The Chronicle of Mentoring & Coaching

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The Chronicle of Mentoring & Coaching,
2026, Vol. 10, No. 1 doi.org/10.62935/f4432t

Dossey's Integral Nursing Model: How Mentoring Leads to Internal and External Thriving in the Workplace

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Application of Dr. Barbara Dossey's Theories of Integral Nursing and Integrative Nurse Coaching can strengthen effective communication capacity in the Mentoring relationship across a broad band of the professional workplace, as it has in the Nursing profession. Use of Dossey's Integral Model Quadrants and the Five Components of Nurse Coaching helps identify individual and collective perspective in the process of communication, enhancing mentoring efficiency and efficacy, and commitment to organizational goals and a just culture. Due to staffing challenges, budgetary constraints and other challenges in the organizational culture in multiple industries, too frequently, employees are not thriving as people or as professionals. One possible solution to this need is to integrate meaningful mentoring relationships to support and encourage nurses and other professionals, toward internal and external thriving in the workplace. Today's organizations are fast paced and often unforgiving for those who are still growing and developing their professional skills. Fairness in opportunities and support can make a meaningful impact on thriving. Mentoring is a possible solution to increase effectiveness and wellbeing for employees, colleagues and leaders. Dossey's theories can apply to any work setting, helping with internal and external thriving in the workplace

Keywords: Mentoring, coaching, workplace, holistic, Dossey, nursing.

Introduction

Due to staffing challenges, budgetary constraints and other challenges in the organizational culture in multiple industries, too frequently employees are not thriving as people or as professionals. One possible solution to this need is to integrate meaningful mentoring relationships to support and encourage nurses and other professionals, toward internal and external thriving in the workplace. The application of Dr. Barbara Dossey's Theories of Integral Nursing (2008) and Integrative Nurse Coaching Theory (Dossey & Hess, 2013) can strengthen effective communication capacity in the Mentoring relationship across a broad band of the professional workplace, as it has in Nursing. Use of Dossey's Integral Model Quadrants and the Five Components of Nurse Coaching help identify individual and collective perspective in the process of communication, enhancing mentoring efficiency and efficacy, and commitment to organizational goals and a just culture (Dossey, 2008; Dossey et al., 2018). The Theory of Integral Nursing provides an integrative, holistic framework which places the emphasis on mentoring as a relationship between the mentor and mentee. Within that framework, the five components of the Integrative Nurse Coaching (TINC) model provide a structure of "how-to" steps within a holistic perspective. The applicable tools for mentoring available within the Theory of Integral Nursing (TIN) model include worksheets for increased awareness of self-development, listening, and verbal and non-verbal communication skills (Dossey & Hess, 2013). Today's organizations are fast paced and often unforgiving for those who are still growing and developing their professional skills. Fairness in opportunities and support can make a meaningful impact on thriving. Mentoring is a possible solution to increase effectiveness and wellbeing for employees, colleagues and leaders.

Background

Effective mentoring can bridge the gap between internal (intrinsic) and external (extrinsic) motivation for the rewards available to an employee within an organization. External rewards based in human need can include pay, pay raises, bonus pay, flexible work scheduling, recognition, and promotion. Internal rewards include a growing sense of mastery and competency, which leads to self-efficacy. Leveraged harmony between human need and internal and external rewards is a motivator which can provide benefit to an organizational culture. Improved employee performance, engagement and commitment to organizational values and goals can contribute significantly to a positive work culture (Beheshti, 2019). The key is the level of harmony between the needs of the employee and the rewards offered within the organization.

Addressing and meeting employee needs in the midst of high-level, competing, organizational priorities can be significantly challenging. Intentions may be positive, but without a ground-level system, employee needs and rewards available within the system may not be in sync. Mentoring is a system which can increase employee retention, productivity, and commitment to organizational goals. Mentoring is not to be confused with the type of preceptorship associated with onboarding orientation in healthcare settings (Health and Care Professions Council, 2023).

Literature Review

What is Mentoring?

