

Psychological Safety in the Workplace: The Impact of Staff Mentoring Programs

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Psychological safety in the workplace has been an emerging topic for many years. High levels of psychological safety among staff members can have positive effects on their learning experiences, work engagement, interpersonal relationships, and perceptions of an organization overall. On the other hand, low levels of psychological safety can lead to poor learning experiences, disengagement, lack of interaction, and isolation. Feeling psychologically safe is particularly important in the mental health field because of complex experiences associated with being a mental health worker. Research has shown that an important element of psychological safety is feeling heard, supported, and validated. An effective way to provide this is through staff mentoring programs, in which new staff are paired with a single mentor to help guide them through their onboarding or provisional period and also serve as a safe, interpersonal connection. Mentors can be used as a resource and added layer of support for new staff at an organization, particularly within startup healthcare organizations that have nuanced dynamics to consider. At my startup mental healthcare organization, I completed an improvement science project to evaluate the current mentorship program for new behavioral health coaches and establish plans for the program's future, with the goal to increase future mentees' feelings of psychological safety. This project led to key findings with respect to the way to improve the current mentorship program. The areas of voice, support, and interpersonal risk-taking are well-established within the mentorship program currently, while team learning and work engagement are not. In addition, the current mentor training as well as the mentor-mentee matching process needs to be enhanced, with additional

layers of accountability. Lastly, this improvement science project revealed that mentors and mentees believe the mentorship program timeline should be extended and the role of ongoing mentorship encouraged.

Table of Contents

1.0 Naming and Framing the Problem of Practice: Context of Study	1
1.1 Organizational System	3
1.2 Stakeholders	9
1.3 Problem of Practice	12
1.4 Review of Supporting Knowledge	13
1.4.1 Voice	14
1.4.2 Team Learning	16
1.4.3 Work Engagement	17
1.4.4 Interpersonal Risk-Taking	18
1.4.5 Support.....	19
1.4.6 Mentorship, Performance, and Patient Outcomes.....	21
1.4.7 Summary of Supporting Scholarship	23
2.0 Theory of Improvement and Implementation Plan.....	25
2.1 Root Causes of Low Psychological Safety in the Workplace.....	25
2.2 Theory of Improvement and the Change	28
2.3 Methods and Measures	30
2.3.1 Process, Driver, Outcome, and Balance Measures	33
3.0 Data Analysis and Results.....	36
3.1 Voice, Support, and Interpersonal Risk-Taking Are Already Well-Established ...	39
3.2 Mentorship Training Needs to be Revamped	40
3.3 Mentor Vetting Should be More Structured.....	41

3.4 Mentorship Timeline Needs Extended.....	42
3.5 Mentorship Should be Ongoing	43
3.6 Connections to Psychological Safety	45
4.0 Learning and Actions	46
4.1 Discussion	46
4.2 Next Steps	48
5.0 Reflections.....	51
Bibliography	54

List of Tables

Table 1 Project Outline	36
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List of Figures

Figure 1 Mentoring Overview.....	6
Figure 2 Mentor's First Week.....	7
Figure 3 Mentor's Second Week.....	7
Figure 4 Fishbone Diagram.....	25
Figure 5 Improvement Science Project Flow Chart	28

1.0 Naming and Framing the Problem of Practice: Context of Study

A traditional startup organization is young, optimistic, and rooted in innovation. Startups are founded to bring about change through a service that is intended to replace or upstage its competitors (Baldrige, 2022). Baldrige (2022) writes that “Startups dream of giving society something it needs but hasn’t created yet” (p. 1). The startup work environment can differ from environments in more established institutions or companies in that it presents various challenges as each team within the startup grows, business plans fail, and revenue is transparently discussed. A typical schedule for those within startups may vary significantly day-to-day, as new responsibilities arise or lulls take place between contracts and seasons. As a startup, my organization is still in the early stages of exploring how to differentiate itself from other competitors in the digital mental health space. One way in which my organization differentiates itself currently is through a mentorship program for all new behavioral health coaches from the beginning of their experience in the company.

As startups work to develop business plans and recruit the most talented employees, their attention often shifts away from enhancing organizational culture through programs such as mentorship (Grimes, 2022). When culture is not given proper attention, teams and individual employees' psychological safety can begin to suffer, which has significant consequences for staff well-being, team engagement, job performance, and the quality of care provided (Grimes, 2022; Hunt et al., 2021). Broadly, psychological safety refers to an individual’s sense of security and perceived ability to be one’s authentic self in the workplace (Edmondson & Lei, 2014; Newman et al., 2017). Specifically, psychological safety in the workplace refers to employees’ ability to voice their concerns, take risks, develop social relationships, ask questions, and receive or provide

constructive feedback comfortably (Newman et al., 2017). This concept, coined in the 60s to initiate organizational action, is particularly relevant today due to the level of teamwork that is expected within many organizations, especially in startups where collaboration is important (Edmondson & Lei, 2014; Grimes, 2022). Employees' lack of perceived psychological safety can have adverse effects on work engagement, team collaboration, learning experiences, retention rates, and more (Newman et al., 2017; Raes et al., 2015). An organizational environment that neglects psychological safety can perpetuate a cycle of silence, isolation, disengagement, and emotional disconnection (Claydon, 2019; Edmondson, 1999). If an environment leaves us to believe we cannot reveal our authentic selves, productivity tends to decrease because energy is expended worrying about others' perceptions and withdrawing from team collaboration (Claydon, 2019).

One way an organization can prioritize psychological safety is through well-developed mentoring programs, which can contribute to staff's increased feelings of psychological safety (Grimes, 2022; McCarthy Mentoring, 2017). Mentoring programs have been shown to increase staff's feelings of psychological safety through support, validation, knowledge transfer, role modeling, social connection, and accountability (Eby & Robertson, 2020; Moore & Wang, 2017). Peer-to-peer mentor relationships are becoming more common within companies that place their staff members' mental and emotional wellness at the forefront (Goerisch et al., 2019). In the healthcare field, "Psychological safety is particularly important... where errors can result in significant harm or even death" (Hunt et al., 2021, p. 1). Mentoring relationships in healthcare, particularly when an employee is first hired, can be vital to creating a safe, secure, and collaborative culture that benefits staff as well as the patients being served. Mentoring programs are particularly important in healthcare, as they foster a space where concerns and questions that

arise because of the work's complexity can be posed without fear (Hunt et al., 2021; O'Donovan & McAuliffe, 2020). Healthcare is complex because of the numerous tasks involved in day-to-day operations, such as seeing clients, completing documentation, consulting with other providers to ensure quality care, managing countless relationships, finalizing administrative tasks, and engaging in various social interactions. By focusing on the development of mentoring structures within the coaching team at my organization, this will affect their psychological safety and set the organization apart from its competitors. Thus, an investment in mentoring programs is an investment company-wide, as it addresses psychological safety on the individual, team, and organizational level. For this improvement science project, I chose to invest in the enhancement of my organization's mentorship program by examining the way that our current coaches' mentorship experiences affected their levels of psychological safety in depth.

1.1 Organizational System

Currently, my organization markets itself as a digital mental health platform that focuses on providing coaching and therapy services to the pediatrics population, specifically children and teens ages 4-17, as well as parent-management training programs for caregivers of young children. All employees work remotely, and we provide all services virtually via Zoom. Only individuals within the United States can use our services at this time. The organization has existed now for three years, but has offered behavioral health coaching to children, teens, and families for only half of that time. Hiring within the coaching team was on hold for approximately a year as leadership assessed our capacity to scale and compete with other mental health startups in the

market. As of July 2023, hiring on the coaching team resumed, with steady recruitment and employment of new coaches predicted for the foreseeable future.

I serve as a behavioral health coach together with a team of 17 other coaches. Since I was hired in October 2021, my duties have been wide-ranging as our client base, whom we refer to as “members,” has waxed and waned during different seasons and pandemic-related school closures. Currently, the maximum caseload set for coaches is 10 sessions a day, each of which lasts approximately 30 minutes. This totals 50 members in a week, which is considered a high caseload. During certain times, my member caseload has been high, and my duties have been more consistent with my original job description of providing evidence-based coaching services to children, teens, and parents. At other times, my caseload has been low—seeing only two to three members a day on average—which results in my participation in other tasks related to developing new procedures, refining processes, conducting triage assessments, providing trainings, and more. Most notably, during months with a lower caseload, I have worked on revising our mentoring training and curriculum as well as providing 1:1 mentorship to new hires.

When I first joined the organization, I was assigned a personal 1:1 mentor, who was a senior behavioral health coach, to provide me with support during my initial phase of onboarding. We had more frequent meetings in the first two weeks; these were reduced in the next two, and then adjusted to “as needed” after that initial month. Currently, the mentor program at my organization provides a program overview and a timeline with recommendations of topics to discuss at each meeting, both of which are illustrated below. In the first week, mentors are instructed to meet with their mentee via Zoom on Tuesday and Thursday for 30 minutes. The topics outlined to discuss for this week include rapport-building, educational background, previous work experience, HIPAA, learning styles, communication preferences, and general questions that

mentees have about their employment experience to date. In the second week, the meeting schedule is Monday and Wednesday for 30 minutes to an hour because the topics become more specific to the coach role. These include helping the mentee prepare to engage in live sessions with new members, conduct risk assessments, complete the necessary documentation, and respond to chats from members on our digital platform. Mentors also create space during both weeks to answer other questions the mentee has about their role and responsibilities. Based upon the mentee's communication style preference, the mentor may also create Zoom meetings or check-ins via Slack each Friday during these two weeks to answer additional questions or address concerns.

