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Exploring the Correlation Between Nursing Management Functions and Nurse Mentorship Implementation in Clinical Practice

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ABSTRACT
Mentoring has been recognized as a valuable approach to decreasing turnover and enhancing nursing quality management indicators. The mentor must possess managerial functions to accomplish the objectives of mentorship. The mentors must perform management functions for mentees during the mentoring process, such as creating a comfortable and safe learning environment, assisting mentees in problem solving, jointly finding solutions, providing reinforcement, and empowering mentees by honing mentees' abilities to improve their competence. This study sought to determine the correlation between nursing management duties and the execution of nurse mentorship at a private hospital located in West Indonesia. The research design employed a quantitative correlational methodology utilizing a cross-sectional approach. The research participants consisted of 43 mentees recruited by a complete sample technique. The research employed a Likert scale questionnaire and analyzed data using chi-square methods. There is a significant statistical relationship between nursing management functions and implementation of mentorship ($p<0.001$). The study concluded that nursing management functions correlated significantly with the implementation of nurse mentorship in the hospital.

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1. INTRODUCTION

Mentorship, mentoring, training programs, and induction programs are essential for ensuring the adaptation and education of new nurses in the healthcare sector, enhancing quality care, and integrating theoretical and practical nursing training. Nurse mentorship mitigates the likelihood of errors and professional stress and has demonstrated a reduction in clinical variability and staff turnover, while enhancing satisfaction[1]. Mentorship involves an ongoing and dynamic feedback exchange between two individuals aimed at fostering a relationship centered on knowledge, skills, information, and the enhancement of professional and personal development[2].

A nurse mentor is a professional who possesses significant experience and knowledge and takes the role of guiding, advising, teaching, and assisting others in acquiring competency, enhancing their professional skills, and fostering leadership development. These attributes encompass both labor and personal requirements. The growth of mentees necessitates that mentors enhance trust, provide motivation, and employ knowledge and reflection as essential learning tools. This approach facilitates the teaching of critical strategies for problem-solving, decision-making, and organizational development. This process must remain continuous and evaluative, while mentors maintain an unbiased and supportive role as facilitators and partners[1].

In fact, head nurses or nurse managers acting as mentors fulfill their clinical practice obligations while also undertaking administrative tasks associated with their management roles. To effectively fulfill these tasks, individuals must possess managerial competencies, including planning, organizing, and controlling. Nursing managers must

possess strategic planning skills to effectively establish vision, mission, goals, objectives, and strategies. They should organize organizational affairs and related resources effectively and manage work activities precisely to achieve established goals[3].

A preliminary evaluation using a survey of twenty mentors or nurse managers at the hospital revealed that ten (50%) mentors executed responsibilities aligned with the management roles outlined in the job description provided by the Head of Nursing. They have recorded reports of service activities rendered to mentees, executed skill development for mentees, and documented quality service training and patient safety. In contrast, the remaining ten mentors (50%) did not have documentation of the activities performed for mentees. The integration of mentorship within nursing management yielded a survey indicating that mentors encountered challenges in mentoring mentees, including time constraints, unsuitable pairings of mentors and mentees, unmet expectations or shortcomings of mentees, mentees' feelings of inadequacy, unfair manipulation by either party, and excessive reliance on mentors or mentees.

Researchers conducted a study of six mentees in the outpatient ward, indicating that a common difficulty facing mentees is the workload of mentors, who are occupied with their responsibilities as head nurses or nurse supervisors, leading to mentees' reluctance to ask questions. Due to the lack of a standardized mentorship method, mentorship is implemented differently in each ward. Four of the six mentees on the outpatient ward indicated that the mentoring provided by mentors requires enhancement, and the mentors have not effectively executed nursing management responsibilities.

This study is intended to determine: (1) the extent of mentor management functions in the execution of nurse mentorship in the clinical setting; (2) the management functions (including planning, organizing, directing, and controlling) that correlate with the implementation of nurse mentorship. The study topic is: 1) What is the correlation between nursing management functions and the execution of nurse mentorship? 2) What management functions are linked to the execution of nurse mentorship in hospitals?

This study's findings are anticipated to elucidate the management functions required of mentors or nurse managers in their performance of nurse mentorship. Furthermore, the researcher aims to present a comprehensive overview of managerial functions pertinent to the execution of nurse mentorship. This is crucial as nurse managers or mentors require information on whether the mentoring activities implemented align with nursing management functions.

