

The Lived Experiences of Mentoring Nurses in Malaysia

Noraini Binti Enrico¹, Ysanne Chapman, PhD, MSc (Hons), Bed (Nsg), GDE, DNE, RN²

Background: Being a nursing mentor is not an entirely new concept in nursing. However, it is a new phenomenon in the nursing profession in Malaysia. The nursing administration and the senior nurses in Malaysia have claimed that they have started a mentorship program by having senior nurses shadow new graduate nurses for the past two to three years ago. With no study found in Malaysia investigating the lived experiences of mentors mentoring new registered nurses, it led the researcher to develop this research that explores the real life experiences of these senior Malaysian nurses who mentor neophyte nurses.

Objectives: This research explores and describes the lived experiences of nurses mentoring neophyte or new registered nurses at one of the major hospital in the Malaysia Borneo and how such experiences influence their daily routine as a nurse and also as a mentor. The research will also attaches meaning to these experiences and identifies both positive and negative experiences as a mentor to neophyte.

Methods: The experiences of nurses mentoring the neophyte in the clinical area were captured using a qualitative approach to research and further viewed through methods informed by phenomenology, which used interpretive and descriptive semi-structured interviews. Hermeneutic interpretive phenomenology was used in the focus to analyze interview transcript into textual expression of the mentors. Three main themes emerge from this study are *being unprepared and challenged, perceptions of mentees, mentor hope and desire*.

Key words: nursing mentor, phenomenon, neophyte, Malaysia.

¹ Master of Nursing Student, Monash University, Gippsland-Major in Nursing Research

² Associate Professor Ysanne Chapman, PhD, MSc (Hons), Bed (Nsg), GDE, DNE, RN, School of Nursing and Midwifery, Monash University, Gippsland Campus, Churchill, Victoria, Australia

Background

My interest in nurses mentoring neophyte started while I was working abroad in a major hospital during 2007. Being involved in the mentorship program in this hospital I realized the mentorship program was very important in helping new graduate nurses to become competent and to enjoy the beginning of their career as a nurse. The mentorship program in this hospital was more systematic compared to what I had experience in my home country. In this hospital, it was mandatory for all the nurses to attend mentoring course before being a mentor whereby in my home country the nurses relied on their own knowledge and skills to mentor neophyte. Furthermore, in this hospital, the mentor and mentee were given the same patient assignment and working in the same shift for the first two weeks. However, in my home country, the mentor and mentee were given only one day of interaction, or given different patient assignment or even worked a different shift. These anomalies were a direct result of shortage of nursing workforce.

Having unique experiences of mentoring neophyte in two different countries provoked my own memories of my first mentoring experience in hospital N in Malaysia. At the time of my experience mentoring was known as a “buddy system”. I still recall that I only had about six months clinical experience as I had just graduated from my three-year Diploma course. During my first mentoring experience, there were five new graduate nurses in my unit. Two of them were assigned to me, and another three were assigned to my colleague. They had to be “buddied” with us for just one day. My colleague and I recall both positive and negative experience about this buddy system. On the negative side I did not have enough time to guide and teach the neophyte nurse as we were given only one day to tag together. This experience has led me to question how nurses experience the mentor role and outline what is the preparation to be an effective mentor. The aim of uncovering this experience is to improving mentoring system in Malaysia.

Malaysia, like many other countries is struggling to cope with increasing demands for nursing services. The current trend about mentoring nurses in Malaysia is that a mentor must be a senior nurse with at least 5 years of clinical experience (Rozi, personal interview, 2009). The Nurse Unit Manager (NUM) selects these senior nurses to be a mentor (Rozi, personal interview 2009). The senior nurses who act as a mentor are expected to facilitate clinical learning for new graduate nurses and help them in the transition of being neophyte to becoming staff nurse (Rozi, personal interview, 2009). No training or preparation is given to

the mentors and they rely only on their own knowledge and experience to mentor new graduate nurses within the probation period of six months (Rozi, personal interview, 2009).

