

Structured Mentoring Strategies: Its Correlation to the Clinical, Leadership and Research Skills of Novice Nurses

RANDY IAN F. GALLEGO

<https://orcid.org/0000-0002-7338-3263>

randyian_17@yahoo.com.ph

College of Health Sciences - Mindanao State University, Main Campus
Marawi City, Philippines, 9700

99% • Grammar Check: 95% • Plagiarism: 1%



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ABSTRACT

Mentoring activities in the clinical area by nurse supervisors are helping the entry-level nurses to the social milieu of the hospital to ensure that competencies are set, so that safe and competent patient care is delivered. Hence, this study examined the senior staff nurses' mentoring activities and their relationship to the nursing skill development as perceived by the novice nurses in Lanao del Norte, Philippines. The study used descriptive-inferential research design involving 71 novice-nurse respondents. The data obtained were analyzed using the Pearson correlation. The findings revealed that while in general, mentoring activities given by the senior nurses indicate an increased competence in the nursing skills of the novice nurses as safe practitioners; it also showed partial impact regarding the competencies on leadership and research. The mentoring activities on conducting scientific inquiry further revealed a significant correlation with the nursing proficiency of the respondents as competent practitioners, managers, and researchers. Therefore, the study concludes that activities geared towards coaching and mentoring neophyte nurses in the clinical areas have a beneficial influence on the development of their needed core competencies in nursing practice. Formally structured preceptorship programs should be adapted to help novice nurses become more apposite, responsive and streamlined care practitioners.

Keywords — Nursing, mentoring activities, nursing skill development, descriptive-inferential design, Lanao del Norte, Philippines

INTRODUCTION

New nurses in any institution routinely go through a process of indoctrination, orientation, and enculturation whereby they acquire the technical skills and the knowledge of the behavior that is understood and accepted in that organization. Moreover, it is also essentially a big part of this process to identify the attitudes and core values that make conformity with social rules among new nurses personally meaningful, even gratifying (Huston, 2003). All these dynamics encountered by beginning nurse practitioners in the clinical field are integrated and covered in most formal mentorship programs present in a good number of hospital institutions worldwide. In essence, mentoring activities in the clinical area by senior nurses are approaches of helping new nurses become familiar with the social setting of the hospital to ensure that competencies are established, and quality care is delivered despite the confounding reports and studies showing that newly graduated nurses are not prepared for day-to-day work (Andersson, Cederfjäll, Jylli, Nilsson Kajermo & Klang, 2007) and that they lack competence, especially on the aspect of clinical responsibility (Gerrish, 2000; Ross & Clifford 2002).

With the immensely perceptible value of structured mentoring activities in nursing, healthcare organizations on a global scale are already steadily adopting programs of this kind. In the United States, the United Kingdom, and Canadian nursing arena, different mentoring mechanisms have been set in place with clearly established formal education and training modules for novice nurses. Preceptorship and mentorship frameworks are made available in these countries to demonstrate organizational commitment to nursing to facilitate healthy adaptation of nurse-initiated in achieving competence in their field (RNAO, 2008). In other international counterparts, particularly in the neighboring Southeast Asian (SEA) countries, varied levels in the extent of adaptation and practice of mentoring programs can be seen. For instance, a study made by the WHO (2003) revealed that the majority of the SEA countries have absent or poor linkages and interdependency between education and the service sector. Accordingly, there are existing challenges especially with the numbers of graduate students (nurses) being hired with that of their quality and professional potential. Other than Thailand, all SEA nations reported having an obstacle in urging, promoting and achieving a culture of continuous lifelong learning. Continuing-

education, other than in Thailand, is ad hoc and inadequate. Consequently, in a regional review of the literature, among other ASEAN-member countries, only Thailand employs nursing mentorship strategies that are widely used in their governmental hospitals. Studies in the country support the recommendation that nursing administrators should develop an effective strategy to strengthen the nurse mentorship system as it can facilitate the transition process of novice nurses to professional nurses (Prousoontorn & Oumtanee, 2009).

Interestingly, a study by Enrico and Chapman (2011) reports that nursing mentorship, although not an entirely novel concept is a new phenomenon in the nursing profession in Malaysia. There, the traditional “buddy system”-approach is still being habitually practiced, wherein senior nurses, relying purely on their learned knowledge and skills in practice settings and without properly going through formal mentoring courses, shadow the neophyte nurses in the activities inherent in the clinical floor. Conversely though, countries in the region like Cambodia and Indonesia are also confronted with a number of difficulties to the professional development of nurses such as limited education, a shortfall of trained nurses, lack of a central nurse regulatory board, and no mentoring of nurses in provincial hospitals on how to supervise novices and nursing students (Hennessey, Hicks, Hilan, & Kawonal, 2006).

In the Philippines, it is believed that since the country produces more nurses than needed (International Labor Organization, 2006; Masselink & Lee, 2010), the country loses its trained and skilled nursing workforce much faster than they are replaced due to migration (Lorenzo, Galvez-Tan, Icamina, & Javier, 2007). In steadily increasing numbers, experienced and skilled nurses are lured to join the exodus to new Canaans or lands of milk and honey like the United States and Canada, and even the Middle East despite the outbreaks of violence in those parts.

According to Masselink and Lee (2010), 85% of Filipino nurses work overseas. Thus, the Philippine health service is hurting its integrity and quality due to the increasing number of nurses leaving the country to work abroad (Lorenzo, Galvez-Tan, Icamina, & Javier, 2007). It is seen that the health indicators of the Philippines are worse compared to selected Asian countries like Japan, South Korea, Malaysia, and Thailand. This is mostly related to the rapid turnover of nurses (caused by the present migration phenomenon in the country) which further lowers the standards of care because they are replaced with new, inexperienced nurses. Operating rooms are staffed with novice nurses and inexperienced ones who are often short in supply and work double shifts

(HEAD, 2007). Relatively, the search for local literature on mentorship in the Philippines did not gather as many relevant articles and reviews when compared to other international counterparts. Most training and preceptorship programs for newly registered nurses were focused and contained short-term courses on specific skill-competency acquisition (Intravenous therapy training, Basic Life Support, Advanced Life Support, etc.). Unlike in the American, European and Australian contexts, no formal mentoring programs with national frameworks exist in the country.

Thus, with the number of new graduates and novice nurses working in the different nursing field in the country increasing considerably, it is but essential to assess how the mentoring activities are exercised in the various healthcare settings in close to the hearth or the very locale where the researcher is based. It is also interesting to look into and evaluate the extent and effectiveness of these activities as rendered by experienced/senior staff members to their new nurse aspirants considering the fact that only recently, inter-governmental initiatives have been established through the Association of Southeast Asian Nations (ASEAN) Mutual Recognition Arrangements on Nursing Services providing for a mutual cooperation and mobilization of professional nurses within the region. It is expected that starting 2015, free-flow of goods and professional services through the recognition of professional qualifications would enable Filipino nurses to have better international employment prospects and continuing professional growth opportunities.

FRAMEWORK

Based on the different concepts carted off from the rich field of literature explored, the framework or outline of this study was conceptualized: how the nurses' profile and mentoring activities affect the development of nurses in terms of their nurse-practitioner skill, leadership, and management skill, and researcher skill.

