DHR

Georgia Department of Human Resources
**Division of Public Health
Office of Nursing**

A Mentoring Program for Public Health Nurses

**Revised
January 2006**

MENTORING PROGRAM FOR PUBLIC HEALTH NURSES

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PURPOSE AND ACKNOWLEDGMENTS

Purpose
The Georgia Department of Human Resources (DHR) describes as one of its strategic goals for the DHR workforce:

The DHR workplace environment is enhanced and maintained to support and attract highly-motivated, well-trained, customer-focused employees, and to develop future leaders and diversity in the workforce.

This manual has been developed in an effort to assist public health nurses in creating an environment that embraces mentoring as a critical component of the nursing workforce. The materials included in this manual are designed to give guidance and direction to mentoring and the mentoring relationship. It has been developed with the assistance of the Office of Nursing, Office of Human Resources Management (OHRM) [now the Office of Human Resource Management and Development (OHRMD)], and public health nurses throughout the state of Georgia. This manual should be used to guide the development, implementation, and evaluation of the mentoring program.

This manual would not have been possible without the contributing efforts of the following people:

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Georgia Public Health Nurses

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District Public Health Nursing and Clinical Directors

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BACKGROUND

Background

Introduction

Response to a survey conducted in FY2002 indicated that fifteen of the nineteen health districts in Georgia were experiencing a severe nursing shortage.[15] The state turnover rate for Georgia public health nursing was 24.02% and the vacancy rate was 18.79% for that fiscal year, which marked the third consecutive year in which the turnover among public health nurses has increased. Many districts in Georgia are reporting that 50% of their current workforce will retire within the next five to ten years. The loss of this workforce will be a significant problem, especially in counties that employ only one nurse to serve the whole county. Public health nurses are an extremely important asset to the health and well-being of their communities. It is critical, therefore, to search for innovations that promote recruitment and retention in public health nursing.

In response to the nursing shortage in Georgia, the Department of Human Resources (DHR), Division of Public Health, Office of Nursing has developed a plan to address the emerging crisis within public health nursing. Mentoring has been identified as a key element of this plan.

Mentoring

Mentorship is described as a helping relational phenomenon with distinct characteristics. It is intensive in nature, characterized by emotional exchange, and, by definition, terminal.[6] The goal is for the less experienced person to achieve independence, gradually reducing the need for a mentor's guidance. Mentoring has been described and utilized in many different capacities, such as: youth programs, law, business, education, nursing, and professional organizations.

In discussing mentoring, similar concepts such as preceptorship and role modeling should be distinguished. Not all literature provides a completely clear understanding of the exact definition and concept of mentoring.

An important part of nursing orientation and acclimation to a new working environment involves precepting. Most nurses are assigned a preceptor as they begin their career. This is true both in hospital orientation and public health orientation. At times, the preceptor can potentially become a mentor to the new nurse, but it is not always the case. Precepting is a "form of staff orientation in which assigned individuals (preceptors) are accountable for facilitating the transition of a new employee over a short period of time".[18] Yoder explains that this differs from mentoring because it is primarily concerned with task accomplishment and does not involve many psychosocial factors. She suggests that a preceptor can become a mentor if the relationship continues to grow and the psychosocial factors are included.[18] Smith, et al., describe precepting as "occurring when an inexperienced individual works with an experienced person." Their relationship is task-oriented, short-termed, and assigned. The outcomes are: skill and knowledge attainment, anxiety reduction, and safe practice. This relationship is also typically characterized by one person being the teacher and one being the student.[18]

Similarly, role modeling may be included in mentoring as a component, but it is not necessarily interchangeable with the concept of mentoring. Role modeling is more passive. The person internalizes another's standards to become his or her own. There is not a dynamic of a two-person relationship; it involves a model and an imitator.[18] Role modeling has also been described as passive and as copying behaviors without necessarily understanding the rationale.[16]

A mentor is described as a "trusted counselor or guide".[9] Goldman and Schmalz described mentoring as a "personalized one-on-one approach to learning grounded in a personal and professional relationship between a mentee (the learner) and the mentor (the teacher).[8] Beaulieu (1998) discussed the difference between a mentor and a preceptor. She states that the mentor is a teacher, guide, role model, and a supervisor. The mentor believes in the novice, blesses the aspirations for the future, and identifies potential the novice may not see.[2] Mentoring has also been explained as "not [just] a job description but a process." (Personal Communication, 2002) Connie Vance believes a mentor advises, guides, encourages, and inspires another person during an extended period of time.[17]

The mentoring relationship can be complex, elusive, and difficult to define and measure.[17] There are many dynamics that interplay when discussing and defining the mentoring relationship. As suggested earlier, mentoring is a relationship between the mentor and mentee that is interpersonal. This relationship has the potential to encourage the vitality of the profession, grow workers in the profession, and provide future leaders for the profession. It is beneficial for both the mentor and mentee.

Mentors have the ability to shape a profession and create an environment that promotes growth, competence, and well-being in its inhabitants.[3] Mentoring helps mentors maintain their expertise. There is always the opportunity to change, improve, and not remain dormant. Mentoring can encourage a mentor to be creative. Questions that are asked by the mentee may require that the mentor consider new, different, and creative solutions/ideas. Mentors can be rewarded in the opportunity to give and win the respect of people who will always be grateful for the gift of guidance and support. Mentoring also gives the mentor the opportunity to relay knowledge and experience they have gained to another person. Their accomplishments and hard work will be imparted to another individual to carry on in the profession.[8, 13] Yoder suggested that empowerment is a benefit to the mentor. He/she has the personal satisfaction and influence in the organizational world by being a mentor.[18]

Mentees also benefit in this relationship. Mentors provide mentees opportunities for networking and social/professional interaction with those in their profession. This helps encourage career contacts and job opportunities. Mentors provide mentees advice and specialized knowledge.[13] This knowledge comes from the experience and years of learning the mentor has encountered. This advice and guidance can provide immense insight into the mentees' future professional career and responsibilities. Mentors help to increase productivity, teach technical skills, and increase success for the mentees.[9,13]

Many mentees are encouraged to submit journal publications and seek more educational opportunities as a result of being mentored. The mentee can be intellectually stimulated and sharpened, and can gain insight into the management of the facility, organization, or institution.[9] Lastly, mentors increase job satisfaction and well-being in the mentee. Having the support and encouragement of a mentor can enable the mentee to feel significant self-worth and self-confidence.[8, 13]

Success of Mentoring

There is ample evidence that mentoring enhances job satisfaction and encourages those that are mentored to mentor others. Yoder (1990) noted, "mentored employees are said to have greater job satisfaction, increased productivity, increased professionalism, decreased turnover rates, greater organizational power and superior managerial skills than non-mentored colleagues." She also noted "outcomes of professionalism, decreased turnover and increased job satisfaction have been directly and indirectly linked with mentoring across all disciplines".[18] Fagan and Fagan (1983) in their study "Mentoring among Nurses" found the relationship between job satisfaction and mentoring strong and that those who had mentors were more likely to become mentors themselves.[14] Fagan and Fagan also found that having a mentor correlated with job satisfaction, job burnout, rank, and the tendency to be a mentor. Subjects who had a mentor were more satisfied with their work than those that had not had mentoring and the professionals that had mentors were more likely to befriend and guide new professionals than those who had no mentoring.[5] Stachura and Hoff (1990) found that there was a significant relationship between increased leadership behaviors and improved job satisfaction through the use of mentors.   A study by Johantgen (1985) investigated the prevalence and effects of mentor relationships in career development of 121 staff nurses and found that the mentors were reported to have been influential in their development, particularly in the early years of nursing practice. Seventy-one percent of nurses rated having a mentor as very important in career development and preferred several mentoring relationships.[17] Angelini (1995) found that staff nurses said that 95% of mentors were peers and nurse managers and that mentoring was a huge factor in career development. Hyland-Hill (1986) found that a majority of nurses had mentors and those that did were more likely to be mentors to others. Also, those who had mentors attained a higher career level at an earlier age.[17]

Mentoring is a practice that can be used as a means of retaining employees within an organization. According to the literature, mentoring provides positive benefits for nursing and other disciplines. Mentoring provides a unique opportunity to develop and guide nurses throughout their careers, as well as offer leadership opportunities. A mentor is someone who can coach or guide a less experienced person along in better understanding a given profession. The person can provide encouragement and positive reinforcement to inspire the mentee and increase job satisfaction. Mentoring also has "the potential to help us evolve in our professional fields and expand our horizons…learn how to achieve more effectively, solve problems, be more organized, and think outside of the box…more clearly".[11] Mentoring may help in recruiting and retaining nurses to provide community and individual care, thereby ensuring a competent and professional nursing workforce for the citizens of Georgia.

