

# Effective Mentorship for Recruitment and Retention of Newly Registered Nurses at a Tertiary Care Hospital, Trinidad.

Esther S. Daniel<sup>1</sup>, Neisha Ramnarine<sup>2</sup>, Gopalan Kathiravan<sup>3</sup>

<sup>1</sup>Senior Lecturer, UWI School of Nursing, Trinidad,

<sup>2</sup>Registered Nurse, Staff Development Unit, San Fernando General Hospital, Trinidad &

<sup>3</sup>Senior Lecturer, Department of Agricultural Economics and Extension, The University of the West Indies, Trinidad.

## Abstract

**Aim:** The study investigated whether the existing mentoring program at the selected General Hospital provided benefits (job satisfaction, development of clinical nursing skills, and transition into the role of a practitioner) to the Newly Registered Nurses (NRNs)

**Methods:** Descriptive correlation research design was used. The subjects comprised of sixty (60) NRNs who had participated in a mentoring program within the past eighteen (18) months and currently employed at the selected General Hospital. A blue print showing the distribution of items was prepared prior to the construction of self-administered questionnaire on job satisfaction (22 items) and a modified Casey-Fink Graduate Nurse Experience Survey (2006) to measure clinical skills and transition (24 items) was used to collect data. Convenient sampling was used to select 60 NRNs who met the selection criteria (undergone mentorship programme) and who volunteered for the study. Data was analyzed using SPSS Version 21.

**Results:** 86.7 % of study participants had informal mentors, while 13.3 % had formal mentors. 70.0 % of study participants indicated that a mentor was assigned to them for three months, while 30.0 % indicated that a mentor was assigned to them for six months. NRNs were able to achieve job satisfaction, acquire clinical nursing skills and transition into the practitioner's role more significantly, as the duration of mentorship increased.

41.7 % of NRNs indicated that the mentorship program had given them job satisfaction. NRNs who served in surgery, paediatrics, obstetrics and other common wards were found to have significantly better job satisfaction than those who served on the medical wards.

53.3 % of NRNs indicated that the mentorship program had helped them develop clinical nursing skills. 57.1 % of NRNs indicated that mentoring had helped them transit into the role of a

practitioner. NRNs serving in surgery, obstetrics, urology and other common wards were significantly lagging in development nursing skills and transition into the practitioner role, than those working in medical wards.

**Conclusion:** The NRNs who received formal mentorship had achieved job satisfaction, developed clinical nursing skills and transitioned to the practitioner role more significantly. NRNs job satisfaction, development of clinical nursing skills and transition to the practitioner role was closely related to demographic variables such as specialty in the profession, formal mentoring and the length of the mentorship experience in the mentoring program.

**Key words:** Newly Registered Nurses (NRNs), job satisfaction, clinical nursing skills transition into practice.

## Introduction

*“It is our professional obligation to mentor — to help nurses to speak up, get along with difficult people and be strategic in their thinking.”*

*McBride*

Mentoring is important in the career development of both novice and experienced nurses in the areas of clinical practice, nursing education, administration, and research, as it supports the novice's need to feel satisfaction and success as a professional nurse and offers the experienced nurse an opportunity, to contribute to the profession (American Association of Colleges of Nursing, 2014). Despite an encouraging recent 50 per cent increase in enrollments in baccalaureate nursing programs, it is anticipated that the nursing shortage would continue to be a major issue in Trinidad and Tobago for years to come.

The global economic crisis which started in 2008, had a devastating impact on the nursing workforce, acting as a break on recruitment and staffing levels, at a time when the global

shortage of nurses were already facing a growing demand of healthcare (International Council of Nurses, 2015).

Recent economic challenges have temporarily affected the nursing shortage and the need for nurses in some regions of the Trinidad and Tobago. However, with the combination of older nurses retiring from practice, academia, and administration, and dissatisfied nurses leaving nursing, the profession of nursing must identify strategies to increase recruitment and retention to address the nursing shortage, especially in practice and academia.

Mentoring may be one such strategy. Although the nursing shortage in any one of the areas may be viewed in isolation, there is an interdependent aspect to the nursing shortage. A nursing shortage in the area of clinical practice affects academia, administration and research. While a nursing shortage in academia, in turn, affects the clinical practice arena (American Association of Colleges of Nursing, 2006).