A review of the literature available on mentoring indicates that there is a wealth of evidence that deals with the process of mentoring rather than actual experience of nurse mentoring (Glass & Walter, 2000; Mills, Francis & Bonner, 2008). Studies generally examine the role of mentors or examine mentoring relationship from the mentee perspective (Beecroft, Santner, Lacy, Kunzman & Dorey, 2006). Many studies have been undertaken in researching the importance of mentoring in supporting nurses (Mills, Lennon and Francis, 2006; Horton, 2003). The recent studies about mentoring focuses mainly on motivation for mentoring, the process of mentoring and the outcomes of mentoring which is the part of an ongoing experience (Dunham-Taylor, Lynn, Moore, McDaniel and Walker, 2008; Firtko, Stewart and Knox, 2005). The lack of a study exploring the lived experiences of mentor particularly in understanding the mentoring concept and its implication on mentors formed the basis of this study. Moreover, no local literature on mentoring nurses found which makes this study valuable to improve the lived experiences of mentors in Malaysia.

Objectives

In Malaysia, the need for nursing research has becomes imperative to extend present day knowledge about developing and nurturing of nursing as a profession. The aims of this study are to help Malaysian nursing academics and nursing administrators understand staff nurses' perceptions towards mentoring neophyte nurses; find effective strategies and institutional support required for the development of neophyte nurses towards being competent skilled professionals.

Methods

Lived Experience

A phenomenological approach was used to investigate the lived experiences of senior staff nurses into mentoring neophyte or new registered nurses. A key component to the phenomenological approach is the study of lived experienced (Holloway & Wheeler, 2002). Phenomenology does not set out to change the world, however phenomenology hopes to discover the real lived experience of us as a human being and what it is means to all of us (Van Manen, 1990). Through our daily life and activities, we learn and keep learning about things and we gained from it, and this is called lived experience (Van Manen, 1990). Life

experience is very unique and varies to each individual and sometimes of which one may not be even consciously aware of (Van Manen, 1990).

Ethical Considerations

The researcher obtained ethical approval from Monash University standing committee on ethical research in humans and granted on June 26th 2009 (Project CF09/1641: 2009000902). Approval and permission letter from the selected hospital received on July 24th 2009 (77) dlm. PHQEH(SB)171/430/487/3). Participants were required to give their informed consent prior to commencing any data collection. Informed consent was achieved by providing each participant with an explanatory statement outlining the aims, purpose and methods of the study. Included in the consent form was a statement allowing participants to withdraw from the study at any time up to data analysis without consequence. Issues of confidentiality and anonymity were also detailed within explanatory statement.

Participants

The six participants included in this research were senior staff nurse from multi-discipline ward who have experience mentoring new graduate nurses or neophytes at one of the government hospital in Malaysia. The senior staff nurse was selected by their nurse manager to be a mentor for neophyte. Each mentor has at least five years experience in the clinical area. Table 1 below shows nurses demographic information on mentoring in this hospital:

Table 1 *Nurses' Demographic information on mentoring*

Name	Nursing Experience	Mentor Experience	Training on mentoring	Number of mentees
Amy	10 years	2 years	No	6
Su	30 years	2 years ++	No	5
Ana	18 years	2 years ++	No	7
Cathy	25 years	2 years ++	No	4
Siti	7 years	2 years	No	3
San	15 years	2 years	No	5

Recruitment

The researcher invited the mentors to participate in this study by displaying a poster on the notice boards in the each unit of the hospital. The contents of the poster included the

purpose of this study; the criteria of participants who may join this study; a timeframe for this study and the researcher's contact number and email address. Interested participants then contacted the researcher for further information. The researcher then invited the interested participants to a meeting to further explain the study. Ten mentors responded and attended the meeting set up by the researcher at the postgraduate centre, at this hospital. The researcher then explained about the purpose of the study in detail and included the inclusion and exclusion criteria of this study. From the ten mentors, seven consented to participate by signing and returning the consent. One participant withdrew from the study because of their hectic schedule, resulting in six mentors becoming participants.

