



INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN BUSINESS & SOCIAL SCIENCES



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To Link this Article: <http://dx.doi.org/10.6007/IJARBSS/v11-i14/8534>

DOI:10.6007/IJARBSS/v11-i14/8534

Received: 02 December 2020, **Revised:** 28 December 2020, **Accepted:** 17 January 2021

Published Online: 30 January 2021

In-Text Citation: (Fong et al., 2021)

To Cite this Article: Fong, T. S., Hassan, Z., Kasa, M., Balang, R. V., & Abdullah, S. M. (2021). Exploring Mentoring Skills to Assist New Nurses: Mentors' and Mentees' Perspectives. *International Journal of Academic Research in Business and Social Sciences*, 11(14), 124–141.

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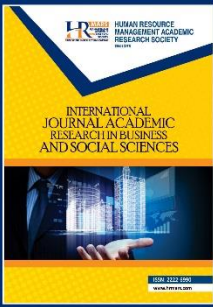
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Special Issue: Contemporary Business and Humanities Landscape Towards Sustainability, 2021, Pg. 124 – 141

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Exploring Mentoring Skills to Assist New Nurses: Mentors' and Mentees' Perspectives

Tie Sok Fong¹, Zaiton Hassan¹, Mark Kasa², Rekaya Vincent Balang¹,
Siti Mariam Abdullah¹

¹Universiti Malaysia Sarawak, 94300 Kota Samarahan, Sarawak, Malaysia, ²UCSI University Malaysia,
Sarawak Campus, 93450 Kuching, Sarawak, Malaysia

Email: hzaiton@unimas.my

Abstract

Studies on Western context have reported on the mentor skills needed such as the role of interpersonal comfort in mentoring relationships as well as the role of age in mentoring relationships. There are limited studies in exploring the effectiveness on the most relevant skills needed by mentors in assisting the new nurses toward becoming an effective healthcare provider in the Malaysian public hospital context. The mentors' roles can be summarized into the general and specific role on the basis of the goal and the purpose of the mentoring. Mentor roles can be very broad and almost include everything under the sky of learning contract, therefore, the need to be more specific and clear direction in order to have clear understanding between the mentor, mentee and the organization. Data were collected from four pairs of mentors and mentees (eight informants) working in a public hospital in Sarawak, Malaysia, using open-ended questionnaires and analysed using content analysis. Findings revealed that the required skills of the mentors to better assist new nurses at the workplace can be captured through the acronym S.K.I.L.L.S. Hence, the nurses' -management training and development programme related to S.K.I.L.L. acronym is relevant to be conducted among the new nurses. This strategy suggested because too many and unspecified roles may bring negative experiences for both mentor and mentee which may result in dysfunctional mentoring.

Introduction

Nurses forms the largest occupational group within the healthcare sector globally (World Health Organization, 2017). In comparison, the number of hired nurses in the United Kingdom is 2.1 times more than the amount of hired doctors (NHS Confederation, 2016). In Malaysia nurses alone—59,005 of them registered—form the largest part of the workforce within the healthcare sector (ministry of health, Malaysia, 2008). It is of great importance for countries to maintain the immense number of nurses due to the nature of the role nurses play and the need to meet the healthcare demands and social expectation (Kanchanachitra et al., 2011). Thus countries have been taking initiatives to address the shortages of nurses through the rapid establishment of nursing schools this includes Malaysia (Cruetz, 2006).

However, the focus on increasing nurses through the establishment of nursing institution have created concerns over the deterioration in entry standards due to the emergence of competition among various institution to attract students to join them (Barnett et al., 2010).

The consequence of lowering entry standards concerns the divergence of actual result from the desired result in terms of the student's performance. The concern derived from the consequence further poses as a challenge for educators and healthcare professional to support and enable students to complete their course within a minimum time and capable of becoming proficient nurses or at least able to uphold standards to an acceptable degree. Nevertheless, the nursing standards and professionalism in Malaysia is being perceived to be in the state of declining with nurses being less proficient in terms of skill, care offered, and effectiveness (Merican, 2006).

Moreover, the multidisciplinary healthcare delivery landscape of many hospital has been altered due to the numerous amount of fresh graduates joining the workforce with areas like patient care being occupied by young nurses with minimal experience (Barnett et al., 2010; Nikolaidou et al., 2014).

