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## **The Impact of Mentorship on Nurses' Level of Self-Efficacy and Motivation to Pursue Board Leadership Positions**

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Nursing

**DOCTOR OF NURSING PRACTICE (DNP) PROGRAM**

**A DNP PROJECT**

**TITLE: THE IMPACT OF MENTORSHIP ON NURSES' LEVEL OF  
SELF-EFFICACY AND MOTIVATION TO PURSUE BOARD  
LEADERSHIP POSITIONS**

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## Abstract

**Background:** Nurses comprise the largest component of the healthcare workforce and possess a unique understanding of healthcare operations and patient care. On average, the proportion of nurses serving on hospital boards range from 2 to 6%, with the proportion of physicians averaging 20%. Over the last decade, much attention has been placed on emphasizing the importance of a nurse's presence on boards. Despite these initiatives, nurses continue to display an overall hesitancy towards board service.

**Objectives:** The aim of this project was to implement an evidence-based mentorship program to address barriers to board leadership and increase overall self-efficacy and motivation to pursue these positions.

**Methods:** Eleven nurse leader mentees and eleven mentors participated in a voluntary mentorship program that addressed barriers to board leadership and gave guidance to seeking out board positions. Mentees completed the Sundean Healthcare Index for Preparedness in Board Competency (SHIP-BC) survey pre and post participation to measure changes in self-efficacy. Mentors and mentees also completed additional surveys to measure overall satisfaction with the program.

**Results:** There were increases in the mentees average score on the SHIP-BC survey after program completion with a statistically significant difference in personal – interpersonal skills, as exhibited by a two-sided exact p-value of 0.027. Both groups expressed satisfaction in the program, expressing the value of formal mentorship and increased comfort level surrounding pursuing board leadership positions.

**Conclusions:** Nurses possess a unique understanding of the healthcare sphere that make them valuable resources for board positions. Through these roles, nurses would have increased

opportunities to advocate for patients and influence healthcare transformation. Utilization of an evidence-based mentorship model can assist in increasing nurses' understanding of the importance of board leadership and overall feelings of self-efficacy.

## **Introduction**

Nurses possess a great deal of understanding about healthcare operations and clinical practice and in many cases comprise at least thirty percent of a hospital's workforce (US Bureau of Labor Statistics, 2020). Today, nurses can also be found in many areas outside of the bedside role, including informatics, government agencies, schools and the executive suite. Yet, despite the continued growth of the profession, nurses continue to be underrepresented in boardrooms across the nation. This paper explores the current literature available on barriers to board leadership, the relationship of serving on boards to an individual's self-efficacy and potential interventions to encourage nurses to pursue board leadership positions.

## **Background**

In early 2021, the Nurses on Boards Coalition (NOBC) successfully reported the achievement of their key strategy of 10,000 board positions filled by nurses. This initiative stemmed from the *Future of Nursing Report: Leading Change, Advancing Health* recommendation that there be an increase in the number of nurses serving in board leadership positions (Institute of Medicine, 2011). Despite this achievement, many nurse leaders still feel hesitant to pursue these positions due to lack of knowledge of opportunities, gender stereotypes, lack of confidence regarding board leadership skills, time constraints, and lack of mentorship. These characteristics can serve as barriers, in that "many nurses see themselves as objects of the power of others and have internalized the attitudes of subordination projected by those in positions of authority and by other health professions" (Bowman & Culpepper, 1974, p. 1054).

In order to continue the progress made over the past several years, nurses not only need training to further develop the skills required to serve on boards, but also need to have the support and encouragement to pursue these opportunities.

Mentorship is an important factor in achieving this goal (Walton et al., 2020). Currently, nursing utilizes mentorship programs to help new nurses transition to practice and to assist leaders in becoming more comfortable in new positions. The purpose of this paper is to inform the creation of a mentorship program that specifically focuses on implementing aspects of these evidence-based programs to assist nurse leaders in increasing their self-efficacy and decreasing hesitancy to pursue board positions.

### **Needs Assessment**

The NOBC was analyzed by the author using a SWOT analysis. There were several key factors identified in regard to the sustainability of the organization (Appendix A). The NOBC was established in 2014 in response to the *Future of Nursing Report: Leading Change, Advancing Health* recommendation that “nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses” (Institute of Medicine, 2011, p.14). Nineteen of the nation’s largest nursing organizations came together to support this work and create programming designed to engage nurses in understanding the importance of board leadership. Over the last six years, the organization has created a diverse, engaged leadership team that has continued the mission of improving the health of communities and the nation through nurses serving on boards. In January 2021, NOBC successfully achieved its key strategy of 10,000 board seats filled by nurses. This achievement will be used to leverage and propel

future work, such as development of curriculum and mentorship programs that help refine their initial strategies. To maintain relevancy, the organization must effectively utilize its staff, board members and relationships to engage all generations in its mission. Initial marketing attempts made by the NOBC were not focused on a specific audience. Additionally, many of the coalition's key supporters include nursing executives, faculty and board and community leaders, indicating there needs to be broader marketing to nurses across the continuum.

Over the past year, nurses have shown more interest in activism and helping to influence change at decision-making tables. It is imperative that the NOBC continues to recognize this movement and engage nurses across the profession in harnessing this interest and pursuing board leadership. The pandemic has also assisted in bringing the nursing profession into the spotlight, which could be beneficial to the coalition in fundraising efforts and media attention. For an organization that has attributed much of its success to the engagement of nurses, loss of this would have a significant impact on the NOBC's future reach. Development of a mentorship program that is specifically tailored to the needs of nurses registered in the database would have the potential for not only preparing nurses for board service and addressing gaps in understanding, but also contribute to the Coalition's growth and development.

### **Problem**

Nurses possess a great deal of knowledge of community health and safe and high-quality patient care. Areas of opportunity exist regarding expanding nurses' voices in these areas. In addition, their understanding of communication, quality and process improvement, finance, strategic planning, organizational systems perspective, and patient experience make them ideal candidates to serve as leaders on boards of directors (Capella University, 2017). Yet, many nurses do not take advantage of these opportunities. In 2011, the American Hospital Association



reported that only 6% of their member organizations had nurses on their boards, with the number decreasing to 5% in 2013 (Walton et al, 2020). In an effort to rectify this situation and educate the profession on the importance of board leaders, the Institute of Medicine and Robert Wood Johnson Foundation highlighted this issue in one of their recommendations in *The Future of Nursing: Leading Change, Advancing Health* report released in 2011 (Harper & Benson, 2019). As a result of this, the NOBC was created in 2014, bringing together nineteen of the nation's largest nursing organizations to work specifically on this aim to help prepare and enable nurses to lead in board positions (Campaign for Action, 2014).

While the NOBC was able to achieve its key strategy of having 10,000 board seats held by nurses, many nurses still hesitate to lead in these arenas, especially individuals who serve in the bedside nurse role. In the Walton et al. study, the authors identified that nurse executives, nurse faculty and consultants were more likely to seek out board positions than staff nurses. When examining generations, Baby Boomers and Generation X were also more likely to seek out these positions than millennials or younger generations (Walton et al., 2020). One interesting point is the influence of gender in relation to this overall hesitancy. The literature points out that women have typically been less inclined to seek out leadership roles, and typically avoid promoting themselves or speaking out (Walton et al., 2020). While a cultural change is occurring, it is important to note that 88% of the nursing profession within the United States is female (Walton et al., 2020). Understanding this relationship is key in developing programs that could help to encourage nurses to seek out board leadership positions.

A needs assessment analyzing NOBC identified the need for a mentorship program to further encourage nurses to seek leadership positions. While the organization has many resources on their website to help educate nurses, establishing a mentorship program could help to enhance

these resources and give individuals more self-assurance and guidance when seeking out new positions.

### **Purpose**

The purpose of this project is to implement an evidence-based pilot mentorship program for the NOBC Coalition registrant population. The program would be designed specifically for those who currently do not serve on boards, to increase participants' understanding of the importance of board leadership, overall feelings of self-efficacy and pursuit of board positions over an eight-week period. The question being examined is as follows: for nurse leaders who are interested in serving on boards, does participation in a board leadership mentorship program increase self-efficacy and likelihood of actively pursuing a board position?

### **Aim Statement**

The aim of this study was to implement a pilot mentorship program through the NOBC that assisted in empowering nurse leaders by increasing levels of self-efficacy through mentorship relationships. The goal of this program was to identify barriers to board leadership and help participants create strategies to overcome these obstacles. In doing so, our hope is that the number of nurses engaged in board service will increase. Objectives associated with accomplishing this aim included:

- Identification of factors that contributed to the overall hesitancy of nurse leaders to serve on a board as well as external barriers, through use of a demographic survey tool and evaluation of current NOBC data, prior to program implementation
- Identification of self-efficacy levels of nurses before and after program participation using the SHIP-BC survey tool

- Creation of an eight-week pilot mentorship program that addressed barriers to leadership and offered strategies for successfully obtaining opportunities in board leadership

### **Outcome Measures**

The measures for this project encompassed structure, process, outcome, and balancing measures (Appendix B). The Logic Model established for this project identifies short-term, intermediate, and long-term outcomes for the project (Appendix M). Short-term goals include increased knowledge of barriers to board leadership for mentees and mentors, establishment of a mentor/mentee relationship and mentee self-knowledge of self-efficacy levels before and after participation in the program. The intermediate goal of the program was to increase self-confidence levels regarding pursuing board positions and the long-term goal was to have more nurses serving in board leadership positions.

### **Literature Review**

The various search engines that were used to evaluate current evidence included PubMed, ProQuest Central, CINAHL. A total of 60 articles were reviewed, within the year of 2008 – 2021. Ten of the articles met the inclusion criteria for this project, which included nurses and/or leaders, the impact of mentorship on leadership and overall career development and the impact of mentorship on one's self-efficacy levels (Appendix C). Due to the limited literature on the topic of mentorship and its impact on nurse leaders pursuing board leadership positions, the search was expanded to include leaders in other industries and the impact mentorship had on these individual's career progression. The keywords used during the literature review were nurses, leadership, mentorship, women, female, self-efficacy, and nurses on boards.

In 2013, Prybil reported that 2-6% of hospital boards had a nurse serving in a director role. In comparison, 20% of boards had a physician within their ranks (Prybil, 2013). In an effort

to address this gap, the Institute of Medicine (IOM) in collaboration with the Robert Wood Johnson Foundation released the *Future of Nursing: Leading Change, Advancing Health* report and listed increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions as one of its recommendations (Institute of Medicine Report, 2011). As a result, the NOBC was created in 2014, through a collaboration of 19 professional organizations, to ensure that 10,000 nurses would secure board seats by 2020 (Nurses on Boards Coalition, 2022). Over the last six years, the Coalition has worked to create resources for nurses and establish relationships with organizations across the nation to showcase the importance of the nursing voice at decision-making tables (Nurses on Boards Coalition, 2022). The strategy of 10,000 board seats filled by nurses was achieved in 2020, but with over 4 million nurses in the United States, there is still an overwhelming hesitancy shown by nurses to pursue these positions of leadership. To address this, exploration of the underlying reasons of why nurses display a tendency to avoid these roles and the barriers that exist when they attempt to be appointed are needed.

After examination of the issues, one important factor is that the nursing workforce is a largely female-dominated profession, with over 88% of nurses being women (Walton et.al, 2020). This distribution is very common in “caring professions” such as teaching, nursing or social work. To analyze the hesitancy of nurses to pursue any leadership positions, one must go beyond the nursing literature and also consider the history of women in the workforce and the obstacles that have been in place for decades. Several of these barriers are identified in Sundean & McGrath’s (2016) metasynthesis exploring nurses and women on governing boards and include patriarchal dynamics, uneven distribution of power among genders, stereotyped perceptions of women, credibility challenges and decreased levels of self-confidence regarding

abilities. Prybil (2016) addresses the issue of engagement of nurses in board positions and identifies many of the same barriers, stating that the limited presence of nurses on boards could be viewed as a reflection of persistent gender disparities and the inability to see the profession as experts in healthcare. When these factors are considered, it is easier to understand why nurses have struggled to find their place within the boardroom. Identification of these factors also allows for more thoughtful solutions to be addressed to help nurses be successfully appointed to these roles.

In addition to the role of gender, many studies also demonstrate the impact of self-efficacy on an individual's motivation to perform a behavior. Bandura (1977), notes that individuals feel more confident participating in activities if they believe they will be successful. In the case of nurses serving in a governing board role, if an individual does not feel they will be successful in obtaining or performing in this role they may not pursue the role. In a study by Cziraki et al. (2018) this topic is addressed through a cross-sectional study of 727 nurses in Canada. This study found that a nurse's self-efficacy level had direct impact on their intention to pursue a leadership position. If a nurse has the opportunity to participate in leadership development programs or learn from those who are considered experts in these realms of interest, there was positive correlation with increased levels of leadership self-efficacy (Cziraki et al., 2018). One's level of self-efficacy can sometimes be attributed to the effect of stereotypes on a certain population. In the context of nursing, the profession was founded on the idea that nurses were "subservient, nonassertive and did not question authority" (Walton et al., 2020, p.332). If nurses see themselves as second-class in the hierarchy of healthcare, they may have lower levels of self-efficacy and not seek leadership opportunities.