Focus groups were conducted with public health nurses throughout the state to gather information that would be helpful in developing a mentoring program. The information from the focus groups was analyzed by identifying common themes of mentoring, professional needs, suggestions for, and barriers to, a mentoring program. These common themes reflected the nurses' ideas of a mentor as a resource and guide. The mentoring relationship involves the mentor as a resource for decision-making, goal setting, and perspective. According to the nurses, key elements of a mentoring program included a mentor that was accessible either in close proximity or by phone and/or e-mail to them, available as a resource, and flexible. Some nurses felt a mentoring relationship should last at least a year and others felt a time limit could not be placed—the relationship should develop naturally. Incentives and buy-in from upper level management were also identified as important. Time and money were the two largest barriers to development and integration of a mentoring program. Overall, descriptions of mentoring among nurses in Georgia were consistent with the literature on this subject.

A review of the literature shows that formal mentoring programs are usually initiated in order to officially "pair" a mentee with a mentor. Some agencies target a specific group to be mentored when they believe that the group is not advancing in the organization at the same rate as other groups. Some agencies have formal mentoring programs for a limited number of personnel who they believe have the potential to reach senior levels; they pair those individuals with senior executives to assist them along a "fast track" to reach the top. Other formal mentoring programs offer a way for personnel who may not easily find a mentor on their own to be paired with a mentor. Because research shows that people "naturally" mentor persons with whom they are similar, people who are different in some way from the mainstream sometimes have difficulty finding natural connections. A formal network is considered to be less effective than natural mentoring connections, based on research showing that people who select their own mentor have more productive and successful relationships.[7]

In Georgia, a formal approach was chosen for this program because it is important to be able to measure the effects of the mentoring program over time and be able to initiate the program with some structure. This will help facilitate organizational support and commitment to the time and effort needed to sustain this vital program. Every attempt will be made to safeguard the informal aspect while striving to meet the goals and objectives targeted for achievement.

The main goal of this program is to assist in retaining and recruiting public health nurses throughout Georgia. Mentoring is a relationship that has great potential to develop and strengthen the public health nursing workforce.

A pilot program was conducted in Districts 9-2 and 9-3 and the Division of Public Health State Office from November 2003 through February 2004. Evaluation results demonstrated high satisfaction with the mentoring relationship. All mentees who participated in the pilot program reported that they would recommend the mentoring

program. Most of the mentors (83%) said that they would agree to serve as mentors in the future. 83% of mentees, and 58% of mentors, reported that their job satisfaction *improved* or *greatly improved* during the mentorship period.

As an ancient Chinese proverb says, "If you want one year of prosperity, grow grain. If you want ten years of prosperity, grow trees. If you want one hundred years of prosperity, grow people."

DEFINITIONS

Mentoring
Mentoring has been described in many ways. Most often, the definition that is used relates to the purpose of and setting for a given mentoring program. For the Mentoring Program for Public Health Nurses, mentoring is defined as "***a personalized one-on-one approach to learning grounded in a personal and professional relationship between a mentee (the learner) and the mentor (the teacher).***"[8]

Other definitions of mentoring include:

➤ *"The formal or informal relationship between a successful established individual and one new or less established in the field or specialty."*[1]

➤ *"Mentoring is…people growing."*[8]

Mentor
Because the role of the mentor varies, depending upon the setting in which the mentor functions and the purpose of the mentoring program in which one operates, there are many definitions of this term. They include:

➤ *A mentor is a "trusted counselor or guide".*[9]

➤ *A mentor advises, guides, encourages, and inspires another person during an extended period of time.*[17]

➤ *Mentors have the ability to shape a profession and create an environment that promotes growth, competence, and well-being in its inhabitants.*[3]

➤ *"A person who coaches and shares knowledge to help others shape their behavior and to guide their development".*[11]

GOAL, OBJECTIVES, AND COMPETENCIES

The goal and objectives in this manual were created from the information obtained in focus groups held throughout the state and from literature relating to the development of a mentoring program. The first objective can be applied to the program on a yearly basis (i.e., addressing the desired number of nurses who will participate in the program). An important first step in developing a program is creating goals and objectives. This gives an idea of the direction of the program and assists with evaluation at the conclusion of the program. The goal and objectives listed here were the anticipated outcomes at the end of the pilot program; these should be modified to meet the needs of each mentoring program.

Goal:
To operationalize an effective mentoring program as an integrated component of the recruitment and retention strategies for the public health nursing workforce.

Objectives:
1. The mentor/mentee will participate in at least one face-to-face meeting every month and at least a telephone or e-mail contact every week for the duration of the program. Note: In the evaluation of the pilot program, participants found face-to-face contacts most beneficial and recommended that the majority of contacts be face-to-face.

2. The mentor/mentee will complete a minimum of one training or learning opportunity about mentoring during each year of the mentoring relationship.

3. The mentor/mentee will take the lead and/or participate in at least one opportunity in a clinical or leadership area, within public health nursing, during the time frame of the mentoring relationship (e.g., take on added responsibilities within the department/program, facilitate collaboration with an outside agency or contact).

4. Public health nurses will demonstrate at least one of the desired qualities of a mentor/mentee during the mentoring relationship (see page 5.1).

5. If available, use results of a job satisfaction survey/instrument at baseline to identify strategies to incorporate into the local plan for recruitment and retention.

Competencies:
Following is a list of competencies to be developed or demonstrated during the mentoring relationship. Certain knowledge, skills, and abilities will be gained during the mentoring relationship and may be evaluated at the conclusion of the mentoring relationship to help determine the success of the program.

Mentee
- Establishes developmental and professional goals in collaboration with mentor
- Communicates effectively with mentor

- Promotes personal, team and organizational learning
- Applies knowledge gained in mentoring relationship to practice

Mentor
- Solicits input from individuals and organizations and uses feedback in an effective manner
- Contributes to the development, implementation, and monitoring of organizational standards
- Demonstrates leadership abilities and follow-through
- Recognizes and communicates accomplishments and opportunities for improvement to individuals and within the organization

GUIDELINES FOR SELECTION AND MATCHING

The following are tables of desired qualities, benefits, and responsibilities for both the mentor and mentee. These are suggested traits and behaviors identified in the literature that characterize a mentoring relationship. It is hoped that the mentor and mentee will possess some of these qualities upon entering into the relationship.

Desired Qualities

I. The Mentor	II. The Mentee
- Able to motivate - Shows interest in mentoring - Demonstrates proficiency in practice - Acknowledges limitations - Teaches and accepts others - Demonstrates leadership abilities - Is willing and able to invest time in relationship - Has a sense of humor - Fosters independence of mentee—allows mentee ability to struggle with the unknown and search for answers - Is able to identify areas for further development - Provides trust in relationship - Encourages peer relationships - Recognizes and communicates accomplishments and opportunities for improvement - Upholds standards of excellence	- Is open and eager to learn—ambitious - Puts time and energy in process - Takes initiative - Respects time and effort of mentor - Acts on information from mentor - Considers being a mentor in the future - Asks for assistance - Allows mentor to guide in professional matters - Recognizes when needs further development - Demonstrates intelligence - Demonstrates loyalty - Demonstrates commitment to the organization or discipline - Demonstrates organizational savvy (practical understanding of the organization) - Is able to establish collaboration

Note:. From Yoder, L. (1990). Mentoring: A concept analysis. *Nursing Administration Quarterly*, 15(1), 9-19., Kirk, E. & Reichert, G. (1992) The mentoring relationship: What makes it work? *Imprint*, January, 20-22., Goldman, K.D. & Schmalz, K.J. (2001). Follow the leader: Mentoring. *Health Promotion Practice*, 2(3), 195-197.

