

Transforming Bedside Nursing Care through Practice-Academic Co-Mentoring Relationships

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Abstract

This article reports how nursing staff, nurse managers, faculty, and graduate students from a regional children's hospital and a research-intensive public university came together to solve a clinical challenge. The challenge was addressed when these practice and academic professionals collaborated and used nursing theory to educate staff nurses and plan a research project.

The most significant results from this partnership have been the deep, reciprocal co-mentoring relationships that have formed among participants and the impressive results they have produced. Not finding a fitting description in the literature for the co-mentoring relationships formed through this partnership, the co-mentees formulated their own definition: a trusting, collaborative, and reciprocal teaching/learning relationship among interprofessional colleagues working together with shared power to produce quantifiable results that mutually benefit those involved. Outcomes from this ongoing endeavor include: transforming healthcare through the realistic use of nursing theory, research, and education at the bedside; enhancing nursing education, theory, and research in academia; increased nursing scholarship and professional growth; advancing institutional goals; and strengthening the discipline of nursing.

Keywords: Co-mentoring; Practice-academic partnership; Interprofessional collaboration; Theory and research application

Introduction

The practice-academic co-mentoring relationships established between nurse managers/staff nurses at a regional children's hospital and nursing faculty/graduate students at a research-intensive public university began in response to a clinical challenge. A nurse manager saw that the nurses in her unit were frustrated because they felt that they weren't impacting the health of the Hispanic and underserved Caucasian children and families in their care. Despite their teaching efforts, many nurses believed that families weren't responding to the information they provided. Some families had even voiced dissatisfaction with nursing care. The nurse manager was looking for creative ways to improve caring relationships between nurses and families and sought an appropriate nursing theory to guide nursing care.

While attending a nursing research committee meeting at the hospital, the nurse manager shared her challenge with a visiting doctoral student. The student recommended using the Culture Care Theory, which addresses strategies for providing culturally congruent care that is satisfying and beneficial to recipients [1], and suggested a faculty member as a resource. The nurse manager and her assistant nurse managers met with the doctoral student and the faculty member in June of 2010. As a result, academic and clinical nursing colleagues (nursing faculty, nurse managers, staff nurses, and graduate nursing students) combined expertise and resources to address a bedside clinical challenge in the acute care hospital setting. These nurse colleagues have formed deep, reciprocal, co-mentoring relationships leading to a dynamic, practice-academic partnership with amazing outcomes.

The purpose of this article is to report how nursing staff, nurse managers, faculty, and graduate students have been able to use co-mentoring relationships to transform healthcare and contribute to the discipline of nursing by translating nursing theory, research, and education into practical bedside nursing, while also enhancing nursing education, theory, and research in the academic setting. This

article begins by defining co-mentoring relationships and contrasting such relationships with traditional mentoring. A discussion follows of how co-mentoring relationships facilitated practice-academic partners in addressing the identified clinical challenge through cultural competence training and research development activities using the culture care theory. Challenges encountered and the outcomes and value of practice-academic co-mentoring relationships as experienced in this partnership are described. In this paper the terms practice-academic partners, co-mentors and research team members are used interchangeably.

Defining Co-Mentoring

Little information on co-mentoring in nursing was found in the literature. Using the Cumulative Index to Nursing and Allied Health Literature (CINAHL), only 3 articles were found for "co-mentoring". While the term "mentoring" produced 1069 results, only 6 articles were found when "mentoring", "academia", and "practice" were entered together. Twenty-two results were found for "practice" and "mentor", however, these articles generally referred to nurses and medical students, midwives, or nurse practitioners.

A search of the Education Resources Information Center (ERIC) database yielded 22 co-mentoring articles. Two of these articles were

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previously discovered in the CINAHL database search. While many articles mentioned the word co-mentoring, most focused primarily on mentoring. Some articles addressed co-mentoring among business or faculty peers. Only 4 articles were applicable to co-mentoring as a broad concept among persons from different institutions with different educational and employment levels. In addition to these professional databases, several professional and educational websites provided information on co-mentoring.

