

6-15-2017

Improving employee engagement and retention through an Interprofessional Mentorship Model

Michelle Goldbach

Follow this and additional works at: <http://digitalcommons.ohsu.edu/etd>

 Part of the [Nursing Commons](#)

Recommended Citation

Goldbach, Michelle, "Improving employee engagement and retention through an Interprofessional Mentorship Model" (2017).
Scholar Archive. 3929.
<http://digitalcommons.ohsu.edu/etd/3929>

This Capstone is brought to you for free and open access by OHSU Digital Commons. It has been accepted for inclusion in Scholar Archive by an authorized administrator of OHSU Digital Commons. For more information, please contact champieu@ohsu.edu.

Improving employee engagement and retention through an Interprofessional Mentorship Model

Michelle Goldbach

Oregon Health & Science University

Up to one in four employees intends to leave an organization within their first year, leading to high levels of staff disengagement in their roles (Martin & Schmidt, 2010). Employees will seek out jobs that provide an environment supporting more interdependence, knowledge and empowerment to be innovative. As organizations shift away from a pure reductionist, hierarchal system to a balanced structure containing both reductionism and holism, they evolve into a interdependent weave of complex systems and non-predictable linear and non-linear patterns (de Zulueta, 2016; Kulpers, Ehrlich, & Brownie, 2014; Nevidjon, 2016). While organizational leadership still needs to set the foundations for a clear vision and infrastructure, it is the people and the relationships between them that move the organization to a higher level (McChrystal, Collins, Silverman, & Fussell, 2015; Wheatley, 2006).

Using an Interprofessional Mentorship Program (IPM) for Professional Development (PD) and career advancement (CA) for all employees to address engagement and retention has gained increased attention by organizational leaders and professional organizations, such as the Institute of Medicine (IOM) (Jones & Corner, 2012). The terms of IPM, PD, and CA as well as the terms retention and turnover will be used interchangeable in this document. PD and career advancement are defined by Jyoti & Sharma (2015) to be any growth opportunity that occurs over one's entire career. In addition, Mensik and Kennedy (2016) believe that developing employees should be centered on the goal of each individual reaching their full potential.

PD and mentorship programs have been offered by organizations for several decades with varied results in terms of desired outcomes (organizational and individual). With the advancing age of the workforce, the importance for these programs that are cost effective and result in

positive individual and organizational outcomes will become even more crucial for organizational success. Developing individual employees will actually lead to better outcomes for the individual and the organization alignment (Bishop, 2011; McAlearney, 2008).

The use of Complexity Science, Complex Adaptive Systems (CAS), and Appreciative Inquiry (AI) as well as the importance of creating a culture of learning and mentorship for PD will be discussed. Additionally, the proposed mentorship program will incorporate the concepts of self-reflection, self-care, and reduction of burnout, resiliency, storytelling and use of social networks. Real and potential gaps will be reviewed as well as design methods, selection process of the mentor/mentee dyads, perceptions of growth opportunities for life-long learning and diversity of participants (age, gender, race, role, and years of practice). Retention from an interprofessional perspective examining the sustainability and effectiveness of PD programs will be explored including the presence of engagement and the impact on patient satisfaction and other organizational outcomes such as alignment (Deao, 2017; Jones & Corner, 2012; Jyoti & Sharma, 2015; Kraimer, Seibert, Wayne, Liden, & Bravo, 2014; Reinstein, Sinason, & Fogarty, 2012; Reilly, 2017). Lastly, the significance of elevating one's emotional intelligence to improve resiliency and adaptive capacity will be included (Friedland, 2016; Goleman, Boyatzis, & McKee, 2013).

This paper will look at how to create opportunities for its employees at a large free-standing non-profit hospice in San Diego, California. Relevant literature will be explored. More detailed description of the setting, function, organizational readiness, barriers, silos, challenges and facilitators will be addressed. Lastly, project approaches, including inclusion, exclusion, and size of the project, recruitment process, recommendations for implementation,

outcomes, evaluation measures, cost effectiveness, data analysis and use of technology will be delineated.

Introduction of the Clinical Problem

Description of the Health System Organizational Problem

The hospice industry in San Diego has had limited opportunities for traditional growth and development or career advancement for all disciplines. This is primarily due to the size of most hospice agencies, the availability of limited resources and industry regulations. Retention, recruitment and engagement of top talent have been a growing concern. Consequences of not developing staff can lead to not only staff that do not feel valued, but creates decreased productivity and ultimately effects retention and increased replacement costs (Cappelli, 2008; Yarbrough, Martin, & Alfred, 2016).

In the last 5 years there has been a surge in the number of for profit hospices in San Diego which appears to be an industry trend (Thompson, Carlson & Bradley, 2013). Hospice E (HE) continues to maintain the majority of their current market share, serving up to 500 families across the life span in two counties. However, HE has not focused on mentoring for PD or career advancement.

Problem statement. In HE, there is a perceived and actual lack of opportunities for growth in one's role or for career advancement as seen in the Employee Opinion Survey (EOS) results, Survey of Teams Attitudes and Relationships (STAR) survey specific to the hospice work environment and the Studer Leader Assessment. Actual evidence of this problem is the increase in the turnover rate, decrease in internal advancement rate, lack of staff engagement and decreased patient satisfaction scores.

Population. All employees at HE are affected by this problem. This pilot project will focus on the clinical staff at HE which includes registered nurses (RN), hospice aids (HA), medical social workers (MSW), and chaplains (CP). Formal leaders will be encouraged to participate as well.

Epidemiology. Over the last several years, HE has had leadership positions open, however internal candidates have not been selected. It was felt that they were not ready to advance in their role. While recently this has begun to change, there continues to be no mentoring or succession planning. Managers, with the rest of the staff are experiencing high levels of burn-out and are frustrated with the lack of resources and mentoring (Weston et al., 2008). At HE, approximately 200 people across the agency have left (voluntary and involuntary) in the last two years resulting in an increase in turnover from 17.77% in 2015 to 21.65 % as of March 2017. Reasons cited were lack of advancement and increased job requirements (O’Conner, M., personal communication, March 6, 2017). The national turnover rate in hospice is said to be as high as 30% (McSpadden, S., personal communication, April 12, 2017). The Consumer Assessment of Healthcare Providers and Systems survey (CAHPS) that measures patient satisfaction shows that HE has been at 80% and 81% in 2015 and 2016 respectively. This is below the State score of 82% and 83% for 2015 and 2016 respectively. HE is also below the national average of 84% for both years (Ruiz, R., personal communication, April 24, 2017). The literature confirms that there has been a trend in lower satisfaction scores among patients and healthcare providers alike. Contributing factors include staff burnout and disengagement (Heffernan, Griffin, McNulty, & Fitzpatrick, 2010; Sikka, Morath, & Leape, 2015).

Purpose of the project. The purpose of this project is to identify methods for growth and PD even when career advancement opportunities do not exist by promoting interprofessional

collaboration and learning through a mentorship program (Stichler, 2014). This project will address how PD impacts employee engagement and retention. With the development of a formal mentorship program, growth of each individual will be supported regardless of status or role as they explore their personal potentials through inquiry grounded in complexity science.

