



Mentorship in Michigan: What Is and What Can Be

**Perspectives on mentoring nurses from diverse
backgrounds.**

INTRODUCTION

In 2014, the Michigan Health Council (MHC) conducted a mentorship survey to gain insight from members of minority groups that are currently underrepresented in nursing.

The survey, funded as part of Robert Wood Johnson Foundation's national Future of Nursing: State Implementation Program initiative is part of MHC's effort to increase the diversity of nursing students and practitioners in Michigan. The survey was designed to solicit opinions regarding mentorship and determine best practices for mentorship programs, which have been shown to positively impact diversity within the nursing education pipeline and workforce.

Diversity in the Nursing Workforce

According to 2013 survey data from the Michigan Center for Nursing,¹ individuals from minority groups comprise approximately 12 percent of active RNs and 20 percent of LPNs in Michigan. In addition to certain racial and ethnic minority groups, males are also underrepresented in the nursing workforce, comprising 6 percent of active RNs and 5 percent of active LPNs in Michigan.

On a national level, nurses from minority groups comprise approximately 25 percent of RNs and 37 percent of LPNs, however the proportion of non-white RNs did show a 5 percent increase over the last decade.² Males comprise approximately 9 percent and 8 percent of the RN and LPN workforces, respectively.³

Diversity in Nursing Education

Data from the American Association of Colleges of Nursing⁴ indicates that individuals from minority groups comprise 15 percent of all students enrolled in nursing baccalaureate programs at CCNE accredited schools in Michigan; enrollment percentages of 17, 18, and 22 were found for master's, research-focused doctoral, and doctor of nursing practice programs respectively.

On the national level, nursing students from minority backgrounds represented approximately 28 percent of students in entry-level baccalaureate programs, 23 percent of master's students, and 28 percent of students in research-focused doctoral programs, while males comprised 11, 10, and 8 percent of enrollment in baccalaureate, master's, and research-focused doctoral programs, respectively.⁵

Impact of Nursing Diversity

The need to diversify the U.S. nursing workforce was clearly stated by the Institute of Medicine in its landmark 2010 report: "Initiative on the Future of Nursing."⁶ Diversification is essential so that culturally and linguistically competent care is provided to the rapidly growing diverse U.S. population, which currently accounts for approximately 37 percent of U.S. residents and is projected to comprise 57 percent of the U.S. population in 2060 (US Census, 2012). The diverse population of Michigan is projected to grow from approximately 20 to 23 percent by 2030.⁷

- 1 Michigan Center for Nursing, "Workforce Data 2013 Report," accessed via <https://michigancenterfornursing.org/initiatives/data> on 1/10/15.
- 2 US Department of Health and Human Services Health Resources and Services Administration, "The U.S. Nursing Workforce: Trends in Supply and Education," 2013. <http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>
- 3 US Department of Health and Human Services Health Resources and Services Administration, "The U.S. Nursing Workforce: Trends in Supply and Education," 2013. <http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>
- 4 Michigan Center for Nursing "Michigan Diversity Metrics," sourced from American Association of Colleges of Nursing, Research and Data Services, 2014. <https://michigancenterfornursing.org/diversity>
- 5 American Association of Colleges of Nursing, "Fact Sheet: Enhancing Diversity in the Nursing Workforce" <http://www.aacn.nche.edu/media-relations/diversityFS.pdf>
- 6 Institute of Medicine of the National Academies, "The Future of Nursing: Leading Change, Advancing Health," 2010 <http://campaign-foraction.org/evidence/iom-report>.
- 7 Michigan Center for Nursing, "What's Working: Promoting Nursing Student Best Practices for Michigan," accessed via www.michigancenterfornursing.org/diversity.

A study conducted by the U.S. Department of Health and Human Services⁸ found that “health professionals from underrepresented minority groups disproportionately serve minority and other medically underserved populations.” In addition, minority patients were found to “receive better interpersonal care from practitioners of their own race or ethnicity” and that “non-English speaking patients experience better interpersonal care, greater medical comprehension, and greater likelihood of keeping follow-up appointments when they see a language-concordant practitioner.”