2. RESEARCH METHOD

This study was conducted with a quantitative correlation and a cross-sectional approach. Quantitative research examines the attributes of specific objects or events to uncover the relationships among variables within a population. The cross-sectional technique allows researchers to simultaneously gather data and assess the link between risk factors and their consequences[4]. This study employed management function as an independent variable related to the implementation of nurse mentorship as a dependent variable.

Participants, Sampling, and Sample

The population consisted of novice nurses who had work experience of less than one year or nurses who had been reassigned to different units within a particular period. The sample comprised 43 nurse mentees who evaluated mentors employed at one private hospital in West Indonesia. The criteria for mentors evaluated by mentees include head nurse or nurse manager, possessing a bachelor's degree in nursing, a minimum of five years of clinical nursing experience, an active SIP and STR, completion several training including basic life support (BLS), fire and safety training, service excellence training, and holding internal or external certifications in leadership training, nursing management, medication management, and therapeutic communication. The sample population was established using whole sampling, which involved picking all nurse mentees irrespective of their strata.

Ethical Considerations

This study obtained a certificate of ethical review from the Research Committee Ethics (KEP), Faculty of Nursing, Universitas Pelita Harapan, with the number 017/KEPFON/I/2022 on January 22nd, 2022, and obtained permission from the Director of a private hospital in West Indonesia.

Measures and Covariates

This research obtained data using questionnaires. The nursing management functions questionnaire comprises 22 statements, establishing four nursing management functions. Five questions assess planning functions, four questions evaluate respondents' perceptions regarding the organizing function, seven questions gauge respondents' perceptions of the directing function, and six questions measure the controlling function. Questions are structured using

a Likert scale ranging from 1 to 5, with response options which are indicated as follows: 1=never; 2=rarely; 3=sometimes; 4=often; 5=always. The functions of nurse leadership were subsequently categorized as good or poor. A total value exceeding 90 was adequate, whereas a total value below 90 was regarded as insufficient. The questionnaire designed to assess the implementation of nurse mentorship comprises 16 questions, categorized into four aspects: two inquiries addressing respondents' perceptions of knowledge, six questions focusing on perceptions of skill, four questions related to developmental information, and four questions concerning professional personal development. The survey employs a Likert scale ranging from 1 to 5, with response options which are identified as follows: 1=never; 2=rarely; 3=sometimes; 4=often; 5=always. The implementation of nurse mentorship was subsequently categorized as good or poor. A total exceeding 60 was satisfactory, while a value below 60 was perceived as unsatisfactory.

This questionnaire underwent testing with 30 nurse mentees before its application, ensuring that those participants would not be part of the research sample. The assessment was carried out to confirm the validity and reliability of the instrument. The validity evaluation is essential to determine if the questionnaire accurately assesses the concepts intended by the researchers, whereas the reliability assesses the consistency of respondents' answers across each statement. The nursing management functions questionnaire comprised 22 valid items, exhibiting a correlation coefficient greater than 0.361 and a corrected item-total correlation ranging from 0.440 to 0.907. On the nursing management functions instrument, the Cronbach's Alpha was 0.969. Since this value was higher than 0.6, the instrument was deemed dependable. The nurse mentorship questionnaire comprised 16 questions, all of which were valid. The r table total exceeded 0.361, and the corrected item-total correlation ranged from 0.557 to 0.927. The overall Cronbach's Alpha for the nurse mentorship questionnaire was measured at 0.980. Of 22 statements from the nursing management functions instrument and 16 items from the nurse mentorship questionnaire demonstrated validity and reliability.

Data Analysis

At this point, the data was evaluated to address the research inquiries. This study included univariate, bivariate, and multivariate analyses. The univariate analysis was to ascertain the mean, median, standard deviation, and variance of each variable. It was intended to delineate the aims. Bivariate analysis was utilized to examine the association between the independent and dependent variables with the chi-square test.

Data Collection

Data collection occurred concurrently in March 2022 utilizing the Google Forms application. The researchers provided an informed consent document outlining the objectives and potential effects during and following data collection. Participants willing to respond could select the “agree” column before accessing the questions section. Individuals who declined to participate as respondents might choose the “disagree” option, resulting in their automatic inaccessibility to the questions. Respondents would be instructed to record their initial names on the questionnaire to ensure anonymity, which might be abbreviations or pseudonyms. The questionnaire was given a code that only the researchers knew. This made it easier to look at the data. This study ensured the confidentiality of respondents' information by restricting access to the questionnaire link to researchers only. The researchers established that providing the computers’ database with a password would be necessary when processing the data. The researchers would erase data after five years of storage in a protected folder.