Seemingly being aware of the pervading issue among nurses in Malaysia, the Ministry of Health acted through the introduction of a one-year supervision mentorship programme for fresh graduate out of nursing school. The programme produced promising result showing nurses demonstrating traits such as confidence, accountability and care while attending their patients (Barnett et al., 2010).

There are limited studies in exploring the effectiveness of the most relevant skills needed by mentors in assisting new nurses toward becoming an effective healthcare provider in the Malaysian public hospital context. On the contrary, studies on Western context have reported on the mentoring skills needed such as the role of interpersonal comfort and the role of age in mentoring relationships (Allen et al., 2005; Beecroft et al., 2006; Finkelstein et al., 2003).

Although the nursing profession of Malaysia started around the 1950s to 1960s, nurses of the country are still trying to catch up with the professional standards of nurses in the western world (Buncuan & Zabidah, 2010). The motivation for nurses in Malaysia to strive to meet the professional standards of their western counterparts derived from being mindful of the importance of elevating the nursing status to an equivalent status of those of other professions within the Malaysian healthcare context. Other factors include current the introduction of new healthcare technologies, changes in healthcare trends, change in social expectation, the escalation of the women's right and consumers' right movement (Buncuan & Zabidah, 2010).

Even though the quality of professionalism among nurses was being regulated as a requirement in Malaysia for many years, to reach the status of being known as a professional still requires a lot of effort (Birks et al, 2008). According to the Ministry of Higher Education Malaysia (2010), before nurses in Malaysia to attain and being declared as professional status, five conditions need to be fulfilled. First, continuous education needs to be offered for nurses. Second, to be classified a profession, the importance of having a well-developed theory emphasizing on defining the role of the profession, and the skill, abilities and norms expected from the profession. Third, regardless of any profession, the area or type of service provided ought to be specific. Forth, the freedom to exercise role-related decisions and various practices. Fifth, the importance to uphold the code of ethics required by the profession. Thus, in order to elevate the nursing profession to professional status, The Nursing Division and Ministry of Health Malaysia have taken the effort to introduce a five-component framework of nursing professionalism (Abdul Wahab, 2011). The five component includes meeting both the present and future needs of the patients, governance decency and fair economical treatment as a source of support, patient's safety as a top priority, reduction of negative impact upon the people and environment and the development of skills

and competency of nurses. Additionally, they are four main strategies in order to support the aspiration for nurses to achieve success in attaining the status of professionalism, such strategies are emphasized on entry qualification into nursing schools, mentorship program, ligature of Continuous Program Development and Annual Practice Certificate and strengthen specialization within the profession itself.

Generation X and Y nurses in Malaysia

Many nurses and nursing scholars were from 'generation X'. According to Sherman (2006), 'generation X' refers to people born between 1961 and 1980, who are eager for recognition of their talents, creativity and expertise. Keepnews et al. (2010) supports this argument by stating that the generation X nurses generally want to have professional, knowledgeable and experienced mentors besides expecting prompt feedback regarding their performances.

The new nurses comprising largely of Generation Y are entering the nursing workforce, joining four different generational cohorts within a multidiscipline healthcare system. Their needs and expectations differ slightly if compared to earlier generations, especially with the presence of male gender in nursing. Since 2007, the nursing profession in Malaysia has adopted nurse-to-nurse mentoring as a strategy to assist the transition of individuals to become new nurses (Ministry of Higher Education Malaysia, 2010). The mentorship program was designed which newly graduated nurses are coached, guided to better adapt and cope in the challenging and complex professional roles and responsibilities in the workplace. Mentorship is when two individuals—one bearing the role of a mentor and one bearing the role of a mentee— established a supportive relationship between each other and involving the transference of knowledge, skills and abilities (KSA) take place (Kram, 1985). According to Robinson (2001), the act of mentoring is being perceived as the most successful way to arouse the sense of loyalty among new employees and the most effective way for the transference of KSA to take place. In general, the role of a mentor involves guiding an individual in terms of helping them to develop and grow, to become competent, setting them towards the most optimum direction, and being there as a source of support and motivation (Norhasni & Aminuddin, 2011). Thus, it is of utmost importance for mentors to meet the criteria and requirement needed to meet the expectation of the role of a mentor. Despite being known as the largest workforce in the healthcare sector in Malaysia, there is still an issue of nurses shortages (Barnett et al., 2010). In comparison between Malaysia and other upper middle-income countries, the former only have 2.78 nurses and midwives per 1000 population which is less as compared to the latter having 4.4 nurses and midwives per 1000 population (World Health Organization, 2012). The issue of having a shortage of nurses in Malaysia lead to the issue of ward closure and the inability for the country to meet the standards suggested by the World Health Organisation of 1 nurse per 200 population by 2015 (Edwards, 2008).