Benefits of Mentoring

III. To Mentor	IV. To Mentee
• Shares their successes and achievements with the mentee • Practices interpersonal and management skills • Becomes recognized • Expands horizons • Gains insight from mentee's background • Gains satisfaction in sharing expertise • Reenergizes own career • Enlists an ally in promoting the organization's well-being • Increases network of colleagues • Recognizes and increases skills in leadership & coaching	• Gains an active listening ear • Receives valuable direction • Learns a different perspective • Gains from mentor's expertise • Receives critical feedback in key areas • Develops sharper focus • Learns specific skills and knowledge • Networks • Gains knowledge about the organization's culture & unspoken rules

Frequently Asked Questions about Mentoring. As retrieved on July 8, 2002. http://www.uscg.mil/hq/g-wt

V.   Responsibilities

Mentor	Mentee
• Ensures two-way open communication • Assists in establishing parameters of partnership • Provides as much career path information as possible • Shares information about career opportunities and resources • Shares information about own job and resources • Provides encouragement • Monitors and provides sensitive feedback and guidance • Meets and communicates with mentee at least once per month • Follows through on commitments • Acts as a role model • Respects confidentiality of information shared by mentee	• Is willing to learn and grow • Accepts advice and provides mentor with feedback • Takes on new challenges • Remains available and open • Is proactive in relationship • Identifies goals • Accepts responsibility for own development • Demonstrates commitment to the relationship

Frequently Asked Questions about Mentoring. As retrieved on July 8, 2002. http://www.uscg.mil/hq/g-wt/.

VI.   Criteria/Guidelines for Selection and Matching

District Contact Person
A district contact person should be selected to oversee the mentoring program. This person will be in contact with mentors and mentees. The roles and functions of the district contact person is to be described in the initial training session.

Roles and Functions:

- Introduces mentoring program to new nurses
- Recruits experienced public health nurses (PHNs) to become mentors
- Maintains mentoring directory
- Conducts training for new mentors and mentees as needed using this manual
- Provides training material to participants as needed using this manual
- Responsible for attending the training of mentors and mentee
- Meets face to face with the mentors and mentees to ensure suitable matches
- If a mentor is selected by >1 mentee, assists in making appropriate decision
- Serves as a resource for the mentor and mentees during their relationship
- Serves as a liaison with Office of Nursing to provide feedback on the program
- Assists with evaluation upon completion of program

During the selection and matching process, it is recommended that the contact person meet with the mentors and mentees. When meeting with the mentors, the contact person may ask questions of the mentor to further determine their suitability in mentoring. Questions that may be asked include:

- With whom do you work well and not work well?
- How would you describe your attitude in the workplace?
- Are there some types of people with whom you might have difficulty or that you would prefer not to mentor?

The contact person may also talk with the mentee to help them understand the purpose of the mentoring program and the desired outcomes associated with the relationship. Once the understanding is established for the mentor and mentee, matches may be initiated.

VII.   Suggested considerations and qualities for the mentor and mentee:

Mentor

- Is a regular (full or part-time) employee, public health nurse with public health experience
- Is committed to participate for six months to a year
- Is willing to spend a minimum of two hours/month with mentee
- Has completed a self assessment
- Is committed to attending mentor training and yearly updates of training

- Exhibits characteristics such as:
  - Coaching
  - Listening
  - Sharing
  - Motivating
  - Advising
  - Encouraging
  - Leadership
  - Proficiency in practice
  - Willing to share knowledge & expertise
- Is committed to the mentoring process
- Has the ability to create a learning environment

Mentee

- Is a new employee to public health
- Has a working knowledge of career goals and objectives
- Is willing to set aside time to meet with mentor
- Is committed to participate for six months to a year
- Is open to suggestions and feedback from the mentor

Selection criteria have been established to provide the greatest opportunity for success for participants and the program. Mentors may be identified on an ongoing basis. The Mentoring Self Assessment tool may be used to gain information about the mentor and their interests. As the mentors fill out the assessment tool, their information will be added to the Mentoring Directory. This directory will be available for the mentees to choose a mentor. It is suggested that mentees be identified beginning at the time of employment. Pilot participants reported a preference for mentors and mentors being located in the same facility or site.

Once matched, the pair may be encouraged to write up a formal mentoring agreement to clarify their roles with one another. This agreement can determine the framework of the relationship. The agreement should include a section stating that there is no penalty for dissolving the relationship. The following page is an example of an agreement.

VIII.   Mentoring Agreement[12]

We are voluntarily entering into a mutually beneficial relationship. It is intended that this relationship will be a rewarding experience in which the time together will be spent in personal and professional development activities. Features of the mentoring relationship will include:

_____
Name:

_____
Title:

_____
Duration of the mentoring program:

_____
Frequency of meetings:

_____
Maximum length of each meeting:

Mentoring activities (may include goals and objectives of relationship):
_____

_____

_____

We have discussed the basic principles underlying our mentoring relationship as a developmental opportunity. We agree to a no-fault conclusion if this relationship is dissolved.

Mentee_____Date: _____

Mentor_____   Date: _____

IX.   Mentoring Self Assessment Tool

This self-assessment tool is an instrument to be utilized by the mentor to determine if he or she would be a suitable mentor. Information from this tool will be placed into a mentoring directory that the mentees will use to choose their mentor.

Name_____

Age_____

Gender_____

Race/Ethnicity (Please check the one with which you most affiliate)
        __White
        __Black
        __American, Indian, Eskimo, and Aleut
        __Asian and Pacific Islander
        __Hispanic/Latino
        __Other (specify) _____

County _____

District_____

Job title_____

Please identify the number of years you have worked in public health nursing.

_____years

How would you characterize yourself according to these qualities? Check those that apply.

        ___Motivating
        ___Interested in mentoring
        ___Proficient in practice
        ___Able to acknowledge limitations
        ___Able to teach and accept others
        ___Demonstrate leadership abilities
        ___Willing and able to invest time in relationship
        ___Sense of humor
        ___Would foster independence of mentee—would allow mentee ability to struggle
            with unknown and search for answers
        ___Identify areas for further development and seek assistance when needed

___Provide trust in relationship
___Encourage peer relationships
___Recognize and communicate accomplishments and opportunities for
      improvement to individuals and within the organization
___Uphold standards of excellence
___Positive attitude

Regarding the investment of time in the mentoring relationship, are you willing to commit to:

- at least one contact by phone or email each week?
  ❑ Yes ❑ No
- at least one face-to-face contact each month?
  ❑ Yes ❑ No
- attend a training session about mentoring?
  ❑ Yes ❑ No

In what areas do you primarily work?
❑ Program management
❑ Program office
❑ Consultant
❑ Supervisor
❑ Certain program (specify) _____
❑ Certain population of clients (specify)_____
❑ Manager
❑ Clinical area (specify)_____
❑ Other (specify)_____

What are your career goals?

What is your mission/vision for public health and public health nursing?

Why are you interested in being a mentor?

What are specific areas of interest or focus for you? (e.g. nurse protocols, computer skills, assessment skills, patient satisfaction, internal operations, policies and procedures, or other interests)

Are there some types of people you would prefer to mentor or for whom you feel you would be a particularly successful mentor? (e.g. shy, new graduate, etc) If yes, please list them.

Do you have any reservations about serving as a mentor? If yes, please list them.

What kinds of support and assistance can the program offer that will be most helpful to you?

How would you use your knowledge of the organization in a positive manner to foster the mentoring relationship?

MENTORING DIRECTORY

It is recommended that each district create and maintain a directory of mentors for their district. The following is an example of a table that can be used for this purpose. (A mentoring directory template may be found on page 12.2.) This directory should be held at the district office and accessed during district orientation. Once the mentors have filled out the Mentoring Self Assessment tool, the applicable information provided is transferred to this table and kept in a notebook for the mentees to browse. Areas of interest may be clinical, administrative, programmatic, or other. Location and contact information should include where the mentor physically works and their contact information (phone, email, pager, etc.). Other information refers to any other information the mentor would like to share with potential mentees. This form will be placed in a notebook or folder for the mentees to use to choose a possible mentor.

Name	Job Title	Areas of Interest	Location and Contact Information	Other Information

I.   Suggested "How to" List

To be a mentor:
Complete self-assessment tool and submit to contact person
Schedule a meeting with the contact person
Complete job satisfaction survey (pilot participants only)
Attend training
When matched with mentee:
      Start as soon as possible after mentee's hiring date
      Schedule first meeting within one week of matching
      Review goals, objectives, and competencies
      Discuss goals and objectives and activities
      Complete mentoring agreement
      Exchange contact information and schedules as necessary
Maintain weekly contact
Check in with contact person at district level to share progress
"Close" relationship after designated time
Complete evaluation survey
*Note: If mentee match is not working, please refer to Relationship and Ongoing Support section of this manual for guidance.