Mentoring Overview

WHAT IS MENTORING?

A simple, broad definition of a Mentor is "an experienced and trusted advisor." BusinessDictionary.com (<http://www.businessdictionary.com>) defines mentoring as an "Employee training system under which a senior or more experienced individual (the mentor) is assigned to act as an advisor, counselor, or guide to a junior or trainee. The mentor is responsible for providing support to, and feedback on, the individual in his or her charge."

A Brightline Mentor supports new Coaches being onboarded, and serves as a "Coaches Coach." The Mentor helps the new Coach feel comfortable, welcomed, and confident in their abilities as a BH Coach. A mentor provides a dedicated forum to learn the ropes, receive coaching and grow their skills. A good mentoring relationship can develop professionally and map out their individual path to success, for their current role and beyond.

A MENTORING RELATIONSHIP INCLUDES:

- Empathic listening
- Skillful questioning
- Sharing experience
- Mutual learning
- Developing Insight through reflection
- Encouraging independent thought, decisions and action
- Championing
- Coaching
- Guiding

THE MENTOR/MENTEE RELATIONSHIP

- A peer-to-peer relationship where the mentee can go to the mentor for support, answers, resources etc
- A safe space for the mentee to grow and learn
- Mentor fosters a genuine connection and environment for personal/professional development + supports the mentee in feeling confident/effective in their role during this initial transition
- Mentor supports mentee in building connection with the rest of the team
- Frustrations around the learning curve can be shared with mentor.
 - Mentor should equip mentees with tools to reframe and share tips on how mentor overcame their own learning curve.
- An exchange of best practices, intention being to avoid teacher-student dynamic to foster true connection and trust

WHAT MENTORING IS NOT

- Counseling
- Appraisal
- Therapy
- Inhibiting
- Paternalistic
- Impeding
- Blocking
- Discipline
- Performance management
- Assessment for a third party
- Task managing

Of course, mentoring is so much more than what is listed here. Mentoring is support, validation, and a safe space. Mentoring is meant to provide an additional layer of assistance for you in navigating your role at Brightline, which can be a lot to process at times. Having a mentor to talk to and bounce ideas off of can help with burnout, compassion fatigue, and other challenging aspects of our jobs as coaches and mental health providers in a digital space.

Figure 1 Mentoring Overview

Mentee's Week 1 - Mentor tasks and responsibilities

Day	Task	Refer to
Mentee's first day	Reach out via slack to introduce yourself and share that you'll be meeting today. Introduce mentee to #coach-chat channel.	
Day 1 - Tues	Meet via zoom for 30 mins	🔗 Week 1 (Tuesday): Meet & Greet
Day 2- Weds	Available via slack as needed for support	
Day 3 - Thurs	Meet via zoom for 30 mins	🔗 Week 1 (Thursday)
Day 4- Fri	Optional zoom or slack checkpoint	🔗 Week 1: (Friday) Optional checkpoint

Figure 2 Mentor's First Week

Mentee's Week 2 - Mentor tasks and responsibilities

Day	Task	Refer to
Mon	Meet for 30 mins - 1 hour to prep for live sessions	🔗 Week 2 (Monday) *Prep for live sessions*
Tues	Available via slack as needed for support.	
Wed	Meet for 30 mins - 1 hour to design a mock chat	🔗 Week 2 (Wednesday) *Design a mock chat*
Thurs	Send mentee feedback survey via slack (MAKE A COPY) - ask mentee to complete by Monday	https://forms.gle/RpJoxadKjggWBdj2A
Fri	Check in via slack or zoom depending on mentee's needs	🔗 Week 2 (Friday) Optional checkpoint

Figure 3 Mentor's Second Week

The expectation is that mentors will always be a resource to the mentees should they need to reach out with additional questions, guidance, or clarification. During my initial phase as a behavioral health coach and experience as a mentee, I became invested in the mentoring program's success and aware that the program needed refinement. When my organization developed and executed this mentoring program for new behavioral health coaches, they did so with a lack of theoretical or evidence-informed understanding. The initial mentors, two senior coaches, did not receive formal training on how to be mentors, but rather were told to create the role over time and as different needs arose in their mentoring experiences. Senior coaches are individuals who have been at the organization for at least six months and have demonstrated expert knowledge in their role in order to receive a promotion. They spend a reduced amount of time seeing members and additional time working with leadership on various projects that impact the coaching team. From this initial creation of the program, the brief outline and structure of the mentoring program referenced above was developed and implemented before my employment at the company. After I stated my interest in the mentoring program, I worked with another senior coach—who was also my personal mentor—to revamp the mentor curriculum, structure, and training for the next round of mentors and mentees. I rewrote the outlines of what was to be covered in the initial required meetings, and the other coach and I collaborated in recording training videos that seasoned coaches would watch when they trained to be mentors for the first time.

Since then, several new mentors have been trained and provided personal 1:1 mentoring to new hires over the last year. As coach hiring has recently resumed, the mentorship program continues to be a valuable component of the coach onboarding experience. The mentoring program has progressed significantly since it was initiated; however, issues and concerns remain with

certain elements of the program that warranted a formal evaluation of the current structure and curriculum to enhance its ability to create psychological safety for new hires.

1.2 Stakeholders

At this time, there are 18 behavioral health coaches (including me) who span across U.S. time zones: eastern, pacific, central, and mountain. Most coaches work 9am-5pm local time, while others work later shifts, such as 10am-6pm or 11am-7pm, to accommodate after-school sessions. With respect to demographic characteristics, 15 (83%) identify as female and three (17%) as male. Of the team's 15 female coaches, two of them identify as Black/African American (13%), one as Hispanic (7%), and 12 as white (80%). Out of the three male coaches, one identifies as white (33%), one as Black/African American (33%), and one as Hispanic (33%). All coaches have either a master's degree in a psychology-related field or a bachelor's degree with a nationally or internationally recognized coaching certification, as well as previous experience in a behavioral health setting.

The stakeholders at my organization who are impacted by onboarding and mentoring are behavioral health coaches. As new behavioral health coaches are hired, they are assigned a mentor—who is a senior behavioral health coach—to help guide them through their initial phase of employment, answer their tech- and coaching-related questions, learn about the complexities of coaching processes, and validate the difficult spaces that coaches navigate in the mental health world. The first cohort of two behavioral health coaches did not receive mentorship from another coach, but rather from a coach manager at the time, while the remaining coaches were all assigned a 1:1 mentor when hired. Thus, many coaches received different versions of mentoring because of

the various stages of development of the mentoring program's structure and curriculum outlined for mentors.

During a focus group that I conducted in the spring of 2022 with four behavioral health coaches, which was the first set of data I gathered at my organization, my goal was to learn more information from previous mentees about their experiences as a mentee and the way that they believe the current mentoring structure they experienced could be improved. The overarching question investigated was: How can the mentoring program at my organization be enhanced to help increase feelings of psychological safety? I recruited these team members by contacting them individually and asking them to participate. In the focus group, I asked six open-ended questions related to their experiences as mentees. Once transcribed, I coded the transcripts to identify general themes that arose throughout the responses.

With respect to the focus group results, I chose five themes to represent the major areas discussed during this interview. The five themes that arose were mentor connection, mentor timeline, questions, matching process, and mentee expectations. Each of the focus group participants discussed these themes in some context, often multiple times. Every participant felt that if they had no personal connection with their mentor, it adversely affected their entire experience. Two of the three participants felt this missing connection with their mentor. They all also indicated that the timeline could be clearer and longer. With respect to questions, they elaborated on the fact that their mentors were always willing to answer any questions they asked. One participant said, "...she was just a wealth of knowledge. I always felt very comfortable going to my mentor." However, the matching process was still a gray area. They all wondered how mentors were matched with mentees and if this process could be improved to enhance the personal connection in the future. Lastly, all participants agreed that expectations need to be outlined for

the mentee, so they understand mentorship's role and purpose better as they juggle various additional responsibilities in their new position.

The findings furthered my belief that psychological safety is an important concept to many employees and that mentoring programs can be used to enhance it in the workplace. However, my findings also highlighted the way that the mentoring program could be restructured, reshaped, and reformed for upcoming cohorts to provide a better opportunity to increase mentees' sense of psychological safety. The results from this initial focus showed clearly that at least four behavioral health coaches did not have a meaningful experience as a mentee because of confusion, lack of clear purpose or understanding, or an absent connection. These findings led to the problems I decided to address with respect to the way that structure, connection, mentor modeling, and mentor voice all relate to psychological safety in the workplace.

As the organization is intent on scaling in the future, the upcoming cohorts of new behavioral health coaches are the ones who will be impacted by the mentorship program's outlined structure, curriculum, and training material for mentors. Thus, I conducted an improvement science project on the mentorship program with all current behavioral health coaches to provide enhancements for future cohorts. In doing so, I focused on the relation between mentoring and psychological safety to identify common themes for areas of improvement, which will help build a mentorship program that increases new coaches' feelings of psychological safety at this organization.

1.3 Problem of Practice

The problem of practice within my workplace that I addressed was that the current mentorship program does not create and maintain high levels of psychological safety for mentees across the coaching team. I chose this problem based upon evidence from the focus group aforementioned as well as anecdotal reports from coaches about their time as mentees. While I focused on mentorship as a specialized project, I heard varying reports of mentee experiences, ranging from the fact that one mentee not even realize that she had a mentor to another who stated she still relies on her mentee over a year later. As stated previously, psychological safety is particularly important in the healthcare field due to the precariousness and complexity of patient care, which requires staff members to use their voice, raise concerns, ask questions, and feel comfortable in their positions (Hunt et al., 2021; O'Donovan & McAuliffe, 2020). The avenue through which I chose to pursue this problem within my organization's context was by assessing the current mentorship program through surveys and interviews and using that information to establish program improvements. In doing so, I anticipate that future cohorts will experience increased feelings of psychological safety through effective mentorship, as such mentorship leads mentees to feel supported, knowledgeable, empowered, and comfortable taking interpersonal risks (Kanaskie, 2006; Straus et al., 2013).

