Mentorship Programme Criteria and Performance Outcomes of Nurses' Perceptions

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Abstract

Background: Mentoring of new staff nurses is a common practice, and international studies have shown it to be associated with increased retention rates, better acquisition of nursing professional identity and increased job satisfaction. However, the outcomes of mentoring programmes in Malaysia are unclear, and in this study, we aimed to explore them. **Methods:** A cross-sectional study was conducted via convenience sampling at two hospitals. A Mentoring Novice for Medical Surgical Nurse (MNMSN) questionnaire was distributed to recent graduates/full-time nurses. It consisted of 50 items pertaining to the assessment of patient, clinical decision making, cultural competency, commitment to professional nursing standards, positive feeling about nursing at this hospital and willingness to remain in the nursing profession. **Results:** A total of 61 nurses responded (response rate 100%). Significant differences pre- and post-mentorship programme were observed (patient assessment r = 0.304, p = 0.009; clinical decision-making r = 0.394, p = 0.006; cultural competency r = 0.202, p = 0.01; commitment to professional nursing standards r = 0.423, p = 0; positive feeling about nursing at this hospital r = 0.404, p = 0.001; and willingness to remain in the nursing profession r = 0.312, p = 0.007). **Conclusions:** The mentorship programme had a positive impact on the clinical component of nursing among hospital-based nurses.

Keywords: mentoring, nursing, patient outcome assessment

Introduction

Mentorship is perhaps best described as a develop-mental process, dynamic and unique to each person.[1] Workplace mentorship is a learning partnership between employees to share technical information, institutional knowledge and insights with respect to a particular occupation, profession, organisation or endeavour. Informal mentorship relationships may also develop in the work setting when a more experienced employee takes a new employee under his/her wing, so to speak. Formal mentorship programmes allow organisations to create and nurture those relationships by matching more experienced employees (mentors) with less experienced employees (mentees) to meet specific objectives while helping the individuals in the mentorship relationship to identify and develop their talents.[2] This study aimed to evaluate nurses' perceptions of mentorship programmes, based on six specific criteria and their performance in professional nursing careers in hospital settings.

Nurses who practice in today's healthcare environment must be more than allied health practitioners; they must be experts and leaders who collaborate with other professio-nals in helping to address issues and simultaneously shape reforms in the 21st century.[3] Thus, new nurses who are equipped to face various challenges when they join the workforce will have more impact than those who are not. Nurses play a pivotal role in the change process; newly hired nurses are expected to transition into new practice roles after undergoing a cursory orientation process and with minimal support.[3] In hospital settings, mentorship of new staff nurses by experienced nurses is common, and evidence has shown that such mentorship results in increased retention rates, better acquisition of nursing professional identity and more job satisfaction.[4]

New-graduate nurses face many challenges when transitioning to the workforce. These include a large number of patients with complex conditions and multiple comorbidities (a number which increases from year to year), lack of access to experienced mentors and coaches, generational diversity in the workforce, performance anxiety and bullying by senior colleague. Many of these issues often occur simultaneously, thereby compounding the problem. It is well known that stress and fatigue are commonplace during this transition. Nurses must manage patients, manage relationships with providers and families and lead inter-

professional teams. Absent supportive relationships, novice RNs who care for patients with complex conditions often feel overwhelmed and exhausted, and they may suffer from significant anxiety, all of which can lead to attrition.[5–7]

In Malaysia, a formal six-month mentorship programme for new nurses was introduced in 2006 by the Ministry of Health's Nursing Board of Malaysia to provide guidance to new nurses and to enhance workplace safety. To date, there have been no studies reporting the outcomes of this mentorship programme, in terms of its effectiveness in retaining staff, ensuring professionalism and addressing problems such as lack of follow-up by mentors and commitment to sustaining the relationship. Understanding the effects of the programme would be beneficial to nurses, hospitals and the ministry. Nevertheless, little is known about the new nurses' perceived awareness of specific criteria and performance measures following participation in the mentorship programme.

Methods

This cross-sectional study was conducted at two different hospitals in Malaysia over a four-month period. The respondents who were recruited into the study were limited to nurses who had recently joined the Ministry of Health hospitals, in order to gain more informative and meaningful data for pre- and post-survey. The self-administered mentorship for nurses (MNMSN) questionnaire was distributed to participants who met the inclusion criteria: recently graduated and just joined the nursing workplace on a permanent and working on a shift and on a full-time basis (those on long leaves were excluded).