To be a mentee:
Schedule a meeting with contact person
Look through Mentoring Directory at district office and choose a possible mentor (Note: pilot participants preferred mentor located at same location/site)

Attend training
Expect contact with mentor within one week
      Review goals, objectives, and competencies
      Discuss goals and objectives and activities
      Complete mentoring agreement
      Exchange contact information and schedules as necessary
Maintain weekly contact
Check in with contact person at district level to share progress
"Close" relationship after designated time
Complete evaluation survey
*Note: If mentor match is not working, please refer to Relationship and Ongoing
Support section of this manual for guidance.

TRAINING

TRAINING

Introduction
Training is an important aspect of the mentoring program. It is important to train the mentors and mentees, district nursing directors, nurse managers, and other management on their roles and expectations for the mentoring program. Activities and components of the program should be shared with other employees as well. This information will make it possible to publicize the program and increase interest among employees. An initial training by the district mentoring coordinator is to be held prior to implementation of the mentoring program for mentors, mentees and their supervisors. This training will cover all the necessary elements of the mentoring program and review the expectations and roles of the participants. It is recommended that, after completion of this training, mentors and mentoring coordinators complete an annual training update coordinated by the district mentoring coordinator if they desire to continue in these roles. At this training, information in the manual will be reviewed, new information will be shared, and opportunities for improvement will be discussed.

Managers and supervisors should not only be informed of activities but should also support the process by playing an active role in promoting mentoring, launching the program, disseminating it, and taking part in the activities. Because the chief obstacles to mentoring participation cited by pilot participants were *time* and *staff shortages*, finding ways to eliminate these obstacles in advance will demonstrate the organization's commitment to mentoring. The commitment to mentoring will increase its recognition and reputation within the organization, encourage recruitment and participation of employees, and give the process credibility and value.

Initial training is recommended at the district level for the mentors, mentees and their supervisors, and should include:
- Overview of the program
- Roles and responsibilities of each person
- Description of screening and matching process
- Program elements
- Crisis management and problem solving
- How to overcome the most common barriers – time and staff shortages
- Cultural and social sensitivity
- Ongoing skills and development
- Qualities of Mentor and Mentee (See pages 5.1-5.3)
- Key Mentor and Mentee Skills
    o Active listening
    o Ability to build and maintain trust
    o Ability to encourage others
    o Ability to identify goals and current reality
    o Ability to instruct and develop capabilities
    o Ability to inspire others
    o Ability to opens doors and facilitate networking

o   Ability to manage risks
o   Ability to provide corrective feedback
o   Ability to learn quickly
o   Demonstration of initiative
o   Demonstration of follow-through
o   Completion of a job satisfaction survey (pilot participants only)

Time Frame

It is suggested that the mentoring relationship last six months. However, there is no set rule for how long the relationship should last. Pilot participants felt that the relationship should last longer than three months, the duration of the initial pilot program. The time frame may be determined and agreed upon by the mentor and mentee in the initial agreement. This allows time for a relationship to develop and information to be exchanged. Discretion may be used to determine when a relationship should end. Continuing the mentoring relationship beyond the agreed-upon time is possible if district contacts and participants agree that it would be beneficial.

Training Format

Target Audience: Public health nurses (mentors and mentees), supervisors, managers

Estimated Time Frame: 4-6 hours for initial one day training
                                          2-3 hours for annual training updates

Learning Objectives:
- The learner will list the qualities of a mentor and mentee.
- The learner will identify the components of a mentoring relationship.
- The learner will incorporate the role and expectations of themselves as a mentor or mentee.
- The learner will discuss the interpersonal skills required in a mentoring relationship.

Teaching Objectives:
- The facilitator will describe the definition and qualities of a mentor and mentee.
- The facilitator will discuss the components of a mentoring relationship.
- The facilitator will discuss the role and expectations of the mentor and mentee.
- The facilitator will highlight the interpersonal skills unique to a mentoring relationship.

Equipment/ Audiovisuals:
- manual
- flipchart
- mentoring presentation provided by the Office of Nursing

Rewards and Incentives

Rewards are important to provide incentive and create success for the mentoring program. Mentees, and especially mentors, need encouragement in this process. Suggested ways of providing incentives are:

- Newsletters and/or mailings sent to mentor and mentee highlighting their impact
- Recognition luncheon or dinner-may be an annual event
- Acknowledgement (for example, recognize in staff meeting)
- Small tokens of appreciation-lapel pin, pens, paper, t-shirts, etc.
    1. http://www.newtonmfg.com/nmcshop/default.asp?program_nbr=MENTR
    2. Mike Moore, Pin Promotions http://www.pinpromotions.com 1-800-262-3923 - Toll Free, 1-877-782-5063 - Toll Free Fax, 1-321-662-9988 - After Hours Cell. Custom imprinted promotional products and Trade Show Giveaways at http://www.pinpromotions.com/promotional.html
- Certificate of appreciation
- Ongoing support groups for mentors and mentees
- Ongoing training and development related to mentoring
- Social gatherings

RELATIONSHIP AND ONGOING SUPPORT

I.   Opening Meeting

It is suggested that the mentor set up the initial contact, whether by phone or face to face, with the mentee. However, the mentee should be cognizant that a time will be set up within the first week of the relationship. During the first meeting, set aside a block of time to meet each other in person. Come prepared with questions, but be open to the meeting unfolding naturally. Use this opportunity to decide on the goals and objectives of the mentoring relationship, as well as your needs and expectations. Once these goals and objectives have been identified, take time to write them down. This serves two purposes: you will be able to refer to them during the relationship and it will allow for evaluation at the end of the relationship.

II.   Discussion of Needs and Expectations

It is important to set parameters for your mentoring relationship early. Be direct and specific about what areas, skills, or professional goals you want to focus on for this experience. Do not be afraid to set boundaries and be clear about the information that you feel should remain private. Be honest, open, and direct in your communication with each other.

III.   Issues of Communication and Interpersonal relationships

A. Concepts and Skills of Conflict Management
B. Verbal Communication
C. Listening Skills
D. The 4 R's of Customer Service

IV.   Goals and Objectives

Set goals and objectives that are specific, realistic, and measurable at the beginning. This will help guide your relationship. What outcomes do you expect from this relationship? Review these goals and objectives regularly during the relationship to assess their status.

V.   Sharing Appropriate Information

Personal

Get acquainted with your mentor/mentee as a person first. Is he or she married? Does he or she have particular hobbies? Do you share common interests outside your field? Find out some of the things that make your mentor or mentee unique and then move on to heavier career oriented topics. In doing so, you can establish a broader and stronger foundation for your mentoring relationship.

Professional

Share your resume or curriculum vitae with each other as well as other professional experiences. You may also want to share your vision of the profession with each other. What, for example, drives you to pursue a career in public health? Where do you think the future of public health lies in the United States and abroad? Where do you fit into this vision? These discussions may naturally evolve during the time of your relationship. It is important to strike a balance between personal and professional in a mentoring relationship.

Establish Meeting Times

Regardless of whether you meet via email, telephone, or in person, do not finish your initial meeting or other meetings without setting up another time, place and method to meet. As the objectives state, it is preferable to have at least one contact once a week and a monthly face-to-face meeting. It is a good idea to keep a record of the meetings, noting what has been discussed, agreed, and the objectives of the next meeting.[4] Be sure that you know exactly when and how to best get in contact with each other, whether in person, by phone, or email. Discuss how you will overcome the most common barriers – time and staff shortages – to assure that the mentoring process stays on track.

Month-by-Month Guideline

The estimated length of time for the mentoring relationship is at least six months. This is not a rule but a guideline that will allow for a natural ending of the formal relationship. If the relationship is continuing to be beneficial and productive for both parties, it may naturally continue. The key to the relationship is flexibility with structure. Structure will allow a measure of whether the relationship is accomplishing what it is supposed to while flexibility allows for a natural occurring relationship.

- First month - goals and objectives, get acquainted, share contact information;
- Second month - check-in, how are things going, what is the biggest struggle in public health and what is the greatest joy, problem solving, share what you have learned over last month;
- Continue as most comfortable and productive for mentor and mentee for the remainder of the relationship.

