

REVIEWS

Clinical coaching: The means to achieving a legacy of leadership and professional development in nursing practice

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ABSTRACT

The theory of clinical coaching has growing significance within the profession of nursing. Due to increasing turnover rates and decreasing retention rates of novice nurses has amplified the need for clinical coaching by expert nurses. By equipping the expert nurse with the knowledge, skills, and behaviors which promotes the legacy of leadership and professional development in nursing practice, effective clinical coaching will foster supportive, professional relationships, and lead to excellent patient care standards.

Key Words: Clinical coaching, Mentor, Expert, Professional development

1. INTRODUCTION

Continual advancements and developments in technology, educational standards, and clinical practice have undeniably increased the need for clinical coaching by mentors in nursing.^[1] Statistics reflecting retention of nurses continue to expose the rising levels of anxiety, mistrust, and lack of professional guidance among novice nurses.^[2] Persuade^[3] reports: “35% to 69% of newly hired graduate nurses renounce their place of employment within the first year, and nurse turnover rates span from 55% to 61% nationally”. The nursing profession’s conceptual framework is based upon the notion that through nurturing and clinical coaching the novice nurse will have the opportunity move up the clinical practice ladder to professional achievement in the future.^[4] Through effective mentorship there is a positive impact on healthcare organizations by increasing retention rates which promotes professional development and empowerment of

novice nurses.^[5]

The clinical, educational, and administrative capacities of nursing require expert nurses who not only appreciate and are self-aware of their own ability, but who are also willing to reveal themselves professionally to inexperienced nurses.^[1] Through passing along insight and knowledge with colleagues within their own profession, expert nurses can empower other individuals within the health care field to expand their capabilities thus progressing patient care-related benchmarks which strengthens the profession of nursing as a whole.^[6] Coaching a colleague within the nursing profession is a professional mode of passing along clinical wisdom, competencies, actions, and principles to an inexperienced colleague who’s alluded to as a “mentee” or “protégé”.^[7] Many registered nurses begin their career in primary care settings and eventually advance to roles with greater responsibility such as mentoring or clinical coaching. A mentor’s

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duty is to bestow clinical proficiency, structural comprehension, and set professional development goals which will aid the mentee in achieving superior clinical accomplishments, efficiency, and accolades in the future.^[6] The basis of this review is to enlighten expert nurses on how to apply educational strategies such as review of related articles, case studies, and other learning methods that will enable them in acquiring and improving their knowledge regarding clinical coaching and mentoring, which most effectively supports the leadership and skill development of novice nurses.

2. OBJECTIVE

Statistics show that by the year 2012, nurses in their 50s are projected to be the greatest portion of the nursing labor force; making up for nearly one quarter of the RN population.^[8] The “graying” class of nurses will certainly add to the nursing shortage by retiring, essentially the profession is endangered of losing the wisdom of these elder nurses.^[9] Ultimately, mentoring grants nurses an ideal opportunity to establish a legacy of leadership and professional development in nursing practice.

Brenner’s novice-to-expert framework is significant in laying the foundation for the progression of expert nurses in acquiring and improving their knowledge, skills, and methods of clinical coaching. The fundamental base of Benner’s theory is to bring meaning and knowledge embedded in skilled practice into public display.^[10] Patricia Benner’s theory stands on the idea that an expert nurse acquire clinical competence and comprehension of patient care over a period of time by way of a complete scholastic basis in addition to a multiplicity of clinical encounters. Brenner also suggested that a person has the ability to grow their intelligence and skills (“knowing how”) without the knowledge regarding the actual theory (“knowing that”).^[11]

The mission of mentoring and clinical coaching is educate the expert nurse about the significance of clinical coaching and mentorship to nursing practice so that their expertise will be passed on to others and not lost. Expert nurses who understand and apply the skills of clinical coaching and mentoring will have the tools to properly and successfully guide novice nurses in their professional advancement and endeavors. Novice nurses often seek the feelings of safety, trust, and emotional support early in their careers.^[3] Through clinical coaching and mentorship expert nurses will develop the skills necessary to support novice nurses so that they experience these feelings and later mentor a new group of novice nurses. Since the needs and expectations of the novice nurse have changed throughout the years in nursing, expert nurses have a responsibility to mentor the novice leaders of the future.^[12] The goal of mentorship is to enhance the clinical experience

for both the expert nurse and the novice nurse, by providing novice nurses with necessary support, and guidance and supervision in the clinical area.^[13]