Given that the hiring freeze has recently been lifted, a formal evaluation of the mentorship program was timely due to the scaling that is projected to occur in the next couple of years. The organization is poised to expand exponentially, as leadership expects to sign multiple contracts with large organizations that will lend itself to many new members enrolling in coaching services in time. Given this projection, it was vital to act now to establish a solid mentorship program foundation for future cohorts of coaches that arrive. In addition, an enhanced mentorship program

will allow new coaches to feel more equipped to serve members by being provided with significant support and oversight, as well as create more consistency during the new coaches' initial onboarding and mentorship experience. This would also enhance new coaches' feelings of psychological safety through more robust programming and benefit the business by producing well-trained, supported coaches who regularly interact and retain the member base. As many coaches' caseloads are very high now, the organization will need to continue hiring at a rapid rate, which makes it essential to revamp the current mentorship training and curriculum.

1.4 Review of Supporting Knowledge

Psychological safety is a term that has been used for many decades, beginning in the 1960s as a term within organizational research contexts (Edmondson & Lei, 2014). In the 1990s, Amy Edmondson began to use the term in her research, books, and national talks on the importance of psychological safety in the workplace (Edmondson, 2014). An evolving body of research and literature is now dedicated to the associations between psychological safety and mentorship within the workplace. Despite multiple definitions, psychological safety focuses on employees feeling that they can voice concerns, ask questions, and take interpersonal risks within a collaborative workplace context (Newman et al., 2017). Further, psychological safety allows employees to share concerns and general knowledge with one another, and increases team cohesion, collaboration, and connection (Carmeli et al., 2009; Edmondson & Lei, 2014). This term differs from the concept of "trust" because it extends *beyond* trusting one or two other colleagues. Psychological safety applies to all levels of an organization—individual, team, and company-wide—while trust tends to occur on a more individual basis (Delizonna, 2017; Newman et al., 2017). With respect to

psychological safety through a mental healthcare lens, the best description I have come across is the following:

Psychological safety is particularly relevant to healthcare teams because they work in a highly complex, dynamic, and high stakes work environment that requires them to work interdependently to coordinate safe patient care. Healthcare teams need to be psychologically safe in order to maintain and encourage key outcomes, such as: patient safety, learning, and team performance. (O'Donovan et al., 2020, p. 2)

Mental healthcare's evolving nature and gray areas, particularly for children and teens, adds an additional layer of importance to ensuring that staff feel psychologically safe. Across the literature on both psychological safety and mentorship, the five main themes I noted are voice, team learning, work engagement, interpersonal risk-taking, and support.

1.4.1 Voice

The term “voice” is a major factor in the research on psychological safety and mentoring. Voice refers to communication and expression of ideas that has purpose and seeks to create improvements (Sherf et al., 2021). With respect to psychological safety, voice is considered a key aspect that is possible when feelings of psychological safety are high. Put simply, when employees feel psychologically safe, they tend to use their voice *more* because they feel comfortable expressing their concerns, asking for clarity, providing feedback, and discussing items as a team. High psychological safety is correlated with high voice (Edmondson, 2014; Sherf et al., 2021).

While some may believe that organizations that are not psychologically safe use high voice because of complaints or demands for improvement, this is not always the case for organizations. In a study that examined the relationship between voice and burnout, Sherf et al. (2021) determined

that feelings of burnout and a lack of psychological safety convey the use of silence more than voice. Thus, increased use of voice in the workplace reflects that employees feel psychologically safe (Nair & Good, 2021; Sherf et al., 2021).

A lack of voice tends to arise from the need to protect oneself from potential consequences within the workplace, such as negative feedback or perceptions (Edmondson, 2014; Rozovsky, 2015). In another study, Edmondson (2014) worked with nurses and doctors at several hospitals to determine the rate of human error when prescribing medicine and dosages. The author found that because of the lack of psychological safety between nurses and doctors, the nurses rarely used their voice even if they detected a potential medication error. This lack of voice was a result of a climate of silence and not feeling psychologically safe to speak up, even about a potentially life-threatening event (Edmondson, 2014).

Voice is also an important component within mentoring relationships. The mentor-mentee relationship allows for, and encourages, the use of voice within the workplace (Moore & Wang, 2017). Meetings between the mentor and mentee provide a safe outlet for the mentee to use voice and a “sounding board” for ideas and concerns, all of which contribute to greater feelings of psychological safety (Nair & Good, 2021). As the mentor within an organization creates a space for the mentee’s voice to be heard privately, that individual is more likely to use their voice in other workplace settings as well (Eby & Robertson, 2020; Nair & Good, 2021). Thus, the use of voice that is fostered within mentoring relationships enhances feelings of psychological safety and increases the use of voice in larger settings as well.

1.4.2 Team Learning

Team learning refers to collaboration amongst team members to learn and discuss new concepts or ideas as a group (Edmondson & Lei, 2014). This can occur more formally, through team trainings and workshops, or less formally through group discussions and impromptu brainstorming sessions (Moore et al., 2008). The history of psychological safety as a concept includes team learning as a noteworthy feature. When psychological safety is high within a team, employees want to come together as a group to learn rather than doing so in siloes (Bradley et al., 2012; Edmondson, 1999). Teams with high psychological safety identify with the idea of team learning because it implies opportunities for collective growth and feedback (Edmondson, 1999; O'Donovan et al., 2020; Raes et al., 2015).

In O'Donovan et al.'s (2020) study that examined the psychological safety within healthcare teams specifically, the authors identified team learning as an important factor within the field for not only staff but patients as well. Any field with direct care, mental or physical, is multifaceted and requires its employees to be learn and expand their knowledge base continuously to provide the best care possible. Edmondson (1999) also placed a great emphasis on team learning in her research on psychological safety because "...team members are subject to the same structural influences" (p. 355) and have many common experiences. Thus, learning is a strong theme because when teams feel psychologically safe, they can discuss issues as a group and turn the situation into a learning opportunity. When teams collaborate on issues or areas of interest, this creates a culture of team learning that is correlated with high psychological safety (Bradley et al., 2012; Newman et al., 2017).

Team learning is also an important component of mentoring and mentorship programs. To be an effective mentor, one must feel psychologically safe and engaged within their role as they

offer mentorship to others. If that mentor is not invested in team learning, it is unlikely that they will invest much in the teamwork element that is of increased importance in a mentor-mentee relationship (Edmondson, 1999; Kanaskie, 2006; Raes et al., 2015). In addition, a large part of mentorship relationships is the process of transferring knowledge to the mentee by discussing work processes and group norms, which is a form of team learning (Moore et al., 2008). Further, if mentors are asked questions to which they do not have the answers, they must collaborate with their team members and engage in team learning processes to acquire the answers. Therefore, successful and effective mentorship is built on a team learning model, as it requires collaboration with other team members to address the new mentee's questions fully (Kanaskie, 2006; Raes et al., 2015).

1.4.3 Work Engagement

Engagement is another significant theme in the research on both psychological safety and mentorship, which refers to employees' interest in and enthusiasm for the work they are doing. Studies have shown that the higher an individual's feelings of psychological safety, the higher the engagement levels at work (Edmondson & Lei, 2014). Psychological safety is related to work engagement because employees are simply more engaged in their environment—physically and emotionally—when they feel that they can be their authentic selves (Claydon, 2019; Rozovsky, 2015). They are also more likely to show interest in the work that they do and care about their future at the organization when their feelings of psychological safety are high. In addition, this increased engagement tends to translate into better job performance overall (Edmondson & Lei, 2014). Given the strong correlation between mentorship programs and psychological safety, having a personal 1:1 mentor can also increase work engagement as it can help mentees feel more

comfortable in their role and express their true self. When employees feel engaged in their workplace, they tend to be more personable, open, and creative. They are also more likely to perform better in their role as a whole, and thus benefit the patients they serve. On the other hand, a disengaged employee tends to be withdrawn, absent in team learning opportunities, and unwilling to use their voice (Claydon, 2019). They also tend to demonstrate lower performance and leave organizations sooner, which can adversely affect patient outcomes (Nair & Good, 2021). Because an effective mentorship program can help increase feelings of psychological safety, it can also help raise levels of work engagement overall, which can affect performance and patient outcomes positively as well.

1.4.4 Interpersonal Risk-Taking

The term “interpersonal risk-taking” is perhaps the phrase used most in psychological safety’s various definitions. One’s willingness to take interpersonal risks is considered indicative of strong feelings of psychological safety (O’Donovan & McAuliffe, 2020). Interpersonal refers to relationships between individuals, and therefore interpersonal risk-taking includes behaviors in the workplace related to giving and receiving feedback, asking questions, expressing concerns, suggesting changes, and admitting to errors. Each of these items is considered behavior that is “interpersonally risky” in the workplace because of the potential for negative response and/or treatment from colleagues and managers (Newman et al., 2017). Those who do not feel psychologically safe at work do not engage in these socially risky behaviors often. An employee who takes interpersonal risks in a healthcare setting may also serve their patients better because they are not afraid to ask complex questions related to patient care, seek guidance, and implement feedback (O’Donovan et al., 2020; Hunt et al., 2021; Newman et al., 2017).

