**Opinion**

**Can Peer Nurse Coaching Help the Nursing Profession?**

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**Abstract**

The nursing profession faces a critical period, and the shortage of nursing professionals is a global crisis. Some of the primary reasons for nursing shortages include a lack of adequate workforce planning and allocation mechanisms, a deficiency in the number of new nurses hired due to resource constraints, a lack of effective strategies to retain and attract nurses, and a high turnover rate, as well as an inefficient use of the nursing workforce due to an inappropriate skill mix and utilization, poor incentive structures, and inadequate career support. Truthfully, the shortage in the profession is multifaceted, and there is no one definite source. However, there are consistent findings that nurses are voicing their frustration with lack of support, ineffective leadership, and poor guidance along their professional journey. These findings present nurse leaders and educators with a unique opportunity to impact the nursing profession and provide the tools and resources needed to help nurses seek professional development, potentially improving the retention of current nurses. The nursing community has long understood that nurses should evolve their professionalism, clinical skills, and work ethic. A mentor is a great way to help nurses improve their careers. Therefore, the theory presented in this discussion is simple. *Can Peer Nurse Coaching help improve the nursing profession?*

According to Hookmani, et al. [1], nursing mentorship can improve nursing satisfaction, clinical expertise, and enhance the delivery of compassionate patient care. As a result, this research, along with many others, contributes to the theory that "Peer Nurse Coaching" can aid in advancing the nursing profession. Because peer coaching, through the method of mentorship, is known to build healthy, transformative working relationships. There is belief that peer nurse coaching can harness critical support systems that positively impact patient care while instilling lifelong self-discovery and a passion for professional transformation development.

Additionally, Peer Nurse Coaching is a specific term used in this discussion to outline that the peer coaching relationship is a strategic match between two nursing professionals. One nurse, "The Coachee," is aspiring to learn, improve, or develop professionally. The other nurse is mentoring, guiding, and coaching the "coachee" to achieve their fullest desired potential.

Respectfully, mentorship and coaching in Nursing have been a re-emerging topic of discussion since the beginning of 2020. Nevertheless, now, more than ever before, the profession may need to revisit how to use Nurse mentors to coach, role model, and lead the direction of the ever-emerging career. Lastly, the profession's status raises an inquiry about how a peer, leader, or colleague can play a substantial role in coaching and mentoring other nurses to improve the nursing shortage crisis at hand.

**Keywords:** Accountability; Coach; Nurse; Peer; Support

**Abbreviations**

Coach-ee : Referring to the individual receiving coaching or mentoring from a Nurse Coach or Nurse Mentor)

**Introduction**

The nursing profession has incorporated peer mentoring and coaching as a professional development tactic for a very long time. Coaching and mentoring methods require a time commitment, training, and dedicated support from leadership teams. Therefore, there is an inquiry about how a peer nurse coach can help groom new nurses and improve the professionalism of the current nursing staff. Can a targeted coaching program effectively impact the profession? Can coaching and mentoring techniques reignite the vanishing passion of registered nurses and nursing health professionals?

Peer coaching in nursing is an innovative strategy that leaders can employ to build collaborative relationships with nurses that harness creativity, possibilities, and professional growth. For many years coaches, mentors, and preceptors have been viewed as authoritative supervisors that enforce high expectations and create stringent unadaptable learning environments. However, researchers remind us that coachee's are inherently just as creative and resourceful as the individuals coaching them [2]. Therefore, the coach is strategically placed to help the coachee tap into their potential, discover their ability to solve problems and reinvent leadership in their institution [2]. Peer coaching used appropriately and intently, can be a revolutionary tool that nurse leaders use to grow new nurses, retain current nurses, and sprout stronger leaders in the nursing profession.