This study took shape under the impetus of the mentoring activities provided by senior staff nurses and its relationship with the nursing skill development as perceived by the novice nurses of the different government hospitals in Lanao del Norte and Iligan City. Two sets of variables were identified. The first set consists of the *independent variables* which are the profile (age, gender, civil status, educational attainment, number of years in clinical practice, income per month and employment status) and the mentoring activities of senior nurses.

Different concepts were combined in this part of the study. First, Bandura's Social Learning Theory identifies factors that can affect behaviors. Personal factors may include an individual's innate features. This can include salient biological factors, specifically age, gender, person's attitude, anticipated outcomes, and emotions (learned and imitated). Behaviors are learned and retained especially if they are rewarded. Skills learned are rewarding for nurses especially if the learned skills can develop them into quality care specialists. Role models are the senior nurses effecting teaching to novice nurses. Bandura also talks about the environment which includes socio-economic background, income, and employment status. He notes that external, environmental reinforcement may also be a factor that influences learning and behavior. Social learning theory then looks at the human behavioral pattern as a unique continuum encompassing the interplay of cognitive, behavioral and environmental influences. By and large, humans tend to learn to perform a behavior from observing others do it. Consequently, this formed information becomes a basis as a reference to future actions or behavior (Bandura, 1977).

On the other hand, the Path-Goal Theory was adopted to explore the extent of competency and productivity development by nurse elders, leaders or mentors. The mentors demonstrate what needs to be shared to the novice; they identify important learning points in the clinical areas, they facilitate, they model and provide support to novice learners. The senior staff nurses have some expectations of the novice nurses to accomplish and learn skills covering the above competencies to become real care specialists. Mentoring is a relevant relationship that involves modeling, teaching, coaching, demonstrating on the part of the senior nurses while doing care to clients. Therefore, in the context of this theory, goal-attainment, which is acquiring competence on the part of the novice, is facilitated by the mentor, who, as the leader and motivator, effects learning and skill acquisition to the latter by clearing the path, reducing obstacles, and directing clinical activities that seek to foster autonomy, critical thinking, and clinical proficiency on the part of the novice.

The second set is the *dependent variable* which is the nursing skill development's effectiveness as perceived by the novice nurses. The profile of the respondents is presumed to have a significant relationship with the perceived effectiveness of the mentoring activities rendered by their respective preceptors/mentors. In another dimension, the actual extent of the mentorship activities provided is also presumed to be related and to even have a significant relationship with the respondent's perception of their nursing skill development.

According to RA 7164, as enhanced in RA 9173, the scope of nursing practice covers appropriate nursing action and care, teaching, management and leadership, participation in studies and researches. The nurse has to develop training and research. This development and skill building can be learned in the clinical field. The senior nurses are expected to play the role of mentoring and contribute to the development of novice members of the team. These specific skills that are to be honed among nurses are further highlighted by the 2012 National Nursing Core Competency Standards released by the PRC – Board of Nursing, it included the identified and validated roles of the beginning nurse: safe practice, leadership and management, and research.

OBJECTIVES OF THE STUDY

The initial motivation for the study on mentoring activities was an interest in (1) examining the extent of the mentoring activities that senior staff nurses engage in and their effectiveness in the nursing skill development in terms of safe practice, leadership and research as perceived by novice nurses in government hospitals of Lanao del Norte and Iligan City. The study also (2) investigated the relationship between the extent of the mentoring activities and the respondents' perception of its effectiveness of their competencies as clinical practitioners, nursing managers, and researchers.

This study aimed to contribute to the growing body of literature on nursing mentorship in global perspectives. The data were further useful in serving as a basis for improving the entire system of mentorship in the different government hospital institutions in the province of Lanao del Norte and Iligan City.

METHODOLOGY

Research Design

The research design used in the study is quantitative, descriptive-inferential. The data were generated from a cross-sectional, self-administered survey of 71 novice nurse-respondents in the selected government hospitals in Lanao del Norte and Iligan City. A descriptive-inferential research approach was selected to fulfill the aim of this study. It is descriptive in purpose, gathering salient personal and socio-economic data to describe the novice nurses' (respondents') profile and their perception on the extent and effectiveness of the mentorship activities provided by senior staff nurses in the different government hospitals in Lanao del Norte and Iligan City. Results of their correlation were then treated with inferential analysis.

A triangulation procedure has been used to incorporate qualitative narrative comments of respondents, the novice nurses, during the conduct of the study. Journal writing and key-informant interview with selected respondents using interview-guide and journal essays were employed.

Research Site

The study was conducted in five government hospitals geographically distributed around the major municipalities and one city of Lanao del Norte. All in-patient care unit hospitals (n = 5) were the setting for the study. These are Lanao del Norte Provincial Hospital (LNPH), Kapatagan Provincial Hospital (KapPH), Kauswagan Provincial Hospital (KauPH), Kolambugan Provincial Hospital (KolPH), and the Gregorio T. Lluich Memorial Hospital (GTLMH) in Iligan City. These five hospitals were chosen because these are considered as public, government-operated facilities geared to address the healthcare needs of the general population including indigent clients in the province. Likewise, they are easily accessible, well-staffed and organized. The other hospitals in the province have a very few censuses to warrant consideration for inclusion in this study.

Research Respondents

All novice nurses (n = 71) affiliated in the selected hospitals and available at the time of data collection comprised the study respondents through a total enumeration technique. To be included as respondents, the novice nurses were screened based on the following criteria: an individual beginning his/her first employment as a staff nurse has worked for not more than three consecutive years in clinical service, and exposed to either ward or special areas of the hospital. They classified as follow: LNPH n = 18 nurses, KapPH n = 20 nurses, KauPH n = 2 nurses, KolPH n = 5 nurses and GTLMH n = 26 nurses.

The researcher further identified at least 4-5 respondents or participants per hospital through a purposive selection that were tapped to take part in a key-informant-interview. All those who formed part of this sample were also asked to answer an essay question constructed for them to describe the quality of mentoring or teaching/tutelage experienced with the senior staff nurses.

The study utilized a take-all or total enumeration technique in the sampling. All novice nurses in Lanao del Norte and Iligan City meeting the posed inclusive criteria did not reach 100. During the data collection, only about 71 nurses from all 5 hospitals qualified with the eligibility criteria established. Hence their inclusion.

Instrumentation

The research instrument was composed of three (3) sets of questionnaires with a total of 103 items, and respondents' journals. The first part of the questionnaire, which dealt with the demographic profile of the respondents, was a researcher-constructed set of questions designed to elicit personal information from the novice nurse respondents.

The second part of the questionnaire was designed for the novice staff nurses to rate the senior staff nurses on the extent of their mentoring activities. It contained forty-two (42) items or statement indicators. The mentoring areas measured included developing beginning or novice nurses in the context of safe practice, in the context of establishing appropriate organizing, supervision and staff development, and in the context of developing scientific inquiry. Each broad category into which the questionnaire was organized was composed of several relevant questions. The specific questions sought to determine if the given indicator was emphasized in the teaching-learning activities with novice nurses.

To assign numerical values to the estimates of the extent or magnitude of the items measured, the researcher adopted a Likert-type five-point rating scale. Table 1 on the next page shows the weight, continuum, responses, and interpretation for measuring or ascertaining the extent of mentoring activities questionnaire.

