individuals by providing direction and intensity to specific competencies. The ALI feedback noted positive benefits of suggestions for growth and development, which were offered by mentors.

CONCLUSIONS

Mentoring programs benefit from a well-defined structure. The components of a structured program include a definition of mentoring, identification of roles and responsibilities, specific program outcomes and objectives, and a method to measure outcome achievement.

Mentoring can be a useful strategy to help protégés develop skills in key areas such as decision making, navigating the organization, team development and leadership. The mentor can guide the protégé to identify appropriate courses of action for challenges within the organization. The development of leadership competencies will enable a protégé to step into increasingly challenging management roles in the future. One

Table 1

MAJOR COMPONENTS

Value of Mentoring	Relationship Building	Benefits of Mentoring
Mutually beneficial to both parties, the mentor and protégé.	1:1 relationship with mentor.	Mentors offered suggestions for growth and development.
Considered by some to be the most useful part of ALI process.	ALI fostered 1:1 relationship development with peers.	Helped ALI class members understand organizational decision-making.
Provided an opportunity for timely learning.	Opportunity to build relationship with members of senior leadership team.	Offered ongoing support beyond the ALI experience.

demonstrated success of the program is that ALI members have moved to expanded roles within the organization.

FUTURE RECOMMENDATIONS

The following steps are recommended to enhance the success of mentoring in a leadership development program:

- train mentors.
- refine criteria for mentor/protégé pairing.
- formalize structure for mentor/protégé relationships.
- track effectiveness of mentoring related to succession planning and retention.
- gather information from mentors on the value of the program.

The ALI is one method of developing future leaders within Affinity Health System. The mentoring component of ALI provides valuable leadership development opportunities for protégés through successful mentoring relationships. ■



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NOTES

1. Susan C. Robertson & Maria C. Savio, "Mentoring as Professional Development," *OT Practice* 8 (2003): 12-16.
2. Lisa Ehrich, Brian Hansford & Lee Tennent, "Review of Mentoring in Education: Some Lessons for Nursing," *Contemporary Nurse* 12, no. 3 (2002): 253-264.
3. Margo Murray, *Beyond the Myths and Magic of Mentoring* (San Francisco: Jossey-Bass, 1991).
4. John J. Sosik, & Veronica M. Godshalk, "Leadership Styles, Mentoring Functions Received, and Job Related Stress: A Conceptual Model and Preliminary Study," *Journal of Organizational Behavior* 21, no. 4 (2000): 365.
5. Shannon K. Pieper, "The Mentoring Cycle: A Six-Phase Process for Success," *Healthcare Executive* 19, no. 6 (2004): 16-24.
6. Ron Yudd, "Real-life Mentoring Lights Way for Future Leaders," *Nation's Restaurant News* 37, no. 30 (2003): 48-49.
7. Therese A. Joiner, Timothy Bartram & Teresa Garreffa, "The Effects of Mentoring on Perceived Career Success, Commitment and Turnover Intentions," *The Journal of American Academy of Business* 5, nos. 1 and 2 (2004): 164-170.
8. Gail Scott, "Coach, Challenge, Lead: Developing an Indispensable Management Team," *Healthcare Executive* 17, no. 6 (2002): 16-20.
9. John J. Sosik & David L. Lee, "Mentoring in Organizations: A Social Judgment Perspective for Developing Tomorrow's Leaders," *Journal of Leadership and Organizational Studies* 8, no. 4 (2002): 17-32; see also notes 4, 5, 6, 7 and 8 above.

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