According to evidence-based research, using peer coaching strategies can help healthcare institutions build and maintain strong leaders. A new paradigm for leadership across many professions is emerging, thus Peer Coaching. Our job as nursing clinicians is to inspire the next generation of nurses and keep the enthusiasm for nursing alive in those who are just starting. Peer coaching is a journey, not a lesson plan. The coaching journey may require constant adaption to the individual's style of being coached and the climate of the nurses' working environment. Peer coaching is a specific technique used to master the art of mentorship and collaboration with leaders. Peer coaching also focuses on addressing personal roadblocks to success and advocacy for change in the profession. As a result, peer nurse coaching is characterized as unleashing the nurse's most significant potential to optimize their best professional performance.

**Nursing Theory**

Dr. Patricia Benner brought the novice to expert concept into nursing in 1982, outlining how nurses enhance their abilities and knowledge of patient care through time [3]. Dr. Benner's novice to expert model was evolved from the Dreyfus Model of Skill Acquisition to give a more objective method for assessing nursing skills and topics [4]. The model describes how a person starts in the novice stage and goes through phases to reach the expert realm as new skills and information are acquired. According to the novice to expert paradigm, there are five levels of proficiency: novice, advanced beginning, competent, proficient, and expert [5]. In the model's first novice stage, the person has no prior experience with patient care. This step teaches novice nurses how to identify primary, objective characteristics. The novice stage's applicability in the leadership domain is when an individual's initial management position or experience is restricted and immobile, necessitating more professional growth and development [6]. Benner [5] emphasizes the novice's incapacity to use discretionary judgment due to their lack of prior experience.

As a novice acquires expertise, they advance to the advanced beginner level. Benner [5] defines an advanced beginner as someone exposed to enough real-world situations to identify the recurring component. The primary difficulty of the advanced beginning is that, although the person may possess some clinical expertise, the emphasis is on the rules and principles presented. Additionally, the newbie struggles to determine which activities are the most important to complete since there are no explicit rules governing task performance or relevance in real-world settings [5]. The advanced beginner needs guidance and support in the clinical area, where they must establish priorities to ensure that critical patient requirements are met [5]. The competent stage is the third level in the novice to expert paradigm. A skilled nurse is capable of prioritizing duties based on previous experiences. According to Benner [5], a competent person has been on the job for two or three years and can see activities in terms of objectives or plans. The competent person can function efficiently and organize because of purposeful, conscious planning [5]. While capable leader lacks the multitasking abilities and flexibility of an adept nurse, they can plan purposefully utilizing abstract and analytic concepts. As the competent person advances, they enter the proficient stage. During this stage, the individual's performance is led by maxims because of perceiving a situation holistically [5]. Benner [5] defines maxims as bits of evidence that point to what is essential in a circumstance. The expert stage is the fifth and final step described in the beginner to expert paradigm. The expert person has a breadth of knowledge about problems, enabling confidence and an intuitive comprehension of complicated patient scenarios [4].

**Materials and Methods**

This manuscript is a discussion and viewpoint about the subject of peer coaching related to the nursing profession. No research or formal investigation of literature was performed.

**Results**

No research was conducted with a specific population or sample size to yield results.

**Discussion**

**Peer Coaching**

Peer coaching is explained as a working collaboration to enable learning, enhance performance, and produce positive results. The coach's role is to provide personal and direct assistance in real-time. The coach is there to support, guide, and develop the person they are helping. The coach must implore an artistic balance between teaching and role modeling to coach effectively. Coaches must remember that what you instruct the individual to do is just as important as what the person "Sees" the coach do [7,8].

Additionally, the coach helps the individual become more self-aware of their current state. Self-awareness will highlight the pieces of the self-evaluation process that are imperative to the professional growth of the coach-ee. As the individual becomes more self-aware, the process of explorations of the following steps occurs. The next steps of the coaching process are paramount. The coach must strategically implement the technique of scaffolding the coach-ee. Scaffolding is the significant step of the coaching process that is especially wedged between providing initial supports and ending the journey by removing support. Scaffolding is tedious, and the coach must have patience. The scaffolding process allows the coach to truly begin to implement empowerment of the coach-ee and supervise the coachee’s self-discovery. Even though the coach is responsible for applying the step-by-step transition of educating, modeling, guiding, and then managing that the coach-ee can perform individually, the peer coaching process is a partnership in which both the coach and coach-ee agree to remain accountable for the outcome of the journey.