Co-mentoring has been defined as “a mutual mentorship of a pair of close, collegial friends committed to facilitating each other’s development” [2]. Further, co-mentoring partners are “simultaneously mentees and mentors to each other, weaving back and forth between roles sometimes openly, often seamlessly, with a focus on providing support for each other”[3]. Co-mentoring was described in an educational psychology article about an intergenerational, service-learning project in which undergraduate psychology students were paired with older adult volunteers [4,5]. Of interest to this article is that these students reported a “deep relationship” with their co-mentor partners. They also described the benefits of intergenerational learning including admiration, inspiration, and role modeling. Although co-mentoring was discussed, it was never defined. In another article, co-mentoring was described as a successful strategy for promoting faculty writing scholarship; however, the term was not defined [6].

Co-mentoring relationships have been described as having mutuality/mutual respect [7,8,9], active listening [7], and a balance of power with shared decision making [3,10,11]. Such relationships have also been described as being collaborative [8,10,11], reciprocal [3,9,12] trusting [2,8,13], and synergistic [11]. The authors consider these seven characteristics to be the tenets of successful co-mentoring relationships. Peer mentoring is a term found in the literature that is similar to co-mentoring. Peer mentoring typically occurs among persons of the same educational and employment level [14]. In contrast, the co-mentoring relationships in this practice-academic partnership occur among a wide variety of educational and practice levels.

Traditional mentoring differs from co-mentoring in that the mentor/mentee relationship tends to be unidirectional rather than reciprocal [15]. While both mentoring and co-mentoring relationships involve respect, trust, and listening, in mentoring relationships, the mentor holds greater power than the mentee [16]. The mentor bestows knowledge (role of teacher) to the mentee (role of learner) [15,16,17] rather than collaborating or being synergistic. In co-mentoring relationships all participants act as both mentor/mentee and as teacher and learner.

Core members of this practice-academic partnership, formulated the following definition of a co-mentoring relationship based on the literature and their partnership experiences: a trusting, collaborative, and reciprocal teaching/learning relationship among interprofessional colleagues working together with shared power to produce quantifiable results that mutually benefit those involved. One of the practice team members described it succinctly by stating “it’s a two-way process. I learn from you and you learn from me. Also, I learn from you and use that knowledge to teach someone else”.

Training Activities

To address the manager’s and staff nurses’ desire to develop caring relationships and improve nursing care for Hispanic and underserved Caucasian children and families, the initial goal of the practice-academic partnership was to teach staff nurses cultural competence. Cultural competence training, guided by the Culture Care Theory

(CCT), taught nurses to provide culturally congruent care that meets the unique needs of diverse children and families. The CCT purports that specific factors contribute to peoples’ health and wellbeing [1]. These factors include; kinship and social, economic, education, religious/philosophical, technologic, political/legal, and cultural values, beliefs, and practices. Nurses begin by using these factors to conduct a holistic cultural assessment of each child and family. Based on the theory, nurses then use assessment data to develop nursing actions and decisions to facilitate care that is beneficial and meaningful to the child and his/her family [1]. For example a nurse assessed that a Hispanic family wanted to light a candle in prayer for their sick child (religious factor). However, open flames in the hospital are not allowed for safety reasons. The nurse’s action/decision was to accommodate the family religious practice by offering a battery-operated candle. In turn the family expressed this action was meaningful and met their religious needs.

Cultural competence training began with a day-long workshop. The nurse manager and hospital administrators wanted an environment conducive to focused, effective, and creative work; thus the inaugural workshop was held offsite at the local Zoo. As faculty led the in-service to teach participants about cultural competence and the bedside applications of theory and research, master’s and doctoral nursing students participated as co-learners and co-teachers. The morning session was funded by the Health Resources and Services Administration (HRSA) cultural competence grant project #D11-HP09759. Staff members learned about the culture care theory and transcultural nursing evidence relevant to caring for children and families at the bedside. Participants also were taught the practical aspects of cultural self awareness and how to conduct cultural assessments.

To ensure the cultural competence training was actually applied to nursing care on the unit, and to address the unit’s specific cultural practice challenges with Hispanic and underserved Caucasians, the afternoon portion of the workshop was spent planning a research study. Workshop participants (staff nurses, nurse managers, faculty, and graduate students) collaboratively planned the research project by determining the purpose, goals, research questions, research methods, and theory application.

