

NURSE MANAGERS' RESPONSIVE COACHING TO FACILITATE STAFF NURSES' CLINICAL SKILLS DEVELOPMENT IN PUBLIC TERTIARY HOSPITAL

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Abstract

Background: Mentoring helps cultivate nurse leaders, retain nurses, and diversify the nursing workforce. By strengthening the nursing workforce, nursing mentorship improves the quality of patient care and outcomes. Widespread uses of nurse mentoring programs have been employed to produce positive outcomes and decrease turnover and assess job satisfaction.

Purpose: The purpose of the study is to assess head nurse mentoring competency in relation to staff nurses' career advancement in selected government hospitals to broaden the array of perspective among public hospitals

Methods: The researchers employed descriptive-correlational that glanced into the relationship of certain levels in the mentoring competency of head nurses in relation to staff nurses career advancement.

Results: Majority of the nurse-respondents have indicated good remarks on the components of relationship building in public hospitals; and very good competency on the components of identifying areas for improvement; responsive coaching; advocating for an environment conducive to good patient care; and documentation/record keeping.

Conclusion: Nurse manager-mentors in public hospitals are very good on mentoring in identifying areas for improvement, responsive coaching, advocating for an environment conducive to good patient care, and documentation/record keeping, but, good about relationship building.

Keywords: Relationship Building, Responsive Coaching, Nurse Managers, Clinical Skills Development.

Background

Mentoring helps cultivate nurse leaders, retain nurses, and diversify the nursing workforce. By strengthening the nursing workforce, nursing mentorship improves the quality of patient care and outcomes. Widespread uses of nurse mentoring programs have been employed to produce positive outcomes and decrease turnover and assess job satisfaction. Mentoring programs foster support and socialization of new nurses to an organization. Mentoring has been an effective strategy for nurturing nurses in the increasingly stressful and challenging health care work environment. Mentoring is especially useful in helping novice nurses in the healthcare world, improve their self-confidence, understand moral and ethical issues and develop real-world skills not covered in nursing school. Mentoring helps more experienced nurses move into leadership positions and shift the focus of their careers.

Nursing has always been a noble profession and mentoring is essential in the career development of both novice and experienced nurses in the areas of clinical practice, nursing education, leadership and management, and research. Nursing profession is one that stretches nurses to the maximum while at work, but considered one of the most exhilarating jobs known today since nurses are recognized vital for all health care system in the world. However, career satisfaction in nursing may be a critical element in retaining nurses in the profession in which mentoring may be a strategy towards professional growth.

Mentoring is important to professional development. Mentoring has been defined as a relationship in which senior and influential person with advance experience and knowledge provides support and mobility in advancing career and professional development of a mentee. Mentoring

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has proven to be a successful way of facilitating the professional growth and development of recently graduated nurses and other nurses transitioning to a new role. Mentoring is not only a benefit to novice nurses but to the nurse mentors in practice as it encourages them to keep up-to-date regarding nursing knowledge, keeps their skills fresh, and pushes these nurses to adhere to evidence-based practices (Denman, 2017).

Competence is a multifaceted and dynamic concept that refers to the understanding of knowledge, clinical skills, interpersonal skills, problem-solving, clinical judgment, and technical skills by the different professions (Woods and Early, 2014). Other definitions include fundamental abilities and capabilities to do the job well, and use descriptive language such as traits, capabilities, intelligence, and human abilities to describe competence. Actual competencies are specific skills and behaviors. Some authors believe that competencies can be learned but some are inherited, that some competencies are skills that decrease when not used, and that some are on a continuum. Organizations are being encouraged to identify competencies that employees need to operate successfully. These competencies then can be used in selection, promotion, appraisal, and career guidance. (Carroll and Barnes, 2015)

Given the changing dynamics of the health care system, the current structure for nursing career advancement needs careful reevaluation and reconceptualization. Presently, most career advancement structure emphasizes and rewards staff nurse's abilities and competencies in their clinical practice areas. The structure does not incentivize nurses to be leaders at the end of care, nor does encourage clinical nurses to pursue, engage and/or acquire a formal advanced degree, while remaining in clinical or frontline of nursing practice.

