



The Global Leadership Mentoring Community: building capacity across seven global regions

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Aim: The purpose of this paper is to report on the evaluation of the online Global Leadership Mentoring Community, a programme designed to build relationships across seven global regions and promote leadership development for emerging nurse leaders.

Background: There is a pressing need and opportunity for sustainable global leadership mentoring programmes. This programme of Sigma Theta Tau International (Sigma) brought mentors and mentees together from across the world to build leadership capacity, understand global leadership issues and build networks. Community coordinators purposively selected mentors from each of Sigma's seven Global Regions, and mentees were chosen through a process of snowball sampling. Mentors and mentees met monthly with quarterly group calls.

Methods: The study followed a programme evaluation, outcomes-focused approach. All eleven pairs of mentors-mentees were invited to complete online surveys at the outset and end of programme capturing both quantitative and qualitative data. Quantitative data were analysed using descriptive statistics and for qualitative data, a thematic analysis.

Findings: Quantitative data confirmed that all 22 participants gained from the experience. From qualitative analysis, themes emerged illustrating the scope of achievements: 1. facilitation of successful outcomes for both mentors and mentees, 2. challenges of global mentoring and 3. strategies for successful global mentoring.

Discussion/Conclusion: Participants reported that creating global leadership is a longitudinal process that needs sustained attention to effect change. This evaluation identified many strengths of the programme and recommended its continuation to help further development of global leaders, particularly through focusing more purposefully on policy issues.

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Implications for Nursing Policy: Empowerment of nurses globally through a Global Leadership Mentoring Community can improve leadership at all levels, thus emboldening their voices to influence nursing and health policy and ultimately improve patient care.

Keywords: Capacity building, Cross-cultural communication, Evaluation, Global health, Mentorship, Nursing leadership, Survey

Introduction

As the largest sector of healthcare professionals, nurses number 27.9 million and account for approximately 59% of the healthcare workforce (World Health Organization 2020). However, global reports have identified the lack of leadership of nurses as one of the main challenges facing the profession, requiring immediate action to improve nursing's value globally (Global Advisory Panel on the Future of Nursing 2017; World Health Organization 2016; World Health Organization 2017). Lack of leadership was identified as the core professional issue needing attention by stakeholders across the globe who repeatedly noted that strong leadership provides the foundations for advancement in other professional areas like policy, workforce, practice, education and research (Global Advisory Panel on the Future of Nursing 2017). Developing strong nurse leadership is one of the main recommendations of the recent *Nursing Now* campaign (World Health Organization 2018), as experienced nurse leaders are needed in the right places to help nurses deliver their potential and ensure that the distinctive nursing perspective is included in policy and decision-making in global health care (All-Parliamentary Group on Global Health 2016). In order to take on leadership roles, nurses need to develop their leadership skills, so they can strengthen their role in healthcare reform and bring about change to meet the needs of the people they serve.

Mentoring for nurse leadership

Montalvo & Byrne (2016) in the United States of America (USA) discussed the significance of mentoring of future nurse leaders with the specific intent to develop the knowledge, skills and political savvy to advance health policy and create better systems of care. They recommend that leadership mentoring should be accessible to nurses at all levels of the academic and work environments and support nurses' passion for policy. Leadership mentoring has been shown in a North American study, to increase perceived leadership skills, knowledge and behaviours in mentees as well as mentors, with some dyads continuing their relationship beyond the structured component (Morin et al. 2015). Most recently, another Sigma Theta Tau International leadership academy outcomes included developing authentic voice and providing empirical evidence for mentored leadership development programmes. (Patterson et al. 2020). However, Kunaviktikul (2014) in

Thailand suggests there still seems to be a pressing need for sustainable global leadership mentoring programmes with an imperative to create a cultural shift emphasizing the importance of nurses' role in setting and implementing policy. The purpose of this paper is to evaluate the online Global Leadership Mentoring Community (GLMC), designed to build relationships across Sigma Global Regions and promote leadership development for emerging nurse leaders.