Another factor to consider when analyzing the absence of nurses on boards is that the culture of many board of directors can be described as paternalistic and representative of a “good ol’ boys’ network” (Sundean & McGrath, 2016, p.458). With this in mind, nurses must possess the confidence to not only break down the barriers that are associated with the image of their profession but also address the plight of women and the glass ceilings that exist for women in all professions (Sundean & McGrath, 2016). This concept of intersectionality related with being a nurse and female, coupled with low self-efficacy levels, further demonstrate why many nurses may prefer to not pursue these leadership roles. These obstacles can be even greater for those who are female and ethnic minorities within the profession (Brown-DeVeaux et al., 2021). Sundean & Polifroni (2016) propose the evaluation of the issue of nurses on boards through a feminist framework, due to the fact that feminism addresses many of the social inequities that result from gender discrimination, oppression and marginalization.

Regarding addressing the areas of decreased self-efficacy and overall motivation in pursuing board leadership roles, many studies have shown the powerful impact of mentorship and networking in increasing levels of confidence and also helping nurses to secure these appointments. In a study conducted by Murt et al. (2019) interviews were conducted with twelve female nurse leaders serving in board positions. Through these conversations, the researchers found that mentoring relationships were powerful tools in driving successful obtainment of leadership roles, with one individual stating “no matter how high you go, somebody helped you get there” (Murt, et al., 2019 , p. 577). Linehan & Scullion (2008) performed a similar study, interviewing 50 senior female managers about their leadership progression and the role of mentorship in their careers. In a world that tends to be primarily male-dominated, these relationships were key to gaining a seat at the table and increasing understanding of social norms

in the board governance realm (Linehan & Scullion, 2008). The mentor's personal experiences also helped inspire mentees and assisted them in developing their own personal roadmap for leadership development. In an article by Glowacki-Dudka et al. (2016) narrative interviews with six women honored as "Women of Achievement" in Indiana showcased how interactions with mentors helped to increase their self-determination, resiliency, and openness to opportunities, all of which were essential in pursuing leadership roles. In each of these scenarios, mentors helped to provide access to opportunities that would not have been possible otherwise. They also helped to encourage and motivate individual, highlight their talents, and provided a safe space to talk through concerns and mistakes.

Much of the literature supports the utilization of mentorship programs in enhancing self-efficacy and addressing the barriers to leadership roles. As was evidenced in a study by Brown-DeVeaux et al. (2021), openly addressing the obstacles that many underrepresented populations face can be helpful in not only creating a community of change leaders but can help to enhance overall self-confidence and motivation to step into these roles. Walton et al. (2020) also indicates through her survey of North Carolina nurses, that these programs can provide encouragement and examples of role models who have gone before them and successfully made an impact. Through these programs, nurses can increase their overall knowledge of leadership and skills required for board positions, meet and share experiences with colleagues and foster relationships with field experts that create new opportunities for promotion and appointment (Rich et al., 2015). In many instances mentoring programs serve as a foundation to help nurses successfully increase overall self-confidence and motivation to pursue board positions.

While the efforts that have been made in the last decade have supported growth in the number of nurses serving in board roles, there is still a substantial amount of work required to

make the idea of nurses serving in these positions normal practice. The creation of a pilot mentorship program through the Nurses on Board Coalition could potentially offer further support for nurses throughout the nation by increasing levels of self-efficacy and overall motivation to pursue board leadership roles.

### **Evidence-Based Practice (EBP) Translation Model**

To have a greater understanding of the phenomenon of this project and to provide an overall structure to the project, the IOWA model of Evidence Based Practice Implementation will be used to guide the mentoring program development. The IOWA model, revised in 2017, is widely used as a framework to help guide the implementation of evidence-based practice and prompts the investigator to re-evaluate and revise the plan of action based on feedback received (Iowa Model Collaborative, 2017). In this project, the triggering issue has been identified as nurses' overall hesitancy in pursuing board leadership positions. Nurses have a great deal of insight to offer in this arena and it is essential that areas of opportunity are addressed, and strategies are created to assist in increasing overall motivation to pursue board of director roles. Acknowledging this problem, a team has been assembled to help put together this program, analyze data and evaluate overall effectiveness of the intervention. Evidence regarding the need for this mentoring program has been evaluated and will be used to create the program model. At the end of the eight-week program, the data collected will be evaluated. Based on this analysis, a determination will be made regarding how the program will need to be changed and if the initiative should be permanently implemented. If proven successful, the project team will work with the NOBC staff to integrate and sustain the program. The program results will be disseminated to the board of directors and key coalition stakeholders.



## **Methods**

### **Design**

This DNP project was accomplished through implementation of a pre and post-test evidence-based practice project. This specific project design was selected due to the fact that an evidence-based mentorship program model was implemented, and surveys were administered to participants pre and post-program implementation to measure changes in overall self-efficacy of nurse leaders, mentor-mentee satisfaction with the program and mentee motivation to pursue board positions after participating in this initiative. This project, including preparation and implementation, took place between May 2021 and late October 2021 (Appendix A).

### **Participants**

This pilot mentorship program was created in partnership with the NOBC, to be utilized by the organization to achieve its mission of improving the health of communities and the nation through the service of nurses on boards and other governing bodies (Nurses on Boards Coalition, 2022). The pilot program was conducted with a group of twenty-two leaders, recruited from the NOBC registrant database. While the entire database has over 28,000 registrants, a percentage of these individuals had specifically indicated interest in participating in research and/or evidence-based projects. The individuals in this pool are composed of nurses who currently serve on a board, those who serve and are interested in additional opportunities and those who are looking to serve on a board for the first time. From this pool, sixteen mentors with board leadership were selected and paired with sixteen nurse leaders who do not currently serve in a board position. The pairings were based on information gathered from pre-surveys, such as career goals, current positions, and demographic information. Inclusion criteria for participants in this program would be that the individual must be a nurse within the United States, currently serving a nursing

leadership position and must have registered on the NOBC website. Volunteers to serve as mentors were required to have served on a board for at least one year. Exclusion criteria would include nurses who are not currently serving in leadership roles, those who are not registered on the NOBC website as well as nurses who are currently nursing students. An additional exclusion criterion for mentees was a history of board service prior to participation in the pilot program.

### **Setting**

This program was conducted through the Nurses on Board Coalition and included nurse leaders from across the United States that were registered through the NOBC website and cited interest in serving on a board or already possessed board leadership experience. While the program orientation occurred virtually, mentor-mentee interactions could occur virtually, in-person, or a combination of both, especially if the dyad resided in the same geographic location. The program spanned eight weeks, beginning September 6, 2021 and continuing through October 29, 2021.

### **Recruitment**

Convenience sampling was the method utilized to recruit participants for this program. All database registrants who indicated interest in participating in research were sent an introductory email generated by the primary investigator to elicit interest in the pilot mentorship program, with a follow up email sent the following week. The total number of 4,014 registrants were sent information about the project. The email was sent out by the NOBC administrative staff and gave a brief introduction about the mentorship program, outlined expectations and timeline of the program and also emphasized that participation was strictly voluntary, with the ability to pull out of the program at any time (Appendix D). Email recipients were given two weeks to respond to the initial call for participants. The program information was also featured in

the NOBC Newsletter, *NOBC News*, for two months, reaching 18,830 subscribers. The recommended sample size for this project was thirty participants, which included fifteen mentors and fifteen mentees (Moore et al., 2011).

### **Costs and Compensation**

Due to the virtual nature of this program, there were very few costs associated with the creation and implementation of this project. The two costs that were factored into the creation of this program was the creation of a professional level Zoom account for a monthly cost of \$11.99 over four months, or a total of \$47.96 (Zoom, 2021). Additionally, Qualtrics, the tool used to create and deliver surveys, cost \$360.00 for an annual subscription. These costs were paid for by the primary investigator of the project. Participants did not receive monetary compensation for their time spent in this program.

### **Intervention**

Upon being selected to participate in the pilot mentoring program, mentees completed a survey indicating short and long-term career aspirations as well as overall mentorship goals (Appendix E). Mentors and mentees were asked to complete a self-evaluation survey that also allowed them the opportunity to establish their own goals for the mentoring relationships (Appendix F). The information collected (e.g. demographic data, career goals and program goals) was utilized to pair individuals into mentor/mentee groups based on similarities in career trajectory, overall goals and interests. Once pairs were established, the information was shared with each group to further inform discussions and goals throughout the program.

The mentorship program spanned eight weeks, starting with an orientation event on September 1 and 2, 2021. All participants and the executive director of the NOBC were invited to these orientation sessions. These one-hour sessions were designed to give a broad overview of

the initiative, as well as provide the program timeline. Program materials were also introduced to the participants during this session. Materials included a mentorship toolkit that provided information about the program and a description of the top five barriers to board leadership for nurses, mentor and mentee logs to keep track of information from each mentorship session and resources for further board leadership development. Additionally, expectations and “ground rules” were set for the mentor-mentee partnerships to ensure that interactions were successful. Mentees were also responsible for completing the SHIP-BC survey (Appendix G) to provide information on their current level of self-efficacy in board competencies prior to beginning the program.

Mentors and mentees were required to meet for a minimum of eight contact hours during the eight-week period and were asked to set up weekly touchpoints to discuss the topics outlined in the program introduction. Participants could conduct these meetings in-person, through a virtual setting or as a hybrid model. A portion of this time could be spent with mentors’ colleagues or leaders who could provide additional guidance or shadowing to the mentee. Mentors were asked to discuss career opportunities, barriers to board leadership, self-efficacy and the importance of nurses serving on boards with their mentees. To ensure consistency in messaging, a program toolkit was provided to each mentor that elaborated on barriers, strategies to overcome these and the relationship of self-efficacy and pursuing board positions. This program toolkit was adapted from the AMSN mentorship program, which is evidence-based and has been shown to positively impacted overall nursing confidence, job satisfaction and helped nurses develop strong mentor-mentee relationships. Mentees were strongly encouraged to select an organization in which they are interested in serving with and were asked to work with their mentor to explore leadership opportunities within this facility.

## **Data Collection**

Upon completion of recruitment, mentors were given a self-assessment tool and background form to complete. The purpose of these tools was to collect demographic information and provide the mentor a chance to assess their own strengths and evaluate areas of opportunity prior to beginning this program. Mentees were also given a background form to complete as well as a development planning tool (Appendix E & F). This tool allowed mentees to share their short-term and long-term career goals and mentorship program goals. The development plan tool was used to help create mentor-mentee dyads that shared common career goals and similar trajectories.

The Sundeane Healthcare Index for Preparedness in Board Competency (SHIP-BC) (Appendix G) was administered to mentees pre and post-program implementation. This competency survey was developed with Bandura's Theory of Self-Efficacy serving as the theoretical framework (Sundeane, 2017). Self-efficacy is defined as an individual's belief in his or her capacity to execute behaviors necessary to achieve certain goals (Bandura, 1977). Self-efficacy also reflects confidence in one's ability to control their motivation, behavior and social environments (American Psychological Association, 2021). This scale is composed of eighteen questions and uses a five-point Likert scale, with answers ranging from not very confident to confident (Sundeane, 2017). The SHIP-BC is separated into three different components, Complexity/Analytic Skills, Personal/Interpersonal Skills and Organizational/Community Awareness Skills and demonstrates high validity and reliability (Sundeane, 2017). The reliability score Cronbach's alpha for each section was 0.91, 0.90 and 0.83 respectively (Sundeane, 2017).

At the completion of the mentorship program, both mentees and mentors received a Mentoring Competency Assessment (Appendix H), designed to measure mentor performance

from the standpoint of both the mentor and mentee. The Mentoring Competency Assessment is a 26-item inventory for mentees and mentors and was developed by the University of Wisconsin-Madison (Fleming, et al., 2013). The tool displays high levels of validity and reliability with coefficient alpha scores for the mentor and mentee surveys being 0.91 and 0.95 respectively (Fleming, et al., 2013). Some questions within the competency will be slightly modified from its original state to measure effectiveness of program in helping mentees become more motivated to achieve leadership positions. Permission was received from the University of Wisconsin-Madison Research and Evaluation Team to utilize and adapt this survey for use in this project.

Additionally, mentors received a survey tool (Appendix I) to address their overall relationship with their mentee and evaluate mentee performance (Academy of Medical-Surgical Nurses, 2012). The survey tool was adapted from the Academy of Medical-Surgical Nurses (AMSN) Mentoring Program and has demonstrated validity. This survey was modified to reflect the goal of assisting nurse leaders to serve on boards. Permission was received from AMSN to utilize and adapt this survey for use in this project.

All survey tools were built and administered through the Qualtrics survey application. All data was downloaded and stored on the Primary Investigator's laptop, with access to this information being password protected. Data will be kept for one year after evaluation and will then be destroyed.