The purpose of the study is to assess head nurse mentoring competency in relation to staff nurses' career advancement in selected government hospitals to broaden the array of perspective among public hospitals for nurses to move towards identifying, designing and implement a career advancement structure within clinical practice that allows nurses prepared to a higher level of education and training in clinical practice, contribute and articulate nursing's role to high-quality health care among multi-disciplinary care teams.

Methods

Research Design

The researchers employed descriptive-correlational research design in gathering the necessary

information in the study. Descriptive correlational study glanced into the relationship of certain levels or variables like the mentoring competency of head nurses in relation to staff nurses career advancement in selected government and private hospitals towards a model for professional nursing development.

Respondents of the Study

The sample in this study were staff nurses working in the government hospital who experience mentoring from their nurse managers. These were nurses who provide direct patient care and currently assigned in either general nursing units or special areas of the hospital. Non-probability convenience sampling method was used to select the participants in the study.

Research Instrument

The researcher used three-part research instrument. First part asked for profile characteristics of staff nurse respondents; second part pertained to Mentoring Competency Assessment Tool, adopted from an open-access and validated Clinical Mentoring Toolkit; and third part referred to Clinical Advancement Assessment Tool, adopted from an open-access and validated Employee Career Development Questionnaire. Mentoring competency was evaluated using a 4-point Likert scale. The 20-item mentoring competency research instrument is an open-access validated instrument often used in international studies to identify the impact of mentoring program.

Statistical Treatment of Data

The data gathered in this study were statistically treated using the Statistical Package for Social Sciences Software (SPSS) program software. In finding the answers to specific problems, the researcher used the following tools: frequency and percentage, weighted mean, T-Test, Analysis of Variance (ANOVA), and Pearson R.

Ethical Consideration

Ethical guidelines were followed for the whole research period. The researcher submitted the study for review and approval of the Ethics Review Board of the university. It followed the National Ethical Guidelines for Health and Health-Related Research 2017 prepared by the Philippine Health Research Ethics Board.

Results

The largest age group among the sample was between 21 to 29 years old with 68.3%. Incidentally, none of the staff nurse respondents was over 50 years old. Majority of the respondents

are millennials and relatively new in the profession. The older and experienced nurses usually move on to seek out other professional career opportunities outside the country. Incidentally, early retirement or migration option may be a factor for fewer middle aged respondents. The greater proportion of younger nurses is a reflection of the current nursing population being dominated by millennial graduates practicing and gaining clinical experience. Middle-aged nurses have relatively low population which may be indicative that most of the nurses in this particular generation have already emigrated or have engaged in a different career path.

Majority are female with 76.9% which comprise three times the number of males with only 23.1%. This proportion asserts that nursing profession remains a female-dominated vocation. Sex profile relates to the notion that sex differences may be associated to various workplace variables as well as mentoring benefits and opportunities for career advancement. Females are seen as natural care providers, their natural instinct to tend for their young is honed through evolution and through the formalization of the nursing profession. As proof to their instinctive compassion, female nurses dominate the profession. However, at the turn of the century, male nurses have entered the profession because of the greater demand for care workers. What used to be female-only profession now exists in diversity as evidenced by nurses from different age, sex, race and backgrounds who can respond to the challenge of caring and compassionate profession that is nursing.

Most of the staff nurse participants have Bachelors degree in (89.4%). Only few have Masters degree (10.6%) and no one has Doctorate degree yet. Similar to age distribution, the ratio in educational qualification of the staff nurse respondents may also be attributed to generational diversity in the current workforce in which the vast majority younger generation of nurses had not been quite motivated to invest on education. Nurse managers and staff nurses all share in the responsibility of adopting strategies to foster good co-worker and supervisor relationships and establishing policies and systems that reduce the risk for fatigue and

related health problems in the workplace. Perceptions on efficient mentoring and positive practice environment may vary across ranks in position in the hospital setting.

