



A STUDY TO DETERMINE THE 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, Govt of West Bengal

ABSTRACT “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.” A quasi experimental research study was under taken to compare the nursing competency score between experimental and control group after one month. Purposive sampling technique was used. Total sample was 40. Data was collected by observation checklist. Tool was validated by five experts and reliability was tested by inter rater reliability method. The result revealed that majority of the samples 36(90%) belongs to 21-23 years of age group. Majority of the samples 32(80%) are female. Data revealed that post test competencies score of experimental group is higher than the mean of post test competencies score of 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.

KEYWORDS : Newly joined staff nurse, Mentoring, Competencies, Effectiveness

INTRODUCTION:

Health care has greatly changed due to issues such as changes in disease structure and a rapidly ageing population with decreasing birth rates. Accordingly, health care and care provider system are changing. Being the largest health care resources, nurses need to provide comprehensive care to the patients. There is a growing expectation that nurses should be able to combine various sources of information and incorporate these into their daily practices.

Mentoring, an empowering relationship between novice and experienced nurses is one of the best practices that foster successful nursing careers for new nurses and those in transition or experiencing burnout (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 energizes 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 from a recognised 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.

Need and significance:

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 organizations and academic institutions can help those organizations 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 organizations 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. Organizations have reported benefits from mentoring including developing future leaders from the institution through nurturing commitment, retention, and teamwork. While the nursing literature contains numerous references to the importance of mentoring, mentorship in nursing academia is not an established standard practice. There are limited no of nursing research on nursing mentoring – which had motivated the investigator to take up this area for research work

Purposes:

To explore the influence of mentoring in developing Nursing competency of newly joined staff nurses

OBJECTIVES:

- To assess the nursing competency score of both experimental and control group on the first two days of joining
- To assess the nursing competency score of both experimental and control group after one month of joining
- To compare the nursing competency score between experimental and control group after one month.

Operational definition:

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 - Competence is the 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 – it is the power to bring the changes in competency score of the nurses.

Hypothesis:

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 in compared to the control group.

Conceptual Frame work:

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 energizes personal and professional growth.

Review of Literature:

The present study is almost similar to the following study 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, thus suggesting the need for future research to identify outcomes of mentoring. In addition, the study contributed a newly developed instrument to measure the concept of career satisfaction 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" in which the mentoring program successfully improved provider preparedness and facility readiness to deal with institutional births and associated complications. It is feasible to improve the quality of institutional births at a large operational scale, without substantial incremental costs.

A study on "Nursing students' expectations and experiences of mentorship" found that student's experiences were largely positive. Students from what differentiated encouragement from what they labelled as support.

METHODOLOGY:

Research approach: Quasi Experimental research approach was selected to accomplish the objectives.

Research Design: Randomised Pre test-post test control group design.

Variables:

Mentoring: Independent Variable.

Developing nursing competency: Dependent variable

Delimitations:

The study was delimited to only staff nurses, joined on Nov in 2017

The study was confined to a selected private hospital, Kolkata.

Population: Nursing personnel completed their diploma and before receiving final registration.

Sample: The sample consisting of 40 newly joined staff nurses (20 for experimental, 20 for control group).

Inclusion criteria:

- Staff nurses joined newly in the hospital.
- Staff nurses joined on the month of November, 2017.

Exclusion criteria:

- Staff joined before and after the month of Nov, 2017.

Sampling technique: Purposive sampling technique. A Cluster Randomized Trial

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

Data collections tools and techniques:

Sec-I Interview schedule related to demographic data related to Age, Sex, Name of the training institute, Date of Admission in GNM Course, and Date of completion of course, Language known. Obtained registration, joining date in the organization, Experience if any.

Sec-II -Evaluating Nursing competency (according to the SOP of each nursing procedure) by observation check list. Nursing procedure like Back care, Foot care, Administration of medicines etc.

Content validity:

The interview schedule consisting of demographic data and the observational 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%.

Reliability:

The reliability of the tool was established by Inter-rater reliability method. The reliability coefficient was found 0.69 which was indicated to be reliable and showed more than 80% agreement between 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 were collected from the staff.
- 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 carry 5 marks, total criteria were 20. Total marks were 100.
- Scores was assigned based on how they performed on each criteria / steps based on SOP, as per nursing manual.
- Staff from both the group done the procedure on patients on first 2 days of their clinical posting.
- Procedural performance / competencies was checked as per the checklist
- Two mentor was provided for experimental group in one unit of the hospital for one month
- After one month again nursing competency was checked again through observation checklist on different nursing procedure for both the groups.

