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A path to leadership in nursing: Developing clinical scholars through effective mentoring relationships

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Abstract

One method of developing clinical scholars in nursing who then become leaders is through effective mentorship relationships. The purpose of this paper is to define scholarship according to Boyer's Model, using as an example the roles of faculty and students in the Doctor of Nursing Practice program in the United States. The expected competencies of graduates from this clinical doctoral nursing program are modifiable and can be applied to nurses at all levels of educational preparation. Productivity through clinical scholarship empowers nurses with the skills and confidence they need to become leaders who will engage in change based on scientific evidence to improve patient care and health care outcomes. Facilitating clinical scholarship is the responsibility of all nursing faculty, administrators, practicing nurses, and organizations in which nurses are employed. The culture within an organization is important in encouraging and providing opportunities for scholarship and mentorship. Research findings are used to define mentorship, and strategies are discussed to implement mentorship programs on different levels in various settings, from individual to institutional. Every nurse has the potential to be a mentor. Clinical scholars are leaders by the nature of the way they approach the work they do. Nurses can make a difference in practice, education, research, and policy if given the necessary tools and support.

Key words

scholarship, clinical scholars, Boyer model, graduate nursing education, mentorship, leadership

1. Introduction

Health care delivery has evolved into a complex system that requires thinkers, innovators, advocates, and experts. The largest component of the workforce in almost every health system in the world is nursing. Nurses are not only responsible for providing direct care but also, as their educational levels rise, they must be prepared to be leaders in creating change to improve the quality of health care and ultimately, patient outcomes. Nursing science is a respected discipline and through practice, education, research, and policy, nurses demonstrate the impact of the profession. Nurses daily demonstrate how significant nursing's contribution is to the health of all populations. Nurses have many options within the profession, and every nurse should be encouraged to meet her or his highest potential. Nursing leaders are not born but are developed through the appropriate

education, training, and experience. Not all leaders are top executives but every nurse has the capacity to be a leader even if only in a small way. Not all leaders are in the front; some quietly lead from behind and the influence of either one makes a difference. Every nurse has the capacity to become a leader. One path to fostering leadership in nursing is by first developing clinical scholars and then guiding these scholars to meet their potential through effective mentoring relationships. Every nurse has the capacity to be a scholar.

2. Purpose

The American Association of Colleges of Nursing (AACN) recently defined scholarship as "the communication of knowledge generated through multiple forms of inquiry that inform clinical practice, nursing education, policy, and healthcare delivery. . . the hallmark attribute of scholarship is the cumulative impact of the

scholar's work on the field of nursing and health care" (AACN 2018, p. 2). The objectives of this paper are to 1) define the components of the Boyer Model of Scholarship, 2) list and discuss competencies of graduates of the Doctor of Nursing Practice (DNP) program in the United States (US) as an exemplar of preparation to becoming a leader, 3) describe components of an effective mentoring relationship, and 4) identify strategies to develop clinical scholars as leaders in practice, education, research, and policy. Although the DNP is a clinical doctoral nursing degree, the competencies expected of graduates can be modified to fit nursing professionals at any level of nursing education.

3. Boyer Model of Scholarship

The Boyer Model of Scholarship was written for the professoriate and has four components: discovery, practice, teaching, and integration (Boyer 1990). Boyer sought to create tangible concepts by which university professors could evaluate their contributions to higher education and foster greater engagement with their communities. The scholarship of discovery or scientific inquiry is the generation of new knowledge, or the expansion or refinement of existing knowledge. This new knowledge must be translatable into practice. We usually think of pure researchers as the finders of new knowledge but Boyer's concept does not refer only to primary empirical research but also includes implementation and translational science used by many nurses in areas other than pure research. Other examples of discovery include managing large data sets, health services research, development of health-related guidelines, and communication about research findings to non-professional (public) groups to promote translation and implementation (AACN 2018).

The scholarship of practice refers to the translation of evidence into practice and policy to improve care and outcomes related to individual patients, organizations, and social problems. Research findings are used to address real world

problems at the point-of-care. The intent is to create best practices that are supported by evidence and not driven by tradition, custom, or personal preferences. Examples include outcomes management, quality improvement and evidence-based practice projects, and the establishment of academic-practice partnerships. Practice scholars are change agents engaged in promoting best practices, creating new models of care, measuring outcomes, and evaluating team outcomes (AACN 2018). A specific example relevant to my work here in Japan is the development of clinical nursing programs in another academic institution.

