

Effect of Mentoring on Developing Nursing Competencies among the Newly Joined Staff Nurses in a Selected Private Hospital in Kolkata

Usha Mallick

Associate Professor, Dept of Nursing, Aliah University, Kolkata.

Healthcare has greatly changed due to issues such as changes in disease structure and a rapidly aging population with decreasing birth rates. Accordingly, healthcare and care provider systems are changing. For example, when a patient has an acute medical problem, the hospital is expected to provide short-term, intensive care. When the treatment is completed, home care is needed to provide support for treating the patient with dignity and respect until the end of his/her life. Thus, nurses must provide comprehensive care that meets patients' complex and diverse needs. Regardless of work setting, this is required of all nurses. There is a growing expectation that nurses should be able to combine various sources of information and incorporate these into their decision-making and nursing practice.

Mentoring, an empowering relationship between novice and experienced nurses is one of the best practices that fosters successful nursing careers for new nurses and those in transition or experiencing burn-out (Daniels, 2004; Pinkerton, 2003). Differing from the preceptorship model that is clinically focused and time limited to help nurses adapt to new work environments, mentorship is a relational humanistic model that enriches clinical practice with deeper holistic focus on nurturing the whole person (Morton-Cooper & Palmer, 1993; Verdejo, 2003). When guided by a caring framework of trust, commitment, compassion, and competence, mentoring as a caring action builds healthy relationships and energises environment.

In a nursing mentorship, a more experienced nurse acts as a guide, expert and role model for a new or less-experienced nurse. Whether it is a new graduate or a diploma holder from a college or school, a mentoring relationship can help to develop new skills and advance career. According to the Academy of Medical-Surgical Nurses, "Mentoring is a reciprocal and collaborative learning relationship between

two, sometimes more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship." The Academy states that mentoring can guide nurses in their professional, personal and interpersonal growth.

Nurses are always challenged on how they can contribute to society as professionals. They are expected to take professional responsibilities for continuously providing direct care, protecting individual lives and supporting activities of daily living. To accomplish this, nurses have to improve their nursing competency and utilise it in their daily practice. Competence is acquired through experience and learning. The concept of competence is two-fold: (1) potential abilities that may work effectively under certain circumstances and (2) motivation to show one's usefulness using those abilities. Competency is also a behavioural characteristic that is based on one's interests and experiences influenced by his/her motivation and attitude. It is a behavioural trait that likely leads to achievements.

According to The Robert Wood Johnson Foundation, "Mentoring helps cultivate nurse leaders, retain nurses, and diversify the nursing workforce." By strengthening the nursing workforce, nursing mentorship improves the quality of patient care and outcomes.

1. Mentoring can foster the leadership skills that nurses need to secure larger roles in developing, designing and delivering health care.
2. Mentoring relationships inside healthcare organisations and academic institutions can help those organisations retain nurses and nurse educators, reducing the cost of turnover.
3. Mentoring can help diversify the mostly white and female profession by supporting minority and male nurses. This diversification can lead to fewer health disparities within the population by providing diverse role models.

Caring mentorship stimulates new perspective about self, others, and world; new opportunities for action; and an expansive vision of possibilities for the healthcare system (Vance & Olson, 1998). As a result, healthcare organisations report increased staff satisfaction, leadership, competence, and retention of employees (Tallarica, & Walsh, 2000).

Mentoring is especially useful in helping orient new nurses in the healthcare world, improve their self-confidence, understand moral and ethical issues and develop real-world skills not covered in nursing school. Mentoring helps more experienced nurses' move into leadership positions and shift the focus of their careers. Organisations have reported benefits from mentoring including developing future leaders from the institution through nurturing commitment, retention, and teamwork.

Objectives

The study was conducted to assess the nursing competency score of both experimental and control group on (a) the first two days of joining, (b) after one month of joining, and (c) after completion of one month.

Operational Definitions

Mentoring - The act of helping by nurse educator to newly joined staff nurse to build his or her skills and self-sufficiency through trusting and supportive relationships.

Competencies - Demonstrable characteristics for properly (according to Checklist) doing the job, the individual requires skills and knowledge essential for the set duties.

Newly Joined Staff Nurses - Nursing personnel completed their diploma and before receiving final registration.

Effectiveness - Power to bring the changes in competency score of the nurses.

Hypotheses

H1- There is significant improvement in mean of after mentoring, nursing competency score, than the mean of pre-mentoring nursing competency score in the experimental group.

H2- There is significant improvement in mean of after mentoring, nursing competency score, in experimental group as compared to the control group.

Conceptual framework: Caring Mentorship Model (Wagner, 2005b) representing two individuals in a task-oriented mentoring relationship was applied in the study. The model proposes that caring intention and actions that energises personal and professional growth.