Data Collection Methods

In line with a phenomenological approach the language and text of interviews from each participant were the data utilized in the data collection process. Data were collected at a mutually agreed time and place by use of audio taped interviews, with duration of no longer than one hour. The interviews focused on obtaining the experience of the participants' mentoring neophyte or new graduate nurses. Participants were asked to recount their experience and focus on what was important for them as individuals. An initial question in the form of an invitation was "tell me what is it like for you to mentor newly registered nurses at this hospital". Subsequent questions were asked to provide clarity to those initial responses and varied from participant to participant. Each interview was taped and each tape interview was transcribed verbatim to form a documented narration of each participant's response.

Thematic Analysis

The thematic analysis was undertaken manually by highlighting the narratives with different color for each theme. This approach required reading and re-reading transcripts to identify statements and phrases that revealed what the nurses' experiences were like. These statements or emerging themes were highlighted and coded using either a key word or words from that statement. The selective and highlighting approach was applied to all transcripts. As themes recurred and or became common amongst nurses' recall of their experiences, main themes were developed in order to grasp the true meaning of mentoring experiences had by these nurses.

On completion of the thematic analysis, all identified themes were integrated into main themes. Interestingly, the majority of the themes occurred throughout all of the nurses' experiences. In order to provide a more in-depth analysis, all themes that were identified were incorporated into the discussion, either under a main theme or a sub-theme. In analyzing the nurses mentoring experience the aim was to determine the experiential structures that made their experience what it was. According to Van Manen (1990), phenomenological themes are the structures of the experience being analyzed and not simply categorical statements or conceptual formulations of that experience. Thus, in phenomenology is all about describing lived experience, which cannot be explain in conceptual abstraction (Van Manen, 1990).

Through hermeneutics I was able to identify a number of themes that will be discussed in this chapter, offering my interpretation of the lived experiences of the nurses mentoring new graduate nurses in Malaysia. The themes I will discuss are *being unprepared and challenged*, *perceptions of mentees* and *mentors hopes and desires*.

Results

Being unprepared and challenged

Being unprepared and challenged is the most powerful experience describes by the participants' in this study. In describing their experiences on mentoring, terms such 'disappointed', 'nervous', 'burden', 'stressful' and 'worry' were a common thread woven through all of the participants' stories. Due to unstructured mentoring program the participants felt unprepared and challenged in this study. Being the pioneers with no preparation to be a mentor, the participants voiced their difficulties handling this challenging task. According to the participants, nursing patient and mentoring new graduate nurses is a tough job especially if there is no specific time given to them to do mentoring. Being new in the role and lacked of knowledge about mentoring added further stressed to the participants. Furthermore, lacked of resources and information about mentoring due to geographical factor added further difficulties to the participants.

In the beginning, the participants in this study were happy to be a mentor for new graduate nurses but later realized the responsibility of being a mentor is huge and heavy, they voiced their difficulties handling the task particularly in the beginning of mentoring. Their responsibility to monitor their mentee progress is nearly impossible because they never or rarely work in the same shift due to shortage of nursing staff. They are very much dependent

on their colleagues to give them feedback. Furthermore, they already burdened by job uncertainty and increased workload due to shortages of nurses. The participants also voiced their difficulties doing mentoring because they did not have an adequate grasp of teaching and learning in an adult milieu. As believe by Yonge et al. (2002a), mentoring is a complex and skilled activity, which needs preparation to be able to deal with teaching and complex scenario during mentoring. Furthermore according to Garvey et al. (2009), learning to teach is not easy; teaching is a complex task and it can be painful experience if one is not familiar with it. This painful experienced is best described by **Nurse Su** in her first mentoring experience:

I was locked in my own feeling. Since I was told by my NUM that I would be one of the mentors for new graduate nurses, I could not really sleep, thinking if I'll be able to cope with this new role. I don't know when and where to start. I don't know how I should start. There is no formal training, I was just asked to be a mentor just like that. How would I tell others that I am not okay, I don't want them to look down on me.