## **Data Analysis**

Descriptive statistics were used to analyze the characteristics of the sample. The demographic data collected from both the mentee and mentor groups as well as data from the mentor and mentee program satisfaction surveys were reported as percentage values. The exact non-parametric Wilcoxon signed-rank test was performed to test the hypothesis of no difference

in participant experience and readiness for board service in pre and post intervention scores measured using the Sudean Healthcare Index for Preparedness in Board Competency. Additionally, descriptive statistics were used to evaluate the differences in scores from the Mentoring Competency Assessment and the Mentor Satisfaction Survey.

### **Risks/Harms**

The potential risk associated with this project was that the pairing of mentors and mentees did not result in a positive experience. Factors that could contribute to a negative experience might have included, but are not limited to, lack of follow up and commitment from either party, gender issues between mentors and mentees of the opposite sex, as well as creation of a toxic, unsupportive relationship. These risks were outlined in the informed consent form (Appendix J) and could be captured in the satisfaction survey administered upon completion of the mentorship program. All participants were informed that participation is voluntary and that they would have the ability to discontinue participation at any point in the program.

### **Benefits**

Benefits of participating in this program for the mentee included potential increases in self-efficacy and overall confidence level, networking and mentorship opportunities, increased knowledge of barriers to board service, insights and education about board leadership opportunities and growth and development as a nurse leader. Benefits for the mentor included the opportunity to share wisdom regarding board leadership, growth and development as a nurse leader, increased understanding of barriers to board service for those who have not served and potential bi-directional mentorship opportunities.

## **Project Timeline**

Preparation for program implementation began in May 2021. Program content and branding of the program were reviewed in May 2021, with contents of the program being completed by the end of June 2021. Recruitment of participants began in mid-July and went through mid-August. The project was deemed IRB exempt in June 2021 and thus did not impact the start of the program. The orientation sessions to mark the beginning of the mentorship program occurred on September 1 and 2, 2021. The eight-week program began on September 6, 2021 and ended on October 29, 2021, with post-program surveys being administered until the end of November 2021. After this process was completed, evaluation of the data began and continued until late Spring of 2022. A Gantt Chart of pre-program activities, implementation and the evaluation period is included in Appendix K.

## **Human Subject Determination and IRB Status**

This proposal was reviewed by the GWU School of Nursing Research Department for Human Subject Determination and IRB status prior to implementation of this project. The project was deemed IRB Exempt after the review was completed. Collaborative Institutional Training Initiative (CITI) Human Research (Social and Behavioral Research and Biomedical Investigators) training was completed in March 2021. This same training was also required of all committee members and program administrators supporting and advising the principal investigator.

## **Informed Consent**

Each participant was given an informed consent form that outlined the objectives of the study, risk and benefits, confidentiality agreements as well as the contact information for the Principal Investigator, prior to beginning the program (Appendix J). The consent also included



that participation was voluntary and that individuals could choose to leave the program at any time. The informed consent form was shared electronically through the Qualtrics Survey application and the program did not begin until informed consent surveys had been collected from all participants.

### **Evaluation**

To evaluate this project, a logic model was utilized (Appendix M). This type of model is used by organizations such as the Centers for Disease Control and Prevention (CDC) to present the relationships between processes, outcomes, and the overall impact of the program. The model also demonstrates relationships between your activities and the program's intended effects (CDC, 2021). The logic model also showcases short, intermediate, and long-term goals which is essential in the planning process of this mentorship program.

To create outcomes for the program, data from the Nurses on Boards Coalition "Reasons I Serve" surveys were evaluated to determine the top five barriers to board service. This information was incorporated into the overview of the program, and knowledge of these opportunities were identified as a short-term outcome. Additionally, mentee knowledge of current self-efficacy levels as well as establishment of a secure mentor-mentee dyad were also listed as short-term outcomes of the program. For intermediate outcomes, if the mentorship program was successful, mentees were expected to exhibit increased confidence levels and feel more comfortable in pursuing board leadership positions. In doing so, a long-term outcome for the project was a significant increase in nurses serving in board roles both inside and outside the healthcare sphere.

While this project was intended to be a pilot program, the data collected will be utilized to develop a more permanent, multi-faceted program that could target nurses at different stages

of their career. It would also be utilized by the NOBC to create similar models throughout the nation to encourage nurses in every state to further engage in board leadership.

## **Results**

The mentorship program was implemented as a pilot project on a population identified through NOBC database. The participants indicated an interest in serving on a board and were open to research opportunities. This project was designed as an initiative aimed at providing mentorship to nurse leaders who were interested in board service, but with no previous experience in this area. The project aimed to identify barriers to board leadership, to help participants create strategies to overcome these obstacles and to create a mentorship program that resulted in higher self-efficacy levels and a positive mentoring relationship. Barriers to board leadership were measured through a demographic survey designed to capture the mentee's personal obstacles in this area as well their overall goals for the mentorship program. Self-efficacy levels in relationship to board leadership skills was measured using the SHIP-BC survey, with measurements being captured before and after program implementation.

Overall satisfaction in the program and evaluation of mentorship competency was evaluated using the Mentorship Competency Assessment and was delivered to all participants at the conclusion of the program. The Mentor Satisfaction Survey, adapted from the AMSN mentorship program guide, was also utilized to measure overall competency and effectiveness of the program, specifically from the point of view of the mentor. All surveys were administered through Qualtrics and data were analyzed through SPSS. All data was double-checked for accuracy and outliers by the statistician that assisted in data analysis. The goal of creating a mentorship model specifically designed to educate nurse leaders about the value of serving on

boards and provide strategies to achieve such positions, was to empower nurses to advocate for change in their communities and healthcare environments through board leadership.

This evidence-based practice initiative identified a total of 36 nurse leaders, 18 mentors and 18 mentees, to participate in the program. Within the first three weeks of the program, seven mentor/mentee pairs dropped out of the program due to complications of COVID-19, time commitment barriers and family emergencies. Eleven mentor/mentee pairs went on to complete the entire eight-week program (Table 1). The participants identified as predominately White at 64%. The percentages of other ethnicities included African American at 32% and unidentified at 5%. All program participants identified as female, with 14% between the ages of 35-44, 23% between 45-54, 32% between 55-64, 27% between 65-74 and 5% between 75-84 (Table 1). Participants came from a variety of clinical backgrounds, with 32% working in acute care, 27% in ambulatory settings, 14% in academia, 23% in independent consulting and 5% in other disciplines (Table 1). Participants came from a variety of educational levels with 14% being baccalaureate prepared, 50% master's prepared and 36% completing doctorate-level education (Table 1).

The IOWA Model of Evidence-Based Practice served as the framework for the creation, implementation, and evaluation of the mentorship program. In using this model, outcomes were established, and the pilot program was implemented over an eight-week period. Emails were sent out to all mentors and mentees prior to the program orientation to introduce participants to their mentors/mentees, provide program materials and links to pre-surveys. All mentees were asked to fill out the SHIP-BC survey to measure self-efficacy levels prior to participation in the program. Virtual orientation sessions for mentors and mentees were conducted a week prior to the official start date of the program. This session was recorded and sent out to those who were unable to

attend. The orientation provided guidelines for the program, an overview of the mentorship guidebook and an opportunity for leaders to ask questions. After the initial launch of the program, participants received check-in emails every two weeks to ensure questions were answered and that leaders were on track to complete the program. The primary investigator was available by email at any point during the eight-week project, with all emails being answered within a 24-hour period. During the final week of the program, feedback surveys were emailed out to all participants with a four-week window given to complete the surveys.

The exact nonparametric Wilcoxon signed-rank test was performed to test the hypothesis of no difference in participant experience and readiness for board service in pre and post intervention scores measured using the Sundeane Healthcare Index for Preparedness in Board Competency (SHIP-BC).

Wilcoxon signed-rank tests were conducted for the total pre and post-intervention SHIP-BC scores as well as for each of the subscales measuring the following behaviors: Complexity/Analytic Skills, Personal/Interpersonal skills, and Community/Organizational Skills (Table 2 & 3).

The two-sided exact p-value of 0.027 exhibits a statistically significant difference in pre- and post-average personal – interpersonal skills as a result of the intervention (Table 4). The pre- and post-total scores were not statistically significant ( $p = 0.067$ ). When comparing average scores for each component, there were increases in all three areas in the post-survey data (Table 3). One trend that was noted was the smallest increase in average score occurred in the category of Complexity & Analytic Skills, indicating a need to focus on competencies within this area for future cohorts (Table 3).

The Spearman's Rank Correlation was conducted to evaluate the relationship between the mentor and mentee average scores collected through the Mentorship Competency Assessment. This assessment was utilized to measure the competency level of the mentor, with both the mentor and mentee completing the evaluation. A definitive correlation between mentor and mentee scores were not identified, but a consistent trend was that in most mentor-mentee pairs, the mentee consistently scored the mentors' competencies higher than the mentor rated themselves, with all scores averaging over moderate ranking (Table 5). This pattern could potentially be related to the mentor's own self-efficacy levels and overall confidence in one's abilities.

The Mentor Satisfaction Survey was delivered to mentors to assess satisfaction with the program and with mentee pairings. The survey results revealed that nine of the eleven mentors completed the survey. Seven of the nine mentors reported that they were very satisfied with the mentoring relationship, with two of the nine mentors reporting they were moderately satisfied with the relationship. When asked if they felt that their mentoring would assist their mentees in achieving board positions, all nine mentors felt confident that this experience would positively impact this goal. All mentors also expressed confidence that this mentoring experience enhanced their professional contributions to the profession of nursing.

Table 1: Demographics of Mentorship Program Participants (n=22)

<b>Gender</b>	<b>Percentage</b>
Male	0
Female	100
<b>Age</b>	
35-44	14
45-54	23
55-64	32
65-74	27
75-84	5
<b>Ethnicity</b>	
Caucasian	64
African American	32
Other	5
<b>Degree</b>	
Bachelors	14
Masters	50
Doctorate	36
<b>Practice Setting</b>	
Acute Care	32
Ambulatory	27
Academia	14
Consultant	23
Other	5
<b>Current Position</b>	
Leadership	68
Education	9
Independent	5
Technology	5
Retired	5
<b>Total Years in Nursing</b>	
less than 5	0
5 to 10	5
11 to 20	5
21 to 30	43
31-40	19
41-50	19
51-60	10

Table 2 : SHIP-BC Scores Pre & Post Survey Averages (n=11)

	<b>Pre</b>	<b>Post</b>
<b>Complexity/Analytic Skills</b>		
Q1	4.55	4.82
Q2	4.27	4.27
Q3	4.55	4.64
Q4	4.45	4.55
Q5	4.18	4.18
Q6	4.09	4.45
Q7	4.09	4.73
<b>Personal/Interpersonal Skills</b>		
Q1	4.45	4.64
Q2	4.45	4.64
Q3	3.91	4.55
Q4	4.91	5
Q5	4.27	4.91
Q6	4.09	4.55
<b>Community/Organizational Skills</b>		
Q1	2.64	3.45
Q2	3.45	4.64
Q3	3.27	4.18
Q4	3.73	4.64
Q5	4.18	4.27

Table 3: SHIP-BC Survey Descriptive Statistics (n=11)

	Mean	SD	Min	Max
PreQ1_Avg	4.3117	0.58491	3.14	5.00
PostQ1_Avg	4.5195	0.31476	4.14	5.00
PreQ2_Avg	4.3424	0.39975	3.50	4.67
PostQ2_Avg	4.7121	0.29899	4.17	5.00
PreQ3_Avg	3.4545	0.92560	2.20	5.00
PostQ3_Avg	4.2364	0.67420	3.00	5.00
PreSurvey_Avg	4.0362	0.53764	3.14	4.69
PostSurvey_Avg	4.4893	0.31424	4.03	4.95

Table 4: SHIP – BC Survey Wilcoxon Signed Ranks Test Results

	Complexity- Analytic Skills	Personal- Interpersonal skills	Community- Organizational Skills	Total SHIP-BC
	PostQ1_Avg - PreQ1_Avg	PostQ2_Avg - PreQ2_Avg	PostQ3_Avg - PreQ3_Avg	PostSurvey_Avg - PreSurvey_Avg
Exact Sig. (2-tailed)	0.360	0.027	0.123	0.067

Table 5: Mentorship Competency Assessment Average Scores (n=22)

Mentee	Mentor
6.54	6.15
7	6.15
7.08	6.42]
6.54	6.42
6.85	6.23
7	7.04
6.58	6.27
6.5	6.31
7	5.23
7.04	6.81
7.04	7.15



## Discussion

Bandura emphasizes that individuals who exhibit high levels of self-efficacy will turn to problem-solving coping mechanisms to assist them in changing their environment (Manojlovich, 2005). Those who struggle in this area may resort to dysfunctional ways of working through obstacles, often resorting to the role of “victim”. Mentorship can bolster and refine an individual’s level of self-efficacy and offer a support system in the face of barriers. For nurses to pursue board positions, the nurse must first believe that they have the skills and the talent needed to confidently sit at decision-making tables.