Through continuing education, expert nurses can have an opportunity to identify and examine the fundamental concepts and theories that are the foundation of effective clinical coaching and mentoring. Research has shown that nurses who are granted the opportunity of a mentor-protégé interaction evolve more rapidly within their professional careers, secure higher wages at a younger age, and are likely to pursue personal goal-oriented career outlines, have an increased job satisfaction out of their role, and subsequently become a mentor to others.^[14] Applying information from evidence-based practice studies, articles, and other media sources that address the clinical coaching concept can provide expert direct care nurses with the knowledge, skills, and methods to effectively guide novice nurses into leadership and professional development in nursing practice.

3. CLINICAL COACHING

Clinical coaching can be defined in a myriad of ways. For example, Corlett,^[15] defines clinical coaching as enabling personal and professional growth leading to service improvement. According to Downey^[16] clinical coaching is the skill of aiding the performance, learning, and development of others. Many coaches would concur that coaching is a unique and unconventionally tailored means that empowers and energizes individuals to discover and address everyday challenges and to change their own vision and feeling of purpose. Coaching is characterized as empowering individuals to take responsibility and accountability for themselves and make necessary adjustments in their professional and personal life. Coaching also endorses the opinion that the goals of organizational effectiveness and personal fulfillment are indeed compatible as well. Coaching is highly focused on the individual formulating their future within an organization by, accomplishing excellence through establishing personally and professional goals and pledging to take the actions necessary to achieve them. Coaching also places value on the significance of well-honored communication and interpersonal skills, which are vital to encourage and inspire others. Many coaches encourage individuals to learn these skills of personal and professional self-management, and communication, so they can go on to rehearse them themselves, and pass the skills on to others, once the coaching relationship has concluded.^[17]

Within a clinical coaching relationship an expert nurse may gather consistently with a mentee, in this informal, confidential, non-judgmental and non-directive relationship has the ability to examine and evaluate the routine struggles and

challenges they encounter.^[18] The coach will aid them to advance an image of what they desire to achieve, understand the key issues regarding the situation, consider the decisions that are presented to them and make better and more knowledgeable choices about the actions they need to take and how to overcome the challenges which occur. The learning that exists creates new skills, resourcefulness, creativity, and confidence as well as a greater honesty and commitment to change. In addition, to progressing and advancing their own performance and effectiveness, individuals learn to advance and develop the skills they have gained from the coaching experience to coach others.^[19] Those who experience clinical coaching consistently find it to be a commanding and empowering occurrence that restores enthusiasm, satisfaction, and independence, with succeeding beneficial consequences for patient care and organizational effectiveness. The profession of nursing requires leaders who can encourage, influence others, and act as role models.

4. MENTOR

Each year, thousands of novice nurses come into the career of nursing with the excitement and zeal for the nursing profession. Research states that within their first year, 30% of novice nurses resign from their initial nursing job, and by the finish of year two, the number rises to 57% depart.^[8] There is not a clear explanation for these astounding statics, but anyone who has been a new nurse has a basic understanding. Often time's novice nurses describe feeling totally besieged by the undertaking of learning their role in the face of a condensed orientation, staff shortages, increasing patient acuties, the need for shorter lengths of stays, and higher expectations from staff and patients.^[20] A nursing mentor can support less experienced nurses through mentoring activities which enables the novice nurse with communicating ideas, building resources, empowering technical and intellectual skill competencies, which leads to refining the overall morale within the practice setting. Nursing mentoring functions within every practice environment and with nurses at multifarious levels of expertise.