3. RESULTS AND ANALYSIS

This study involved 43 respondents who completed the questionnaire, with a 100% response rate. The demographic characteristics are as follows in Table 1.

Table 1. Respondents’ Demographic Characteristics (n=43)

Characteristics		Frequency (n)	Percentage (%)
Gender	Male	4	9.3
	Female	39	90.7
Age	21 years old	4	9.3
	22 years old	22	51.2
	23 years old	14	32.6
	24 years old	2	4.7
	25 years old	1	2.3
Education	Bachelor Nursing	42	97.7

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Diploma Nursing	1	2.3
Total	43	100

Table 1 indicated that almost all respondents (90.7%) who participated in the study were female. Over half of the respondents (51.2%) were 22 years old. The youngest respondent was 21 years old, while the oldest was 25 years of age, with a mean age of 22.40 ± 0.82 years. Regarding education, most respondents held a Bachelor of Nursing degree, with a percentage of 97.7%.

3.1. Nursing Management Functions

Table 2 showed that 26 respondents (60.5%) had adequate planning. More than half (83.7%) of respondents admitted that they had good expertise in organizing. Moreover, 29 respondents (67.4%) tended to have a good attitude towards direction. As many as 29 respondents (67.4%) perceived that the controlling function is good. In the nursing management function, 22 respondents (51.2%) appeared to have good implementation.

Table 2. Nursing Management Functions and the Related Dimensions (n=43)

Dimensions	Poor		Good		95%CI
	n	%	n	%	
Planning	17	39.5	26	60.5	21.25 – 22.66
Organizing	7	16.3	36	83.7	16.33 – 17.57
Directing	14	32.6	29	67.4	27.85 – 29.87
Controlling	14	32.6	29	67.4	23.91 – 24.81
Nursing Management Function	21	48.8	22	51.2	89.84 – 95.42

Nurse managers are in charge of planning and managing resources, organizing nursing care, encouraging teamwork, assessing services offered, and contributing to optimal outcomes for the organization and patients[5]. The data revealed that over half of the 43 participants (51.2%) regarded the management functions as good. This is consistent with prior research[6], [7] which indicated that nurse managers' leadership responsibilities were favorably perceived by nurses' staff, as opposed to other investigations[8] that found the function of management to be unsatisfactory.

Nurse managers are essential to patient outcomes by ensuring a stable work environment for their teams[9]. They must not only fulfill their clinical responsibilities but are also obligated to perform the administrative tasks assigned to them as part of their management duties. To accomplish the tasks efficiently, they must possess the necessary competencies to lead them in this direction[3]. Additionally, nurse managers ought to enhance their proficiency in essential areas such as communication and influencing skills, innovation, and the functions of nursing management[10]. Good management functions influence effective and efficient quality service delivery.

Management functions characterized by positive perceptions are predominantly observed in the organizing parameter, accounting for 83.7%. Conversely, those functions with negative perceptions are most frequently found in the planning parameter, representing 39.5%. Prior research[7] indicated varying outcomes across the different management functions. Hayati, N.K. (2022) identified that the management functions perceived most favorably were planning and organizing, achieving a percentage of 87.7%. Conversely, the functions with the least favorable perception were directing at 69.8% and controlling at 62.3%. Additionally, the other study[11] determined that the highest maximum value for management functions across the three regional hospitals was staffing at 84.75%, followed by planning at 81.41%, directing at 72.62%, controlling at 72.58%, and organizing at 72.5%.

3.2. Implementation of Mentorship

Table 3 demonstrated that 32 respondents (74.4%) had adequate knowledge of mentorship. More than half (88.4%) of respondents showed they had good skills in mentorship implementation. As many as 33 respondents (76.6%) revealed adequate development information. In professional personal development, 35 respondents (81.4%) indicated that good mentorship is implemented. Overall, as many as 22 respondents (51.2%) indicated having good mentorship.