Malaysia's solution to address the issue of nurse shortage was through the rapid establishment of both private and public nursing school which as a result lead to unrestrained growth in privatized nursing schools (Cruetz, 2006). Unrestrained growth in private nursing schools possesses as a concern on the decline of entry standards due to competition among various institution to attract students to join them (Barnett et al., 2010). The concern of lowering entry standards poses a challenge for educators and healthcare professional to support and enable students to complete their course within minimum time and capable of becoming proficient nurses. Moreover, the nursing standards and professionalism in Malaysia is being perceived as deteriorating as compared to the standards upheld by their precursor (Merican, 2006).

Surprisingly, patient care areas are now likely to be staffed by younger nurses who have less experience. Consequently, the Ministry of Health then enhanced the mentoring programme for new graduates, whereby all new graduates must undergo a one-year supervision programme. Ministry of Health Malaysia has enacted the mentoring system to all newly graduated nurses, the regular, large influx of new graduates has placed an additional workload on more experienced nurses, who are tasked with the responsibility of guiding novice nurses into a professional role (Barnett et al., 2010).

Importance of Mentoring to New Nurses

Young nurses tend to become a source of pressure for senior nurses and often stating that they felt unprepared and challenging when it comes to mentoring them (Enrico & Chapman, 2011). To improve the mentorship programme several initiatives such as the need for training and support, refining towards a more adequate workload distribution, rewards and benefits, and the continuous need to evaluate the mentorship programme need to be taken to ensure and maintain a successful mentoring programme (Casey & Clark, 2011; Enrico & Chapman, 2011).

Furthermore, the establishment of a strong relationship between the nurse and the supervisor heavily relies on a strong nurse mentoring program (Barnett et al., 2010). One such example on how a strong relationship can be established is through the support of the supervisor such as showing empathy, assistance, guidance and feedback. Therefore, the role of nurse executive and middle managers is of utmost importance in terms allowing nursing staff to feel that the opportunity to enhance their professionalism and practice is attainable through cultivating a working environment in which conflict is being reduced to a minimum (Zakari et al., 2010). These suggestions can only be achieved by managers who understand the notion and nature of conflict and the constituents of professionalism.

Pertaining to the perception aspect of the role of mentoring from new nurses, Beecroft et al. (2006) conducted a study to evaluate the perception of newly registered nurses' regarding a six-year long mentoring program. The result indicated that more than 50% of nurses shown sign of a reduction in stress by having a mentor. More than 90% of the nurses established a professional liking with their mentors. 95% of the nurses suggest future programs to have mentors involved and less than 50% of the nurses suggested that changes are needed for the mentorship program.

Frequent of meetups, guidance and support from mentors are important factors for the act of mentoring to be a success. The timing for the mentorship to be conducted is a crucial aspect to bear in mind as an unsuitable timing could lead to the overload of workload and creating an extra burden for the mentees. Support can as well derive from unit managers in terms of providing scheduled time off sessions for mentors to meet up with mentees. Nevertheless, all successful relationship works both ways, mentees should as well take the responsibility through various means to achieve a beneficial professional relationship that may help in the transition and retention to professional practice.

The mentorship is not limited to mentors' roles, the mentorship process must be placed within a specific institutional context (Norhasni & Aminuddin, 2011). Several works of literatures emphasize the importance for mentor and mentee to have a similar goal, objective and mutual role to play in order to ensure the success of mentoring. For example, Jones et al. (2005) argue all groups perceive the role of mentor differently which the mentor perceived themselves primarily participating in the role of an adviser, while from a nurse's perspective mentors emphasized the importance of being a teacher, supporter and a role model. Furthermore, facilitation and teaching are the processes commonly associated with the role of a mentor and the role of an advisor is more important than the nature of the training per se. The finding of the study may reflect that in different circumstances and cultural perspective, the need and expectation may be varied.

Allen and Eby (2007) indicate that the mentors should have the skills to do the following; First, sincere care for the development of others. Second, the mentor should have the sense of responsibility to work for the success of an organization. Third, have a thorough understanding of how the organization function, networks, processes and knowledge of how things happen. Fourth, a mentor should be patient and be respectful to others and oneself. Fifth, a mentor should always be ready to in be engaged in the mentoring activity. Lastly, the working relationship between the mentor and mentees should be of trust and confidentiality.