The concept of mentoring is not new to nursing, as Florence Nightingale was known to have mentored many nurses in her day. Hurst and Koplín-Baucum, 2003; Stewart and Krueger, 1996; Yoder, 1990; Yoder, 1995; Vance and Olsen, 1998; Walker, 1998; Billings, 2008; Fox, 2010; National League for Nursing Board of Governors, 2006 and others have contributed to the published nursing literature on mentoring in nursing. However, further nursing research is needed related to outcomes and effectiveness of mentoring, such as career satisfaction and intent to stay in the profession.

Recent studies show that along with feelings of uncertainty that new nurses tend to experience in their new role, new nurses can also experience resistance in the form of more senior nurses "eating their young." As a new nurse trying to handle these negative behaviors, inner conflict is often present. The new nurse could be tempted to compromise his or her values and beliefs in order to "fit in" with the senior nurses and succeed. New graduate nurses will not stay in this conflicting environment for long, and they may seek other job opportunities and even change careers within the first year.

Hence, having a mentor can make a new graduate nurse's professional life exponentially better than having to go it alone. Nurses who are involved in mentoring say that every nurse deserves a trusted mentor. With the current shortage of new nurses, many healthcare facilities and organizations are now reviewing why new graduate nurses are not likely to stay in their new position. As a result, health care leaders and administrators are seeking creative new measures

to recruit and retain new graduate nurses, including the use of mentoring.

In 2002 the World Health Organization, issued resolution WHA 54.12, calling attention to the global shortage of nurses and midwives, advising member states to take action towards improving nursing and midwifery services (World Health Organization, 2010).

The global economic crisis has resulted in many nurses being forced to seek work elsewhere, outside their home country (ICN, 2015). The nursing shortage in five Caribbean Community (CARICOM) countries namely, Guyana, Jamaica, St. Lucia, St. Vincent and the Grenadines and Trinidad and Tobago, is critical. It is estimated that there are about 7,800 nurses (in 2007) in the region. This translates into a ratio of 12.5 nurses per 10,000 populations (ICN, 2015).

In CARICOM countries the vacancy rate stands at 30 per cent (ICN, 2015). While nursing shortage has many reasons, annual attrition rates of 8 per cent are due to migration, which adds to further loss. It is estimated that the number of English-speaking CARICOM-trained nurses working abroad was roughly three times the number working in the English speaking CARICOM (ICN, 2015).

This international trend has also become a local trend, caused by the severe shortage of nurses in Trinidad and Tobago. In this country there is also a shortage of nurses, in the public health sector (Schmid, 2003). The shortage of nurses is directly related to emigration (Schmid, 2003).

After graduation from the schools of nursing, New Registered Nurses (NRNs), are required by the Ministry of Health, to serve the country for a compulsory two year period. In spite of the requirement, a total of about one third of all NRNs, resign from their nursing positions in the public health sector, to take up nursing positions abroad. This high attrition rate of NRNs is related to migration to the United States, to the United Kingdom, to Canada and to other countries (Schmid, 2003).

The General Secretary of the National Health Workers Union (NHWU), in an open letter to the Prime Minister of Trinidad and Tobago, pointed out that the recommended nurse patient ratio by WHO is 1:6 (Smith, 2015). At the selected general hospital the nurse-patient ratio is 1: 22 (Smith, 2015).

The Chairman of the South West Regional Health Authority (SWRHA), speaking at an opening ceremony for achievement in nursing, at the general hospital, confirmed that there is a shortage of approximately 1,000 nursing vacancies for nurses, throughout the South Western Region of the country (Dhalai, 2013).

The statistics confirm that there is a critical shortage of nurses at the selected general hospital. The Ministry of Health is currently embarking on a national recruitment drive for recruitment and retention of NRNs (Dhalai, 2013). Currently, there is no formal mentoring program for recruitment and retention of NRNs at the selected general hospital.

### **Background and Need for the Study**

Mentoring is a reciprocal, long-term relationship with an emotional commitment that exists between a novice (protégé) and experienced (mentor) nurse; mentoring implies a knowledge or competence gradient, in which the teaching-learning process contributes to a sharing of advice or expertise, role development, and formal or informal support to influence the career of the protégé (Stewart & Krueger, 1996). Mentoring provides protégés and mentors with opportunities for professional growth and career satisfaction. Lack of such satisfaction with a career in nursing may contribute to nurses leaving the profession.

