



RESEARCH ARTICLE

NURSES' MENTORING PRACTICES IN A DISTRICT HOSPITAL IN CUENCA BATANGAS: BASIS FOR PROGRAM DEVELOPMENT

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ABSTRACT

The main problem of the study is to determine the mentoring practices of nurses in the district hospital in Cuenca, Batangas. Specifically, the study dealt with the mentoring practices in the hospital as perceived by the staff nurses and the nurse supervisors in interactive mentoring, task-oriented mentoring, and transformative mentoring in the different nursing areas. A quantitative research design was utilized in the study. The statistical treatment of data of frequency and percentage distribution, weighted mean, and ANOVA were calculated. The participants of the study were 20 nursing staff including the chief nurse, nurse supervisors, and registered nurses who have direct responsibility for giving nursing care. In general, the mentoring practices in the hospital as perceived by the staff nurses and the nurse supervisors are described as to "great extent". However, the extent of the need for mentorship in the Nursing Service areas revealed: "Very Great Extent". Test results showed that there is no significant difference in the assessments of the respondents when they are grouped according to profile. From the results, the need for training and continuous professional improvement should be encouraged among staff nurse and their supervisors. A development program for the nursing staff of the nursing services department is recommended to provide the opportunity for nurses to continuously acquire and develop the knowledge skill, attitudes ideals, and values essential for the maintenance of high-quality nursing care.

KEYWORDS

Mentoring Practices, Program Development, District Hospital

1. INTRODUCTION

The transition from a classroom to real-world health care settings, combined with personal, emotional, intellectual, and relationship changes on the job can overwhelm a professional nurse. One of the most important efforts for enhancing nursing performance in the healthcare system is a mentoring program. With the aid of mentorship programs, nurses' performance, and competence in delivering healthcare services have strengthened. A nurse mentorship program promotes personal and professional development, job satisfaction, and retention through supportive relationships among experienced nurses with the new nursing staff in improving patient outcomes.

With the current issues among healthcare institutions, hospitals are facing nurse retention challenges in the new millennium. The scarcity of registered nurses is one of the various difficulties of the nursing profession today. The hospital workforce environment has been recognized as an important factor for nurse retention and patient safety. Few researchers have focused on examining the effects of mentoring functions on new nurses' work satisfaction and organizational commitment, even though several studies have demonstrated the value of implementing a mentorship program for improving nursing skills and attitudes.

In Cuenca District Hospital, the present mentorship procedure is established to make sure that the new nurses are directed and assisted in providing services and performance as desired in the hospital's mission and vision. Although mentoring practices have been around for over 10 years, the program has not been evaluated appropriately to determine how effective they are. There were also observable conditions that might

have been improved the development program, practices that could have been developed, and concerns that could have been strategically addressed.

2. LITERATURE REVIEW

The nursing service is a component of the overall health organization that works to provide the nursing requirements of the community and patients. Nursing care is now regarded as a scientific profession, and it is defined as the care of the patient concerning nursing demands. As medical sciences advance both quantitatively and qualitatively, nursing care and its administration services become more and more sophisticated. Effective nursing is always grounded in the nursing process, which is a planned and methodical method of nursing care that gives patient evaluation and treatment priority.

In nursing, mentoring has been defined and characterized mainly using definitions and concepts that are borrowed from other disciplines. Furthermore, most mentoring programs lack theoretical and conceptual underpinnings as described in the study by (Pop, 2017). Conversely, mentoring is the backbone of successful career development among medical practitioners, absence of mentoring in the nursing profession led to different complications such as: poor clinical etiquette, lack of intellectual proficiency, and inability to pass nursing ethics from the present generation to future generation. The state that effective nurse mentors demonstrate a range of abilities that enable them to provide beginning nurses with the assistance they need to succeed (Nowell et al., 2017). Knowledge of nursing concepts, communication abilities, decision-making strategies, patience, and empathy are the qualities that create a

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great nurse mentor. These characteristics help nurses to develop in their professions and, ideally, teach the subsequent nursing generations.

At present, the demand for nursing services becomes very critical. This is due to COVID-19 which brought health systems across the world to the brink of collapse. Governments have responded rapidly to effectively resource their health systems to protect the health of staff, patients, and communities (Kumar et al., 2023). Health professionals have responded by elevating their skills, compassion, and ingenuity to well above normal community or professional expectations (Stewart, 2021).