Though Nurse Su did not mentioned her first mentoring experience as a painful one, the way she expressed her feeling and from the tone of her voice, the researcher could notice that she is suppressing her own feeling to show other people that she was okay. Nurse Su should have not experience this kind of feelings if the nurses are well prepared to be a nurse mentor and has enough support from the nursing administration, nursing academia and their colleagues. A nurse mentor is not only needs the nursing knowledge to do mentoring but also needs the teaching knowledge and skill to be confident in their new role (Andrews & Chilton, 2000). A practical knowledge base, changes in cognition, developing interpersonal skills and incorporates an affective aspect is important if nurses wants to be a mentor (Garvey et al., 2009). Nurses are not born to teach, therefore it is important for nurses to be prepared to be a mentor because they are not trained to teach, but they are trained to nurse the patient (Dunham-Taylor et al., 2008).

Most of the participants found mentoring to be quite stressing and frustrating as they struggle managing conflicting roles and responsibilities as a nurse and also as a mentor. They were left alone without knowing what to do with their mentee. All they know is the mentee is very much dependent on them because beside the Nurse Unit Manager (NUM), they are the one who will determine whether the mentee will pass the probation period or not in order to get the confirmation in service. **Nurse Amy** recalled her scary experience during the first few months of mentoring:

I was so scared. I think initially it was okay but later realizing it is new to me and I don't really know what to do I had palpitation most of the time.

Nurse Amy took the challenge offered by her NUM to be a mentor because she is very interested in teaching and hoping that it would enhance her teaching skills and open an opportunity to becoming a nurse educator some day. She expected that she would be sent for a course or training before mentoring but was left disappointed and lead her to experience palpitations every time she is thinking about it.

The participants question themselves about why they had the feelings of anxiety, stress and unpreparedness, even though they have been in nursing for so long. They question themselves because they became consciously aware of their being-in the world, the world of the mentee and their world as a mentor. The perceived lack of support and training in mentorship prevented them from understanding the mentor roles and responsibility. Mentors stated how they feel uneasy and embarrassed being unable to answer mentee questions, as they do not know what to expect from their mentee. Nurse Su recalled feeling embarrassed being unable to answer her mentee question:

One day my mentee asked me about traction, and I totally forgot about it because being in the medical unit for so long I rarely practice how to fix traction. I didn't expect my mentee would ask me that question I was very embarrassed. I don't know where to put my face but I have to tell her the truth that I will find out the answer and get back to her as soon as possible.

Nelson, Godfrey and Purdy (2004) states in their study that nurses needs support for formal mentorship program to be able to prepare them selves mentally and emotionally for the mentoring role. Heidegger proposed we are always being towards something (Van Manen, 1990). Heidegger described that Dasein's concept of being in the world is connected with others by way of intimate relationship (Van Manen, 1990). Dasein's way of relating to things in the world was to have concern for another (Van Manen, 1990). These anxiety and stressors that confronted the nurses made them realize that neophytes were not just neophyte but were people. However, failure in understanding the roles and responsibility of mentors contributes to failure and hinders the mentors to mentor new graduate nurses effectively.

Preparation and training for nurses before taking preceptor roles and responsibilities has been described in many literature reviews as one of the factor attributes to the success of mentoring program (Smedley, 2008). Preparation for mentors also enhances nurses' confidence and makes them feel comfortable in their new roles (Smedley, 2008). Existing knowledge and skills is not enough to equip the nurses to become an effective mentor for new graduate nurses (Smedley, 2008). Educational preparation, support and recognition are important because mentoring is a complex and require skills for one to be a mentor (Smedley,

2008). Smedley (2008) further added better understanding about the mentoring concept is compulsory before one commits them selves into the mentor role, as they need to be able to manage conflicting roles and responsibilities between clinical and mentoring. Findings from this study demonstrate that mentoring is a complex process that needs support and training on mentorship. A nurse who wants to be a mentor cannot only depend on the existing skills to be a mentor. The reason for mentors to feel unprepared and challenged in this study during mentoring is linked to a lack of knowledge and support; conflicting roles and responsibilities; time consuming role and increased workload.

Making a difference

Making a difference is a sub-theme developed from being unprepared and challenged. As the mentoring progressed, the mentors began to search for some information about mentoring from the web to better understand what are the roles and responsibilities as a mentor. With this information, the participants began to discuss with other mentors, change opinions and get some better ideas on how to mentor the mentee in the better way. Since they are busy at work, most of the time they called each other from home shared their mentoring experience. By doing this, they became close, learn and support each other when ever necessary. This is important because according to Stein-Parbury (2005) making such human connection has been identified by Stein-Parbury as being a central component in nursing.

