

Mentoring, Professional and Clinical Supervision, Preceptorship and Coaching

Introduction

New Zealand Nurses Organisation, Toputanga Tapuhi Kaitiaki o Aotearoa (NZNO) and Te Rūnanga o Aotearoa, Te Tiriti o Waitangi (te Tiriti) partnership encourages members to establish mentorship, supervision and/or coaching relationships and processes, including te ao Māori concepts to support nurses achieve their aspirations, contribute to workforce retention, recruitment, and stability, deal with the challenges of working in a health care environment that is diverse (clinically, professionally, and culturally) and ultimately improve health and wellbeing outcomes.

This guideline provides members with information and practical understandings on establishing mentoring, supervision and coaching relationships, including clarification on the difference between these concepts and preceptorship.

This document does not proclaim to cover all aspects of mentoring supervision, preceptorship, and coaching. We understand this document to be a starting point for members, as there is likely to practices and associated frameworks that may be more appropriate, dependent on professional and clinical cohort.

Mentorship

Mentorship, supervision, and coaching are valuable supports for nurses in clinical and non-clinical practice. These three terms are often used interchangeably to describe the support nurses and other health care workers receive from peers and more experienced colleagues. Preceptorship is a term that was developed to describe the relationship between student nurses and the experienced nurses who provide them with support during clinical placements. It is also used to describe the relationship between new graduates or new to area nurses and the experienced nurses who support them clinically.

Principles of Mentorship

Mentoring has been described as a valuable, fundamental tool that aids the development of the nursing profession (Andersen & Watkins, 2018; Olaolorunpo, 2019). Mentoring can be formal or informal. Formal mentoring is structured and conducted within an organisations structure. Informal mentoring is casual and unstructured (International Confederation of Midwives, 2020). Formal mentoring programs have been used in many countries to support and promote evidence-based practice, and improve nursing practice and clinical care, improve ability to cope with stressful work environments, develop skills in leadership enhancing career progression, support new graduate nurses entering the workforce, expand professional networks and improve retention of nurses (Hoover et al., 2020; Kakyō, Xiao & Chamberlain, 2021).

Mentorship of novice or new nurses is key to the development of safe effective practice as well as retention of nurses in the workplace (APNA, 2022; Bryan & Vitello-Cicciu, 2020). Mentoring can assist with orientation to a new role as well as providing support to navigate organisational policies, politics, and culture (Bryan & Vitello-Cicciu, 2020). Characteristics of effective mentoring include open communication, trust, and the setting of expectations.

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Definitions

Table 1: Definitions

Mentoring	<p><i>“Mentoring is a personal development practice structured around the relationship between a mentee/teina and a mentor/tuakana. Mentoring most often takes the form of a one-on-one relationship (the mentee/teina learns by engaging with a mentor/tuakana of greater experience) but may also involve peer-to-peer mentoring (sharing experiences with colleagues at a similar career level) and group mentoring (involving multiple mentees/teina and/or multiple mentors/tuakana) (Royal Society Te Apārangi. 2017).</i></p>
Mentor/Tuakana	<p><i>“A mentor is a more experienced, trusted adviser or counsellor who offers helpful guidance to less experienced colleagues. 2. A person who enters a relationship with a new nurse to provide him or her with a source of support and information as he or she learns new roles (Mosby’s Medical Dictionary - 2017).</i></p> <p><i>Tuakana never works in isolation of the Teina (Mentee), their relationship is an integral to te ao Māori (SLINZ, nd).</i></p>
Mentee/Teina	<p>A mentee is a person who receives advice, training, or guidance from a more experienced or skilled mentor. A mentee will often have specific skills or competencies they want to learn from their mentor, and the mentor may spend a designated amount of time tutoring or teaching them. Typically, a mentor and mentee will establish goals together and meet regularly to practice or learn new skills throughout the mentoring program.</p> <p>Teina upholds te ao Māori concepts and practice that positions person(s) within the scope of a relationship. It has been adapted to describe the relationship between experienced and inexperienced or trained and untrained people. Depending on the context the educator can become a learner, and at times the learner can assume the educator role (Ako Aotearoa, nd).</p>