Through this evidence-based mentorship program, nurse leaders were given the opportunity to build relationships with nurses who had experience in board service. The goal of these pairings was to assist mentees in understanding the steps to obtaining board leadership, individual barriers that might stand in the way of achieving this goal and providing a safe space to discuss concerns and areas of growth. While the overall change in self-efficacy measured by the SHIP-BC survey were minor, the impact of the program on personal and interpersonal skills was found to be significant. The feedback from mentors and mentees alike stressed the appreciation for different perspectives and a chance to share experiences. The creation of a space to engage in dialogue about the reality of board service, the different paths one could take to achieve the goal and the realization of how important a nurse’s voice in these venues left a majority participants re-invigorated and motivated to move forward and pursue a board leadership position. An important point to note is that while this program did not end in every mentee achieving a board seat – though one mentee did a month after completion - it did provide all participants a road map and tools they could utilize in their journey to achieving a board seat.

Evaluation of the data from the SHIP-BC survey, indicated improvements in scores after participation in the program, supporting the mentees did benefit from the process. From the analysis of the pre-survey scores, most participants score highly and continued to score high in the post-survey. This finding is not unexpected, as the responses are based on self-evaluation and are not objective but could lead to limitations in measuring the true significance of the mentorship program. One way to limit this subjectivity would be to have the mentors also score mentees using the SHIP-BC survey and comparing the difference in scores, especially after program completion.

The relationship between the mentors' self-efficacy level and the mentee's measurement of mentor competency, as measured through the Mentorship Competency Assessment, could not be directly correlated in a positive or negative trend. An interesting finding from this data were that mentor's also struggle with their own confidence in being able to effectively lead and teach those around them. In almost all cases, the mentees scored their mentors higher than the mentor's self-assessment of competency. This suggests that additional work is needed to ensure that nurses feel empowered to step into the mentor role and feel confident in their own abilities and achievements.

### **Plans for Sustainability and Future Scholarship**

As society continues to transition and rapidly change in the wake of the pandemic, it is essential that nurses are a part of these transformations (Salmond & Echevarria, 2017). Nurses play a vital role in serving their communities and the skills that are developed through their education and practice experiences can bring immense value to conversations involving health and human equity. Mentorship programs such as these serve as the first step to ensuring that nurses understand their own self-worth. Although often underestimated, the importance of self-

efficacy is an important competency in a nurse's early academic career. If nurses are unable to see themselves as valuable players in decision-making and vital contributors to the conversation of re-shaping healthcare, nurses will continue to be overlooked (National Academies of Sciences, Engineering, and Medicine, 2021). The profession of nursing must advocate for itself and demand a seat at board tables and mentorship is key to this empowerment and overall growth of self-efficacy levels.

In early 2022, the NOBC released an updated strategic plan, naming one of its key strategies as “demonstrating the value of nurses in board sets, identifying perceived barriers to this plan and publishing and disseminating measures of success related to desired outcomes” (Nurses on Boards Coalition, 2022). This pilot program connects to this strategy and showcases the valuable impact a mentorship can have on assisting nurses to break down barriers and advocate for change. Based on the finding from this project, it is recommended that the NOBC adopt a mentorship program model to help achieve its strategic imperative of facilitating board placements and preparing nurses to serve in these positions (Nurses on Boards Coalition, 2022). The value of doing so is multi-fold: 1. Nurses would have the ability to receive focused training and feedback from those with similar backgrounds and experiences and would ultimately feel more confident and motivated to reach out to organizations of interest, 2. the network of nurses built from this endeavor could intentionally change the culture of the profession and re-create the image of nursing.

The next step for this model would be to extend the length of the program to encompass a year, refine the pairing process to include interviews and to incorporate a graduation ceremony at the end of the program to allow participants to debrief and celebrate their learnings and accomplishments. Additional changes would include modification of the curriculum to offer

more guidance to the mentors as well as expansion of topics covered to include interview and resume preparation. These recommendations are based on feedback from the pilot program participants. Further studies to evaluate preparation of mentors and heightening of self-efficacy levels for nurses to become empowered to move into mentor roles would also be of benefit to create a successful and sustainable program. Another point to consider, would be coupling mentorship with direct sponsorship of mentees. After several months of developing a mentorship relationship, mentors could take an active role in increasing visibility of the mentee and directly placing the mentee in line for key opportunities.

Creating a mentorship model that allows for nurses to have access to safe spaces to talk through self-doubts and gaps in understanding, as well as partnership with someone who has had similar experience and who can serve in the role of mentor, could have a monumental effect on the future of the profession. Nurses possess the skills and knowledge required to create sustainable change in their practice environments. If nurses are not empowered to advocate and are not at decision-making tables, the profession will continue to be audience members to a performance they should have directed. Utilizing resources to further develop mentorship programs to assist nurses to obtain board of director positions, will give nursing a powerful voice. This in turn will ensure healthier communities and more equitable healthcare for future generations.

### **Conclusion**

Despite the challenges that exist for nurses in pursuing board leadership positions, efforts must be made to help mentor nurses to overcome these obstacles. Nurses possess many transferable skills and a unique understanding of the healthcare sphere that make them valuable resources for both community and health-focused board positions. In engaging in these positions,

nurses would have increased opportunities to advocate for their patients, impact the growth and development of communities and influence the transformation of healthcare across the nation.

As nurses become more present at decision-making tables, the perception of the profession will continue to evolve and lead to more opportunities for nurses to be recognized above and beyond the traditional bedside role.

## Appendix A

### SWOT Analysis of the Nurses on Boards Coalition

	Helpful To achieving the objective	Harmful To achieving the objective
Internal Origin {Attributes of the organization}	<p style="text-align: center;"><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Solid foundation – partnerships with 25 member organizations, 17 strategic partners, 24 healthcare organizations and 7 member affiliates</li> <li>• Its national member organization reach is estimated to be 42,131,826 individuals.* (<i>total number includes AARP membership</i>)</li> <li>• There are currently 21,704 nurses registered through its website, indicating interest in serving on boards if they are not already participating in board service.</li> <li>• Strong leadership team with years of experience in leadership and relationship building</li> <li>• Mission driven organization/employees enjoy working in organization (work-life balance promoted)</li> <li>• Recently met its key strategy to have 10,000 nurses in board seats by 2020</li> <li>• Frequent communication with member organizations</li> <li>• Fiscally responsible, has been able to maintain surplus</li> <li>• Very active, diverse, responsive, engaged board</li> </ul>	<p style="text-align: center;"><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Organization has struggled with marketing its message to the entire profession and enculturating the importance of board service amongst all nurses.</li> <li>• Small number of staff with a volunteer board</li> <li>• Organization struggles with understanding the younger nurse demographic – many of their initiatives have been geared towards established nurse leaders/faculty.</li> <li>• Low engagement in social media channels</li> <li>• Still a gap in understanding why nurses are hesitant to pursue board positions</li> </ul>
External Origin {Attributes of the organization}	<p style="text-align: center;"><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• COVID -19 pandemic has caused more nurses to express interest in advocating. TNOBC should engage in this interest and offer resources and programming to help nurses serve in leadership positions.</li> <li>• With the world adapting to a virtual landscape, NOBC has the opportunity to create virtual platforms that engage nurses and offer flexibility when exploring the topic of serving on boards. Resources should be targeted at all generations, but will need to be tailored to meet the needs of these groups</li> <li>• Nursing has been placed in the national spotlight, due to the profession’s role in fighting the pandemic. This could be used to the NOBC’s advantage and if messaged appropriately could help to increase financial giving from the public.</li> <li>• Forming relationships with media during this time (especially with the heightened interest on nursing) could help in the future as the NOBC continues to grow and develop its programs.</li> </ul>	<p style="text-align: center;"><b>Threats</b></p> <ul style="list-style-type: none"> <li>• The NOBC fails to demonstrate the value of the mission of the organization or the resources the Coalition offers to nurses and other organizations</li> <li>• Losing engagement of those who have signed up through the website</li> <li>• Lack of consistent revenue streams (depending only on contributions of partners/sponsors/membership organizations)</li> <li>• Lack of interest of organizations wanting to fill board seats with nurses</li> </ul>

## Appendix B

### Data Dictionary

*Aim 1:* Identification of factors that contribute to a nurse leader's overall hesitancy to serve on a board

Measure	Measure Type*	Data Source	Sampling Method	Timing/Frequency
<b>Factors that contribute to a nurse's hesitancy to serve on boards</b>	<b>outcome</b>	<b>Demographic Survey</b>	<b>Survey the mentees who participated in the program</b>	<b>Demographic Survey</b>
<b>Standard Measure?***</b>	<i>No</i>			
<b>Numerator</b>				
<b>Denominator or Population***</b>	<b>All mentees and mentors enrolled in the mentorship program</b>			
<b>Exclusions</b>	<b>Nurses not enrolled in the mentorship program</b>			
<b>Calculation/Statistic(s)</b>	<b>Mean</b>			
<b>Goal/Benchmark</b>	<b>To include demographic data about study participants and evaluate potential relationships between this data and outcomes of the program.</b>			

Data Elements	Variable Name	Definition	Data Type*	Data Values & Coding	Restrictions/Validation
Gender	Gender	What is your gender?	Dichotomous/Text	<ol style="list-style-type: none"> <li>1. Female</li> <li>2. Male</li> <li>3. Specify:</li> <li>4. I prefer not to say</li> </ol>	n/a
Age	Age	How old the individual is	Dichotomous	<ol style="list-style-type: none"> <li>1. Under 18</li> <li>2. 18-24</li> <li>3. 25-34</li> <li>4. 35-44</li> <li>5. 45-54</li> <li>6. 55-64</li> <li>7. 65-74</li> <li>8. 75-84</li> <li>9. 85 or older</li> </ol>	n/a

Ethnicity 1	Ethnicity 1	Are you of Hispanic, Latino or Spanish origin	Dichotomous	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	n/a
Ethnicity 2	Ethnicity 2	How would you describe yourself? Please select.	Dichotomous	<ol style="list-style-type: none"> <li>1. White</li> <li>2. Black or African American</li> <li>3. American Indian or Alaska Native</li> <li>4. Asian</li> <li>5. Native Hawaiian or Pacific Islander</li> <li>6. Other</li> </ol>	n/a
Highest Level of Education	Highest Level of Education	What is your highest level of education?	Dichotomous	<ol style="list-style-type: none"> <li>1. Less than a high school diploma</li> <li>2. High school degree or equivalent (e.g. GED)</li> <li>3. Some college, no degree</li> <li>4. Associate degree (e.g. AA, AS)</li> <li>5. Bachelor's degree (e.g. BA, BS)</li> <li>6. Masters degree (e.g. MA, MS, MEd)</li> <li>7. Doctoral or professional degree (e.g. MD, DDS, PhD)</li> </ol>	n/a
State	State of Residence	What state do you currently reside in?	Text	n/a	n/a



Practice Setting	Practice Setting	Where do you currently practice?	Text	n/a	n/a
Current Position	CurPosition	What is your current role?	Text	n/a	n/a
Clinical Practice Specialty	ClinPracSpec	What is your clinical practice specialty?	Text	n/a	n/a
Total Years in Nursing	TtlYrsRN	How many years have you been a nurse?	Text	n/a	n/a
Have you participated in a mentorship program before?	Program Participation	Experience in mentorship program	Dichotomous/Text	<ol style="list-style-type: none"> <li>1. No</li> <li>2. Yes; Please describe</li> </ol>	n/a
What are you looking for in a mentor or mentee?	What are you looking for in a mentor or mentee?	Mentor Characteristics	Text	n/a	n/a
What motivated you to volunteer for this pilot program and what do you hope to gain from this experience	What motivated you to volunteer for this pilot program and what do you hope to gain from this experience?	Motivations	Text	n/a	n/a
How qualified do you feel to seek appointment to a board?	How qualified do you feel to seek appointment to a board?	Qualifications	Dichotomous	<ol style="list-style-type: none"> <li>1. Very qualified</li> <li>2. Qualified</li> <li>3. Somewhat qualified</li> <li>4. Not qualified</li> </ol>	n/a
Are you currently pursuing board positions?	Are you currently pursuing board positions?	Is the individual currently pursuing board positions	Dichotomous/Text	<ol style="list-style-type: none"> <li>1. Yes (If so, which boards?)</li> <li>2. No</li> </ol>	n/a
If not, identify barriers that have	If not, identify barriers that have prevented you	What are barriers to you serving	Text	n/a	n/a

prevented you from pursuing these positions:	from pursuing these positions:				
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**Aim 2:** Identify self-efficacy levels of nurses before and after program participation using the SHIP-BC survey tool