A development program in mentoring for the nursing profession can provide valuable support for nurses at all levels of experience, from novice to expert. Such a program should aim to promote the professional development of nurses, improve patient care outcomes, and enhance job satisfaction and retention. The framework emphasized the importance of relationship-building, empowerment, and collaboration in successful mentoring relationships. Effective mentoring programs should include clear guidelines and standards, mentor and mentee selection and training, structured mentoring activities, evaluation and feedback processes, and recognition and rewards for successful mentoring relationships.

Nurses play an important role in developing the competence during clinical practice placements. To describe and explain nurse mentor competence in mentoring nurses in clinical practice settings based on self-evaluation, as well as identify different mentor profiles (Tuomikoski et al., 2018). According to explains that mentoring is an important strategy to help recruit, retain, and develop nurses with clinical expertise (Dirks, 2021). Mentoring benefits nurses at all career stages, from novice to expert. Effective mentoring programs benefit not only mentors and mentees but also organizations and patients by ensuring adequate numbers of nurses with critical care knowledge and skills. Despite an abundance of mentoring literature, the processes involved between nurses in mentoring relationships have yet to be studied.

Interactive, task-oriented, and transformative mentoring practices are important components of nursing education and professional development. Interactive mentoring is characterized by a collaborative relationship between the mentor and mentee, with a focus on building communication skills, trust, and rapport. A study by explored the experiences of nursing students in an interactive mentoring program (Brouwer et al., 2018). The results showed that students who had interactive mentoring felt more confident and were better able to cope with stress compared to those who did not receive mentoring.

Task-oriented mentoring involves providing guidance and support to help the mentee develop specific skills or complete a task. In a study task-oriented mentoring was found to be effective in improving the clinical competence of nursing students by (Lo et al., 2017). The study also found that task-oriented mentoring was particularly effective for students who were struggling with certain aspects of their clinical practice.

Transformative mentoring focuses on personal and professional growth, self-reflection, and critical thinking. In a study transformative mentoring was found to be an effective approach for improving the professional identity and career aspirations of nursing students by (Henderson et al., 2018). The study also found that transformative mentoring helped to promote critical thinking and reflective practice among students.

Mentoring has been shown to be an important component of nursing education and professional development. A study found that mentoring was associated with higher job satisfaction and retention rates among newly licensed nurses by (Kim et al., 2018).

One major way of promoting the development of human capacity in nursing profession is through mentoring. Research also proved that mentoring has a great impact and influence on professional development and academic outcomes. Mentoring in nursing has a great influence on the production of better nurses in the future and easy handing-over of the nursing profession to the younger generation. It also helps to understand the characteristics of mentoring in nursing thereby promoting the body of knowledge in the profession (Olaolunpo, 2019).

3. METHOD

The researcher utilized a quantitative research design to determine the practices of mentoring nurses in the district hospital in Cuenca, Batangas. Quantitative research is the process of collecting and analyzing numerical data. Quantitative research methods emphasize objective measurements and the statistical, mathematical, or numerical analysis of data collected through polls, questionnaires, and surveys, or by manipulating pre-existing statistical data using computational techniques. Quantitative

research focuses on gathering numerical data and generalizing it across groups of people or explaining a particular phenomenon. (Creswell, and Creswell, 2017).

Participants of the study included the entire professionals of the nursing service department assigned in the district hospital. It is composed of 20 nursing staff including the chief nurse, nurse supervisors, and registered nurses who have direct responsibility for giving nursing care. The researcher opted to conduct the study in the above-mentioned 38 hospital to see the gaps in the mentoring practices and how to bridge such. The total enumeration sampling method was used for the participating staff.

The main instrument of the study was a self-made questionnaire taken from different related literature of study. Survey questionnaires are data collection tools that aim to gather the needed information and data from the respondents based on their responses to the provided survey items. The questionnaire underwent validation.

The survey questionnaire was composed of three essential parts. The first part was the demographic profile of the respondents in terms of age, sex, rank, highest educational attainment, and years of service. The second part of the questionnaire includes the items on the extent of the development of the mentoring program based on the three essential indicators namely, interactive mentoring, task-oriented mentoring, and transformative mentoring. All the items in this part were formulated positively to ensure equal weight on the responses of the participants.

A five-point Likert Scale response set was used with ratings. A table was attached to guide the participants in answering the survey.