Background

The programme

The Global Leadership Mentoring Community (GLMC), an online community drawn from the membership of the international nursing organization, Sigma Theta Tau International (Sigma), was created to empower these emerging nurse leaders to develop cross-cultural communication, strengthen their commitment to their own organization and to Sigma and enhance their understanding of the importance of leadership to address global health issues. The community was initiated following a year-long discussion among several Sigma regional coordinators, nurse leaders who met through the formation of Sigma Global Regions in 2011 (Buckner et al., 2014). The initiation of the Global Regions was part of the Sigma Strategic Plan in which the organization moved to be more intentionally global and grouped together members geographically around the world to aid member collaboration within and between regions. The Sigma Global Regions are Africa, Asia, Europe, Latin America-Caribbean, Middle East, North America and Oceania.

Recruitment to the programme

Because this was a new community, with an untested framework for the programme, two coordinators provided leadership to the community using the Sigma technological platform, *The Circle*. The two coordinators purposively invited mentors from each of Sigma's seven Global Regions and known to be notable leaders from those regions interested in expanding leadership capacity. Mentees were chosen through a process of snowball sampling, nominated by leaders within the regions, due to their prominence within their Sigma Chapter and all those chosen, responded affirmatively. In the main, these were senior and junior faculty members

seeking career advancement. Participants were required to be members of Sigma for access to the online platform. Given this was the first approach to setting up such a community, it was the intention to limit numbers to ensure its success. Mentors and mentees were matched across different Sigma Global Regions and/or countries, merely to ensure that members were exposed to a partner from a different cultural orientation. Thirteen mentor–mentee pairs initially formed the community, but four individuals withdrew early on due to communication and workload issues. Mentors/mentees remaining were re-matched with 11 dyads completing the 2015–2017 period. All seven regions were represented in this inaugural cohort with mentors from Australia, Colombia, Hong Kong, Japan, Lebanon, the Netherlands, South Africa, Taiwan, United Kingdom and the United States of America. Mentees were from Australia, Hong Kong, Japan, Lebanon, the Netherlands, Philippines, Taiwan and the USA. There was no financial support for participants, and participation was purely voluntary.

Programme activities

The programme was focused throughout on supporting mentees to achieve their individualized objectives. They were encouraged to discuss their own leadership in their context of nursing, describe their leadership activities and leadership values, see the role of global leadership in building nursing science and describe the role of Sigma in building leadership for nursing. The aim was to strengthen individual leadership and encourage all participants to contribute to leadership initiatives locally and internationally.

Mentors and mentees were asked to connect monthly, using their preferred online/virtual technology. Commitment, flexibility and honesty were stressed within the emergent relationships. In addition, the GLMC established a working group site as a community of interest, on the Sigma interactive platform *The Circle*. The site was limited to GLMC mentors and mentees and served as a repository for information (biographies, pictures, reports, resources). A discussion board was used to send announcements to all members. During the 18-month period, resources were shared through *The Circle* GLMC site on topics of (a) cultural awareness in intercultural mentoring, (b) the mentoring journey, (c) recommendations for a common theoretical framework, (d) information on Sigma's global resources highlighting the relationship of Sigma to the United Nations, (e) discussions on leadership topics such as the critical role of communication, (f) reflections on virtual group meetings on nursing leadership perspectives and (g) announcements celebrating group members' achievements.

Virtual group meetings were organized quarterly by the coordinators for mentors to assess progress and the same for mentees. Additionally, topics were identified at each meeting, for example nursing leadership in the context of time, place, culture and policy. Other topics related to dealing with conflict, strategies to deal with difficult situations and collaboration across different cultures. Given the need to meet individual objectives, and considering the different time zones, flexibility in programme elements was deemed a priority and inevitable revisions were made in frequency of group calls, records of mentor–mentee conversations (Connection Notes) and encouraging as many as possible to participate.

Methodology

Design

This study was designed as a programme evaluation, using a context, process, outcomes model, collecting data from each of the 11 mentor–mentee pairs by online surveys, capturing their perspectives on their experiences of the programme. Since this was not research according to Health Research Authority (2017), ethical approval was not obtained, though the data were collected using ethical principles. All 22 participants were invited to complete surveys and received detailed information about the process of the study; all data were treated confidentially, and it was not possible to link data with individual participants.

Data collection

At the beginning of the approximately 15-month experience, participants were asked to complete online surveys to describe their expectations. Open-ended questions, designed by the coordinators, included 'What is one goal you have for your own leadership development in the next year?' and 'What do you expect from the Global Leadership Mentoring Community?' These questions were designed to encourage mentors and mentees to share their own goals and expectations of the programme at the outset. All participants who completed the programme responded fully ($n = 22$).