Table 1. Weight, Continuum, and Responses to the Extent of Mentoring Activities

Weight	Continuum	Response	Interpretation
5	4.21-5.0	Wholly	Emphasized a given learning indicator in all situations comprehensively and completely.
4	3.41-4.20	Frequently	Emphasized a given learning indicator frequently or about 75% of the chances or activities.
3	2.61-3.40	Occasionally	Emphasized occasionally or about 50% of the chances or activities
2	1.81-2.60	Rarely	Emphasized a learning indicator rarely or less than 25% of the chances or activities.
1	1-1.8	Never	Never or does not emphasize learning indicator at all.
Scaling: 1-1.8 = never frequently		1.81-2.60 = rarely 4.21-5.0=wholly	2.61-3.40 = occasionally 3.41-4.20 =

The third part of the questionnaire was intended to determine the nursing skills developed among novice nurses. The novice respondents themselves answered this portion. It was in a way a form of self-evaluation, and they were in the best position to know the details of their development. The novice nurses themselves rated the skills developed in them because the contents were emphasized their day-to-day encounter with the senior staff nurses. The questionnaire was divided into three sections which corresponded each to the nursing core competency standards for practice in the Philippines as stipulated by the PRC-BON. These core competencies were clustered under the three major roles of nurses: 1) Safe nurse practice role; 2) Leadership and management role; and 3) Researcher role. This part of the questionnaire contained fifty (52) items. This part also utilized a five-point Likert rating scale. Table 2 shows the weight, continuum, responses, and interpretation of the Nursing Skill Development questionnaire.

Table 2. Weight, Continuum, and Responses for the Nursing Skill Development

Weight	Continuum	Response	Interpretation
5	4.21-5.0	Strongly Agree	Demonstrates a high level of competence and can demonstrate skills thoroughly.
4	3.41-4.20	Most of the time, I agree	Demonstrates partial level or some steps of doing the stated skill.
3	2.61-3.40	Moderately agree	Demonstrates competence and can give few steps or fact about the skill
2	1.81-2.60	Rarely agree	Demonstrates a minimal level of competence and limited understanding of the needed skill
1	1-1.8	Never agree	Lacks competence or cannot execute or answer when being asked about the skill
Scaling: 1-1.8 = never		1.81-2.60 = rarely	2.61-3.40 = moderately
3.41-4.20 = most of the time		4.21-5.0 = strongly	

The fourth part of the instrument again involved the novice nurses. They were required to engage in journal writing. The entries reflected the participants' ideas, beliefs, and their responses to certain questions provided by the researcher; these were written in journal form.

Some patients were tapped as key informants to answer some essay questions concerning situations designed to allow a more probing and analytical investigation of mentoring received by them, that is, whether they were mentored effectively and successfully. They were asked to describe a scenario where they experienced a

Senior Staff nurse conducting a mentoring/teaching activity to them. Specifically, they were also inquired as to what particular teachings were given to them and how they felt about being mentored especially in the context of safe practice, leadership, and management of patient care and research. Consequently, the informants were also questioned about the effects of the mentoring activities on their patient care. Finally, they were also asked to describe a situation wherein they experienced difficulty in dispensing a procedure of care to their patients and what their feelings and coping strategies were.

Validation of an Instrument

Content and face validity of the questionnaire in this study was achieved through revision by research supervisors who are experts in the field of clinical education and mentoring. It was established by two Doctorate and five Masters of Arts in Nursing experts. The appropriateness of use and relevance of every item were assessed to measure the dimensions of the constructs. The experts were asked to assess whether individual items would be applicable and appropriate in relation to the construct and whether the items would effectively measure all aspects of the construct. The comments, suggestions, and recommendations of the experts were integrated into the construct. After the content validation, the instruments were pilot tested to the respondents. Ten participants were asked to comment on the questionnaire, and most of the comments gained stated that the items were easy to understand and were appropriate to gain the data necessary to answer the objectives of the study. After the pilot study, questions that were found unclear or drew skewed responses were eliminated or replaced. Comments from the pilot test were incorporated into the final questionnaire.

In this study, construct validity was achieved by pilot testing, review by experts and using literature review as a basis for questionnaire development. Reliability was also achieved by obtaining Cronbach's alpha (0.85) value for the Likert-type responses.

Ethical review was then sought from the MSU-College of Health Sciences Research Committee for clearance to proceed with the actual data collection. Informed consents were stapled on each research questionnaire where respondents were explained of their rights and assured of their anonymity and privacy.

Data Analysis

The content of each scale was analyzed, categorized and then coded by the researcher. Subjects' responses to each category were tabulated separately by

using the Statistical Package for Social Science (SPSS) version 20. Data were treated using descriptive statistics: the sociodemographic variables were analyzed using frequencies and percentages, whereas, the other quantitative data such as the perception on the extent and effectiveness of mentoring activities were treated using means and standard deviations. Pearson correlation analysis was used for assessment of the relationships among quantitative variables. Statistical significance was considered at $p\text{-value} \leq .05$ with a critical value of 2.000.

RESULTS AND DISCUSSION

Demographic Characteristics

Female respondents, who comprised most (49) of the sample, comprising 69.01% of the population outnumbered the male respondents. This high proportion of female nurses in hospital settings and probably in all types of healthcare environment is not a novel scenario in nursing practice; it is a commonplace to assert that nursing is predominantly a gendered profession. This correlates with the literature that indicates that the nursing workforce in the health sector is mostly female (WHO 2002c:33).

Most of the respondents have an age bracket of 22 – 27 years. In recent statistics, it is projected that the average nurse is older than 45 years old (Huston, 2003). A large majority of these nurses are expected to retire within the next decade projecting a challenge in the paucity of nursing manpower (Halfer, Graf & Sullivan, 2008). If this scenario continues, the nursing shortage will inevitably result. To address this concern, leaders and organizations in healthcare are compelled to strengthen the process of hiring and retention of novice nurses. However, there might be glaring constraints to this as a survey shows that about 35% to 60% of new nurses quit from their work only a year after having been recruited (Weng, Huang, Tsai, Chang, Lin, & Lee, 2000). Hence, it continues to be a challenge for healthcare institutions to make nursing environments more attractive and ideal for the retention of early-career starters. The Corollary to this, preceptorship programs can be prudently employed to promote staff development given that it is highly thought of as an important component of a new nurse's orientation process capacitating them to become embedded into their new role and conditions (Ashurst 2008, Ridge 2005, Diehl-Oplinger & Kaminski 2000).

Consequently, the majority of the respondents were single (78.87%) and Bachelor's degree in Nursing graduate (84.51%). In most instances, fresh graduates or so-called initiates usually comprise the novice population in

healthcare settings thus, the critical need for socialization and resocialization as is seen to be extended by most preceptorship or mentoring activities. Ridge (2005) asserted that seniors were not only responsible for helping the novice nurse apply his/her theoretical knowledge to practice, more so, he sees the need to comprehend how the new nurse accommodates to the new clinical setting, works collaboratively with others and provides mechanisms to give continuous feedback.