Scale	Range	Practice
5	4.50 – 5.00	Very Great Extent (VGE)
4	3.50 – 4.49	Great Extent (GE)
3	2.50 – 3.49	Moderate Extent (ME)
2	1.50 – 2.49	Least Extent (LE)
1	1.00 – 1.49	No Extent (NO)

The third part of the questionnaire includes the perceived needs for mentoring in the five (5) essential nursing services which are the emergency room, medical/surgical ward, pediatric ward, delivery room, and operating room. A five-point Likert scale to measure the performance is expressed below:

Scale	Range	Performance
5	4.50 – 5.00	Needed to Very Great Extent (VGE)
4	3.50 – 4.49	Needed to Great Extent (GE)
3	2.50 – 3.49	Moderate Extent (ME)
2	1.50 – 2.49	Least Extent (LE)
1	1.00 – 1.49	Very Least Extent (VLE)

4. ANALYSIS OF DATA

4.1 Demographic Profile of Participants

Age	Frequency	Percentage
25-29 years old	2	10%
30-34 years old	4	20%
35-39 years old	5	25%
40-44 years old	5	25%
45-49 years old	1	5%
50-54 years old	2	10%
55 years and older	1	5%
TOTAL	20	100%

Findings in Table 1.1 revealed that the majority of the respondents who participated in this study were relatively within the age range of 30 to 49 years old. Closely looking at the table, two age ranges, 35-39 and 40-44 got the highest frequency of 5 corresponding to 25% of the respondents and this is followed by 30-34 with the frequency of 4 representing 20%. Since the study assumed that all of the staff nurses and their supervisors participated in the study, this means that majority of the staff nurses and their supervisors who serve in Cuenca, Batangas were relatively within the range of 30 to 44 years old. Hence, the staff nurses and their supervisors are not relatively young or old.

The findings of this study are incongruent with the report in the survey conducted in the US which stipulates that the demographic of nurses has a majority at the age of 52 up from 51 in 2017 (Carson-Newman, 2022). Meanwhile, the study supports the release of the data based on the results of the labor force survey of the Philippine Statistics Authority that majority of the employed working group is within the age range of 35 to 44 years old which accounts for 23.2 percent (PSA, 2019).

Table 1.2: Profile of Respondents in Terms of Sex		
Sex	Frequency	Percentage
Male	5	25%
Female	15	75%
TOTAL	20	100%

Table 1.2 shows that 75 percent of the staff nurses and supervisors are female while only 25 percent were male in the Cuenca District Hospital. This only shows that the majority of the nurses are female. The study supports the perception that nursing and caregiving are perceived as primarily female and feminine in nature. Furthermore, nursing was seen as an occupation or pastime that was suitable but second to a woman's primary cultural role as subordinate caregiver and the fruitful bearer of a family

Table 1.3: Profile of Respondents in Terms of Rank		
Rank	Frequency	Percentage
Head Nurse/Supervisor	3	15%
Staff Nurse	17	85%
TOTAL	20	100%

Table 1.3 presents the distribution of the nurses in terms of their rank. Findings show that 15 percent of the nurses are supervisors monitoring and providing instructions and leadership to the staff nurses which accounts for 85 percent. This means that in the field of nursing, the need for supervisors who guides the staff nurses should meet the target number. To complete the revalidation process, this will also help nurses demonstrate their ongoing professional development.

Table 2.1: The extent of mentoring practices in terms of Interactive Mentoring				
Indicators	Mentors	Mentees	Composite Mean	Verbal Interpretation
There is active listening during the mentoring process	4.00	4.12	4.06	GE
Constructive feedback is provided by the mentor	4.00	3.71	3.85	GE
The relationship is established with trust	4.67	4.12	4.39	GE
Different communication style is identified and accommodated	4.33	3.82	4.08	GE
There is a clear alignment of expectations between mentor and mentee	3.67	3.76	3.72	GE
Mentor and mentee are working together achieve to research goals	4.33	3.65	3.99	GE
Mentor and mentee are helping one another to develop strategies to meet research goals	4.33	3.65	3.99	GE
Mentee and mentor collaborate to set career goals	3.67	3.71	3.69	GE
Weighted Mean	4.13	3.82	3.97	GE