Follow-up questionnaires were completed by nine of the 11 mentors and all mentees at 15 months. Surveys included both open-ended questions and items to rate using a Likert Scale. An additional questionnaire to mentors, at 18 months gathering purely qualitative data, was designed to capture mentors' reflective experiences in preparation for the second cohort of the programme. All qualitative questions are identified in Table 1, with quantitative questions and results in Table 2a and b.

Table 1 Qualitative questions

Beginning Survey (All)

Please tell us why you would like to serve as a Global Leadership Mentor/Mentee. What will you bring to that process?

What do you expect from the Global Leadership Mentoring Community?

Are there any questions or comments you would like to share with us, in particular about developing for/as a future leader in nursing and STTI?

Beginning Survey (Mentees Only)

Are you already a nurse leader in your own city/country? Please describe your current leadership activities

Are you involved in your STTI Chapter? If so, how? Please list your activities and/or offices held

What is one goal you have for your own leadership development in the next year?

End of Programme Survey (All)

Have your/your mentee's leadership activities changed (or progressed, grown, or developed) since joining the Global Leadership Mentoring Community (GLMC)? Please describe

Have your/your mentee's activities in your STTI Chapter changed or grown in the last year? Please describe

In what ways have you/your mentee attained your goal(s) of leadership development in the past year? Please describe

Have your perspectives changed on global nursing and leadership for global nursing, including global activities of STTI? Please describe

Has joining the Global Leadership Mentoring Community met your expectations? Please describe how it has and how it has not

What were the three best aspects of participating in the GLMC?

What are three suggestions or recommendations for the Global Leadership Mentoring Community in the future?

Are there any additional questions you have or comments you would like to share with us, in particular about developing for/as a future leader in nursing and STTI?

End of Programme Survey (For Mentors Only)

From your perspective as a mentor, what was the aim of your mentoring relationship during the Global Mentoring Programme (what were you hoping to achieve)? Please describe

From your perspective as a mentor, were your aims achieved during the Global Mentoring Programme? Please describe how they were and were not achieved

What are the three most important successes that you have experienced, from your perspective as a mentor as a result of the global mentoring programme?

What are the three most important challenges that you have experienced, from your perspective as a mentor, as a result of the global mentoring programme?

Are there any other issues that you think are important for us to consider if we roll this programme out to others, in relation to the mentoring?

Do you purposively use a particular leadership model leadership ideology during your mentorship relationship? If so, did this help you achieve your goals? If so, how?

As we are connecting mentors and mentees across the global regions, are there any culturally significant issues that you have been experiencing that might help us in the future? Please explain

Data analysis

Quantitative post-programme data were analysed collectively according to mentee and mentor group for both questionnaires separately, using descriptive statistics. Numeric findings are reported as weighted average, from a 5 point scale with 1 being strongly disagree and 5 being strongly agree (Table 2a and b).

All qualitative data were analysed thematically according to mentee and mentor group, using the seven steps advocated by Braun & Clarke (2013), of transcription, reading and familiarization, coding, searching for themes, defining and naming themes and finalizing the analysis. Findings are reported as overall perceptions of the GLMC programme.

Responses from mentorship pairs were not matched in any part of the analysis. Volunteers from the community were invited to contribute to writing the paper for publication, and

the lead author asked mentors and mentees to take specific sections in pairs, focusing on the interest and expertise of individuals. Two pairs led the initial analysis, one pair analysing the mentor responses and one pair, the mentees, following steps 1–3 to data analysis (Braun & Clarke 2013). This was overseen by the lead author and another selected participant to monitor for bias and to complete searching for themes, defining and naming themes and finalizing the analyses.

Findings**Overall perceptions of GLMC programme**

From the quantitative data at follow-up, mentors and mentees ratings of the programme components are listed in Table 2a. Both groups rated the programme components in

Table 2 (a). Mentor and mentee post-programme ratings of programme components on 13 similar items. Numbers are weighted average on a 1-5 scale with 5 being strongly agree. (b) Mentee post-programme ratings of programme components on 3 additional items. Numbers are weighted average on a 1-5 scale with 5 being strongly agree. ($n = 11$)