In Edmondson (2014) study that investigated drug errors that nurses and doctors made at various hospitals, she found that teams with higher psychological safety reported more errors. Her research indicated that interpersonal risk-taking was the reason for this phenomenon. Essentially, the culture of open discussion within these teams led to more reported errors because the team members were willing to take the interpersonal risk of acknowledging the errors amongst co-workers and leadership. In this study, the interpersonal aspect of psychological safety is contextualized as “...foundational for enabling behaviors essential to learning and change” (Edmondson & Lei, 2014, p. 37).

Mentorship programs are also interpersonal by nature, as they typically involve senior or seasoned team members who collaborate with new hires to establish a sense of psychological safety, teach group norms, and instill knowledge. Mentorship allows mentees to feel sufficiently comfortable with risk-taking, as it can help create a climate of transparency and honesty. Mentors also act as role models for their mentees by displaying their own interpersonal skills and social risk-taking behaviors with other team members (Moore et al., 2008; Moore & Wang, 2017). Therefore, it can be argued that effective mentorship programs are designed to promote interpersonally risky behavior in mentees.

1.4.5 Support

The final theme throughout the literature on psychological safety and mentoring is support. As Nair and Good (2021) stated, “...perhaps the most frequently recognized role of mentors is that of offering support” (p. 13). Mentor support enhances psychological safety through various avenues. One is through overt acknowledgement and validation. Easing into a new work role is rarely a simple endeavor, and having the genuine support of a mentor can help mentees acclimate

to their new life transition (Moore & Wang, 2017). Further, effective mentorship is the most supportive when it leaves hierarchical structures behind. Traditional workplace hierarchies may not feel supportive to new hires, which is why peer-to-peer and staff mentorship programs can help create a sense of equity and inclusion (Goerisch et al., 2019; Burgess et al., 2018). Another way that mentors provide support and enhance psychological safety is by teaching company-specific ways to manage certain concerns or complaints. A small-scale example would be offering support and validation for a poorly designed administrative process, i.e., paperwork. However, a larger-scale example would be that of offering support for workplace microaggressions that mentees witnessed or experienced. Mentoring has been shown to be particularly helpful for racial and ethnic minorities, as it increases retention rates and feelings of empowerment in the workplace (McCarthy Mentoring, 2017; Nair & Good et al., 2021). Mentorship can create a collective experience for individuals in predominately white spaces who are experiencing racial battle fatigue as well, which refers to the negative affect of having to encounter racism repeatedly in a multitude of settings (Goerisch et al., 2019; Nair & Good et al., 2021, Pizzaro & Kohli, 2020). Thus, mentor-mentee relationships can offer various levels of support: mental, emotional, vocational, and intersectional.

At the end of the workday, mentorship is designed to provide a safe, supportive space. This creation of a safe space—filled with different types of support—is intentional on the mentor’s part (Axtell et al., 2019; Eby & Robertson, 2020). The reason that this support is such an effective component of mentorship may be explained by psychology’s attachment theory, which focused initially on infants’ connections to their mothers, but has expanded since to explain the human need for close connection in various types of relationships throughout the lifespan. The theory suggests that individuals seek close connection when they are in situations that they perceive as

unfamiliar or threatening. When one is new to a job, most elements *are* unfamiliar—the people, the setting, the technological systems, the company norms and processes. As a result, having a mentor when one adopts a new role provides support and enhanced feelings of psychological safety by creating a secure attachment in an unfamiliar environment. As the mentee seeks the mentor’s support, that attachment grows and is reinforced through various interactions. When the mentor offers such support, this mimics the caregiver role and solidifies the interpersonal attachment. Although there are numerous reasons why a mentor’s support has such a positive effect, attachment theory is one explanation that demonstrates the psychological factors that influence this experience (Eby & Robertson, 2020).

1.4.6 Mentorship, Performance, and Patient Outcomes

Throughout the research literature, mentorship has been shown to be valuable across healthcare domains (Egan & Song, 2008). Although my improvement science project centers on mentorship’s importance in increasing and maintaining coaches’ psychological safety, another benefit of mentorship is the positive impact it can have on job performance as well as patient outcomes (Egan & Song, 2008; Race & Skees, 2010). The mission at my organization is to serve children, teens, and families. Therefore, it is imperative that our providers are given the psychologically safe and supportive space they need for them to perform optimally and affect the populations they serve positively.

In a study that Egan & Song (2008) conducted, they created and examined two types of mentoring groups—one considered “high-level-facilitated” and the other “low-level-facilitated.” The former is more structured and protocolized—providing a curriculum to follow—while the latter provides little to no support beyond matching the mentor and mentee. The high-level-

facilitated mentoring program also has a longer timeline and identifies specific goals to be achieved. The results of this study showed that all mentees exhibited increased levels of job performance, satisfaction, and commitment to their organization than peers who were not mentored at all. However, the authors also found that there was a significant difference between levels of job performance, satisfaction, and commitment to their organization between the high- and low-level-facilitation groups. The high-level-facilitated group had even greater levels in each of these areas. This study highlights the value of formal, structured mentor programs on key factors within healthcare organizations: job performance and commitment. Both areas positively affect the way that staff interact with, and serve, their patients. At my organization specifically, this research is relevant because our mentorship program would be considered “high-level-facilitated,” with a protocol in the format, structure, and curriculum for mentors to follow with mentees. This serves to create not only higher levels of psychological safety, but also helps improve job performance and ultimately the care we provide to our members.

Nursing is one of the healthcare professions that focuses heavily on mentorship’s outcomes. In an educational piece, Race and Skees (2010) write about their experiences as mentees and mentors in the nursing field and the way that mentorship can lead to more successful patient outcomes. As healthcare fields often have high turnover, mentorship can help retain staff members and increase their satisfaction levels. The authors also argued that mentorship can help manage the demanding nature of healthcare work as well as increase staff competence levels. These benefits can translate into better outcomes for the patients who are being served because of the factors that are fostered through mentorship experiences. When staff feel supported and equipped with knowledge from their mentors, this is often reflected in the work that they perform with their patients (Race & Skees, 2010). The information in this piece furthered my understanding of the

way that mentorship programs can target retention rates, which may then affect patient outcomes. These data can be woven into the training curriculum at my organization to help mentors-in-training conceptualize the purpose of mentorship and empower them to provide an essential service that benefits the company as well as our members better.

Although much research has focused on mentees, they are not the only ones who obtain value from mentorship. In a study that examined the benefits of being a mentor, Ghosh and Reio Jr. (2013) found that mentors had increased job satisfaction and organizational commitment than those who were not. In addition, the study revealed that mentors had higher job performance rates than non-mentors (Ghosh and Reio Jr., 2013). Thus, being a mentor *and* a mentee has positive implications for job performance as well as patient outcomes overall. All of this research that has found that mentorship is associated with better job performance and patient outcomes can help inform the mentor structure and approach at my organization by relating it to its mission to provide families with the best care possible.

1.4.7 Summary of Supporting Scholarship

The literature review above is intended to highlight the positive relationship between mentorship programs and psychological safety. In startup organizations, culture is a fundamental component that is overlooked often as other business priorities arise. However, a startup organization with an unsafe or unwell culture may not survive. One way to help guarantee that a such an organization succeeds and thrives is by ensuring that the employees feel psychologically safe and supported from the beginning of their journey at the organization. In addition, when the organization is also a part of the healthcare sector, as mine is, the importance of psychological safety is even greater because of the complex, nuanced nature of the work that requires

collaboration, continuous learning, and consistent feedback to provide optimal patient care. When these employees perceive that their psychological safety to be low, various areas suffer, which harms the staff members as well as the populations they serve. On the other hand, when psychological safety is high, the following aspects are also increased: voice, team learning, work engagement, interpersonal risk-taking, and support.

Each of these areas is essential to psychological safety and is fostered through effective mentorship programs. Startup healthcare organizations such as mine would be remiss to not include mentoring for their teams to create a culture that fosters feedback and continuous growth, curiosity, social support, and validation. Failure to do may lead to staff turnover, a discouraging work culture, and poorer patient outcomes. This lack of teamwork and engagement in one's work in healthcare can present a host of issues for the individuals who are served and will not result in the best service.

Consequently, this research motivated me to complete an improvement science project on the mentorship program for behavioral health coaches at my organization. I addressed psychological safety and the five areas outlined above—voice, team learning, work engagement, interpersonal risk-taking, and support—by examining the experiences of four separate dyads of mentors and mentees more closely. The future scaling of coaches at my organization will mean that our current setup of approximately 18 tight-knit coaches will no longer exist. As the numbers increase, it was pertinent that the mentorship program be able to offer the support needed and create feelings of psychological safety. This improvement science project allowed that to occur and enhanced team operations overall by creating a culture of openness, intentionality, and support for all future hires.

2.0 Theory of Improvement and Implementation Plan

2.1 Root Causes of Low Psychological Safety in the Workplace

After reviewing the literature, I developed a fishbone diagram, which serves to outline the major root causes behind low psychological safety in my workplace. These causes were identified from the common themes outlined above when psychological safety and effective mentoring *are* present within the workplace. I present the fishbone diagram below.