This questionnaire consists of two parts: demographic data (age, sex, ethnicity, discipline, cultural affiliation, nursing education qualification, post basic or advanced nursing certification, years of experience as a registered nurse, years of medical surgical work experience and total number of years working at the current hospital) and six specific criteria (7 items on patient assessment, 12 items on clinical decision-making, 6 items on cultural competency, 11 items on commitment to professional nursing standards, 5 items on positive feeling about nursing at this hospital and 6 items on willingness to remain in the nursing profession). The questionnaire was pre-tested on 20 subjects. The reliability and validity of all of the criteria were found to be high (Cronbach's alpha 0.639–0.904). A six-point Likert scale was used for the six specific criteria, with 1 indicating 'strongly disagree', 2 'disagree', 3 'somewhat disagree', 4 'somewhat agree', 5 'agree' and 6 'strongly agree'. To calculate a total score, a formulated equation was used. For example, the patient assessment portion had 7 items, and the scores given to each item were added together (6 + 5 + 4 + 6 + 3 + 4 = total score of

28). Data were analysed for descriptive and inferential analysis using the Statistical Package for Social Science, version 22, software. Approval for the study was obtained from the International Islamic University Malaysia (IREC 463) and the National Medical Research Ethics Committee of Malaysia (NMRR-15-1430-271 IIR). Respondents were provided with information regarding the study's purpose, research procedures, assurance of confidentiality and their right to withdraw at any time. The return of the completed questionnaire was treated as informed consent to participate.

Results

Nurses' Demographic Characteristics. In this study, nurses from two hospitals (Mean = 1.64, Standard Deviation = 0.448) were selected, with 36.1% from Hospital Tengku Ampuan Afzan in Kuantan and the remaining 63.9% from Hospital Angkatan Tentera Tuanku Mizan in Wangsa Maju. In total, there were 61 respondents in the mentorship programme, with 59 female nurses and 2 male nurses. Of these 61, 54.1% are aged between 26 and 36 years. Most of the participants were from the medical discipline, followed by accident & emergency and then clinic and ophthalmology. The majority of the nurses were found to have a diploma in nursing (M = 1.03, SD = 0.218) and only 3.3% to have a bachelor's degree in nursing. In terms of post basic or advanced nursing certifications, only 4.9% of the nurses were found to have a certification in neuroscience, cardiovascular health, or a medical specialty in sports (M = 1.95, SD = 0.180). Moreover, the registered nurses experienced in either the medical or surgical com-ponents were found to have 1 to 5 years of experience. However, in number of years at the current hospital, most of them reporting having been there for less than a year (0–11 months). Only 31.1% of the nurses said that they have worked for 1 to 5 years at the current hospital (Table 1).

Nurses' perceptions based on specific criteria and performance in pre- and post-mentorship programme. Comparisons of the nurses' performance before and after the implementation of the mentorship programmes at the two hospitals are shown in Table 2. Pearson's correlation analysis revealed significant and positive correlations among all variables. The pre-programme patient assessment has a moderate and positive correlation with the post-programme patient assessment ($r = 0.304$, $p = 0.009$). This indicates that the implementation of the mentorship programme enhances nurse efficiency in assessing patients in the hospital setting. The pre-programme patient assessment also has a moderate and positive correlation with post-programme clinical decision-making ($r = 0.319$, $p = 0.006$). Most of the variables were found to have weak and moderate correlations, with r values between 0.205 and 0.423.

Table 1. Distribution of Participants' Socio-demographic Characteristics

Demographic data	Frequency (n)	Percent (%)
Hospital		
HTAA	22	36.1
HAT	39	63.9
Age		
Less than 25 years	26	42.6
26–36 years	33	54.1
37–50 years	2	3.3
Sex		
Male	2	3.3
Female	59	96.7
Discipline		
Medical	12	19.7
Surgical	6	9.8
Accident & emergency	1	1.6
Clinic	1	1.6
VIP	3	4.9
Geriatric	2	3.3
Paediatric	6	9.8
Orthopaedic	2	3.3
Neonatal intensive care unit (NICU)	4	6.6
Intensive care unit (ICU)	7	11.5
Cardiac care unit (CCU)	2	3.3
Ophthalmology	1	1.6
Operating room	8	13.1
Obstetrics & gynaecology	4	6.6
Day care	2	3.3
Nursing education qualification		
Diploma in nursing	59	96.7
Bachelor in nursing	2	3.3
Post basic / advanced nursing certification		
Yes	3	4.9
No	58	95.1
Years of experience as registered nurse		
0–11 months	25	41.0
1–5 years	27	44.3
6–10 years	5	8.2
11–15 years	4	6.6
Medical or surgical experience		
0–11 months	26	42.6
1–5 years	28	45.9
6–10 years	4	6.6
11–15 years	3	4.9
Years at current hospital		
0–11 months	42	68.9
1–5 years	19	31.1

*Hospital Tengku Ampuan Afzan, Kuantan, Pahang (HTAA), **Hospital Angkatan Tentera Tuanku Mizan, Wangsa Maju, Kuala Lumpur (HAT).