Historically, mentoring and coaching were conceptualized as tutoring, or training for strengthened performance and increased capacity for achieving organizational goals (Koopman, et al., 2021; Jacobi, 1991). Mentoring and coaching are sometimes viewed as a similar role and process. Though projected outcomes for mentoring and coaching may be similar, it is important to identify the differences in role and process. Viera (2021) points to the task orientation of the coaching process to improve a specific aspect of performance, and the broader process of mentoring, which is more recently viewed as occurring for general personal and professional growth. In the academic environment, mentoring has become an accepted aspect of academic life and work (Foster et al., 2015; Santora et al., 2013). A publication by Hill et al. (2022) discusses the need and challenges of identifying an effective mentoring relationship for improved outcomes in academic and health care settings. In a systematic review of one-hundred and six (106) published studies, Nuis et al. (2023) sought to find a common conceptual meaning of mentoring, and defined tools for measurement. A summative content analysis identified a proposed holistic concept of mentoring, evidence-based mentoring practices, and measurement practices and tools which align with the proposed mentoring concept (Nuis et al., 2023). The resulting holistic concept is stated as the following.

Mentoring is a formalized process based on a developmental relationship between two persons in which one person is more experienced (mentor) than the other (mentee). The mentor provides support, more specifically career, emotional, psychosocial, psychological, and academic support, to promote and facilitate student success, competence development, and career development (Nuis et al., 2023, p. 7).

A publication by the Health and Care Professions Council (2023) points to the individualized flexibility and situational adaptability of the mentoring process in comparison to the more structured process of a preceptorship, which is time-limited and assigned for a specific transition period of learning acquisition. The nature of the preceptorship process has similarity to that of coaching. Coaching is viewed as a supportive process assigned to enhance skill and performance in certain areas, more individualized and with some flexibility but still structured around a goal (Milner & Milner, 2018; Health and Care Professions Council, 2023). Clarity regarding the nature, role, and process of preceptorship, coaching, and mentoring is needed for the purposes of this paper as it will propose use of Dossey's Theory of Integral Nursing (2008) and Dossey and Hess's Integrative Nurse Coaching Theory (2013) to an interprofessional, holistic mentoring relationship. Though mentoring may be a formalized process, there is flexibility of the process, goals, and timeframe to allow for development of a relationship (Beheshti, 2019; Koopman, et al., 2021). The relationship within the mentoring process is a key point in the interprofessional application of both coaching and mentoring.

Dossey's Theory of Integral Nursing (2008) and Dossey and Hess's Theory of Integrative Coaching (2013), holistic in nature and relationship oriented, have broad interprofessional application toward positive organizational culture and workplace dynamics. Both theories recognize and emphasize the phenomenology of human experience from the whole person view of body, mind, and spirit, within the interactive influence of the environment. In that context, mentoring as a relationship, adapted to the individual, provides a rich ground for growth in skill and performance, as well as professional and personal self-development. The challenge is in the quality of the mentor and the effectiveness of the match between the mentor and mentee. Overall essential qualities identified by Hill et al., (2022) for the mentor role are making oneself available and approachable, being trustworthy, possessing the capacity to serve as a role model, and having the necessary experience, knowledge, and skill to be an effective match for the mentee. Multiple sources cite mentoring as a crucial element in employee and organizational success (Hill et al., 2022; Dossey, 2008). Building employee self-efficacy and competence through mentoring and coaching yields significant positive impact potential for the organization as well as individual thriving – there is no "down-side" (Hill et al., 2022; Koopman et al., 2021; Nuis et al., 2023). Mentoring and coaching can promote organizational engagement, commitment, and confidence through focused support, feedback, self- and other-awareness, and interpersonal skill building. Milner & Milner (2018) and Koopman et al. (2021) include coaching, discuss the variability of activities which pass for coaching, and advocate for training programs for those in the coach role. Top skills cited for effective coaching are active listening and giving feedback, providing structure, taking a strengths-based approach, guiding solution development while encouraging the one being coached to find their own solution (Koopman et al, 2021).