The group of respondents who had been working anywhere between 5 and 10 years represented the most numerous respondents (80.9%). Nursing experience among the staff nurse respondents may also be attributed to several workplace variables that may have an implication on the current nursing workforce. Experience is considered as the best teacher and the impact of productive experience cannot be underestimated. Work place experience is not left out especially among nurses when they hold an important job in coping with stress and challenges. Length of experience which includes effective management of usual sources of stress, that is workload, leadership/management issues, professional conflicts and emotional demands of caring, have been identified consistently by nurses for many years and it is not surprising that they all relate to the main generic characteristics of practice. The longer a nurse is in the service, the more he gets accustomed to the way hospital duty works.

The staff nurse respondents are currently employed or connected with public hospitals (49.7%). Hospital of employment can be integrated as factor of appreciation of work environment, administrative support mechanisms, and professional advancement in which mentoring program somehow benefits career development of staff nurses. Working in government hospital is perceived to be compounded with heavier work load in which most nurses work for 40 to 50 hours a week. This might be equated with mentoring program which affects nurses' performance in their workplace. Some hospitals have typically limited bed capacity yet more equipped and offer more personalized care. Because of the standards maintained from various accrediting agencies, they are more expensive due to highly specialized care. Amenities and equipment are readily available to both staff and patients, enhancing efficiency and resourcefulness. Having more mentors at work and having more time for research engagement maximizes healthcare workers' performance towards professional development.

Table 1: The Assessment of Staff Nurse Respondents of Their Nurse Managers' Mentoring Competency in Public Hospitals in Terms of Relationship Building

Variables	Overall Mean	Verbal Interpretation
1. The mentor shows respect for mentees' experiences, ideas, and contributions and encourages them to speak out freely and ask questions.	3.24	Competent Enough
2. The mentor demonstrates active listening skills such as allowing —wait time for responses and encouraging mentees to express ideas and make recommendations.	3.33	Highly Competent

3. The mentor demonstrates good working relationships with the other team and staff of different areas.	3.10	Competent Enough
4. The mentor demonstrates good working relationships with all of the patients confined in area of assignment.	3.09	Competent Enough
Overall Mean	3.19	Competent Enough

Legend: 3.26 - 4.00 – Highly Competent / Very high / Very good, 2.51 - 3.25 - Competent Enough / High / Good, 1.76 - 2.50 – Incompetent / Low / Average, 1.00 - 1.75 – Very Incompetent / Very low / Poor

Majority of the nurse-respondents have indicated high competency on the components of relationship building in public hospitals. The strongest factor in the assessment of staff nurse respondents pertains to the mentor who demonstrates active listening skills. The relationship could promote the professional and personal growth of the protege through coaching, support, and guidance. Proteges have the opportunity to ask questions and share their concerns and problems with their mentors about career planning and career advancement in the organization. Ideally, mentors provide support, challenge, and vision to their protege through a formal or informal process described a mentee as a junior professional who has less training and skills than their mentor does.

Mentoring, one form of relationship-building, is an opportunity for nurturing potential in someone who

wants to grow and develop. Mentoring can take the traditional form of an ongoing relationship in which a mentor and a mentee meet on a regular basis to help the mentee develop her/his career, or it can be a shorter-term process of helping to nurture a mentee's growth during one or a few teachable moments. New nurses struggle during their transition to the clinical setting. The biggest obstacle is the giving and receiving of feedback. When novice nurses receive criticism, they often take it personally or as an attack on their competence. Incorporating a hospital-based education program on how to give and receive feedback for both mentors and mentees would assist mentors in their role. By addressing issues in building good relationship in a hospital setting before beginning the mentor-mentee relationship, new nurses would be better prepared to begin their transition into the profession.