Literature Search Strategies

A literature review was conducted to assess available information on interprofessional development through the lens of complexity. Major MeSH headings used were “appreciative inquiry”, “career advancement”, “complex adaptive systems”, “complexity science”, “cost effectiveness”, “emotional intelligence”, “engagement”, “ethics”, “equity”, “interprofessional learning”, “learning culture”, “mentoring”, “mentoring programs”, “mentoring relationships”, “organizational alignment”, “organizational commitment”, “policy”, “professional development”, “self-care”, “social networks”, “staff engagement”, “storytelling”, “strategic innovation”, “sustainability” and “turnover”, and : “quadruple aim”. Terms were searched using Google Scholar, OVID, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PUB MED, and PSCYCH INFO. Initially the search yielded several thousand citations on PD. Once other terms were added in combination such as organizational alignment, mentorship, AI, engagement and Complex Adaptive Systems (CAS), the search yielded a total of 379 articles. Exclusion factors included material that was not relevant, redundant, poor in quality, or if newer information was available. This resulted in a seventy articles written between 2006-2017, in English that added pertinent information.

In addition, one report was included from the IOM now known as the National Academies of Sciences-Engineering- and Medicine, on Interprofessional Education and Nursing. This report will be referred to as the IOM in the rest of the paper. One webinar from Press

Ganey, one report from The Joint Commission and one white paper from Press Ganey Patient Safety & Quality Healthcare (PSQH) were included. Finally, fourteen books published between 2006-2017 relevant to the subject were used.

Review of relevant literature

Professional Development. Three large qualitative studies conducted on professional development in the health care industry identified four themes: raising the quality of the employee, improvement in organizational development, decreased turnover, and increased attention to organizational strategic initiatives. PD may allow an organization to build a pool of qualified staff prepared to advance in their careers improves employee satisfaction (increase retention), and the ability to adapt to change (McAlearney (2008). Other studies have shown that PD has a positive effect on the employee's perception of growth and career opportunities (Kraimer et al., 2011).

With each individual performing at his or her best, the collective performance and outcomes of everyone will be higher (Kegan & Lahey, 2016; Reinstein et al., 2012). PD programs grounded in complexity science and CAS leads to positive reporting of improved work culture, and staff engagement (Biggs, Brough, & Barbour, 2014). PD is a way to sustain a viable and effective workforce. As a result, this leads to a positive reporting of improved work culture, reduction of silos through staff engagement and organizational alignment (Biggs et al., 2014; Jones & Corner, 2012; Lathrop & Hodnicki, 2014).

Complex adaptive systems and appreciative inquiry. Complexity is evident in interprofessional environments where groups come together to problem solve, create innovative change, learn and adapt to unpredictable changes from internal and external sources. These

systems are held together by mutual respect, and common goals, and diversity (Uhl-Bein, Marion & McKelvey, 2007). Using a model grounded in Complexity Science such as AI supports interprofessional learning through adaptable and flexible platforms in a mentorship program (Jones & Corner, 2012; Neube & Washburn, 2006). In addition, AI enhances trust, sharing risks, rewards, improved outcomes, sustainability and reduces silos (Nelson & Pilon, 2015; Nevidjon, 2016).

First introduced by Copperfrider in 1986, CAS is a method developed to promote positive dialogue, appreciation and to discover possibilities of change (Trajkovski, Schmied, Vickers, & Jackson, 2013). CAS and AI allow organizations build bridges between reductionism and holism, linear and non-linear and vertical and horizontal systems. AI provides a method for organizations to meet outcomes while encouraging employees to CAS and AI within the Complexity Science theory provides individuals and organizations a way to a look at different possibilities regarding PD, encourage interprofessional learning and collaboration, and allows for a continuous evaluation of patterns that emerge (Eoyang & Holladay, 2013). It allows for exchanging of thoughts and ideas of individuals, group or an organization to engage staff, improve interprofessional collaboration/alignment, set goals, and promote learning and to enhance the potential development of each individual (Jones & Corner, 2012; Stichler, 2014). It involves interdependence and contributions of all members of the group (Hanson & Ford, 2010; MacDonald, Bally, Ferguson, Murray, Fowler-Kerry, & Anonson, 2010).

Mentoring across disciplines (interprofessional) and departments reduces silos and increases transparency of information (McChrystal et al., 2015). The mentoring relationship allows the participants to take risks, push boundaries and try new things in a safe environment. In addition, it promotes one to explore their personal potentials and increase their emotional

intelligence through inquiry (Goleman et al., 2013; Orem, Binkert, & Clancy, 2007). It allows everyone to have a voice and contribute to the organization regardless of one's status.

Engagement. Engagement is being aligned and emotionally connected to the organization. Without career advancement or professional development opportunities, recognition, challenges and meaningful work, high performers will be the first to become disengaged (Martin & Schmidt, 2010; Dahinten et al., 2013). This will lead to actively disengaged employees; perpetuate cynicism, and possible incivility (Bibi, Karim, & ud Din, 2013). Employees will eventually leave. An environment of learning will have the opposite affect (Friedland, 2016; Goleman, et al, 2013, Senge 2006; Thornton, 2011).

Emotional intelligence and adaptive capacity. EI is the ability to be aware and able to regulate the emotions of one and others. EI has been shown to affect organizational commitment, retention, team work, professional development, innovation, quality of care and patient satisfaction. Those with a higher EI are able to communicate better in sharing ideas, feel safe to take risks, dialogue about issues, and be involved in participative decision making. A higher of EI in teams allows for a higher level of trust and creativity. When team trust is high, collaborative culture is present which also leads to a higher level of creativity (Barczak, Lask & Mulki, 2010; Chiva & Alegre, 2007; Deao, 2017; Goleman et al., 2013; McKee, Boyatzis, & Johnston, 2008).

Cost effectiveness and financial impact. Programs with an interprofessional approach not only have better outcomes and increase collaboration, but are also more cost effective (Nevidjon, 2016). However, not providing PD may also result in higher turnover rates (Burr, Stichler & Poelter, 2011; Lee, Tzeng, Lin, & Yeh, 2009). One hospital in San Diego California,

reported turnover decreased from 20% to 7% in the first year of after implementing a PD program with a savings of over \$300,000 (Burr et al., 2011). The impact of high turnover, disengagement and lower patient satisfaction scores on the organization may be significant in terms of sustainability, patient referrals, the bottom line and fund development (Cooperrider, Whitney, Starvos, 2008; Deao, 2017).

Turnover. High turnover may indicate many things, such as poor work environment including a fixed organizational structure, lack of leadership, perceived lack of stability or no growth opportunities (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014; Kovner, Brewer, Fatehi, & Jun (2014). Locander & Luechauer (2008) states that monetary compensation is thought to contribute to a reason for turnover. More significant findings in the literature show that when there was a lack of perceived opportunities for growth, that motivation and desire or the intent to stay was diminished (Kraimer et al., 2011).

Gaps in the literature. Mentoring for interprofessional learning or PD is not a new concept, but there are some gaps in the research regarding the participant's perception of the programs, effectiveness, the process of selecting and pairing up the mentor/mentee dyads, and mentoring relationships. There were a limited amount of studies on PD using pure quantitative methods such as Random Control Trials (RCT). A majority of the studies used a qualitative or mixed approach in the form of self-reported surveys and focus groups (Biggs et al., 2014; Dahinten et al., 2013; Zargar, Vandenberghe, Marchand, & Ayed, 2014). As organizations become more complex, definitions and structure of mentorship programs will need to be explored further using both qualitative and quantitative designs with diverse groups to meet the changing needs of the profession, individual, or organization (Ralph & Walker, 2013; Jones & Corner, 2012).

Many studies attribute the cause of employee turnover to the quality of the worker-supervisor relationship (Ogden, 2010). Ware (2014) disagrees, stating that it is not the supervisor, but the ability for career advancement, growth, skill acquisitions and work-life balance. Reviewing future other potential reasons that employee's leave an organization is needed as information was not consistent in the literature.