Clutterbuck (2004) propose 10 competencies in mentoring which are goal clarity, awareness of one's own behaviour or emphatic, conceptual modelling, business or professional savvy, commitment to one's own learning journey, relationship management, self-awareness and understand oneself, communication competence, sense of proportion or good humour and interest in developing others.

Attachment theory

Attachment theory was introduced by John Bowlby (Bowlby, 1979), a British Child Psychiatrist and Psychoanalyst. The sense of attachment of a mother towards her infant is what causes a mother to keep her infant close to her which enable the helpless infant to survive with a sense of security as this allows the infant to sense that the mother is dependable, this further creates a secure platform for the child to explore the surroundings. Attachment refers to a longer period of the psychological connection phenomena with a meaningful person which may cause pleasure and interaction while soothing in times of stress or pleasure. Therefore, the level of quality of attachment has a critical impact on development as well as has been linked to a few other aspects of positive functioning - particularly in psychological well-being (Bowlby, 2008). The four (4) phases of attachment which were proposed by John Bowlby are namely pre attachment phase (birth till 6 weeks), attachment in making phase (6 weeks to 8 months), clear cut attachment phase (8 months to one and half years), and lastly formation of reciprocal relationship (one and half year to 2 years). Simultaneously, the four (4) different styles of attachment are secure attachment, avoidant attachment, resistant attachment, and disorganized or disoriented attachment. For example, mentors with a high level of avoidant will be less incline to attend to the needs of the mentee's and will be less successful in coaching.

Method

Population & Sample

The population of this study is the nurses working at Sarawak General Hospital's Cardiovascular Centre, Kota Samarahan. Sarawak, Malaysia. It is the most prestigious government-owned Heart Centre in Sarawak, Malaysia with a total of 343 nurses comprising of various categories of grades in job positions. The samples chosen for the study are all the nurses engaged in the nurse to nurse mentoring activities from 11 pairs of mentor-mentee in the Centre. The mentor and mentee's pairs were the actual mentor-mentee pairs in their mentoring program. The open-ended questionnaires were given to informants during their 6 weeks to 6 months mentoring period. The sample comprised of nurses working at the Heart Centre and the study focuses solely on those nurses in the category of U29 and above due to the similar career pathway. Category U29 is the biggest population in the nursing workforce, which constitute 84%. They are the nurse practitioners and provide direct treatment and care to the patients.

On the other hand, the mentees must be newly graduated-appointed or transferred from other healthcare facilities and both were considered new to the workplace. Since 2007, the nursing division at the Cardiovascular Centre had adopted and practised nurse-to-nurse mentoring in assisting all new nurses who reported to the institution. In this study, the informants are matched with the criteria that are

purposely planned and predetermined such as the category of nurses, the working hours and the areas of work. Hence, four actual mentor-mentee pairs were purposively chosen based on the age, gender, area of work and the nurses involved in the actual on-going mentoring process.

Research Instrument

The open-ended questionnaire which is short with no leading questions was designed to obtain information according to the actual experiences of both mentors and mentees. The reason for using a self-completed questionnaire was that the informants are nurses who are usually occupied with ward duties most of the time while at work. Conducting face-to-face interviews which may intrude into their valuable off-hours was not an option for this study. Basically, the questionnaire was divided into two main sections which consisted of section A and section B. Section A consisted of three open-ended questions that were all derived from the specific objectives in the study. Whilst in section B, the questionnaire was focused on the demographic information of the informants such as age, gender, marital status, length of service, the role of mentoring and area of work. The questionnaire was prepared in two languages: Malay language and English language to cater to the personal preference of the informants.

To ensure the validity of the data collected, a few deliberate steps were taken. Informants selected were those directly involved in the phenomenon under study; the mentoring system and their life experiences would provide rich and contextual data. In addition, the questionnaire was vetted by third parties who were not directly involved in the research per se. The questionnaire was checked thoroughly by the research supervisor for technical aspects while a working colleague who is familiar with the mentoring system was asked to review the contents of the questionnaire.