The initial workshop used a “train-the-trainer” format with the idea that the staff nurses would return to their unit and train their peers. However, the practice partners perceived this format would be too daunting for nurses who felt they didn’t have enough cultural competence knowledge or experience. Consequently, additional workshops were planned to train the remaining staff on the unit. The nurse manager scheduled and paid each staff nurse to attend.

During subsequent workshops, the nurse manager and faculty trainer quickly became aware that some participants were struggling to understand how to apply the training to their clinical practice. At that point, role playing was immediately incorporated into the training workshops. Role play used scenarios that nurses faced daily on the unit. For example, families propping bottles, co-bedding with their children, and remaining on their cell phones when nurses needed to communicate with them. The nurse manager played the role of a family member while the faculty member or graduate student played the role of a culturally competent nurse.

When the graduate student, also a practicing nurse, first chimed in with a specific cultural example, a staff nurse decided to share her experience as a patient in a local hospital. She was in labor with no family present and her nurse asked her, “What is the most important thing I can do for you today”? As she told her story, she began to cry and

stated how important this one question was to the care she received. The graduate student was deeply affected by the nurse's story and humbly shared that she had been taught to ask her patients this question but had thought it was a waste of time. She now knew it mattered greatly.

These dramatizations were effective in demonstrating to staff nurses how to use theoretical concepts and evidence to solve challenges in their everyday nursing care. Although co-mentoring relationships had been building among the practice-academic partners, this is the point where the co-mentoring relationships were solidified. The cultural competence training and role playing exercises illuminated that in order to address the theory-research-practice gap, both practice and academic expertise is essential.

Research Project Development

The cultural competence training involved teaching clinical nurses and graduate students to apply culture care theory (CCT) and evidence-based and best practices to pediatric clinical practice. After all staff nurses were trained, a research study was designed to answer their clinical challenge and operationalize their new theoretical and research knowledge. The purpose of the collaborative study between the children's hospital and the college of nursing is to discover, describe, and analyze the culture care expressions, practices, and patterns of Hispanic and underserved (financially or educationally) Caucasian children and families. The population of interest is the children and families who utilized in-patient services at the children's hospital. The goal of the study is to discover folk and professional nursing care that promote the health, well-being, and culturally congruent care of children and families from these regional cultural groups.

The study will be guided by the CCT and ethn nursing research method which are used to generate knowledge and assist nurses in caring for people from diverse cultures [1]. The ethn nursing research method is qualitative and uses an inductive process of discovery to describe and interpret people's culture and health care needs. The philosophic and epistemological sources of knowledge using this method are "...the people as the knower about human care and other nursing knowledge" [1]. In this research study, Hispanic and underserved Caucasian children and families are the knowers about the nursing care that is beneficial and meaningful to meet their healthcare needs. [1,18].

A core group of staff enthusiastically became immersed in this research endeavor. Their involvement has helped them to take pertinent knowledge gained from cultural competence training and promptly employ it in their day-to-day nursing care. As of this writing, practice-academic partners have conducted the review of literature, developed the research proposal, submitted human subjects' application, and completed research training.

Review of the literature

Reference librarians from both institutions were enlisted to help with the literature search. Since the librarians were already friends and colleagues, they were excited to work together and with the project team. With support from the academic partners, including faculty and graduate students, research team members learned how to critique qualitative and quantitative research articles as part of a comprehensive review of literature. Nursing team members shared their critiques and communicated evidence-based findings to their peers on the unit while faculty team members wrote the final review of literature. The university's internet-based system for managing academic information became the repository for research materials and team communications.

Research proposal and human subjects application

Co-mentoring was clearly evident as the research team collaborated on the research proposal and the human subjects protection applications for both the hospital and university Institutional Review Board (IRB) committees. The research team was committed to conducting a valuable research study while protecting the participants. Numerous challenges arose which required the combined expertise of both practice and academic partners.

For example, one of the first challenges the team encountered was how to best describe the Caucasian cultural group. The literature referred to financially and educationally underserved persons as "disadvantaged" and this was the term used initially. According to hospital policy, documents such as informed consent and interview guides must be approved by the hospital's patient education committee. As the professional and lay representatives on this committee reviewed these IRB documents for readability, they were concerned about the potential negative impact of the term "disadvantaged" on study participants. The practice-academic team decided to explore other options by consulting the nursing staff, nursing administrator, unit social worker, hospital certified IRB professional, university researchers, and the literature. The term financially and educationally "underserved" was approved by consensus. Identifying culturally acceptable terminology taught everyone about the value of accessing resources from each of the institutions and the importance of honoring a variety of perspectives.

