



Mentoring experiences of psychiatric nurses: From acquaintance to affirmation

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SUMMARY

Mentoring is regarded as involving a voluntary and mutually beneficial relationship in which one person is experienced and knowledgeable (mentor) who supports the maturation of a less-experienced person (mentee). While there have been studies on mentorship in a wide range of areas within nursing, so far studies on psychiatric nursing are scarce. The hallmark of psychiatric nursing is the use of interpersonal process as a means of bringing about positive health changes in the clients. If psychiatric nurses are involved in mentorship, they can, through experiential learning, be nurtured to use interpersonal process as therapeutic tools in their work more effectively. This study examines the mentorship experiences of psychiatric nurses. Personal accounts of 27 psychiatric nurses were analyzed using qualitative methodology. Results of the study shed light on the role of mentorship in facilitating the socialization of psychiatric nurses and revealed the main aspects involved in this process. Four themes experienced by mentees during the mentoring process are the key to its success. These are: becoming acquaintances, developing bond, feeling being included and obtaining affirmation. These themes were found to be progressive in terms of mentees' degree of connection with their mentors and their involvement in the nursing profession.

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Introduction

Mentoring has been acknowledged as a significant process within the nursing profession. Studies on mentoring in nursing have indicated its benefits to both mentors and mentees. Whereas, these studies have been conducted in a wide range of areas within nursing, examinations of mentorship in psychiatric nursing are scarce. This paper aims at examining the mentorship experiences of psychiatric nurses in their respective processes of professional socialization. Following a literature review on the role of mentorship in the professional socialization of nurses and its additional benefits to psychiatric nurses, the paper reports on a qualitative study undertaken among psychiatric nurses in one mental hospital of Hong Kong. It presents and discusses the results and draws some theoretical and practical implications for facilitating the mentoring process within psychiatric nursing.

Literature review

Mentoring was found to be an essential part of nurses' professional socialization without which they cannot move along their career path from novice stage to the final expert stage (Benner, 1984). Professional socialization of nurses is defined as the acquisition of a

knowledge base and practical skills, and the assimilation of values, norms and accepted modes of behaviour (Hamilton, 1996; Watson, 1981). Literature highlights that mentees' professional socialization and construction of professional identities are shaped by their mentorship experiences (Benner, 1984; Kilcullen, 2007; Megel, 1985). Therefore the use of mentoring has been advocated as a primary strategy to establish supportive work environments and facilitate the ongoing career development of nurses (National League for Nursing, 2006).

Mentoring has been acknowledged as a significant process within the nursing profession which is also beneficial to the mentors. The study of Hinton (2009) indicated that successful teaching and nurturing a mentee could be a very satisfying experience for the mentor. Mentoring also helped keep the practising mentors updated and allowed them to network further in the profession through their mentoring work (Hinton, 2009). The study of Grindel and Hagerstrom (2009) revealed that a well-monitored and supported mentorship programme might as well be effective in improving retention of nurses.

Mentoring relationships which provide role socialization and means of intra-professional nurturing (Kopp and Hinkle, 2006) are essential to the success of mentoring. Studies of Bally (2007) and Hurst and Koplin-Baucum (2003) reflected that such relationships involved the undertaking of certain roles and responsibilities which include teaching, counseling, confirmation, acceptance, friendship, protection, coaching, and sponsorship. The relationships are intended to achieve safe and competent nursing practice through influencing

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the form, quality, and outcome of the career path of both the mentee and the mentor (Greene and Puetzer, 2002).

Literature review on recent definitions of mentoring in nursing reveals that it is regarded as a relational process in which mutual attraction and respect, and subscription of time and energy of both mentor and mentee in the relationship are deemed necessary (Bally, 2007; Fawcett, 2002; Kopp and Hinkle, 2006; Smith and Zsohar, 2007; Wilkes, 2006). Mentoring is perceived as involving a voluntary, mutually beneficial and usually long-term professional relationship in which one person who is experienced and knowledgeable (mentor) supports the maturation of a less-experienced person (mentee). This relationship is found to reduce anxiety of novice nurses in their transition to practice (Ali and Panther, 2008; Greene and Puetzer, 2002; Hall, 2006; Pullen et al., 2001; Stewart, 2006); facilitate their self-efficacy in undertaking a new role successfully and becoming a fully participating members of the nursing profession (Hayes, 2005; Stewart, 2006); and secure the future of the nursing profession (Andrews and Wallis, 1999; Copper, 1990; Donner and Wheeler, 2007; Grindel and Hagerstrom, 2009; Price and Balogh, 2001).