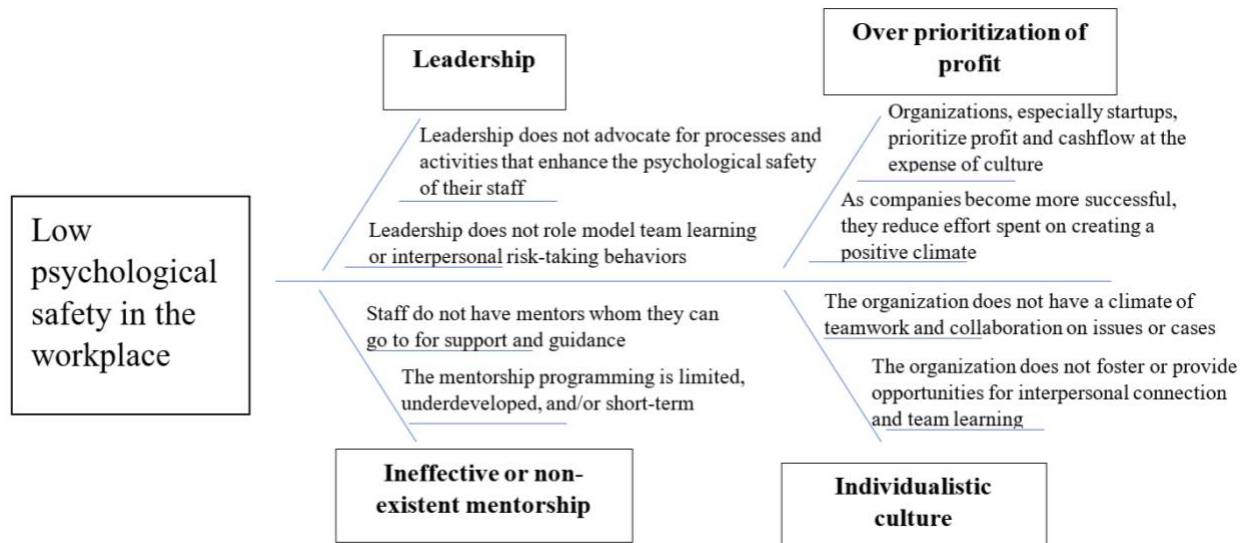


Figure 4 Fishbone Diagram

In an attempt to find the causes of low psychological safety in organizations, leadership arose as a notable source. In any organization, hierarchies exist as there are team members and then there are managers or supervisors and directors of that team. Those team managers and directors are considered the “leadership” within my organization and many others. When leadership does not advocate for processes or activities that enhance psychological safety, then it begins to deteriorate (Edmondson et al., 2016). Some of these processes may be to encourage team

members to create working groups to address a need or to invite team members to be involved in higher-level projects. Examples of activities that could improve team psychological safety are to organize dedicated time for team-building or non-work-related events (Raes et al., 2015). They could increase their goals by providing organizational self-care opportunities, such as yoga, meditation, crafting, or other hands-on activities. In addition, leadership could provide regular learning opportunities on ways to address and manage burnout and compassion fatigue (Michie, 2002). Leadership could also attempt to normalize case consultation, asking for support, and taking time off from work. Lastly, leadership can encourage interpersonal relationships through developing or supporting staff mentorship programs and fostering interpersonal risk-taking through reframing and addressing employee mistakes regularly as learning opportunities (Raes et al., 2015).

With respect to the over-prioritization of profit, this root cause is fairly straightforward. This occurs when profits take priority over people. In startup cultures in particular, the need to “prove” oneself as a viable competitor in the market and to ensure that the product is providing sufficient money for the organization to stay afloat takes center stage (Baldrige, 2022). As this priority trickles down the pipeline, the emphasis on profitable ideas takes precedence over the climate within teams and the company as a whole. However, continuing to focus on this culture of psychological safety is vital to organizations’ success overall. Stakeholders do not want to invest in a company with a bad reputation of staff treatment and a high turnover rate (Grimes, 2022).

The next root cause listed in the diagram is ineffective or non-existent mentorship. As stated, an effective mentorship program has been shown to increase staffs’ feelings of psychological safety. Mentors provide support, validation, knowledge, and so much more that fosters these feelings. However, a cause of not feeling psychological safety is *not* having that

support and guidance that a mentor can provide. Particularly for new hires, mentors increase psychological safety by creating a secure attachment and point person for questions and curiosities (Eby & Robertson, 2020). However, if mentorship programs are underdeveloped and do not provide adequate support, they will contribute to feeling psychologically unsafe as well (Burgess et al., 2018; Kanaskie, 2006; Straus et al., 2013).

The final root cause is an individualistic culture. Historically, the onus has been placed on the individuals to succeed and improve their own situation if they are feeling low levels of psychological safety at work because this was considered a personal concern (Carmeli et al., 2009; Michie, 2022). However, research has now shown that the most successful organizations practice team collaboration and promote interpersonal relationships among staff members on a regular basis. Carmeli et al.'s (2009) study explored the associations between psychological safety, work relationships, and team learning. They collected data from 212 individuals who work full-time, all in different types of organizations. The researchers found that the interpersonal work relationships reported were associated positively with increased feelings of psychological safety as well as team learning activities (Carmeli, 2009). This study emphasized the need for organizations to pursue more collectivistic, interpersonal frameworks to enhance psychological safety.

2.2 Theory of Improvement and the Change

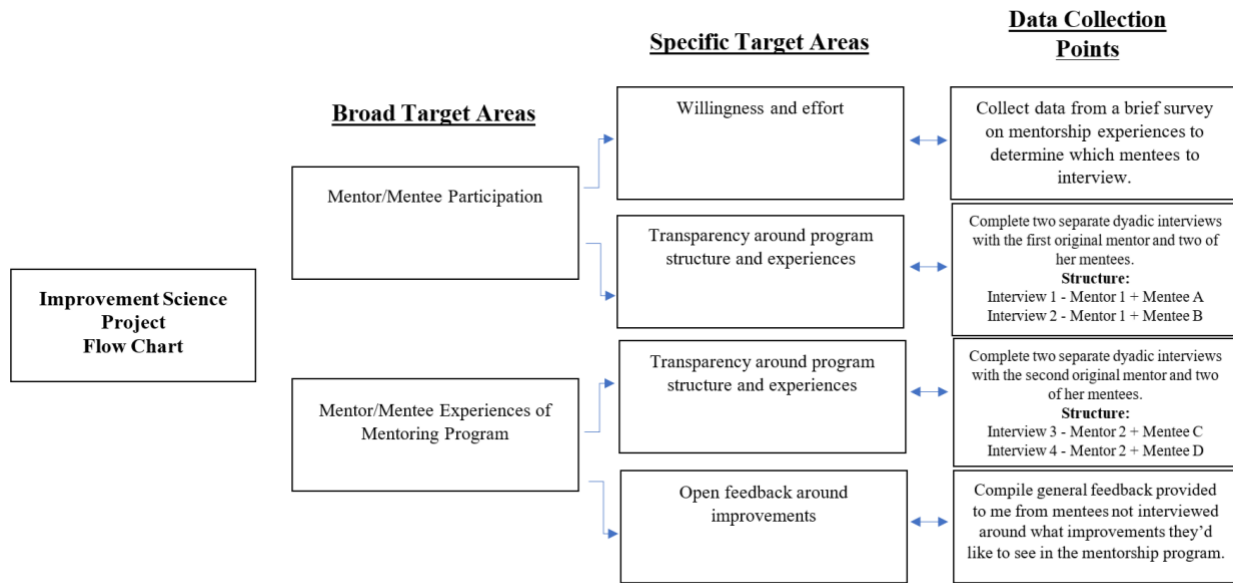


Figure 5 Improvement Science Project Flow Chart

Above is a flow chart adapted for my improvement science project that builds on traditional Plan-Do-Study-Act (PDSA) cycles, which is a commonly used model in improvement science programs that outlines the process for executing organizational change. The broad target areas include mentor/mentee participation and mentor/mentee experiences of the mentorship program. The specific target areas include mentor/mentee willingness and effort, transparency in program structure and experiences, and open feedback related to improvements. I listed my four different data collection points: a brief survey, dyadic interviews with the first original mentor and two of her mentees, dyadic interviews with the second original mentor and two of her mentees, and general feedback from mentees not interviewed who chose to reach out.

To collect data on the best way to improve the mentorship program, I sent out a brief survey with questions about mentorship experiences and the five themes above related to psychological safety first. For this survey, the responses were not anonymous, as I collected email addresses to

choose the four mentees and two mentors whom I would interview. The goal of collecting email addresses was to choose mentees who reported that they had dissimilar experiences and interview them with their previous mentor. Therefore, I relied on qualitative data from dyadic interviews with the two original mentors and four previous mentees, two of whom had the first original mentor and two of whom had the second original mentor. Lastly, as I did not interview every previous mentor-mentee pair, I also asked for any general feedback (via meetings or Slack) from previous mentors or mentees about program improvements but did not receive any directly. Because of the current situation at my organization, there is considerable overlap between mentors and mentees, as coaches who have been at the organization for six months to one year are able to become mentors themselves after they are mentored and have settled successfully into the role. Thus, some of the coaches surveyed as mentees have experienced being both a mentee and a mentor, which was valuable to evaluate the current mentorship program from both angles. The main questions that guided my change ideas were as follows:

1. How has the mentoring program at my organization helped to increase new coaches' feelings of psychological safety?
2. In what ways has the mentoring program not met its intended goals?
3. How can the mentoring program at my organization be enhanced to help increase feelings of psychological safety among future mentees?

By exploring these questions, I was able to evaluate the current program as-is and assess any opportunities for enhancement.