These findings indicate that greater diversity within the nursing profession will impact public health by “increasing access to care for underserved populations, and by increasing opportunities for minority patients to see practitioners with whom they share a common race, ethnicity or language.”⁹

Mentoring and Diversity

Mentoring has been defined by the Robert Wood Johnson Foundation (RWJF) as “an ongoing, collaborative relationship between two individuals, one of whom is more senior than the other.” In a successful mentoring relationship, “the senior partner helps the less-experienced individual mature and grow in his or her field, and benefits from the satisfaction of helping a younger colleague.”¹⁰

Mentoring develops leadership skills, and has been found to “strengthen the nursing workforce and, in turn, improve the quality of care and patient outcomes.”¹¹ Mentoring aids “health care organizations and academic institutions in the retention of nurses and nurse educators, which can curb shortages of nurses and nurse faculty.”¹²

8 U.S. Department of Health and Human Services, Health Resources and Services Administration Bureau of Health Professions, “The Rationale for Diversity in the Health Professions: A Review of the Evidence,” 2006. <http://bhpr.hrsa.gov/healthworkforce/reports/diversityreviewevidence.pdf>.

9 U.S. Department of Health and Human Services, Health Resources and Services Administration Bureau of Health Professions, “The Rationale for Diversity in the Health Professions: A Review of the Evidence,” 2006. <http://bhpr.hrsa.gov/healthworkforce/reports/diversityreviewevidence.pdf>.

10 Robert Wood Johnson Foundation, “Mentoring: A Boon to Nurses, the Nursing Profession, and Patients, too.” <http://tinyurl.com/abwonjk>.

11 Robert Wood Johnson Foundation, “Mentoring: A Boon to Nurses, the Nursing Profession, and Patients, too.” <http://tinyurl.com/abwonjk>, citing findings contained in the Institute of Medicine of the National Academies, “The Future of Nursing: Leading Change, Advancing Health,” 2010 <http://campaignforaction.org/evidence/iom-report>.

12 Robert Wood Johnson Foundation, “Mentoring: A Boon to

What’s more, mentoring is “a key element in attracting new student populations into nursing¹³ that “can increase the diversity of the predominantly white and female profession.”¹⁴ As discussed by a recent article on *Minority Nurse*:

“Mentoring can have widespread implications beyond boosting individual careers. By giving minority nurses and nurse practitioners a necessary leg-up in broadening their options and fine-tuning their skills, mentoring changes the face of one organization and the makeup of the entire field. By encouraging persons of color to join, grow, succeed, and stay in the profession, it expands diversity, one person at a time.”¹⁵

These findings confirm the importance of mentorship programs and relationships within the nursing education pipeline and workforce, especially in regard to students or professionals from underrepresented minority groups.

RESPONSES TO THE 2014 MENTORSHIP SURVEY

The Michigan Health Council reached out to nursing professionals, students, and leaders within nursing organizations that represent underrepresented communities in the profession, including:

- Philippine Nurses Association of Michigan
- Ingham County Health Department
- Detroit Black Nurses Association
- National Association of Hispanic Nurses Michigan Chapter
- National American Arab Nurses Association
- National nurse expert consulting with RWJF

The survey included three questions, each of which was open-ended. A variety of responses were recorded for each survey question, however central themes arose that were common to many responses – they are highlighted in the narrative below.

Nurses, the Nursing Profession, and Patients, too.” <http://tinyurl.com/abwonjk>.

13 American Association of Colleges of Nursing, “Effective Strategies for Increasing Diversity in Nursing Programs,” 2001.

14 Robert Wood Johnson Foundation, “Mentoring: A Boon to Nurses, the Nursing Profession, and Patients, too.” <http://tinyurl.com/abwonjk/>

15 *Minority Nurse*, “How Mentoring Programs Influence Workforce Diversity” <http://www.minoritynurse.com/article/how-mentoring-programs-influence-workforce-diversity#sthash.Lc5Nb4MU.dpuf>.

What does mentorship mean to you? What does a successful mentorship experience look like?