Mentoring is an expected professional nursing activity of helpfulness, inspiration, and nurturance this learnt behavior must be afforded nurse to nurse and leader to leader.^[21]

Mentoring is an essential characteristic that most expert nurse have to accept both officially or unofficially, now or take on progressively in their career. Mentoring is stated to be "a forceful, favorable, discrete, elite, classified relationship amongst an expert specialist and a less skilled apprentice".^[22] The structure of mentoring has survived in practically each culture in past. When examining the position of mentoring within nursing practice, mentoring is occasionally confused

with the idea of preceptor. Therefore, it's fundamental to distinguish the dissimilarities amid preceptor and mentor. The concept of preceptor is conventionally referred as "instructor" one that teaches the recent new hire with department-based guidelines and techniques, and provides assistance with the recently graduated nurse (or nurse who is transferring to a new speciality) with acquiring a specialized subgroup of skills.^[23] A mentor inspires, supports, educates, leads, and challenges, and exceedingly the mentor genuinely wants to observe the novice nurse progress to "do well". At least, the productive mentor-novice connection advances into professional, individual, and relational development, allowing each participant within the equation to feel really backed and justified. There has been augmented curiosity regarding mentoring and mentoring inquiries over the past three decades, equally within the nursing profession and other fields. Upwards to two-thirds of all personnel have connected in a type of mentoring association.^[24] Mentorship has regularly benefitted in the commercial realm and with other disciplines similar such as medicine, research, and law to cultivate and advance upcoming experts. It would be practical and beneficial to the profession of nursing to get in-line.^[25]

Due to the increased cost of orienting and educating a novice nurse, retention is certainly imperative if an organization anticipates the cost to pay off.^[26] Mentoring is a main approach for effective nurse retaining that's cost-effective and practical with the appropriate design. Although mentoring agendas command considerable monetary venture, the expense of not offering mentoring chances for nurses may be even grander.^[27] A treasured advantage of mentoring within nursing practice is the ability to develop the wisdom and experience among the novice nurse and mentors. Reeves^[27] describes a worthy mentor as one who attempts to stimulate a longing for progression in the mentee and mirrors their own favorable qualities in their mentee understudy. The mentor shares his or her expert professional experiences, but also nurtures and promotes the comprehension and expertise, however to aid the mentee to discover how to analytically reason for themselves so that the proficiency continues to flourish long after the mentorship comes to a formal ending. Mentorship could be theorized as the mentor ingrain a seed in the protégé and cultivating a plant that continues to blossom and yield fruit even after the association is done.^[25] In support of this thought, the advantages of mentoring in significance to the profession of nursing are practically unconstrained and immense. Mentoring is valuable to the professional advancement for novice and expert nurses in the regions of clinical practice, nursing teaching, administration, and research, as it boosts the novice's neediness to sense gratification and contentment as a trained nurse and extends the expert nurse

a possibility to enhance the profession as a whole. Mentoring can improve the present-day state in healthcare, and profile novel innovators for the future. In spite of obstacles to mentoring such as time, energy, and monetary investments which have defined success, the present and contemporary curriculums being applied within nursing exhibits great value which further offsets the cost.^[28] Now is the moment for the nursing profession to take a stake on mentoring.

5. EXPERT

Patricia Benner presented the theory that expert nurse's buildup their proficiencies and comprehension of patient care over time by means of a thorough and complete educational foundation in addition to an array of other events. Brenner also advised someone might improve awareness, wisdom, and proficiencies ("knowing how") in default of having the understanding of the model ("knowing that").^[11] Brenner's basis affirms progression of experience among practical fields like medicine and nursing is comprised of the addition of sound understanding ("know how") by means of examination, representation, and awareness of the "know how" of clinical skill.^[11] In summary, knowledge and expertise are a requirement and necessity for the transformation into an expert. Up till recent publication of Benner's investigation that concentrated primarily on critical care nurses, the categorization of this education development had gone essentially uncertain. Experts know which desires are to be completed due to a well-rounded capability to identify needs and resources in situations to achieve objectives. Experts don't trust merely on a law, principle, or theory to associate perceptual awareness of a condition to the suitable outcome.^[11] They have an instinctive understanding of each circumstance or condition founded on their profound understanding and practice. Experts focus on the highly pertinent difficulties, not unrelated or other possibilities. The usage of diagnostic instruments are employed merely if they have no experience or understanding regarding an incident or when incidents and performances don't occur as expected. The expert regularly "just knows" a specific condition without internal review.^[11] For insight regarding a scaled view, take in account this example from Benner: Beginning nurse's places emphasis on tasks, such as checking vital signs; they basically have a "to do" list. Experts focus on the entire picture even when completing tasks. For example, they note slight changes in the patient conditions, such as the patient being a harder to arouse than in preceding encounters.^[29-32]