Data Analysis

Data collected from the self-completed questionnaires were analyzed using content analysis manually. All data collected was transcribed verbatim. All data were arranged, analyzed and interpreted in the following manner; starting with the perspective of informants' mentors, then informants' mentees and lastly the informants' mentor and mentee together. Eventually, the subcategory with main themes or patterns were identified and discussed

Findings

Table 1 illustrates the informants' demographic background of the mentor and mentee involved in this study.

Table 1: Informants' Demographic Background

Informant	Age	Job Category	Gender	Marital Status	Religion	Year of Experience	Unit or section	Highest Education
Mentor1	29	JU29	F	S	C	6	NC	Diploma
Mentee 1	35	JU29	F	M	C	10	NC	Diploma
Mentor 2	24	JU29	M	S	I	3	NC	Diploma
Mentee 2	23	JU29	M	S	I	0	NC	Diploma
Mentor 3	32	JU29	F	M	I	10	CC	Diploma
Mentee 3	30	JU29	F	M	C	2 years 9 months	CC	Diploma
Mentor 4	52	JU32	F	W	C	39	NC	Certificate
Mentee 4	33	JU41	F	M	I	11	NC	Degree

Note: Religion – C for Christian, I for Islam, Marital Status : S for Single, M for Married, W for Widow

Majority of the informants' mentees suggested that the mentors should improve their ability in teaching and learning skills (mentee 1, 3 and 4) in order to teach information technology, doing procedures, report writing and interpreted electrocardiogram (mentee 1), teach mentee to plan learning objective (mentee 3), to do a demonstration, supervise and monitor mentee's performance (mentee 4), and guide the new nurses on bedside teaching, presentation and discussion (mentee 1).

Next, the mentor should be knowledgeable, resourceful and rich in practical skills, they should be rich in experiences and high knowledge in clinical nursing (mentee 2) and become role model or resourceful person to be referred by all mentees (mentee 3). Next, the informants' mentees believe that the mentor should improve their leadership skills in time management such as good time management (mentee 2) so that mentees would have time to meet their mentor and discuss their problems. Then, informants' mentees also wish their mentor to have skills to do evidence-based practices such as leading mentee to learn nursing practices efficiently by using evidence-based practices and contributing to the good outcome of care (mentee 3 & 4).

Ultimately, the mentors also need to have soft skills in interpersonal relationships (mentee 2, 3 and 4) and the mentees wish the mentor is willing to listen actively, have no bias, and act as an advisor if the mentee has problems and give advice accordingly. Lastly, the mentor should have the skills in creating conducive learning environment by providing continuous learning opportunities in the organization (mentee 4). Thus, the overall findings with regard to the mentors and mentees' perspective on important mentoring skills is presented in table 2.

Table 2 The mentors and mentees’ perspective on important mentoring skills.

Mentors’ Perspective	Mentees’ Perspective	Mentors Mentees’ Perspective		Literature
<p>Soft skills in interpersonal relationship</p> <p>Able to build up relationship</p>	<p>Soft skills in interpersonal relationships</p> <p>Willing to listen actively, no</p>	<p>Soft skills in interpersonal work relationships</p> <p>Able to build up relationship, give advice and soft skills, willing to listen actively, no bias, give advice and act as advisor if mentee have problem</p>	S	(Allen & Eby, 2007; Gopee. 2011; Kram, 1985)
<p>Knowledgeable and rich clinical practice skills</p> <p>Have specialized knowledge and teaching approach</p>	<p>Knowledgeable, resourceful and rich practice skills</p> <p>Rich in experiences, clinical nursing knowledge and</p>	<p>Knowledgeable, resourceful and rich practice skills</p> <p>Have specialized knowledge and leaning approach and rich in experiences, clinical nursing knowledge and references</p>	K	(Mckenna & Newton, 2008; Pellicao et al., 2009; Wangenstein et al., 2008)
<p>Impart Teaching and learning approach skills</p> <p>Learning approach, able identify, sharing and feedbacks</p>	<p>Impart teaching and learning technique and approach skills</p> <p>Teach IT and procedures, plan</p>	<p>Impart teaching and learning technique and approach skills</p> <p>Learning approach, able identify, sharing and feedbacks, Teach IT and procedures, plan learning objective, demo, monitor and monitor</p>	I	(Razali, 2013; Quinn, 2000)
<p>Learning evidence base Practice skills</p>	<p>Learning in evidence practice</p> <p>Skills Lead mentee to learn nursing practice efficiently</p>	<p>Learning in evidence practice skills</p> <p>Lead mentee to learn nursing practice efficiently, and to discuss nursing practice.</p>	L	(DH, 2010a; Gopee, 2011)
<p>Leadership in time management skills</p>	<p>Leadership in time management skills</p>	<p>Leadership in time management skills</p> <p>Time management skill, work with mentee and good time management</p>	L	(Wagner & Seymour, 2007; Yukl, 1989)