Guidance

Common among the responses was the belief that mentorship should include the guidance of the mentee by the mentor. Guidance activities could include assistance navigating through the education pipeline, advice regarding the various pathways in a mentee's nursing career, or other avenues:

“Mentorship means when an individual uses their knowledge and skills to **help and guide others [to] advance throughout their professional career.**”

“A mentorship means a relationship between two people (novice & expert) in which the novice attains knowledge/experience from an expert. **The expert helps guide the novice [towards] gain[ing an] understanding** in the particular field.”

“A successful mentorship experience is one where, an experienced person is able to **guide a less experienced person.**”

Understanding, Support and Encouragement

Relationships built on respect, support, and encouragement were central to the concept of mentorship for many survey responders:

“Successful mentorship is **taking the time to understand the mentee's goals** and using their energy to propel them forward to achieve those goals.”

“A good mentor is a person who is able to educate their mentee by **explaining their own personal experience** as advice. A mentor who can **share personal success stories** and offer tips to **support their mentee** is the purpose of the helpful relationship.”

“Mentorship is more than one person teaching another or a mentor counseling. A successful mentorship involves two people working toward a common goal utilizing an **encouraging rapport.**”

“[Mentorship includes] common goals, **nurturing, facilitative relationships,** [and] growth.”

“A successful mentorship experience looks like a **strong communication** between both individuals, **time/patience** and **dedication.**”

Teaching, Knowledge Sharing and Learning

The importance of teaching, sharing knowledge and learning within a mentorship relationship was a common theme throughout the survey replies:

“In allowing us to perfect our role as future nurses/mentors, we must be able to continuously **expand our knowledge** by understanding that a successful mentorship is when we **pass on our knowledge** both directly and indirectly, verbally and nonverbally to perfect our future generation's (mentees) leadership skills.”

“In my opinion, successful mentorship looks like when you are **teaching someone** to ride a bike. As they grow in their professional role, there will be ups and downs. Then one day it all clicks and now they are pedaling the bike without falling anymore.”

“Networking between a qualified person and someone walking in their footsteps, such as a student, provides more

insight than a classroom alone. This relationship is successful when the student **gains the knowledge and experience that will positively impact their career path.**

“The successful mentor role model[s] behaviors that **encourage lifelong learning and growth.**”

“Mentorship to me means **sharing your lived experiences in your profession** with another individual who is seeking the same profession or a similar profession, or just guidance about going to college in general.”

“Mentorship is **providing the mentee with resources, knowledge, skills, and values** in nursing practice. Clinical experiences and working with support departments is an essential aspect of being a mentor.”

Mutual Benefit and Collaboration

Many responders felt that in mentorship, both the mentor and mentee gain tangible benefits from the experience:

“[Mentorship is] a **mutually beneficial relationship** in which the mentee is able to gain some insight into self, and improve upon knowledge, skills, and attitudes toward their work and life activities. The mentor benefits, through mutual sharing of experience/knowledge, and remains current with relevant changes of the times.”

“Mentorship is a **sense of community**, where you establish a relationship(s) with an individual or group to assist in development of specific skills.”

“The [mentorship] experience should appear to be a **collaborative commitment** amongst the mentor, mentee, and agencies.”

“[A successful mentorship is] one that is **beneficial to both the mentee and the mentor.**”

“The mentor mentee bond is **beneficial for both people** because it fosters growth in each individual.”

“A successful mentorship experience involves **engagement of both mentor and mentee**. At times, a mentee doesn’t even understand what questions to ask. A successful mentor anticipate[s] those needs, bring[s] them forward, role model[s] and create[s] **an environment where mutual learning can take place.**”

Leadership

Common in the survey responses was the concept of leadership. Some responses saw participating as a mentor as an act of leadership, while others focused on the role of mentorship in preparing mentees to become leaders themselves:

“Mentors **lead by example**, so that their mentees utilize the knowledge they have learned and acquired, by implementing and practicing the **best leadership skills.**”

“The essential core of **leadership** derives from several factors that are common humanistic attributes. These attributes of acquiring knowledge, respecting, caring, and teaching are vital for a mentorship experience to be successful.”