The Theory of Integral Nursing (TIN) (Dossey, 2008) is rooted in complexity science and comprehensively organizes the reality of human experience across four domains of wellbeing: the individual interior (personal/ intentional), individual exterior (physiology/behavioral), collective interior (shared/cultural), and collective exterior (systems/structures). The individual interior domain of the human experience is concerned with, "Who am I?" and encompasses the inner world of subjective self, thoughts, feelings, values and meaning (Dossey, 2008). The focus of the individual exterior domain is objective, "What do I do?" This aspect of human experience is the observable, measurable capacity for external actions and one's biology (Dossey, 2008). The collective interior domain is the relational self, that part of self which extends oneself into capacity for relationships with others, and which asks, "Who are we together?" The collective exterior domain, the worldly self, is concerned with what we can create and become together. Dossey's (2008) four domains applied to mentorship provide a structured means to address the holistic and relation-

al nature of mentoring as a relationship, and not a linear task to be accomplished. The Theory of Integrative Nurse Coaching (TINC) (Dossey and Hess, 2013), expands the four domains of the Theory of Integral Nursing into five deeper areas or components, and provides an organized structure for implementation of coaching activities. The five components are: "1) Nurse Coach Self-Development; 2) Integral Perspectives and Change; 3) Integrative Lifestyle Health and Wellbeing (ILHWB); 4) Awareness and Choice; and 5) Listening with HEART©" (Dossey et al., 2018, para. 5). Worksheets and questions to stimulate self-reflection and curiosity are included for engagement and dialogue with each of the five components. Both theories are not content with a canned, one-size-fits-all mentor program. The Theory of Integral Nursing (Dossey, 2008) lays the holistic foundation for a comprehensive view of the mentoring process, based in relational engagement, dialogue, and role modeling. The Theory of Integrative Nurse Coaching (Dossey et al., 2018) adds the interlocking tools for self-development and holistic health building for both the mentor and the mentee. The Theory of Integral Nursing (Dossey, 2008; Dossey, 2020) and the Theory of Integrative Nurse Coaching (Dossey et al., 2018) promote the qualities needed for an effective mentoring relationship, qualities of authenticity for trust building and engagement, with an individualized approach which focuses on strengths, and encourages mentee self-efficacy. In workplace mentoring, using this framework, the focus should be on employee growth including personal insight and self-reflection, leading to a higher level of professional performance and professional behavior.

Method

Application for Broader Organizational Culture Change

Healthcare workforce discussions are currently trending toward organizational culture change to address significant concerns regarding ongoing workforce shortages across a broad domain of occupational areas in the United States. In 2020, the Association of General Contractors of America (AGA) launched the national Culture of CARE program, with approval of the founding organization, the Association of General Contractors, Washington. The level of concern about the industry's future due to workforce shortages led to discussion and review of what will best attract and retain a sustainable workforce. The 2025 AGA report, "The Business Case for Inclusion and Belonging: A Workforce Strategy for a Stronger Construction Industry," portrayed the current organizational culture shift by the following: "When employees feel safe to express themselves, share ideas, and raise concerns without fear of judgment or retribution, innovation and collaboration can thrive," (The Association of General Contractors, p. 3). The National Academy of Medicine's Action Collaborative on Clinician Wellbeing and Resilience, established in 2017, has become a leading voice in consistent calls for healthcare organizational culture change to stem workforce attrition for a sustainable future. One result has been the "Culture of Care" initiative adopted at multiple healthcare organizations. A recent National Academies of Medicine publication, "A Culture of Care: The Power of Sustaining Institutional Commitment to Clinician Wellbeing," (Durana, 2025) highlights the urgent need to prioritize "workforce wellbeing" to counteract the "burnout, moral distress and unrelenting pressures" negatively affecting workers, leading to current critical challenges to quality and accessible healthcare (para 2). Among the sponsoring organizations for the Action Collaborative on Clinician Wellbeing and Resilience are the Johns Hopkins Health System, the Physician Foundation, and the American Association of Critical Care Nurses. The president of the highly influential Johns Hopkins Health System, points out the "direct link between health worker wellbeing and organizational wellbeing" and the "strong connection between workforce wellbeing, quality and safety, and patient experience" (Durana, 2025, para 14). Children's Mercy Hospital, Kansas City, provides an expansive array of specialized pediatric healthcare services on both sides of the Missouri and Kansas state lines. Retaining a highly skilled workforce is essential in the sustainability of such a highly specialized healthcare organization. The Children's Mercy Center for Wellbeing (2025) has led the way in receiving top honors for a positive organizational culture change focused on employee wellbeing. Awards include the National Academies of Medicine Change-Maker award in 2023-24, and two awards from the American Medical Association associated with a positive organizational culture. Jijo (2024), published in the European Society of Medicine Medical Research Archives, looks to healthcare leaders to engage organizational culture to promote psychological safety, ensuring that the voices of the healthcare workforce are heard and heeded. Finally, well known author and speaker, Paul J. Long, travels the United States and Canada speaking on the theme of a Culture of Caring, with a straightforward message regarding the power of one worker to change the workforce organizational culture through effective self-talk and interpersonal management (Long, 2018).