The scholarship of teaching requires one to have the ability to understand, describe, and explain teaching-learning strategies; to assess learner outcomes, and to disseminate results. Innovation is encouraged and should be rewarded by recognition and replication. The scholarship of teaching can be advanced through educational evaluation research and the application of theoretical concepts to curriculum development (AACN 2018). Examples of teaching scholarship include incorporating the use of instructional technology in nursing education or redesigning educational systems to prepare students in new roles, as you have done here in Japan with the nurse practitioner role.

The scholarship of integration brings together the institutional missions of research, practice, health policy, and/or education and is essential to fully be characteristic of Boyer's model. See Figure 1. Achieving these four concepts is challenging for faculty but the successful integration fosters collaborative partnerships between academia and practice settings, between researchers and clinicians, and advances the professional practice of nursing (AACN 2018). An example of advancing scholarship across institutional missions is "implementing quality and safety interventions across care settings and into the community" (AACN 2018, p. 9) or providing joint appointments between research-focused and practice-focused doctorally prepared nursing scholars. Boyer's model serves as a framework

for scholarship in many U.S. schools of nursing, and criteria are developed within each concept to evaluate faculty performance. But effective integration requires a commitment from the institutions and changes in structural and strategic plans.

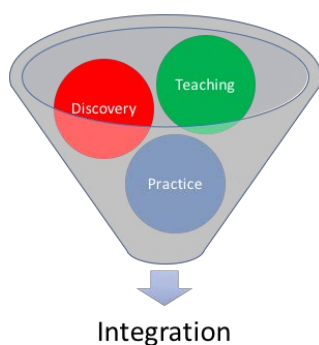


Figure 1. Boyer model of scholarship

The introduction of advanced nursing practice at Oita University of Nursing and Health Science was an example of advancing professional nursing and faculty engaged in all four concepts outlined.

4. Graduate Nursing Education

The AACN defined advanced nursing practice as "any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy" (AACN 2004, p. 3). This is a very broad definition of advanced nursing practice; almost any advanced practice nurse could fit their practice into this definition except academic educators. In the US, the direct care roles for advanced practice registered nurses (APRNs) are nurse practitioner (NP), certified nurse midwife (CNM), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). But for these roles, in the US, we are now preparing nurses at not only the master's level, but also the doctoral level.

5. Doctoral Education for Advanced Nursing Practice

The push in nursing education is to prepare advanced practice nurses at the doctoral level as entry level. Many faculty argue that the current master's programs parallel the clinical doctoral program; programs contain the science, medicine, and role content but lack adequate leadership preparation. The AACN has established eight essentials or categories in which graduates must demonstrate competency in order to be eligible for certification and independent practice (AACN 2006). Table 1 contains a list of the eight areas. In this paper, I will discuss only the three bolded areas - Organizational and Systems Leadership, Clinical Scholarship, and Advance Nursing Practice as they relate to the focus of this paper. Students who complete the DNP program at New York University Rory Meyers College of Nursing are prepared at the highest academic level for advanced clinical practice. The DNP degree enables clinical scholars to function as organizational systems thinkers and leaders in practice innovation, quality, and safety. As experts in translating evidence-based knowledge into clinical practice, graduates lead interprofessional teams in the transformation of healthcare by improving population health outcomes utilizing skills and essential competencies in ethical decision-making, healthcare policy, informatics, business, finance, and economics. This is how many schools of nursing in the US describe the education, training, and skills of DNP graduates (Zaccagnini and White 2015). Here in Japan, advanced practice nurses or nurse practitioners are prepared at the master's level. But as noted earlier in this paper, this approach to developing leaders is transferrable to other levels of nursing education by modifying the complexity of expected outcomes.

Table 1. The essentials of doctoral education for advanced nursing practice

I.	Scientific Underpinnings for Practice
II.	Organizational and Systems Leadership for Quality Improvement and Systems Thinking
III.	Clinical Scholarship and Analytical Methods for Evidence-Based Practice
IV.	Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
V.	Health Care Policy for Advocacy in Health Care
VI.	Interprofessional Collaboration for Improving Patient and Population Health Outcomes
VII.	Clinical Prevention and Population Health for Improving the Nation’s Health
VIII.	Advanced Nursing Practice

6. Clinical Scholars

DNP graduates are considered clinical scholars. A clinical scholar uses evidence-based skills to translate current best evidence to improve healthcare and healthcare outcomes, thereby transforming systems of care (National Organization of Nurse Practitioner Faculties (NONPF) 2016, p. 1). See Figure 2. Students enter the program with expert clinical skills as an advanced practice nurse; nurse practitioners have experience in direct patient care, responsible to assess, diagnose, treat, and manage patients autonomously within the scope of practice in their respective state. Content in the DNP program concentrates on acquiring leadership skills in order to meet the other essential competencies.