There are other variables that are weakly correlated or not correlated at all; for example, pre-programme patient assessment has a weak correlation with post-programme cultural competency (r = 0.204, p = 0.057), and pre-programme cultural competency has weak correlation with post-programme patient assessment (r = 0.205, p = 0.056). Nurses who were mentored were significantly more likely to be willing to stay in the nursing profession, as assessed by post-programme clinical decision-making (r = 0.61, $p < 0.01$). They also showed a commitment to professional nursing standards (r = 0.48, $p < 0.05$) and reported feeling positively about nursing at their current hospital (r = 0.75, $p < 0.01$).

Table 2. Correlation Test on Nurses' Performance Before and After the Mentorship Programmes (n=61)

`		POST–MENTORING PROGRAMME					
		Patient Assessment	Clinical Decision-Making	Cultural Competency	Commitment to Professional Nursing Standards	Positive Feeling about Nursing at Hospital	Willingness to Remain in Nursing Profession
PRE–MENTORING PROGRAMME	Patient assessment						
	Pearson's correlation	0.304**	0.319**	0.204	0.229*	0.248*	0.248*
	p-value	0.009	0.006	0.057	0.038	0.027	0.027
	Clinical decision-making						
	Pearson's correlation	0.291*	0.394**	0.267*	0.293*	0.329**	0.364**
	p-value	0.012	0.001	0.019	0.011	0.005	0.002
	Cultural competency						
	Pearson's correlation	0.205	0.333**	0.292*	0.302**	0.323**	0.244*
	p-value	0.056	0.004	0.011	0.009	0.006	0.029
	Commitment to professional nursing standards						
	Pearson's correlation	0.251*	0.381**	0.289*	0.423**	0.388**	0.345**
	p-value	0.025	0.001	0.012	0	0.001	0.003
	Positive feeling about nursing at hospital						
	Pearson's correlation	0.270*	0.362**	0.277*	0.342**	0.404**	0.327**
	p-value	0.018	0.002	0.015	0.003	0.001	0.005
	Willingness to remain in nursing profession						
	Pearson's correlation	0.279*	0.369**	0.263*	0.324**	0.386**	0.312**
	p-value	0.015	0.002	0.02	0.005	0.001	0.007

** Correlation is significant at the 0.01 level (1-tailed)

* Correlation is significant at the 0.05 level (1-tailed)

Discussion

Demographic Characteristics of Nursing Sample. In this study, the highest education qualification achieved by the nurses was a bachelor's in nursing. A recent statistic shows a 5.7% increase in enrolment in bachelor of nursing programmes[8]. Additionally, most nurses in Malaysia are 50 years and younger, which is below the average age of nurses worldwide, which is 55 years and younger due to older retirement ages.[9]

Specific Criteria and Performance. *Patient Assessment*, A positive transition by new nurses into nursing was seen when pre- and post-programme correlations were found, as learning new skills requires a progression through stages or levels from novice to competent, proficient and expert nurses.[10] Throughout the four-month programme, the novice nurses continued to experience the real world and progress to the advanced beginner and high levels of the continuum of nursing proficiency.[11] In addition, the mentorship programme trained the novice in the ability to take care of patients appropriately, based on nursing fundamentals, by diagnosing patient symptoms, preparing a nursing care plan thoroughly, promoting health, treating patients correctly and rehabilitating them quickly.[12]

Clinical Decision-Making. As healthcare needs are becoming increasingly complex and technology is expanding to accommodate patients' needs, the new nurse is required to possess clinical decision-making and leadership skills.[13] Clinical decision-making is defined as 'a complex process involving information processing, critical thinking, evaluating evidence, applying relevant knowledge, problem-solving skills, reflection and clinical judgement to select the best course of action which optimises a patient's health and minimises any potential harm'.[14] Meanwhile, it is unrealistic to expect new-graduate nurses to be ready for practice because it normally takes six months or longer for them to adapt, develop confidence and begin to independently apply what they have learned.[15] Thus, clinical excellence can be achieved through the application of a mentorship programme, which can serve as a training platform for novice nurses. Furthermore, the novices can be guided to be nurses-in-charge to be empowered by nursing skills and create good patient-nurse relationships and communicate effectively.[12] As a result, a mentorship programme for nurses is important for developing good-quality nursing care.[16]