Review of Literature

The present study is almost similar to the one by Bette Mariani, viz. "The Effect of Mentoring on Career Satisfaction of Registered Nurses and Intent to Stay in the Nursing Profession" in which there was a statistically significant relationship between career satisfaction and intent to stay in nursing. The majority of nurses reported participating in a mentoring relationship. Although the findings related to mentoring, career satisfaction, and intent to stay were not statistically significant, there was a prevalence of mentoring in nursing.

In another study, "Effectiveness of Onsite Nurse Mentoring in Improving Quality of Institutional Births in the Primary Health Centres of High Priority Districts of Karnataka", the mentoring programme successfully improved provider preparedness and facility readiness to deal with institutional births and associated complications. The study found that it was feasible to improve the quality of institutional births on a large operational scale, without substantial incremental costs.

A study on "Nursing students' expectations and experiences of mentorship" found that students' experiences were largely positive. Students differentiated encouragement from what they labelled as support. Contrary to the literature, the mentor role in practice assessment was not identified as highly important. Support from link lecturers was less well evaluated and students felt that the university needs to support mentors better.

Methodology

The study adopted a quasi-experimental research approach using randomised pre-test – post-test control group design. The independent variable was mentoring, while the dependent variable was developing nursing competency.

Study population: Nursing personnel having completed their diploma and before receiving final registration were covered. The sample consisted of 40 newly joined staff nurses (20 for experimental, 20 for control group). Purposive sampling technique was adopted.

Inclusion criteria: Newly joined staff nurses in the hospital including those who joined during November, 2017 and who were willing to participate in the study.

Exclusion criteria: Staff Nurses who had joined before and after the month of November 2017 and who were unwilling to participate in the study.

Ethical permission: Ethical approval was obtained from the Research Ethics Committee of the Hospital.

Delimitations: The study was delimited to only staff

nurses having joined in November 2017. It was confined to a selected private hospital in Kolkata.

Data collections tools and techniques

Section I was the Interview schedule related to demographic data.

Section II evaluated nursing competency (according to the SOP of each procedure made from nursing manual) by observation check list.

Content validity: The Interview schedule consisting of demographic data, and the observation check list comprising of SOP of each Nursing procedure prepared from nursing manual. The tool was validated by 5 experts and the percentage of agreement for demographic data and appropriateness of different procedural SOP was 100 percent.

Reliability: The reliability of the tools were established by inter-rater reliability method. The reliability coefficient was found 0.69 which was indicated to be reliable and showed more than 80 percent agreement between the two.

Data Collection Procedure

Staff from both the group (experimental and control) attended induction programme of 10 days in a class room settings.

- After introduction and verbal consent from the staff, investigator explained the purposes of the study.
- Demographic data was collected from the staff.
- Staff was assigned to perform a particular procedure on the patients.
- Nursing competency level (pre-test) was checked through an observational checklist during the procedure, based on each procedural SOP made from nursing manual for both the group.
- Each criteria/step of checklist carried 5 marks; total criteria were 20. Total marks were 100.
- Scores were assigned based on how they performed on each criteria/ steps based on SOP, as per nursing manual.
- Staff from both the group did the procedure on patients on first 2 days of their clinical posting.
- Procedural performance/ competencies was checked as per the checklist.
- Two mentors were provided for experimental group in one unit of the hospital for a month.
- After one month, nursing competency was checked again through observation checklist on different nursing procedure for both the

groups.

Results and Discussion

All collected data were analysed by frequency and percentage distribution'; 't' test was done to establish the effectiveness of mentoring.

Findings related to demographic data.

- Majority of the samples (n=36, 90%) belonged to 21-23 years of age group.
- Majority of the samples (n=32, 80%) were female.
- Majority of the samples (n=28, 70%) could speak and understand Bengali.
- Majority of samples (n=22, 55%) were from same batch of the course.
- Majority of the samples (n=30, 75%) had joined on the same day.

Table 1 illustrates that majority of subjects i.e. 10 (50%) of experimental group had nursing competency score between 50-60. Only 4 respondents (20%) had score between 70-80 in pre-test. Most of the respondents (n=14, 70%) had nursing competency score between 70-80 and only 1 (5%) respondents scored between 80-90 in the post-test.

Majority of subjects (n=10, 50%) of Control Group had nursing competency score between 60-70. Only 3 respondents (15%) had a score between 70-80 in pre-test (Table 2). Findings also show that most of the respondents i.e. 12 (60%) had nursing competency score between 70-80 in post-test.

Table 3 shows that mean of post-test competencies score of experimental group was higher than the mean of post-test competencies score of the control group. The 't' value was found statistically significant as evident from 't' value of 2.74 for df 38 at 0.01 level of significance.

Mean, mean difference, SD, SE and paired 't' value showed that difference in nursing competency score of staff between two observations in experimental group and difference in mean of post-test nursing competency score of staff between control group and experimental group was found statistically significant at 0.01 level of significance.

