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Exploring online mentorship as a potential strategy to enhance postgraduate mental health nursing education through online delivery: A review of the literature.

ABSTRACT

The value of mentorship to professional development in nursing education has been consistently demonstrated in the literature. The benefits for mental health nursing are particularly noted for attracting nursing students and new graduates into this area of practice. The proliferation of online delivery of mental health nursing programs poses particular issues in providing mentorship to students. Despite changes to the mode of educational delivery, the mentorship literature primarily addresses face to face processes. The aim of this paper is to present a review of the literature pertaining to online mentorship. A literature search of the CinAHL, Medline, ProQuest and Google Scholar data-bases was undertaken to identify relevant literature. Hand searches of reference lists were also conducted. The findings demonstrate the paucity of literature addressing this topic. Evaluation of online mentorship programs are particularly scarce, small scale and usually conducted at one site only. Few descriptions of the content and structure are provided meaning that program development cannot benefit from existing knowledge and expertise. There is an urgent need for online mentorship accompanied by rigorous and systematic evaluation frameworks to maximise the benefits of mentorship to an online environment.

KEYWORDS

Education

Evaluation

Literature review

Mental health nursing

Mentorship

Online

Postgraduate programs

INTRODUCTION

Studies have identified the critical importance of mentoring, in particular in the early career phase of professions like medicine, nursing and allied health (Block & Florczak, 2017). Despite its acknowledged importance, mentoring has proved very difficult to define in a consistent and reliable manner (Eller, Lev, & Feurer, 2014; Hooley, Hutchinson, & Neary, 2016). Essentially, mentoring brings novices and experts together opening communication channels and equalising relationships with less reference to hierarchy (Jacobs, 2018).

The term mentorship is commonly used and frequently lacks a clear definition. It is frequently confused or used interchangeably with preceptorship. This confusion further inhibits a clear understanding of mentorship that is necessary for the implementation of mentorship programs. Preceptorship refers to a short term relationship primarily assisting students to acquire new skills within the clinical setting. Mentorship in contrast is a longer term relationship, not limited to a specific time period, and more broadly focused on career aspirations (Kirkpatrick, 2015). Of particular importance is that while preceptors are employed by the academic institution and assigned to groups of students, mentors should be chosen by mentees for their specific skills and interests (Nowell, Norris, Mrklas, & White, 2017). Self-selection of mentors is crucial as the success of the relationship requires compatibility (Welch, 2017). For the purposes of this paper, mentorship is defined as the process of inspiring a person to develop professional

attributes, by setting and achieving goals, and accessing support to work successfully in a chosen field.

Mentorship programs have demonstrated positive outcomes in nursing and other health professions. These benefits include: decreased attrition from the workforce (Chen & Lou, 2014; Jokelainen, Turunen, Tossavainen, Jamookeeah, & Coco, 2011; Milton, 2017; O'Keefe & Forrester, 2009; Wallen et al., 2010) and educational programs (Harris, Birk, & Sherman, 2016); demonstrated improvement in job satisfaction and professional identity (Chen & Lou, 2014; O'Keefe & Forrester, 2009); improved knowledge and clinical skill development (Milton, 2017; O'Keefe & Forrester, 2009); facilitation of stronger support by managers and peers (O'Keefe & Forrester, 2009); development of critical thinking skills (Westervelt et al., 2018); improving attitudes to and implementation of evidence-based practice (Wallen et al., 2010); and enhanced patient care outcomes (O'Keefe & Forrester, 2009). Despite its benefits, mentoring is under-utilised (Gerhart, 2012). With an aging population and increased reliance on health care it is critical to ensure a workforce capable of responding to emerging complex needs (McPake & Mahal, 2017). Much more is needed to foster and develop mentorship practice.

Despite the benefits of mentorship being well established, there is a paucity of research clearly defining mentorship, barriers to its establishment and sustainability and potential strategies to address these barriers (Rohatinsky &

Jahner, 2016). The absence of clear role definition, and training for mentorship roles are identified as challenges to successful mentorship relations (Zhang, Qian, Wu, Wen, & Zhang, 2016). A shortage of mentors with the skill, capacity and interest in providing mentorship presents a significant challenge that requires creative strategies to overcome (Jokelainen et al., 2011; Zhang et al., 2016).

Mental health nursing

Mental health nursing faces some particular challenges in relation to workforce issues. There is an acute shortage of mental health nurses in Australia, which nurse leaders and researchers refer to as a crisis. Further the shortage is amplified by an ageing mental health workforce, 88% are over 45 and are likely to retire in 10-15 years (Harding & Mawson, 2017). Mental health issues remain highly stigmatised among the general population and this stigma negatively influences the popularity of mental health nursing as a career (Bingham & O'Brien, 2018; Happell et al., 2019). Nursing students are often deterred from choosing to work in mental health due to perceived violence, and the non-routine and often unpredictable and complex nature of the work (Happell, 2008; Harding & Mawson, 2017).