The National Council of State Boards of Nursing (NCSBN) conducted research using surveys of those who employ nurses. One descriptive survey of employers of new nurses found that, in general, respondents perceived newly licensed nurses to be inadequately prepared to enter practice (Smith & Crawford, 2002). Studies from other countries reported similar findings. Experienced nurses often complain that new graduate nurses are inadequately prepared for clinical practice and are deficient in key skills (Greenwood, 2000).

In light of all the perceived weaknesses of novice nurses, it is believed that undergraduate as well as graduate nursing students, profit from working and learning from professional nurses who are clinical experts, management experts, and role models. These expert practicing nurses are the behavior models needed by graduating students to make the transition to professional practitioners of the discipline of nursing (Swansburg, 1995, p. 389).

Bandura's contemporary model of observational learning as cited in the theoretical support comes handy in the preceptorship and mentorship programs. The capacity to learn behavior patterns through observation – also called imitation and modeling -- eliminates stumbling, tedious trial-and-error learning. In nursing, there should be no room for mistakes or human errors known as iatrogenic, which make for malpractice cases. And as Catalano (2009) reminds, the legal system and its effects on the practice of nursing are ever-present realities in today's health-care system. Nurses need to be aware of the implications of their actions but should not be so overwhelmed by fear that it reduces their ability to care for the client.

There is strong evidence suggesting that mentoring activities will continue to find relevance in the professional and career growths of nurses. The expanding trend of mentoring programs in institutions progressively gains footing as is seen in the growing body of literature. It is clear that given the right conditions, mentoring remains to be one of the most powerful tools to promote professional advancement (Illes, 1998).

Furthermore, the biggest portion of the respondents (56.33%) had a monthly income of 5,001 Php – 10,000 Php and employed under a job-order status (54.93%). Many of them (30.99%) have 1 year and a month to 2 years of clinical experience.

It is stated under Republic Act 9173, otherwise known as the Philippine Nursing Act of 2002, *SEC. 32, Salary*. –

“To enhance the general welfare, commitment to service and professionalism of nurses the minimum base pay of nurses working in the public health institutions shall not be lower than salary grade 15 as prescribed under Republic Act No. 6758, otherwise known as the ‘Compensation and Classification Act of 1989’.”

Therefore, as provided by the said law, nurses are supposed to receive at least P24, 887.00, which is equivalent to Salary Grade 15. Based on data elicited from the study’s sample, however, RA 9173 seems to remain a paper pledge except for 1.41% of them who claimed to receive this much. The rest were receiving lower than 20,000 pesos a month as shown in the table. The table below presents the graphical illustration of the demographic findings.

Table 3. Frequency Distribution of the Studied Sample According to their Socio-Demographic Characteristics (No. = 71)

Variables		No.	%
Age Group	<i>31 and up</i>	6	8.44
	<i>28-30</i>	7	9.86
	<i>25-27</i>	28	39.44
	<i>22-24</i>	27	38.03
	<i>19-21</i>	3	4.23
Gender	<i>Male</i>	22	30.99
	<i>Female</i>	49	69.01
Civil Status	<i>Single</i>	56	78.87
	<i>Married</i>	15	21.13
Highest Educational Attainment	<i>Doctorate Degree Graduate</i>	0	0
	<i>Master's Degree Graduate</i>	4	5.63
	<i>Master's Degree Level</i>	7	9.86
Years in Clinical Practice	<i>Bachelor's Degree Graduate</i>	60	84.51
	<i>More Than 3 Years</i>	19	26.76
	<i>2 Years & 1 Month – 3 Years</i>	14	19.72
	<i>1 Year & 1 Month – 2 Years</i>	22	30.99
Monthly Income	<i>7 Months – 1 Year</i>	12	16.90
	<i>6 Months and Below</i>	4	5.63
	<i>20,000 Php Or More</i>	1	1.41
	<i>15,001 Php – 20,000 Php</i>	3	4.23
	<i>10,001 Php – 15,000 Php</i>	26	36.62
Employment Status	<i>5,001 Php – 10,000 Php</i>	40	56.33
	<i>5,000 and Below</i>	1	1.41
	<i>Job Order</i>	39	54.93
	<i>Contractual</i>	22	30.99
	<i>Regular</i>	10	14.08

The Extent of Mentoring Activities Provided

Three areas which mentoring activities are expected to have an impact on are covered in this inquiry. Respondents were asked a series of items that tended to determine their perception of the extent and rate of mentoring activities rendered to them by their senior nurses in the clinical setting. These areas included the

coaching on the competency relative to safe practice, establishing appropriate organizing, supervision and staff development, and scientific inquiry.

Table 4. Summary of the Mentoring Activities of Senior Staff Nurses on the Novice Nurses

Rank	Mentoring Activities on the Context of:	Mean	SD	Descriptive Rating
1	Safe Practice	3.80	1.0828	Frequently
2	Establishing Appropriate Organizing, Supervision, and Staff Development	3.77	1.1378	Frequently
3	Conducting Scientific Inquiry	3.48	1.1284	Frequently
	Average	3.68	1.1163	Frequently

Table 4 shows that mentoring activities in all three key areas were viewed as frequently emphasized. This means that the teaching, coaching, and sharing of knowledge on the activities to hone the novice nurses vis-à-vis above parameters were emphasized in about 75% of the time in their mentoring interaction.

Emphasis on *safe practice* is understandable since it is the area that has a direct and immediate impact on the patient’s safety and well-being. After all, the primary responsibility of a nurse is the well-being of the client or patient. As already emphasized in an earlier discussion, nurses have a high level of accountability. Therefore, to help novice nurses carry on the burden of clinical responsibilities while still transitioning with the various competencies, helping gestures from veteran nurses are greatly helpful. It is widely known that the preceptor/mentor role is to provide day-to-day clinical teaching for the preceptee/mentee (Gleeson 2008, Burns et al., 2006, Hardyman & Hickey 2001). Most importantly, as Gleeson clarified, the priority for preceptors is patient care in addition to teaching the preceptee how to deliver safe care within their scope of practice.

For instance, accurate documentation is essentially a component of safe nursing practice. During the interview part of the data gathering phase, one novice responded that contrary to the above findings, she learned proper documentation from the teaching-learning activities provided by her senior nurse. She stated that:

“A very relevant piece of information that a senior nurse has taught me is the institution’s (Lanao del Norte Provincial Hospital) way of doing the

charting. I have been previously employed in a private hospital before I came and what we practice there is a narrative type of charting. Whereas here at the hospital, we use the FDAR Charting. They have mentored me on what entries should be seen in my charting. Also, that there are old terms that are now not allowed like “afebrile” and the lines “due meds given” and “v/s monitored and recorded” since we have our separate monitoring sheets for those data. (Nurse A, personal communication, January 5, 2014)

On the context of **establishing appropriate organizing, supervision and staff development**, the respondents generally considered the extent of mentoring activities provided to them by their senior nurses in this particular area as frequently emphasized.

The literature contends that the nursing workforce is aging; this brings up worries that without proper experiences on structured mentoring relationships between nursing leaders and new nurses, organizations will fall short on preparing for the succession towards leadership positions (Feeg, 2008). Coaching the next generation of leaders in the nursing profession requires today’s nurse managers to become proactive in helping new nurses learn their roles and administrative positions (Ulrich, 2009). Mentoring and networking can significantly propel the development of nursing leaders of the future (Tracey & Nicholl, 2006).