<p>Support Conducive learning environment skills Keep secrecy and provide</p>	<p>Support conducive learning environment Providing continuous learning</p>	<p>Support conducive learning environment Keep secrecy and provide policy guideline at workplace and providing continuous learning opportunity</p>	<p>S</p>	<p>(Allen &Eby, 2007; Norton, 2008)</p>
<p>Subcategory</p>	<p>Subcategory</p>	<p>Total subcategory</p>	<p>Main Theme</p>	

In sum, there are six aspects of skills that are highlighted with the subcategory namely, the mentors need to be knowledgeable and rich in practical skills, know teaching and learning approaches, good time management skills, soft skill in interpersonal working relationships, the ability in creating supportive learning environment and skills to do evidence-based practices (Table 3).

Table 3 Modified six (6) domains standard for mentoring skills

	NMC's UK 8 domain standard for Mentoring	6 domain standard for mentoring skills (modified)	
1	Establishing effective working relationship	Soft skills in effective working relationships	S
2	Context of practice	Knowledgeable, resourceful, and rich in practice skills	K
3	Assessment & accountability		
4	Evaluation of learning	I- implementing teaching and learning skills	
5	Facilitation of learning		I
6	Evidence Based Practice	Learning evidence-based practice skills	L
7	Leadership	Leadership in time management skills	L
8	Creating an environment for learning	Supporting conducive learning environment skills	S

Discussion

The study found six important mentoring skills highlighted by both mentor and mentee in assisting new nurses. The six skills are soft skills in interpersonal working relationships;

Soft skills in interpersonal working relationship

The soft skills in interpersonal work relationship. This refers to the mentors being able to build a relationship, to improve employee ability to utilize their soft skills willing to listen actively, non-bias attitude, and act as advisors if a mentee has problems. This is in line with previous research which reported that career functions tend to focus on the relationship aspect that helps the mentee to succeed in his or her career, professional competence and identity (Allen, Tammy & Eby, 2007). Thus, career functions are very much subject to the mentor's ability to provide good working relationships and this includes role modelling, acceptance and confirmation, counselling and friendship. Kram (1985) concluded in her studies that they are eighteen different relationships and which later she referred the relationship as developmental relationships at work, in which mentors provide two broad categories of mentoring functions to mentee namely career and psychosocial mentoring functions. Very often, the relationship in mentoring raises important issues and concerns by most of the organization and also mentors. Miles (2011) argued that it would be beneficial for service delivery in the future to view the mentorship framework such as attachment theory and the factors that form and shape the culture in an organizations and mentors' ability take care of, expand and develop the skills of mentees. In addition, a good relationship between mentor and mentee is the most important factor contributing to clinical learning experiences. The two individuals who are initially strangers to each other, adopting the mentor-mentee relationship intended to communicate with each other, develop and cultivate a working relationship (Gopee, 2011).

Knowledgeable, resourceful, and practical

Mentors should be knowledgeable, resourceful and rich in practical. Here, mentors should have specialized training in the area they are doing for them to teach, demonstrate and guide new nurses to prepare them for their daily work. As for the informant mentees' perspective, they wish their mentor is high in knowledge and resourceful especially in the field of clinical nursing. McKenna and Newton (2008) study explored how registered nurses develop knowledge and clinical skills during the first 18 months after graduation, experienced nurses and rich in practical clinical skills indeed contribute towards new nurses developing confidence and an avenue to attain new knowledge. Moreover, Wangenstein et al. (2008) reported in order to give new experiences to new nurses and be competences, the institution should have sufficient experienced and capable nurses to guide the new nurses (Pellico et al., 2009). Thus, this strategy is to provide role model, support and feedback to the mentee or new nurses in the organization.