**Scaffolding**

If we revisit Dr. Benner's model, we know that there is a journey from novice to expert. That journey requires a keen sense of expertise from dedicated assistive personnel. We will refer to the assistive personnel as a "Nurse Coach" for this discussion. The Nurse Coach provides a strong sense of mentorship and supervision in which the technique of scaffolding would be most particularly critical to employ. Scaffolding is veered as a complex process. Therefore, the definition and process must be simplified in this discussion. Simply, scaffolding is a method of transforming the thought process of an individual. First, the individual must be challenged to learn from what they think and then model what they see. Ultimately, they must develop an independent mastery of knowledge or skill (after the guidance is removed). Scaffolding starts with heavy support, including mentoring, coaching, and direct counseling. Then there is a dramatic shift in the process-scaffolding changes to a minimalist level of support. The Nurse Coach then redirects the coach-ee to self-help and external resources. Lastly, after the coach-ee has established the help they need and has definitive support measures, the guidance of the coach is removed. The removal is paramount, and it is typically most successful if the coach-ee has the foundational knowledge, skills, and strategies necessary for continued success. Of all the methods that a Nurse Coach can successfully implement, scaffolding proves excellent value.

**Nursing Implications**

Nurses can implore the strategy of peer coaching to improve the profession, provide support to novice nurses, and encourage seasoned nurses to reignite their passion for the practice. A significant source of improvement starts with training nurse leaders and educators on successfully implementing peer mentoring and coaching programs within the institution. The education can be formal or informal. However, it needs to be substantial and accessible with adequate support for the novice coach. Another implementation guidance is for institutions to provide a directory of coaching experts that can give the individual autonomy to select and connect directly with a supportive peer.

Additionally, there must be education about the coaching relationship. The potential coach-ee must understand that peer coaching is a collaborative effort. There must be mutual agreement and connection between the coach and the coach-ee. The coach-ee needs to realize that the coach is there to guide them, prepare them, and even challenge them. The coaching process is very similar to the intensity of a professional level sport because Nursing is a professional level of medical practice. The stakes are high, and the demands become more weighted year by year. Therefore, a substantial understanding of the roles of the coach and the individual being coached are crucial to the success of the partnership. Many resources are available to bridge the knowledge gaps of successful peer coaching theory and how to apply the theory in the nursing practice actively. Recommendations from Sigma Global Nursing Excellence insist that the coach has exceptional training, the coach-ee has a mutual agreement, and the institution supports all parties involved.

**Conclusion**

In conclusion, the nursing shortages that we face today are caused by various factors, including a lack of effective leadership, a lack of effective strategies to retain and attract nurses, a high turnover rate, and poor allocation of substantial resources. The profession's deficit is diverse and has no one cause. However, nurses consistently express their dissatisfaction with their nurse leaders, their desire for support and guidance, and their frustrations with poor professional direction. The voices of nurses provide nurse leaders and educators a unique chance to impact the nursing profession and support nurses seeking professional growth, which may help retain existing nurses.

The nursing community has long recognized that a mentor is assistive and critical to the professional development of nurses. However, there has been a failure to effectively implement and sustain coaching services and programs for nursing professionals. The inquiry remains about how a peer, leader, or colleague may help address the nursing shortage situation and aid the progression of the profession overall. Therefore, we conclude this discussion by charging nurse leaders to revisit the idea, the possibility, and the need for peer nurse coaches and mentors to role model, support, and guide the existing and expanding profession.

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**Conflict of Interest**

There are no conflicts of interest or financial incentives related to this manuscript.

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