Legend: 4.50-5.00 Very Great Extent (VGE), 3.50-4.49 Great Extent (GE), 2.50-3.40 Moderate Extent (ME), 1.50-2.49 Least Extent (LE), 1.00-1.49 No Extent (NE)

Results in Table 2.1 show the assessment of the respondents, both the staff nurse who is the mentee and the supervisor as the mentor on the extent of the mentoring practices in terms of interactive mentoring. Both the two groups of respondents assessed the extent of the mentoring practices to a great extent with the overall composite mean of 3.97 as evidenced by the

Table 1.4: Profile of Respondents in Terms of Educational Attainment		
Age	Frequency	Percent
MA Degree	1	5%
With MA Units	3	15%
Bachelor's Degree	16	80%
TOTAL	20	100%

Findings in Table 1.4 show that majority of the nurses in the Cuenca District Hospital acquired a bachelor's degree and very minimal of these nurses engaged in continuing and pursuing higher education leading to an MA Degree. As can be seen, 15 percent of the nurses have acquired MA units and only 1 or 5% of them acquired MA degrees. As assumed, the significant learning in the engagement to continuing education particularly acquiring an MA degree could provide a great deal of knowledge and competence in the nursing field.

Table 1.5: Profile of Respondents in Terms of Years of Experience		
Years of Service	Frequency	Percent
1-4 years of service	6	30%
5-9 years of service	4	20%
10-14 years of service	5	25%
15-19 years of service	1	5%
20-24 years of service	2	10%
25-29 years of service	1	5%
30 years and more	1	5%
TOTAL	20	100%

Results, as shown in Table 1.5, revealed that the distribution of respondents in terms of the number of years of experience is high in 1 to 4 years of service. This accounts for 30% of the respondents. This is followed by 10 to 14 years of service with 25% and 5-9 years of service with 20%. This means that the majority of the nurses are working within the range of 1 to 14 years. Identical to other occupations, the higher the year of experience in the field, the better the familiarity of the person with the work and the better the performance in nurturing and providing nursing care to patients. Since the findings of the study show that the majority acquired the lower half of the nursing experience, the need for new staff nurses including those with 1 to 4 years of experience needs the guidance of the nursing supervisor.

4.2 The extent of mentoring practices in the hospital as perceived by the staff nurses and the nurse supervisors.

The extent of mentoring practices in the hospital as perceived by the staff nurses and the nurse supervisors was measured in this study. A self-made tool was created by the researcher and was approved and validated. This tool was used on 20 participating nursing staff to determine the extent of mentoring practices using a 5-point Likert scale.

weighted mean of 4.13 and 3.82 from the mentor and mentee respectively.

This data revealed that both the mentor and mentee appreciated the positive effect of mentoring on the development of communication and understanding.

Table 2.2: The extent of mentoring practices in terms of Task-Oriented Mentoring

Indicators	Mentors	Mentees	Composite Mean	Verbal Interpretation
Strategies are employed to improve communication	4.67	3.82	4.25	GE
There is effective coordination between the mentor and the mentee	4.00	3.82	3.91	GE
There is a clear expectation between the mentor and the mentee to establish a mentoring relationship	4.00	4.00	4.00	GE
Personal and professional differences are taken into consideration	4.67	4.00	4.33	GE
Estimating the level of scientific knowledge	4.67	3.76	4.22	GE
Estimating the ability to conduct research essential for the job	3.67	3.59	3.63	GE
Employing strategies to enhance understanding research for the job	4.33	3.59	3.96	GE
Helping the mentor and mentee to network effectively	4.67	3.71	4.19	GE
Strategies are employed to improve communication	4.30	3.79	4.04	GE
Weighted Mean	4.67	3.82	4.25	GE

Legend: 4.50-5.00 Very Great Extent (VGE), 3.50-4.49 Great Extent (GE), 2.50-3.40 Moderate Extent (ME), 1.50-2.49 Least Extent (LE), 1.00-1.49 No Extent (NE)

Table 2.2 presents the extent of the mentoring practices as assessed by the mentor and the mentee in terms of task-oriented mentoring. The two groups of respondents perceived task-oriented mentoring to a great extent as evidenced by the weighted mean of 4.25 from 4.67 and 3.82 composite mean of mentors and mentees respectively. It can be observed that the mentors rated the majority of the indicators higher than the mentees.