<i>Mentors</i> ($n = 9$)	<i>Mentors</i>	<i>Mentees</i>	<i>Mentees</i> ($n = 11$)
(a)			
Participation in the GLMC has increased my involvement in leadership mentoring activities	4.38	4.2	Participation in the GLMC has increased my involvement in leadership activities
Participation in the GLMC has increased my involvement in my Sigma chapter	4	3.4	Participation in the GLMC has increased my involvement in my Sigma chapter
The GLMC has helped me to mentor others to attain their leadership development goals this year	4.75	4.1	The GLMC has helped me to attain my leadership development goals this year
Expectations for the GLMC were clear when I decided to participate in the Community	4.38	3.8	Expectations for the GLMC were clear when I decided to participate in the Community
Participation in the GLMC met my expectations	4.63	4.11	Participation in the GLMC met my expectations.
Using the GLMC Workgroup in the Circle facilitated my participation in the Community	4	3.5	Using the GLMC Workgroup in the Circle facilitated my participation in the Community
I was paired with a suitable mentee for the GLMC	4.25	4.1	I was paired with a suitable mentor to meet my goals for the GLMC
It was easy to schedule meetings with my mentee	3.17	3.6	It was easy to schedule meetings with my mentor
My mentee made an effort to contact/schedule meetings with me	4.25	3.9	My mentor made an effort to contact/schedule meetings with me
It was reasonable to have a virtual meeting with my mentee every month	3.88	3.6	It was achievable to have a virtual meeting with my mentor every month
I had appropriate guidance from the GLMC leadership on what to discuss with my mentee each month	3.63	3.2	I had appropriate guidance from the GLMC leadership on what to discuss with my mentor each month
I consulted the Circle occasionally to see what other mentor-mentee groups were posting	3.5	3.7	I consulted the Circle occasionally to see what other mentor-mentee groups were posting
One year was a sufficient commitment to make in this mentor-mentee experience	4.63	4.3	One year was a sufficient commitment to make in this mentor-mentee experience
Average	4.11	3.81	
<i>Item average</i>			
		<i>Mentees only</i>	
(b)			
3.89		Participation in the GLMC has influenced my career decisions	
4.4		My mentor was responsive to my needs/requests related to the GLMC	
3.89		It was beneficial to take notes for each monthly mentor-mentee meeting	
4.06		Average	

the positive with mentors ratings slightly higher (4.11/5) than mentees (3.81/5) on similar items. Mentees rated additional items addressed to them positively (Table 2b).

The majority of both groups believed that the programme increased their involvement in leadership mentoring activities with mentors all agreeing that it had helped their mentoring skills. Mentees generally believed that the programme influenced their career decisions and organizational involvement. All mentors and most mentees agreed that the

expectations of the programme were clear and that the programme met their expectations. Also, most mentors and mentees believed they were paired with an appropriate mentee. Almost all stated that one year was sufficient commitment for the programme and that they enjoyed and benefited from the community meetings (group calls) with their fellow mentors or mentees. Participants preferred email, Skype, WebEx, Zoom, Google Hangout and others as forms of communication.

Thematic analysis

Three themes emerged from the qualitative analysis as follows:

- 1 Facilitation of successful outcomes for both mentors and mentees
- 2 Challenges of global mentoring
- 3 Strategies for successful global mentoring

The qualitative data identified there were many benefits and challenges to the global mentoring relationships. Data from both mentors and mentees have been integrated to illustrate the gains and challenges from each of their different perspectives. Themes arising from the analysis of the global mentorship surveys focused on the facilitation of successful outcomes (post-programme), including their expectations (pre-programme), challenges and strategies for success (post-programme).

Facilitation of successful outcomes for both mentors and mentees

At commencement of the programme, mentors stated that expectations were clear and were fairly generic across the mentor group. They included the wish to participate in nurturing the next generation of nurse leaders, to give back to the profession, to share their experiences and contribute to Sigma's mandate of supporting emerging global nurse leaders.

I believe we need to build global relationships in order to be aware of the potential of nursing to make a difference in world health. I look forward to meeting a new mentee who will contribute to nursing on a global level. (Mentor #1)

In the past I have had the privilege of having a mentor myself and I have had first-hand experience of benefitting from this mentorship. I would like to return this support to others. (Mentor #7)

Additionally, most mentors indicated having years of professional experience as well as other interpersonal skills such as consensus building and respect and to assist in increasing competence and self-esteem of novice nurses.