With the predicted shortage and anticipated need for nurses in healthcare and academia in the future, it is more important than ever to explore career satisfaction, not just job satisfaction, for nurses. Career satisfaction is defined as the contentment that a nurse feels, as a nursing professional, in terms of intrinsic and extrinsic rewards (National League for Nursing Board of Governors, 2006). Career satisfaction concerns a nurse's feeling about the career choice of nursing (National League for Nursing Board of Governors, 2006).

Job satisfaction is related to the satisfaction a nurse has with a current position in nursing; career satisfaction encompasses more than just the nurses' job. It refers more broadly to satisfaction with a career in nursing and may be a critical element in retaining nurses in the profession. Nurses who have a sense of career satisfaction and feel more fulfilled may contribute to the growth of the profession.

In the past there has been no documented nursing research, on mentorship of NGNs locally. This study was the first review of mentorship in nursing at the selected general hospital. The main reason for the study was to complete a mentoring needs assessment amongst NRNs, to determine the effectiveness of mentorship on their job satisfaction, clinical nursing skills and transition into the role of practitioner (Weng, Huang, Tsai, Chang, Lin & Lee, 2010; Nowell, White, Mrklas & Norris, 2015).

It would help identify key evidence gaps and inform the development and implementation of mentorship interventions (Nowell et al., 2015). The results from this study would be used to guide nursing administration's decision making,

regarding the practice of mentorship, to increase mentorship outcomes for NRNs and ultimately effect improvements for the patients they care for (Nowell et al., 2015).

The study would provide current evidence for mentorship interventions at the selected general hospital (Nowell et al., 2015). This study would also identify key considerations for future research on mentorship in nursing and the enhancement of nursing science. Thus, the findings from the study would have implication for nursing policy, practice and research. Finally, the results from this study would be used to guide administrators and policy maker's implementation of mentorship interventions, for addressing the nursing shortage, at the general hospital (Nowell et al., 2015).

### **Objectives of the Study**

The following was the objectives of the study:

1. To evaluate the existing mentorship programme for the NRN's at a selected general hospital and their satisfaction with the mentoring programme.
2. To explore the NRN's job satisfaction, development of clinical nursing skills,
3. To analyze the NRN's job satisfaction, development of clinical nursing skills, and transition into the role of a practitioner with selected demographic variables.

### **Research Questions**

The following were the research questions of the study:

1. Is there a need for a formal or structured mentoring program for NRNs at the selected general hospital?
2. Does the existing mentoring programme for NRNs provide benefits to the NRN's job satisfaction, development of clinical nursing skills, and transition into the role of a practitioner at the selected general hospital?

### **Application of Theory**

The blended theoretical framework of Patricia Benner Novice to Expert Practice Theory and Hildegard Peplau's Theory of Interpersonal Relations, provided the basis of theoretical framework for this research study.

When Benner's Novice to Expert Practice Theory is applied to mentoring, the NRN progress through five levels of proficiency, as they move from novice to expert, in development of clinical nursing skills. These levels are novice, advanced beginner, competency, proficient and expert (Mariani, 2007).

At the novice level, NRNs have pre licensure education and basic clinical nursing skills (Stobinski, 2008). They are inexperienced. Therefore, they have no clinical experience, in nursing practice. These NRNs require mentors to

guide their development of clinical nursing skills (Adiong, 2014).

At the advanced beginner level, NRNs have pre licensure education, basic clinical nursing skills competencies and limited clinical experience in nursing practice (Stobinski, 2008). They are guided by rules and oriented by tasks and completion. They still require a mentor to assist them with defining clinical situations, to set priorities, and to integrate clinical nursing knowledge with skills (Adiong, 2014).

At the competency level, NRNs have post licensure education, basic clinical nursing skills competencies and limited clinical experience in nursing practice (Stobinski, 2008). It takes an average of eighteen months to three years for NRNs to reach a competent level (Koncaba, 2007).

At this level, their application to the clinical situation becomes less stilted and actions therefore more fluent (Dawson, 2006). They begin to recognize patterns and determine which elements of the clinical situation warrants action and which can be ignored (Adiong, 2014). They are able to devise new rules and reasoning procedures for a plan of care and apply these rules of action on the basis of the relevant facts of the clinical situation (Adiong, 2014).