Figure 2. Evidence-based practice process

Acquiring the skills to design, implement, and evaluate evidence-based practice projects that

make a difference in the quality of care and health outcomes (Melnik and Fineout-Overholt 2014), demands a level of competence, coordination, and confidence that is taught and learned. Mentoring becomes important in this process and evolution.

7. Mentoring

An essential part of developing a clinical scholar is mentorship - before, during, and after scholarship activities are initiated during a formal nursing program. Meier defined mentoring as "A nurturing process in which a more skilled or more experienced person, serving as a role model, teaches, sponsors, encourages, counsels, and befriends a less-skilled or less-experienced person for the purpose of promoting the latter's professional and/or personal development" (Meier 2013, p. 343). Everyone more than likely has encountered individuals they viewed as mentors at some time in their lives, whether personal or career-focused. Mentoring, however, does not occur in a vacuum. To be effective, mentoring efforts require planning and dedicated resources. Characteristics often associated with a mentor include generosity, competence, self-confidence,

commitment to the mentor-mentee relationship, availability, listening skills, and ability to provide meaningful feedback.

Many factors must be considered with regards to mentoring. Personal concerns include examining the purpose of the mentoring relationship, the careful selection of the dyad, arrangement for working together, commitment of time and resources, establishing short and long-term goals, deciding about meetings and mode/s of communication and how often each might occur, identifying measurable outcomes of success, and creating a plan for continuation or closure when the immediate task is accomplished (Crew 2016, Meier 2013). Some administrative considerations are similar and include funding, defining the scope or extent of the mentoring relationship, training mentors, using mentor/mentee guidelines, also selecting the dyads, determining the length of the relationship, creating an evaluation system, and garnering buy in into mentoring from all the stakeholders. I will briefly comment on three types of mentoring - faculty to student, nurse to nurse, and faculty to faculty. In academia, the mentor-mentee relationship is often between faculty and student.

8. Faculty to Student Mentorship

Through the previously mentioned DNP program, faculty mentorship is an avenue by which to develop the NP clinical scholar, determined by several influential factors, "academic culture and organizational structure; nature of scholarly community; expert faculty who serve as mentors; and curricula that support clinical scholarship development" (NONPF 2016, p. 4). A paradigm shift is necessary; faculty buy in and support are critical (Brown and Crabtree, 2013). The DNP clinical scholar is further required to conduct a scholarly project that meets the eight AACN Essentials; they must design, implement, evaluate, and disseminate the project. Sustainability is also a part of planning with the clinical agency; finding someone on staff who will continue the

practice change once the student is gone ensures sustainability (AACN 2015, AACN 2018). Throughout the program, students learn leadership skills and have multiple opportunities to practice using them, such as theories of leadership applied to self-assessment, honing presentation skills, regular writing assignments and writing assistance, interprofessional teamwork, general and targeted field experiences, and invitations to "sit at the table" during nursing executive sessions at an agency or facility. This discussion is particularly true for doctoral nursing students (Montalvo and Byrne 2016) but these strategies can be useful when modified for other levels of nursing education. Student to student mentoring is also a path to developing leadership (Smith et al 2017). The intent is to mentor the nurse to engender self-confidence in her or his ability to be a change agent and effective leader to improve health care quality and patient outcomes.

9. Nurse to Nurse Mentorship

Nurse to nurse mentorship is common for new graduates, for someone new to a special unit, or for someone in a new position. The intent is to progress the nurse from novice to expert (Benner 1984). A nurse may move from one station to another, move back and forth, or begin all over again, depending on the situation and particular time in their career trajectory. Nurses described mentors as someone they wanted to "be like". A mentor had the ability to bring a calming presence even to a chaotic situation. A mentor was well respected by all and recognized as a clinical expert. A mentor possessed a high degree of self-confidence in their nursing practice and exhibited a willingness to help others (Thomka 2007). O'Keefe and Forrester (2009) describe a successful online mentoring program for hospital registered nurses. Mentorship relationships often result in mentor-mentee becoming colleagues of parallel standing and responsibility. The mentee is then ready to become a mentor.

10. Faculty to Faculty Mentorship

Faculty new to teaching or research can benefit from mentoring - a newly hired doctoral graduate, a nurse transitioning from a clinical role to an educator role, or a faculty new to the university or one who has changed assignment or position. Faculty mentoring needs are many in the areas of teaching methodologies, curriculum development, classroom management, student engagement, student evaluation, student discipline and managing the difficult student. Other needs include strategies for resolving faculty conflict, organizational and time management, socialization into the environmental culture; integration of scholarship, practice and/or research. Most importantly, new faculty need tips on how to best strike an acceptable life balance between work and personal commitments (Cangelosi 2014). Again, the intent is to move a faculty from a beginning instructor to a master teacher. See Figure 3.