Table 2: The Assessment of Staff Nurse Respondents of Their Nurse Managers' Mentoring Competency in Public Hospitals in Terms of Identifying Areas for Improvement

Variables	Mean	Verbal Interpretation
1. The mentor constantly assesses the mentees' needs and accurately identifies deficits in quality of care in the assigned area.	3.25.	Competent Enough
2. The mentor assesses and identifies the needs across hospital units that could be addressed with assistance and support.	4.00	Highly Competent
3. The mentor encourages self-assessment of mentee's strengths and needs for improvement.	2.92	Competent Enough
4. The mentor demonstrates effective feedback and instruction mechanism that are appropriate to the mentee's needs	3.05	Competent Enough
Overall Mean	3.31	Highly Competent

Legend: 3.26 - 4.00 – Highly Competent / Very high / Very good, 2.51 - 3.25 - Competent Enough / High / Good, 1.76 - 2.50 – Incompetent / Low / Average, 1.00 - 1.75 – Very Incompetent / Very low / Poor

Majority of the nurse-respondents have indicated very high remarks on the components of identifying areas for improvement in public hospitals. The strongest factor in the assessment of staff nurse respondents pertains to the mentor who assesses and identifies the needs across hospital units that could be addressed with technical assistance and support. A strong clinical mentorship is essential to have staffing levels and skill mix based on patient dependency, not on numbers of beds. Nurses need time to provide the care their patients need. Nurse managers should

manage their nursing workforce directly. Nurses need a work environment that is well equipped and promotes patient dignity. Patient care should never be compromised by a lack of resources. Nurse mentors with influence and real power on trust and commissioning boards can make tremendous difference in performing competent practice. Nurse mentor must brainstorm ways to maximize effective use of your time each day. It is important to emphasize cultural awareness as essential to giving complete, patient-centered care. Different cultural beliefs and values influence a patient's

view of health, wellness, care, acceptance of and adherence to treatment, and even death. Tackling work with a sense of professionalism reflects dedication to the altruistic ideals of the nursing profession. Nurses should always exhibit professionalism in front of patients, but also with colleagues as well. Nurses must be problem-solvers. Time and resources are always in short supply, and the to-do list is long. Skills that help bring these into balance will make your life much easier. Critical thinking integrates information, evidence, outcomes, and experiences, and translates them into effective plans and solutions for patients. Nurses are on the front lines dealing intensely with

patients, their families, and barriers in the healthcare system. Maintaining compassion is essential to providing good care.

Identifying areas for improvement is one systematic approach used by mentors to improve productivity and competence, through a process of analysis, intervention selection and design, development, implementation, and evaluation designed to influence human behavior and accomplishment. The principal goal is to identify and develop a set of interventions that solve or mitigate barriers to performance and professional development of nurses.

Table 3: The Assessment of Staff Nurse Respondents of Their Nurse Managers' Mentoring Competency in Public Hospitals in Terms of Responsive Coaching

Variables	Mean	
1. The mentor identifies and takes advantage of —teaching moments when it is need and demonstrates a strong foundation in clinical skills, knowledge, and judgment.	4.00	Highly Competent
2. The mentor makes follow-up with the mentee on gaps or issues identified in previous mentoring sessions	3.96	Highly Competent
3. The mentor models effective patient communication strategies through open-ended questions.	3.02	Competent Enough
4. The mentor gives enough time and instruction to ensure that mentee gets a clear understanding of concepts.	3.34	Highly Competent
Overall Mean	3.58	Highly Competent

Legend: 3.26 - 4.00 – Highly Competent / Very high / Very good, 2.51 - 3.25 - Competent Enough / High / Good, 1.76 - 2.50 – Trialpentent / Low / Average, 1.00 - 1.75 – Very Incompetent / Very low / Poor