“The key is to allow the mind to fully understand that passing on one’s knowledge and experience is a necessity in **helping others build the basis of their leadership skills**. In doing so, the mentor opens the doors of motivation and encouragement.”

“A successful mentorship experience is when a nurse utilizes a holistic approach of educating through words, behavior, skills, knowledge, and most importantly using constructive criticism **to build the future of leaders in the community**. It has been stated that ‘practice makes perfect.’”

Specific, Goal Oriented, and Measurable Outcomes

Many survey responses stressed the importance of identifying goals for the mentorship (or mentee’s education or career path) that are both specific and measurable. A focus on creating well-defined roles for both mentor and mentee was also observed:

“[Mentorship is] taking time out to have meaningful conversations about their interest[s], questions, concerns, and goals. In my opinion, mentoring can be you helping that person develop a work **plan for their future.**”

“Mentorship means working one on one with another person with **set goals and objectives** that are mutually agreed upon with set meeting dates and times and a **specific outcome.**”

“The success of the mentorship is **measureable** through the student’s growth, both clinically and

academically.”

“[A successful mentorship experience includes] **outcomes to gauge success**, the ability to establish **common goals that are specific and measurable**, and a specific, behavioral timeline, and...is scalable.”

“A successful mentorship allows the mentor and mentee to **devise a plan which incorporates goals** the mentee would like to achieve.”

“A successful mentoring partnership consists of **clear expectations and common goals** whether formal or informal.”

“[A successful mentorship is when] both parties know their **roles and expectations** of the mentorship.”

How would you overcome barriers to implementation and sustainability of a mentorship initiative?

Preparation and Identification of Barriers in Advance

Responses to the final survey question emphasized the importance of planning in advance and identifying potential barriers to program implementation and/or stability *before* launching an initiative:

“**Prepare** for potential landmines. Not promoting enough. Send more than 1 special message and be persistent. Educate yourself about the population.”

“Potential **barriers should be identified prior** to the relationship...”

“**Before implementation**, it is critical to understand where mentoring needs to occur, why and what [the] research shows in regards to meeting the need(s) through mentorship.”

“Messaging of your program is key **during initial implementation** and moving forward.

“In overcoming barriers to implementation and sustainability of a mentorship initiative, first one must focus on the **initial problem**. Moreover, questions must be set in place as to the **reasons behind the barriers**. These barriers prevent leadership skills from being initiated by the mentors to the mentees. The priority is to look through the microscope lens, which will allow individuals to focus and take into consideration the reasons behind the barriers. In essence factors that create barriers in implementing and sustainability of mentorship initiative can be: the lack of support, no motivation or goals set in place, too much work load, and more talking then practical action.”

Communications with Partners and Participants

The importance of taking the time to identify (and communicate with) potential partners and participants was mentioned in multiple responses:

“First, [prior to implementing a mentorship program] I would make sure that everyone is on the same page, to **prevent** any miscommunication between each other.”

“**[Make] sure that all parties involved are on board and committed** to investing the [necessary] time and energy. This includes the organization you work for, if the mentoring experience is going to take place at work.”

“**Be very intentional as you identify** your program coordinator/manager.”

“**Identify and partner** with those who are already champions within the organization for mentoring. Continue to rally the key stakeholders.”

Mentor/Mentee Assessments and Matching Process

To ensure a successful mentorship program and positive mentor/mentee interactions, survey respondents encouraged the implementation of a defined process for matching participants:

“It is helpful to interview the mentee in hopes of **matching similar personalities and interests with the mentor**. If barriers arise, they should be discussed with involved parties or agencies seeking to resolve or amend the differences to obtain sustainability.”

t“**Initial assessment of potential mentors** and experiences, as well as an **assessment of potential mentees** and their needs should be completed. A formal process to engage mentors and mentees, and **identify experiences that would match** (surveys on google docs etc.)”

“**Selection of mentors and pairing to mentees is very important** in maintaining a successful mentorship initiative. A common role may spark the relationship, but care must be taken in pairing similar situations (type of organization, size of organization, etc.) that can be translated initially into the mentee’s experience.”