This example also illuminates the importance of sharing expertise among interprofessional team members. The hospital translator has become a valued research team member as she shares her cultural knowledge about Hispanic children and families. Her knowledge of linguistics and cultural context were essential as the research team developed interview guides. The hospital's certified IRB professional taught the team about the protection of human subjects, including the special needs of children and families. For example, despite parental permission, faculty now understands the need to obtain written consent from children ages 14-17, and verbal assent from children ages 8-13. One doctoral student team member conducted her dissertation research at the children's hospital, and her experience in conducting research with children has been invaluable to the team. Staff nurses have learned the practicalities of the research process and how nursing theory guides the study. Nurses provided their expertise as they taught faculty how to word research explanations in terminology appropriate for children.

Core members of the research team attended the hospital IRB committee meeting. Each team member contributed her expertise. It was particularly gratifying to see staff nurses eloquently field questions from IRB committee members, demonstrate their extensive understanding of the theory and research methodology, and the importance of conducting this research to improve the provision of nursing care. They also showed their unique perspective on conducting a quality study while protecting the children and families they care for. After the meeting, the team met to discuss the committee members' recommendations to improve the IRB proposal. Each team member's notes and perspective provided valuable insight. This is an example of the shared power and collaboration displayed in the co-mentoring relationships among practice-academic research team members.

Practice-Academic Co-mentoring Challenges

Several challenges were encountered in establishing practice-academic co-mentoring relationships. The literature suggests that some

nurses receive education, yet no practice changes are seen [19], while others experience synergy, energy, and excitement and will implement evidenced-based care [20]. The practice-academic partners' experiences were similar. Some nurses saw the training as just another in-service. In contrast, others gained new insights which they have incorporated into their practice. A number of nurses reported that the training "made my [patient] approach different". Several nurses joined the research team, thereby becoming fully engaged in the co-mentoring process.

The literature reports that practice-academic collaborations are a very lengthy process, requiring a long term commitment [21]. Despite hearing this fact 'up front', partners are still frustrated at how long the process can take. The research team was initially excited and motivated but fought discouragement as each step took much longer than anticipated. This is where the co-mentoring relationships were crucial. Team members were able to openly admit their disappointment to one another without finger-pointing or blaming and kept project momentum moving forward.

While each team member was eager to collaborate, it was challenging to find mutually acceptable meeting times. The timing of priorities at the two institutions—high census at the hospital and extra activity at the beginning and ending of university semesters—caused many scheduling conflicts. The literature supported the fact that practice-academic partners are challenged to find a time when everyone can get together and that these meetings pull the bedside nurse away from patient care [19,22]. Since practice partners have 24-hour patient care responsibilities, the research team decided to hold most meetings on the hospital campus, either in the patient care unit conference room or in the adjacent medical office building. As co-mentoring relationships have deepened, some meetings are held in partners' homes or at local restaurants.

Practice-Academic Co-Mentoring Outcomes

The value of practice-academic co-mentoring relationships is extensive and goes beyond the initial education and subsequent research project development. The outcomes achieved are discussed below in the areas of peers becoming trusted friends; nursing scholarship and professional growth; the benefits for both institutions, including contributions to their missions and the impact of combining resources; and the advancement of the discipline of nursing. Team member's perspectives are provided to illuminate how these practice-academic co-mentoring relationships can transform healthcare.

Trusted friends

The Culture Care Theory describes the dynamic of the researcher starting as a stranger to the participant and becoming the participant's trusted friend during the course of a research study [1]. This dynamic promotes the collection of authentic and credible data and also applies to the development of practice-academic co-mentoring relationships. As partners work together to achieve their practice, education, theory, and research goals, they began as strangers and have become respected colleagues, friends, and co-mentors. This outcome is perhaps the most significant because being trusted friends enables all other outcomes to be achieved. Trust is the foundation of the co-mentoring relationship and the essential ingredient on which the remaining characteristics are built.

Nursing scholarship and professional growth

Co-mentoring relationships have contributed to the professional growth and nursing scholarship of practice-academic partners. Reciprocal teaching/learning and synergy stimulated partners to pursue

certification, graduate education, change bedside nursing practice, and deliver collaborative presentations at national and state professional conferences.