2.3 Methods and Measures

In the context of improvement science, I followed broadly the three steps to (formatively) evaluating a mentoring program that the National Center for Women and Information Technology (NCWIT) outlined. The first step was to “identify the primary purpose of the evaluation” (NCWIT, 2011, p. 3). Based upon their description, I completed a formative evaluation, which includes data collected that is used to plan for future program enhancements (NCWIT, 2011). Because of the previous coach hiring freeze, no current coaches at the time were actively mentoring or being mentored, which made this a formative evaluation. In this first step of the evaluation, I gave my team the information I was looking to collect that would be most useful with respect to the research, such as different components of the mentoring program—structure, frequency, training—and how that relates to psychological safety. At this stage, I also collected demographic data (race/ethnicity, gender) from my participants. Lastly, the NCWIT (2011) suggests that I document different aspects of the relationship between the mentor-mentee, such as:

1. Is the mentor located in the same department as the mentee?
2. How was the pair matched — voluntarily, by technical field, by age, at random, etc.?
3. Are both members the same gender?
4. Do both members have similar racial/ethnic backgrounds?
5. Do both members have similar technical skills?
6. Was there a friendship prior to this formal mentoring relationship? (NCWIT, 2011, p. 3)

To answer these questions, all six mentors and mentees were in the coaching department and randomly matched. All mentors and mentees were the same gender, and two of the mentees had racial and ethnic backgrounds similar to their mentor. All of the mentors and mentees had

similar technical skills, such as a background in behavioral health, mental health, coaching, and/or psychology. None of the mentor-mentee pairs that I interviewed had pre-existing friendships with each other prior to their mentorship experience.

The next step of a formative evaluation recommended was to “revisit program goals and metrics” (NCWIT, 2011, p. 4). Currently, the program’s goals are vague and taken from a standard online definition of mentorship that refers to it simply as advising and supporting others. Revisiting these goals through an evaluation lens allowed me to conceptualize further whether the mentees’ shared experiences were consistent with those goals. I did not create new goals at this stage because it was necessary to gather more information first. However, one suggestion I made to my organization at this stage was for mentors and mentees to collaborate on a SMART goal together. A SMART goal is one that is Specific, Measurable, Achievable, Realistic, and Time-bound (Martins, 2022). In our coaching roles, we create goals similar to these—called IGARS goals—with all of the parents, children, and teens we serve. IGARS goals are similar to the popularized SMART goals in that they are intended to be specific and easily measurable. IGARS stands for Individualized Goal Achievement Rating Scale and is used to measure the progress and achievement of an individual goal in therapeutic settings (Lindhiem et al., 2016). Coaches and therapists create these individualized goals when they establish ongoing care with a child or teen at my organization. Each session, the provider assesses the individual's progress on the identified goal(s). This format is used to measure progress on a weekly basis and determine the percentage of time, number of days, or number of times the goal was accomplished over a week period.

As we are using this metric with our families, it could be an opportunity for mentors to use this format with their mentees as well. Not only would it help formalize, structure, and measure the mentees’ goals, it would also provide modeling to new mentees on the way to create goals with

their members. The mentorship program itself could then set an overarching “SMART” goal such as, “Each mentee will reach their collaborative goal set by their mentor within 2 months of their mentoring relationship.” During this stage of the evaluation process, I revisited our current mentorship program outline and worked with our key mentors to discuss their perceptions of this structure and the way that it could be improved for future use (NCWIT, 2011).

The third step was to “determine evaluation data collection methods” (NCWIT, 2011, p. 6). This was the step in which the question of qualitative vs. quantitative data collection arose. I completed a qualitative component by transcribing and coding four dyadic interviews. Before I conducted these interviews, I sent out a short survey outlined below that asked ten brief questions around the aforementioned areas of psychological safety and mentoring experience overall. To gather the most helpful data, I then interviewed a several different types of mentees, such as those who reported having a positive mentoring experience and those who reported not having as positive of an experience, with each separate mentor. In my interviews, I asked open-ended questions about the interviewees’ experiences with the mentorship program and what improvements they would suggest. In addition to basic information, such as gender, race/ethnicity, and the mentor’s name, the survey included the following questions, the first five of which used a 5-point agreement scale:

1. With my mentor, I felt safe going to them with any question, concern, or idea.
2. From the very beginning, I felt supported by my mentor.
3. My mentor encouraged me to speak up and use my voice at work.
4. My mentoring experience made me feel more engaged in my work.
5. The experience I had as a mentee made me more comfortable asking questions and raising concerns in a larger team setting.

6. How would you rate your overall experience being mentored on a scale of 1-5, with 1 being very poor and 5 being very good?
 - 1 - Very poor
 - 2 - Poor
 - 3 - Fair
 - 4 - Good
 - 5 - Very good

7. Our mentoring program is:
 - Not good at all and needs totally reformed
 - Okay but needs some improvement
 - Great as is, even with no changes

2.3.1 Process, Driver, Outcome, and Balance Measures

Perry et al. (2020) wrote about identifying a unit of analysis in process measures, which is “...the subject or entity about which the student is collecting data” (p. 107). In my case, the unit of analysis was previous mentors and mentees, which was six coaches in total who were interviewed. Because mentees can become mentors after approximately six months at the organization, there are several coaches who were mentees when they were first hired who have now served as mentors to other new coaches. Given the hiring freeze for the past several months, no current behavioral health coaches are in the active stages of being a mentor or mentee. I sought to understand through my project what improvements could be made to the current mentorship program for future hires that will enhance their psychological safety. In my case of an improvement science project, the process measure that showed if the evaluation was working was whether coaches filled out the survey and agreed to participate in the interviews. All coaches completed the survey, and all six of the individuals I asked to participate in the dyadic interviews agreed to do so.

With respect to leading/driver measures, these show the systemic effects that arise from the changes to the primary and secondary drivers. These are primary indicators of observable change because they are reflective of the need for modification (Perry et al., 2020). In my project, the leading/driver measures were similar to my process measures, in that I determined how many individuals were willing to participate in my data collection methods. The simplest process was to follow the number of people whom I asked to participate and then see who completed the survey or interviews. The coaches' willingness and participation provided evidence that there was a need for the improvement science project to occur because this conveyed their desire to share suggestions.

Outcome measures determine whether the change is working toward the aim (Perry et al., 2020). In my project, the outcome measure would verify whether sending out a survey, interview invitations, and reminders ensured that at least 90% of the behavioral health coaches reported their feelings and experiences with the mentorship program. The objective was to ensure that this percentage of coaches participated in the initial survey and agreed to at least four dyadic interviews, which was the case. Therefore, the outcome measure was whether the data collection methods I chose helped encourage honest responses.

Lastly, balance measures—which are measures used to examine if other areas are being affected negatively by the modification—allowed me to see whether my changes led to further improvements or whether they compromised the system (Perry et al., 2020). The main balancing measure was to identify whether this evaluation led to disagreements or denials on the part of coaching leadership who approved my data collection plans in advance and often the results thereafter. If there were changes to the mentorship program suggested commonly with which leadership disagreed, such as expanding the timeline of the structured relationship, then the in-

depth evaluation and solicitation of feedback may have been for naught, and led coaches who provided feedback to feel that their input was not valued. Therefore, for my balancing measures, I kept track of how many of the common themes related to changes that arose were approved for incorporation into the future mentorship program structure and curriculum. As of now, leadership has been receptive to all changes recommended, although they have not been implemented yet because of the recently lifted hiring freeze.

3.0 Data Analysis and Results

Table 1 Project Outline

<p>Phase 1: Initial Survey</p>	<ul style="list-style-type: none"> • Created a brief survey regarding mentorship experiences and sent to all current behavioral health coaches. • Monitored completion rates and followed up with coaches who were yet to complete survey. • After two weeks, closed survey to new responses and reviewed all responses.
<p>Phase 2: Mentor-Mentee Dyad Selections</p>	<ul style="list-style-type: none"> • Chose two previous mentors and two previous mentees of each mentor to interview (six individuals total). • Selected mentors based on their number of individuals mentored. The two chosen mentored the highest number of coaches. • Selected mentees based on varied responses, ranging from very positive to neutral regarding mentorship experiences. • Outreached selected mentors and mentees to inquire about interview participation. All six individuals agreed.
<p>Phase 3: Dyadic Interviews</p>	<ul style="list-style-type: none"> • Set up, completed, and recorded four separate interviews: <ul style="list-style-type: none"> • Mentor 1 + Mentee 1 • Mentor 1+ Mentee 2 • Mentor 2 + Mentee 3 • Mentor 2 + Mentee 4
<p>Phase 4: Transcription and Coding</p>	<ul style="list-style-type: none"> • Transcribed and reviewed interviews. • Used an inductive approach and thematic analysis coding to develop themes from the transcriptions.
<p>Phase 5: Key Findings</p>	<ul style="list-style-type: none"> • Identified five key findings from within data. • Established next steps for my organization’s mentorship program based on key findings.

The above figure represents the steps I took to complete my improvement science project. My project began with the aforementioned survey to select mentees to interview. Then, I

completed four dyadic interviews (i.e., mentor-mentee pairs) with six individuals in total. For these interviews, I chose two mentors who had mentored the majority of new coaches at my organization previously, and four mentees, two of whom had one mentor and two of whom had the other. The first interview included Mentor 1 and Mentee 1, the second Mentor 1 and Mentee 2, the third Mentor 2 and Mentee 3, and the fourth Mentor 2 and Mentee 4. Therefore, these dyads represented four different mentor-mentee pairs.

Due to reported time constraints, only one coach did not complete the survey, which resulted in a 95% response rate. Initially, my plan was to choose a mentee of each mentor who reported a positive experience and one who reported a negative experience with the program and/or relationship overall. However, the variations in the survey were minimal, as no coaches surveyed reported an overly negative experience. Across the six items, the average was 3.95, indicating that respondents agreed generally that their mentoring experience was valuable. However, the responses varied across items, as the voice and engagement items scored slightly lower than the others. In addition, individual responses ranged from 1 to 5.

