



Mentoring Practices Benefiting Pediatric Nurses^{1,2,3}

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Previous studies examining predictors of pediatric nurse protégé mentoring benefits demonstrated that protégé perception of quality was the single best predictor of mentoring benefits. The ability to identify the mentoring practices that predict specific benefits for individual nurses provides a better understanding of how mentoring relationships can be leveraged within health care organizations promoting mutual mentoring benefits. This descriptive correlational, non-experimental study of nurses at a northeast Ohio, Magnet[®] recognized, free-standing pediatric hospital advances nursing science by demonstrating how mentoring practices benefit pediatric nurse protégés.

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MENTORING HAS EMERGED as an essential element of nursing satisfaction, workforce recruitment and retention efforts, and identified as a key element of the work environment in Magnet[®] recognized organizations (American Nurses Credentialing Center, 2013; Buffington, Zwink, Fink, DeVine, & Sanders, 2012; Halfer, 2007; Halfer, Graf, & Sullivan, 2007; Lartey, Cummings, & Profetto-McGrath, 2013; Latham, Ringl, & Hogan, 2011; Long, McGee, Kinstler, & Huth, 2011). The value of mentoring for individuals and their organizations is evident in the healthcare literature (Latham, Ringl, & Hogan, 2011; Trossman, 2013). Further, the literature quantifies the specific individual and organizational benefits of mentoring among staff nurse protégés (Jakubik, 2007; Jakubik, 2008; Jakubik, Eliades, Gavrilloff & Weese, 2011). Although the value of mentoring and its evidence-based outcomes are well

known, there is limited evidence regarding how to mentor (Jakubik, 2012). The identification of specific mentoring practices which would elicit mentoring benefits for individual nurses and their organizations is needed (Jakubik, 2012). This article presents the results of a nurse mentoring study which identified six specific mentoring practices and their relationship to six previously defined nurse mentoring benefits among pediatric staff nurse protégés. This study, therefore, contributes to a contemporary understanding of how mentoring practices can be used to elicit the benefits of mentoring among pediatric staff nurse protégés.

Literature Review

PubMed and CINAHL were searched for nursing literature published in English from the last 10 years. Key words included: mentoring, retention, Magnet[®], satisfaction, job enjoyment, pediatrics.

Mentoring in Nursing

Mentoring is an intentional, long-term relationship focusing on professional development and career advancement (Fawcett, 2002). Mentoring is a triad relationship between an experienced

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nurse, a less experienced nurse, and the organization in which they work (Jakubik, 2007; Jakubik, 2008; Jakubik et al., 2011; Zey, 1991). A mentor shares professional knowledge, skills, and experience through a long-term relationship to promote the protégé's professional development (Jakubik, 2008). A mentor is different from a preceptor. Precepting focuses on orientation of the new nurse to develop clinical skills, become oriented to the unit, and acclimated to the work environment (Funderburk, 2008). A preceptor fulfills a structured, time-limited, job training role. In contrast, mentoring is a long-term, sharing relationship that benefits both participants and the organization. The literature supports mentoring in clinical practice, leadership, and for specific professional development, such as research or evidence-based practice mentors, and to promote a healthy work environment, etc. (Kelly, Turner, Speroni, McLaughlin, & Guzzetta, 2013; Krause-Parello, Sarcone, Samms, & Boyd, 2012; Latham, Ringl, & Hogan, 2011; Leung, Widger, Howell, Nelson, & Molassiotis, 2012; Long, McGee, Kinstler, & Huth, 2011; Wilson, Kelly, Reifsnider, Pipe, & Brumfield, 2013).