Current and projected shortages of mental health nurses, or nurses with the expertise and motivation to work in mental health, are threatening the integrity and quality of mental health service delivery (Hooper, Browne, &

O'brien, 2016). Newly graduated nurses and nurses transitioning into mental health are often exposed to a culture, which may be unsupportive of their professional learning needs. They may also be unable to locate suitable peers to provide modelling of advanced mental health nursing, or able to provide briefing and debriefing suitable for their novice level.

Nursing graduates who choose to specialise in mental health nursing are encouraged to complete a postgraduate specialist program (Australian College of Mental Health Nurses, 2016). These programs generally require supervised clinical experience to successfully complete the program. If they are exposed to an environment which they perceive negatively, they are less likely to succeed or excel, or to envisage a long-term career in the field (Hooper et al., 2016).

Online mental health nursing education

In recent decades online postgraduate mental health nursing programs have proliferated in Australia (Australian College of Mental Health Nurses, 2011) and elsewhere (McCoy, 2018). These programs offer many advantages including accessibility, particularly for students living in rural and remote areas or for those with competing priorities from full time work and family responsibilities (Bromley, 2010; Michael, 2004; Poe-Greskamp, 2010). Barriers are also associated with the online modality, particularly in maintaining motivation for, and effectiveness of, learning (Koch, Andrew, Salamonsen,

Everett, & Davidson, 2010; Mehrdad, Zolfaghari, Bahrani, & Eybpoosh, 2011; Posey & Pintz, 2017). Lacking a sense of belonging is commonly reported as a reason for attrition from university programs (Jones-Berry, 2018; O'Keeffe, 2013). Although not specifically related to on-line programs, the impact is likely to be greater than that of more traditional approaches to teaching where support might be more easily obtained.

The increase in online postgraduate mental health nursing education and its impact on educational outcomes has not been systematically evaluated. One recent qualitative study of current postgraduate nursing students and industry based educators, suggested positive outcomes, with graduates developing their identity as mental health nurses, strongly grounded in recovery focused practice (Goodwin, McMaster, Hyde, Appleby, & Fletcher, 2019). While promising, these findings must be interpreted with some caution. The authors do not specify the number of participants in their research and do acknowledge the limitations of a small study conducted at one university. Furthermore, little mention is made of barriers that might be posed by the online delivery mode, with initial technological issues the only specific issues raised. It is not clear from the findings presented whether students were directly asked questions addressing the online delivery mode. The research was undertaken at the completion of the program, at a time when disenchanted or struggling students would likely have already exited the program.

Postgraduate education is now commonly the pathway for registered nurses wishing to specialise in mental health nursing (Australian College of Mental Health Nurses, 2016). Maximising the number of students who complete high quality programs is imperative and avoiding attrition is essential to meeting that goal. A strong research agenda is needed as a matter of urgency. Exploring the potential of mentorship to support on-line students must be an important part of that agenda.

On-line mentoring programs

The demonstrable benefits of mentorship can potentially contribute to the enhanced quality of on-line postgraduate mental health nursing programs. This approach to delivery means traditional face-to-face mentorship is not possible for all students. With on-line being the only viable strategy for mentorship in this context, a review of the literature must underpin the implementation of mentorship strategies.

METHODS

A literature search of the CinAHL, Medline, ProQuest and Google Scholar data-bases was undertaken using the keywords: mentor* or coach* and program* or service* and nursing or mental health nursing and evaluat* or effective* and on-line or online. Ten articles focusing on the provision of on-line mentorship were identified from the 72 retrieved in the search.

FINDINGS

There is a paucity of literature relating to on-line mentoring programs in health or nursing in general and mental health nursing in particular. Most articles identified in the review were related to programs training experienced nurses to becoming mentor (Casey, Clark, & Gould, 2018) or coaching senior managers to assist with specific knowledge and skill development (Eide, Dulmen, & Eide, 2016). To contribute to an increased understanding of on-line membership, the literature will be presented under the headings: evaluation, and content and structure.

Evaluation

Frequency and flexibility of access to mentorship have been identified as major benefits of on-line programs (Nowell et al., 2017; O'Keefe & Forrester, 2009; Westervelt et al., 2018) Furthermore, having greater control over their learning has been identified as leading to improved retention of knowledge and skills for the participants, than more traditional approaches to mentorship (Casey et al., 2018). Furthermore, the on-line method has also been identified as cost effective (Faiman, 2011).