In relation to the creation of a safe environment for the patients through the performance of appropriate organizing of tasks as managers of patient care, one respondent vividly depicted his experience of mentoring in an essay:

“The transition from being a nurse in the ward to being an OR / DR Nurse was quite overwhelming. First, because it is a completely different setting from the ward, more responsibility is required. And it’s been a while since I’ve gone on duty in the delivery and operating room. So I was thankful for the mentoring and guidance given by my supervising and senior nurses when I was starting. They introduced me once again to the OR / DR complex and (oriented me on) what’s expected of me as an OR / DR Nurse. And so, as an OR / DR Nurse, it is expected of me to know how to operate every equipment in the OR complex. It is self-doubting knowing you go on duty and yet you’re still not familiar with the equipment in the OR. That is why during my vacant time or whenever there’s no scheduled operation or waiting case in the labor room, I see to it that I allocate some time getting familiar with how the equipment operates.”(Nurse B, personal communication, Jan 06, 2014)

It can be further be gleaned from available information provided by the respondents themselves that the *field of research in nursing* practice is a concept that is somehow frequently emphasized and incorporated in mentoring activities. Variations in research utilization depend on individual and organizational influences. Individual factors are seen to be more prevalent such as attitude towards conducting research, amount of time occupied by internet usage, and emotional exhaustion. There is however a significant number of researches that reports positive outlook towards research among nurses (Estabrooks, Kenny, Adewale, Cummings, 2007, Andersson, Cederfjäll, Jylli, Nilsson Kajermo & Klang, 2007, Björkström & Hamrin 2001, Boström et al., 2006; Boström et al., 2008; Fink, Thompson, & Bonnes 2005; Hommelstad & Ruland, 2004; McCleary & Brown 2003; Valizadeh & Zamanzadeh, 2003; Veeramah, 2004).

Reports on newly graduated nurses' preparedness for using research are divergent or varied. A study conducted in Canada revealed that although fresh graduate-nurses have the know-how to interpret findings of research reports, they are however constrained by the scarcity of time to read results of published scientific studies and materials (Ferguson & Day, 2007). This is contradicted by a Swedish study which reported that newly graduated nurses are not prepared for research utilization (Andersson, Cederfjäll, Jylli, Nilsson Kajermo & Klang, 2007). As Catalano (2009) puts it, "the profession of nursing will not experience a true renaissance until scientific inquiry becomes as much a part of daily practice as caring interventions." This statement should remind mentors to allot more space to scientific inquiry.

Perception of the Effectiveness of Mentoring Activities on the Nursing Skills Development

Attention is further focused on an attempt at assessing the effectiveness of mentoring activities in nursing skills development. The respondents rated their acquired competence on the skills developed in them after months of mentoring, sharing knowledge, and coaching with their senior staff nurses in the hospital. This assumed effectiveness should be manifested in three roles: as practitioners, as leaders and managers of activities in handling patients, and as researchers.

Table 5. Summary of the Effectiveness of the Mentoring Activities Provided by the Senior Staff Nurses in the Nursing Skill Development as Perceived by the Novice Nurses

Rank	Nursing Skills as:	Mean	SD	Descriptive Rating
1	As Practitioners	4.22	0.8375	Strongly Agree (High Competence)
2	As Leaders and Managers of Activities Handling Patients	4.17	0.8011	Most Of The Time, I Agree (Partial Competence)
3	As Researchers	3.89	0.9518	Most Of The Time, I Agree (Partial Competence)
	Average	3.96	0.8635	Most Of The Time, I Agree (Partial Competence)

The respondents' strong agreement that the mentoring activities pertaining to patient safety practice have been effective is quite evident from the results illustrated in Table 5. One respondent during the data gathering phase emphatically stated:

“As a Practitioner, they (Senior Staff Nurses) refreshed to me my roles and responsibilities during the pre, intra, and post-operative phases of a surgical operation.” (Nurse C Interview, Feb 6, 2014)

In another interview with a respondent, the novice averred:

“Well, the outcome of the mentoring of my senior staff nurses in rendering patient care was amazingly satisfactory. It did improve the quality of nursing service and care that the patients deserved. It made me more sensitive and compassionate to the individual's specific needs.” (Nurse D Interview, Feb 7, 2014)

On the whole, the respondents generally perceived that they possess a high level of competence in relation to their skill development as Practitioners, and credit for this must go to the senior nurses who served as their mentors. This perception is supported in recent studies, in which newly graduated nurses rated their clinical competence in relation to others; they gave themselves a somewhat high total value (Björkström et al., 2008).

However, several studies using qualitative designs have concentrated on newly graduated nurses' competence, mostly among nurses working in hospital settings. It showed that new nurses experience uncertainty in the first period (Arbon, 2004), that prioritizing and delegating is challenging (Gerrish, 2000; Ramritu, Ramritu, & Barnard 2001; and Whitehead, 2001), but most of all these studies conclude that the newly graduated nurses need support and feedback (Clark & Holmes 2007, Ramritu, Ramritu, & Barnard 2001). Therefore, the need for more mentoring in this area seems to be essential in developing novice nurses as safe providers of care.

As leaders and managers of activities in handling patients, the respondents strongly agreed that the teachings imparted during the mentoring activities have encouraged and guided them in these directions: to be open to either positive or negative feedbacks about their professional dealings and take it constructively; efficiently collaborate with other members of the healthcare profession; and do prioritization of procedures in the clinical area. Prioritization is one aspect of the mentoring activities that one respondent found to be very helpful as stressed in the following statement:

“As an ER Nurse, triaging and prioritizing patients’ need comes first. The actual physiological prioritization of individual patient care was the principle that my senior nurse taught me. It was uplifting to my morale and a bit awkward too. It was during a gross event, an ambush in a remote barangay of Lanao del Norte (Magsaysay) wherein a family was mercilessly shot and brought to the ER at around midnight, and I was overwhelmed with the acquired shots of the head of the family. Subsequently, without haste, the leadership skills of a good-natured Senior Nurse preceded and turned the ER into a haven.”(Nurse D, Feb 7, 2014).

Overall, the respondents generally perceived that they possess a partial level of competence in relation to their skill development as Leaders and Managers.

In the context of being researchers, a common consensus is revealed by the responses of the respondents. They believed that most of the time, the mentoring activities imparted to them have resulted in a partial level of competence in their research skills. It means that they can only demonstrate some steps in doing the skill.

Lack of time, which turned out as the most frequently reported individual barrier to implement research findings in daily practice (Andersson et al., 2007;

Gerrish & Clayton, 2004; Hommelstad & Ruland, 2004; Hutchinson & Johnston, 2004; Pettengrill, Gillies, & Clark and Holmes, 1994), may have a deeper implication than simply just a mere lack of time. Thompson et al. (2008) have asserted that this may be more suggestive of a collective, organizational “culture of busyness” rather than just not finding a personal time to support research endeavors. Thus, lack of time is a representation of the presence of multi-faceted organizational factors explaining dissimilarities in research use.