Closure

There are a variety of reasons a mentoring relationship may end. A mentor or mentee may not be well-matched, the mentor or mentee may drop out of the program, life circumstances or time restraints may make it difficult for the relationship to continue or the goals and objectives may have been met for both parties. The guidance and learning between the mentee and mentor may reach a natural stopping point. The relationship should have a formal closure that allows the mentor/mentee to discuss the goals and objectives and the outcomes of the relationship. Closure involves evaluating the learning, acknowledging progress, and celebrating achievement of the learning. If the relationship is not working and the mentor and/or mentee requests a change, it may be productive to facilitate a change. If this is the case, the district contact may facilitate the switch. It would still be important for closure to occur. This may help to eliminate any hard feelings or awkwardness.

The relationship may naturally continue between the mentor/mentee because the goals and objectives may not have been met. If this is the case, the relationship may continue to function until those objectives are met or new objectives are created. Even when relationships last for six months or more and end positively, the parties may feel a mix of emotions. It may be helpful to remember that the relationship is not necessarily an ending, but instead making a transition from formal mentoring. When mentors are no longer needed for intensive support and nurturing, they still can hold an important place in their mentees' lives.[4]

Mentoring at A Distance: Strategies for Success suggests that a good exit strategy consists of four components:
1. Conclusion of learning (reflection on learning outcomes and process)
2. Celebrating success (mutually satisfying way to celebrate)
3. Appropriately continuing the relationship (talking about how the relationship will continue—(i.e. moves from professional mentoring relationship to colleague, friendship, or ceases to exist at all)
4. Comfortable with moving on (acknowledging transition, recognizing ways to end the relationship, or remaining in contact)

Mentor and mentee support should include regular debriefings, troubleshooting, and recognition of the mentor's contribution.

EVALUATION

Mentor

Name _____   Age_____

Gender (*Please check one*):   ☐ Female   ☐ Male

Race/Ethnicity (*Please check the one with which you most affiliate*):
☐ White
☐ Black
☐ American Indian, Eskimo, or Aleut
☐ Asian and Pacific Islander
☐ Hispanic/Latino
☐ Other (please specify)_____

County _____   District_____

If State Office Nurse, please check here ☐

Years of nursing experience: *(Please check one)*
☐ Less than 5 years   ☐ 10 years   ☐ 11-20 year   ☐ more than 20 years

Years of <u>public health</u> nursing experience: (*Please check one*)
☐ Less than 5 years   ☐ 10 years   ☐ 11-20 year   ☐ more than 20 years

1.   Please check all the traits or skills you applied and/or demonstrated as a mentor:
☐ Motivation
☐ Interest in mentoring
☐ Proficiency in practice
☐ Ability to acknowledge limitations and ignorance
☐ Ability to teach and accept others
☐ Ability to solicited input from others and use feedback effectively
☐ Leadership abilities and follow-through
☐ Willingness and ability to invest time in relationship
☐ Sense of humor
☐ Ability to foster independence of mentee
☐ Ability to identify areas for further development
☐ Contribution to the development, implementation, and monitoring of organization standards
☐ Provision of trust in relationship
☐ Encouragement of peer relationships
☐ Recognition and communication of accomplishments and opportunities for improvement
☐ Ability to uphold standards of excellence
☐ Positive attitude
☐ Other_____

2.   Was your mentee in the same Health Department?   ☐ Yes   ☐ No   ☐ N/A
        Was your mentee in the same District?   ☐ Yes   ☐ No   ☐ N/A

3. What was the total length of time for your mentoring relationship?
    Please state in number of weeks: _____weeks.

4. How often per month did you meet with your mentee?
    Face to face: _____   times per month
    Email, phone, or other: _____   times per month
    *Total number of contacts during mentoring relationship:*_____

5. Was the number of contacts reasonable? ☐Yes   ☐ No

6. I would have liked to meet: *(Please check one)*
    ☐ more often   ☐ less often   ☐ the same amount

5. If you answered "more often," what prevented more frequent contact with your
    mentee?_____
    _____

6. Which type of contact did you find most beneficial? *(Please check one)*
    ☐ Face-to-face   ☐ Email   ☐ Telephone
    ☐ Other (describe type)_____

7. Do you think the length of the program was too long, just right, or too short?
    (Please check one)
    ☐ Too long   ☐ Just right   ☐Too short

8. I was _____ with the mentoring relationship.
    (Please check one)
    ☐ very satisfied
    ☐ somewhat satisfied
    ☐ neither satisfied nor dissatisfied
    ☐ somewhat dissatisfied
    ☐ very dissatisfied

11. Please explain your response to the above question_____
    _____
    _____

12. Did the mentor training adequately prepare you for the mentor experience?
    ☐ Yes   ☐ No
    What were the training strengths?_____
    _____
    What topics were not covered that you would like to see in future trainings?
    _____
    _____

13. What abilities or skills have been improved as a result of the mentoring
    relationship?_____
    _____

14.	What were the disadvantages of being a mentor? _____
_____

15.	What clinical or leadership activity(ies) did you participate in as a result of the mentoring relationship (e.g., took on added responsibilities within department/program, facilitated collaboration with agency/contact, researched policy)?
_____
_____

16.	What was the most important concept and/or most beneficial thing you gained from the mentoring relationship? _____
_____

17.	Do you feel that your mentee benefited from the relationship?
☐ Yes	☐ No
Please explain your answer:_____
_____

18.	How has your view of public health and/or public health nursing changed during the mentoring relationship? _____
_____

19.	What are your suggestions for improvement of the program? _____
_____

20.	Did your district contact person add or contribute anything to your mentor experience?	☐ Yes	☐ No
If yes, what? _____
_____

21.	The mentoring program has _____ my job satisfaction.
(Please check one)
☐ greatly improved
☐ somewhat improved
☐ not affected
☐ somewhat decreased
☐ greatly decreased

22.	Would you serve as a mentor in the future?	☐ Yes	☐ No

Mentee

Name _____ Age_____

Gender: ☐ Female ☐ Male

Race/Ethnicity (*Please check the one with which you most affiliate*):
☐ White
☐ Black
☐ American Indian, Eskimo, or Aleut
☐ Asian and Pacific Islander
☐ Hispanic/Latino
☐ Other (please specify)_____

County _____ District_____

If State Office Nurse, please check here ☐

Years of nursing experience: *(Please check one)*
☐ Less than 5 years   ☐ 10 years   ☐ 11-20 year   ☐ more than 20 years

Years of <u>public health</u> nursing experience: (*Please check one*)
☐ Less than 5 years   ☐ 10 years   ☐ 11-20 year   ☐ more than 20 years

1. Please check the traits or skills you applied and/or demonstrated as a mentee:
    ☐ Openness and eagerness to learn—ambition
    ☐ Involvement (put time and energy in process)
    ☐ Effective communication with mentor
    ☐ Initiative
    ☐ Ability to establish developmental and professional goals
    ☐ Ability to use mentor's time and effort effectively
    ☐ Ability to use information gained from mentor
    ☐ Acceptance of mentor's guidance in professional matters
    ☐ Ability to recognize when further development was needed
    ☐ Intelligence
    ☐ Loyalty
    ☐ Commitment to the organization or profession
    ☐ Ability to promote personal, team, and organizational learning
    ☐ Understanding of how to "get around" in the organization and get things done
    ☐ Ability to establish collaboration with other services, programs, or community stakeholders
    ☐ Ability to apply knowledge gained in mentoring relationship to practice

2. Was your mentor in the same Health Department? ☐ Yes   ☐ No   ☐ N/A
    Was your mentor in the same District?   ☐ Yes   ☐ No   ☐ N/A

3. What was the total length of time for your mentoring relationship?
    Please state in number of weeks: _____weeks.

4. How often per month did you meet with your mentor?
    Face to face: _____   times per month
    Email, phone, or other: _____   times per month
    *Total number of contacts during mentoring relationship?*_____

5. Was the number of contacts reasonable? ☐Yes   ☐ No

6. I would have liked to meet: *(Please check one)*
    ☐ more often   ☐ less often   ☐ the same amount

7. If you answered "more often," what prevented more frequent contact with your
    mentor?_____
    _____

8. Which type of contact did you find most beneficial? *(Please check one)*
    ☐ Face-to-face   ☐ Email   ☐ Telephone
    ☐ Other (describe type)_____

9. Do you think the length of the program was too long, just right, or too short?
    (Please check one)
    ☐ Too long   ☐ Just right   ☐Too short

10. I was _____ with the mentoring relationship.
    (Please check one)
    ☐ very satisfied
    ☐ somewhat satisfied
    ☐ neither satisfied nor dissatisfied
    ☐ somewhat dissatisfied
    ☐ very dissatisfied