There are also some gaps in the research regarding the participant's perception of the program effectiveness. In addition gaps appear in the process of selecting and pairing up the mentor/mentee dyads, and mentoring relationships. Some studies have chosen to randomly pair mentors with mentees while other studies have selected the pairs based on specific criteria (Egan & Song, 2008; Parise & Forret, 2008).

Other relevant resources of evidence

Community Interviews. As part of this project, fifteen key leaders were identified from academia and hospital or hospice settings, private sector and those in local and state or national organizations. These interviews were conducted by phone or in person January through March of 2017. Interview questions such as PD, mentorship, leadership, engagement, retention and emotional intelligence were structured as well as open ended.

Organizational Policies. Organizational policies supporting a culture of PD should be reviewed at each level of the organization. The IOM stress the importance of interprofessional PD and the need for a culture shift to a learning organization across disciplines and roles (IOM, 2015; Nevidjon, 2016). Part of this culture involves opportunities for life-long learning and growth of interprofessional learning and collaboration (Aragon & Garcia, 2015). Kegan & Lahey (2016) states that most organizations are not focused on being a learning organization.

Joo (2010) states that by having appropriate policies in place will not only increase employee engagement but also increase the quality, spark innovation and will increase the opportunity for attracting talent. This will provide a complex environment in which everyone is allowed to be innovative and engaged with the mission of the organization (Eoyang & Holladay, 2016, Studer, 2009). However, it is important to note that leaders have a responsibility to create and sustain this type of culture by “walking the talk” (Friedland, 2016; Goleman et al., 2013; Whitney et al., 2010).

Interprofessional Learning

An interprofessional culture of education and practice in both a reductionist and holistic environment allows for growth, movement and fosters collaboration (IOM, 2015). Used along with the CAS model, allows for exchanging of thoughts and ideas of individuals, group or an organization to engage staff, improve interprofessional collaboration, enhance the potential development of each individual (Jones & Corner, 2012; Stichler, 2014). Inquiry involves reflective learning, accepting differences and avoiding typical hierarchical structures (Schmitt, Gilbert & Brandt, 2013).

The Quadruple Aim

Most of those in healthcare are familiar with the Triple Aim that was developed in 2008 to increase the experience of the patient, improve the health outcomes and reduce the costs of providing care. However, the one element that is missing is the health of our care givers, nurses and physicians and the effect of their health status on patient care and performance of both the individual and organization. Emphasizing the need to ensure organizations have an engaged

workforce who find meaning and joy in their work lead to the birth of the Quadruple Aim (Bodenheimer & Sinsky, 2014; Heffernan et al., 2010; Sikka et al., 2015; West, 2016).

Employees are more engaged have more resiliency when they have the tools for self-care, higher emotional intelligence and are lifelong learners (Goleman et al., 2013; McKee et al., 2008; Mills, Wand, & Fraser, 2017; Senge, 2006; Thornton, 2011; Thornton, 2013). This enables the providers, employees and leaders to be more self-compassionate and therefore more confident, have higher EI, and are able to be more compassionate to their patients. (Bodenheimer & Sinsky, 2014; Heffernan et al., 2010; Sikka et al., 2015; West, 2016). They also have skills for adaptive capacity not just creative capacity to handle changes in complex systems (Jones-Patulli, J., personal communication, February 17, 2017; Thornton, 2011). Other positive outcomes for engaging employees in learning and wellness include an increased focus on quality of care which translates into higher patient satisfaction and financial performance of an organization (Deao, 2017; O'Conner, 2015; Reilly, 2017).

Relate the literature to the problem. PD of the workforce which allows for an opportunity of growth at all levels and roles is crucial in sustaining the stability and growth of the organization. As a result, will lead to a positive reporting of improved work culture, reduction of silos through staff engagement and organizational alignment (Biggs et al., 2014; Jones & Corner, 2012; Lathrop & Hodnicki, 2014).

Creating and sustaining this type of culture may be accomplished through training of leadership and staff where participants are given the tools to be more adaptive, resilient, and creative and inspire innovation. In addition, staff can learn how to redefine hierarchical organizational structures to promote self- governance, engagement, caring behaviors and

therefore improve individual and organizational performance (Stichler, 2014; Watson, 2008).

Well defined systems and policies are required to support this environment which includes looking at recommendations from governmental bodies such as Joint Commission, CAHPS, PQSH, and the Quadruple Aim as well as principles of complexity science (Deao, 2017; Dibble, 2007; Eoyang & Holladay, 2013; Reilly, 2017; West, 2016).

Summarize the purpose of the proposed project. The purpose is to develop an Interprofessional Mentorship Program grounded in complexity science using AI (Carlisle & McMillan, 2006; Orem et al., 2007). This mentorship program will be designed to provide for growth and professional development even when vertical career advancement opportunities do not exist in a hospice organization. Mentorship programs have the ability to develop formal and informal leaders at all levels, across all disciplines and departments by building bridges of social networks (Benham-Hutchins & Clancy, 2011). Honoring different perspectives and understanding the strengths of each other will improve collaboration, practice and leadership (Engel & Prentice, 2013).

Approaches to the conduct of the Project

This project will be conducted using the theory grounded in Complexity Science and Complex Adaptive Systems and AI (thoughtful questions). CAS is non-linear and non-hierarchical with interdependent moving parts and unpredictable emergent patterns (Jones & Corner, 2012). This is what Kotter (2013), described as creating new possibilities using complexity science while maintaining our traditional structure. Incorporating both traditional linear and the complex non-linear structures will only promote new innovative ideas.

Ethical and equity concerns will be addressed during the application, selection and training process. Utilizing scenarios and case studies during mentor training will assist in addressing those subjects while recognizing and respecting the knowledge, experience and skills of others (Ewashen, McInnis-Perry & Murphy, 2013). Equity principles allow people equal access to professional development regardless of hierarchy, profession or position by encompassing the concepts of diversity and inclusiveness (Rhodes, Liang, & Spencer, 2009; Reinstein et al., 2012; Trajkovski et al., 2013). The mentor and mentee will be given the autonomy to make their own decisions regarding the mentoring process and relationship that meets their individual needs.

Setting

Project Setting. This is a community based non-profit hospice organization that has been serving the community for over 39 years. Today, it is one of the largest free-standing non-profit hospices with 270 employees and over 298 volunteers serving 500 patients and completing 118,000 patient visits annually (O'Connell, M.K., Kiprian, K., & Sannar, G., personal communication, March 2017). The patient population includes perinatal, pediatric and adults. Most of the patients reside in their homes with a small but growing percentage in facilities.

Function of the Setting. The mission of HE is to care for those at the end of life and those who grieve. Patients are admitted onto hospice if they have been determined to have a life expectancy of 6 months or less if they follow the natural course of their disease. Patients may be on service for a year or more as long as there is documentation to the decline in health using standardized diagnosis specific criteria. Patients are discharged for extended prognosis or if goals of care have changed. Clinical services are available twenty-four hours a day.

HE provides the only comprehensive hospice bereavement program in the community. Stakeholders include employees and the board of directors. HE is dedicated to providing clinical and leadership experiences for students, palliative care consults for the hospitals in the area, and other community groups. The organizational chart is very linear with communication and changes traditionally from the top down.

Readiness to change. Being ready for organizational change is the ability to assess the organization at every level from many different angles and perspectives. In the article by Senge, Hamilton & Kania (2014), states that there are three things to bring about system changes and creating system leaders to see the bigger picture, for leaders to be reflective and for leaders to co-create the future with their employees. At HE, there is the presence of three separate groups of thought on that affects the readiness to change.