Consequently, during this initial period of entry in nursing, formal mentorship programs must be established to refine and polish the learned skills of the new nurses and apply these in actual patient care. Added support or reinforcement for the concept of mentorship in clinical settings is provided by Bandura’s Social Learning Theory, which emphasizes that people learn most behavior by direct experience and observation, and behaviors are retained or not retained based on positive and negative rewards.

Therefore, in the course of the mentoring activities, novice nurses stand to pick up better knowledge and practical skills as they observe their mentors perform activities of nursing care and are provided with the same opportunity to carry out such nursing actions.

The relationship between the Mentoring Activities and their Effect on the Nursing Skill Development of the Novice Nurses on the Three (3) Competency Areas in Nursing

Table 6. Relationship Between the Mentoring Activities on Safe Practice and the Nursing Skill Development of Novice Nurses

3 Key Areas in Nursing	r	Analysis of r	t-Test	Interpretation
As Practitioners	0.23	Low Correlation	1.963	Not Significant
As Leaders And Managers Of Activities In Handling Patients	0.23	Low Correlation	1.963	Not Significant
As Researchers	0.24	Low Correlation	2.054	Significant

Level of Significance: 0.05

Critical Value: 2.000

As revealed in Table 6, all the nursing skill variables have a low correlation with the mentoring activities on safe practice. When tested at 0.05 level of significance, the t-test values obtained were all less than the critical value, 2.000, except the nursing skill of novice nurses as Researchers variable. Only the skill as

a researcher was significantly related to the mentoring activities in the context of safe practice.

The finding indicates that the nursing skill development on being Researchers has a significant relationship with the mentoring activities provided by the senior staff nurses in the context of safe practice. Since patient safety is the prime objective and the cornerstone of high-quality healthcare, work settings where nurses deliver clinical interventions to all clienteles becomes the determinants of quality, and competent patient care (National Academy Press, 2004). Representing the largest portion of the healthcare sector, nurses are expected to holistically apply all their prior training and education in nursing to meet the dynamic and ever-changing patient-care demands. It is therefore vital for nurses to be very cognizant of the complexity of his/her work environment and create approaches to enhance work practices because they are the foundations of high-quality and safe care. High-reliability organizations take particular emphasis on having a culture of safety by capitalizing on evidence-based methodologies and practices so that favorable working conditions are afforded to nurses thus reinforcing safe and quality care (Hughes, 2008).

This implies further that the teaching-learning practices geared towards the creation of a safe environment for patients, especially those that occur within the context of a mentoring relationship, should be established so that nurse practitioners will be developed to become effective in identifying clinical problems that can be subjected for scientific investigation.

Table 7. Relationship Between the Mentoring Activities on Appropriate Organizing and Staff Development and the Nursing Skill Development of Novice Nurses

3 Key Areas in Nursing	R	Analysis of r	t-Test	Interpretation
As Practitioners	0.23	Low Correlation	1.963	Not Significant
As Leaders and Managers of Activities in Handling Patients	0.23	Low Correlation	1.963	Not Significant
As Researchers	0.24	Low Correlation	2.054	Significant

Level of Significance: 0.05

Critical Value: 2.000

It could also be surmised based on the result that the nursing skill development on being Researchers had a significant relationship with the mentoring activities

provided by the senior staff nurses in the context of establishing appropriate organizing, supervision and staff development (Shown in Table 7). This may suggest that when novices achieve competence in leadership skills, they may well be apt to engage in research works that will benefit their practice of the profession.

Nurse leaders profess a belief that mentoring has a positive impact on their ability to perform successfully in leadership situations, and that mentoring experience enhances their self-efficacy in enacting leadership practices, although this relationship has not been evaluated extensively. The implications of mentoring for nursing leadership development warrant further investigation. The ability of nurses in formal leadership positions to enact leadership practice has been linked to benefits for nurses, organizations, and patient care. Creating self-efficacy has been acknowledged as a crucial factor in the success of nurse-managers as leaders. preliminary studies are suggesting a correlation between mentoring activities and achieving leadership self-efficacy (Blastorah, 2009).

Similarly, nurses who experience a favorable culture, good leadership and performance feedback are reported to make use of research findings to a greater extent than those in less favorable or even inhospitable settings (Cummings et al. 2007, Estabrooks, Kenny, Adewale, Cummings, & 2007).

Table 8. Relationship Between the Mentoring Activities on Conducting Scientific Inquiry and the Nursing Skill Development of Novice Nurses

3 Key Areas in Nursing	r	Analysis of r	t-Test	Interpretation
As Practitioners	0.24	Low Correlation	2.054	Significant
As Leaders And Managers of Activities In Handling Patients	0.24	Low Correlation	2.054	Significant
As Researchers	0.25	Low Correlation	2.145	Significant

Level of Significance: 0.05

Critical Value: 2.000

The overall result implies that the mentoring aspect of conducting scientific inquiry influences to a certain extent the competence-development of the novice nurses in terms of becoming safe practitioners, effective leaders and researchers. Furthermore, this suggests that mentoring activities are essential to the growth and development of holistically-competent nursing practitioners.

Relative to this, Fink, Thompson, & Bonnes (2005) felt justified in concluding that creating environments which value research use must be

recognized as important for the organization's success. This is particularly true in a time of rapid and prodigious change. It seems to be well documented that environmental factors play an important role in relation to research use in nursing.

The findings of this study provided impetus to the researcher designing a proposed action and/or enhancement plan. The proposal necessarily includes steps that need to be taken to be able to achieve the specified goals and objectives. By this, the researcher aimed to address the problem related to the perceived inadequacy in the competence and skill of novice nurses, especially in the context of being Researchers and Leaders. A uniform Module of a Formal and Structured Mentoring Program for Government Hospitals in Lanao del Norte and Iligan City should be adopted.

CONCLUSION

The findings of this study derived from the responses, and data gathered from the respondents basically suggest that from among the three major competencies that all registered nurses must possess as laid out by no less than the Philippine Nursing Law, only the Skill on Safe Practice is consistently and markedly shown to be emphasized and covered in most teaching-learning activities that transpire in the institutional settings. Conversely, the competencies necessary to hone effective Nurse-Leaders and Nurse-Researchers who will direct the future of the profession seems to be lagging or falling behind. Although it is acknowledged that the safety and well-being of patients or clients through safe practice comes first and foremost, this realization should not serve as an excuse to neglect other concerns or areas that in the long term redound to the interest of the clients/patients. The fruits of research, for example, are applied in actual practice. As emphasized in the discussion, the evidence-based practice involves interventions based on data from research that has proved them successful or efficacious. It is a systematic process of uncovering, evaluating, and using information from research as the basis for deciding about and providing client care. In the wake of information technology, a veritable ongoing revolution, a higher level of intelligence, knowledge, and skill is now demanded by nurses and all other health-care providers.

This apparent inadequacy in the perceived development of nurses on the aspect of Leadership and Research is a gaping chasm that points up a lot of implications in the quality of professional practitioners that this country is producing. Essentially, when one is not holistically and all-inclusively equipped

with the aptitude and proficiency that is expected of him/her in the practice of his/her profession, he/she is deemed to be unskilled and incompetent to carry out her/his roles, functions and responsibilities. Traditional learning, intervention, and practices are constantly challenged, and many of these may need to be jettisoned or thrown overboard. Nurses in these times can no longer depend on accustomed practice or deductions from physiological or pathophysiological information; they cannot, and should not, rely on units within their facilities for information about the success of treatments, decisions about health care, and outcomes for clients. Nursing education and practice now require nurses to perform Web-based research for papers and projects, to access a wide range of most current, updated information through electronic resources.