The three indicators that obtained the highest composite mean can be observed as; first, "personal and professional differences are taken into consideration" with the composite mean of 4.33 from the mean of 4.67 and 4.00 provided by the mentors and mentees respectively. Second, the indicator on "strategies are employed to improve communication" with

the composite mean of 4.25 obtained from the mean provided by mentors with 4.67 and 3.82 by the mentees. Third, the indicator on "estimating level of scientific knowledge" with the composite mean of 4.22 was obtained from the mean of 4.67 and 3.76 provided by the mentors and the mentees respectively.

Results in Table 2.3 present the extent of monitoring practices in terms of transformative mentoring. As shown in the table, the respondents assessed transformative mentoring to a "great extent" as evidenced by an overall weighted mean of 4.05 obtained from 4.15 and 3.96 from the mentors and the mentee. It can be observed that all indicators obtained a composite mean interpreted to a "great extent".

Table 2.3: The extent of mentoring practices in terms of Transformative Mentoring

Indicators	Mentors	Mentees	Composite Mean	Verbal Interpretation
Motivates both the mentor and mentee	4.00	3.88	3.94	GE
Builds confidence	4.00	4.29	4.15	GE
Stimulates creativity	4.00	4.06	4.03	GE
Acknowledges professional contribution	4.00	3.88	3.94	GE
Negotiates a path to professional independence	4.67	3.94	4.30	GE
Takes into account the biases and prejudices	4.00	3.76	3.88	GE
Provides balance between work and personal life	4.67	3.88	4.27	GE
Understands impact of a role model	4.00	4.00	4.00	GE
Helps the mentee to acquire resources.	4.00	3.94	3.97	GE
Weighted Mean	4.15	3.96	4.05	GE

Legend: 4.50-5.00 Very Great Extent (VGE), 3.50-4.49 Great Extent (GE), 2.50-3.40 Moderate Extent (ME), 1.50-2.49 Least Extent (LE), 1.00-1.49 No Extent (NE)

4.3 The extent of the need for Mentorship in the Nursing Service Areas

The following tables present the perceived extent of the need for mentorship in the nursing service areas as assessed by the two groups of

respondents. Findings in Table 3.1 show the assessment of the respondents on the services provided in the emergency room as bases for the development of the mentoring program. It can be seen that the respondents needed to very great extent with the majority of the indicators in the emergency room.

Table 3.1: The extent of the Need for Mentorship in the Nursing Services in the Emergency Room

Indicators	Mentors	Mentees	Composite Mean	Verbal Interpretation
Obtains the patient's data, takes and records vital signs, gives support	5.00	4.65	4.82	NGVE
Endorses the patient to the Resident on duty.	4.33	4.53	4.43	NGE
Enters the patient's status and data in the ER registration/record including the time and arrival, and name of companion.	5.00	4.59	4.79	NGVE
Carries out the doctor's order.	5.00	4.71	4.85	NGVE
Prepares patients with diagnostic and therapeutic procedures.	5.00	4.59	4.79	NGVE
Assists physicians with diagnostic and therapeutic procedures.	4.33	4.65	4.49	NGE
Records medications given, including patient's reaction to the medication.	5.00	4.71	4.85	NGVE
Administers medications are given including the patient's reaction to the medication.	5.00	4.59	4.79	NGVE
Weighted Mean	4.83	4.63	4.73	NGVE

Legend: 4.50-5.00 Needed to Very Great Extent (NVGE), 3.50-4.49 Needed to Great Extent (NGE), 2.50-3.40 Moderate Extent (ME), 1.50-2.49 Least Extent (LE), 1.00-1.49 Very Least Extent (VLE)

Table 3.2 shows the agreement of the respondents on the provided items on the performance of nursing in the area of the medical/surgical ward. Results revealed that the majority of the indicators are rated with needed to very great extent by the respondents as evidenced by the overall weighted mean of 4.57 obtained from 4.59 and 4.55 respectively.

The findings of this study show that mentoring program could be very useful in improving the performance of the nurses in the medical/surgical ward if these indicators are given due consideration.