The first group consists of those who wish the company was the same as it was- the company that they grew up in. They may be resistant to changes or slow to change but want what is best for the agency and most will become the early adopters. Others in this first group will continue to be laggards and will resist suggestions to improve processes especially if they are not comfortable or knowledgeable about what is being suggested for change. The second group consists of those who see the potential in the agency; they are the early adapters and actually are involved in innovation and change. Sometimes these people are seen as being “too passionate and eager”. This second group as a result will often become frustrated or disengaged because they do not feel that the agency sees or values their potential contributions. Lastly, the third group goes along with the changes not wanting to be seen as a laggards but will not put themselves in a position where they are seen as a ‘go getter’- allowing them to stay in the background. These are primarily the solid employees.

Anticipated barriers and challenges. There are several barriers and challenges identified at HE. First, the budget revolves around census and reimbursement. Without revenue from a growing census, the organization cannot re-invest in their employees. An organization who cannot re-invest in their own company and those working for them will not be able to meet the demands of the changing healthcare system. Identifying key stakeholders is necessary for professional development including allowing (budgeting) for time and resources for the mentors and mentees to meet and actually do the work of mentoring.

A second barrier or challenge is that formal education is not seen as a necessary component for the organizational successes. This is related to the fact that many people advanced in the company without formal training. Lack of professional development opportunities beyond the classroom orientation and on line formats is evident.

Thirdly, there is a tendency to work in silos (systems), due to lack of knowledge and collaboration between departments. This is underscored with the great underuse of informatics (processes) and technology to our advantage. Lastly, there are the barriers and challenges of multiple competing priorities such as the upcoming Joint Commission Survey.

A few other challenges for this organization surround the fact that our clinicians work virtually in the field making classroom training and face to face time a challenge. Secondly, while there are excellent clinicians that are designated as preceptors, they are not trained resulting in the perpetuation of inconsistent practices. This loops back to having limited opportunities for growth and advancement. The last challenge to address here is the uneasiness of the staff regarding previous reduction in the workforce and the focus on finances and productivity which many feel is taking them away from the real focus of hospice care. In

addition, the overall plan, vision and steps needed to take to reach the goals are not well known and therefore the sense of being given information in pieces instead of being able to participate in the strategic plan as partners.

Facilitators. In contrast, there are several facilitators for a mentorship to be incorporated and fully supported by the whole organisation. First, there is a new COO who believes in mentoring within and is concerned that staff feels discouraged by the lack of growth opportunities and is actively evaluating opportunities for internal staff. The capacity of this organization to offer classes in professional and clinical growth is another great opportunity. Secondly, the rise in turnover rates and lack of resources has the attention of the board and Senior Leaders to support this program. As a result, the interprofessional mentorship program is in the strategic plan for fiscal year 2017. Prior to any education, the leaders must be assessed for the readiness to lead change and provide the guidance for their staff. Not all leaders have this innate skill and must be supported in their own growth (Momeni, 2009; Reilly, 2017).

Participants and Population

Application and selection process. Interested employees in Clinical Services Department will fill out an application. Selection will be completed by the Interprofessional Mentorship Project Committee. The application consists of questions requesting a simple check including with the ability to free text reflective answers. Some areas to be mentored in might include facilitating a meeting, to speak in public, write an abstract or develop a poster for a conference, become involved in a professional organization, or other areas of career advancement. Mentors and mentees will be matched based on interest and “fit

Egan & Song , (2008), in their study selected mentors based on four criteria-absence of negative reputation, positive feedback form formal mentoring protégés, above average work performance, and positive employee feedback form on 360 evaluations.

Inclusion criteria. Potential participants may include all clinical staff (RN, MSW, HA, CP) and leaders in the Clinical Services Department who are in good standing with approval from their manager and approval from the project team. Participants must be able to commit to meet all aspects of the program for a six month period. The participant's manager will also attend the training sessions. Another option being considered is to have the members of the Leadership Development Institute (LDI) as the first cohort, not clinical staff.

Exclusion criteria. Those excluded will be office staff employees. In addition, those in corrective action within the last year or not meeting standards of their current role will not be included. Lastly, clinical staff in the Business Development and Admissions Departments will not be able to apply for this pilot project.

Size of population included and rationale. A total of five dyads will be included in the pilot project. This is in order to work out any issues prior to expanding to clinical staff in other departments and non-clinical staff. HE is not large enough to have such a large sample size as the one in Egan & Song (2008) who enrolled 158 participants, but many of its design methods may be incorporated into our hospice mentoring program such as a strong facilitation component.

Recruitment and protection of participants. An email notification, flyers and other methods will be used to announce the program. Information regarding the project purpose, data to be collected, storage of information, use of data, ethical conduct for mentor and mentee and

their direct report will be provided. An IRB application was submitted in November 2017 at Oregon Health & Science University and the project was designated “not to be human research”. Therefore a full review was not required.

Proposed Implementation and Outcome Evaluation

Intervention or Implementation

PD may be accomplished in many ways such as a formal mentoring program using the principles of AI. AI grounded in Complexity Science, provides an excellent method to encourage engagement, and innovation, learning, and diversity. It also supports sharing of knowledge across professions and allows for accountability and adaptability throughout one’s career path (Trajkovski et al., 2013).

Mentorship Training. The mentors and mentee dyads will receive training in three modules reviewing the purpose and concept of mentoring, responsibilities of participants, and the principles of AI, EI and self-care. Tools and approaches to mentoring will be introduced such as social networks, reflecting learning and storying telling. Ethical considerations will be addressed. Knowledge will be tested prior to implementation and throughout the program by different measures such as call outs, written, group activities, competencies, case studies and reflective learning. Storytelling provides a way to build interprofessional collaboration, cohesiveness, inspires people, fosters ownership, communication and effectiveness of a group (Adamson, Pine, Steenhoven, & Kroupa, 2006; Haigh & Hardy, 2010). Creating the space for building social networks of support can enhance reflective learning and dialogue, team development and assist in mentoring of new leaders and reduce stress in our complex dynamic organizations (Dellve & Wikstrom, 2009).

Mentor and Mentee Rounding. A meeting with the individual mentors and mentees will be held monthly by the project facilitator to review progress. Questions during rounding will have a positive based on the concepts of AI. Other items will be inquiring about any barriers, issues or concerns as well.

Measures and data collection sources, process, procedures

Measures and Data collection. Quantitative data collection points will be turnover rates, engagement behaviors, and rates of internal career advancement. Review of the EOS, the STAR, and CAHPS survey results will be conducted. A pre and post Likert-Scale, drop box, and free text survey for the participants, their managers as well as those not selected will be utilized. Qualitative data collection points will include observations and themes from self-reported surveys, narratives, reflective learning and storytelling. Three competencies will be used to evaluate practice behaviors of the participants during and after the completion of the program

Analysis methods. Methods for the mentorship program being considered are observational, descriptive or quasi-experimental. Egan & Song (2008) conducted a randomized experimental field study looking at outcomes of facilitated mentor programs on career advancement, organizational commitment, retention, self-esteem, diversity, and positive psychosocial effects. Surveys will be coded for ease of collection and analysis.

Desired outcomes. The goals of this program are so that each participant talent has the opportunity to explore their personal potentials and talent. Secondly, is to change the perception that there are no opportunities for growth at our organization as well as to build talent within. In addition, other desired outcomes will be increased retention rates and increased in engagement (Duffield et al., 2014; Hung, Yang, Lien, Mclean, & Kuo, 2010; Kathuria, Joshi, & Porth, 2007;

Kegan & Lahey, 2016). When employees feel a connection to the organization they are more likely to be engaged and aligned reducing the rate of turnover (Locander & Luechauer, 2008). Providing support in the form of time and finances are important considerations for a successful PD programs. Lastly, it is predicted that patient satisfaction will increase with this program as there is a direct correlation with the level of engagement behaviors of an organization's employees and CAHPS scores (Deao, 2017; Reilly, 2017).