At the competency level, NRNs are viewed as having what it takes to function capably, within an increase capacity to view clinical situations holistically, but still lack the expertise to handle a wide range of clinical situation proficiently (Milligan, 1998). They may no longer require a mentor (Milligan, 1998).

At the proficient level, NRNs have post licensure education, basic clinical nursing skills competencies and more clinical experience in nursing practice (Stobinski, 2008). It takes a NRN an average of three to five years, in the same area of nursing, to reach the proficient level (Adiong, 2014).

At this level the NRN possesses a deep understanding of clinical situations as they occur. They consciously plan in response to clinical situations, having developed their critical thinking and decision making skills (Adiong, 2014).

They perceive clinical situations as a whole, rather than, in terms of aspects of a performance. They demonstrate the ability to recognize changing clinical situations and implement skilled responses as it evolves (Adiong, 2014).

At the proficient level, NRNs no longer require the guidance of a mentor. They may be mentors themselves who guide and supervise Benner's novice and advance beginners (Sunkes, 2013).

At the expert level, NRNs have advanced nursing education, advanced clinical nursing skills competencies and even more clinical experience

in nursing practice (Stobinski, 2008). It takes a NRN an average of five years to thirteen years, in the same area of nursing, to reach the expert level (Koncaba, 2007).

At the expert level NRNs have developed advanced clinical nursing skill competencies, which allow them to manage independently (Stobinski, 2008). They have an enormous background of experience and an intuitive grasp of each clinical situation (Adiong, 2014). Thus, the expert nurse operates from a deep level of understanding of the total clinical situation (Adiong, 2014). They no longer require guidance of a mentor (Stobinski, 2008). They may be mentors themselves, who teach and coach Benner's novice, advanced beginners, competent and proficient nurse (Sunkes, 2013).

Thus, Benner's Novice to Expert Practice Theory supports mentoring, the novice to expert mentoring relationship and clinical nursing skill development by novice NRNs (Mariani, 2007). Mentoring is an interpersonal relationship between NRN (novice) and mentor (expert) (Washington, 2013). When Peplau's Theory of Interpersonal Relations is applied to mentoring, it helps explain the nature of the NRN and the mentor, in the mentoring relationship. The four (4) interpersonal phases of the mentoring relationship are orientation, identification, exploitation and resolution (Washington, 2013).

During the orientation phase, the mentor and the NRN come to know each other and learn how to work together, as the mentor recognizes the need to help with the NRN's transition to the practitioner role (Washington, 2013). The identification phase is the time to discover opportunities for learning and improvement of the NRN and to recognize the mentor as a resource (Washington, 2013). During the exploitation phase, the NRN uses the mentor, as a resource and support, to help meet identified learning needs (Washington, 2013).

When resolution occurs with the achievement of the mentoring goals, mentoring can continue as the NRN become more and more competent and continues the transition to the practitioners role (Washington, 2013). Thus, Peplau's Theory of Interpersonal Relations supports mentoring, mentors and NRNs in nursing education (Mariani, 2007).

**Review of Literature:** Mentoring is a reciprocal, long term relationship with an emotional commitment that exists between a novice nurse (mentee) and an expert nurse (mentor); mentoring implies a knowledge or competence gradient, in which the teaching-learning process contributes to a sharing of advise or expertise, role development, and informal or

formal support to influence the career of the mentee (Mariani, 2012)

For the purpose of this study, a mentor is a SRN who is considered experienced, competent or expert, along the novice to expert continuum (Mariani, 2012). The mentor is more experienced than the NRN in terms of knowledge, skills and competence. Again for the purpose of this study, the mentee is a NRN in the mentoring relationship, in any area of the profession, who is new to the area of practice. The mentee lacks experience or competence, in that area of practice (Mariani, 2012).

Mentoring provides the NRNs with the opportunity for professional growth, career development and job satisfaction (Mariani, 2012). NRNs lack of job satisfaction, professional growth, and career development may contribute to them leaving their jobs, in nursing or the nursing profession (Mariani, 2012).

The first year of practice has been identified as the most difficult time in the NRN's career (Martin & Wilson, 2011). NRNs orientation programs are typically designed to be completed within three to six months (Dyess & Serman, 2009). Transitional support for NRNs is needed for an extended period of time, well beyond the orientation and preceptor programs. Thus, provision of extended support throughout the NRN's first year of employment is recommended (Dyess & Serman, 2009).