Measure	Measure Type*	Data Source	Sampling Method	Timing/Frequency
<b>Self-efficacy of nurses in regards to board readiness</b>	<b>outcome</b>	<b>Pre/post survey</b>	<b>Individuals who participate in the mentorship program pilot</b>	<b>Pre/post-survey</b>
<b>Standard Measure?***</b>	<i>Yes – this will be measured through the SHIP-BC Survey</i>			
<b>Numerator</b>	<b>Mentees who report increased levels of self-efficacy</b>			
<b>Denominator or Population***</b>	<b>Mentees enrolled in the mentorship program</b>			
<b>Exclusions</b>	<b>Nurses not enrolled in the mentorship program</b>			
<b>Calculation/Statistic(s)</b>	<b>Mean</b>			
<b>Goal/Benchmark</b>	<b>Increase feelings of self-efficacy in nurses by 50%</b>			

Data Elements	Variable Name	Definition	Data Type*	Data Values & Coding	Restrictions/Validation
I ask probing questions to gather information.	Probing Questions	I ask probing questions to gather information.	Ordinal	Five point likert scale (not very confident to very confident)	None
I manage competing interests in complex situations.	Competing Interests	I manage competing interests in complex situations.	Ordinal	Five point likert scale (not very confident to very confident)	None
I think broadly to expand my knowledge of situations.	Think Broadly	I think broadly to expand my knowledge of situations.	Ordinal	Five point likert scale (not very confident to very confident)	None

I seek expert perspectives to solve problems.	Expert perspectives	I seek expert perspectives to solve problems.	Ordinal	Five point likert scale (not very confident to very confident)	None
I am focused and confident during change.	Change	I am focused and confident during change.	Ordinal	Five point likert scale (not very confident to very confident)	None
I create innovative approaches for solving problems.	Innovation	I create innovative approaches for solving problems.	Ordinal	Five point likert scale (not very confident to very confident)	None
I am willing to take risks for calculated benefits.	Risk taking	I am willing to take risks for calculated benefits.	Ordinal	Five point likert scale (not very confident to very confident)	None
I promote team leadership behaviors throughout the organization.	Team Leadership	I promote team leadership behaviors throughout the organization.	Ordinal	Five point likert scale (not very confident to very confident)	None
I promote strong working relationships throughout the organization.	Working Relationships	I promote strong working relationships throughout the organization.	Ordinal	Five point likert scale (not very confident to very confident)	None
I hold others accountable for their performance in the organization.	Accountability	I hold others accountable for their performance in the organization.	Ordinal	Five point likert scale (not very confident to very confident)	None
I take responsibility for my actions and decisions in the organization.	Responsibility	I take responsibility for my actions and decisions in the organization.	Ordinal	Five point likert scale (not very confident to very confident)	None
I serve as a coach and mentor to others to develop healthcare talent.	Coach and mentor	I serve as a coach and mentor to others to develop healthcare	Ordinal	Five point likert scale (not very confident to very confident)	None

		talent.			
I set organizational priorities based on evidence.	Organizational Priorities	I set organizational priorities based on evidence.	Ordinal	Five point likert scale (not very confident to very confident)	None
I advocate for necessary community health needs at the local, state, and federal levels	Advocate	I advocate for necessary community health needs at the local, state, and federal levels	Ordinal	Five point likert scale (not very confident to very confident)	None
I contribute to the identification of the organization's strategic mission and vision.	Identification	I contribute to the identification of the organization's strategic mission and vision.	Ordinal	Five point likert scale (not very confident to very confident)	None
I build relationships with influential people who share common health interests and needs.	Relationship Building	I build relationships with influential people who share common health interests and needs.	Ordinal	Five point likert scale (not very confident to very confident)	None
I am aware of internal and external influences on the organization.	Influences	I am aware of internal and external influences on the organization.	Ordinal	Five point likert scale (not very confident to very confident)	None
I address health needs in a culturally sensitive, patient- and community-centered manner.	Health Needs	I address health needs in a culturally sensitive, patient- and community-centered manner.	Ordinal	Five point likert scale (not very confident to very confident)	None

**Aim 3:** Developing a board leadership mentorship program that is beneficial for both the mentor and mentee and helps drive pursuit of board leadership

Measure	Measure Type*	Data Source	Sampling Method	Timing/Frequency
Effectiveness of Mentorship Process	Process	Nurses participating in program (those assigned as mentors and mentees)	Survey of individuals who participate in the mentorship program pilot	Evaluation at end of program
Standard Measure?***	<p><i>Yes (separate surveys for both mentor and mentee)</i></p> <p><i>Mentee:</i>  <a href="https://uwmadison.co1.qualtrics.com/jfe/form/SV_cZ5jT2DdKYxE66V?Q_JFE=qdg">https://uwmadison.co1.qualtrics.com/jfe/form/SV_cZ5jT2DdKYxE66V?Q_JFE=qdg</a></p> <p><i>Mentor:</i>  <a href="https://uwmadison.co1.qualtrics.com/jfe/form/SV_5jMT4fhemifK01n?Q_JFE=qdg">https://uwmadison.co1.qualtrics.com/jfe/form/SV_5jMT4fhemifK01n?Q_JFE=qdg</a></p> <p><i>Mentor Satisfaction Survey (adapted from the AMSN mentorship guide)</i></p>			
Numerator	Those enrolled in the mentorship program			
Denominator or Population***				
Exclusions	Nurses not enrolled in the mentorship program			
Calculation/Statistic(s)				
Goal/Benchmark	<p><b>Positive correlation between competency of mentor from the point of view of the mentor and mentee as well as scores that demonstrate overall satisfaction in program</b></p> <p><b>Mentorship Competency Assessment (scores of 4 or higher)</b></p> <p><b>Mentorship Satisfaction Survey (scores of 3 or higher)</b></p>			

**Mentor Survey:**

Data Elements	Variable Name	Definition	Data Type*	Data Values & Coding	Restrictions/Validation
Active listening	Active listening	Please rate your active listening skills	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Providing constructive feedback	Providing constructive feedback	Please rate your skills in providing constructive feedback	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being	n/a

				extremely skilled. Also an option of “N/A”.	
Establishing a relationship based on trust	Establishing a relationship based on trust	Please rate your skills in Establishing a relationship based on trust	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of “N/A”.	n/a
Identifying and accommodating different communication styles	Identifying and accommodating different communication styles	please rate your skills in identifying and accommodating different communication styles	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of “N/A”.	n/a
Employing strategies to improve communication with mentees	Employing strategies to improve communication with mentees	please rate your skills in employing strategies to improve communication with mentees	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of “N/A”.	n/a
Coordination	Mentor Coordination	Please rate your skills in coordinating effectively with your mentees’ other mentors	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of “N/A”.	n/a
Mentoring Relationship	Mentoring Relationship	please rate your skills in working with mentees to set clear expectations of the mentoring relationship	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of “N/A”.	n/a
Aligning expectations	Aligning expectations	please rate your skills in aligning your expectations with your mentees’	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled.	n/a

				Also an option of “N/A”.	
personal and professional differences	personal and professional differences	please rate your skills in considering how personal and professional differences may impact expectations	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of “N/A”.	n/a
develop goals	develop goals	please rate your skills in helping mentees set board leadership goals	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of “N/A”.	n/a
develop strategies to meet goals	develop strategies to meet goals	Please rate your skills in helping mentees develop strategies to meet goals	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of “N/A”.	n/a
Accurately estimating your mentee’s level of board leadership knowledge	Accurately estimating your mentee’s level of board leadership knowledge	Please rate your skills in Accurately estimating your mentee’s level of board leadership knowledge	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of “N/A”.	n/a
Accurately estimating mentee ability to serve	Accurately estimating mentee ability to serve	please rate your skills in accurately estimating your mentee’s ability to serve in board positions	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of “N/A”.	n/a
Strategies to enhance knowledge and abilities	Strategies to enhance knowledge and abilities	please rate your skills in employing strategies to enhance your mentees’ level of board	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled.	n/a

		leadership knowledge		Also an option of "N/A".	
Motivating	Motivating	please rate your skills in motivating your mentees	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Confidence	Confidence	please rate your skills in building mentees' confidence	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Creativity	Creativity	please rate your skills in stimulating your mentees' creativity	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Professional Contributions	Professional Contributions	please rate your skills in acknowledging your mentees' professional contributions	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Professional Independence	Professional Independence	please rate your skills in negotiating a path to professional independence with your mentees	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Biases/Prejudices	Biases/Prejudices	please rate your skills in taking into account the biases and prejudices you bring to the	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled.	n/a



		mentor/mentee relationship		Also an option of "N/A".	
Diversity	Diversity	please rate your skills in working effectively with mentees whose personal background is different from your own (age, race, gender, class, region, culture, religion, family composition etc.)	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Network	Network	please rate your skills in helping your mentees network effectively	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Career Goals	Career Goals	please rate your skills in helping your mentees set career goals	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Work/life balance	Work/life balance	please rate your skills in helping your mentees balance work with their personal life	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Role Model	Role Model	please rate your skills in understanding your impact as a role model	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a

Acquire resources	Acquire resources	please rate your skills in helping your mentees acquire resources	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
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**Mentee Survey:**

<b>Data Elements</b>	<b>Variable Name</b>	<b>Definition</b>	<b>Data Type*</b>	<b>Data Values &amp; Coding</b>	<b>Restrictions/ Validation</b>
Active listening	Active listening	Please rate your active listening skills	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Providing constructive feedback	Providing constructive feedback	Please rate your mentor's skills in providing constructive feedback	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Establishing a relationship based on trust	Establishing a relationship based on trust	Please rate your mentor's skills in Establishing a relationship based on trust	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Identifying and accommodating different communication styles	Identifying and accommodating different communication styles	please rate your mentor's skills in identifying and accommodating different communication styles	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a

Employing strategies to improve communication with you	Employing strategies to improve communication with you	please rate your mentor's skills in employing strategies to improve communication with you	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Mentoring Relationship	Mentoring Relationship	please rate your mentor's skills in working with you to set clear expectations of the mentoring relationship	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Aligning expectations	Aligning expectations	please rate your mentor's skills in aligning your expectations with your own	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
personal and professional differences	personal and professional differences	please rate your mentor's skills in considering how personal and professional differences may impact expectations	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Working with you to set goals to achieve board leadership positions	Working with you to set goals to achieve board leadership positions	please rate your mentor's skills in working with you to set goals to achieve board leadership positions	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
develop strategies to meet goals	develop strategies to meet goals	please rate your mentor's skills in helping you develop strategies to achieve board positions	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a

Accurately estimating your level of board leadership	Accurately estimating your level of board leadership	please rate your mentor's skills in accurately estimating your level of board leadership	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Accurately estimating your ability to serve on board leadership positions	Accurately estimating your ability to serve on board leadership positions	please rate your mentor's skills in accurately estimating your ability to serve on board leadership positions	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Strategies to enhance knowledge and abilities	Strategies to enhance knowledge and abilities	please rate your mentor's skills in employing strategies to enhance your understanding of board leadership	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Motivating	Motivating	please rate your mentor's skills in motivating you	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Confidence	Confidence	please rate your mentor's skills in building your confidence	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Creativity	Creativity	please rate your mentor's in stimulating your creativity	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a

Professional Contributions	Professional Contributions	please rate your mentor's skills in acknowledging your professional contributions	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Professional Independence	Professional Independence	please rate your mentor's skills in negotiating a path to professional independence with you	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Biases/Prejudices	Biases/Prejudices	please rate your mentor's skills in taking into account the biases and prejudices you bring to your mentor/mentee relationship	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Diversity	Diversity	please rate your mentor's skills in working effectively with mentees whose personal background is different from your own (age, race, gender, class, region, culture, religion, family composition etc.)	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Network	Network	please rate your mentor's skills in helping you network effectively	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a

Career Goals	Career Goals	please rate your mentor's skills in helping you set career goals	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Work/life balance	Work/life balance	please rate your mentor's skills in helping you balance work with their personal life	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Role Model	Role Model	please rate your mentor's skills in understanding his/her impact as a role model for you	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a
Acquire resources	Acquire resources	please rate your mentor's skills in helping you acquire resources	Ordinal	Scale of 1-7. 1 being Not at all skilled, 4 being moderately skilled and 7 being extremely skilled. Also an option of "N/A".	n/a

## Mentor Satisfaction Survey

Data Elements	Variable Name	Definition	Data Type*	Data Values & Coding	Restrictions/Validation
Mentoring Enhancement to the Profession	Enhancement to the Profession	To what degree does this mentoring enhance your professional contributions to professional nursing?	Ordinal	Degree of Satisfaction: Scale of 1-5, with 1 being “little” and 5 being “much”	n/a
Contribution to personal satisfaction	Personal Satisfaction	To what degree does this mentoring contribute to your personal satisfaction as a professional nurse?	Ordinal	Degree of Satisfaction: Scale of 1-5, with 1 being “little” and 5 being “much”	n/a
Supportive Relationship with Mentee	Supportive mentoring relationship	To what degree have you been able to develop a supportive relationship with your mentee?	Ordinal	Degree of Satisfaction: Scale of 1-5, with 1 being “little” and 5 being “much”	n/a
Enhance mentee abilities to resolve issues	Enhance mentee abilities	To what degree have you been able to enhance your mentee's ability to assess and resolve work-related issues?	Ordinal	Degree of Satisfaction: Scale of 1-5, with 1 being “little” and 5 being “much”	n/a
Satisfaction with Mentee Communication	Mentee Communication	How satisfied are you with communication with your mentee?	Ordinal	Degree of Satisfaction: Scale of 1-5, with 1 being “little” and 5 being “much”	n/a
Satisfaction with Mentee Discussions	Mentee Discussions	How satisfied are you with the discussions at your meetings with your mentee?	Ordinal	Degree of Satisfaction: Scale of 1-5, with 1 being “little” and 5 being “much”	n/a