“For sustainability, **choose mentor/mentee relationships carefully**.”

Training And Peer Networking/ Collaboration Opportunities

Participants suggested providing training experiences where mentors could learn strategies for effective mentorship, as well as opportunities for mentors and mentees to network, collaborate, and share experiences with their peers:

“**Training experiences** for the mentors to become effective teachers/leaders.”

“**Opportunities to collaborate or network** with other mentors/mentees. (Informal meet and greets, conference time set aside for mentor/mentee

networking, etc.)”

Expectations and Goals

Setting expectations for meetings/rescheduling and the creation of timelines, short-term, and long-term goals were listed as strategies for a successful mentoring relationship:

“You need to **work on times and dates for meetings** and agree on how postponements are handled. Time and places for meetings need to be mutually agreed upon an agenda for each meeting should be established.”

“**Create a timeline** for the mentorship experience. Be respectful of each others time. **Make a schedule** and stick to it as much as possible.”

“**Establish long and short term goals** and decide what is achievable in the time agreed for the mentoring experience.”

Alternative and Creative Solutions

Respondents also shared the importance of utilizing creative methods and tactics:

“For the scalable challenge, there are **solutions with technology and email**. Use technology to prepare for face-to-face contact. Similar to Facebook.”

“**Be flexible**.”

“Be **able to change tactics** to meet the need.”

Additional Feedback

Other noteworthy survey responses were also recorded:

“I would provide incentives, because individuals love and need something that benefits them. I would [also] educate people on the benefits [of mentorship] to sustain the mentorship initiative.”

“First, I would make sure that everyone is on the same page, to prevent any miscommunication between each other. Second, tasks must be divided among the team, so that a team approach is being utilized and everyone feels like they are a part of the group. Third, verbalizing and confirming that everyone has committed to their job obligations. Fourth, implementing a friendly practice atmosphere, so that internally the team approach relationship is synchronized. Finally, working to holistically understand from one another

and respecting everyone's ideas and suggestions, will allow the barriers to become a path filled with opportunities and growth. This then opens the way for a mentorship initiatives to be implemented within organizations, so that there is a diverse amount of doors for the mentee's to open and explore. In allowing the mentee's to utilize the key to open the door, the personal and professional internal barriers of an organization must be settled for external progress (mentees) to be successful."

"Keep a balance between what you think the mentee needs to know and what the mentee wants to know. Provide rich meaningful discussion and experiences."

"Make it a positive experience as much as possible but if there should happen to be an unpleasant experience, use it as a teaching moment, [e]specially if mentoring administrative roles."

"Have nursing students be a part of the group. Faculty advisors [and student financial service advisors] need to be involved, [and] have social workers [who] can work with underprivileged [participants], given all dimensions and context surrounding college. Have a marketing person available [as well]."

"Aggregate data should be collected to measure the effectiveness of the pairing, and in order to make improvements with the program/initiative. Buy in from both mentors and mentees to sustain the program might happen if they understand that the data from the relationship is collected and utilized to benefit others."

CONTRIBUTORS

Michigan State Implementation Program Diversity Council

Josefina Lujan, PhD, RN, Western Governors University

Vicki Ashker, DNP, RN, CCRN, National American Arab Nurses Association

Dorothy Bernard, BSN, MHA, Beaumont Health System

Remy Bruder, DNP, MSN, BSN, Philippine Nurses Association of Michigan

Josie Foley, RN, MS, CCM, National Association of Hispanic Nurses Michigan Chapter

Jonnie Hamilton, DNPc, PNP-BC, NE-BC, Detroit Black Nurses Association

Debbie Lopez, BS, RN, National Association of Hispanic Nurses Michigan Chapter

Nettie Riddick, LPN, ADN, MSN, Detroit Black Nurses Association

Regina Traylor, BSN, MSN, CNS, Ingham County Health Department

Please contact the Michigan Health Council at www.mhc.org/contact-us or 517-347-3332 with any questions, comments, or concerns regarding this report.