Dossey's Theory of Integral Nursing: Making Change-Makers in Organizational Culture

Acute workforce shortages across business lines, has brought awareness among organizational power brokers of the need to "stop the bleed" of employee attrition through organizational culture change and focus on employee wellbeing. The employee wellbeing initiative spotlights the need for tools and direct intervention at specific areas of employee points of employee stress, distress, and burnout. Durana (2025) points to agreement among well-known healthcare leaders that an organization's Culture of Care must include systems which promote and support effective relationships. Application of Dossey's Theory of Integral Nursing (2008) and Dossey and Hess's Theory of Integrative Nurse Coaching (2013) promote building of effective relationships. The Theory of Integral Nursing (2008) takes a comprehensive, holistic approach to relationships and wellbeing, addressing individual and collective perspectives from subjective as well as the objective views. Interconnectedness is based in knowing, doing, and being, not in knowing and

doing only, thus placing an enhanced emphasis on self-awareness and reflection. The individual is viewed as a unique human being, possessing subjective thoughts, feelings, beliefs, and experiences, but also possessing observable, objective attributes. Personal power is embedded in the acknowledgment of the unique self, individual self-awareness, and awareness of self in relation to others. Understanding of one's unique traits, as well as those of others, having personal power needs met through effective self-management and communication, and understanding the traits of others on the team, decreases the possibility of misperceptions and conflicts within an organizational culture. The question then becomes finding a way to utilize the theory at a system level to effect organizational culture change. As discussed, mentoring can be utilized as the vehicle, and Dossey's Theory of Integral Nursing (2008) and Dossey and Hess's Theory of Integrative Nursing (2013), as the tool to effect positive organizational culture change. The capacity to make organizational culture change-makers is possible with the type of self-awareness, emotional regulation, and interpersonal skill embedded in Dossey's Theory of Integral Nursing (2008) and Dossey & Hess's Theory of Integrative Nurse Coaching (2013).

The U.S. Surgeon General's Framework for Workplace Mental Health and Wellbeing (2025) tackles the issue of toxic work cultures in America and the impact in multiple areas of individual illness, and lost employee productivity. Sleek (2024) points out the importance of leader training to prevent and correct toxic workplace culture, organizational culture which induces fear related to bullying, intimidation, disrespect, and/or abuse. Without a system to create safe space for voicing concerns and follow-up to ensure those concerns are addressed, intimidation and fear often prevent victims of workplace culture from speaking out. Dossey's Theory of Integral Nursing (2008) and Dossey & Hess's Theory of Integrative Coaching (2013) fit well with the U.S. Surgeon General's call for a focus on the mental health and wellbeing of the American workforce and prevention of toxic workplace cultures. There is also a fit with calls for leader training and mentoring to promote healthy organizational cultures, free of bullying, intimidation, and abuse. A mentoring program designed to assist employees in recovery from the effects of a toxic workplace culture is highly recommended. The Theory of Integral Nursing offers recovery through provision of a supportive, holistic mentoring relationship which addresses needs to be valued, respected, heard, and treated fairly.