For mentees, initial expectations were wide and varied. Examples from mentees are as follows:

My expectations are to learn from colleagues in other countries, how they perform their nursing leadership, how they planned their career to their ambition and how they maintain their network of healthcare professionals around the world. I also hope to improve my English. (Mentee #1)

It would be exciting to be paired with a mentor who would not only inspire me to share my thoughts and ideas, but also mentor me in the proper path to follow in the global leadership community. (Mentee #5)

Successful outcomes were expressed as a gain by both mentor and mentee in building relationships across the globe, sharing ideas and gaining a feeling of satisfaction. Overall, the successful outcomes seemed to be focused more on the mentee, particularly in relation to their leadership skills. For example, one mentee expressed the following:

My leadership activities have been planned and considered. The need to adjust to a continually changing small university has helped me to explore and implement different management and leadership styles. Mentorship has been an invaluable supportive mechanism that has enabled me to retain my dignity in challenging situations. (Mentee #9)

The ability of the mentor to be flexible in meeting individual mentee expectations was particularly valued and seen as an opportunity to help future communities:

I enjoyed the fact that the mentorship was open-ended to take on any form... we have gained valuable experience that we can use to improve the experience of future groups. (Mentee #1)

Mentors also expressed their gains particularly in their satisfaction achieved in their successful facilitation:

To see her grow and flourish, think outside the box and to see her face her steepest challenges head on (Mentor #1)

In addition to the feeling of satisfaction by the mentor of their successful facilitation, they each felt a sense of personal gain of friendship:

I have gained a good rapport with my mentee and developed a trusting and valued relationship with her (Mentor #1)

The large group meeting with Professor Hester Klopper, past Sigma President, was particularly appreciated by the mentors whilst the mentees felt inspired by her. Her address of Sigma's involvement in the nursing policy gave participants the opportunity to understand how they can be more active in policy themselves.

Engaging in the wider meetings together with other mentor and mentee pairs as well as mentor and mentee specific meetings was reported as being of benefit:

The mentoring community was a lifeline, mainly to my mentor, but also knowing that there is a supportive community online. We have shared something over the year that is valued. We have a commitment to nursing and nursing in the global context which seems even more important in the current political climate the world over.

(Mentee #10)

Challenges of global mentoring

Not surprisingly, given the geographical spread across 16 time zones, there were different cultural perspectives, languages and challenges linking pairs across different world regions. For those whom English was not their first language, a number of challenges facing both groups were identified. Some mentees particularly mentioned the challenges of senior professionals finding time to meet, particularly at a time which suited the different time zones:

I am privileged to join this Community with my mentor, although it didn't come without a challenge, time zone difference, schedules and even the deliverables amidst the hectic schedules we both have.

(Mentee #7)

Although not problematic for all, cultural difference, for example understanding the different contexts of health and education in their partner's country and the policy which supported or constrained them, was mentioned by members of both parties, with one mentee finding it particularly problematic:

There seems to be huge cultural differences ... concerning nursing and maybe health care in general and I do think that is a challenge.

(Mentor #5)

In spite of mentors articulating their ambitions for the programme at the outset, some found that in practice, their ambitions were unrealistic in what they hoped to achieve:

There were many things we would have liked to discuss and/or do together but practically we could not... We could have developed international projects on any of these topics but that was not feasible given the time constraints.

(Mentor #2)

Strategies for successful global mentoring

Several strategies were identified to improve the mentoring relationship where there was a gap identified in meeting both parties' expectations. Primarily, one pair stated that there was a need to be clear in the overall objectives of each pair and that this should be included in setting ground rules at the outset of the relationship.

Clear expectations to be spelt out and confirmation of commitment by the mentee

(Mentor #6)

Where clear expectations were set, mentees believed they gained good insight into their skills achieved:

I'm more aware of my leadership activities and I have more insight in which leadership activities I can do.

(Mentee #2)

And this spread across into their contribution to their chapter as stated by half of the mentees:

Since joining the Community, I became more active as an STTI emerging leader. I began receiving invitations for task force committee meetings, abstract reviews for conferences and even as an emerging mentor.

(Mentee #5)

Relationship building was seen as key to success by both parties and success was articulated clearly:

Build a relationship with a young emerging nurse leader- We accomplished that.