Being the pioneers, the mentors asked themselves what could they do to make a difference and have sometime with their mentee to discuss clinical issues or to clear any doubt with them. Nurse Ana and Nurse San suggested discussing any clinical issues after duty because this the only time they could discuss peacefully. However, not all the participants agreed with this idea because the mentee and the mentor may be tired and exhausted. Furthermore the mentor and mentee are rarely working in the same shift. Nurse Su recalled the feeling of being unhappy with the situation:

I have no time to teach my mentee and this makes me unhappy. I have to arrange my own time to meet her and sometimes, I asked my mentee to come during her day off. That's the only time we can discuss any nursing issues without any disturbance. It is unfair to both of us but we have no choice.

Mentors initially feel very burden with the mentoring role and do not know what to expect from the mentee. Few times being embarrassed as mentioned in the previous theme and unable to answer mentee questions is like a wake up call for all of them to keep reading and refreshing their nursing knowledge. They could not stand being embarrassed again by

their mentee. This changes makes the mentor happy because they have the opportunity to sharpen their knowledge which maybe a long time ago must has been forgotten.

Perceptions of mentees

The mentors had varying experiences with their mentee during mentoring. The mentors recalled feeling stress and disappointed with some of their mentees especially when the actions of the mentees were not in line with the preceptors expectations. All the participants in this study have experienced some degree of negativity towards them at some stage during mentoring. The negativity came in the form of attitudes expressed by their mentee. **Nurse Amy** remarked:

One day we were working together, my mentee and me. When I tell her something, she said she knows everything and has learnt everything in the college. But she made mistakes here and there. That really made me feels disappointed. I tried to teach her but her stubbornness kills everything. Without her knowing, I called her stubborn girl.

Nurse Cathy and Nurse Siti admitting some of the mentee act like they know everything. Nurse Cathy recalled:

I remembered one incident whereby my mentee refused to talk to me after I told her not to repeat the same mistake again. She's been avoiding me since that then.

With Nurse Siti stating;

One day something happened, she gave wrong medication to her patient. The nurse manager notified me about the incident and asked me to talk to my mentee. But it seems like nothing happen. My mentee didn't come to me after that incident. I was waiting for her to approach me and discuss about that incident but to no avail until I called her to see me.

Another mentor, Nurse Su explained that they are not being judgmental towards the mentee, but some of them are just not up to standard and their knowledge is very poor:

I was working on night shift. My mentee and I have different patient allocation. Only two registered nurses were on that night (my mentee and I) with two nurses' aide. She has fifteen patients' and I have fifteen also. About eleven o'clock at night, suddenly I heard someone calling for help. It was my mentee. One of her patients' is unresponsive. When I reach there, she was just standing, blanked and doesn't know what to do. I shouted at her to bring the crash cart quickly. Then, she brought the crash cart and just staring at the patient. I was shocked and wondered what they have learnt in their college days.

It is inequitable for mentee to be judge in the early stages of mentoring however, the participants should not be blame for being judgmental because the nursing administration or

academia should have prepared the nurses well before asking them to be a mentor. As stated by Stewart (2006), understanding the mentor roles and responsibilities would help nurses to judge their mentee professionally and be able to handle any mentoring situation at any time. The mentors who understand their roles and responsibility clearly would be able to show positive role modeling to better facilitate their mentee learning (Hurst and Koplin-Baucum, 2003). Showing positive role modeling is totally crucial because the mentee is constantly observing and looking at what their mentors are doing according to Hurst and Koplin-Baucum (2003). In addition, the mentors communicate an image, goal and vision of the professional world (Nahas and Yam, 2001). The mentor should learn about their protégé well so they could use the info if necessary (Stewart, 2006). Getting to know the protégé well is important because each individual is unique and at times the mentor has to change the way they approach their protégé (Stewart, 2006).