Mentoring Research

Most mentoring research is descriptive and focuses on the role aspects of mentors (Cameron-Jones & O'Hara, 1996; Chow & Suen, 2001; Darling, 1984; Fagan & Fagan, 1983; Harvey, 2012; Hayden, 2006; Neary, 2000; Walsh & Clements, 1995). There has been tremendous interest in mentoring of novice and advanced beginner staff nurses in Magnet[®] recognized hospitals, however, mentoring past the first year of practice has not been well addressed (Beecroft, Kunzman, & Krozek, 2001; Benner, 1984; Clarke-Gallagher & Coleman, 2004; Hom, 2003; Pinkerton, 2003; Rush, Adamack, Gordon, Lilly, & Janke, 2012). Mentoring has been proposed as an important method to recruit and retain nurses and to promote knowledge and skill development (Allen, 2002; Chen & Lou, 2013; Chenoweth, Merlyn, Jeon, Tait, & Duffield, 2013; Fawcett, 2002; Greene & Puetzer, 2002; Hom, 2003; Latham, Ringl, & Hogan, 2011; Oermann & Garvin, 2002; Pinkerton, 2003).

Beginning with Vance in the 1980s to the present time, mentoring is a clear tool for leadership development in nursing (Galuska, 2012; Jakubik et al., 2011; Vance, 1982). Mentoring beyond orientation was a key recommendation suggested by novice nurses to enhance quality of work life (Maddalena, Kearney, & Adams, 2012). Experienced practitioners may benefit from mentoring to improve leadership skills and facilitate career progression (Harriss & Harriss, 2012; Lartey, Cummings, & Profetto-McGrath, 2013; Latham, Ringl, & Hogan, 2011; Owens & Patton, 2003).

Mentoring Perspectives

The argument is emerging in the literature for a mentoring paradigm shift in nursing from dyad to triad perspective. Studies demonstrate the value of a triad mentoring

perspective (protégé, mentor, and organization) to capture both individual (protégé and mentor) and organizational benefits of mentoring (Jakubik, 2007; Jakubik, 2008; Jakubik et al., 2011; Zey, 1991). Zey's mentoring model is consistent with the classic business paradigm of mentoring as a triad (mentor, protégé, and organization) so prevalent in the business literature (Scandura, 1992; Zey, 1991), as compared to the dyad (mentor and protégé) paradigm which is typical of the service professions (Harriss & Harriss, 2012). Zey's study incorporated organizational outcomes such as retention, succession planning, and promotion in the model's higher level mentoring activities, which are not typically included in the assumptions of a dyad approach to mentoring which focuses on protégé outcomes of learning and feeling supported by the mentor. Jakubik's research applied Zey's mentoring model to nursing practice in the development of a research agenda and associated research instruments to study mentoring in nursing from a triad perspective that would incorporate organizational outcomes.

Mentoring Benefits

Research demonstrates the benefits of mentoring in nursing practice. However, replicable predictors of mentoring benefits have been limited. Prior to this study, Jakubik's studies among pediatric staff nurse protégés representing multiple healthcare organizations across 26 states demonstrated that quality was the single best predictor of mentoring benefits overshadowing other predictors including: length of employment/retention, mentoring type (formal versus informal), and mentoring quantity (Jakubik, 2007; Jakubik, 2008; Jakubik et al., 2011). Although there is strong evidence in the literature to support the benefits of mentoring, evidence on how to elicit those benefits through mentoring (i.e. mentoring practices) is lacking. It is, therefore, the purpose of this research to elicit the mentoring practices that will predict mentoring benefits.

Health care organizations and the nursing profession are in need of a clear and consistent body of knowledge related to mentoring that identifies specific mentoring practices and benefits in nursing practice. Without solid evidence of specific mentoring practices and their associated benefits, it will be increasingly difficult to develop and gain support for effective mentoring initiatives that support nurses in their practice.

Theoretical Framework

The theoretical framework guiding this study was Zey's Mutual Benefits Model applied to nursing practice (Zey, 1991). Zey's model views mentoring as a triad relationship among the mentor, protégé, and the organization in which they work. According to this model, there are mentoring activities and benefits which occur for each member of the triad mentoring relationship. In Zey's model, the mentoring activities and related mentoring benefits include: teaching

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