Mentoring for Special Situations: Trauma-Informed Mentoring

The Trauma-Informed Approach model (U.S. Substance Abuse Mental Health Services (SAMHSA, 2025) defines trauma and takes the view that everyone has the potential to have experienced trauma, and the relational-interpersonal approach should be adjusted accordingly to generate a sense of psychological safety. SAMHSA is a nationally recognized voice of authority on the subject of trauma, and defines trauma as the following: Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing" (2014).

As with universal precautions to prevent contact with infectious agents by wearing gloves in an episode of care, the Trauma-Informed Approach model stands as a proactive, universal care model for holistic wellbeing and mental health. It fits perfectly with calls for workforce cultures which engender respect, fairness, and trust. The SAMHSA Trauma-Informed Approach outlines six principles for promoting psychological safety and wellbeing. These are: Safety; Trustworthiness & Transparency; Collaboration & Mutuality; Empowerment Voice & Choice; and Cultural Historical considerations. Research has shown an apt fit for the application of a Trauma-Informed Approach to workforce organizational culture. A large number of organizations recently are taking action to address toxic workplace cultures. Clearly, the frequently reported violence within healthcare organizations, and social and political unrest, concern healthcare organizations, and have been a factor in tipping organizational concern to the point of action. Choitz and Wagner (2021) provide a guide for employers in the implementation of a Trauma-Informed Approach. Their training guide highlights the four phases of the Missouri Model of Trauma-Informed Care for any organization with plans for a similar approach. The four phases are:

1. Awareness of trauma and the overall impact on individuals and systems of operation;

2. Sensitivity to the problem and evidence-based principles and tools to address.

3. Response, by beginning implementation of changes which will address the needs of the workforce and proactively stave off triggers.

4. Informed, which involves implementing specific Trauma-Informed Approach practices and monitoring the impact of that implementation (p. 3).

Trauma-Informed Mentoring is a "thing," currently utilized as a model to deal with youth trauma. The editor of The Chronicle of Evidence-Based Mentoring journal (2025) recently reviewed a new book chapter for Hagler and Rhodes (2024), Trauma-Informed Mentoring and Related Approaches. Acknowledging the widespread trauma and its impact on America's youth, something more than a cookie-cutter model of programs which did not address the wounded souls and psyches, was needed. As described by Hagler and Rhodes, Trauma-Informed Mentoring includes at its core, training mentors about trauma and its effects, as well as mentor training. The Midland Mentoring Project (2019) adds the value of Trauma-Informed Mentoring in building resiliency. At the core, this approach offers a consistent adult with training in the Trauma-Informed Approach model to recognize and effectively

address barriers to success based in trauma as those present. Though applied to youth for this project, a mentoring model with capacity to build resiliency for the workforce could be helpful in a different setting. Finally, Dossey's Theory of Integral Nursing (2008) provides a holistic purview of the mentoring relationship, one which is ideally suited to creating a psychological safe space of respect, valuing, and support, while guiding an increased awareness of oneself and others. Dossey and Hess's Theory of Integrative Nurse Coaching (2013) has an array of practical tools and worksheets to aid the coaching and mentoring process utilizing a respectful and supportive approach. Applied to the workplace, these theories seem a good fit with the Trauma-Informed Approach (SAMHSA, 2025) in general and with what is suggested for a Trauma-Informed Mentoring model (Hagler and Rhodes, 2024).

Outcomes and Discussion

Building on Dossey's (2008) Theory of Integral Nursing (TIN) as well as Nurse Coaching (Dossey et al., 2018), mentors in a variety of industries may benefit from applying these concepts in coaching and mentoring relationships. Because these theories leverage personal reflection and a relational approach that is flexible, these concepts can apply in any work setting, benefiting the organization as well as the individuals involved, leading to a healthier workplace and thriving people.