11. Please explain your response to the above question_____
    _____
    _____

12. Did the mentee training adequately prepare you for the mentee experience?
    ☐ Yes   ☐ No
    What were the training strengths?_____
    _____
    What topics were not covered that you would like to see in future trainings?
    _____
    _____

13. What abilities or skills have been improved as a result of the mentoring
    relationship?_____
    _____

14.   What were the disadvantages of being a mentee?_____
_____

15.   What clinical or leadership activity(ies) did you participate in as a result of the mentoring relationship (e.g., took on added responsibilities within department/program, facilitated collaboration with agency/contact, researched topic)?
_____
_____

16.   What was the most important concept and/or most beneficial thing you gained from the mentoring relationship?_____
_____

17.   Do you feel that your mentor benefited from the relationship?
☐ Yes   ☐ No
Please explain your answer:_____
_____

18.   How has your view of public health and/or public health nursing changed during the mentoring relationship? _____
_____

19.   What are your suggestions for improvement of the program? _____
_____

20.   Did your district contact person add or contribute anything to your mentee experience?   ☐ Yes   ☐ No
If yes, what? _____
_____

21.   The mentoring program has _____ my job satisfaction.
(Please check one)
☐ greatly improved
☐ somewhat improved
☐ not affected
☐ somewhat decreased
☐ greatly decreased

22.   Would you recommend that new nurses participate in the mentoring program?
☐ Yes   ☐ No

Program Evaluation

The following information may be used in the evaluation of the mentoring program. The district mentoring contact may capture this information through mentor/mentee evaluations and other means. The data collected can be analyzed to assess the program's effectiveness in achieving identified goals and objectives and to make recommendations to improve the program.

Information	*Source*
Number, job title, areas of interest, primary work areas, qualities, and location of mentors who complete self-assessment tool	Self-assessment tool
Number of mentors who participated as mentors	District records
Number of mentees who participated	District records
Age, gender, race/ethnicity, county, district, job title, years of nursing experience, and years of public health nursing experience of participants	Mentor/mentee evaluations
Participating districts, counties, locations	Mentor/mentee evaluations
Length of mentoring relationships	Mentor/mentee evaluations
Number, duration, and frequency of contacts between mentor/mentee during mentoring relationship	Mentor/mentee evaluations
Level of satisfaction with the mentoring program among participants	Mentor/mentee evaluations
Perception of training adequacy and strengths	Mentor/mentee evaluations
Recommendations to improve mentoring program training	Mentor/mentee evaluations
Improvement in abilities or skills as a result of the mentoring program	Mentor/mentee evaluations
Traits or skills demonstrated as mentor or mentee	Mentor/mentee evaluations
Participation in clinical and/or leadership activities by participants	Mentor/mentee evaluations
Identification of most important gains from mentoring program	Mentor/mentee evaluations
Change in perceptions of public health nursing among participants	Mentor/mentee evaluations
Contributions of district contact persons to the mentoring experience	Mentor/mentee evaluations
Impact of mentoring program on job satisfaction of participants	Job satisfaction survey
Willingness of mentors to continue serving in that role	Mentor/mentee evaluations

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RESOURCES

I. RESOURCES ON THE WORLD WIDE WEB – 2002-2006

http://www.mentoringgroup.com

http://www.mentoringgroup.com/personalv1.html.
      Personal development plan and vision statement activity

http://www.mentoringgroup.com/details.html.
      Tips for mentors

http://www.uscg.mil/leadership/mentoring.htm.
      Example of Coast Guard mentoring program

http://www.mentoring.org

http://www.mentoringcanada.ca/resources/training.html

http://www.jrsa.org/jjec/programs/mentoring

http://www.engr.washington.edu/cwd/CWDMentoring.html

http://www.tbs-sct.gc.ca/pubs_pol/hrpubs/TB_856/agtms_e.asp
      Guidelines for Development of a Mentoring Program

http://www.eeo.nsw.gov.au/careers/Mentoring3.doc
      Mentoring Made Easy

http://www.mentoring-australia.com/benchmark.htm

http://www.ppv.org/ppv/publications/assets/37_publication.pdf

http://www.newtonmfg.com/nmcshop/default.asp?program_nbr=MENTR

http://www.pinpromotions.com/promotional.html

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Donna Otto, *Finding a Mentor, Being a Mentor*, Harvest House Publishers, Inc., July 2001

Shirley Peddy, *The Art of Mentoring: Lead, Follow and Get Out of the Way*, Learning Connections, October 2001

Linda Phillips-Jones, *The New Mentors & Proteges: How to Success With the New Mentoring Partnerships*, Coalition of Counseling Centers, January 2001

Hal Portner, *Being Mentored: Guide for Proteges*, Corwin Press, June 2002

Gordon F. Shea, Making the Most of Being Mentored: How to Grow from a Mentoring Partnership (Fifty-Minute Series), Crisp Publishers, June 1999

Gordon F. Shea, Mentoring: How to Develop Successful Mentor Behaviors (Crisp 50-Minute Book), Crisp Publishers, November 2001

Floyd Wickman with Terri Sjodin (Contributor), Mentoring: The Most Obvious Yet Overlooked Key to Achieving More in Life Than You Ever Dreamed Possible, McGraw-Hill Trade, October 1996

APPENDIX

TABLE OF CONTENTS

TAB/Page Number

MENTORING DIRECTORY

Name	Job Title	Areas of Interest	Location and Contact Information	Other Information

Communicating Effectively
(excerpts from OHROD – Concepts and Skills of Conflict Management)

Define Communication

Objective: To be able to identify and define communication in order to assess
the impact it has on conflict situations.

Communication:
- The goal of communication is to be understood.
- How well people understand each other depends on how well they communicate.
- Communication is the simple exchange of information.
- Communication is verbal and non-verbal.
- It is influenced by factors such as age, gender, race, socioeconomic status, education level, values, beliefs, perceptions, and disabilities.
- Effective communication exists when people are able to accurately exchange information about facts and feelings.

Verbal communication:
The words that come out of your mouth.

Verbal cues are:
Paraverbals: How you say what you say.
- The tones in your voice: The expressiveness in your voice.
- The volume at which you speak: How loud or soft do you speak?
- The rate at which you speak: Is your voice too fast or too slow?
- Cadence: Slightly slowed speech.
- The pitch of your voice: The highness or lowness of your voice.
- The clarity in your voice: How are your words understood?
- Chronemics: Use of silence. Pausing between words in order to listen.

Non-verbal communication:
The body language and gesture that are displayed.

Non-verbal cues are:
- One's appearance.
- Proxemics: Respect for personal space.
- Facial expression or Affect: smiles, frowns, surprised confused, etc.
- Body language: hand gestures, arms folds, slouched, good posture.
- Eye contact: Are you looking away or at the person you are speaking to?
- The perception of these cues.

Beware of Barriers to Effective Communication

"What" is a barrier?
Definition: Something that is hard to get over or around.

Common barriers:

"You" statements
Body Language
Loaded words
Poor listening habits

Listening Skills
(http://www.casaaleadership.ca/mainpages/resources/sourcebook/listening-skills.html)

LISTENING SKILLS

We were given two ears but only one mouth.

This is because God knew that listening was twice as hard as talking.

People need to practice and acquire skills to be good listeners, because a speaker cannot throw you information in the same manner that a dart player tosses a dart at a passive dartboard. Information is an intangible substance that must be sent by the speaker and received by an active listener.

THE FACE IT SOLUTION FOR EFFECTIVE LISTENING

Many people are familiar with the scene of the child standing in front of dad, just bursting to tell him what happened in school that day. Unfortunately, dad has the paper in front of his face and even when he drops the paper down half-way, it is visibly apparent that he is not really listening.

A student solved the problem of getting dad to listen from behind his protective paper wall. Her solution was to say, "Move your face, dad, when I'm talking to you." This simple solution will force even the poorest listener to adopt effective listening skills because it captures the essence of good listening.

GOOD LISTENERS LISTEN WITH THEIR FACES

The first skill that you can practice to be a good listener is *to act like a good listener*. We have spent a lot of our modern lives working at tuning out all of the information that is thrust at us. It therefore becomes important to change our physical body language from that of a deflector to that of a receiver, much like a satellite dish. Our faces contain most of the receptive equipment in our bodies, so it is only natural that we should tilt our faces towards the channel of information.