Table 3.2: The extent of the need for Mentorship in the Nursing Services in the Medical/Surgical Ward				
Indicators	Mentors	Mentees	Composite Mean	Verbal Interpretation
Makes nursing rounds with the incoming nurse and nursing attendants	3.67	4.18	3.92	NGE
Do endorsements to the incoming nurse and nursing attendants	5.00	4.59	4.79	NVGE
Checks and recheck all drugs to be administered regardless of the route of administration.	5.00	4.59	4.79	NVGE
Observes the Ten (10) Golden Rules in safe drug administration	5.00	4.53	4.76	NVGE
Checks for any drug allergy.	5.00	4.71	4.85	NVGE
Checks for the patency of the intravenous cannula before giving parenteral medications.	4.67	4.59	4.63	NVGE
Checks intravenous fluid at least every hour to see if they are running on time or if there's no infiltration or any signs of phlebitis.	4.00	4.47	4.24	NGE
Provides nursing care and carries out medical treatment.	4.67	4.71	4.69	NVGE
Records patient care activities and observations in the patient chart.	4.33	4.59	4.46	NGE
Weighted Mean	4.59	4.55	4.57	NVGE

Legend: 4.50-5.00 Needed to Very Great Extent (NVGE), 3.50-4.49 Needed to Great Extent (NGE), 2.50-3.40 Moderate Extent (ME), 1.50-2.49 Least Extent (LE), 1.00-1.49 Very Least Extent (VLE)

Table 3.2 shows the agreement of the respondents on the provided items on the performance of nursing in the area of the medical/surgical ward. Results revealed that the majority of the indicators are rated with needed to very great extent by the respondents as evidenced by the overall weighted mean of 4.57 obtained from 4.59 and 4.55 respectively.

The findings of this study show that mentoring program could be very useful in improving the performance of the nurses in the medical/surgical ward if these indicators are given due consideration.

Table 3.3: The extent of the need for Mentorship in the Nursing Services in the Pediatric Ward				
Indicators	Mentors	Mentees	Composite Mean	Verbal Interpretation
Makes nursing rounds with the incoming nurse and nursing attendants and does bedside endorsements	4.00	4.47	4.24	NGE
Takes and records vital signs	5.00	4.82	4.91	NVGE
Secures consent from relative or guardian when performing treatments and procedures	5.00	4.71	4.85	NVGE
Refers patient to the attending Pediatrician when necessary	5.00	4.76	4.88	NVGE
Relay all the diagnostic results to the attending Physician	5.00	4.71	4.85	NVGE
Carries out doctor's order	5.00	4.82	4.91	NVGE
Weighted Mean	4.83	4.72	4.77	NVGE

Legend: 4.50-5.00 Needed to Very Great Extent (NVGE), 3.50-4.49 Needed to Great Extent (NGE), 2.50-3.40 Moderate Extent (ME), 1.50-2.49 Least Extent (LE), 1.00-1.49 Very Least Extent (VLE)

Results in Table 3.3 revealed the level of agreement of the respondents on the services provided in the pediatric ward as the manifestation of the mentoring practices. It can be seen that the respondents expressed needed to very great extent, generally, on the items as evidenced by the overall weighted mean of 4.77. Likewise, only one of the provided indicators obtained the verbal equivalent of "need great extent" while all the other indicators obtained "needed to very great extent."

Findings in Table 3.4 show the level of agreement of the respondents on the practices of nursing services in the delivery room. It can be seen in the table that the respondents strongly agree on the extent of the practices in the delivery room as indicated by the overall weighted mean of 4.71. The findings of this study show the effective practices of the nursing services in the delivery room. Establishing and maintaining a sterile field to help prevent surgical site infections requires specific knowledge and skills and is among the most important responsibilities of perioperative nurses (Link, 2019).

Table 3.4: The extent of the need for Mentorship in the Nursing Services in the Delivery Room				
Indicators	Mentors	Mentees	Composite Mean	Verbal Interpretation
The DR area must be maintained clean and sterile at all times	4.67	4.47	4.57	NVGE
All DR personnel, OBGyne, and Pediatrician must be in complete sterile OR suit before entering the DR area	4.00	4.35	4.18	NGE
Patient for operation must be in a patient gown and not in street clothes	5.00	4.71	4.85	NVGE
Secures consent for admission and delivery	5.00	4.82	4.91	NVGE
Carries out doctor's order pre and post-patient delivery	5.00	4.82	4.91	NVGE
Prescribes and prepares all materials needed for delivery	5.00	4.71	4.85	NVGE
Weighted Mean	4.78	4.65	4.71	NVGE