Major findings of the study:

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

Sec-I Findings related to demographic data

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

Sec-II Findings related to assessment of competency score

Table1 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%

Table1 illustrate that majority of subjects 10(50%) of Exp. Group having nursing competency score between (50-60). Only 4 respondents (20%) having score between (70-80) in pre test. Findings also show that most of the respondents 14(70%) having nursing competency score between (70-80) and only 1(5%) respondents scored between (80-90) in post- test.

Table2 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%

Table2 illustrate that majority of subjects 10(50%) of Control Group having nursing competency score between (60 - 70). Only 3 respondents (15%) having score between (70-80) in pre test. Findings also show that most of the respondents 12(60%) having

nursing competency score between (70-80) in post-test.

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.

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=50					
Group	Mean	Mean (D)	SD	SE	't' value
Experimental group(after mentoring)	78.8	14.8	2.82	1.85	2.74**
Control group(with out mentoring)	64		2.09	0.29	

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

Data presented in table 3 shown that of post test competencies score of experimental group is higher than mean the mean of post test competencies score of 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.

DISCUSSION:-

In discussion, the major findings, relation to other studies, conclusion, implications are mentioned. This study contributed to knowledge of the competencies of newly joined nursing staff. It appeared that greater competencies developed through mentoring. Finding also indicated to policy makers, or health educationists, how to make the best use of mentoring to prepare the nurses. The study team identified some key explanations of the under performance of the newly joined staff nurses at the beginning.

IMPLICATION:

Nursing Administrations- Nursing Administrator can make a policy to make mentoring mandatory for the benefits of the staff.

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 making them updated, need help of a mentor.

Nursing Education – Nurse educator should emphasize 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 practicing mentoring for different hospitals to disseminate the research based evidence for nursing practice.

Limitations:

- Sample size was relatively small, so its findings could not be effectively generalised.
- The assessment of competencies were for limited time
- Competencies of staff checked only through observational checklist.

Recommendations:

On the basis of the study, the investigator offers the following recommendations for future research.

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

CONCLUSION:

On the basis of the findings of present study the following conclusion can be drawn that mentoring had been 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. (1998). A mentor's companion. Chicago: Perrone- Ambrose Associates, Andrews, M. & Wallis, M. (1999). Mentorship in nursing: A literature review, Journal of Advanced Nursing 29 (1), 201–207.
2. Atkins S & Williams A. (1995). Registered nurses' experience of mentoring nursing students. Journal of Advanced Nursing 21(5), 1006–1015.
3. Boykin, A. & Schoenhofer, S. (2001). Nursing as caring: A model for transforming practice Boston: Jones and Bartlett Publishers.
4. Byrne, M & Keefe, M. (2002). Building research competence in nursing through mentoring. Journal of Nursing Scholarship 34 (4), 391–396.
5. Daniels, M. (2004). Mentoring: Link to the future. Reflections on Nursing Leadership, 30 (3), 24–25 Field, A. (2003). No time to mentor. Business Week 126–128.
6. Greene, M. T. & Puetzer, M. (2002). The value of mentoring: A strategic approach to retention and recruitment. Journal of Nursing Care Quality 17 (1), 67–74.
7. Johns, C. (1996). Visualizing and realizing caring in practice. Journal of Advanced Nursing 24(6), 1135–1143.
8. Kalisch, B. J. (2005). Group e-mentoring: A new approach to recruitment to nursing. Nursing Outlook 5 (4), 199–205
9. Nursing Out-look Publishers. Morton-Cooper, A., & Palmer, A. (1993). Mentoring and preceptor ship: A guide to support roles in clinical practice Oxford: Blackwell Scientific Publications. Newman, M. A. (1994). Health as expanding consciousness (2nd Ed.). New York: National League for Nursing Press.
10. Pinkerton, S. (2003). Mentoring new graduates, 21 (4), 202–203.
11. Roach, M. S. (2002). Caring, the human mode of being (2nd Rev.ed.). Ontario, Canada: CHA Press.
12. Schon, D. A. (1987). Educating the reflective practitioner. San Francisco: Jossey-Bass Publishers.
13. Shaffer, B., Tallarica, B., & Walsh, J. (2000). Win-win mentoring. Nursing Management 31 (1), 32–36.