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Table 3. Implementation of Mentorship and the Related Dimensions (n=43)

Dimensions	Poor		Good		95%CI
	n	%	n	%	
Knowledge	11	25.6	32	74.4	7.85 – 8.57
Skills	5	11.6	38	88.4	24.60 – 26.42
Development information	10	23.3	33	76.6	15.84 – 17.19
Professional personal development	8	18.6	35	81.4	16.22 – 17.41
Implementation of Mentorship	21	48.8	22	51.2	64.82 – 69.28

The results indicated that 51.2% of participants assessed the implementation of mentorship as favorable. This discovery aligns with prior research findings. Mijares, A.H. and Radovich, P. (20220) observed that 86% of participants expressed high satisfaction with the mentoring connection, as mentors offered guidance and inspired participants to attain their objectives[12]. Furthermore, Roth, T. and Whitehead, D. (2019) discovered that 14 participants (93.3%) indicated that peer mentorship was valuable in their job advancement[9].

More than half of the respondents indicated that the mentorship implementation in a private hospital in western Indonesia was effective. Nonetheless, 48.8% of participants assessed the execution of mentorship as inadequate. This is consistent with a previous study indicating that 18 respondents (56.2%) categorized mentorship as poor[8]. The implementation of mentoring in the underprivileged group suggests that the guidance provided by mentors or nurse supervisors is suboptimal in delivering information pertinent to the work environment and assisting mentees in comprehending the values and work culture inside the hospital.

3.3. The Relationship between Nursing Management Function and Implementation of Mentorship

The study aims to determine the correlation between nursing management function and the implementation of mentorship. The results are shown in Table 4.4.

Table 4. The Relationship among Nursing Management Function and Implementation of Mentorship (n=43)

Variables	Indicator	Implementation of Nurse Mentorship						p value	OR (95%CI)
		Poor		Good		Total			
		n	%	n	%	n	%		
Planning	Poor	15	34.9	2	4.7	17	39.5	<0.001	25
	Good	6	14.0	20	46.5	26	60.5		4.41 – 141.67
Organizing	Poor	6	14.0	1	2.3	7	16.3	0.046	8.40
	Good	15	34.9	21	48.8	36	83.7		0.91 – 77.20
Directing	Poor	12	27.9	2	4.7	14	32.6	<0.001	13.33
	Good	9	20.9	20	46.5	29	67.4		2.45 – 72.33
Controlling	Poor	12	27.9	2	4.7	14	32.6	<0.001	13.33
	Good	9	20.9	20	46.5	29	67.4		2.45 – 72.33
Nursing Management Functions	Poor	19	44.2	2	4.7	21	48.8	<0.001	95
	Good	2	4.7	20	46.5	22	51.2		12.13 – 743.94
	Total	21	48.8	22	51.2	43	100		

According to Table 4, 15 respondents (34.9%) with poor planning showed poor implementation of nurse mentorship. Otherwise, 20 respondents (46.5%) with good planning reflected good nurse mentorship. There was a significant correlation between planning and the implementation of mentorship, with p-value <0.001. Regarding the organizing function, as many as 6 respondents (14.0%) had a poor organizing function, demonstrating poor nurse mentorship. However, 21 respondents (48.8%) with good organizational function showed good implementation of mentorship. The Chi-square test obtained a p-value <0.046, indicating a significant relationship between organizing function and the implementation of mentorship. Based on the directing function, 12 respondents (27.9%) had a poor directing function, manifested as poor nurse mentorship, while 20 respondents (46.5%) had a good directing function, displayed a good implementation of mentorship. There was a p-value <0.001, pointing to a significant relationship between the directing function and the implementation of mentorship. Following the controlling function, as many as 12 respondents (27.9%) had a poor controlling function, manifested as poor nurse mentorship. Meanwhile, 20 respondents (46.5%) had a good controlling activity, displayed a good implementation of mentorship. There was a significant association between the controlling function and the nurse mentorship. As many as 19 respondents (44.2%)

with poor nursing management function showed poor implementation of mentorship. However, as many as 20 respondents (46.5%) with good nursing management function demonstrated good implementation of mentorship. The Chi-square test obtained a p-value <0.001, indicating a significant relationship between nursing management function and implementation of mentorship. On the other hand, the analysis found the Odds Ratio (OR) = 95, implying that mentors with adequate nursing management functions are 95 times more likely to carry out good nursing mentorship than mentors with poor management functions.

4. CONCLUSION

In conclusion, this study highlighted the correlation of the nursing management function for enhancing the implementation of nurse mentorship. The components of nursing management such planning, organizing, directing, and controlling demonstrated significant relationships with nurse mentorship, planning, directing, and controlling, with p-values <0.001. Deficiencies in any of these management areas may result in reduced implementation of nurse mentorship. The study suggests improving the execution of nursing management functions, considering the findings. This may include training and development programs designed to enhance management skills among mentors, thus improving the overall implementation of nurse mentorship.

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