Despite of all the negativity experience by the participants in this study, the mentors were amazed by the optimism some of their mentee displayed. Some of the mentee are fast learner, willing to learn and always ask questions whenever they are in doubt. Nurse Ana shared the story about one of her bright mentee:

Though she (mentee) is busy, she always find time to ask me question, either during her lunch break or after off duty. Sometimes I see her coming to the ward even though she was off duty.

According to Nurse Ana, this type of mentee makes the mentor life easier because they are convince that the mentee with this positive attitude will be able to survive even in the chaotic working environment. Another mentee, Nurse Siti shared her experienced:

I overheard my colleagues talking good things about my mentee. They are talking about how my mentee does her work efficiently and learnt very fast.

Although more negativity happens to the participants, there were able to look beyond the circumstances, to be nonjudgmental and view the mentee as people requiring guidance and support during a time of significant vulnerability. During this time of vulnerability, the participants were able to see how the mentees coped and managed their transition from being student nurses to new graduate nurses. They could see the mentee are really struggle to pass the probation period to guarantee their confirmation in service. They do not intently being judgmental to their mentee, as the mentoring progressed they began to understand their mentee better and better as they realized the mentee really need the support from them. They realized their mentee is the future leader for the nursing profession, sharing the existing

knowledge and experience with them hopefully would help the mentee to grow professionally and succeed in their career.

Van Manen (1990) outlines four existential themes utilized in reflecting on lived experience that describe how we as humans experience our lifeworld. These are lived space, lived body, lived time and lived other (Van Manen, 1990). The existential theme pertinent to the theme 'perceptions of mentees' is lived other. Lived other refers to how we relate to others we encounter within shared interpersonal space (Van Manen, 1990). Van Manen's explanation can be applied to the relationship between mentees and mentors which is the lived relation to the other. Mentee who look up to their mentor as their role model portray a supportive relationship between the mentor and the mentee.

Mentors hope and desire

The final theme is mentors hope and desire. The participants in this study were hoping that the mentorship program would improve overtime. Realizing the benefits of mentoring for both mentor and mentee is tremendous which is creating the huge learning curves for both; the participants are hoping that nursing administration and nursing academia would prepare the nurses before offering them to be a mentor. According to the participants mentoring is very complex and it can be complicated at times. A mentor is someone who is actively advises, provide guidance, and promotes another career and training, because of that the participants believes that the nurses must be fully equip with the skills and knowledge to be an effective mentor. Dunham-Taylor et al (2008) in their study states that formal mentoring program should be provided to all the nurses before to ensure the success of the program.

In addition, the support from the immediate superior or the NUM is equally important to ensure the program is successful. Nurse Amy recalled one of her experience as being highly emotive. This incident was a failure of the nurse unit manager (NUM) to understand the role and responsibility of the mentor. Nurse Amy described the actions of the NUM giving a distinct impression that the mentor failed to teach and guide the mentee because of the mistake the mentee did in the working place:

She (nurse unit manager) called me to her room and she said I was the one to be blame and responsible for my mentee. And she didn't really explain to me what my mentee has done. That really deflated me and makes me down. Nothing kind of went right for me. I felt like, I made the big mistake being a mentor. I was really struggled to hide my sad feelings. It was a big challenge for me.

Nurse Amy was hoping that her NUM would understand and will judge her fairly because it was not her fault at all. She further expressed her feeling and saying that:

How could I monitor my mentee twenty-four hours if I wasn't working with her? Even if we were working together, we always have different patient allocation. Sometimes I didn't see her at all even though we are in the same shift.

Most of the participants found difficulties to monitor their mentee because of different shift or patient allocation. Shortage of nurses contributes to this difficulty. The participants in this study suggested that it would be better for both mentor and mentee to work together in the same shift and same patient allocation. Working together in the first few days would give a chance for both mentor and mentee to get to know each other. The participants also would have the opportunity to give proper orientation to their mentee to get familiar with the place and the people they are working with. As mentioned in the literature review in chapter two, proper orientation to the place and people will reduce the mentee anxiety and unfamiliarity feeling with the new working environment.