Developing the leader within everyone by increasing engagement and emotional intelligence behaviors so that leaders and staff alike have increased adaptive capacity to change, thrive be innovative, be confident and competent in their performance. Another outcome of this culture would be higher level of self-care behaviors, increasing joy and meaning in their work life (Mills et al., 2017; Sikka et al., 2015).

Use of information systems and technology. There has been some initial discussion in the use of information systems and technology for the development and storage of forms in a portal for participants, training, data collection, and analysis for this project.

Practice Related Implications and Recommendations

The literature makes several recommendations for implementing a PD program. First, using AI may assist in creating an environment of openness, inquiry, kindness and identification of strengths. The 360 Leadership Circle Feedback tool is mentioned several times in the literature as an effective way to assess leader's self-awareness of their own performance and opportunities for growth (Cooperrider et al., 2008; Friedland, 2016; Starvos & Hinrichs, 2009). Another tool to possible use would be the Utrecht Work Engagement Scale (UWES) developed by Schufeli & Bakker in 2003 (Bakker & Schufeli, 2008).

A potential gap that may be addressed in future research is reviewing how organizations sustain professional development despite conflicting organizational priorities. Other recommendations would include researching other empirical studies as a majority of studies on this topic are self-reported results. After implementation of the program which is projected to meet all desired outcomes, it would be recommended to expand the program to start at first day of employment as part of preceptorship program. Lastly, develop a place on the intranet for resources to be stored, offer classes through other websites and internally on PD and to implement Quarterly Professional Development events.

Regardless of the method or approach, all organizational systems consist of people who are complex and who are not predictable requiring different and sometimes very complex approaches (MacFarlane, Sweeney, Woodard & Greenhalgh, 2013). Creating a system that is non-hierarchical will empower as well as provide vision and action (Anonson, Ferguson, MacDonald, Murray, Fowler-Kerry, & Bally, 2009). Consequences of not creating this culture of professional learning and wellness by revisiting systems and policies can lead to not only staff that do not feel valued, but creates decreased productivity, lower CAPHS scores and ultimately effects retention and increased replacement costs (Cappelli, 2008; Yarbrough et al., 2016).

Other Recommendations Specific to HE

Integrating the Mission, Vision and Values; The E-Way. This hospice is set up with a very clear mission and Core Values. There is a great opportunity to increase growth through its training commitment to all employees and allowing everyone to explore and develop their own talents. It is in this way that a Mentorship Program will only enhance the performance of each individual and the agency overall.

Integrating Quality and Safety – Asking the right questions. Surveys can be a useful tool but must be meaningful in order to obtain meaningful results. Taking a pulse on how the level of engagement, EI, and intent to leave is crucial. However, we must ask the right questions to obtain meaningful data to take action on (Güleryüz, Guney, Aydin, & Asan, 2008; Reilley, 2017).

The Patient Quality Safety Healthcare (PQSH) and Press Ganey state that engagement while a distinct measurement is directly related to patient satisfaction (Press Ganey, 2016). It is the leaders of an organization responsibility to create a culture of compassion and in turn the employees in such a culture translated that to their care resulting in higher CAHPS scores and patient quality (Tinker, 2017; Thew, 2017). It is important to frequently measure patient as well as staff satisfaction including engagement. An important question to ask your staff is, “In your current culture at work, would you go above and beyond in your role? (Reilly, 2017).

Integrating Joint Commission Accreditation. The Joint Commission speaks to essential roles of the leader in developing a culture where patients and staff are safe. In the Sentinel Event Database it points out that failure in leadership contributes to several types of adverse events. One of the items on the list is not addressing staff stress, lack of self-care and burnout. Joint Commission writes that there are five components of a safety of culture, “trust, accountability, identifying unsafe conditions, strengthening systems and assessments”. They go on to say that this may be achieved through engagement, leadership education, goal setting, staff support and dashboards that review safety reports frequently. Employees are more likely to be engaged, be higher performers, and focus on quality of care (The Joint Commission, Sentinel Event Alert, March 2017).

Conclusion

The literature states that up to 30% of companies are struggling and operating in a culture that does not support their employees (Muha & Manion, 2010). There is a clear distinction between organizations that engage in continuous growth of their employees and those that do not (Kegan & Lahey, 2016). PD is a process of continuous learning adapted to meet the needs of the employee throughout their career. Both the employee and organization benefits from PD in ways of psychological support and positive outcomes (Reinstein et al., 2012).

Using a formal interprofessional mentorship program grounded in complexity science, AI, the employee will be given the opportunity to grow to their full potential within their current role and be more prepared for opportunities for advancement or to be innovative. This will provide opportunities to build bridges to promote interprofessional learning. Establishing benchmarks is a method to measure organizational success and stability (Kathuria et al., 2007). This new environment includes reducing silos, turnover, increased job satisfaction, low burnout, less work injuries and sick calls, increased engagement in decision making and organizational alignment (Pearson, Laschinger, Porritt, Jordan, Tucker, & Lesyle, 2007).

Well-structured mentoring programs are set up with outcome benchmarks, design methods evaluating both qualitative and quantitative data, and full use of technology. PD programs presented in this manner have clear expectations, responsibilities, and accountability which create opportunities for growth. It also provides a method for recognition that aligns with the culture of the organization (Burr et al., 2011; Jyoti & Sharma, 2015).

Limitations to this project may evolve around the small sample size which was selected on purpose to work out potential problems, keep costs reasonable, and to have

the least amount of impact on team resources. However, this may also not give us enough data to be able to provide the information to draw definitive conclusions.

Expanding the program to all employees across the agency will produce outcomes that may be able to be generalized to other hospices or healthcare organizations.

Summary

The purpose of this project is to develop an Interprofessional Mentorship Program grounded in complexity science using AI (Carlisle & McMillan, 2006; Orem et al., 2007). This mentorship program is designed to provide for growth and professional development even when vertical career advancement opportunities do not exist in a hospice organization. Mentorship programs have the ability to develop formal and informal leaders at all levels, across all disciplines and departments (Benham-Hutchins & Clancy, 2011). Honoring different perspectives and understanding the strengths of each other will improve collaboration, practice and leadership and org outcomes (Engel & Prentice, 2013).

By developing the leader within at all levels of an organization to be more resilient and have adaptive capacity, they will be able to lead with confidence, higher EI, engagement, competence and will be better prepared to deal with uncertainty and unpredictability They too will be able to increase their adaptive capacity which is so needed in our current and future healthcare system (Jones-Patulli, J., personal communication, February 17, 2017).