The research studies identified many mentoring outcomes of formal mentoring programs (Nowell et al., 2015). Positive mentoring outcomes identified in this literature review are increased NRNs job satisfaction, development of clinical nursing skills, transition into the practitioner role, anticipated turnover, recruitment and retention. Mentoring programs provides transitional support to NRNs, during the first year of practice, the most difficult time in their careers (Nowell et al., 2015).

This literature review demonstrated that mentoring is a prevalent phenomenon in nursing (Mariani, 2002). Mentoring is a concept that is well supported in the literature, for bridging the theory-practice gap for NRNs and helping NRNs experience job satisfaction and career satisfaction. Mentoring also helped decrease NRNs turnover and ultimately decrease the impact of the nursing shortage (Mariani, 2012).

Nursing research that continues to explore mentorship in nursing can help demonstrate the positive mentoring outcomes in nursing (Mariani, 2012). The present study is an attempt to study the effects of a mentoring program on NRN's job satisfaction, clinical nursing skills and transition into the practitioner role, in lieu of the trends observed in research. An attempt has also been

made to study the anticipated turnover in the absence of a formal mentoring program.

**Methodology:** A descriptive correlational design was used in this study, to examine the relationship among variables.

The variables under the study were Independent, Dependent and Attributed variables.

**Dependent Variable:** Job satisfaction, development of clinical nursing skills, transition into the role of a practitioner and anticipated turnover.

**Demographic variable:** Age, Sex, Marital status, General education, Professional qualification, Experience in nursing practice, Continuous education program attended and Mentoring Program attended.

The sample was N=60 NRNs who had participated in a mentoring program within the past 18 months and currently employed at the selected general hospital.

The subject was chosen by non-random sampling method called convenient sampling or volunteer sampling.

The subjects in the study were recruited from the population of NRNs, at the SFGH. The NRNs was recruited knowing that they meet the eligibility criteria identified (Wood & Harber, 2010). The Nursing Manager was asked to provide a list of NRNs who meet the eligibility criteria and were recently employed, at the SFGH. The Nurse Manager, through the SWRHA's Human Resource Department, supplied the names and contact information of eligible NRNs, at the SFGH. A second cover letter explaining the purpose of the study and requesting participation in the study was forwarded to select NRNs (Catalano, 1997). The questionnaires were then distributed to the consenting NRNs who agree to participate in the study voluntarily (Kavoosi, Elman & Mauch, 1995).

**Inclusion Criteria:** NRNs who,

- were working at the selected general hospital only
- had undergone the mentoring programme
- had given consent for the study

**Exclusion Criteria:** NRNs who,

- were not registered with the nursing council
- were not available during the study period

### **Ethical Consideration**

Permission was secured from the Campus Ethics Committee, of the University to conduct the study at the Hospital. Similarly permission was secured from the Ethics Committee of Selected Regional Health Authority. Informed consent was secured from the NRNs, to conduct the study through the Hospital.

**Tool for data collection:**

To assess job satisfaction, development of clinical nursing skills, and transition into the role of a practitioner and anticipated turnover survey, the following tools were developed.

**Section A:** Demographic Data – 16 Items.

**Section B:** Nursing Job Satisfaction Scale – 22 Items.

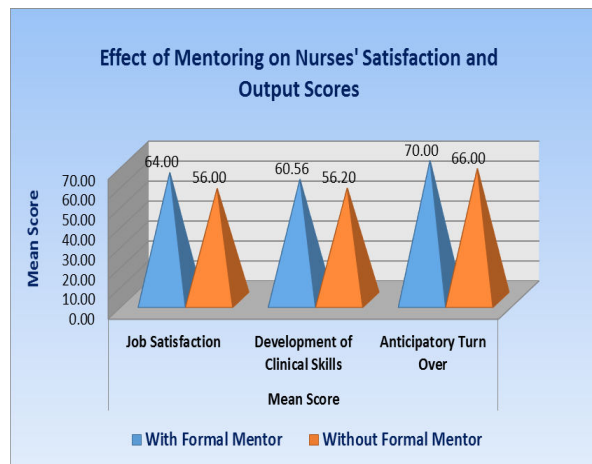
**Section C:** Development of Clinical Skills & Transition to Practitioner Scale – 24 Items (modified Casey-Fink Graduate Nurse Experience Survey (2006) to measure clinical skills and transition).