(Mentor #2)

The motivation given by my mentor did a lot in terms of personal and professional growth

(Mentee #1)

Pace setting is really important for some pairs, and flexibility was recognized to ensure that the mentee's needs were considered and addressed:

Trying to find a tempo that matches with that of my mentee. My culture values efficiency and valuation of time. Many people in XXX (place) work very fast. But making changes does not come easily. So I do have to adjust my expectations and usual way of working with others.

(Mentor #6)

Discussion

The findings of this evaluation survey were insightful. Using online questionnaires, the mentor/mentee pairs confirmed

their expectations and satisfaction with the programme. Three themes arising from our findings will be discussed integrating the two themes of *facilitation of successful outcomes and strategies for success* as both themes are inter-related, followed by the third theme, *challenges experienced by the mentor–mentee pairs*.

Facilitation of successful outcomes and strategies for success

Although a diverse global group, a deliberate and sustained focus on making mentoring relationships work, by both mentors and mentees in this programme enabled a community environment where emerging nurse leaders (mentees) were facilitated to achieve their professional development goals and place in context the national and international policy agendas. Other outcomes indicating success were increased skills in mentoring interactions, building global relationships and development of leadership capability. Our findings are similar to previous research particularly in the USA that identified attributes distinctive in successful nursing leadership mentoring contexts, such as goal driven relationships that engage participants in knowledge sharing (Hodgson & Scanlon 2013; Montavlo & Veenema 2015) and dyad reciprocity (Lasater et al. 2014). In this programme, focused activities like leadership goal setting, scheduled video call discussions and group webpage communication facilitated progress. Individualization of each mentee's learning and progress was particularly evident in that the reported mentoring relationships focused on personal leadership goals, sharing of strategies, experiences and regular contact. What is different in this programme is the formation of the community across the breadth of global context, diversity of participants and the sharing of different country policy issues pertaining to their individual leadership goals.

Key strategies that enabled success in this programme included a shared willingness to contribute, connect and work around barriers. This led to interactions that added value and meaning within the mentoring relationship, consistent with prior studies (Lasater et al. 2014). Communication technology enabled successful connections across a global context. However, what seemed to set successful partnerships apart in this programme was a strong commitment to connect in mentoring and community activities by working through potential barriers such as busy academic schedules, time zone mal-alignment and technology utility. As Lasater et al. (2014) in the USA found, mentoring is relational at its core and deliberate nurturing of connectedness, collaboration and facilitating relationships was the key to achieving successful outcomes.

Creation of the GLMC within Sigma provided reciprocal reinforcement of the organization's outreach to its global

members and members' participation in the strategic initiative to become *intentionally global*. Through the quarterly group meetings both mentors and mentees were able to discuss the support and challenges of policy that nurses were working within and began to understand their own role in influencing policy. Cole et al. (2016) reviewed several global mentoring programmes and concluded that mentoring networks across institutions and countries using both virtual and face-to-face methods are a potential opportunity to develop organizational cultures and support quality mentorship in global health research. This community provided opportunities for bonding across global regions and generations of nursing leaders, supporting Sigma's descriptor of *Global Nursing Excellence*.

Challenges experienced by the mentor–mentee pairs

The lack of time for both mentees and mentors was found to be one of the major challenges in our programme, similar to a two-centre study in Canada and San Francisco by Straus et al. (2013). Given the busy working lives of our dyads and time zone differences, scheduling was an acknowledged challenge for them. In spite of the recognized benefits, like the convenience and flexibility of web-based programmes, Gottlieb et al. (2017) in the USA confirm that scheduling remained the biggest reported challenges of e-mentoring programmes. Lack of commitment has been cited as one of the reasons giving rise to problematic mentorship relationships (Straus et al. 2013). However, within our programme, the commitment of mentors coupled with flexibility and individualization of pace of mentoring contributed significantly to its success.

Given the nature of this global mentoring programme, a few of our participants noticed the challenges of language as a communication barrier and this was recognized by Wilson et al. (2014) in the USA in their evaluation of an international leadership programme. Other than language, we did not find cultural issues to be of particular significance to our community except in sharing the policy specific issues that impacted on nurses' decision-making at a national level. It may be that our dyad's common interest in nursing and leadership took precedence over cultural differences. As our mentor–mentee pairs were intentionally linked across global regions, it is a strength that they adapted well. Further, our common bond in the international nursing organization, Sigma, created a shared context and language of leadership. One mentor even suggested we use a shared leadership theory, which may be added in future cohorts.