The mentees I chose from the survey respondents reported either neutral, positive, or very positive experiences in their surveys, which led to variations in opinions and thoughts about the way that the mentoring program should be enhanced in subsequent interviews. Over the next several weeks following the survey responses, I conducted four separate dyadic interviews, each of which was approximately one hour long. The interview questions I prepared ahead of time are presented below.

1. I know it's been a while since you've been a mentor or mentee given our hiring freeze. I'm curious, when you think back about mentoring or being mentored, what stands out to you? What comes to mind?

2. Now that our processes have changed and shifted so much since we've hired and mentored other coaches, what do you think needs to be added?
3. From both a mentor and mentee perspective, what do you feel was lacking in what the mentorship program offered?
4. Within my work, I'm looking at the way that mentoring impacts five main areas of psychological safety: voice, team learning, work engagement, interpersonal risk-taking, and support. Which areas do you believe our mentoring program positively impacts and which areas does it not?
5. What would need to change in for those areas to be positively impacted?
6. Did the mentorship program have a long-lasting effect on any of these five areas?
7. How does psychological safety play a role in your job performance overall?
8. How could a mentor play an ongoing role in their mentees' development as a coach and their psychological safety at this organization?

After I gathered these qualitative data, I began with inductive coding, in which my themes derived from reading through each of my interviews' transcripts. Inductive coding is a process that is used to develop themes or categories from within the data (Saldana, 2009). Therefore, I did not create a set of hypothesized themes or categories before my interviews. Rather, I let the dyadic interviews unfold, transcribed them verbatim, and then used thematic analysis coding to identify repeated themes and patterns across interviews. I utilized thematic analysis coding because the interviews yielded significant data that was more effectively conveyed through themes (Miles et al., 2014). I noticed that with the set of questions asked, certain problems, ideas, concepts, or suggestions arose more often than others. Once I noticed these patterns begin to emerge within the

data, I identified them as overarching findings. As a result, the five key findings that emerged from my four dyadic interviews were as follows:

1. Voice, support, and interpersonal risk-taking are well-established within the current mentorship program.
2. Current mentor training needs to be revamped.
3. Mentor vetting should be more structured.
4. The current mentorship timeline needs to be extended.
5. Mentorship should be ongoing.

3.1 Voice, Support, and Interpersonal Risk-Taking Are Already Well-Established

In the areas of psychological safety throughout the literature (voice, team learning, work engagement, interpersonal risk-taking, and support) on which I focused, the ideas that mentors and mentees referred to in my interviews repeatedly were voice, support, and interpersonal risk-taking. All mentors and mentees interviewed chose those three as areas that our mentorship program already positively impacts. One mentee said, “I’m a pretty confident person. Voicing my opinion and asking questions has never been hard for me. However, I think that was very much encouraged by my mentorship” (Interviewee, March 13, 2023). Further, mentees also chose those three as areas on which our mentorship program has had a long-lasting positive impact, even after mentorship ended for them. On this topic of long-lasting impact, another mentee said about her mentor, “This is who started as my support. And this is who is going to end as my support” (Interviewee, March 17, 2023).

Although team learning was an area that mentors and mentees noted was indirectly impacted, several reported that this area was not a focus in our mentorship program curriculum. Lastly, many mentors and mentees were confused by the area of work engagement during interviews. The interview participants stated that they believe they come into a role either engaged and interested or not, and that mentorship would not necessarily help facilitate or increase that engagement in their work. Thus, of the five main areas that I noted are common throughout the literature on psychological safety and mentorship, the overwhelming response was that voice, support, and interpersonal risk-taking are well-established in the current mentorship program at my organization, while the areas of team learning and work engagement are not.

3.2 Mentorship Training Needs to be Revamped

The next category that arose as a common topic of discussion in each interview was mentor training. The current training for upcoming mentors includes videos, outlines, and suggested meeting agendas. All upcoming mentors are required to complete this training; however, the two original mentors interviewed did not have to complete training when they first stepped into the mentor role. As half of the mentees interviewed were also mentors later in their time at the organization, they were required to go through this training. Most of these mentees remembered this training pre-hiring freeze and stated that it needed to be revamped and refreshed for new hires, given how much has changed within the coaching role. However, one interviewee simply did not remember going through mentor training at all, although she would have been required to at the time.

In addition, the topic of accountability and bandwidth for that training, as well as post-training follow-ups on leadership's part, arose in the discussion of the mentor training required. The interviewees discussed that additional requirements beyond the initial training, including post-training conversations around comfortability, bandwidth, and scheduling capabilities as well as mock mentor meeting role-plays with managers, should accompany the training required. The overarching consensus was that the current training not only needed to be revamped, but that a part of this revision should include additional elements after the online video training. Post video training, further conversations should take place about one's capacity to fulfill the role as well as a role-play scenario for managers to assess the upcoming mentor's style of mentorship and offer feedback as necessary.

3.3 Mentor Vetting Should be More Structured

Another recurring theme throughout the interviews was the current matching process for mentors and mentees. There is no official matching process in place at my organization for the way that existing mentors are matched with new coach hires. Instead, matching has been based upon perceived personality fit, similar career backgrounds, and general availability. While most of the mentees in these interviews reported neutral to positive experiences with their mentorship, one mentor interviewed—who was also mentored herself at the time that the company was founded—had a very poor experience being mentored, and noted that she did not feel connected to this person, did not believe her mentor was invested in the mentor role, and also felt that her mentor was burdened by the time commitment of meeting with her. This suggests an unevenness in mentees' experiences.

This discussion, amongst others, during my interviews led to the finding that our mentors need to be “vetted” for readiness more thoroughly before they are matched with new mentees. Although the interviewees were unsure what this process would entail, they believed that it needed to include assessing the mentors’ interest, commitment, empathy levels, and availability for mentorship meetings. The majority of the interview participants agreed that if mentors are stretched thin by their work or disinterested in fulfilling the role at the time, it will negatively impact the mentor-mentee relationship. They also agreed that a mentor’s ability to empathize and be present for their mentee was an enormous factor in creating psychological safety within the mentor-mentee relationship. One dyad that I interviewed emphasized mock mentor sessions with upcoming mentors and their managers as a way of being vetted and assessed for their ability to empathize and connect with their future mentees. On the other hand, a mentor in a separate interview believed that mentees should be able to connect with their mentor regardless of these factors, and vice versa, just as coaches must learn to connect with a variety of members from different backgrounds when they provide services. Overall, the idea of vetting mentors before they are matched with mentees was mentioned in every interview, in which five out of six interviewees indicated that a vetting process should be put in place for future mentees to help increase their feelings of psychological safety in their relationship.

3.4 Mentorship Timeline Needs Extended

As discussed previously, the current mentorship timeline suggested is two to three meetings the first and second week, with “as needed” or optional check-ins thereafter. When asked about what could change in the current structure, a common response was to extend the timeline. One

dyad believed strongly that the mentorship program should be extended to at least six weeks. This dyad also felt strongly that six weeks should be required and not left “up to the mentee,” as they believe the mentee would not have a good idea of how often they need support or may not feel comfortable making that decision as a new hire. Another dyad believed that the current structure of two weeks was fine, but then mandatory check-ins should continue for approximately a month thereafter at the mentee’s preferred frequency. The other two dyads discussed the need for the timeline to be extended beyond the current structure, but did not have any specific suggestions for how to do so, other than adding more weeks with required meetings and check-ins that the mentor, not the mentee, facilitated. Although dyads disagreed on whether additional meetings should be the mentee’s decision or not, all agreed overwhelmingly that the current suggested timeline of the mentorship relationship needed to be extended. The reasons for this extension included additional support that would increase psychological safety, a space to ask clarifying questions about processes, a safe person with whom to discuss concerns or problems, a place for supplementary live session practice, and extra preparation for risk-related scenarios.

3.5 Mentorship Should be Ongoing

The final topic that arose most often during the dyadic interviews was the need for ongoing mentorship. This differs from the timeline because the interviewees distinguished between the need to extend the current timeline requirement and for the mentor to play an ongoing role in the mentees’ development beyond that required timeline. When asked how the mentors could play an ongoing role in their mentees’ development, all interviewees had a suggestion about the way that this could be done and related it back to psychological safety, particularly the aspect of support.

The interviewees discussed that this could be ongoing touchpoint check-ins, as well as the mentor playing a more active role in contacting them to set up ongoing meetings. In addition, they believed that mentors should contact them regularly to touch base when new processes or protocols are initiated for the coaching team.

The coach role at this organization has seen significant changes throughout the service's existence, from seeing two families a day to ten, to being required to perform mandated reporting, to being expected to be involved in outside projects to prove oneself, to being a consistent chat-based coach in addition to conducting live coaching sessions. In addition to these changes, our processes and protocols are updated continually as our stakeholders have begun to require us to fulfill new responsibilities or as our old processes evolve. In my dyadic interviews, these ever-changing roles and responsibilities were cited as the reasons for the need for ongoing mentorship, to have someone to help mentees remain up to date about these changes and count on for support. This could also help mentors continue to create psychological safety by encouraging mentees to use their voice or take interpersonal risks to point out issues when these new processes are ambiguous, confusing, or unsuccessful for someone personally. In addition, the mentors in these interviews also noted that by having this ongoing relationship, it would challenge them to know the policies better themselves to answer the questions that their mentees are asking them. This ongoing mentorship was suggested as a monthly check-in for however long is needed or at whatever frequency the mentee prefers. Overall, each of my interviews provided suggestions for the way that this ongoing mentorship could be offered beyond the required timeline of meetings. These suggestions for what ongoing mentorship could entail indicated the important role that this change in the program could play in future mentees' psychological safety at this organization.