Kaupapa Māori and Pacific Peoples Approaches

The following information provides brief descriptors of te ao Māori and Pacific Peoples concepts that supports the understanding of mentoring and preceptorship relationship. There are many definitions and examples of cultural understandings that reflect the teacher, learner construct, including theories that are applied across education and justice. Much of the cultural values and principles can be incorporated across all roles that support the concept of helping others to help themselves. We encourage members to seek more information regarding kaupapa Māori and Pacific methodologies across areas of education and tamariki and youth development (Tahau- Hodges, P., Te Puni Kōkiri, 2010).

The values of Manaakitanga, Whanaungatanga and Kotahitanga are core to effective mentoring relationships in the Aotearoa New Zealand context (Royal Society Te Aparangi. 2017). Manaakitanga involves “cherishing and enhancing the mana of other”; Whanaungatanga relates to “acknowledging and building relationships”; and Kotahitanga is “a shared understanding of the purpose and/or vision for the mentoring arrangement and a commitment to learning together” (Royal Society Te Aparangi, 2022).

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In the Pasifika context, the concept of Talanoa is important. This is the concept of communication “where conversations are not confined or controlled but instead are allowed to flow and progress organically”.

Mentoring in the Pasifika context needs to follow Pasifika values, customs, and ways of being. The principles of “Reciprocity – a relationship based on mutual exchange”; “Service – working for the benefit of others”; “Respect – holding others in high esteem and accepting them for who they are”; “Relationships – establishing and valuing interactions with others”; and “Family – valuing unity and sharing concern for others”, should be applied to mentoring in a Pasifika context.

Role of the Mentee

Often it is the mentee who initiates the mentoring relationship. Mentees should select a mentor they find approachable and supportive (Kawar et al., 2021). Nurses who wish to identify opportunities for career advancement, to enhance professional development, or build their knowledge of tikanga Māori may find a mentorship relationship particularly beneficial. Acquiring a mentor can help provide the additional support and guidance needed to achieve personal and career goals.

The following benefits associated with participation in mentorship have been identified for mentees:

- > increased feelings of competence and confidence in practice
- > improved practice at work
- > decreased stress and increased job satisfaction
- > reduction in feelings of isolation
- > career support
- > more likely to complete programmes of study
- > development of leadership skills
- > expanded professional networks
- > improved cultural knowledge

(ICM, 2020; Kayko, Xiao & Chamberlain, 2021; University of Auckland, 2014)

Role of the Mentor

The role of the mentor is to guide the mentee and keep them focused on meeting their desired goals (Kawar et al. 2021). Effective mentors are self-aware, committed to their own professional development, willing and able to commit time to develop the mentoring relationship. The role of the mentor will be determined at least in part by the needs and wishes of the mentee (University of Auckland, 2014). The characteristics of an effective mentor include:

- Maintaining confidentiality
 - Being honest, supportive, objective
 - Understanding their own knowledge and skill level and being prepared to share their knowledge and experience
 - Being genuinely interested in supporting the growth and development of the mentee
- (University of Auckland, 2014)

Supervision

Supervision is recognised as a critical component of reflective thinking in nursing and midwifery practice and considered to be “an important component of professional practice development that helps to ensure ethical, quality service provision to service users and

tangata whai ora who access health services” (Te Pou, 2022). Some healthcare professional roles require practitioners to take part in regular formal supervision. NZNO believes supervision should be available to all nurses and midwives and supports initiatives to achieve this.

There are a variety of definitions related to supervision. The terms clinical and professional supervision are the most common and are often used interchangeably. Supervision can be further defined with a range of titles indicating a more specific purpose.