Implications for programme development

The strengths of our programme were in the use of digital technology to provide global mentoring of emerging nurse

leaders developing through a community of relationships. From the mentee perspective, the opportunity to collaborate with nursing leaders from half a world away, from another culture and country, challenged established perspectives and supported fresh viewpoints. Nevertheless, raising participants' understanding of the impact of policy on their decision-making increased their awareness on how they might influence their own national policy going forward and was seen as a strength to be developed further in future cohorts. Support of leadership development in the worldwide nursing organization, Sigma, was another strength, creating potential for future international collaborations.

Unlike other mentorship programmes organized as an academy, the GLMC was intentionally designed as a community with flexible and open expectations and not with any fixed outcomes set centrally. Similar to other studies, the emphasis was on accepting individuals for being themselves and bringing that to the table (Werner-Washburne 2018) yet the GLMC blended community support with individual, building individual as well as group relationships. This person-centred approach encouraged the development of relationships (Cardiff et al. 2018) with individual outcomes. The concept of community was key to success, especially through group calls. Mentees in particular requested more group calls to get to know the other mentees. The community developed a pace or rhythm of interactions and evolved over time through stages of acquaintance, working relationships and culminating activity. Programme components which supported success were inclusions of programme coordinators, an orientation, matching for global interaction, clear expectations, frequent communication, strengthening group meetings to develop the policy agenda further and networking support in the culminating experience of group presentation at an international Sigma Biennial Convention (Nowell et al. 2017).

Conclusions

In conclusion, this programme evaluation identified many strengths in the GLMC. From the mentee perspective, the opportunity to collaborate with global nursing leaders challenged established perspectives and supported fresh viewpoints. The continued voluntary support of global mentors and mentees has been instrumental to the success thus far. Future goals are further growth of mentees and mentors in global leadership and their engagement in addressing health policy issues from a global nursing context, perhaps through focusing more purposively on policy issues in the topics discussed in the wider groups.

Implications for international nursing and health policy

Leadership in context

In order to contribute to policy development, nurses must be empowered and see positive involvement through role modelling (Kunaviktikul 2014). Through this community, emerging nurse leaders discussed leadership in the context of both local and global nursing and the impact of policy on their decision-making. They formed significant relationships with nurse leaders involved in their country and contributing to Sigma's strategic initiatives. Awareness of global nursing perspectives, common challenges and cross-cultural communication were early skills developed through the community. Dyads shared interests in scope of practice, community service, safe staffing and nursing scholarship with each of these building leadership and developing their ability to influence. For other pairs, the relationships provided stability and facilitated problem-solving and conflict resolution, both dynamic leadership competencies. In these, the availability of a mentor with no connection with the local problem provided an objectivity that was needed by the mentee. Mentors provided reinforcement and support while applying principles and processes well-honed through experience, modelling leadership through dialogue and instilling confidence to change.

Health policy development

Specifically, involvement in health policy development builds on nurses' unique position as a frontline provider and effects the involvement they may have on the nursing workforce directly. Nurses list barriers to policy contributions as time, understanding or feeling it is not their role (Kunaviktikul 2014). In this GLMC, participants not only reflected on global health policy but were able to further their own involvement through other professional contributions and organizational leadership. Most pairs discussed nursing workforce development, credentials and levels of nurses in practice, and the significance of graduate education for furthering leadership. These were dynamic examples of the breadth of *Scope of Nursing Practice* (ICN 2013).

Education and global scholarship

GLMC mentors and mentees identified goals in educational development and scholarship to assist them in their ability to influence decisions locally and nationally related to health through developing their political knowledge and their ability to communicate and collaborate with the wider healthcare team. This, in turn, would help them contribute to improving their own work environment and enhance patient outcomes.

Discussions focused on empowerment to assist in research and scholarship from design, through implementation, to publication. Several pairs sought out opportunities for developing collaborative international projects and/or participating in global programmes with two mentees successfully achieving Edith Anderson Leadership Education Grants supported by Sigma. The culminating activity of the community was the collaboration and presentation of a multi-paper symposium reporting on the community and its outcomes at the Sigma Biennial Convention in 2017.

Author contributions

Study design: EB, CL

Data collection: EB, CL, ER, TH

Data analysis: ER, MK, TA, KE, MH, YCN, SW

Manuscript writing: ER, EB, DC, TH, MK, CL, JR

Critical revisions for important intellectual content: ER, EB.

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