3.6 Connections to Psychological Safety

Each of these five findings relates back to psychological safety in significant ways. Psychological safety is an important aspect of the workplace that can lead to personal fulfillment, professional growth, and job satisfaction. While important in the majority of work contexts, psychological safety can feel particularly meaningful in the healthcare setting, which has many complex, moving parts that impact patient health and well-being (Edmondson et al., 2016; Newman et al., 2017). As a result, mentoring has been used widely in the healthcare field to help increase staff psychological safety (Kanaskie, 2006; Straus et al., 2013). The above findings related to mentoring connect back to psychological safety because they address the five common themes of psychological safety previously noted—voice, team learning, work engagement, interpersonal risk-taking, and support. In addition, each finding will lead to enhancement of my organization's current mentorship programming and provide a more evidence-informed training for new mentors. Therefore, the new and improved dimensions of the mentorship program will place these five tenets of psychological safety at the forefront to help create a positive relationship between mentoring and coaches' feelings of psychological safety at my organization.

4.0 Learning and Actions

4.1 Discussion

These four separate dyadic interviews provided several key findings relevant to my problem of practice. One was that voice, support, and interpersonal risk-taking are well-established within the current mentorship program. However, there were two areas of psychological safety—team learning and work engagement—that the interviewees believe need more focus to ensure the program’s future success. Team learning is cited throughout the literature as important because employees who engage in learning and collaborative opportunities with their colleagues tend to report greater feelings of psychological safety (Bradley et al., 2012). Similarly, research has shown that feeling safe to express oneself with colleagues—or a mentor—can lead to greater engagement and interest in one’s job overall (Claydon, 2019). Therefore, these two areas need to be a larger focus in the future of mentorship.

Another key finding was that the current state of the mentorship program curriculum and training needs to be revamped. The individuals I interviewed felt that the current training could be forgotten and was not sufficiently detailed with respect to what is needed for their role as new coaches. An additional issue in the training is the lack of accountability, indicating that no one appeared to check whether a new mentor completed the training or discuss what they had learned from the training, which causes mentees to have vastly different experiences and feelings of psychological safety within the mentor-mentee relationship.

An additional key finding was that mentor vetting should be more structured before mentors and mentees are matched. In the dyadic interviews, I learned that the majority of mentors

and mentees alike felt that upcoming mentors' superiors should vet them with respect to their level of commitment to the mentor role as well as their ability to fulfill the role successfully. Supervisors' oversight would create a level of accountability within the mentor role, and this structured level of vetting would ensure a more consistent experience for future mentees.

Another key finding was that the mentorship timeline needs to be extended. The interviewees revealed their desire and need for a longer mentorship program timeline—at least six weeks—for psychological safety to be more positively impacted. This related to the support aspect of psychological safety, which is one of the components of mentor-mentee relationships acknowledged most widely (Nair and Good, 2021). This extended timeline extends that support as well, which could ultimately continue to affect mentees' psychological safety positively as they adjust to their new role.

The final key finding from my interviews was that mentorship should be ongoing. In addition to the longer initial timeline of regular meetings for six weeks, the dyads I interviewed believed that mentorship could play an ongoing role in coaches' development and continue to enhance psychological safety through support and encouragement as well interpersonal risk-taking. This would train mentors to take a more active role in continuing to contact their mentees after the required six weeks when updates or changes are made within the position. Further, mentors could help mentees enhance their understanding of new processes by encouraging them to seek additional clarification as well as support.

4.2 Next Steps

Of the five themes outlined here, each is among the changes that I plan to suggest to leadership to enhance the mentorship program and the psychological safety it can provide. The first step is to delve deeply into the current structure and the topics suggested in the current two weeks of mentorship. Next, I would adjust the current mentor-mentee meeting agendas as needed, look for anything that needs updated related to policy and procedure (mandated reporting, documentation, member communications, etc.), and then add an additional four weeks to the mentorship timeline, with two meetings each week of at least half an hour depending upon the topic. Topics such as risk concerns and mandatory reporting would warrant longer meetings. For each of these meetings for the first six weeks, I would create structured agendas of what should be covered in the meetings, what components to be sure to include, and what related resources on the topic would be helpful to add and provide to the mentee. I would also encourage that mentors share these agendas before meetings so that they can prepare for the upcoming topic with questions or concerns. Because the dyadic interviews indicated that team learning and work engagement are areas of psychological safety that interviewees did not feel that the mentorship program provided, another step in this process would be for me to identify ways to incorporate these aspects into the first six weeks of mentorship. For example, one meeting could focus on the mental health practices with which the coach is most comfortable or educated best, such as anxiety reduction, grief, anger management, grounding techniques, psycho-education, behavior management, etc. These types of conversations could help increase engagement in the role by leading to discussions of the way that those skillsets can be used at the organization. With respect to team learning, a meeting or set of meetings could include “homework” for the mentee in an element of team learning, such as forming a working group with another colleague or collaborating with other coaches who share

their interests to learn more about the way that they can put that into practice with the children and teens they see.

Once these timeline and structure changes are complete, this would be a large component of new mentor training. Training would require mentors to review these new outlines and six-week structure. After they do so by a specific deadline, my suggestion would be for them to take a follow up “quiz” in our online training system that asks multiple choice questions about the structure, frequency, topics, etc. Leadership should monitor this closely to ensure that the quiz is taken and passed with a certain percentage. Thereafter, I would recommend that new mentors should be required to meet with their direct supervisor to discuss how their training progressed and how they feel about their mentor duties. If a mentor states that they feel uncertain or did not score well and had to retake the quiz, I believe this is where “mock mentor sessions” could come into play. This could take the form of the direct supervisor playing the role of a new mentee and the upcoming mentor practicing what a first mentorship meeting would involve, while the supervisor would provide direct feedback at the end of that mock session.

Lastly, given the overwhelming positive response to the idea of ongoing mentorship, I would recommend to leadership that the mentor training highly encourage ongoing biweekly or monthly check-ins after the required six weeks of meetings has come to an end. At this point, the hope would be that the relationship has reached a point where the mentee could pinpoint whether those meetings are no longer needed, feel redundant, or should be in another format—such as an asynchronous text or Slack check-in instead. I also believe that the benefits of ongoing mentorship should be discussed in the mentor training, and supervisors should continue to check in with mentors to determine their level of contact with previous mentees after that six weeks to encourage them to contact them in a non-scripted, personal way for those additional touch points. All of these

suggestions that I intend to make to our leadership team to improve the mentorship program encompass the five findings that arose from my dyadic interviews, as well as the five areas of psychological safety outlined previously.

5.0 Reflections

As the leader of this improvement science project, I learned first and foremost my passion to enhance psychological safety through mentorship. I personally have trouble adjusting to new work roles and find new hire processes overwhelming and, at times, isolating. This personal experience led to my initial investment in this project and commitment to enhance our mentorship program to help increase team psychological safety.

As I continued to learn about improvement science, I became aware of my interest in its details and logistics, even more than the implementation aspect. For example, as a scholar practitioner, I enjoy the research aspect thoroughly as well as writing outlines, programs, and curricula that address problems of practice within organizations. As a leader, I prefer to develop rather than implement these programs. However, I now view improvement science, and the formative evaluation aspects it can provide, as an essential part of bettering organizations, which in turn can better the lives of employees.

As a scholar dedicated to improving programs, I also learned how much the idea of psychological safety excites and inspires me. As someone who comes from a mental health background, I tend to view problems through a psychological lens already, and now more than ever, I see psychological safety as one of the main roots of organizational issues. Even if the problem of practice does not initially appear to be about this, I now have evidence to support the fact that psychological safety can be an excellent foundation on which to build when addressing a myriad of concerns.

Moving forward as a scholar practitioner, I plan to begin with the concept of psychological safety and the existence (or lack thereof) of its five areas—voice, team learning, work engagement,

interpersonal risk-taking, and support. Before confronting organizational problems, I will begin to look through this lens and ask strategic questions related to these areas. I will also determine first the possibility that mentorship can help with these areas. For example: Do team members feel heard? Do they feel like they can use their voices without repercussion? Can they point out errors and discrepancies? Do they feel that they can arrive at work as themselves? Do they feel close and connected to other colleagues? Do they have opportunities embedded in their roles to collaborate and learn with other team members? Do their roles engage and inspire them, or are they simply expected to arrive and do their work? Do they have someone other than their supervisor to whom they can turn for support? These questions are now ones that I consider when reflecting on a multitude of organizational problems.

All of this knowledge has culminated in my deep understanding of psychological safety's importance for overall job performance and satisfaction. While I believe that mentorship with new hires is one of the best ways to nurture employees' psychological safety from the beginning of their work experience, I also recognize that this can be addressed in various ways. In whatever way psychological safety is addressed in an organization, focusing on this can change the way a person arrives to work and engages in their role and with team members each day. From my research and dyadic interviews, I gained a significant amount of insight into psychological safety and mentorship's importance in the workplace. With that said, I want to end with a quote from one of my interviewees that exemplifies the gravity of feeling psychologically safe at work:

If I don't feel psychologically safe, I am not able to show up as myself at all, to any place, any event, any function. If I don't feel safe, I am not able to show up as myself, I'm kind of playing in the back, I'm being quiet, I'm offering nothing to the team itself, do just what

you tell me to do and move forward. So really, I'm not able to make any real contribution to the team, if I don't feel safe in the environment (Interviewee, March 17, 2023).

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