Table 2: Supervision Definitions

Clinical Supervision	<i>“Clinical supervision is a process where professionals are assisted to improve practice, develop both professionally and personally, and manage complex situations associated with the care, treatment and engagement with patients and/or donors. It is a method of supporting and developing competence and maintaining up to date practice by providing practitioners with the opportunity to meet on a regular basis with an experienced colleague to discuss and reflect on their experiences in clinical practice” (NHS, 2018).</i>
Professional Supervision	<i>“Professional supervision provides a formal and ongoing process that promotes professional competence, accountable and safe practice, continuing professional development, critical reflection, and practitioner wellbeing. It enables, guides and facilitates the practitioner to meet organisational, professional and personal objectives within the four functions of professional supervision” (Oranga Tamariki, nd).</i>
Cultural Supervision	<i>Where a supervisee is supported to practice according to the values of a particular culture. For example, a non-Pacific nurse may seek a Pacific supervisor to help the Supervisee work in a culturally safe manner with Pacific families (Davys & Beddoe, 2010).</i>
Kaupapa Māori Supervision	<i>Is “an agreed supervision relationship by Māori for Māori with the purpose of enabling the supervisee to achieve safe and accountable professional practice”. Eurua (2005, p. 64).</i>
Managerial Supervision	<i>Managerial - not usually a voluntary process which can involve a manager reviewing performance, setting objectives in line with organisational priorities, and identifying training needs with and/or for a supervisee (Care Quality Commission, 2013).</i>

There is increasing evidence that formal supervision provides a wide range of benefits. In their 2020 position statement – Clinical (reflective) supervision for nurses and midwives the Australian Nursing and Midwifery Federation (ANMF) state that according to research “... supervision leads to positive outcomes for nurses and midwives’ professional discipline, growth and identity; promotes quality improvement and competent best practice; contributes to a positive practice environment; and can improve the recruitment and retention of staff” (ANMF, 2020).

In workplaces where regular supervision occurs, evidence shows improved communication and collegial relationships, cultural understanding, recruitment and retention and job satisfaction as well as reduced burn-out and growth in nursing leadership (Longmore, 2019). Supervision can be provided to an individual or a group.

Requirements for effective supervision

Requirements for effective supervision may include organisational support and funding, and clear policies and procedures that outline the type of supervision offered (may be multiple types), where and when it should take place, and who should take part and their specific roles and responsibilities. Once these requirements are in place, the following parameters will help ensure effective supervision takes place:

Organisational factors:	<p>Commitment and resources, including time and funding, to ensure supervision sessions and processes can be established and sustained.</p> <p>Appropriate training and feedback for supervisors. Evaluation of the system and how supervision benefits care and practice standards.</p> <p>Where possible the supervisee should choose their supervisor to ensure a high-quality relationship can be developed.</p>
Individual factors:	<p>An identified supervisor who has undergone relevant education in supervision and undertakes regular supervision themselves. The identification of the focus for supervision.</p>
Engagement between supervisor and supervisee:	<p>Supervision should be mutually agreed. The supervisor/supervisee relationship is confidential within the ethical and legal parameters of practice.</p> <p>Clear understanding and commitment by both the supervisor and supervisee to the supervision process including development of and adherence to a formal written supervision contract with mutually understood and agreed outcomes.</p>

Outcomes of supervision

Clinical/professional supervision facilitates growth and maintenance of reflective practice and professional skills of the supervisee(s) through increased awareness and understanding of the complex human and ethical issues within the workplace (Health Education and Training Institute, 2012).

Outcomes of supervision include:

- > Improved job satisfaction and staff retention
- > Improved confidence and leadership skills
- > Reduced stress and anxiety
- > Creation of a better working environment
- > Increased quality of care delivery

(Rothwell et al. 2019)

In addition to the above, Kaupapa Māori supervision enables the practitioner to explore and reconcile clinical and cultural issues for Māori health professionals and provides appropriate management strategies, skills and confidence for practitioners to retain their cultural identity and integrity as Māori (McKinney, 2006).