References

- Adamson, G., Pine, J., Steenhoven, T.V. & Kroupa, J. (2006). How storytelling can drive strategic change. *Strategy & Leadership*, 34(1), 36-41. doi: 10.101108/10878570610637876
- Anonson, J. M. S., Ferguson, L., MacDonald, M. B., Murray, B. L., Fowler-Kerry, S. & Bally, J.M.G. (2009). The anatomy of interprofessional leadership. An investigation of leadership behaviors in team-based health care. *Journal of Leadership Studies*, 3(5), 17-25. doi: 10.1002/jls.20120
- Aragon, T.J. & Garcia, B. A. (2015). Designing a learning health organization for collective impact. *Journal Public Health Management Practice*, 21(1 Supp), s24-s33. doi: 10.1097/PHH.0000000000000154
- Bakker, A. B., & Schaufeli, W. B. (2008). Positive organizational behavior: Engaged employees in flourishing organizations. *Journal of Organizational Behavior*, 29(2), 147-154. doi: 10.1002/job.515
- Barczak, G., Lask, F., & Mulki, J. (2010). Antecedents of team creativity: An examination of team emotional intelligence, team trust and collaborative culture. *Creativity and Innovation Management*, 19(4), 332-345. Retrieved from http://s3.amazonaws.com/academia.edu.documents/33648760/team_creativity.pdf?AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1488344572&Signature=f07P2mFQ4E7nSSx6NevdmR%2BE%2BD4%3D&response-content-disposition=inline%3B%20filename%3DAntecedents_of_Team_Creativity_An_Examin.pdf

- Benham-Hutchins, M. & Clancy, T. R. (2010). Managing Organizational Complexity. Social networks as embedded complex adaptive systems, *Journal of Nursing Administration*, 40(9), 352-356. doi: 10.1097/NNA.0b013e3182242be
- Bibi, Z., Karim, J., & ud Din, S. (2013). Workplace incivility and counterproductive work behavior: Moderating role of emotional intelligence. *Pakistan Journal of Psychological Research*, 28(2), 317. Retrieve from [http://go.galegroup.com.liboff.ohsu.edu/ps/i.do?ty=as&v=2.1&u=ohsu&it=DIourl&s=RELEVANCE&p=AONE&qt=TI~"Workplace%20incivility%20and%20counterproductive"~SP~317~IU~2~SN~1016-0604~VO~28&lm=DA~120130000&sw=w&authCount=1d](http://go.galegroup.com.liboff.ohsu.edu/ps/i.do?ty=as&v=2.1&u=ohsu&it=DIourl&s=RELEVANCE&p=AONE&qt=TI~)
- Biggs, A., Brough, P., & Barbour, J. (2014). Enhancing work-related attitudes and work engagement: A Quasi-Experimental study of the impact of an organizational intervention. *Intentional Journal of Stress Management*, 21(1), 43-68. doi: 10.1037/a0034508
- Bishop, M. (2011). Raising the bar on performance-driven leadership. *Training and Development*, 38-43. Retrieved from <https://www.td.org/Publications/Magazines/TD/TD-Archive/2011/07/Raising-the-Bar-on-Performance-Driven-Leadership>
- Bodenheimer, T. & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine* 12(6), 573-576. doi: 10.1370/afm.1713
- Burr, S., Stichler, J., & Poelter, D. (2011). Establishing a mentoring program: Transforming organizational culture and improving nurse retention. *Nursing for Womens Health*, 15(3), 215-224. doi: 10.1111/j.1751-486X.2011.01636x

- Cappelli, P. (2008). Talent management for the twenty-first century. *Harvard Business Review*, 86(3), 1-8. Retrieved from <http://hosteddocs.toolbox.com/talent%20management%20for%20the%2021st%20century.pdf>
- Carlisle, Y. & McMillan, E. (2006). Innovation in organizations from a complex adaptive systems perspective. *Emergence: Complexity & Organization An International Transdisciplinary Journal of Complex Social Systems (E: CO)*, 8(1), 2-9. Retrieved from http://emergentpublications.com/eco/ECO_papers/Issue_8_1_3_AC.pdf
- Chiva, R., & Alegre, J. (2008). Emotional intelligence and job satisfaction: the role of organizational learning capability. *Personnel Review*, 37(6), 680-701. doi: 10.1108/00483480810906900
- Cooperrider, D.L., Whitney, D., & Starvos, J. (2008). *Appreciative inquiry handbook. For leaders of change* (2nd Ed). Brunswick, OH: Crown Custom Publishing & San Francisco, CA: Berrett-Kohler Publishers, Inc.
- Dahinten, V.S., MacPhee, M., Hejazi, S., Laschinger, H., Kazanjian, M., McCutcheon, A., & ...O'Brian-Pallas, L. (2013). Testing the effects of an empowerment-based leadership development programme: Part 2- Staff outcome. *Journal of Nursing Management*, 22, 16-28. doi:10.1111/jonm.12059
- Deao, C. (2017). *The E factor. How engaged patients, clinicians, leaders and employees will transform healthcare*. Pensacola, FL: Fire Starter Publishing.

- Dellve, L. & Wikstrom, E. (2009). Managing complex workplace stress in health care organizations: leaders' perceived legitimacy conflicts. *Journal of Nursing Management*, 17, 931-941. doi: 10.1111/j.1365-2834.2009.00996.x
- de Zulueta, P.C. (2016). Developing compassionate leadership in health care: An integrative review, *Journal of Healthcare Leadership*, 8, 1-10. doi: <http://dx.doi.org/10/20147/JHL.S93724>
- Duffield, C. M., Roche, M.A., Homer, C., Buchan, J., & Dimitrelis, S. (2014). A comparison review of nurse turnover rates and costs across countries. *Journal of Advanced Nursing*, 70(12), 2703-2712. doi: 10.1111/jan.12483
- Egan, T. M. & Song, Z. (2008). Are facilitated mentoring programs beneficial? A randomized experimental field study, *Journal of Vocational Behavioral* 72, 351-362. doi: 10.1016/j.jvb.2007.10.009
- Engel, J. & Prentice, D. (2013). The ethics of interprofessional collaboration. *Nursing Ethics*, 20(4), 426-435. doi: 10.1177/0969733012468466
- Eoyang, G. & Holladay, R. (2013). *Adaptive action: Leveraging uncertainty in your organization (1st Ed)*. Stanford, CA: Stanford Business Books.
- Ewashen, C., McInnis-Perry, G., & Murphy, N. (2013). Interprofessional collaboration-in-practice: The contested place of ethics. *Nursing Ethics*, 20(3), 325-335. doi: 10.1177/0969733012462048
- Friedland, D. (2016). *Leading well within. A neuroscience and mindfulness-based framework for conscious leadership*. San Diego California: Super Smart Health

Goleman, D., Boyatzis, R. & McKee A. (2013). *Primal leadership. Unleashing the power of emotional intelligence*. Boston, MA: Harvard Business Review Press.

Güteryüz, G., Güney, S., Aydın, E. M., & Aşan, Ö. (2008). The mediating effect of job satisfaction between emotional intelligence and organisational commitment of nurses: A questionnaire survey. *International Journal of Nursing Studies*, 45(11), 1625-1635. doi: 10.1016/j.ijnurstu.2008.02.004

Haigh, C. & Hardy, P. (2010). Tell me a story-a conceptual exploration of storytelling in healthcare education. *Nurse Education Today*, 31(4), 408-411. doi: 10.1016/j.nedt.2010

Hung, R. Y. Y., Yang, B., Lien, B. Y. H., Mclean, G., & Kuo, Y. M., (2010). Dynamic capability: Impact of process alignment and organizational learning culture on performance. *Journal of World Business*, 45, 285-294. doi: 10.1016/j.jwb.2009.09.003

Institute of Medicine (IOM) of the National Academies (2015). *Measuring the impact of interprofessional education on collaborative practice and patient outcomes*. Retrieved from <http://nationalacademies.org/hmd/reports/2015/impact-of-ipe.aspx>

Hanson, W. R. & Ford, R. (2010). Complexity leadership in healthcare: Leader network awareness. *Procedia Social and Behavioral Sciences*, 2, 6587-6596. doi: 10.1016/j.sbspro.2010.04.069

Heffernan, M., Quinn Griffin, M. T., McNulty, S. R., & Fitzpatrick, J. J. (2010). Self-compassion and emotional intelligence in nurses. *International Journal of Nursing Practice*, 16(4), 366-373. doi: 111/j.1440-172x.2010.01853.x