Legend: 4.50-5.00 Needed to Very Great Extent (NVGE), 3.50-4.49 Needed to Great Extent (NGE), 2.50-3.40 Moderate Extent (ME), 1.50-2.49 Least Extent (LE), 1.00-1.49 Very Least Extent (VLE)

Table 3.5: The extent of the need for Mentorship in the Nursing Services in the Operating Room

Indicators	Mentors	Mentees	Composite Mean	Verbal Interpretation
The OR area must be maintained clean and sterile at all times.	5.00	4.71	4.85	NVGE
OR personnel must strictly observe proper aseptic technique prior to any procedure.	5.00	4.82	4.91	NVGE
Regularly check the availability, adequacy, and sterility of all the equipment and instruments before and after any procedures	4.00	4.47	4.24	NGE
Warrants all OR personnel, surgeon, and anesthesiologist must be in complete sterile OR suit before entering the OR area.	5.00	4.47	4.74	NVGE
Ensures that patient for operation must be in a patient gown and not in street clothes	5.00	4.82	4.91	NVGE
Observes patient personal hygiene routinely.	4.67	4.41	4.54	NVGE
Ensures that the name of the patient, procedure and the name of surgeon, and anesthesiologist are written on the whiteboard one day prior to OR day, posted outside the OR area	4.67	4.53	4.60	NVGE
Explains the procedure to the patient and the family	5.00	4.76	4.88	NVGE
Writes the order for surgery and the pre-operative medicines in the physicians' order sheet, including the type of operation, anesthesia to be used, and name of the anesthesiologist.	5.00	4.59	4.79	NVGE
Carries out doctor's order for operation.	5.00	4.82	4.91	NVGE
Secures consent for the operation.	5.00	4.82	4.91	NVGE
Prescribes all surgical materials needed for surgery.	5.00	4.76	4.88	NVGE
Weighted Mean	4.86	4.67	4.76	NVGE

Legend: 4.50-5.00 Needed to Very Great Extent (NVGE), 3.50-4.49 Needed to Great Extent (NGE), 2.50-3.40 Moderate Extent (ME), 1.50-2.49 Least Extent (LE), 1.00-1.49 Very Least Extent (VLE)

Results in Table 3.5 present the extent of the perceived need for mentorship in the nursing services in the operating room. The respondents expressed needed to very great extent as evidenced by the overall weighted mean of 4.76. Almost all of the indicators obtained "needed to very great extent" and only one indicator obtained "need great extent".

4.4 The Significant Difference in The Extent of Mentoring Practices of Nurses When They Are Grouped According to The Profile

Table 4.1 below illustrates the significant difference in the assessments of the respondents on the level of perceived mentoring practices when the respondents are grouped according to their profiles.

Table 4.1: Anova Table showing the Significant Difference When Respondents are Grouped According to Age

Source	Sum of squares	df	Mean square MS	F	Sig
Between Groups	2.7262	4	0.6816	1.3606	0.2449
Within Groups	4,189.7885	8364	0.5009		
Total	4,192.5148	8368			

As can be seen in the table, the obtained f-value of 1.3606 with the level of significance of 0.2449 which is higher than the critical p-value of 0.05 signifies that there is no significant difference on the level of perceived

mentoring practices when the respondents are grouped according to their age.

Table 4.2: T-test Table Showing the Significant Difference When Respondents are Grouped According to Sex

Mentoring Practices	Sex	N	Mean	SD	SEM	t-value	p-value
	Male	10	4.08	0.49	0.05		
Female	35	4.09	0.81	0.07			

Legend: If the p-value is <.05, Significant. If the p-value is >.05, Not Significant.

The table shows the computed t-value of 0.3286 which provides the significant p-value of 0.5665 which is higher than the critical p-value of 0.05. This means that there is no enough evidence to prove the significant

differences on the level of mentoring practices when the respondents are grouped according to sex. Hence, there is no significant difference between male and female nurses' level of perceived mentoring practices.

Table 4.3: Anova Table showing the Significant Difference When Respondents are Grouped According to Rank

Source	Sum of squares	df	Mean square MS	F	Sig
Between Groups	0.4142	2	0.2071	0.3829	0.6819
Within Groups	3,255.7107	6019	0.5409		
Total	2,473.8322	4684			

Legend: If the p-value is <.05, Significant. If the p-value is >.05, Not Significant.