6. APPLICATION OF BENNER'S MODEL

Benner's background originated from the Dreyfus Model of Skill Acquisition. Hubert and Stuart Dreyfus formed their theory built on their analysis of chess competitors, Air Force

aviators, and Army superior. The duo declare that proficiency is founded on first-hand (learning through reflection on experiences) and situated (situation-based) knowledge, which is a part of the activity and framework of concrete events and is essential for progression from a novice to an expert in any discipline.^[33] Benner acknowledges parallels in nursing, where progressive practices relates to science and skill. Brenner also mentions, "At the center of excellent clinical decision making and intelligence remains empirical knowledge through specific circumstances".^[33] Growing and maturing those essential experiences is a laborious but gradual process. Benner,^[11] describes "experiential learning" as an engrossed apprentice who is open to progression, advancement, and development over time. Benner and her collaborator's state that within a similar timeframe nurses are involved in diverse situations, acquiring knowledge from others, they advance "competences of immersion" with patients and their loved ones. Benner^[34] and colleagues also delineated skills of immersion as "being conscious of just how intimate or reserve to be with patients and their relatives in serious instances of peril and healing". The mentioned talents are crucial for nurses to control in order to deal with the stress that is often experienced throughout the course of their careers. Challenged with an extremely emotional and defiant patient, an overassertive guardian, or a relative that is resistant to a loved one's end-of-life ruling, the nurse's duty is to recognize in what way to direct the circumstance in order to address the individual's necessitates however not losing them self in the course.^[29, 31, 32]

Accomplishing the rite of passage from novice to expert should be seen as an inevitable thought. In a March 2009 phone discussion, Patricia Benner stated a nurse is able to acquire wisdom and proficiencies ("knowing how") short of studying about the concept ("knowing that"), which yields proficiency.^[29, 31, 34] Benner's view has been rendered as "influential qualitative research, which sets the groundwork for distinguishing nursing expertise and skill acquisition".^[29, 31, 34] When nurses gain the know-how, specific deviations in tedious tasks follow, together with progression from theoretical to actual reasoning, beginning with seeing a circumstance in fragments to viewing it as a whole, and then to disconnected bystander to engaged achiever. Interactions like these is what motivates and steers nurses' clinical standard skills.^[29, 31, 34] It is because of the unique occasions that aid the nurse's progression across the five levels of skill and development. Be mindful that nurses who have changed their practice area may regress to preceding phases of know-how.^[35] For instance, a skilled nurse in the CCU is not experienced to immediately execute as an expert in the operating room, even though the nurse's profi-

ciency is well-regarded.^[35] Appreciating the view aids the nurse by way of dealing with the unease and insecurity related to handling the adjustment.^[35] Skilled nurses possess a strong methodical base and the analytical-rational abilities to familiarize and adjust to the specific ailment of every patient.^[33] Knowledgeable nurses naturally identify associations concerning the prominent and noticeable matters regarding a circumstance and the suitable reaction to each matter.^[29,31,34] These nurses have additionally perfected their sensitive response to patients and their loved ones, comprehending the link amongst the past, present, and future of a circumstance. Expert nurses search for other expert nurses to support in decision making processes or identify key characteristics of a condition or state. Each experience of the expert nurse helps shape them in order to be revered as a respected source of knowledge for their nursing colleagues and others throughout the workplace. Still, Benner comments about how skilled nurses comprehend beyond what they can "tell".^[29,31,34] For instance, they can't always convey their expertise and wisdom clearly in order for a novice nurse to grasp.^[29,30,36] Requiring skilled nurses compose chronicles can benefit their cognizance about their expertise. By way of scrutinizing and laboring beside skilled nurses, other nurses are able to divulge even more skillful proficiency. As noted above, Benner utilized the model originally established by Dreyfus and uses it in a way that depicts how nurses pass through the 5 levels of development: novice, advanced beginner, competent, proficient, and expert.^[36,37] Every phase is shaped by the preceding one as conceptual standards are enhanced and progressed as a result of experience and the novice obtains clinical proficiency. Rather than viewing patient care as pieces of unconnected facts and a cycle of duties, the expert has the ability to unite assorted characteristics of patient care to significant aggregate.^[29,30,36] As an example, the novice concentrating on learning and becoming skilled at the technical features of care and reacting to the needs of the unstable or critically ill postoperative cardiac surgery patient, results in a critical to-do list for the novice. The vital signs needs to be assessed within 15 minute intervals, the cardiac rhythm reviewed, intravenous medications adjusted to maintain the blood pressure within the mandated scope, the lungs auscultated, chest tubes tested and certified regularly, and intake and output logged.^[36,37] The expert nurse providing treatment for the identical patient does the alike duties and responsibilities but won't allow them self to get trapped in the technical details.^[29,36] The expert combines intelligence of cardiovascular physiology and pathophysiology to evaluate indicators and influence patient care; case in point, the skin is a bit cooler than expected, the patient is not as easy to awaken than he was an hour ago, the pulse oximeter dis-