Mentorship impact on board leadership transition	Mentee's transition to board leadership	To what degree do you think this mentoring helps the nurse transition into a board leadership position?	Ordinal	Degree of Satisfaction: Scale of 1-5, with 1 being "little" and 5 being "much"	n/a
Satisfaction with Mentoring Relationship	Satisfaction with Mentoring Relationship	Overall, how satisfied are you with this mentoring relationship?	Ordinal	Degree of Satisfaction: Scale of 1-5, with 1 being "little" and 5 being "much"	n/a
Additional Comments	Additional Comments	Do you have any additional comments about the program	Text	n/a	n/a



## Appendix C

**Evidence Table**

Article #	Author & Date	Evidence Type	Sample, Sample Size, Setting	Study findings that help answer the EBP Question	Observable Measures	Limitations	Evidence Level & Quality
1	Brown-DeVeaux, Dewi; Jean-Louis, Kimberly; Glassman, Kimberly; Kunisch, Judith	qualitative (surveys)	16 nurse managers and their mentors (36) within the NYU Langone Health system	The leadership efficacy questionnaire (LEQ) was utilized to measure self-efficacy levels both pre/post mentorship program participation. Survey results indicated an increase in the participants self-efficacy and motivation to seek promotion. 50% of participants indicated an increased desire to look for a vertical position/be promoted/move to another organization for promotion. Data also showed that a diverse mentee/mentor group allowed for more vantage points.	Data was collected using the Leadership Efficacy Questionnaire (pre- and post-program). The LEQ scale is a 22-item tool that measures on an 11-point scale. Zero to 40 (not confident at all), 41-79 (moderately confident), 80-100 (totally confident). Prior to the program beginning many of the participants (n = 9 [56%]) reported moderate confidence, and 44% (n = 7) reported total confidence. Upon completing the 4-month program, 13% (n = 2) were moderately confident and 87% (n = 13) were totally confident. There was an increase in scores in all categories. The MOAQ Intent to Turnover measure was also utilized (this is a 3-item survey that focuses on	No limitations were mentioned by the authors.	B/Good Quality (the article showed evidence of transparency, diligence, verification, participant-driven inquiry and insightful interpretation ) There was no discussion of limitations or self-reflection, which is why this was graded a level B.

					<p>behavioral intent to leave position but was altered by the authors to address the intent to leave related to a job promotion). This scale uses a 7-point Likert scale with response ranging from “strongly disagree” to “strongly agree” to “not at all likely” to “extremely likely”. On the preassessment MOAQ1 “Intent to seek a vertical position within a year,” 50% (n = 8) of participants agreed/strongly agreed, whereas 31% (n = 5) neither agreed nor disagreed. Post survey: 60% (n = 9) of participants agreed or strongly agreed. Preassessment MOAQ2, “Thinking about obtaining a promotion,” 56% (n = 9) of participants agreed or strongly agreed, whereas 73% (n = 11) of participants agreed or strongly agreed in the postsurvey. MOAQ3, “Likelihood of obtaining a vertical position with another employer,” uses a 7-point Likert scale ranging</p>		
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					<p>from not at all likely (1) to extremely likely (7). The pre and post-assessment were distributed throughout all categories, with 33% (n = 5) responding quite likely.</p> <p>There was also utilization of a mentorship program and interviews after to address effectiveness of program.</p> <p>Themes: mentees reported that having a mentor was of great value and the relationship functioned as a safe sounding board to discuss career decisions.</p>		
2	Mary Rich, Bettyann Kempin, Mary Jo Loughlin, Tracy R. Vitale, Theresa Wurmser, Terese Hudson Thrall	qualitative	26 Nurse leaders within the Organization of Nurse Leaders of New Jersey, , virtual (telephone) follow-ups with an in-person mentorship workshop at beginning of program	Feedback from mentorship program participants was positive, with the program engaging new leaders and facilitating growth and development. At the date of the publication, 75 nurses had been assigned mentors in the state-wide program over three years.	Interviews with the participants to gather their feedback of the experience led to formulation of themes that guided the restructuring of the mentorship toolkit used. Themes that emerged from the pilot program included the need for formal education within the program, better geographic matches, structured communication between dyads, a greater alignment of mentor/mentee career goals, personality traits and leadership styles.	Data was not given regarding mentor/mentee satisfaction. Publication focused more on qualitative data as opposed to quantitative.	B/Good Quality (the article showed evidence of transparency, diligence, participant-driven inquiry and insightful interpretation ) There was little discussion of limitations, scales used, verification

							or self-reflection, which is why this was graded a level B.
3	Lisa J. Sundean, Jacqueline M. McGrath	metasyntheses of qualitative studies	Seven studies from nursing and business, literature was analyzed using the meta-ethnography methodology . Population inclusion criteria included: nurses or women and board governance, nonprofit, and corporate settings.	Studies examined showed that limitations to board appointments (specifically for women) resulted in a lack of mentorship/sponsorship as well as patriarchal board norms. Recommendations focused on mentorship for those seeking board positions, formal processes for promotion and overall advocacy for nurses to sit on boards	The met synthesis was completed using the meta-ethnography methodology. Three overarching themes were discovered: 1) power of board diversity (five studies alluded to this), 2) cracking the old boys' network (all seven studies alluded to this), 3) take our advice (all seven studies alluded to this)	Limitations include potential researcher bias, low number of studies examined and different governing methods internationally	A/High Quality (the article showed evidence of transparency, diligence, verification, self-reflection, participant-driven inquiry and insightful interpretation )
4	Karen Cziraki, Emily Read, Heather K.	Cross-sectional study	Cross-sectional survey of 727 nurses across	Nurse's leadership self-efficacy appears to be an important determinant in their motivation to lead.	Participants were mailed a letter of information, study questionnaire and a \$2 coffee voucher as a token of appreciation. Authors state in	Study was cross-sectional, meaning that there isn't	A/High Quality (the article showed evidence of

	Spence Laschinger, Carol Wang		Canada, included all nine provinces. On average, participants were 40 years old, 92.2% were female, with an average of 16 years of nursing experience.	Results suggest that self-efficacy can be influenced by providing opportunities for mentorship and other leadership experiences	<p>the article that where possible, valid and reliable instruments were used. Seven surveys were used in total.. To examine the impact of leadership opportunities and mentoring experiences, the authors examined responses to the following questions: “I have often been assigned projects that have enabled me to develop and strengthen new skills” (Skill Development Opportunities); “I have had an opportunity to take on a temporary management role to replace an existing position (e.g. manager on leave)” (Temporary Management Roles); “My managers have often encouraged me to pursue leadership experiences in the organization” (Encouragement to Lead); and “Please rate the impact of informal mentoring on your career progress” (Informal Mentoring).</p> <p>The Developmental Experiences (1997) survey rated responses using a 7-point Likert Scales (Strongly Disagree =1, Strongly Agree=7). The Mentorship</p>	definitive data that supports the proposed hypothesis. The data was also collected in 2010 (article was published in 2017), so generalizability could be limited.	transparency, diligence, verification, self-reflection, participant-driven inquiry and insightful interpretation )
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					<p>Opportunities Subscale (2002) rated responses using a 5-point Likert Scales (Strongly Disagree =1,Strongly Agree=5). The Affective-identity subscale of motivation to lead (2001) rated responses using a 5-point Likert Scales (Strongly Disagree =1,Strongly Agree=5). The Career Aspirations scale rated responses using a 5-point Likert Scales (Strongly Disagree =1,Strongly Agree=5).</p> <p>Staff nurses felt that they had some opportunity to develop leadership skills (4.52 of 7), but few had opportunities to take on temporary management roles (2.46 of 7). Informal mentoring was moderate (3.97 of 7) and encouragement to lead was low (3.24 of 7). On average, nurses in our sample rated their self-efficacy moderately at 3.83 of 5, while motivation to lead was lower (3.32 of 5). Career</p>		
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					aspirations to take on leadership roles were moderate (2.27 of 4).		
5	Linehas, Margaret; Scullion, Hugh	Qualitative	Data collected from interviews with 50 senior female managers	Found that mentoring was essential for a woman's career development as they face greater barriers to advancement. Also noted that in regard to mentors' gender was not a factor, but rather overall capability of the mentor. Lack of mentor could lead to less growth overall.	Interviews were used to gather feedback from managers and develop overarching themes. All interviews were transcribed immediately after the interviews and were coded to assist in the retrieval of data segments. Themes from the interviews include: <ul style="list-style-type: none"> <li>• Can be difficult to find mentoring and networking in their organizations which hinders career development.</li> <li>• female managers can miss out on promotions/appointment because they lack mentors, role models, sponsorship, or access to appropriate networks – all of which are commonly available to their male counterparts.</li> <li>• Men may want to maintain their dominance and thereby exclude women from the informal interactions</li> </ul>	Focused on senior women executives and not all women. Focus was on mentoring and networking. Interviews were conducted with the female executives and information was not gathered directly from the employing organizations.	B/Good Quality (the article showed evidence of transparency, diligence, participant-driven inquiry and insightful interpretation ) There was no discussion of self-reflection or thorough verification of data being examined) which is why this was graded a level B.

					<p>of mentoring and networking.</p> <ul style="list-style-type: none"> <li>If females had more access to networks and mentors they could gain access to promotions</li> </ul>		
6	Walton, AnnMarie Lee; McLennan, David; Mullinix, Connie Flynt	Qualitative (survey)	7611 nurses in North Carolina were surveyed (survey was sent to the 128,149 nurses in North Carolina) Respondents were majority female, Gen X and Baby Boomers, urban residents, had more than 20 years of experience and were working as staff nurses	Found that while there was interest to serve on a board, few plans to seek out this role. The most emergent barrier to this was confidence. Many reported that they didn't feel confident that others supported them pursuing these roles, which could relate to nursing's history of being a subservient role. They also reported not feeling confident they would be selected for this role. The respondents wanted to be assured that their board appointment would be supported - which indicates need for encouragement and increase in self-efficacy. Authors recommend utilizing	Use of the 51-item Citizen Political Ambition Survey (adapted to understand why nurses did not seek board positions). The responses were multiple choice and were analyzed using descriptive statistics and cross-tabulations. Results included: Nurses were interested in learning more about NOBC, but few planned to pursue a board position. The largest barrier was confidence that there was support for one's board position, Time, family obligations, and financial barriers were also reported. Those that responded to the survey do not feel like those serving are well qualified but also are not confident that they would get a board position or appointment.	Limitations: Despite large number of respondents, the response rate indicates 6% of the RN population in North Carolina. Also, the measures used to gather data had not been used with nurses before. There are also limitations in the fact that this is self-reported data and there could be a chance that respondents could have answered in ways they	A/High Quality (the article showed evidence of transparency, diligence, verification, self-reflection, participant-driven inquiry and insightful interpretation )



				training programs/mentorship to help overcome these barriers and increase self-efficacy.		thought were socially desirable.	
7	Glowacki-Dudka, Michelle; Murray, Jennifer; Gray, Judith; Johnson, Susan	Qualitative (interviews)	Six women were selected from a sample of 40 women who were named "Indiana Women of Achievement " Women selected for this award have made significant contribution to social movements or change in education or research, community or university service, the business community, advocacy for women and women's health issues	There was a consistent theme of receiving supportive messages throughout their lives which inspired them to consider their abilities and further develop their talents through areas such as leadership, community service or education. It was also noted that mentoring and relationships with opportunity led to self-directedness. Many needed to have someone re-frame opportunities before they took the path they did. They didn't realize what they were capable of until someone inspired them to action. Mentor relationships helped them to grow as leaders within their environments and also	Experiences of these six women were used to formulate themes and were also used to create the three research questions utilized in this article: 1) How did the women gain a sense of self directedness, self-efficacy and self-determination in their own life and what factors helped them find their own path? 2) How have these women become open to opportunities? 3) What personal transformations or redefinitions did these women undergo?  Themes identified from these interviews included: 1) These women were impacted by early childhood messages from family/significant individuals in their growth and development 2) Developed an awareness early on of	Limitations: none were noted by authors. One limitation that I would note in analyzing this article would be the choice of the six from the original 40, which could influence the data.	B/Good Quality (the article showed evidence of transparency, diligence, verification, participant-driven inquiry and insightful interpretation ) There was no discussion of limitations or self-reflection, which is why this was graded a level B.