Preceptorship and Coaching

Supporting students and new nurses into practice is critical to their success. Different strategies have been developed to facilitate this support and enhance clinical learning. The most used strategies are preceptorship and clinical coaching. Clinical teaching and clinical facilitation can also be used to provide support for clinical learning (Foster et al. 2014).

Preceptorship

Preceptorship is a formal, individualised teaching and learning programme for nursing students or newly qualified nurses or nurses new to a clinical environment. The preceptorship relationship is designed to provide support and facilitate the transition of the preceptee into an area of clinical practice (Burrows & Cowie, 2023) and can help with recruitment, retention, and orientation of new staff (Henry, 2023). The preceptor/preceptee relationship is usually limited (between three and 12 months) and aims to help new nurses gain confidence, competence in clinical practice.

Preceptors usually undertake specific education and training such to fulfil the role (Sherrod, Holland, & Battle, 2020). Preceptorship allows the student to use and improve their knowledge and skills increasing their clinical practice abilities (Henry, 2023). Disadvantages of using a preceptorship model include the need to spend time with the preceptee and increased responsibility due to supervising the clinical practice of another person. Education Faculty may also find they spend little or no time with the nursing student in the clinical environment making assessment of the student more difficult and this should be compensated for through the development of practical tools for evaluating students' performance in the clinical environment (Henry, 2023).

Coaching

Coaching is defined as “a process that guides a learner towards performance improvement” (Landreville et al., 2019, p. e109). Coaching is a strategy that supports the development of skills and knowledge through timely and constructive feedback (Canadian Nurses Association, 2004). (Ervin (2005) suggests that clinical coaching is a strategy for developing nursing skill and critical thinking ability based on evidence-based practice (EBP) rather than just providing information.

The purpose of clinical coaching is to improve work performance through supporting people to improve their own practice and promote self-belief. Therefore, in a coaching relationship the coach does not tell the nurse what to do but rather allows the person being coached to consider options and decide which action to take. As a result, coaching may be more suited to nurses with experience than those just beginning their careers (Ervin, 2005; Henry, 2023). Clinical coaches provide education at the ‘point of care’ in a person-centred systematic way to advance practice and improve workplace cultures (Faithfull-Byrne et al., 2017).

Coaching requires establishment of supervisor/learner rapport, setting of expectations, and observation of the activities that are being developed. Coaches utilise structured questioning, motivational and confidence-building skills, which help to achieve the identified goals over a short-to-medium timeframe.

Table 3: Preceptorship and Coaching Definitions

Preceptorship	<i>... formalised relationship with an allocated preceptor who is usually a nurse with considerable experience in a specific clinical environment and who has completed a specialised preceptor training program. (Foster et al., 2021)</i>
Preceptor	<i>Experienced nurse who facilitates learning, helps nurses and students learn skills and how to organise their work. (Marriner Tomey, 2009)</i>
Preceptee	<i>Nurse or student being supported into practice area.</i>
Clinical teaching	<i>... when a more experienced nurse shares professional knowledge with a less experienced nurse in the workplace (Foster et al. 2021)</i>
Clinical facilitation	<i>Has a strong focus on collaborating with teams and individuals to influence positive culture change” within a workplace and is closely linked to the practice development approach (Foster et al., 2021)</i>
Coaching	<i>Defined by a collaborative endeavour between a coach and a client (an individual or group) for the purpose of enhancing the life experience, skills, performance, capabilities, or wellbeing of the client. (University of Auckland, 2014)</i>
Coach	<i>An individual who focuses on the transfer of specific information or skill. Coaching is present focussed, boosting performance, but focused on short term here and now (ICM, 2020)</i>

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Correspondence to: nurses@nzno.org.nz

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Principal author: Professional Nurse Advisors

Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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