Majority of the nurse-respondents have indicated very high remarks on the components of responsive coaching in public hospitals. The strongest factor in the assessment of staff nurse respondents pertains to the mentor who identifies and takes advantage of - teaching moment| when it is needed and demonstrates a strong foundation in clinical skills, knowledge, and judgment. Nurse managers' coaching is critical to the success of any organization. They are the key interface with patients and nursing staff. Coaching is an effective way to develop confidential relationship with a seasoned leader who sustains performance while providing an exploratory environment. When

coaching services are requested by staff nurses, this is the ideal platform for building a strong coaching relationship. But no matter what the circumstance, the coaching relationship must be built on mutual respect, reflective thinking, and honest, non-threatening communication. Understanding that a coaching relationship is not a personal friendship is critical to success. The ability to agree on a desired course establish structured goals, and communicate effectively about progress toward goals is the foundation for effective coaching. Personal issues might come up in the relationship, but they should be kept to a minimum.

Table 4: The Assessment of Staff Nurse Respondents of Their Nurse Managers' Mentoring Competency in Public Hospitals in Terms of Advocating for An Environment Conducive to Good Patient Care

Variables	Mean	Verbal Interpretation
1. The mentor refers mentees to appropriate resources such as policy guidelines and clinical reference tools.	3.34	Highly Competent

2. The mentor helps mentees problem-solve ways to promote a multidisciplinary approach to care at the site.	3.19	Competent Enough
3. The mentor provides an appropriate technical assistance regarding systems-level change at the site particularly improving patient flow.	3.08	Competent Enough
4. The mentor recognizes mentees' accomplishments in providing quality care and promotes good work climate that motivates efficient coordination across nursing units	3.96	Highly Competent
Overall Mean	3.39	Highly Competent

Legend: 3.26 - 4.00 – Highly Competent / Very high / Very good, 2.51 - 3.25 - Competent Enough / High / Good, 1.76 - 2.50 – Incompetent / Low / Average, 1.00 - 1.75 – Very Incompetent / Very low / Poor

Majority of the nurse-respondents have indicated good to very good remarks on the components of advocating for an environment conducive to good patient care in public hospitals. The strongest factor in the assessment of staff nurse respondents pertains to the mentor who recognizes mentees' accomplishments in providing quality care and promotes good work climate that motivates efficient coordination across nursing units. Just as health care workers have a duty of care to their patients, mentors have a fundamental duty of care

to their staff nurses – to create a healthy work environment for them. Nurse managers have the potential to lead the way in improving health and health care for all, but in order to realize that potential they must operate in an environment that is safe, empowering, and satisfying. designed not only to support and facilitate state-of-the-art medicine and technology, patient safety, and quality patient care, but also to embrace the patient, family, and caregivers in a psycho-socially supportive therapeutic environment.

Table 5: The Assessment of Staff Nurse Respondents of Their Nurse Managers' Mentoring Competency in Public Hospitals in Terms of Documentation/Record Keeping

Variables	Mean	Verbal Interpretation
1. The mentor keeps accurate records of mentorship visits; uses appropriate tools to provide effective feedback to mentee regarding documentation in patient charts and other forms.	3.34	Highly Competent
2. The mentor provides feedback to mentee regarding training technical assistance needs, and made recommendations to appropriate people.	3.09	Competent Enough
3. The mentor creates an effective process to address problems that often occur in the exchange of information across hospital units.	3.58	Highly Competent
4. The mentor maintains good communication with mentees by providing enough guidance that is essential for improving nursing practice.	3.07	Competent Enough
Overall Mean	3.27	Highly Competent

Legend: 3.26 - 4.00 – Highly Competent / Very high / Very good, 2.51 - 3.25 - Competent Enough / High / Good, 1.76 - 2.50 – Incompetent / Low / Average, 1.00 - 1.75 – Very Incompetent / Very low / Poor

Majority of the nurse- respondents have indicated good to very good remarks on the components of documentation/record keeping in public hospitals. The strongest factor in the assessment of staff nurse respondents pertains to the mentor who creates an effective process to address problems that often occur in the exchange of information across hospital units. The documentation in the health system takes place in order to fulfill administrative and clinical purposes, while in the bibliography various nursing documentation types are reported:

notes of narrative type, the files which are directed to the problem, the files which are directed to the source, the recording by exception, the Kardex, the recording of each case and the electronic files. Even though the rules for a successful nursing documentation are many, qualitative nursing documentation should remain the focus point so that sufficient and individualized care of the patients is ensured.