Recommendations for Future Study

As we consider future research related to mentoring and coaching utilizing Dossey's Theory of Integral Nursing (2008), several future initiatives come to mind. The first is the importance of interdisciplinary collaboration in all aspects of mentoring and coaching. We need a holistic approach that pulls in differing perspectives and areas of expertise to achieve the best possible outcomes for those we mentor. Dossey's theory is an excellent example of a theory that was created with nurses in mind, initially, that could also benefit those in business organizations and other workplace settings as well. When practitioners and scholars from a variety of backgrounds collaborate, better outcomes are possible.

Dossey's theory also points to the importance of helping students, workers and scholars develop their emotional intelligence and resilience through specific mentoring aimed at growing those important skills. Goleman (2005) suggests emotional intelligence is a strength a person can develop if they so choose. Mentors can help in this endeavor. Research related to resilience training also indicates that specific cognitive approaches can help individuals weather stress and trauma in the workplace and in their personal lives (Dikj et al., 2025; Hersom et al., 2025; Vito et al., 2024).

For the researchers of this study, Dossey's theory speaks directly to the importance of mentoring and coaching undergraduate students in the Midwest, to help retain those talented individuals in the region. Certainly, these insights from Dossey would also apply to mentoring in coaching all students, student-athletes and new scholarly colleagues, in a variety of settings. The authors of this work view Dossey's work to be universally applicable and potentially helpful for those who invest their energy in seeking to grow and develop other people in a variety of settings.

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Dr. Stephen M. Weiss, CPA, is an online accounting professor who specializes in financial reporting, managerial accounting, and business mathematics, drawing on a decade in industry and six years in public accounting. He holds a Ph.D. in Business with a specialization in Accounting, an MBA, and a Bachelor's in Accounting, and teaches practice-oriented courses aligned with current CPA expectations. He can be reached at stephen.weiss@ottawa.edu.

Ruth Burkhart, DNP, MSN, MA, RN- BC, LPCC. Ruth holds a doctorate degree in nursing (doctor of nursing practice), a master's degree in nursing administration, and a master of arts degree in counseling. She is licensed as a Registered Nurse and Licensed Professional Clinical Counselor, and is a certified psychiatric/mental health nurse by the American Nurses Credentialing Center. Dr. Burkhart's professional background includes psychiatric nursing, counseling, nursing and health care administration, staff development, education, and conference speaker. Dr. Burkhart's experience as an educator includes a three-year college/university teaching assignment in East Africa, and as nursing faculty in the United States since 2007, teaching at the undergraduate and graduate levels of education, and holding combined administrative and educator positions for part of that time. Dr. Burkhart was faculty at New Mexico State University in Las Cruces, New Mexico for several years, and currently is in the position of Director of Nursing and Associate Professor of Nursing Ottawa University, Overland Park, Kansas, campus. Her email is ruth.burkhart@ottawa.edu.has had several professional appointments to local, state, national and international councils and coalitions, including a past appointment to the New Mexico Governor's Mental Health Planning Council, and a two-year appointment to the Council of an international university in East Africa. She is a past White House appointee as Native American Representative to the Binational Substance Abuse Coalition (US/Mexico border). Dr. Burkhart's public speaking experience is in the areas of mental health, substance abuse, and cultural competency. She has been a faculty advisor of the Student Nurses Association, a Sigma Theta Tau and Pi Omega (international nursing honor society) board member, member of the American Nurses Association, past president of District 14 and state board member of the New Mexico Nurses Association, member of the National Alliance for Mental Illness (NAMI), and co-founder and faculty advisor for NAMI on Campus New Mexico State University (NMSU). She was a participant in New Mexico's health care reform initiative, Health System Innovation, and regional implementation with this initiative through the Dona Ana Wellness Institute. Most recently, she was appointed to the Kansas State Board of Nursing in 2023.