A second skill is to use the other bodily receptors besides your ears. You can be a better listener when you *look at the other person*. Your eyes pick up the non-verbal signals that all people send out when they are speaking. By looking at the speaker, your eyes will also complete the eye contact that speakers are trying to make. A speaker will work harder at sending out the information when they see a receptive audience in attendance. Your eyes help complete the communication circuit that must be established between speaker and listener.

When you have established eye and face contact with your speaker, you must then *react to the speaker* by sending out non-verbal signals. Your face must move and give the range of emotions that indicate whether you are following what the speaker has to say. By moving your face to the information, you can better concentrate on what the person is saying. Your face must become an active and contoured catcher of information.

It is extremely difficult to receive information when your mouth is moving information out at the same time. A good listener will *stop talking and use receptive language* instead. Use the *I see . . . un hunh . . . oh really* words and phrases that follow and encourage your speaker's train of thought. This forces you to react to the ideas presented, rather than the person. You can then move to asking questions, instead of giving your opinion on the information being presented. It is a true listening skill to use your mouth as a moving receptor of information rather than a broadcaster.

A final skill is to move your mind to *concentrate on what the speaker is saying*. You cannot fully hear their point of view or process information when you argue mentally or judge what they are saying before they have completed. An open mind is a mind that is receiving and listening to information.

If you really want to listen, you will act like a good listener. Good listeners are good catchers because they give their speakers a target and then move that target to capture the information that is being sent. When good listeners aren't understanding their speakers, they will send signals to the speaker about what they expect next, or how the speaker can change the speed of information delivery to suit the listener. Above all, a good listener involves all of their face to be an active moving listener.

THINGS TO REMEMBER

1. If you are really listening intently, you should feel tired after your speaker has finished. Effective listening is an active rather than a passive activity.
2. When you find yourself drifting away during a listening session, change your body position and concentrate on using one of the above skills. Once one of the skills is being used, the other active skills will come into place as well.
3. Your body position defines whether you will have the chance of being a good listener or a good deflector. Good listeners are like poor boxers: they lead with their faces.
4. Meaning cannot just be transmitted as a tangible substance by the speaker. It must also be stimulated or aroused in the receiver. The receiver must therefore be an **active** participant for the cycle of communication to be complete.

The Secrets to Listening Well
(http://www.thepargroup.com/articles/secretslistenwell.html)

"Listening is as powerful a means of communication and influence as to talk well." - John Marshall

There must be a lot of frustrated people out there, a lot of people who feel like they aren't listened to, a lot of people throwing up their arms and saying, "You just don't get it, do you?"

There seems to be a growing realization of the importance of solid listening and communication skills in business. After all, lack of attention and respectful listening can be costly - leading to mistakes, poor service, misaligned goals, wasted time and lack of teamwork.

However, listening is less important than how you listen. By listening in a way that demonstrates understanding and respect, you cause rapport to develop, and that is the true foundation from which you can sell, manage or influence others.

"I like to listen. I have learned a great deal from listening carefully. Most people never listen." - Ernest Hemingway

Following are some keys to listening well:

1. Give 100% Attention: Prove you care by suspending all other activities.
2. Respond: Responses can be both verbal and nonverbal (nods, expressing interest) but must prove you received the message, and more importantly, prove it had an impact on you. Speak at approximately the same energy level as the other person...then they'll know they really got through and don't have to keep repeating.
3. Prove understanding: To say "I understand" is not enough. People need some sort of evidence or proof of understanding. Prove your understanding by occasionally restating the gist of their idea or by asking a question which proves you know the main idea. The important point is not to repeat what they've said to prove you were listening, but to prove you understand. The differences in these two intentions transmit remarkably different messages when you are communicating.
4. Prove respect: Prove you take other views seriously. It seldom helps to tell people, "I appreciate your position" or "I know how you feel." You have to prove it by being willing to communicate with others at their level of understanding and attitude. We do this naturally by adjusting our tone of vice, rate of speech and choice of words to show that we are trying to imagine being where they are at the moment.

Listening to and acknowledging other people may seem deceptively simple, but doing it well, particularly when disagreements arise, takes true talent. As with any skill, listening well takes plenty of practice.

"I think one lesson I have learned is that there is no substitute for paying attention." - Diane Sawyer

Habits to Differentiate Good From Poor Listening
(Entered by Carter McNamara, PhD)

This information is from "How to Be a Better Listener" by Sherman K. Okum, *Nation's Business*, August 1975, and from "Building a Professional Image: Improving Listening Behavior" by Philip Morgan and Kent Baker, *Supervisory Management*, November 1995

Only about 25 percent of listeners grasp the central ideas in communications. To improve listening skills, consider the following:

Poor Listener	Effective Listener
tends to "wool-gather" with slow speakers	thinks and mentally summarizes, weighs the evidence, listens between the lines to tones of voice and evidence
subject is dry so tunes out speaker	finds what's in it for me
distracted easily	fights distractions, sees past bad communication habits, knows how to concentrate
takes intensive notes, but the more notes taken, the less value; has only one way to take notes	has 2-3 ways to take notes and organize important information
is overstimulated, tends to seek and enter into arguments	doesn't judge until comprehension is complete
inexperienced in listening to difficult material; has usually sought light, recreational materials	uses "heavier" materials to regularly exercise the mind
lets deaf spots or blind words catch his or her attention	interpret color words, and doesn't get hung up on them
shows no energy output	holds eye contact and helps speaker along by showing an active body state
judges delivery -- tunes out	judges content, skips over delivery errors
listens for facts	listens for central ideas

(excerpts from)
Basics of Conflict Management
Written by Carter McNamara, MBA, PhD

(Information in this topic has been adapted from the guidebook, Field Guide to Leadership and Supervision.)

Clarifying Confusion About Conflict
Conflict is when two or more values, perspectives and opinions are contradictory in nature and haven't been aligned or agreed about yet, including:
1. Within yourself when you're not living according to your values;
2. When your values and perspectives are threatened; or
3. Discomfort from fear of the unknown or from lack of fulfillment.
Conflict is inevitable and often good, for example, good teams always go through a "form, storm, norm and perform" period. Getting the most out of diversity means often-contradictory values, perspectives and opinions.

Conflict is often needed. It:
1. Helps to raise and address problems.
2. Energizes work to be on the most appropriate issues.
3. Helps people "be real", for example, it motivates them to participate.
4. Helps people learn how to recognize and benefit from their differences.
Conflict is not the same as discomfort. The conflict isn't the problem - it is when conflict is poorly managed that is the problem.
Conflict is a problem when it:
1. Hampers productivity.
2. Lowers morale.
3. Causes more and continued conflicts.
4. Causes inappropriate behaviors.

Ways People Deal With Conflict
There is no one best way to deal with conflict. It depends on the current situation. Here are the major ways that people use to deal with conflict.
1. Avoid it. Pretend it is not there or ignore it.
a. Use it when it simply is not worth the effort to argue. Usually this approach tends to worsen the conflict over time.

2. Accommodate it. Give in to others, sometimes to the extent that you compromise yourself.
a. Use this approach very sparingly and infrequently, for example, in situations when you know that you will have another more useful approach in the very near future. Usually this approach tends to worsen the conflict over time, and causes conflicts within yourself.

3. Competing. Work to get your way, rather than clarifying and addressing the issue. Competitors love accommodators.
a. Use when you have a very strong conviction about your position.

4. Compromising. Mutual give-and-take.
a. Use when the goal is to get past the issue and move on.

5. Collaborating. Focus on working together.
a. Use when the goal is to meet as many current needs as possible by using mutual resources. This approach sometimes raises new mutual needs.
b. Use when the goal is to cultivate ownership and commitment.

To Manage a Conflict Within Yourself - "Core Process"
It's often in the trying that we find solace, not in getting the best solution. The following steps will help you in this regard.
1. Name the conflict, or identify the issue, including what you want that you aren't getting. Consider:
a. Writing your thoughts down to come to a conclusion.
b. Talk to someone, including asking them to help you summarize the conflict in 5 sentences or less.

2. Get perspective by discussing the issue with your friend or by putting it down in writing. Consider:
a. How important is this issue?
b. Does the issue seem worse because you're tired, angry at something else, etc.?
c. What's your role in this issue?

3. Pick at least one thing you can do about the conflict.
a. Identify at least three courses of action.
b. For each course, write at least three pros and cons.
c. Select an action - if there is no clear course of action, pick the alternative that will not hurt, or be least hurtful, to yourself and others.
d. Briefly discuss that course of action with a friend.

4. Then do something.
a. Wait at least a day before you do anything about the conflict. This gives you a cooling off period.
b. Then take an action.
c. Have in your own mind, a date when you will act again if you see no clear improvement.

To Manage a Conflict With Another - "Core Process"

1. Know what you don't like about yourself, early on in your career. We often don't like in others what we don't want to see in ourselves.
a. Write down 5 traits that really bug you when see them in others.
b. Be aware that these traits are your "hot buttons".

2. Manage yourself. If you and/or the other person are getting heated up, then manage yourself to stay calm by
a. Speaking to the person as if the other person is not heated up - this can be very effective!
b. Avoid use of the word "you" - this avoids blaming.
c. Nod your head to assure them you heard them.
d. Maintain eye contact with them.

3. Move the discussion to a private area, if possible.

4. Give the other person time to vent.
a. Don't interrupt them or judge what they are saying.

5. Verify that you're accurately hearing each other. When they are done speaking:}
a. Ask the other person to let you rephrase (uninterrupted) what you are hearing from them to ensure you are hearing them.
b. To understand them more, ask open-ended questions. Avoid "why" questions - those questions often make people feel defensive.

6. Repeat the above step, this time for them to verify that they are hearing you. When you present your position
a. Use "I", not "you".
b. Talk in terms of the present as much as possible.
c. Mention your feelings.

7. Acknowledge where you disagree and where you agree.

8. Work the issue, not the person. When they are convinced that you understand them:
a. Ask "What can we do fix the problem?" They will likely begin to complain again. Then ask the same question. Focus on actions they can do, too.

9. If possible, identify at least one action that can be done by one or both of you.
a. Ask the other person if they will support the action.
b. If they will not, then ask for a "cooling off period".

10. Thank the person for working with you.

11. If the situation remains a conflict, then:
a. Conclude if the other person's behavior conflicts with policies and procedures in the workplace and if so, present the issue to your supervisor.
b. Consider whether to agree to disagree.
c. Consider seeking a third party to mediate.

INFLUENCING THE UNCOOPERATIVE
(http://www.hardatwork.com/Stump/RA/Uncooperative.html)

Even when the other side in a conflict seems unwilling to change, you can still exert a positive influence. Kenneth Kaye, author of Workplace Wars and How to End Them (AMACOM, 1994), assesses stalemates realistically: "You're the only one you can change—and even that guy, you don't have all that much control over." But to the extent that you're able to overcome the frustration of dealing with an uncooperative opponent, Kaye suggests the following steps for improving the situation:

1. BE PREDICTABLE. Opponents hate surprises. They almost always view them as threats. To diminish tensions, be as clear as possible in your dealings with uncooperative counterparts. Announce your intentions and stick to them.

2. REFER MAINLY TO YOUR OWN BEHAVIOR. Pointing fingers only increases defensiveness and self-justification. Show your expectations in the way you talk about your side of the deal—for instance: "I'm going to do my best to let you finish making a point before I respond."

3. LET BYGONES BE BYGONES. Negative descriptions tend to be self-fulfilling. Instead, phrase observations of behavior you'd like to see change as if you assume the other person wants to change too.

For example, if sales director Josh flies off the handle at her, marketing manager Connie might reply, "I know you're trying hard to control your anger these days, Josh. Overall, I'd say you're doing much, much better."

4. DON'T DEMAND INSTANT APPRECIATION. As Kenneth Kaye observes, "The difficulty in trying to change people is that if you try something once or twice and it doesn't work, you're tempted to say, 'I tried, but what's the use-- they'll never change.' That's not realistic--no one changes overnight."

Instead of getting discouraged, let your opponent know you're still sticking to your commitment. If Connie feels she must call Josh on his behavior, she might say something like, "This is the type of thing that wreaks so much havoc on my area, Josh. Is there any other way we could do this?"

5. REINFORCE TINY CHANGES FOR THE BETTER. Since most people hate to change, even when they know they're in the wrong, you'll have to develop a taste for rewarding incremental improvement.

For example, say one of Josh's most maddening habits has been to introduce visiting clients to everyone except Connie. But then, a few weeks into her peace campaign, he pokes his head into her office just long enough to mumble a quick introduction. Connie could either take offense that he's still giving her short shrift, or call Josh up later and say, "Thanks for stopping by--next time, you'll be welcome to visit longer."

Some conflicts may not be within your power to influence. If your organization systematically rewards an opponent's non-cooperation, for example, you have little chance of improving the relationship until the system itself changes. But many workplace conflicts can move towards resolution based on one party's decision to end hostilities. Why not find out if your ongoing conflict is one of them?

The Craft of Effective Customer Service
(excerpts from OHROD)

The Four "R's" of Customer Service
- R = RESPECTFULLY – Nonverbal tools and the BALM Model
- R = RESPONSIVE AND RIGHT – Paraverbal tools to identify and verify the content, concern and connection
- R = RELIABLE – Problem-solving, Crisis Intervention, and Making and Handling Requests
- R = RECOVERY-FOCUSED – Stabilizing the resolution, Setting up prevention and Reconnecting/Closing

THE CUSTOMER SERVICE INTERVENTIONS TOOL CHEST

Customer service is…

FIRST DRAWER – <u>RESPECTFUL</u>
Non-verbal tools: The BALM Model
- **B**ody Language – Maintain distance and maintain eye contact
- **A**ttending – Lean forward, eliminate distractions, be non-threatening, control effect
- **L**istening – Overcome barriers, empathize, suspend judgment, identify needs and intensity
- **M**aking it a Habit – Change internal culture, develop a routine, practice daily

SECOND DRAWER – <u>RESPONSIVE and RIGHT</u>
Paraverbal Tools: How we say what we say
- Tone – Empathic and nonjudgmental
- Volume – Normal or lower
- Cadence – Slightly slowed

Basic Verbal Tools: Identifying and Verifying Content, Concern and Connection
- Calling customers by name – First for younger, Last for older
- Silence – Use of *chronemics* – includes "silent probing" and occasional pauses
- Accepting – Using verbal and nonverbal minimal encouragers – "and…?", "uh-huh", "ah"
- Clarifying and probing – Open questions, e.g., "How would you proceed if…?"
- Clarifying and probing – Closed questions, e.g., "Is there anything else?"
- Paraphrasing/Restating – Repeating back what they said (content), specifically and generally
- Reflecting – Giving empathic feedback about their feelings (concern)
- Interpreting – Making the connection between the concern and the content

THIRD DRAWER – <u>RELIABLE</u>
Advanced Verbal Tools for: Problem Solving, Crisis Intervention, Making
                                  Requests and Handling Requests
- Assuring – Emphasize your commitment to resolving the problem
- Assessing/Re-assessing – Determine complaint legitimacy and urgency
- Apologizing – Expressing regret when error or problem was the fault of the agency

- Giving response and reason – What you request or will do or not do and why – Focus on the positive
- Appealing to WIIFM's – what's in it for the customer if they comply?
- Positive Reinforcement/Praise – Supports cooperation and compliance
- Cognitive reframing – Looking for the silver lining – "Glass is half full, not half empty"
- Suggesting collaboration – Working on solution with customer – "How about if we…?"
- Encouraging evaluation – Looking at long-term outcomes – "What will happen if…?"
- Advising – Providing a path forward – "You would get the most benefits if you…"
- Selectively agree – Agree with what you can; find common grown
- Redirecting – Stay on topic; avoid irrelevant side issues and power struggles
- Setting limits – Focus on behavior, "I" vs. "You" language, give choices and consequences
- "Broken Record" technique – Repetition of the message; maintain positive focus

FOURTH DRAWER – RECOVERY-FOCUSED
Finishing Tools for: Stabilizing, Setting up Prevention, and Reconnecting/Closing

- Appreciating – Thank customer for expressing the concern and helping resolve it
- Remaining nonjudgmental – Avoid the "Should's" and the "Shouldn't's"
- Showing care and concern – Convey your desire to take care of the customer
- Setting up prevention – Educate customer on easier, simpler ways to get needs met
- Verifying – Verify understanding of the course of agreed upon action
- Closing positively and adding value – Add value by asking "What else can we help you with?" and reiterate apology if indicated
- Following-up – Fosters rapport and credibility