Discussion

Majority of the nurse-respondents have indicated good remarks on the components of relationship building in public hospitals; and very good competency on the components of identifying areas for improvement; responsive coaching; advocating for an environment conducive to good patient care; and documentation/record keeping. The strongest factor in the assessment of staff nurse respondents pertains to responsive coaching (x 3.58) and the weakest remarks on relationship building (x 3.19).

Nurse managers who are highly competent in mentoring in clinical practice play an important role in facilitating the development of staff's clinical skills and experience. Mentor's support role is important to staff nurses' experiences of practice learning and positive mentor experiences affect nurses' decisions to remain in the nursing profession. Much of the mentoring responsibility and transfer of clinical knowledge to the novice nurses are also the mentor's responsibility. Novice nurses must be mentored by an expert or trained nurse mentor in their placement during these clinical practice periods. The mentor plays an important role in the novice nurses' learning and growth as professionals.

Nurse mentors have diverse needs for support in building their mentoring competence. Hence, healthcare organizations should provide nursing mentors with education that is based on their individual levels of mentoring competence. Nurses should also be encouraged to use time for reflective discussion with students during clinical practice. Mentoring is a vital process in nursing; it is a means for experienced nurses to orient and to facilitate acclimation of novice nurses to their new role. This process involves the art and science of guiding another through the purposeful actions of inspiring, coaching, teaching, directing, and leading an individual to a new place of cognition (Metcalf, 2018). Nurses teach and help other nurses by mentoring, which are crucial to maintain competency, encourage professional expertise, and promote leadership.

The mentor provides direction to work independently, promotes critical reasoning, and assures provision of standardized care while guiding the mentee to follow policies and procedures. Both the mentor and mentee are engaged and committed to nurturing the relationship. This nurturing relationship may be described as a covenant between the mentor, one who shares his experience and expertise, and the mentee, who looks to the expert for knowledge to contribute to personal growth, consultation, and career advancement.

The experienced mentor serves as a role model and instructor, and may work side-by-side with the mentee for the first few weeks of employment. The mentoring relationship may occur as a result of a structured orientation program and provide a smooth transition into the workplace. This arrangement encourages a balance of working independently, promotes critical reasoning, and assures provision of safe-effective care while following policies and procedures.

Responsive coaching has a positive impact on nurse retention, transition of the newly hired nurse, nurse satisfaction and engagement. Through increased nurse satisfaction and engagement, coaching may also support the improvement of patient satisfaction and outcomes. The nurse manager help employees develop good network. An important factor in the effectiveness of mentoring programs is providing mentees with diverse perspectives on their careers and professional dilemmas. Organizations have an important decision to make when they decide to address the mentoring needs of their employees. Choosing the right path for a particular organization requires consideration of structural features (goals, training, and types of relationships), matching processes, protege and mentor characteristics, organizational support mechanisms, and desired outcomes.

Conclusion

Nurse manager-mentors in public hospitals are very good on mentoring and in identifying areas for improvement, responsive coaching, advocating for an environment conducive to good patient care, and documentation/record keeping, but, good about relationship building. Investment in advocacy for positive practice environment and documentation competency are vital to improvements in culture, leading to best outcomes for patients and families, and a positive fiscal bottom line for hospitals. Nurse leaders at all levels can create positive learning environments, recognizing that nurses at the bedside are crucial to staff, unit, and organizational outcomes. Mentoring is one way to support this learning environment. Valuing professional growth as the key to unit excellence can go a long way in maintaining workplace cultures that are respectful, thriving, and healthy.

Conflict of Interest

The authors declares that there are no significant competing financial, professional, or personal interests that might have influenced the performance or presentation of the work described in this manuscript.

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