Skills in teaching and learning method

Majority of the informants identified that skills of a mentor within the aspect of teaching and learning method. The teaching and learning method included were able to help mentee in learning identification, sharing and giving feedback, teach IT and procedure, plan to learn objective, carry out a demo and monitor the workplace. Teaching and learning approach techniques are in the form of case study, logbook, journal reflection, e-learning, role play, simulation and study visit (Gardner et al., 2004). In teaching and learning aspect between mentor and mentee, Quinn (2000) advised on setting realistic, specific and achievable goals. Learning contract should emphasize that both mentor-mentee is open, honest and reliable to promote trust between two (2) parties (Gardner et al., 2004). Likewise, Knowles (as cited by Miles, 2011) said that the advantage of having a contract was that mentees would enter into learning from the mentor bearing a more firm and motivated attitude.

Skills in Cultivating Evidence-based Practices among Mentees

This study highlights the mentor having ability in evidence-based practices in order to ensure new nurses will learn to use evidence-based practices in the clinical environment. In fact, the medical field is strongly based on sciences and its integration. In order to engage in evidence-base practices environment, the informants suggested that the mentors can work closely and have time to discuss with mentee about nursing practices and mentors leading mentees to learn nursing practices efficiently and the mentors passing on their knowledge and experiences on how to use evidence-base practices for the patients. Nursing and Midwifery Council (NMC) recommended that the mentor should support nurses to be more confident, effective and equipped with the knowledge of up to date practices during the process of facilitating the transition of the new nurses from student to a registrant. The attributes of the effective mentor should demonstrate appropriacy in clinical decision making and evidence-based practices (Gopee, 2011). Good evidence-based practice should show understanding and ability to engage in reflective practices in the working environment and the clear understanding of the possible impacts to the care that they delivered and the ability to pass on their knowledge, prioritizes care, and ultimately to provide a high standard of practices at all time (Department of Health, 2010).

Leadership and management skills

Both mentors and mentees informants also expressed their wish to improve and become good in leadership especially regarding time management skills. Having good time management includes advice on balancing work and life, and having more time working together with mentee which is an important skill a mentor need. Transformational leaders possess the capability to transform their followers through personal resources including time, knowledge and experiences. They are involved in serving as a role of coach, a teacher, or a mentor (Yukl, 1989). Good leadership skills and critical thinking in mentor attributes should demonstrate good time management and leadership skills (Wagner & Seymour, 2007).

Supporting conducive learning environment

Informants (mentors and mentees) responded by stating the conducive learning environment in their workplace is very important in assisting new nurses to learn. The mentor should have the skills to ensure the workplace is a conducive environment by providing continuous learning opportunities. The organization should provide policies and guidelines to help mentees to familiarize with the new working environment. Eventually, the mentors also need to have the wisdom and the ability to ensure confidentiality is always maintained. Past studies reported that formal mentoring programs are recommended to be high quality, and this required the emphasis on clear organization support and training of mentor and mentee (Allen & Eby, 2007; Norton, 2008). Indeed, an organization plays a crucial role in assisting the whole mentoring process to be initiated and ended.

The United Kingdom NMC's consist of eight (8) domain standard for mentoring is namely to establish an effective working relationship, the context of practice, assessment and accountability, evaluation of learning, facilitation of learning, evidence-based practice, leadership and creating an environment for learning.

However, the domains 3, 4 and 5 will be merged under one domain to implement teaching and learning skills for a mentor. As a result, the modified 6 domain standard for mentoring skills are summarized in the acronym SKILLS. **S** stands for soft skills in an effective working relationship, **K** stands for knowledgeable, resourceful and rich in practical skills, **I** stands for implementing teaching and learning skills, **L** stands for learning evidence-based practice skills and second **L** stands for leadership in time management skills, and **S** stands for supporting conducive learning environments skills.

As a result, the study's findings of the six preferred important skills that need to be further enhanced for the mentors in assisting new nurses into the workplace will be concluded by using the modified six (6) domains standard for mentoring skills as summarized in the SKILLS acronym.

However, there is no standard guideline for a mentoring system for nursing in Malaysia. A similar program existing is a programme called preceptorship – in which the newly graduated nurses will have to undergo this programme before their confirmation in their service. The preceptorship programme comprises rotation to several important medical and surgical discipline and they will be assigned to a mentor – mentee (buddy) system.

The Study's Findings with the Attachment Theory

Scandura and Pellegrini (2007) argue the attachment theory and the issues of dependency from both mentor and mentee. The authors indicated that the act of mentoring is capable to serve as a mediator

of relationships between various attachment style and work outcomes in which mentoring relationships involving counter dependents or dependent people either as mentee or mentors will become dysfunctional. Understanding the theory is very useful to help us to understand any adult relationship that provides closeness and a sense of attachment, especially in times of need arises from the new nurses at the workplace. Eventually, it may improve the quality of the mentoring of both mentors and mentees.