Jones, R. & Corner, J. (2012). Seeing the forest and the trees: A complex adaptive systems lens for mentoring. *Human Relations*, 65(3), 391-411. doi: 10.1177/0018726711430556

Joo, B. K. B. (2010). Organizational commitment for knowledge workers: The roles of perceived organizational learning culture, leader-member exchange quality, and turnover intention. *Human Resource Development Quarterly*, 21(1), 69-85. doi 10.1002/hrdq.20031

Jyoti, J. Sharma, P. (2015). Impact of mentoring functions on career development: Moderating role of mentoring culture and mentoring structure. *Global Business Review*, 16(4), 700-718. doi: 10.1177/0972150915581110

Kathuria, R., Joshi, M.P., & Porth, S. J. (2007). Organizational alignment and performance: Past, present and future. *Management Decision*, 45(3), 503-517. doi: 10.1108/00251740710745106

Kegan, R. & Lahey, L.L. (2016). *An everyone culture: Becoming a deliberately developmental organization*. Boston, Massachusetts: Harvard Business Review Press.

Kotter, J. (2013). *Accelerate! The Evolution of the 21st Century Organization*. Retrieved from <http://www.kotterinternational.com/our-principles/accelerate>

Kovner, C. T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate? *Policy, Politics & Nursing Practice*, 15(3), 64-71. doi: 10.1177/1527154414547953

Kraimer, M. Seibert, S., Wayne, S., Liden, R., & Bravo, J. (2011). Antecedents and outcomes of organizational support for development: A critical role of career opportunities. *Journal of Applied Psychology*, 96(3), 485-500. doi: 10.1037/a0021452

- Kulpers, P., Ehrlich, C., & Brownie, S. (2014). Responding to health care complexity: Suggestions for integrated and interprofessional workplace learning. *Journal of Interprofessional Care, 28*(3), 246-248. doi: 10.3109/13561820.2013.8221601
- Lathrop, B. & Hodnicki, D. (2014). The affordable care act: Primary care and the doctor of nursing practice nurse. *Online Journal of Issues in Nursing, 19*(2). doi: 10/3912/OJIN.Vol198No02PPT02
- Lee, T.Y., Tzeng, W. C., Lin, C.H., & Yeh, M.L. (2009). Effects of a preceptorship programme on turnover rate, cost, quality and professional development. *Journal of Clinical Nursing, 18*, 1217-1225. doi: 10.1111/j.1365-2702.2008.02662.x
- Locander, W. B., & Luechauer, D. L. (2008). Do you feel lucky? *Marketing Management, 17*(3), 55-58. Retrieved from <http://content.ebscohost.com.liboff.ohsu.edu/ContentServer.asp?T=P&P=AN&K=32201751&S=R&D=bsh&EbscoContent=dGJyMMTo50SeqLU4y9f3OLCmr06ep7dSsae4SLK WxWXS&ContentCustomer=dGJyMPGvrkiyq69RuePfgex44Dt6fIA>
- MacDonald, M. B., Bally, J.M., Ferguson, L.M., Murray, B. L., Fowler-Kerry, S. E. & Anonson, J. M. S. (2010). Knowledge of the professional role of others: A key interprofessional competency. *Nurse Education in Practice, 10*, 238-242. doi: 10.1016/j.nepr.2009.11.012
- Martin, J., & Schmidt, C. (2010). How to keep your top talent. *Harvard Business Review, 88*(5), 54-61. Retrieved from <http://eds.a.ebscohost.com.liboff.ohsu.edu/ehost/pdfviewer/pdfviewer?vid=1&sid=cb3d4857-d62b-4fc2-8a6f-67cc33c8e57a%40sessionmgr4002&hid=4103>

- McAlearney, A. S. (2008). Using leadership development programs to improve quality and efficiency in healthcare. *Journal of Healthcare Management*, 53(5), 319-331. Retrieved from <http://crawl.prod.proquest.com.s3.amazonaws.com/fpcache/0503bf399b044521e0b665db546ee91f.pdf?AWSAccessKeyId=AKIAJF7V7KNV2KKY2NUQ&Expires=1461822446&Signature=ndlEj28BbrStOvK3Gt1cEKzLe5o%3D>
- MacFarlane, F., Barton-Sweeney, C., Woodard, F. & Greenhalgh, T. (2013). Achieving and sustaining profound institutional change in healthcare: Case study using neo-institutional theory. *Social Science & Medicine*, 80, 10-18. doi: 10.1016/j.socscimed.2013.01.005
- McChrystal, S., Collins, T., Silverman, D. & Fussell, C. (2015). *Team of Teams: New rules of engagement for a complex world*. New York, New York: Penguin Publishing Company.
- McKee, A., Boyatzis, R. Johnston, F. (2008). *Becoming a Resonant Leader. Develop your emotional intelligence. Renew your relationships. Sustain your Effectiveness*. Boston, Mass: Harvard Business Review Press.
- Mensik, J. S., & Kennedy, J. (2016). Strategic design: Filling future nursing leadership gaps. *Nurse Leader*, 14(2), 130-133. doi: <http://dx.doi.org/10.1016/j.mnl.2015.12.007>
- Mills, J., Wand, T., & Fraser, J. A. (2017). Self-care in palliative care nursing and medical professionals: A cross-sectional survey. *Journal of Palliative Medicine*. doi: 10.1089/jpm.2016.0470
- Momeni, N. (2009). The relation between managers' emotional intelligence and the organizational climate they create. *Public Personnel Management*, 38(2), 35-48. Retrieved from

<http://server2.docfoc.com/uploads/Z2015/12/14/AZNeCaiXwB/6c3461734c417a060631028cb56def50.pdf>

Muha, T. & Manion, J. (2010). Using Positive psychology to engage your staff during difficult times. *Nurse Leader*, 8(1), 50–54. doi: <http://dx.doi.org/10.1016/j.mnl.2009.12.002>

Nelson, K. E., & Pilon, B. (2015). Managing organizational transitions: The chief nurse Perspective. *Nurse Leader*, 13(3), 71-76. doi: <http://dx.doi.org/10.1016/j.mnl.2014.09.011>

Neube, L. & Washburn, M. (2006). Strategic collaborations for ethical leadership: A mentoring framework for business and organizational decision making. *Journal of Leadership and Organizational Studies*, 13(1), 77-92. doi: 10.1177/10717919070130011001

Nevidjon, B. (2016). Partnerships in the future, *Seminars in Oncology Nursing*, 32(2), 167-174. doi:10.1016/j.soncn.2016.02.010

O'Connor, B. (2015). Achieving the quadruple aim. The triple aim is great, but there's something it leaves out. *Health Management Technology*, 36(6), 24. Retrieved from : <http://content.ebscohost.com.liboff.ohsu.edu/ContentServer.asp?T=P&P=AN&K=109799527&S=R&D=rzh&EbscoContent=dGJyMMvI7ESeqLU4xNvgOLCmr0%2BepRBSsKe4S7WWxWXS&ContentCustomer=dGJyMPGvrkiyq69RuePfgex44Dt6fIA>

Ogden, G. (2010). Talent management in a time of cost management. Leadership skills can help hospitals survive and thrive in a difficult economy, *Healthcare Financial Management* 64(3), 80-84. Retrieved from <http://content.ebscohost.com.liboff.ohsu.edu/ContentServer.asp?T=P&P=AN&K=51359>

[288&S=R&D=f5h&EbscoContent=dGJyMNLe80SeqLY4v%2BbwOLCmr06epq5Ssau4SK%2BWxWXS&ContentCustomer=dGJyMPGvrkiyq69RuePfgeyx44Dt6fIA](https://www.ebsco.com/Content/dGJyMNLe80SeqLY4v%2BbwOLCmr06epq5Ssau4SK%2BWxWXS&ContentCustomer=dGJyMPGvrkiyq69RuePfgeyx44Dt6fIA)

Orem, S.L., Binkert, J., & Clancy, A.L. (2007). *Appreciative coaching: A Positive process for change* (1st Ed). San Francisco, CA: Jossey-Bass

Pearson, A., Laschinger, H., Porritt, K., Jordan, Z., Tucker, D., & Long, L. (2007).