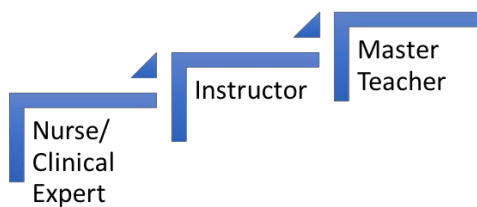


Figure 3. Success in teaching mentorship

11. Measuring Success

Mentoring relationships are based on common short and long-term goals. Measuring the success of a relationship can be done by looking at whether the individuals in the original dyad completed the process together, how many meetings were held, the types and frequency of communication, and the outcomes achieved. Hnatiuk stated, "Successful mentoring relationships are built upon trust, openness to self-disclosure, affirmation, and willingness and skill in giving and receiving feedback" (Hnatiuk 2012, p. 10). My personal mentor said to me early in our relationship, "Hold onto my apron strings and you will know when

to let go." Successful mentoring relationships are characterized by open communication and accessibility, mutual goal setting, overcoming challenges, passion and inspiration, caring personal relationships, mutual trust and respect, the exchange of knowledge, independence and collaboration, and role modeling (Eller et al 2014).

Challenges to effective mentoring exist and include volunteer participation versus coercion, normal time constraints, lack of structure and guidance, unsuccessful matches, communication breakdown, conflict/balance of power, accusations of favoritism, and relationships that are not reciprocal. Organizational responsibilities include supporting the development of intellectual capital and succession planning by creating a positive culture for mentoring. Mentoring also promotes retention of staff across settings and faculty in academia; mentoring facilitates the delivery of quality patient outcomes through shared knowledge and skills (Thomka 2007).

12. Best Practices in Academic Mentoring

Nick, Delahoyde, and Del Prato developed a model for excellence in academic mentoring. Details are in Figure 4. The main ingredient for success is organizational support and formalization of faculty mentoring programs. Incorporated into formal programs are the personal and structural considerations about mentoring that have been discussed. The authors conclude, "Imagine the impact on faculty career attainment, institutional culture, the science of nursing, and leadership development in nursing education, if all faculty were mentored. Mentoring programs are especially important at a time when academia is experiencing a shortage of nurse faculty members. A trait of a true leader then is being an excellent mentor and developing future leaders" (Nick et al 2012, p. 8).