A substantial body of literature clearly demonstrates that novices tend to hold negative views towards psychiatric nursing and the care of mental patients before they undertake clinical experience in the area (Bell et al., 1998; Happell and Rushworth, 2000; Stevens and Dulhunty, 1997) and that they tend to feel less prepared for practice in this area than is the case for other fields of nursing (Wynaden et al., 2000). Furthermore, the nature of involuntary admission status and clients being forced to comply with treatment may also be a contributing factor in increased novices' distress (Fisher, 2002; Suikkala and Leino-Kilpi, 2001). However the study of Higgins and McCarthy (2005) indicated that mentors appeared to play a key role in helping novice psychiatric nurses adjust to the practice settings.

Mentoring is perceived to have additional value in psychiatric nursing due to the relational process inherent in it. Helpful interpersonal relationships have been the focus of nursing and are the hallmark of the psychiatric nursing specialty (Murray, 2002). Psychiatric nursing is defined by Martin (1992) as a branch of nursing that particularly uses interpersonal process as a means of bringing about positive health changes in patients. The emphasis is on interpersonal process and more specifically on therapeutic communication and the therapeutic use of self (Raingruber, 2003; Silverstein, 2006). Therefore it can be assumed that if psychiatric nurses are involved in mentorship, they may, through experiential learning (Sewchuk, 2005), be nurtured to use interpersonal process as therapeutic tools in their work more effectively. The study of Higgins and McCarthy (2005) revealed that mentors in psychiatric nursing acted as powerful role models for mentees in matters of building therapeutic relationships with clients.

Methodology

Design

Mentoring experience can be recreated by the respondents some time after the event through reviewing what has taken place in the past. The study of Kinsey (1990) reported that respondents recalled those incidents as if they had occurred the day before, rather than 10, 15 or even 20 years ago. A qualitative design was adopted to reveal the process involved in the respondents' past mentorship experiences. This is a retrospective study with focus put on the evolution of the relationship in between the mentor and the mentee. The examination focused on respondents' views, beliefs and feelings concerning their interactions with their mentors.

Sampling and data collection

Purposive sampling (Creswell, 2007) was employed with years of experience as the sample parameter. Respondents were selected

based on their experiences with the mentoring process under investigation. It was expected that the longer the service, the more the experiences with their mentors they would recall. They might have encountered various mentors during different stages of their career development, such as a novice in the nursing profession or as a novice in a particular psychiatric nursing specialty. Therefore ten or more accumulative post-graduation years of service in the psychiatric nursing field was considered the most relevant sample parameter.

Open-ended questionnaires about respondents' experiences with their mentors were sent to one hundred target nurses in the psychiatric hospital that one of the researchers was working in. Respondents were asked to write whatever came to their minds in as much details as they could remember and feel comfortable. Personal information to be put down was the years of service and the rank of the respondent.

The 5 questions asked were as follows:

- 1) Under what circumstances you got acquainted with your mentor? Please describe more how the relationship was formed.
- 2) How would you describe the one mentioned in the previous question as a mentor? Please substantiate your description with examples.
- 3) Please describe how your work life could be different without the mentor.
- 4) Please recall 2 most memorable experiences with your mentor and describe what made these experiences unforgettable.
- 5) How had your experience as a mentee affected your being a mentor today? Please provide examples.

A letter explaining the purpose of the study, respondents' rights, the anonymity of the questionnaire and how the information would be used was sent to the target nurses together with the questionnaires. Eventually twenty-seven completed questionnaires were returned. Years of service of the respondents ranged from 10 to 32 with mean years of service being 19 and they were of various ranks. There were 5 Enrolled Nurses, 7 Registered Nurses, 5 Nursing Officers, 3 Advanced Practice Nurses, 4 Ward Managers, and 3 respondents are of the ranks of either Senior Nursing officer (SNO), Department Operation Manager (DOM) or General Manager (GM) (Nursing).

Data analysis

To safeguard truthfulness, we adopted the inductive approach suggested by Seidman (2006) and came to the respondents' narratives with an open attitude, seeking what emerges as important and of interest from the text. Analysis was achieved by making and analyzing thematic connections of the data (Seidman, 2006).

Respondents' written descriptions were analyzed in a part-to-whole dialectic within each description and across descriptions. The individual descriptions were analyzed and then viewed in the context of all the descriptions. Data were then coded. When coding was achieved, the codes were compared with one another and similar codes were clustered into themes. Themes were then compared to identify connections. When we came to report our findings, the process of writing and rewriting was crucial (Moustakas, 1994). The progression from identification and comparison of themes to a coherent picture of the whole occurred through the reflective process of writing and rewriting. We had borne in mind to present the respondents' experiences in enough details and in sufficient depth that those who read our study can connect to those experiences and deepen their understanding of the mentoring phenomenon of the psychiatric nurses under study.

Ethical issues

Qualitative design research brings with it unique ethical considerations, involving informed consent, anonymity and confidentiality, data generation, and researcher–respondent relationship (Corbin and Morse,

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