Another implication derived from the findings of this study has to do with the competency and quality of Filipino nurses that could be hired and deployed in the international nursing arena, especially now that **ASEAN Integration of Professionals** has been set to mobilize. The stance of the country's present nursing curriculum focuses on producing top-notch and high-caliber nurses who are capable of rendering nursing services that are at par with all the other nurses in the global community. Contrariwise, if Filipino nurses perceive themselves as lacking in perhaps some of the aspects of the competencies, by international standards, then the export value of Philippine nurses stand to be compromised.

Hence, the researcher believes that there is a need to strengthen and intensify the mentoring activities that are offered to the novice population in the workforce. Since most of the guiding and coaching circumstances in the research locale occur through informal means, it would be more beneficial and expedient to create a more structured and organized mentoring program that should cover the facilitation of learning in all the core competencies in nursing, particularly in Nursing Leadership and Research. This is further reinforced in existing literature as Vance (2003) emphasized the importance of strengthening mentoring in the nursing profession so that crucial aspects of the profession are retained, especially in today's healthcare environment. On this light, the researcher recommends that future studies would consider a larger, more representative sample of novice nurses, perhaps one that is national in scope and see if it would yield more interesting results. Future researchers may also consider the perspective and assess the perception of senior nurses or mentors about the extent and effectiveness of mentoring activities in their units.

TRANSLATIONAL RESEARCH

The findings of this study may be best translated into a Preceptorship Training Module to aid hospital institutions to facilitate the successful entry and placement of novice nurses into the various clinical floors of their facility. Such module can be helpful in creating a formal structure for mentoring programs that can be employed to train preceptors and preceptees of their expected roles and functions during the mentoring course.

LITERATURES CITED

- Andersson N, Cederfjäll C, Jylli L., Nilsson Kajermo K. & Klang B. (2007). "Professional roles and research utilization in paediatric care: Newly graduated nurses' experiences." *Scandinavian Journal of Caring Sciences* 21, 91-97. Retrieved on February 04, 2014 from <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1471-6712.2007.00435.x>
- Arbon, P., (2004) Understanding experience in nursing. *Journal of Clinical Nursing* 13, 150-157. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/14723666>
- Ashurst, A. (2008). Career development: the preceptorship process. *Nursing & Residential Care*, 10, (6) 307-309. Retrieved on February 04, 2014 from https://www.researchgate.net/publication/272444594_Career_development_the_preceptorship_process
- Bandura, A. (1977). "Social Learning Theory." Englewood Cliffs, NJ: Prentice Hall.
- Björkström ME & Hamrin EKF (2001): Swedish nurses' attitudes towards research and development within nursing, *Journal of Advanced Nursing* 34, 706-714. Retrieved on February 02, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/11380739>
- Björkström ME, Athlin EE & Johansson IS (2008): Nurses' development of professional self – from being a nursing student in a baccalaureate programme to an experienced nurse. *Journal of Clinical Nursing* 17, 1380-

1391. Retrieved on February 01, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/18266848>

Blastorah, M. (2009). The effect of mentoring on leadership self-efficacy in nurses. (Doctoral dissertation). Retrieved on February 15, 2014 from and https://tspace.library.utoronto.ca/bitstream/1807/17732/1/Blastorah_Margaret_M200906_PhD_thesis.pdf

Boström A, Nilsson Kajermo K, Nordström G & Wallin L (2008): Barriers to research utilization and research use among registered nurses working in the care of older people: Does the BARRIERS Scale discriminate between research users and nonresearch users on perceptions of barriers? *Implementation Science* 3. Retrieved on March 15, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/18452603>

Boström A-M, Wallin L & Nordström G (2006): Research use in the care of older people: a survey among healthcare staff. *International Journal of Older People Nursing* 1,131-140. Retrieved on February 02, 2014 from https://www.researchgate.net/profile/Anne-Marie_Bostroem/publication/266449924_EVIDENCE_BASED_CARE_OF_OLDER_PEOPLE__UTOPIA_OR_REALITY_Healthcare_personnel%27s_perceptions_of_using_research_in_their_daily_practice/links/5496c5e30cf29b9448261119/EVIDENCE-BASED-CARE-OF-OLDER-PEOPLE-UTOPIA-OR-REALITY-Healthcare-personnels-perceptions-of-using-research-in-their-daily-practice.pdf

Burns C, Beauchesne M, Ryan-Krause P, & Sawin K (2006). Mastering the preceptor role: Challenges of clinical teaching. *Journal of Paediatric Health Care*, 20, (3) 172-183. Retrieved on February 05, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/16675378>

Catalano, J.T. (2015). *Nursing now! Today's issues, tomorrow's trends*. Seventh Edition, p 202 retrieved on March 05, 2017 from https://docuri.com/download/nursing-now-today39s-issues-tomorrow39s-trends-7th-edition_59a8d541f581719e12ad38bb_pdf

- Clark T & Holmes S (2007): Fit for practice? An exploration of the development of newly qualified nurses using focus groups. *International Journal of Nursing Studies* 44, 1210-1220. Retrieved on March 25, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/16872614>
- Diehl-Oplinger L & Kaminski M (2000). Use preceptors to orient your facility's nurses to critical care. *Nursing Management*, 31, (3) 44-46
- Enrico, N. B. & Chapman, Y. (2011). "The lived experiences of mentoring nurses in Malaysia." *Nurse Media Journal of Nursing*, 1,1, January 2011, 87 – 104 retrieved on February 02, 2014 from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.900.209&rep=rep1&type=pdf>
- Estabrooks C.A., Kenny D.J., Adewale A.J., Cummings G.G. & Mallidou A.A. (2007) A comparison of research utilization among nurses working in Canadian civilian and United States army healthcare settings. *Research in Nursing & Health* 30(3), 282–296 retrieved on February 02, 2014 from <https://onlinelibrary.wiley.com/doi/abs/10.1002/nur.20218>
- Feeg, V. D. (2008). Mentoring for leadership tomorrow: Planning for succession today. *Pediatric Nursing*, 34 (4), 277–278.
- Ferguson LM & Day RA (2007): Challenges for new nurses in evidence-based practice. *Journal of Nursing Management* 15, 107-113 retrieved on March 05, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/17207014>
- Fink R, Thompson, CJ & Bonnes, D. (2005). "Overcoming barriers and promoting the use of research in practice." *Journal of Nursing Administration*, 35, 121-129 retrieved on March 05, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/15761309>
- Gerrish K (2000): Still fumbling along? A comparative study of the newly qualified nurses' perception of the transition from student to qualified nurse. *Journal of Advanced Nursing* 32, 473-480. Retrieved on February 07, 2018 from <https://www.ncbi.nlm.nih.gov/pubmed/10964197>