Students from a variety of disciplines have indicated high levels of satisfaction with mentoring or coaching support for their on-line learning (Doyle, Jacobs, & Ryan, 2016). For example an evaluation of 12,000 students undertaking the

conversion program to Bachelor of Nursing Science (on-line delivery), showed significant perceived benefits to learning, including theoretical knowledge and skill acquisition (Cipher, Urban, & Mancini, 2018) with the support of on-line coaches. Benefits to graduate students studying on-line have also been demonstrated through a triad mentorship program involving an academic and skilled clinician collaboratively mentoring the student (Dolan & Willson, 2019). Improvement in clinical knowledge was perceived as positive for both students, mentors and the health care setting.

On-line mentorship has been used to facilitate learning in continuing education programs (Faiman, 2011). A program undertaken with oncology nurses suggested benefits in terms of convenience and flexibility and for many participants the program resulted in practice changes directly related to their learning. The evaluation suggested this approach did not suit all learning styles with some participants indicating a preference for face to face interactions with mentors. Consistency and frequency of communication with mentors and technology issues also presented significant barriers (Faiman, 2011).

In the broader health arena, an on-line mentoring program was established to improve public health professionals' knowledge and skills in the area of advocacy, through mentorship from an experienced public health advocate. A qualitative evaluation was undertaken at the conclusion of the 12 month program. Participants reported increased knowledge, skills,

confidence and experience, and had expanded their professional networks during the process (O'Connell, Stoneham, & Saunders, 2016).

A review of the literature of on-line mentoring programs in nursing academia reinforced the benefits of more frequent contact, with contact made as needed, rather than at a prescribed time. The review did not include papers describing a formal evaluation (Nowell et al., 2017).

Communication and commitment to the process are identified as important components of successful outcomes and requiring additional investigation (Faiman, 2011; Harris et al., 2016; O'Connell et al., 2016). Furthermore, the quality of the mentorship relationship has been identified as essential to producing positive outcomes (O'Connell et al., 2016; Schäfer et al., 2016; Welch, 2017). Surprisingly, this has not resulted in seeking understanding of the specific characteristics of effective mentor relationships. One qualitative study identified 8 main components: (1) open communication and accessibility; (2) goals and challenges; (3) passion and inspiration; (4) caring personal relationship; (5) mutual respect and trust; (6) exchange of knowledge; (7) independence and collaboration; and (8) role modelling (Eller et al., 2014, p. 185). Furthermore, the literature is not particularly helpful in identifying a process for effectively matching mentors to mentees. A randomised-control trial found matching by an experienced expert was more effective than two electronic data bases where mentees are able to search for suitable mentors (Schäfer et al., 2016). Acknowledging the importance of

the mentorship relationship, further research into the matching process is warranted.

Content and structure

The literature describing the development, content and structure, of on-line mentoring programs is minimal. (Easton, O'Donnell, Morrison, & Lutz, 2017).

One study from the United States describes the four phase development of a preceptorship (term used interchangeably with mentorship) program for nurse anaesthetists undergoing certification training. A draft program was produced in phase 1 from expert opinion of faculty academics and a literature review. Phase 2 involved the presentation and evaluation of draft program collectively by certified and student nurse anaesthetists. The program was further informed by a survey of current practice (phase 3), and was modified according to feedback from phases 2 and 3 (phase 4). The outcome was an evidence-based learning module with content including: understanding the preceptor role, promoting student success, ensuring skill acquisition transfer and effective evaluation and challenging situations.

An On-line Mentoring Program for nurses involved partnering nurses with more experienced mentors. The primary focus of the relationship was the identification of the unique contributions of the mentee and identifying strategies to facilitate mentees achieving their professional goals. Despite not conducting a formal evaluation the authors claim the program produced

measurable results, apparently based more on the process than its outcomes. These included more accessible communication through on-line platform; the use of 'guided thinking tools' to identify goals and develop strategies; on-line tools to monitor progress, easily accessed for performance reviews; on-line platform saves paper waste; facilitates development and retention of organisational knowledge through reports, data recording and insights that can be used to improve the process and develop new programs (O'Keefe & Forrester, 2009).

CONCLUSIONS

The value of mentorship as a mechanism for supporting nursing students and new graduates has been consistently demonstrated. The value is particularly pertinent for mental health nursing, due to the complex psychosocial interventions that may be required that are very different from general technical care, and the shortage of qualified staff available to provide peer support. Increasingly mental health nursing education is being delivered online, with clear benefits in providing convenience and flexibility for students. However, this change in delivery necessitates a revision of approaches to providing mentorship for students, to ensure they feel supported in their studies and are more likely to be retained in the mental health workforce.

Acknowledging the limited literature base, there is support for the value of mentorship programs for mental health nursing students studying on-line. To maximise the benefits and effectiveness there is clear need for further research to redress the absence of a strong body of rigorous evaluation data. The design of evaluations should include information about the content and structure of programs, as well as approaches that are most and least effective. This will promote sharing of experiences, avoid new programs starting from scratch, and ultimately contribute to the development and implementation of high quality, on-line mentorship programs.

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