Rewards mentioned by most of the participants in this study. Being appreciated for the extra workload would keep one motivated and attracted to be a mentor. According to the participants in this study, being appreciated can provide a sense of accomplishment and a feeling of self-worth for doing extra task mentoring new graduate nurses. The mentors in this study voiced out their hope of receiving extra allowance for doing extra job, which is not even listed in their job description. As for the mentee, the participant is hoping that the mentee would accept their generosity sharing their knowledge with them. Nurse Amy described how she felt when acknowledge by her mentee:

When you did something for them, you didn't expect anything. This mentee of mine one day after she get confirmation in service gave me a red rose with the small cute card. In there she wrote 'thank you sis for always being there for me'. It just makes you feel like you're doing a good job, ya...(laughing...) though struggle with no preparation...but it convince me that I can do it and could do better.

The impact of hopes and desires for mentors in this study is kind of acknowledgment for being challenge doing mentoring though there no preparation provided to them before mentoring. For them, this is for being true to who they are as themselves, as nurses and as mentors. They began to see more positive impact on their life and could see better future ahead. The participants were consciously aware of their authentic self who were to acknowledge who they wanted be as mentors. To be resolute means to have resolved or made a decision as describe in the previous sub-theme making the changes.

Discussion

The findings of this study indicated that unstructured mentoring program has challenged the mentors to find their own strategies in mentoring new graduate nurses. It is evident from the findings of the study nurses' needs preparation to be a mentor. As mentioned in the previous chapter, nurses are not born to teach, they are trained to nurse the patient (Dunham-Taylor et al., 2008). In addition, mentoring is a challenging and stressful role (Rogan, 2009). The nurses must be able to understand the concept of mentorship, which is not only providing orientation and support but also teaching and sharing their clinical expertise (Smedley, 2008). Nurses who are not well prepared may have stress as experienced by the participants in this study. It could also aggravate much anxiety and describe it as reality shock according to Rogan (2009) as experience by one of the participants who are having palpitation since she heard the news about mentoring. Nursing administration and academia should work together to provide proper mentoring training for all the nurses before committing them into the mentoring role as proposed by the participants.

Making a change as described by the participants in this study is very significant. Though they are challenged with lacked of knowledge and skills about mentoring, they choose to have discussions among themselves to share experience and to support each other. This happened after they felt embarrassed unable to answer mentee questions a few times. It is evident that the lacked of knowledge and skills contribute to most of the difficulties faced by the participants in this study. In the beginning, most of the mentor expressed the difficulties of not receiving any training prior to mentoring. Being unprepared, it caused major stress among the participants for not knowing what to do and what to expect from mentoring. Realizing the responsibility of mentor towards the mentee, the participants have come up with their own strategies in making some changes. Discussions with other mentors help them a lot in finding their own unique way of mentoring the mentee. The participants also have gone to the web and searched for some info about mentoring to understand the mentoring roles and responsibilities. The participants were happy with the changes and realizing they have learnt a lot. When nurses actively learning, growing and finding the solutions to solve the problems they grow very fast (MacIntosh, 2003).

Perceptions of mentees are the second theme developed from this study. The participants admitted in the beginning of mentoring, they were upset and frustrated with their mentee. The participants further added, at that time there were also stressed of not knowing what to do with mentoring. Several concerns apparently contributed to managing conflicting

roles and responsibilities; increase workload, and scheduling difficulty. Some comments indicated that the mentee has no initiative to learn and some of them are not up to standard. Some of the mentee according to the participants is quite good. Realizing the mentee are the future leader in the nursing profession, the participants realized they should somehow try their best to share their expertise with them. Although, lacked of skills about mentoring limiting them from becoming an effective mentor, they try to be positive because they know that the mentee are watching them. This experienced has made them realized that mentee is just people who needs their help and support during the vulnerability time especially in the first six months of their service. As stated by Gray and Smith (2000), having a mentor presence is vital because the mentee can always look for them when they are in doubt or need some clarification about the clinical issues. Furthermore, most studies identified mentoring role as a friend, coach, career guide, facilitator, advocate, information source, intellectual guide, teacher, peer, supporter, preceptor and role model (Beecroft et al., 2006; Chow & Suen, 2001).