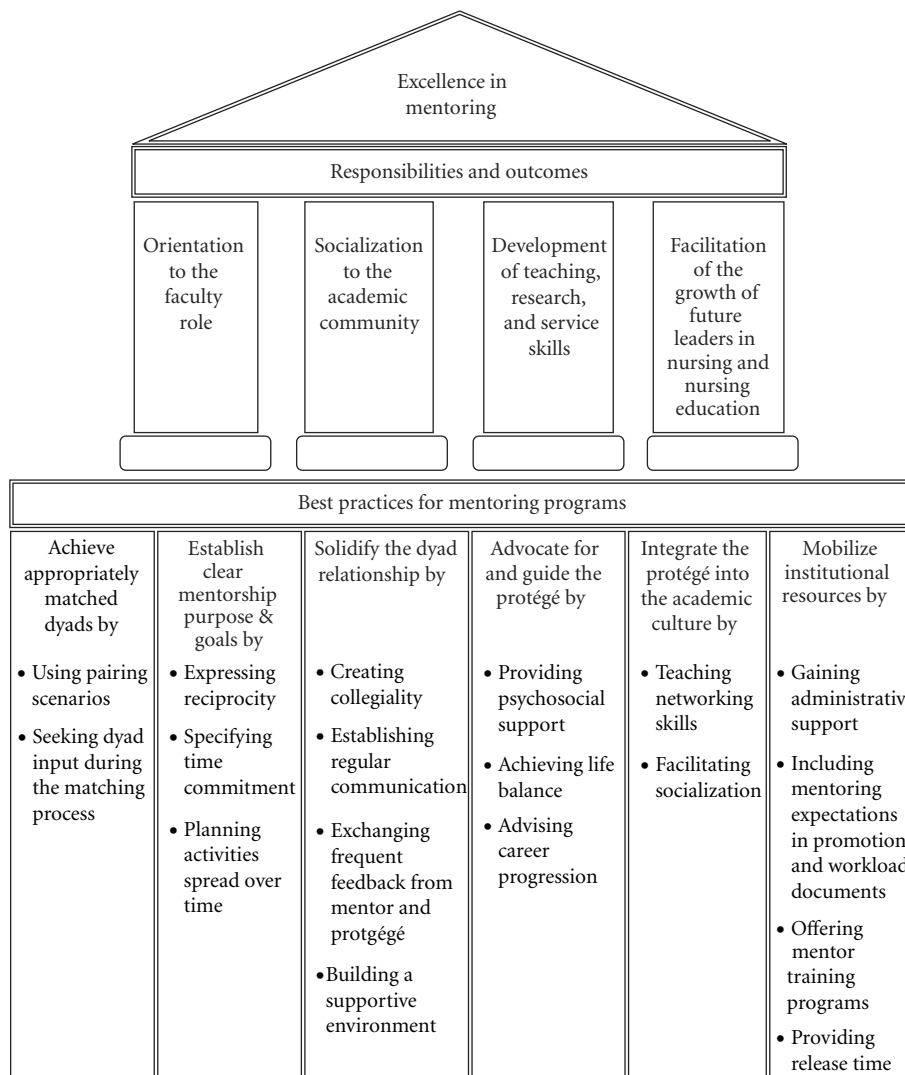


Figure 4: Best practices in academic mentoring: A model for excellence (Nick et al 2012)

13. Conclusion

Leaders are developed through careful thought and purpose. Clinical scholars or nurses at all levels can be leaders in practice, education, research, and policy. There is a role for every nurse in improving the quality of care and patient outcomes. Acquiring understanding and requisite skills of scholarship can lead to effective leadership within the context of a supportive mentoring environment. Nurses have a responsibility to mentor others, whether in the clinical or academic environment. Advanced practice nurses are particularly prepared to become leaders, to elevate further the profession of nursing within their society by demonstrating knowledge,

skills, and attitudes that facilitate confidence and competence.

This paper focuses on advanced practice nurses as clinical scholars and leaders. Of course, the most direct way they demonstrate competency is through practice, providing direct patient care. The medical content in their educational programs prepares them to manage patients autonomously but in collaboration with other professional team members. Patients trust nurses, which positions them well to influence health behaviors and work in partnership with their patients to improve their quality of life.

Advanced practice nurses can participate in classroom and clinical education of future nurses

at all levels depending on their own academic degree. With the appropriate and sustained mentoring from senior faculty, these novice educators can develop into effective teachers. Their clinical experience will enrich the learning of students. Nurses who do achieve a final doctoral degree, the preferred preparation for faculty, are more than likely considering moving from practice to teaching. They represent an excellent pipeline from which to recruit future teachers.

Advanced practice nurses are qualified to participate in research as team members on scientific research studies or as leaders of interprofessional teams on quality improvement projects based on the evidence. They are able to translate research findings through a systematic evidence-based practice process, to the bedside so that patients may receive direct benefit much earlier; these nurses become change agents, transforming traditional practices and policies to evidence-based practice. Health care systems require a team approach to achieve the best outcomes. Patients are also more satisfied because they are encouraged to be involved, taking into account patient preferences.

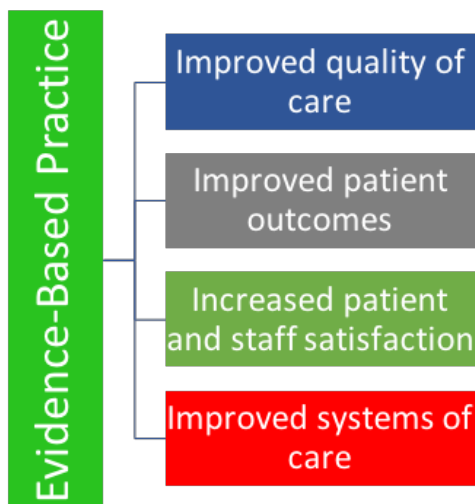


Figure 5: Evidence-based practice

Advanced practice nurses can also become involved in policy decisions, within their organization, community, and political district.

Involvement is only limited by the nurse's level of creativity. Administrators and legislators alike need to be regularly briefed on the state of health of populations they oversee. Nursing has power to influence decisions by being informative and advocating for patients' needs.

Dissemination is a part of a nurse's professional development. Writing and publication, presentation at meetings, holding public forums, talking to the press, imparting one's expertise to students and colleagues are all ways to let the voice of nursing be heard. Nursing leadership makes a difference when those leaders are educated, trained, competent, and confident. Make a commitment to help every nurse through mentorship become a clinical scholar that transforms that nurse into an effective leader.

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