Discussion

This study contributed to knowledge of the competencies of newly joined nursing staff. It appeared that greater competencies developed through mentoring.

The study team identified some key explanations

Table 1: Frequency and percentage distribution of subjects according to their achieving of nursing competency score in experimental group

Competency score	Frequency pre-test	Percentage pre-test	Frequency post-test	Percentage post-test
50-60	10	50	2	10
60-70	6	30	3	15
70-80	4	20	14	70
80-90	0	0	1	5
90-100	0	0	0	0

Table 2: Frequency and percentage distribution of subjects according to their achieving of nursing competency score in control group

Competency score	Frequency pre-test	Percentage pre-test	Frequency post-test	Percentage post-test
50-60	7	35	2	10
60-70	10	50	12	60
70-80	3	15	6	30
80-90	0	0	0	0
90-100	0	0	0	0

Table 3: Mean, mean difference, SD, SE and independent 't' value showing the difference of post-test competencies score between experimental and control group (n = 40)

Group	Mean	Mean (D)	SD	SE	't' value
Experimental group (after mentoring)	78.8	14.8	2.82	1.85	2.74**
Control group (without mentoring)	64		2.09	0.29	

't' df (38) = 2.00, p < 0.05; 't' df (38) = 2.66, p < 0.01

of the under performance of the newly joined staff nurses at the beginning. For clinical competency, the level of confidence of newly joined nursing staff developed at par with mentoring with those from without mentoring.

The findings of the present study are similar to those of Bette Mariani, where the result were statistically significant.

Implications

Nursing administration: Nursing administrators can have a policy to make mentoring mandatory.

Nursing practice: Nurses are always challenged on contribute to society as professionals. They are expected to take professional responsibilities for continuously providing direct care, protecting individual lives and supporting activities of daily living. For all these, they need help of a mentor.

Nursing education: Nurse educators should emphasise the concept of more involvement of staff training, and in their teaching learning experience.

Nursing research: More emphasis should be laid on research in this area of practising mentoring for

different hospitals to disseminate the research-based evidence for nursing practice.

Recommendations

- A similar study can be replicated with a larger number of samples for making generalisation.
- A similar study can be performed with other nursing professional apart from staff nurses.
- Study can be performed to assess the nurses attitude towards the profession by using liker scale.
- A study can be done to identify the factors that contributes the underperformance of staff.

Conclusion

Mentoring has proved to be very effective in developing nursing competencies among newly joined staff nurse. This study aimed to gain a greater understanding of staff experiences of mentorship and to identify the kind of support provided by the mentor that is most valued by the staff, the role of mentorship and how the staff further enhance the competency by experiencing mentorship in their first joining

References

1. Ambrose L. A mentor's companion 1998. Chicago: Perrone-Ambrose Associates
2. Andrews M, Wallis M. Mentorship in nursing: A literature review. *Journal of Advanced Nursing* 1999; 29(1): 201-207
3. Atkins S, Williams A. Registered nurses' experience of mentoring nursing students. *Journal of Advanced Nursing* 1995; 21(5): 1006-1015
4. Boykin A, Schoenhofer S. Nursing as caring: A model for transforming practice 2001. Boston: Jones and Bartlett Publishers
5. Byrne M, Keefe M. Building research competence in nursing through mentoring. *Journal of Nursing Scholarship* 2002; 34(4): 391-96
6. Daniels M. Mentoring: Link to the future. *Reflections on Nursing Leadership* 2004; 30(3): 24-25
7. Field A. No time to mentor. *Business Week* 2003; pp 126-28
8. Greene MT, Puetzer M. The value of mentoring: A strategic approach to retention and recruitment. *Journal of Nursing Care Quality* 2002; 17(1): 67-74
9. Johns C. Visualizing and realizing caring in practice. *Journal of Advanced Nursing* 1996; 24(6): 1135-43
10. Kalisch BJ. Group e-mentoring: A new approach to recruitment to nursing. *Nursing Outlook* 2005; 5(4): 199-205
11. Morton-Cooper A, Palmer A. Mentoring and preceptor ship: A Guide to Support Roles in Clinical Practice 1993; Nursing Outlook Publishers
12. Newman MA. Health as Expanding Consciousness. 2nd edn, 1994. New York: National League for Nursing Press; Oxford: Blackwell Scientific Publications.
13. Roach MS. Caring, the human mode of being, 2nd revised edn, 2002; Ontario, Canada: CHA Press.
14. Schon DA. Educating the Reflective Practitioner, 1987. San Francisco: Jossey-Bass Publishers
15. Shaffer B, Tallarica B, Walsh J. Win-win mentoring. *Nursing Management* 2000; 31 (1): 32-36