plays a decline in arterial oxygen saturation, and the cardiac monitor illustrates an sporadic heart rhythm.^[36,37] The expert incorporates and blends their wisdom and authenticates that the anomaly is new onset atrial fibrillation and that the cardiac output has perhaps declined as a consequence. The expert understands to observe for emboli, titrate intravenous medications to sustain blood pressure, watch for additional traces and indications of diminished cardiac output, and alert the practitioner of the patient's change in status.^[36,37] The expert has reacted further than the task focused approach but responds to the whole picture.

7. PROFESSIONAL DEVELOPMENT FOR CLINICAL COACHING AND MENTORING

There is a need for a clinical coaching and mentoring curriculums to support expert nurses to establish their legacy of leadership and professional development in nursing practice. One way to meet the needs of the this large target audience is to offer a course as a career development elective for expert direct care nurses who have the desire to gain a better perception into the importance of clinical coaching and mentorship and the impact it has on nursing practices. As a prerequisite for the course; applicants should have a bachelor's degree from an accredited university or college. The curriculum will provide them the skills to foster professional development of novice, advanced beginner, and competent nurses who enter professional nursing practice. Teaching strategies that could be utilized but are not limited to a combination of clinical based case studies, online chat sessions, articles, asynchronous discussion board posting, reading and written assignments, and responses to and from all learners and the instructor regarding progress towards the educational outcomes of the course. Use of written and verbal communication will reinforce the message of Benner's theory that expert nurses acquire proficiencies and intellect about patient care over time as a result of comprehensive learning core along with a wealth of clinical experiences. The usage of a case study or clinical based scenarios allows the learner to employ the knowledge and psychomotor skills to critically think through complex situations in a safe and non-threatening environment. With experiential learning, use of reflection and peer experiences allows the learner to challenge their own views and broaden understanding from their knowledge basis.

Ongoing exchange and discussions about the content in the exploratory process including observing and questioning, researching and analyzing information, communication, and evaluation and conclusion will provide the framework necessary for cognitive development of new information. Learners will interact in a self-directed mode complying with the

specified period to ensure that participants move through the content in a timely manner within their own practice setting. Delegating open and close times for each unit and for the entire course in the semester format affirms the appropriate examination, understanding, and utilization of the information. Even proficient nurses may benefit from mentoring/coaching to support their development to the expert level. Expert nurses with effective mentoring skills are needed to help the novice nurse handle the variability within the clinical setting. Mentoring has been an effectual approach within several professional specialties, inclusive of all the health careers, as a catalyst to achieving know-how and headship within the profession.^[38] By participating in the clinical coaching and mentoring program, expert nurses will have an effective way to demonstrate their professional commitment and to support the novice nurse's professional growth.

8. CONCLUSION

The nursing profession will need to refute the legacy of the past by bestowing the advisability needed in career development and understanding the importance of mentoring. The expert nurses must develop their wisdom, guidance, the self-awareness to help inspire novice nurses to grow and develop. Fostering professional advancement includes stimulating growth in clinical knowledge and skills, as well as promoting development of the nurse as an active participant in the profession of nursing.^[6] Mentoring another nurse is seen a practiced method of the entrustment of skills, behaviors, and values to a less knowledgeable character. In a progressive essence, the purpose of mentoring allots nurses a chance to create their legacy. These practices will ensure excellent care for our future patients and are the means of achieving a legacy of leadership and professional development in nursing practice for centuries to come.

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