- Gerrish K & Clayton J (2004): Promoting evidence-based practice: an organizational approach. *Journal of Nursing Management* 12, 114-123 retrieved on February 04, 2014 from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.465.2041&rep=rep1&type=pdf>
- Gerrish, K. (2000). "Still fumbling along? A comparative study of the newly qualified nurses' perception of the transition from student to qualified nurse. *Journal of Advanced Nursing*, 32, 473-480 retrieved on February 02, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/10964197>
- Gleeson M (2008). Preceptorship: facilitating student nurse education in the Republic of Ireland. *British Journal of Nursing*, 17, (6) 376-380. Retrieved on March 15, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/18414307>
- Greenwood, J. (2000). "Critique of the graduate nurse: an international perspective." *Nurse Education Today*, 20, 17-23 retrieved on February 02, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/11138212>
- Halfer, D., Graf, E., & Sullivan, C. (2008). The organizational impact of a new graduate pediatric nurse mentoring program. *Nursing Economics* 26(4), 243-249 retrieved on May 12, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/18777973>
- Hardyman R & Hickey G (2001). What do newly-qualified nurses expect from preceptorship? Exploring the perspective of the preceptee. *Nurse Education Today*, 21, (1) 58-64. Retrieved on February 05, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/11162258>
- HEAD (2007) as cited by Ebesate, J. (2008). "Migration of health workers & professionals: The Philippine experience. Retrieved on July 05, 2014 from https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_161163.pdf
- Hennessey, D., Hicks, C., Hilan, A. & Kawonal, Y. (2006). The training and development needs of nurses in Indonesia: Paper 3 of 3. *Human Resources for Health*, 4(10), 1 – 14 retrieved on February 02, 2014 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1524804/>

- Hommelstad J & Ruland CM (2004): Norwegian nurses' perceived barriers and facilitators to research use. *AORN Journal* 79, 621-634 retrieved on March 05, 2014 from <https://pdfs.semanticscholar.org/1404/28b256a11ebcdb1a764047529d95101ba227.pdf>
- Hughes, R. G. (2008). *Patient safety and quality: an evidence-based handbook for nurses (Vol.8)*. Rockville MD: Agency for Healthcare Research and Quality. Retrieved on February 20, 2014 from <https://archive.ahrq.gov/professionals/cliniciansproviders/resources/nursing/resources/nurseshdbk/nurseshdbk.pdf>
- Huston, C. (2003). *Leadership Roles and Management Functions in Nursing: Theory and Application*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Hutchinson AM & Johnston L (2004): Bridging the divide: a survey of nurses' opinions regarding barriers to, and facilitators of, research utilization in the practice setting. *Journal of Clinical Nursing* 13, 304-315. Retrieved on January 29, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/15009333>
- Illes, L. (1998). *Faculty center 1998 mentoring study*. Unpublished report. Provo, Utah.\: Brigham Young University.
- Lorenzo, F. M. E., Galvez-Tan, J., Icamina, K. & Javier, L. (2007). "Nurse migration from a source country perspective: The Philippine country case study." *Health Services Research*, 42, 1406–1418. doi: 10.1111/j.1475-6773.2007.00716.x retrieved on February 04, 2014 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955369/>
- Masselink, L. & Lee, S. (2010). "Nurses, Inc: expansion and commercialization of nursing education in the Philippines." *Social Science & Medicine* 71 (1), 166-172. Doi:10.1016/j.socsimed.209.11.043. Retrieved on February 05, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/20399550>
- McCleary L & Brown TG (2003): Association between nurses' education about research and their research use. *Nurse Education Today* 23, 556-565. Retrieved on February 14, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/14554109>

- Pettengrill MM, Gillies DA & Clark CC (1994): Factors encouraging and discouraging the use of nursing research findings. *IMAGE: Journal of Nursing Scholarship* 26, 143-147 Philadelphia, PA 19103: F.A. Davis Company. Retrieved on February 04, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/8063322>
- Prousoontorn, M., & Oumtanee, A. (2008). Working as a mentorship of professional nurses. *Journal of Nursing Science Naresuan University*, 2(2), 15-23
- Ramritu P, Ramritu PL & Barnard A (2001): New nurse graduates' understanding of competence. *International Nursing Review* 48, 47-57. Retrieved on February 05, 2014 from <https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1466-7657.2001.00048.x>
- Registered Nurses Association of Ontario [RNAO]. (2008). *Embracing Cultural Diversity in Health Care: Developing Cultural Competence*. Toronto, Canada: Registered Nurses Association of Ontario. Retrieved on February 04, 2014 from http://rnao.ca/sites/rnao-ca/files/Embracing_Cultural_Diversity_in_Health_Care_-_Developing_Cultural_Competence.pdf
- Ridge R (2005). A dynamic duo: staff development and you. *Nursing Management*, 36,(7) 28-35
- Ross, H. & Clifford, K. (2002). "Research as a catalyst for change: the transition from student to registered nurse." *Journal of Clinical Nursing*, 11, 545-553. Retrieved on February 04, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/12100651>
- Smith, J. & Crawford, L. (2002), "Report of findings from the 2001 employers survey." National Council of State Boards of Nursing, Chicago. Retrieved on February 04, 2014 from https://www.ncsbn.org/RBrief_Employer_053.pdf
- Swansburg, R.C. (1995). "Nursing staff development: A component of human resource development." Boston: Jones and Bartlett.

Tracey, C., & Nicholl, H. (2006). Mentoring and networking. *Nursing Management*, 12 (10), 28–31

Ulrich, B. (2009). Mentoring the next generation of nurse leaders. *Nephrology Nursing Journal*, 36 (1), 11

Valizadeh L & Zamanzadeh V (2003): Research utilization and research attitudes among nurses working in teaching hospitals in Tabriz, Iran. *Journal of Clinical Nursing* 12, 928-930. Retrieved on February 04, 2014 from https://www.researchgate.net/publication/8995139_Research_utilization_and_research_attitudes_among_nurses_working_in_teaching_hospitals_in_Tabriz_Iran

Vance C. (2003), “Mentoring on the edge of chaos,” *Nurse Leader*, vol. 1, no. 1, pp. 42–43. Retrieved on February 20, 2014 from [https://www.nurseleader.com/article/S1541-4612\(03\)70074-3/abstract](https://www.nurseleader.com/article/S1541-4612(03)70074-3/abstract)

Veeramah V (2004): Utilization of research findings by graduate nurses and midwives. *Journal of Advanced Nursing* 47, 183-191. Retrieved on February 04, 2014 from <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2648.2004.03077.x>

Weng, R., Huang, C., Tsai, W., Chang, L., Lin, S., & Lee, M. (2010). “Exploring the impact of mentoring functions on job satisfaction and organizational commitment of new staff nurses.” *BMC Health Services Research*. Retrieved on February 04, 2014 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2929231/>

Whitehead J (2001): Newly qualified staff nurses’ perceptions of the role transition. *British Journal of Nursing* 10, 330-339. Retrieved on February 04, 2014 from <https://www.ncbi.nlm.nih.gov/pubmed/12170676>

WHO. 2002c. Nursing and midwifery services. Strategic directions 2002-2008. Geneva: World Health Organization. Retrieved on February 04, 2014 from <https://www.uts.edu.au/sites/default/files/strategic-directions-2002-2008.pdf>