Comprehensive systematic review of evidence and sustaining nursing leadership that fosters health work environment in healthcare. *International Journal of Evidence Based Healthcare*, 5c, 208-253. doi: 10.1111/j.1479-6988.2007.00065.x

Parise, M.R. & Forret, M.L. (2008). Formal mentoring programs: The relationship of program design and support to mentors' perceptions of benefits and costs. *Journal of Vocational Behavior*, 72, 225-240. doi: 10.1016/j.jvb.2007.10.011

Press Ganey. (2016). *Rules of engagement: Assessing and addressing employee engagement and readiness for change*. White Paper. Indiana, South Bend: Press Ganey Associates, Inc.

Retrieved from

http://event.lv13.on24.com//event/13/60/63/5/rt/1/documents/resourceList1489669584370/white_paper_rules_of_engagement.pdf

Ralph, E., & Walker, K. (2013). The efficacy of the adaptive mentorship model. *Open Journal of Leadership*, 2(2), 21-26. doi: <http://dx.doi.org/10.4236/ojl.2013.22003>

Reinstein, A., Sinason, D. H., & Fogarty, T. J. (2012). Examining mentoring in public accounting organizations. *Review of Business*, 33(1), 40-49. Retrieved from

http://www.stjohns.edu/sites/default/files/documents/Tobin/vol33-num1-winter_2012-2013.pdf#page=42

Reilly, G. (March 16, 2017). Data –driven approach to help improve workforce engagement. (presentation slides). Retrieved from http://event.lv13.on24.com//event/13/60/63/5/rt/1/documents/resourceList1489669584370/white_paper_rules_of_engagement.pdf

Rhodes, J., Liang, B., & Spencer, B. (2009). First do not harm: Ethical principles for youth mentoring relationships. *Professional Psychology Research and Practice, 40* (5), 452-458. doi: 10.1037/a001.5073

Schmitt, M. H., Gilbert, J.H.V., & Brandt, B. (2013). The coming of age for interprofessional education and practice. *The American Journal of Medicine, 126*, 284-288. doi: <http://dx.doi.org/10.1016/j.amjmed.2012.10.015>

Senge, P., Hamilton, H., & Kania, J. (2014). The Dawn of System Leadership. *Standard Innovation Review Winter 2015*. Retrieved from http://helpinghumansystems.com/wp-content/uploads/2014/01/The_Dawn_of_System_Leadership.pdf

Senge, M. P. (2006). *The fifth discipline. The art and practice of the learning organization*. New York, NY: Doubleday.

Sikka, R., Morath, J. M., & Leape, L. (2015). The Quadruple aim: care, health, cost and meaning in work. *British Medical Journal Quality Safety, 0*, 1-3. doi: 10.1136/bmjqs-2015-004160

- Stichler, J. F. (2014). Interprofessional practice: Magic at the intersection. *HERD: Health Environments Research & Design Journal*, 7(3), 9-14. Retrieved from http://publications.lib.chalmers.se/records/fulltext/197233/local_197233.pdf#page=9
- Studer, Q. (2009). *Straight A leadership: Alignment Action Accountability*. Gulf Breeze, FL: Studer Group Publishing.
- Tinker, R. (2017). Patient safety efforts need engaged leaders. Retrieved from <http://www.healthleadersmedia.com/quality/patient-safety-efforts-need-engaged-leaders>
- The Joint Commission (2017). The essential role of leadership in developing a safe culture. *Sentinel Alert Event, Issue 57*, 1-8. Retrieved from https://www.jointcommission.org/assets/1/18/SEA_57_Safety_Culture_Leadership_0317.pdf
- Thew, J. (2017). Stamping out rudeness in the name of patient safety. Retrieved from <http://www.healthleadersmedia.com/nurse-leaders/stamping-out-rudeness-name-patient-safety>
- Thompson, J., Carlson, M., Bradley, E. (2012). US hospice industry experienced considerable turbulence from changes in ownership growth and shift for-profit status, *Health Affairs*, 31(6), 1286-1293. doi: 10.1377/hlthaff.2011.1247
- Thornton, L. (2013). *Whole person care: An interprofessional model for healing and wellness*. Indianapolis, IN: Sigma Theta Tau International

- Thornton, L. (2011). Where the heart and soul meet the bottom line. Using the model of whole-person caring to promote health and wellness in your organization. *Lifestyles of Health and Sustainability Journal*, 31-32. Retrieved from <http://www.lohas.com.au/>
- Trajkovski, S., Schmied, V., Vickers, M., & Jackson, D. (2013). Using appreciative inquiry to transform health care. *Contemporary Nurse*, 45(1), 95-100.
doi:10.5172/conu.2013.45.1.95
- Uhl-Bein, M., Marion, R. & McKelvey, B. (2007). Complexity leadership theory: Shifting leadership from the industrial age to the knowledge era. *The Leadership Quarterly*, 18, 298-318. doi: 10.1016/j.leaqua.2007.04.002
- Ware, B. L. (2014). Stop the Gen Y revolving door. *Training and Development*. Retrieved from <https://www.td.org/Publications/Magazines/TD/TD-Archive/2014/05/Stop-the-Gen-Y-Revolving-Door>
- Watson, J. (2008). *Nursing. The philosophy and science of caring*. (revised ed). Boulder, Co: University Press of Colorado.
- West, C. P. (2016). Physician well-being: Expanding the triple aim. *Journal General Internal Medicine* 31(15), 458-459. doi: 10.1007/s1166-016-3641-2
- Weston, M.J., Falter, B., Lamb, G. S., Mahon, K., Malloch, K., Provan, K., Roe, S. & Werbylo, L. (2008). Health care leadership academy: A statewide collaboration to enhance nursing leadership competencies. *The Journal of Continuing Education in Nursing*, 39(10), 468-472. Retrieved from

<http://eds.a.ebscohost.com.liboff.ohsu.edu/ehost/pdfviewer/pdfviewer?sid=58523873-ad42-4025-8c91-c63c2f181854%40sessionmgr4008&vid=0&hid=4202>

Wheatley, M. J. (2006). *Leadership and the new science. Discovering order in a chaotic world.* (3rd Ed.). San Francisco: Barrett-Kohler Publishers, Inc.

Whitney, D. Trosten-Bloom, A. & Rader, K. (2010). *Appreciative Leadership. Focus on what works to drive winning performance and build a thriving organization.* New York, NY: McGraw-Hill Companies

Yarbrough, S. Martin, P., Alfred, D. & McNeill, C. (2016). Professional values, job satisfaction, career development, and intent to stay. *Nursing Ethics*, 1-11. doi: 10.1177/0969733015623098

Zargar, M.S., Vandenberghe, C., Marchand, C., & Ayed, A. K. B. (2014). Job scope, affective commitment, and turnover: The moderating role of growth need strength. *Journal of Occupational and Organizational Psychology*, 87(2), 280-302. doi: 10.1111/joop.1206