				increased their overall levels of self-efficacy.	<p>life choices and became open to opportunities – said yes to new challenges</p> <p>3) All individuals remained goal oriented despite obstacles</p> <p>Interviews were 60-90 minutes in length and were audio-recorded and later transcribed. The six interviews were coded using the research questions to guide the coding process.</p>		
<b>8</b>	Murt, Maria F; Krouse, Anna M.; Baumberger-Henry, Mary L.; Drayton-Brooks, Shirlee M.	Qualitative (interviews)	12 nurse board members who held appointments with voting privileges on healthcare organization boards	All the nurse board members interviewed credited relationships and mentors to getting appointed to boards. This was identified as the primary contributing factor to for successfully obtaining board positions. Also found that experienced nurse board members could play a large role in assisting other nurses to achieve board positions.	Interviews were conducted with the 12 nurse board members to gather feedback about board experiences, as well as facilitators and barriers to holding board appointments. Two questionnaires were used. One contained 20 questions and the results of this survey were analyzed using descriptive statistics. The second instrument was a semi-structured interview guide. All interviews were done by telephone.	Limitations: Potential bias due to the fact that nurses were recruited with the assistance of the national director of the Future of Nursing: Campaign for Action (in the absence of a database of nurses who serve in board positions).	A/High Quality (the article showed evidence of transparency, diligence, verification, self-reflection, participant-driven inquiry and insightful interpretation )

					<p>Four themes emerged from interview data:</p> <p>Leveraging relationships and networking: making the most of professional friendships/mentors/alliances</p> <p>Valuing the mission of the board: having a personal connection with the mission/purpose</p> <p>Feeling respected for my participation: personal satisfaction gained from engagement on the board/feeling like he or she adds value</p> <p>Committing to board work: putting time/energy into work and not seeking out appointment just to have a position.</p> <p>Barriers included: lacking financial means, lacking influence, gender bias, lack of respect, lack of alignment with mission, not liked by members of the board, lack of knowledge regarding board skills, not being engaged or understanding value of position</p>	<p>There was also a lack of diversity (race, gender, ethnicity) in the board members sampled. Lastly, telephone interviews did not allow for interviews to capture non-verbal cues that could have been noticed in a face-to-face interview.</p>	
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1	Sundean, Lisa; Polifroni, Carol E.	non-research piece (expert opinion)	proposes a philosophical framework for the phenomenon of nurses on boards: feminism	A feminist framework creates a space to question patriarchal norms, address gender/intersectional inequalities in the board room and work environments. Encourages nurses to use knowledge as power in gaining board appointments. There are four key considerations in regard to this: preparation, expertise, relationships and networking.	Suggests feminism to be utilized as a philosophical framework to analyze the topic of nurses on boards. Feminism is defined as a "worldview that address the social inequalities resulting mainly from gender discrimination, oppression and marginalization".	no limitations were mentioned by the authors.	A/High Quality (Expert Opinion Level V)
2	Prybil, Lawrence D.	non-research piece (expert opinion)	Commentary regarding the importance of nurses serving on boards in this current healthcare landscape	In this article, Prybil presents his research on the current state of nurses in board leadership positions and stresses that a nurse's expertise, experience and perspective can provide a great deal of depth to a board. He addresses the gender disparities that exist (approx. 90% of nurses are female and in 2012 on 17% of Fortune 500	Utilizes pre-existing data on nurses serving on boards, their experiences and the author's own research to formulate expert opinion presented in this article.	no limitations were mentioned by the authors.	A/High Quality (Expert Opinion Level V)

				<p>companies had female board members). Notes that in an effort to fix these areas leaders of hospital and nurses associations should work to mentor and take deliberate action to appoint more nurses to boards. Also stresses the need for education and mentorship of nurses regarding board governance to assist in augmenting a nurse's experience.</p>			
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This assignment is used during the DNP Project Planning Course to evaluate the Table of Evidence. It is adapted from Dearholt, S. & Dang, D. (2018). *Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines*. Indianapolis, IN: Sigma Theta Tau International, Chapters 5,6,7, Appendices D, E, F, and G. Refer to the text for expanded explanation.

## Appendix D

**Data Collection/Evaluation and Analysis Methods Table**

Aims/Evaluation Questions	Measures	Measure Type	Data Source	Recruitment Method/ Population	Timing/Frequency	Calculation/ Statistics	Goal/ Benchmark
<p>Identification of factors that contribute to a nurse leader's overall hesitancy to serve on a board</p> <p><i>What factors contribute to nurses' hesitancy to pursue board leadership positions?</i></p>	<p>Factors that lead to hesitancy to pursue board leadership</p>	<p>Outcome</p>	<p>Demographic Survey</p>	<p>Mentors and Mentees who participate in the program</p>	<p>Survey is administered at the beginning of the program</p>	<p>Mean/ Percentage</p>	<p>To include demographic data about study participants. Identification of participants personal barriers to board service</p>
<p>Identify self-efficacy levels of nurses before and after program participation using the SHIP-BC survey tool</p> <p><i>How does participation in the mentorship program impact the self-efficacy of the mentee and their overall motivation to pursue board positions?</i></p>	<p>Self-efficacy of nurses in regard to board readiness</p>	<p>Outcome</p>	<p>Pre/post survey (SHIP-BC Survey)</p>	<p>Mentees who complete the mentorship program</p>	<p>The survey will be administered prior to the program launch and then at the conclusion of the program</p>	<p>Wilcoxon - signed ranks test/ Mean</p>	<p>Increase feelings of self-efficacy in nurses by 50%</p>

<p>Developing a board leadership mentorship program that is beneficial for both the mentor and mentee and helps drive pursuit of board leadership</p> <p><i>Will development of a strong mentoring program and relationship, drive pursuit of board leadership positions and further competency?</i></p>	<p>Effectiveness of Mentorship Process</p>	<p>Process</p>	<p>Post Survey Mentorship Competency Survey (University of Wisconsin – Madison)</p> <p>Mentor Satisfaction Survey (AMSN mentorship guide)</p>	<p>Mentors and mentees who complete the program</p>	<p>The survey will be administered at the end of the program</p> <p>Post Survey Mentorship Competency Survey (University of Wisconsin – Madison): administered to mentor and mentee</p> <p>Mentor Satisfaction Survey (AMSN mentorship guide): administered to mentor only</p>	<p>Spearman Rank Correlation/ Mean</p>	<p>Positive correlation between competency of mentor from the point of view of the mentor and mentee as well as scores that demonstrate overall satisfaction in program Mentorship Competency Assessment (scores of 4 or higher) Mentorship Satisfaction Survey (scores of 3 or higher)</p>
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## Appendix E

Figure 1. Flyer to be sent out to NOBC registrants to recruit individuals to participate in this program.



**NOBC Board Leadership Mentorship Program**  
*(Pilot Program Opportunity)*

Open to all nurse leaders registered in the NOBC database

- Criteria for potential mentees: Currently no experience serving in a board leadership position
- Criteria for potential mentors: At least one year of experience serving on a board

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**APPLICATION DEADLINE:**  
**AUGUST 1, 2021**

The purpose of this study is to implement an evidence-based mentorship program for nurses registered within the Nurses on Boards Coalition database who currently do not serve on boards. Our hope is to help mentees identify and overcome obstacles to board leadership and establish mentor-mentee relationship that help individuals grow more confident about pursuing board positions.

**Questions:** Please contact the Project Primary Investigator  
Amy McCarthy (email: [amymccarthy22@gwu.edu](mailto:amymccarthy22@gwu.edu)/ cell: 214.552.6706)



## Appendix F

*Figure 1. Mentee Development Plan to be used by mentees in sharing goals and expectations.*



### **NOBC Board Leadership Mentorship Program**

#### **Mentee Development Plan**

Use this development plan template as a guide throughout the mentorship program. It will help set up expectations for your mentoring relationship and outline your goals.

**Expectations (How do you expect your mentor to help you):**

**Short Term Career Goals:**

**Long Term Career Goals:**

**Mentorship Goals (These may be different than career goals):**

**Organizations of Interest (what organization boards would you be interested in serving in?)**

## Appendix G

### Demographic Survey: Mentee/Mentor Background Information

Age: \_\_\_\_\_

Gender:

- Female
- Male
- Specify:
- I prefer not to say

What state do you currently reside in?

Education (check highest degree achieved):

- Diploma
- Associate Degree
- Baccalaureate Degree in Nursing
- Baccalaureate Degree in other field
- Masters Degree in Nursing
- Masters Degree in other field
- Doctoral Degree
- Other (please indicate):

Certifications: \_\_\_\_\_

Practice Setting: \_\_\_\_\_

Current position: \_\_\_\_\_ Years in current position: \_\_\_\_\_

Clinical practice specialty: \_\_\_\_\_

Years in nursing: \_\_\_\_\_

Have you participated in a mentorship program before?

- No
- Yes, please describe: \_\_\_\_\_

What are you looking for in a mentor or mentee?

What motivated you to volunteer for this pilot program?

How do you hope to benefit from this program?

How qualified do you feel to seek appointment to a board?

5. Very qualified
6. Qualified
7. Somewhat qualified
8. Not qualified

Are you currently pursuing board positions?

3. Yes
4. No

If yes, please list which positions you are pursuing:

If not, identify barriers that have prevented you from pursuing these positions.

## Appendix H

*Figure 1.* Sundeane Healthcare Index for Preparedness in Board Competency will be utilized to measure changes in self-efficacy before and after participation in the program.

version 8.10.17

1

SUNDEAN HEALTHCARE INDEX FOR PREPAREDNESS IN BOARD COMPETENCY SHIP-BC©						
Thinking about your leadership skills, rate your level of confidence about the following behaviors:						
		Not Very Confident	-	-	-	Very Confident
<b>Complexity/Analytic Skills</b>						
1.	I ask probing questions to gather information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I manage competing interests in complex situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I think broadly to expand my knowledge of situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I seek expert perspectives to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I am focused and confident during change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I create innovative approaches for solving problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I am willing to take risks for calculated benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal/Interpersonal Skills</b>						
8.	I promote team leadership behaviors throughout the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I promote strong working relationships throughout the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I hold others accountable for their performance in the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I take responsibility for my actions and decisions in the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I serve as a coach and mentor to others to develop healthcare talent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I set organizational priorities based on evidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community/Organizational Skills</b>						
14.	I advocate for necessary community health needs at the local, state, and federal levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I contribute to the identification of the organization's strategic mission and vision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I build relationships with influential people who share common health interests and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I am aware of internal and external influences on the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	I address health needs in a culturally sensitive, patient- and community-centered manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Interpretation:**

- It is recommended that nurses demonstrate confidence with all items in the SHIP-BC when preparing for board service.
- For items or general categories **with ratings below** Confident or Very Confident, consider seeking professional experiences and educational opportunities to strengthen mastery of these competencies.
- For items or general categories **with ratings of** Confident or Very Confident, consider specific examples that demonstrate mastery of these competencies. Specific examples to demonstrate competence will strengthen candidacy for a board appointment.
- The SHIP-BC is a survey of personal competencies for healthcare board service. It is also in the best interest of nurses preparing for boards to have **functional knowledge of healthcare delivery systems, performance requirements, business, finance and human resources**. Not every board member needs to demonstrate competence in each of these areas, but a full board of directors should comprise strong competence in these domains. Competence in these domains will strengthen candidacy for a board appointment.

\* The SHIP-BC should be used in combination with other experiences, resources, and programs to ensure board readiness.

\*\*The SHIP-BC is based on the core competencies from the Center for Healthcare Governance (2009) and the categories described by Lee and Phan (2000) and the National Center for Healthcare Leadership (2006).

\*\*\*Psychometric evaluation of the SHIP-BC (formerly known as the Healthcare Board Competency Survey for Nurses – HBCSN) is available: Sundean, L.J. (2017). Healthcare board competency survey for nurses: Assessing board readiness. *Nursing Economic\$,* 35(6), 295-303.

\*\*\*\*For questions or comments, contact the researcher at [lisa.sundean@umb.edu](mailto:lisa.sundean@umb.edu)

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## Appendix I

### Mentoring Competency Assessment (MCA)

#### Mentoring Skills

Please rate how skilled you feel you are in each of the following areas: [Think about your skill generally, with all your mentees. Please only choose 'not applicable' (NA) when a skill cannot be applied to any of your mentees.]