Therefore, the role of mentoring in assisting new nurses are counter dependent in which mentor, mentee and mentoring are very much related to each other. During the attachment-in-making phase, the sense of trust, security is established, and mentees feel safe and later will be willing to explore and develop further in their work performances. The model proves to be beneficial when it comes to examining the core aspects of the relationship that mentors bring to formal and informal mentoring. A clear comprehension of the role of mentors and the mentoring function can derive from the application of a consistent theory (Miles, 2011). Thus, the general understanding of the role of mentoring is that the role and skills of mentors are indeed very important to ensure the effectiveness of working relationship with the new nurses can be engaged, maintained and sustained at the workplace.

Implication and Future Research

The training organizer or trainer needs to reconsider and emphasize the human relationship components and plan strategies on how to maintain good relationships between mentor and mentee pairs. The soft skills training components should become a mandatory training component in mentoring for nurses. It is strongly recommended for an organization to ensure the important steps in good relationships of mentoring to be added in the existing standard of operating policy.

This is important to create awareness among all stakeholders to work together and ensure the workflows are followed to ensure effectiveness of mentoring. Next, the organization should ensure all nurse mentors to be well prepared by having the necessary seven skills from the study's finding to be adopted and be more focused in preparing the nurse mentor to assist the new nurses in the workplace. SKILLS can serve a guide for all mentors to follow during mentoring activities.

The current findings of this study suggest that there is a need to support and improve the quality of the current nursing mentorship system in Malaysia. This is important in order to make sure that the quality of care received by the patients are at an optimum level and maintain a coherent level of safe nursing practices. Organising workshop and engaging in coaching roles are some of the ways that can improve the quality of care offered by nurses. Thus, it is advisable for related authority to consider taking the action to implement coaching programmes and setting up workshops to improve the quality of care offered by nurses in Malaysia. The mentorship system can be reintroduced and further supported in the clinical setting context as well, such as nurses with more experience and who have undergone the coaching programs and designated workshops can serve as a guide for new nurses. This would make sure that the care provided by nurses and work-life balance are assiduously assimilated in each nurse individually, in a more structured approach and systematically.

The role of supervisors among senior staff is of great importance as it helps to evaluate the junior nurses to make sure they meet and maintain the standard of care needed. Besides senior nurses, the supervisory role should be applied to new nurses widely as well. The fact that nurses working together to evaluate one another's quality of care is utmost important (Beach & Oates, 2014). Such

coaching programme could serve to encourage nurses to discuss among each other about their merits and demerits of their current work performance, and coming up with plans to further improve what they are lacking in.

It is important for supervisors and senior nurses to participate in the continuous routine of monitoring and supervising new nurses especially in terms of continuously assessing and guiding them while not neglecting to help them to maintain a good work-life balance routine. It is crucial for a senior leader to uphold their role professionally as their role involves putting together the optimum condition for professional work (Cribb & Gewirtz, 2015). The findings of this study further propose that further studies on the aspect of mentorship in the nursing context within Malaysia should be conducted.

Despite having ample of studies conducted on the topic of this current, yet no known related study been conducted within the Malaysian context. The findings of this study suggest the necessity to explore the socio-cultural influences that could potentially hinder the mentorship system towards attaining the status of professionalism among nurses in Malaysia in greater detail. Balang et al. (2017) emphasised the influences of working culture and common cultural values could influence directly and indirectly the nursing practices in Malaysia. The impact of mentorship towards nurses is amicably an important component which should be one of many important preparatory approaches to equip newly nurses to continuously improve their practices and work-life balance

Conclusion

The study highlighted six important skills in mentoring in assisting new nurses at workplace as perceived by mentor and mentees. Thus, the management should ensure these skills are taught in mentoring training and workshops to ensure the smooth running of mentoring program. Nurse to nurse mentoring activity is a very important process in nursing organization. Nonetheless, nurse to nurse mentoring as a strategy to assist newly nurse transition into the workplace is helpful and valid. With the mentor who acquires the suitable skills and roles on mentoring for the mentee, they can guide the mentee in order to achieve the goals to perform the task

Acknowledgement

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. The study has been approved by medical research and ethics committee, ministry of Health Malaysia. Nmrr no 15-180424612 (iir)

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