Cultural Competency. Nurses have a responsibility to provide culturally congruent care (CCC), [17] which is defined as care that is satisfying and meaningful, fits with people's daily lives and promotes their health and well-being. Caregivers can provide such care only when they are aware of the cultural care needs of the people they serve.[18] Malaysia is a multi-racial and multi-cultural

country, which has Malay, Indian and Chinese ethnicities from Sabah and Sarawak, which thus poses greater challenges to new nurses in providing cultural and linguistically appropriate healthcare services,[19] while respecting their norms and culture, such as use of traditional herbs and medicine, linguistic dialects (communication), religious beliefs and meals. Understanding the complexities of culture from the perspective of providers and recipients of care is critical because culture pervades all aspects of healthcare and all aspects of life. Thus, this mentorship programme trained the new nurses to adopt and adapt in providing cultural and linguistically appropriate healthcare services.

Commitment to Professional Nursing Standards. The transitional phase from nursing student to nurse broadly includes: (a) professional socialisation, such as reality shock and work readiness; (b) forming interpersonal relationships, addressing such things as interpersonal conflict and organisational support; and (c) adjusting to the workplace environment, with factors such as mentors, preceptors, role models and workload.[15] Professional socialisation, a potential buffer to the effects of the shock of reality, includes the acquisition of knowledge, skills, identity, occupational traits, values, norms and self-concept.[20] Interpersonal conflict can be defined as conflict between members of a group that is 'manifested in overt and covert non-physical hostility'. While new-graduate nurses commonly cite problems such as stress and performance anxiety in their first year of work,[21] as well as complaints of a 'non-supportive environment,'[22] it is at the interpersonal relationship level where graduates potentially suffer significant deterioration in their newly developed nursing self-confidence. In recent years, the strategies of mentorship and preceptorship programmes have been embraced within many healthcare organisations as a means of increasing work readiness, decreasing shock and lessening the possibility of attrition by newly graduated nurses.[23]

Positive Feeling about Nursing at Hospital. A positive or high self-concept is important because it is part of having a sense of self-worth and self-confidence. A high self-concept can help a person perform at a superior level and utilise their learning experiences in an optimal manner.[15] It is also highly valued as an important mediating factor that influences other important psychological and behavioural outcomes, such as job satisfaction and workplace retention.[22] Conversely, low self-concept for nurses contributes to high stress, burnout, attrition and lower professional status.[22] Researchers have found that recently graduated nurses frequently experience low self-confidence.[24] It was found that a perceived lack of competence feeds directly into feelings of anxiety and low self-confidence, and the longer a graduate takes to become professional, the more likely they were to leave nursing.[25] However, mentoring programmes are one way to provide a peer social support network for new

employees,[26] and they can decrease feelings of isolation and increase social support among healthcare workers.[27] Mentoring programmes offer social support for role transition of the novice NP. The social support of an experienced NP allows novice NPs to feel more confident in the new role in a shorter period and facilitates the NP's transition from an RN to an NP.[27] An efficacious mentoring programme is one that diminishes the unsuccessful mentor-mentee relationship, with problems such as jealousy, personal or ethical disagreements, betrayal and over-dependence on mentors.[11,28]

Willingness to Remain in Nursing Profession. Consistently effective mentoring also reduces job burnout, decreases attrition rates and improves retention.[29] Moreover, it enhances nursing satisfaction and ultimately improves patient outcomes through continuous support, guidance and encouragement to deal with the complexities they encounter in their roles.[30] Similarly, mentoring of new staff has been shown to increase retention rates, improve the acquisition of nursing professional identity and increase job satisfaction.[4] In addition, a Canadian study developed a one-year nursing RP to facilitate the safe integration of newly graduated nurses into critical care and its outcomes. This study found a 46% increase in the recruitment rate of newly graduated nurses compared with the period before implementing the RP: the retention rate also increased by 26%.[31] The programme was developed to help newly graduated nurses in the transition process from new graduate to novice nurse.[32] This study found the RPs to be important in helping new-graduate nurses transition into professional roles and contributed to retaining new nurses in mental health settings.

Conclusions

In conclusion, the findings of this study may provide valuable information about the effectiveness of mentoring in nursing practice. Mentoring serves as a form of training for nurses where knowledge is acquired concerning the epistemological belief of learning, thereby improving academic learning, as well as increasing clinical skills. Effective mentoring has the potential to reduce job burnout and improve job satisfaction. The support nurses receive from mentoring can contribute significantly to decrease attrition rates and improve retention.[32] A multi-centre research study should be done to evaluate the impact of mentoring programmes in order to properly generalise these findings.

Acknowledgement

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