	Not at all skilled 1	2	3	Moderately skilled 4	5	6	Extremely skilled 7	N/A
1. Active listening								
2. Providing constructive feedback								
3. Establishing a relationship based on trust								
4. Identifying and accommodating different communication styles								
5. Employing strategies to improve communication with mentees								
6. Coordinating effectively with your mentees' other mentors								
7. Working with mentees to set clear expectations of the mentoring relationship								

8. Aligning your expectations with your mentees'								
9. Considering how personal and professional differences may impact expectations								
10. Working with mentees to set board leadership goals								
11. Helping mentees develop strategies to meet goals								
12. Accurately estimating your mentees' level of board leadership knowledge								
13. Accurately estimating your mentees' ability to serve in board positions								
14. Employing strategies to enhance your mentees' knowledge and abilities								
15. Motivating your mentees								
16. Building mentees' confidence								

17. Stimulating your mentees' creativity								
18. Acknowledging your mentees' professional contributions								
19. Negotiating a path to professional independence with your mentees								
20. Taking into account the biases and prejudices you bring to the mentor/mentee relationship								
21. Working effectively with mentees whose personal background is different from your own (age, race, gender, class, region, culture, religion, family composition etc.)								
22. Helping your mentees network effectively								
23. Helping your mentees set career goals								
24. Helping your mentees balance work with their personal life								

25. Understanding your impact as a role model								
26. Helping your mentees acquire resources (e.g. grants, etc.)								

### Mentoring Competency Assessment (MCA)

#### Mentee Assessment of Mentor

Please rate how skilled you feel your mentor is in each of the following areas: We understand that you can only speak from your personal experience. Please try to rate a skill whenever possible, reserving the 'not observed' category for cases where you have no basis for assessment.

	Not at all skilled 1	2	3	Moderately skilled 4	5	6	Extremely skilled 7	N/A
1. Active listening								
2. Providing you constructive feedback								
3. Establishing a relationship based on trust with you								
4. Identifying and accommodating different communication styles								
5. Employing strategies to improve communication with you								
6. Coordinating effectively with other mentors with whom you work								



7. Working with you to set clear expectations of the mentoring relationship								
8. Aligning his/her expectations with your own								
9. Considering how personal and professional differences may impact expectations								
10. Working with you to set goals to achieve board leadership positions								
11. Helping you develop strategies to achieve board positions								
12. Accurately estimating your understanding of board leadership								
13. Accurately estimating your ability to serve on board leadership positions								
14. Employing strategies to enhance your								

understanding of board leadership								
15. Motivating you								
16. Building your confidence								
17. Stimulating your creativity								
18. Acknowledging your professional contributions								
19. Negotiating a path to professional independence with you								
20. Taking into account the biases and prejudices s/he brings to your mentor/mentee relationship								
21. Working effectively with mentees whose personal background is different from his/her own (age, race, gender, class, region, culture, religion, family composition etc.)								
22. Helping you network effectively								
23. Helping you set career goals								

24. Helping you balance work with your personal life								
25. Understanding his/her impact as a role model for you								
26. Helping you acquire resources (e.g. grants, etc.)								

## Appendix J

### Mentor Satisfaction Survey

As your participation in this mentoring program progresses, it is important to evaluate its effectiveness. For each item, circle your degree of satisfaction with the program according to the scale of 1-5.

1. To what degree does this mentoring enhance your professional contributions to professional nursing?

**Little 1 2 3 4 5 Much**

2. To what degree does this mentoring contribute to your personal satisfaction as a professional nurse?

**Little 1 2 3 4 5 Much**

3. To what degree have you been able to develop a supportive relationship with your mentee?

**Little 1 2 3 4 5 Much**

4. To what degree have you been able to enhance your mentee's ability to assess and resolve work-related issues?

**Little 1 2 3 4 5 Much**

5. How satisfied are you with communication with your mentee?

**Little 1 2 3 4 5 Much**

6. How satisfied are you with the discussions at your meetings with your mentee?

**Little 1 2 3 4 5 Much**

7. To what degree do you think this mentoring helps the nurse transition into the workplace?

**Little 1 2 3 4 5 Much**

8. Overall, how satisfied are you with this mentoring relationship?

**Little 1 2 3 4 5 Much**

9. Additional Comments

## Appendix K

### *Informed Consent for Participation in a DNP Scholarly Project*

**Title of Study: The Impact of Mentorship on Nurses' Level of Self-Efficacy and Motivation to Pursue Board Leadership Positions**

**IRB #:**

**Principal Investigator Name: Amy McCarthy**

**Version Date:**

You are invited to participate in a project under the direction of Amy McCarthy MSN, RNC-MNN, NE-BC, a DNP student at George Washington University (GWU). Taking part in this project is entirely voluntary. The status of your employment will not, in any way, be affected should you choose not to participate or if you decide to withdraw from the project at any time. Further information regarding this study may be obtained by contacting Amy McCarthy, Principal Investigator, at 214-552-6706 or by email at [amymccarthy22@gwu.edu](mailto:amymccarthy22@gwu.edu).

The purpose of this study is to implement an evidence-based mentorship program for nurses registered within the Nurses on Boards Coalition database who currently do not serve on boards, to increase participant understanding of the importance of board leadership, overall feelings of self-efficacy and pursual of board positions over a eight-week period.

#### **What are the reasons you might choose to volunteer for this study?**

- To have the opportunity to be mentored by an individual with current board leadership experience
- To increase understanding of common perceived barriers to board leadership and learn strategies on how to address and overcome them
- To increase self-efficacy levels and improve overall confidence
- To be introduced to opportunities for board leadership

If you choose to take part in this project, you will complete a survey indicating short and long-term career aspirations and overall mentorship goals. The total amount of time you will spend in connection with this study is eight weeks. You may refuse to answer any of the questions and you may stop your participation in this study at any time.

Possible risks or discomforts you could experience during this study include loss of confidentiality and psychological stress.

Possible benefits from project participation would include potential increases in self-efficacy and overall confidence level, networking and mentorship opportunities, increased knowledge of barriers to board service, insights and education about board leadership opportunities and growth and development as a nurse leader. The benefits to science and humankind that might result from this study are a greater understanding of the role of mentorship in increasing nurses' overall levels of self-efficacy and motivation to successfully pursue board leadership positions.

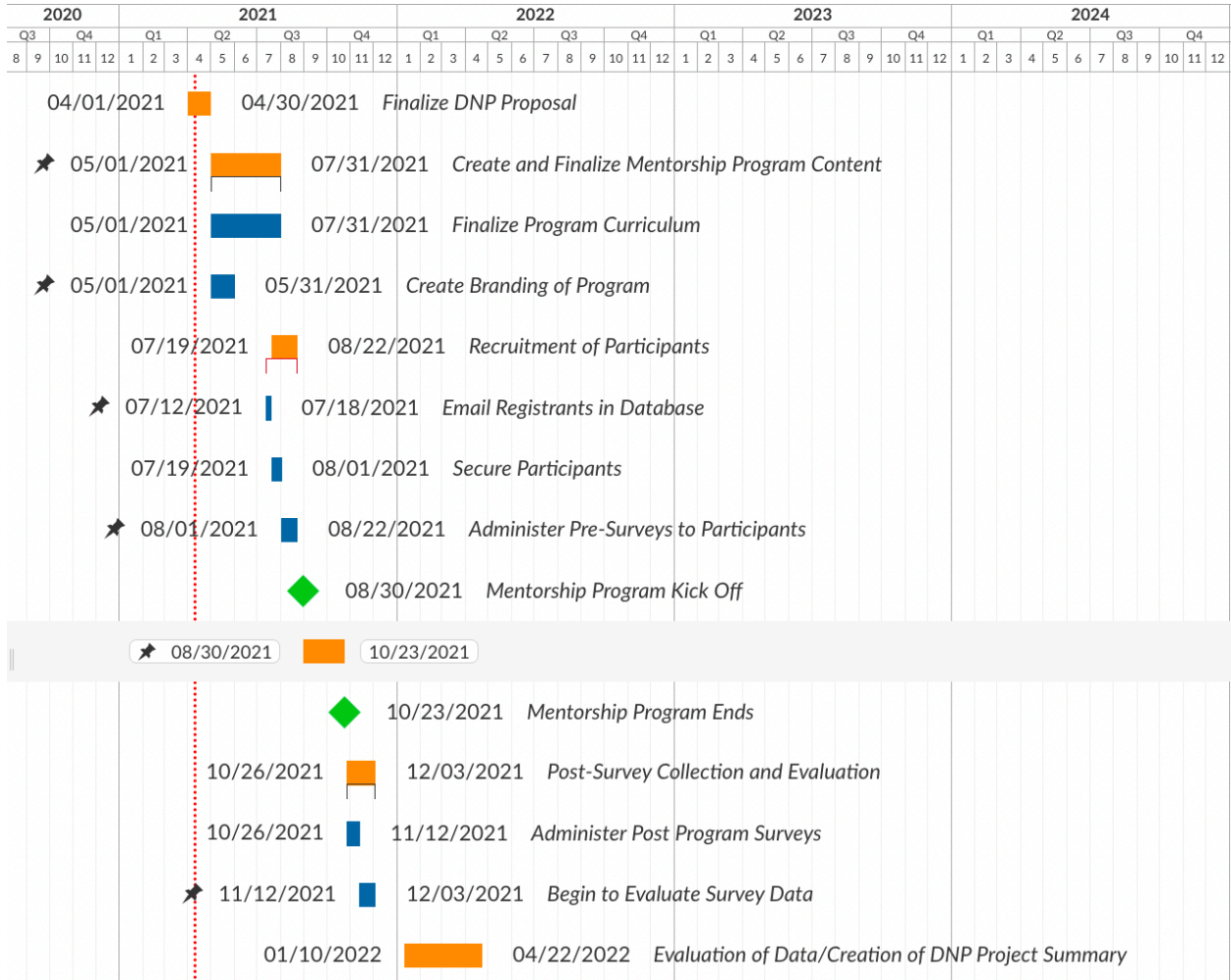
Every effort will be made to keep your information confidential, however, this cannot be guaranteed. *All survey results will be de-identified prior to analysis to ensure confidentiality and eliminate risk of bias.* If results of this project are reported in journals or at scientific meetings, the people who participated in this project will not be named or identified.

The Office of Human Research of George Washington University, at telephone number (202) 994-2715, can provide further information about your rights as a project participant.

Your willingness to participate in this project is implied if you proceed.

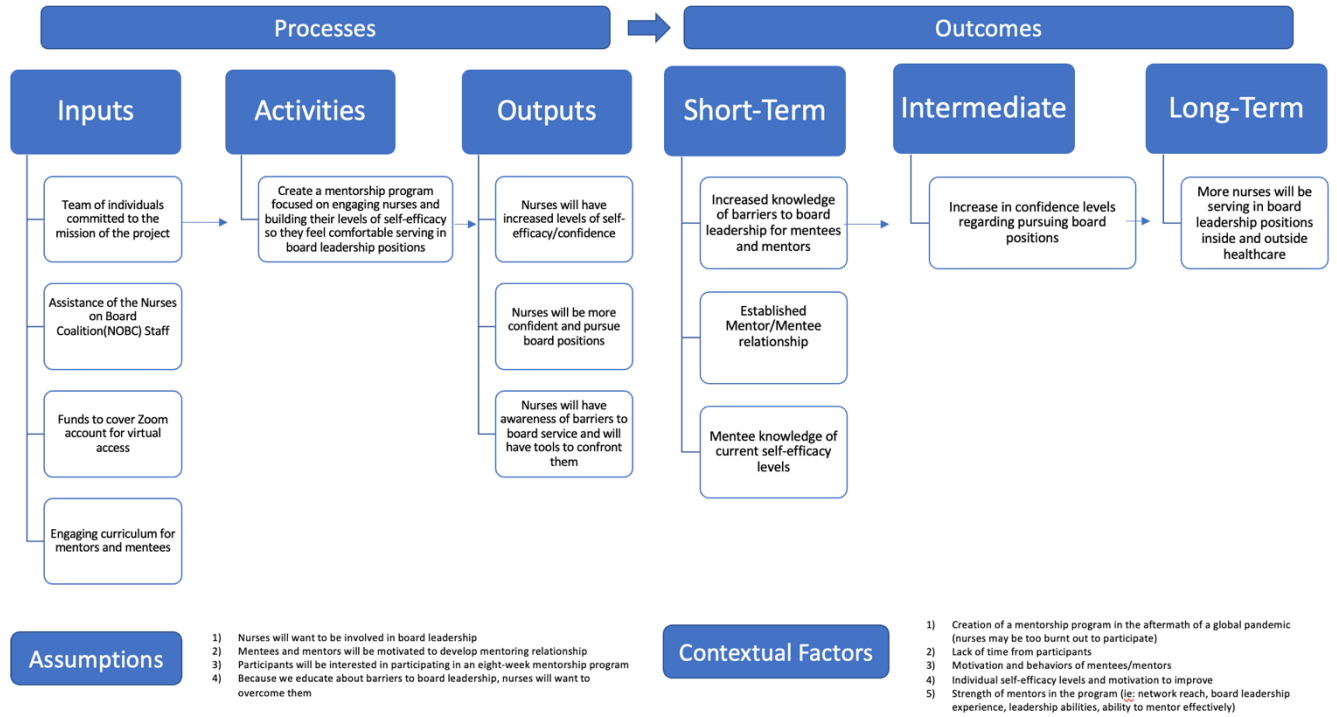
\*Please keep a copy of this document in case you want to read it again.

## Appendix L



*Figure 1.* The project Gantt Chart displays the timeline of the project from pre-program preparation to data evaluation.

## Appendix M



*Figure 1.* The project Logic Model displays the established processes and outcomes of the proposed mentorship program. It also identifies assumptions and contextual factors that could influence the outcomes of the program.



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