**Results and Discussion:**

The analyses of the data were carried through conventional, tabular and functional methods.

Characteristic of study participants are presented in table 1.

Fifty two (86.7%) respondents had informal mentors, while 8 (13.3%) had formal mentors. Forty two (70%) of respondents indicated they had a mentor for three months, while 18 (30.0%) had a mentor for six months. Forty three percent of NRNs were able to achieve job satisfaction. Fifty three percent of NRNs indicated that mentorship program had helped them gain confidence, learn and practice clinical skills. Fifty seven percent indicated it helped them transition into role of practitioner. (See Figure 1)



**Figure 1: Effects of Mentoring on NRNs Job Satisfaction and Output Scores**

**Objective 1:** To evaluate the existing mentorship programme for the NRN's at a selected general hospital and their satisfaction with the mentoring programme.

The determinants of job satisfaction levels of NRNs serving at the selected general hospital were analyzed using Ordinary Least Square Regression (OLS) model and the results are

presented in Table 1. In order to assess the influence of socio-economic, demographic and job related factors on the job satisfaction level of NRNs, the total response score received for the twenty three numbers of Likert 5 point agree/disagree questions (with middle option scale) considered as dependent variable. For this analysis, a positively worded question referred to an item where 'strongly agree' was considered a good answer, while a negatively worded question considered an item where 'strongly disagree' as good answer. Each response was then converted to a number in the response scale previously provided and responses for negatively worded questions were reversed to match the response scale for the positively worded questions.

The model fitted on total response score showed a good fit with the adjusted R<sup>2</sup> of 0.710, i.e., 71.0 per cent of variations in the dependent variable was explained by the variables incorporated in the model. The analysis also exhibited that, of the fourteen explanatory variables included the model fitted, seven were found to be significantly determining the job satisfaction levels of NRNs.

Multiple regression analysis showed that NRNs practicing in obstetrics, pediatrics, surgery and medical wards (6.94 ±2.6, 4.87±1.6, 3.31± 1.6, and 3.15±1.4 respectively) had higher mean scores for job satisfaction than NRNs working in urology and emergency wards (-14.48±2.6 and -6.02±1.6 respectively). Having a formal mentor (3.76±1.2) was found to be significant. (See Table 1)

**Objective 2:** To explore the NRN's job satisfaction, development of clinical nursing skills, and transition into the role of a practitioner, at a selected general hospital.

The factors that determine the clinical skills development and transition to practitioner role among NRNs, at the selected general hospital were evaluated using Ordinary Least Square Regression (OLS). In order to assess the influence of socio-economic, demographic and job related factors on the job satisfaction level of NRNs, the total response score received for the twenty four numbers of Likert-type scale for response options (with both a neutral option) considered as dependent variable.

Similar to job satisfaction OLS analysis, a positively worded question referred to an item where 'strongly agree' was considered a good answer, while a negatively worded question considered an item where 'strongly disagree' as good answer. Each response was then converted to a number in the response scale previously provided and responses for negatively worded questions

were reversed to match the response scale for the positively worded questions.

The model fitted on total response score showed a good fit with the adjusted  $R^2$  of 0.627, i.e., 62.7 per cent of variations in the dependent variable was explained by the variables incorporated in the model. The analysis also exhibited that, of the fourteen explanatory variables included the model fitted, nine were found to be significantly determining clinical skills development and transition to practitioner role among NRNs.

The results of the multiple regression model exhibited that gender was a robust indicator of development of clinical skills and transition to practitioner role. As the NRN happened to be female, she seemed to be acquiring significantly good clinical skills and quickly getting ready for transition to practitioner role, with a regression coefficient of 7.452.

It is also worth noting that, the age of NRNs serving at the selected general hospital played a pivotal role in the development of clinical skills and their transition to practitioner role. The NRNs in the age groups of 26-30 years and more than 30 years attained significantly better clinical skills and transition to practitioner role with the coefficient of 5.795 and 6.584, respectively, over the NRNs in the age group of less than 26 years. These results reiterated that age was an important criterion which (See Figure 2) would enable the NRNs to get accustomed to their roles.