Finally, some comments indicated that rewards for mentor is important to keep them motivated all the time. From the perspective of most of the mentors in this study, rewards is not necessarily money, but also sending them for some training or courses to be more knowledgeable in nursing. Some mentors had mentioned that rewards would attract more nurses to be a mentor. Being appreciated for doing extra workload would keep one motivated. It can provide the sense of accomplishment and a feeling of self worth.

Limitations

This research offers insight into the experiences of six nurses mentoring new graduate nurses. The study does not aim to generalize the findings as phenomenology is concerned with exploring and describing the lived experience of a phenomenon by those participating in the research. The research was confined to one government hospital in the East of Malaysia. The sample size may be regarded as small though it appropriate for a phenomenological approach. Even though a small group of mentors participated in the study, nevertheless, the results of the analysis may resonate with mentors in similar situations in Malaysia. This small sample size prevents all possible realities of the lived experience to be adequately explored and hinders the transferability of the data obtained. Another limitation is that the sample group is all from the same organization. Using a range of other workplaces may contribute different and more accurate findings (Smedley, 2008)

Conclusions

This thesis reflects the lived experience of Malaysian nurses as a mentors mentoring neophyte in the clinical area. The findings in this study suggest the need for training and support to improve mentorship program in Malaysia is critical from both academic and hospital administration. The participants suggested that, the preparation for the role is the essence of successful mentorship program. In addition, workload adjustment and rewards from hospital administrator will enhance the role of the mentor. The recommendations mentioned are offered based on the findings of this study. Even though the findings of this study do not contribute to new knowledge in nursing in general, however it is highly important to the nursing profession in Malaysia.

The significance of this study lies on finding the strategies to improve the lived experience of mentoring nurses in Malaysia. However, further investigation on mentorship program in Malaysia is needed, as it will provide greater knowledge to enhance the understanding of such experiences. As developing countries continue to improve and contribute to the nursing profession, this knowledge will aid development of mentorship program to meet the needs to produce high quality and effective nurses in Malaysia.

Although the results of this study were drawn from a small sample and only from one organization, the findings and recommendations of this study represent the lived experiences of Malaysian nurses as a mentor to the neophyte. As mentors hold huge responsibility to teach and guide the new registered nurses to be competent and clinically safe practitioners, proper training and support for mentors from both academic and the administrator is totally crucial.

Recommendations and Implication

Future avenues for research. There are numerous studies about mentoring, however, very few studies on the lived experiences of mentor and mentee. Therefore, the researcher recommended further research in exploring the real lived experiences of both mentor and mentee to improve the current situation of mentoring specifically in Malaysia. Nursing academics and administration in Malaysia may need to re-develop mentorship program guided by current research to enhance the mentor's experience.

Exploring the lived experiences of mentee in the first three months as neophytes. Exploring the lived experiences of mentee is important to know their insight regarding this program on what best or not for them. An aspect that may be beneficial for both mentor and

mentee is to act on their feedback and suggestions regarding the program. Neophytes who have basic understanding about what a mentorship program is may be better prepared to be a mentee and to pass their probation period.

This research will be useful to nursing academics and administrations in Malaysia, for staff nurses who wish to be a mentor, for newly registered nurses and also for student nurses. Findings from this study will also provide insight into why some nurses are reluctant to be a mentor and how the experience has impacted on their decisions about practice in the future. Therefore: 1) The hospital administration should provide mentorship training to all the nurses; 2) Mentorship should include representation from mentee; 3) There should be a set of guidelines produced for the mentor; 4) Each mentee should be required to complete a logbook of their experience within six months of their probation period; 5) Each mentor should have a reduction in their patient load when they are actively mentoring novice or student nurses; 6) Each mentor-mentee partnership should work identical shifts on the same ward; 7) Mentor should receive financial benefit or rewards for being a mentor.

Acknowledgement

Authors is gratefully acknowledge to supervisors Associate Professor Ysanne Chapman, PhD, MSc (Hons), BEd (Nsg), GDE, DNE, RN, School of Nursing and Midwifery, Monash University, Gippsland Campus, Churchill, Victoria, Australia, with their assistance, consultation, and motivation to finish this research.

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