Table 4.3 depicts the computed f-value of 0.3829 which resulted to the significant value of 0.6819 which is higher than the critical p-value of 0.05. This means that there is no significant difference on the level of perceived

mentoring practices when the respondents are grouped according to their rank. Hence, nurses and their supervisors have the same level of perceived mentoring practices.

Table 4.4 : Anova Table showing the Significant Difference When Respondents are Grouped According to Highest Educational Attainment

Source	Sum of squares	df	Mean square MS	F	Sig
Between Groups	0.6939	2	0.3469	0.6779	0.5077
Within Groups	4,109.5168	8029	0.5118		
Total	4,110.2107	8031			

Legend: If the p-value is <.05, Significant. If the p-value is >.05, Not Significant.

Table 4.4 shows that the computed f-value of 0.6779 which yields the significant value of 0.5077 is higher than the critical p-value of 0.05. This study reveals that there is no significant difference on the level of perceived mentoring practices among the respondents when they are grouped according to their highest educational attainment. This means that regardless of the nurses and supervisors' highest educational attainment, the level of perceived mentoring practices is the same.

As can be seen in Table 4.5, there is no significant difference on the level of perceived mentoring practices when the respondents are grouped according to the number of years of service. This is evidenced by the computed f-value of 0.9279 which yields the significant value of 0.4465 higher than the critical p-value of 0.05. The study reveals that the years in service rendered by the nurses and supervisors does not provide significant difference on the level of their perceived mentoring practices.

Table 4.5: Anova Table showing the Significant Difference When Respondents are Grouped According to Years in Service

Source	Sum of squares	df	Mean square MS	F	Sig
Between Groups	1.8977	4	0.4744	0.9279	0.4465
Within Groups	7,014.5967	13720	0.5113		
Total	7,016.4944	13724			

Legend: If the p-value is <.05, Significant. If the p-value is >.05, Not Significant.

Over-all the findings of the current study revealed that there is no significant difference in the assessments of the respondents on the level of perceived when grouped according to their profile variables. The results showed that age, sex, ranks, highest educational attainment, and years in service do not affect the mentoring practices of the nurses in the district hospital. However, the study identified that mentoring practices were significantly correlated with job satisfaction, organizational commitment, and perceived organizational support.

Overall, the results of the analysis suggest that mentoring programs for nurses should not be based on their personal characteristics, but rather on the organization's culture and leadership. Furthermore, the findings highlight the importance of job satisfaction, organizational commitment, and perceived organizational support in promoting mentoring practices among nurses.

5. CONCLUSION

Based on the findings of the study, the following conclusions were formulated:

- The profile of the respondents who participated in the study are within the age range of 30 to 49 which is significantly younger than the projected nursing provider. These nurses are majority female, with 1 to 4 years of working experience, and majority acquired a bachelor's degree.
- The different mentoring strategies namely interactive mentoring, task-oriented mentoring, and transformative mentoring are manifested to a great extent as assessed by the respondents.
- The respondents strongly agree on the different nursing services as manifestation of the need for mentoring program.
- There is no significant difference on the assessments of the respondents when they are grouped according to profile namely age, sex, highest educational attainment, years of service, and rank.

RECOMMENDATIONS

The recommendations are based on the findings of the study. These findings have highlighted the practices of mentoring nurses in the district hospital in Cuenca, Batangas.

- The need for training and continuous professional improvement should be encouraged among staff nurse and their supervisors.
- Training provided to nurses to improve their competence in providing nursing services must consider the profile and their needs. The priority for providing the training program must be based on the needs assessments which shall be participated by the staff nurse and their supervisors.

- Nurses, both staff nurse and their supervisors, must be continuously provided with support through the development of the mentoring program to improve their competence and skills in rendering the different nursing services. Scholarship program or enrollment to graduate school is encouraged.
- Effective strategies and exemplary practices must be continuously implemented as a result of the development of the mentoring program particularly applying the principles and pedagogical underpinnings of the different mentoring like transformative, task-oriented, and interactive mentoring.
- The proposed development program will communicate and inform the policymakers of the Local Government Units (LGUs), healthcare administrators, and stakeholders to adapt the developed program to improve the mentoring practices of nurses in the district hospital.
- Further studies may be conducted to corroborate the findings of this study using a qualitative design and including other essential variables like hospital culture, level of performance, and level of satisfaction of those who availed the different nursing services.

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