Career Development Relationships

Definition and Overview

A Career Development Relationship (CDR) is a dyadic relationship in which there is a conscious goal to provide for gradual socialization of an individual into the organization and to develop the abilities and promotability of the less experienced individual.

These relationships can be distinguished by varying degrees of instrumental (task oriented) and psychosocial behaviors. In addition, they can be differentiated by four criteria:

I. Level and duration of the relationship, which refers to the type and amount of personal contact between the individuals and the length of time the relationships exists

II. Mutuality, which is the extent to which the relationship is characterized by openness and trust regarding issues of both personal and professional importance to both individuals

III. Interdependence, which is the extent to which the individuals believe the actions of one have consequences for the other IV. Relationship functions, which are support, career, and psychosocial functions that exist in the relationship to keep it dynamic Career Development Levels There are five CDRs that are well described in the healthcare, business, and education literature.

Their relationships are defined as follows:

Precepting

A relationship in which a staff nurse assists the novice by explaining the context of the work environment, focusing on the norms of the professional practice area. The preceptor makes sure the preceptee understands the policies and procedures of the nursing unit and the organization, and is introduced within the nursing work peer group. In most hospital organizations, a preceptor is assigned to a new graduate (novice nurse) for a designated period of time and is available to answer questions as they arise. This relationship is usually formal in nature, meaning it is designated by the organization and the preceptor is assigned to the preceptee. It is highly instrumental in nature because it is focused on tasks, role expectations, and acceptable behavior within the practice area and organization.

Coaching

A relationship that is an ongoing face-to-face process of influencing behavior by which the manager (immediate supervisor) and employee collaborate to achieve increased job knowledge, improved skills in carrying out job responsibilities, a stronger and more positive working relationship, and opportunities for professional and personal growth for the coachee. Coaching can consist of a combination of teaching, training, and career counseling. This
relationship consists of approximately 50% instrumental and 50% psychosocial functions. It has a greater psychosocial component than precepting, but is less psychosocially intense than mentoring.

**Peer Strategizing**

A relationship between peers in age and experience consisting of psychosocial and 2 career enhancing functions. The career enhancing functions consist of information sharing, career strategizing, and job-related feedback. The psychosocial functions consist of confirmation, emotional support, personal feedback, and friendship. The hallmark of this relationship is the shared mutuality in terms of reciprocal communication, level of power in the organization, and the affective bond.

**Sponsoring**

This relationship consists of a powerful individual actively promoting the career of a more junior person in the organization. Sponsors may be less powerful than mentors, but they are certainly more powerful than preceptors, coaches, or peer strategizers. Sponsors usually introduce the person junior to them to the appropriate reference group, help showcase their work, and recommend them for higher level positions inside and outside the organization. Sponsoring is not as psychosocially intense as mentoring and is shorter in duration; this is because the relationship is usually more utilitarian in nature— it exists to serve a particular need at a particular time. The hallmark of this relationship is the power differential between the sponsor and the recipient.

**Mentoring**

This is the ultimate CDR because it incorporates the instrumental and psychosocial functions described in the previous CDRs. Mentoring occurs when a senior person, by experience and level of career position, provides information, advice and emotional support to the junior person in the relationship (protégé). The hallmark of this relationship is the fact that the relationship usually lasts for an extended period of time and includes substantial emotional commitment by both individuals. The research literature indicates that true mentoring does not occur in relationships of less than three years, with the most beneficial relationships lasting at least eight years.

**Summary**

There are five distinct career development relationships that could and should be used over the course of an individual’s career. At times the individual may be the recipient in the relationship and at times, the developer. When these relationships are properly instituted at the correct times in an individual’s career, it is believed they improve the nursing work environment, job performance, job satisfaction, organizational commitment, and intent to stay, while decreasing turnover.

**Career Development Relationship (CDR) Scenarios**

The following are fictitious scenarios demonstrating most of the characteristics within each
Precepting

Jennifer is a new graduate who was recently hired by a local hospital. She has completed the hospital level orientation and the Nursing Department requires each new graduate to participate in a six-month nurse residency program (NRP). As part of the NRP, Jennifer has been paired with an experienced staff nurse (a preceptor) on the medical-surgical unit where she will be working. Jennifer and her preceptor are assigned to the same shifts and Jennifer will share patient assignments with her preceptor Emily. While in the NRP, Jennifer will not count as a full staff member. Emily will be responsible for making sure that Jennifer understands the nursing policies and procedures, the norms of the unit, and the patient care delivery model used within the unit; in short, Emily will socialize Jennifer to the unit. Also, Emily will evaluate Jennifer’s nursing competencies as she cares for patients with Emily. During the NRP, Jennifer and Emily developed an excellent professional relationship and after the residency was completed Jennifer continues to 3 feel comfortable coming to Emily regarding clinical or organizational questions. Although they no longer work the same shifts, Jennifer is able to email Emily with less urgent questions and she has been taught who the best resource nurses on the unit are and how to effectively use the charge nurse.