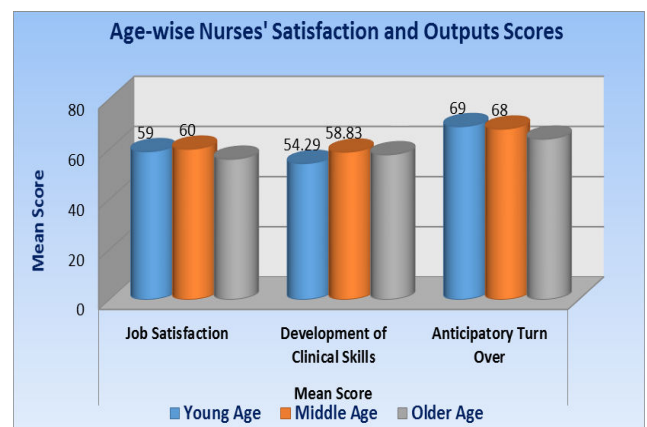
Development of clinical skills and transition to practitioner role was seen among NRNs practicing in medical, obstetrics, urology and surgical wards (-11.92+1.8, -11.72+3.4, -6.75+3.32 and -6.37+2.06 respectively). Having a formal mentor (9.38+1.6) and the period of mentorship (4.36+1.5) was found significant. Findings are consistent with the previous research studies (Chen & Lou, 2014).

**Table 1: Ordinary Least Square Regression (OLS) Model Estimates**

Explanatory variables	Job satisfaction		Development of clinical skills & transition to practitioner scale	
	Parameter Estimates	't' value	Parameter Estimates	't' value
	-0.279		-0.320	0.42
		0.476		1
Qualification	(0.588)		(0.760)	
Ward - Surgery	3.314*		-6.367**	3.08
		2.076		5
	(1.596)		(2.064)	
Ward - Pediatrics	4.874**		-2.393	1.14
		3.008		2
	(1.621)		(2.096)	
Ward - Obstetrics	6.944*		-	3.41
		2.617		5

	(2.653)		11.718**	
			(3.431)	
Ward - Urology	-		-6.754*	2.03
	14.480**	5.633		2
	(2.571)		(3.324)	
Ward - Emergency	-6.025**		2.243	1.11
		3.856		0
	(1.563)		(2.020)	
Ward - Others	3.152*		-	6.77
		2.315	11.925**	2
	(1.362)		(1.761)	
Experience	-0.312		0.413	1.04
		1.025		9
	(0.305)		(0.394)	
Formal mentor	3.763*		9.381**	6.02
		3.126		5
	(1.204)		(1.557)	
Period of mentorship	-0.287		4.359**	2.80
		0.238		2
	(1.203)		(1.555)	
Adjusted $R^2$	0.710	-	0.627	
Number of observations	60	-	60	
F	11.300**	-	8.097**	

Figures in parentheses indicate standard errors.  
 \* Significant ( $P \leq 0.05$ ); \*\* Significant ( $P \leq 0.01$ ).



**Figure 2: Age-wise NRNs Job Satisfaction and Output Scores**

**Conclusion:** In conclusion, NRNs who received formal mentorship were more satisfied with their jobs. Fifty three per cent of NRNs indicated that the mentorship program had helped them gain confidence, learn and practice clinical skills. The findings further indicated that mentoring did help NRNs transit into the role of a practitioner. The previous research studies also identified many positive mentoring outcomes of formal mentoring programs. Positive mentoring outcomes that were identified included increased NRNs job

satisfaction, development of clinical nursing skills, successful transition into the practitioners role and decrease turnover (Mariani, 2012).

The research studies trends have demonstrated that mentorship in nursing is well supported for helping NRNs experience job satisfaction, develop clinical nursing skills and transition into the practitioner role (Mariani, 2012).

Therefore, there is a need for a formal or structured mentoring program for NRNs at the SFGH. Finally, the study concluded there is a need for future nursing research studies, to explore mentorship in nursing, to help demonstrate the positive mentoring outcomes in nursing, at the SFGH.

### Recommendations

Several recommendations are made from the study's results such as

Mentoring Task Force, mentoring Committee, Formal Mentoring Program Proposal, Period of Mentorship, Formal Mentoring Program Budget, Formal Mentoring Environment, Training of Mentors and Mentees, Matching Mentors and Mentees Compensation, Reward, Recognition and Celebration, Culture of Mentoring Formal Mentoring Program Assessment, Formal Mentoring Program Evaluation.

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