As a result of co-mentoring relationships, a nurse manager was inspired to pursue transcultural nursing certification, took a doctoral transcultural nursing course, and is now pursuing her PhD in nursing. She intends to use the culture care theory for her dissertation. The nurse manager presented a train-the-trainer cultural competence workshop to the education department at the hospital and to 160 school nurses at a state school nurses' conference. She recognized the great need for schools to collaborate with academia and encouraged school nurses to work with nursing faculty and students to present health fairs and teen pregnancy education.

In addition, a staff nurse has begun her master's degree in nursing as a result of her co-mentoring relationships. Faculty members have been humbled to learn about the realities of implementing culturally congruent care and designing research that is relevant and meaningful for bedside nurses. Graduate nursing students are learning the practicalities of cultural competence education, research application in practice, collegial collaboration, and project management. Powerful co-mentoring relationships have been modeled for these students.

Some nurses on the research team describe that, since their training and work on this project, they are approaching children and families with more patience and understanding and are assessing their cultural practices. One staff nurse shared, "Recently, I had a patient here with a father from [another country] who called out frequently and expected everything done immediately. This was frustrating to me and other staff members. As a result of this project, it reminds me to take a step back and see things from their world. It doesn't matter how long you have lived in this country, it is terrifying to have a child in a hospital". Another practice partner shared, "My involvement in this research project has given me insight into other cultures as well as the diversity inside my own sub-culture. I now have a more empathetic approach to all my patients and families, and feel I can give better care because of this".

Two nurse managers attended the Transcultural Nursing Society (TCNS) conference with financial support from the hospital. The managers reported gaining considerable knowledge about providing culturally competent care and disseminated conference information to their nursing unit and institution. The following year (October, 2011), practice-academic partners made a podium presentation at the TCNS conference. The staff nurse, nurse manager, faculty, and graduate student co-mentors developed, practiced, critiqued one another, and delivered the presentation together. Although this was the first time these staff nurses presented nationally, they did an outstanding job and the presentation was well received. The audience was particularly impressed with the collaborative work of these co-mentoring, practice-academic partners. Participating in the conference has broadened their worldview and further expanded their understanding of applying research and theory to practice. In another example, a nurse manager presented a poster about the practice-academic partnership at the state hospital association annual meeting.

One nurse described that at her first transcultural nursing conference, she was "baptized into transcultural nursing by immersion". She described how welcome she felt and the extensive learning she received related to "[being a part of] a community of intellectual learning" and "[being introduced] to culture care models and [their] application to the community". She went on to describe how her co-mentoring relationships have influenced her. "I failed to see the big

picture and was only focused on the two patient populations identified in the research project. My [co-]mentors helped me to see the bigger picture; that each patient has his or her own values, beliefs, care expressions, and practices. They are active participants [in their care] and we must respect the knowledge and expertise the patient brings.”

Co-mentoring among staff nurses, nurse managers, nursing faculty, and graduate students has contributed to the professional growth and scholarship of these individuals. These practice-academic partners are also impacting their institutions.

Institutional Benefits

The children’s hospital and the university have finite resources. Combining institutional resources has produced greater results than could be accomplished separately. The college of nursing and hospital’s department of nursing have supported this practice-academic partnership and the development of co-mentoring relationships through providing staff release time for cultural competence education and research project development, and funds to support presentations at national conferences. Cultural competence training location fees, food, and beverages were covered by the hospital while the faculty used grant funds for teaching resources and graduate students (a valuable university resource) for assistance with the workshop and research project development.

Practice and academic partners collaborated to write a community outreach grant which will fund research project expenses for a translator to assist with interviews of Spanish-speaking children and families and interview transcription. Grant criteria dictated that both organizations demonstrate cost sharing and their ongoing contribution to the project. In combining resources, both institutions benefitted.

Benefits for the hospital

As the nurse manager grew in cultural competence, she was inspired to collaborate with colleagues and formed a hospital-wide cultural competence committee. The committee is working with human resources to implement the National Standards on Culturally and Linguistically Appropriate Services [23] throughout the children’s hospital. As one of the nurse managers stated, “I am really excited about bringing all our new knowledge to the [hospital culture care] committee and the potential for making such a difference in care throughout the hospital”. Culturally competent interprofessional education and research has also been enhanced among institutional IRB Committee members, patient and family education committee members, translators, social workers, nurses, nursing and hospital administrators, and others. This means that the positive influence of cultural competence education, implementing evidenced-based research findings at the bedside, and co-mentoring relationship modeling is extending throughout the hospital organization.

The hospital is currently working to be recognized by the American Nurses Credentialing Center’s Magnet Recognition Program. This program acknowledges healthcare organizations with quality patient care, nursing excellence, and innovations in professional nursing practice [24]. One of the criteria for this award is that a hospital must demonstrate evidence-based practice. This partnership and its co-mentoring relationships contribute to the goal of achieving magnet status through application of evidence-based nursing care at the bedside.

Benefits for the university

One of the university’s missions is to increase human knowledge.

Through this partnership and its rich co-mentoring relationships, nursing knowledge about meaningful, beneficial, and acceptable care for specific cultural groups is expanding. Graduate nursing students have the opportunity to learn theory and research application and apply their new skills and knowledge in a practice setting. One academic partner shared, “as faculty, we are involved in community service and as with most service opportunities; I feel I get much more out of the partnership and co-mentoring relationships than I put in. I have learned so much from the children’s staff about the realities of implementing nursing theory and research at the bedside”. A doctoral student stated, “Transformational learning has occurred on both sides. The synergy among me, nurses, and faculty motivated us all to learn from one another to meet our goals. Each person’s contribution led to the success of our co-mentoring relationships. We had all the players at the table”.

The practice-academic co-mentoring model focuses on extending university resources to help nurses use research findings to provide evidence-based, culturally congruent care to promote the health and well-being of patients and families. The relationships and outcomes of this partnership serve as a template for future collaborative and co-mentoring efforts at the university.

Strengthening the Discipline of Nursing

The strong co-mentoring relationships that have formed as an outcome of this practice-academic partnership serve as the basis to address the nursing theory-research-practice gap within the discipline of nursing. Some estimates state that it takes 17 years for research to be applied in clinical practice [25]. Staff nurses and nurse managers may have expertise in identifying clinical challenges that need solving through nursing theory and research. Academic nurses, prepared as research scientists, may have expertise in conducting research and nursing theory application. However, hospital nurses or academic nurses alone will not be successful in addressing the theory-research-practice gap. Rather, it is through co-mentoring relationships built on trust, reciprocity, collaboration, shared power, and collective decision making and tapping interprofessional expertise and shared institutional resources that healthcare will be transformed through realistic application of education, theory, and research in clinical practice.

Cultural competence education has been completed. The research team is awaiting final IRB approval for the study. Once the research study begins, practice partners and graduate students will gain valuable experience in data collection, qualitative interviewing skills, and data analysis. Recommendations for providing culturally congruent care for Hispanic and underserved Caucasian children and families will then be formulated and immediately incorporated into nursing practice on the unit, throughout the hospital, and into undergraduate and graduate nursing education for university students. Research findings will be disseminated through publications and presentations. The research findings will be useful to nurses serving children and families at the hospital and may also be useful to nurses in other geographic locations who are caring for children and families from similar cultural groups.

The research conducted as a result of this practice-academic partnership with strong co-mentoring relationships is predicted to further support and substantiate the Culture Care Theory and contribute to the body of transcultural knowledge within the discipline of nursing. Additionally, findings will be used by educators and preceptors to teach cultural competence to nurses and nursing students. Knowledge gained about Hispanic and underserved Caucasian groups may promote a greater understanding of their cultures and lead to more satisfying and beneficial nursing care for future children and families. Practicing

staff nurses, nurse managers, faculty, and graduate students will learn their role in contributing to building knowledge for the discipline and practice of nursing through continued theory building and research application at the bedside.

Conclusion

Co-mentoring relationships among staff nurses/nurse managers and faculty/graduate students have formed the basis of a strong practice-academic partnership. Based on the literature and experiences of practice-academic partners, co-mentoring was defined. These co-mentoring relationships are mutually beneficial to all participants and affiliated institutions and are proving effective in addressing clinical challenges through education and research activities guided by nursing theory. Such partnerships are essential for transforming healthcare through realistic use of nursing theory, research, and education at the bedside.

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