Coaching

Susan is the nurse manager for Jennifer and Emily’s unit. Susan knew that Emily would be a good preceptor for Jennifer and she is dedicated to having new graduates on her unit socialized to the organization and patient care in an optimal manner. After Jennifer completed the residency program, Susan met with her to discuss her career goals for the next year and she asked Jennifer how she could assist her in meeting those goals. Jennifer expressed an interest in in pursuing chemo certification. Susan and Jennifer discussed this and agreed that Jennifer would be enrolled in the next chemotherapy course and would complete chemo certification after completing the course. Susan regularly “checked in” with all her nurses by rounding on the unit, talking with her charge nurses, having regular monthly staff meetings, and having face to face meetings with her staff at least every 3 months. She also educated the charge nurses about coaching behaviors and expected the charge nurses on the off-shifts to work with the staff nurses to determine their educational and career advancement needs. Because of Susan’s involvement with her staff, she has encouraged several of the nurses to enroll in RN to BSN and Masters programs. She also sends her staff nurses to local, regional and national conferences based on their educational needs and the needs of the unit as a whole. Because the staff views Susan as an engaged manager who knows her staff well and advocates for them, they are extremely loyal. Consequently, the staff satisfaction ratings for Susan’s unit are among the highest in the hospital and her turnover rate is low.

Peer Strategizing

Marjorie and Emily are good friends and colleagues who work in the same hospital. They are the same age. Marjorie recently completed her Masters degree and has moved from a staff nurse position into a position within the quality management department. Emily has been serving as the performance improvement representative for her unit on the Nursing Quality Management Committee. Because Emily has been committed to outstanding patient care and looking at quality indicators, she asked Marjorie about her new position in the quality
management department. The work sounded interesting to Emily and she knew that her nurse manager, Susan, would support her desire to advance her career in this area. Marjorie explained to Emily that she would need to go to graduate school and obtain a Masters degree, focusing her practicum work in the quality management area. She also told Emily how to apply for tuition assistance through the Nursing Education Department.

**Sponsoring**

While attending graduate school, Marjorie received excellent grades and was well respected by her professors. The Director of the Nursing Administration Graduate Program learned that Marjorie was not a member of the international nursing honor society, Sigma Theta Tau, because no chapter existed in the location where Marjorie obtained her undergraduate degree. Marjorie approached the professor and asked if she would be willing to “sponsor” her into the honor society by providing her with a letter of recommendation needed by the selection committee. The professor also recommended a colleague as someone that Marjorie should approach to serve as her second sponsor. Marjorie did ask the second professor for a letter of recommendation and she submitted her application to the honor society selection committee. Based on her grades and the outstanding letters of recommendation from her two sponsors, she was formally inducted into the local chapter of Sigma Theta Tau.

**Mentoring**

The Chief Nurse Executive (CNE) recognized that Susan was one of her best nurse managers; her 4 nurses were generally satisfied with their work, the Gallup engagement scores for the unit were high, and turnover was low. The CNE saw the potential for Susan to serve at higher leadership levels within the organization and she envisioned Susan as a future CNE. However, she knew she had to expose Susan to other senior leaders in the organization outside Susan’s clinical area. She asked to speak with Susan and she shared her thoughts about Susan’s potential. At the end of the meeting she asked Susan to serve on a hospital task force that would be creating the new strategic plan that would guide the organization for the next three years. Although Susan knew serving on the task force would be extra work, she agreed to the assignment because she knew this assignment would give her broader exposure within the organization. Over time, after Susan completed a variety of leadership assignments, she was selected as the Director for the Medical-Surgical section of the Nursing Department. In that capacity, she was in leadership meetings with the CNE, who continued to provide her with career advice and challenging assignments. The CNE also encouraged Susan to take the Nursing Administration certification exam and she paid for the cost of the examination fee and travel to the exam site. Susan easily passed the exam and continued to serve as a leader and role model for others. The CNE was asked to take a position at a larger hospital within the network of hospitals owned by a faith based organization. Even after her departure, she and Susan remained in touch and she continued to give Susan career advice and helped her navigate difficult political issues within the organization. After 12 years, the CNE announced she would be retiring and she named Susan as her successor. She knew that Susan had the education and leadership skills to serve as a CNE. Because of the exposure Susan had gained within the hospital network, her level of education, and her certification, she was readily accepted as the obvious choice to serve as the CNE of the largest hospital in the network. She continues to call her retired colleague and ask for advice as needed.

**Tips for Creating CDRs**
• Observe your colleagues and determine what they do well
• Ask your colleagues for feedback on your strengths and areas of growth
• Ask your colleagues about their career paths
• Share your career goals
• Join staff associations and groups to build relationships with other staff
• Remember that these relationships take special time and attention

Reference: