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RESEARCH ARTICLE

NURSES PERCEIVED BENEFITS OF AND RECOMMENDATIONS FOR MENTORING AT A MAJOR CARIBBEAN HOSPITAL

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ABSTRACT

Purpose: The purpose of this research was to document the nurses' perceived benefits as well as their recommendations regarding mentoring at one at a major Caribbean hospital in Barbados.

Methods: A descriptive qualitative case study was employed to answer the main questions of what the nurses perceive as the personal benefits gained from their mentoring that contributed to the professional growth of the new nurses. The sample ($n = 115$) consisted of graduate nurses between 6 months to 5 years employed at the hospital. Data was generated from participants' responses using the Beercroft mentoring tool, and a demographic questionnaire. Statistical Package for the Social Sciences (SPSS) was used to analyze results. Items were summarized using, thematic analysis.

Results: The thematic analysis showed that the nurses were able to transition into the profession due to confidence, socialization, guidance and trust. Findings from the study also suggest that the nurses recognized the importance of mentoring and the need for the institution to have a more structured program which extends over six months period.

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INTRODUCTION

The public Hospital is one of the premier healthcare institutions in Barbados. It is a public hospital offering free tertiary healthcare to the citizens of the country. The 600-bed hospital facility was established approximately 50 years ago and offers a range of services including 24 hour accident and emergency. The hospital is known as a teaching institution and units range from medical to surgical. There are currently over 400 nurses working at the institution of which 164 are newly registered nurses with less than 5 years of employment. The net-migration rate for the Caribbean is one of the highest in the world with a current resurgence in the exodus of skilled workers, particularly from the health sector. Migration of nurses from the region represents a large proportion of loss from the nursing population, (Jones, Bifulco, and Gabe, 2009, p. 285). Due to the changes in health reform and changes in technology, increasing health problems such as HIV, non-communicable diseases, increase in elderly population, (Jones *et al.*, 2009), the nurse's role is evolving. Nurses have multiple responsibilities and are expected to perform these tasks effectively and efficiently, (Porter O'Grady and Malloch, 2007, p. 22). As a result, many new graduate nurses are finding it difficult to adapt to the working environment. Careers in healthcare are physically, mentally, and emotionally demanding (Persaud, 2008; Onuoha and Samaroo, 2015); therefore, the need for effective senior nurse leaders to assume

the role of mentors is essential. They can assist new graduate nurses in adapting to rapid changes in healthcare and to help the nursing profession to survive. The transition from nursing student to registered nurse can be very challenging, and coping clinically with expectations can result in the nurse finding it difficult to adapt to the nursing culture of the institution. While there are many existing informal mentoring relationships which occur during one's nursing career, a formal mentoring program can help to foster relationships and assist in professional growth. According to Harpe, (2012), mentors mainly focus on assisting the new nurse to perfect the skills taught at school and learn task-oriented items.

They also provide a sounding board for the new nurse, assist with socialization and professional development, and provide feedback from a different perspective (Goran, 2001). Roman, (2003), noted that a preceptor or a coach takes the novice with minimal skills and knowledge to a level of competency, in relationship which usually exists between 4 to 8 weeks. Conversely, the mentorship program is a way to help the novices achieve their potential. Missing in the nursing literature is the length of time that mentorship should officially stop. However, Harpe, (2012) revealed that mentorship begins from the novice stage, that is, months after enrollment into the institution. However, this is considered informal relationship when extended beyond a year. Equally, it is important to note, that the mentor-mentee relationship is a win-win relationship and helps in personal growth for the mentor and professional growth for the mentee (Roman, 2003).

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This study hopes to document the description of new graduate nurses perceptions of the existing mentoring program at the Hospital and to determine if they were able to successful transition into the profession after being exposed to mentoring. This can increase awareness among nursing managers in an effort to improve the existing mentorship programme and or assist in creating a mentorship programs within the hospital in order to improve the new nurse experience. Mentors are actively involved in the process of socializing their mentees into the new work environment; therefore, the organizational culture is introduced. Greene and Puetzer, (2002), stated that mentors serve as a guide for novice nurses into the culture and environment of their new role, or actively integrating them into the facility's social culture, making them feel welcome in peer groups, with co-workers and the organization (as cited in Beecroft, 2006). Of note is that there is no study of this nature in the Caribbean and we hope that this will contribute to the body of knowledge from the Caribbean region.

Maben, Latter, and Clark, (2007), conducted a study among newly qualified nurses in the UK. The survey found that nurses often began their career with strong ideals but after a few years in field their expectations and standards are difficult to uphold. Mentorship programs have become an important tool and influential factor within health care faculties to help reduce these feelings of disillusion and to reduce the turnover rate of new nurses. They also helped to foster commitment between novice and institution, and help increase retention rates, (Wilson, Brannan, and White, 2010). Hurst and Koplin-Baucum emphasized that Registered Nurses (RNs) resign if they are unable to assimilate socially and clinically within the first 12 months of work (as cited in Beecroft *et al*, 2006). These programs are essential as in a typical hospital because about 10% of the nursing staff is newly registered nurses (Berkow, Virkstis, Stewart and Conway, 2008) hence Benner, (1982) developed the effective transition-to-practice programs for new nurses. It was estimated that 13% of recent nurses changed their primary job after the first year and 37% intended to change their primary job in the near future.

Also, average, turnover rates among new graduate nurses ranged from 35% to 60%, (Theisen and Sandau, 2013; Handin-Pierce and Buttler, 2005). Wangensteen, Johansson and Nordstrom, (2008), pointed out that the expectation that graduate nurses are comfortable in chaos, and have the ability to make decisions in such situation may be too much. These expectations, however, can result in these new nurses feeling overwhelmed, burnt-out, and incompetent to perform nursing duties and dissatisfied with their jobs. They further reported similar experiences stating that uncertainty and chaos; need for induction; need for a supportive environment; need for recognition; awareness of responsibility; need for positive experiences; becoming experienced; and managing challenges were some of the issues which were challenging as a recent nurse. Roman (2003) also noted that what makes the experience more challenging for the novice nurse is the hostility and lack of concern which are shown to new nurses from senior nurses. In order for nurses to experience growth and development in the initial years after graduating, induction to the healthcare setting through mentoring is essential. Mentoring is a progression that builds skills, increases job

satisfaction, and encourages nurse retention, (Fox, 2010). Beecroft and colleagues stated that many institutions have reported positive changes after implementing mentoring programs into their hospitals. In 2004, a Florida hospital was facing a turnover rate averaging 31.0% of newly hired registered nurses within the first year, (Beecroft, Santner, Lacy, Kunzman and Dorey, 2006). By 2005, newly hired nurses' turnover rate had risen to 32.0%. Due to the implementation of the mentoring program, the turnover rate had dropped to 10.3% by 2009, (Fox, 2010) suggesting that mentoring can help to ease the transition for newly hired Registered Nurses because in the first 12 to 24 months of employment (Fox, 2010) as affirmed by other researchers (Beecroft *et al* 2006, Bidwell and Brasler, 1989 and Yoder, 1993; Romans 2003, and O'Keeffe, 2013). The aim of this study was to document the perceived (a) benefits of and (b) recommendations for, new nurses at the major Caribbean hospital.

MATERIALS AND METHODS

Design

This is a descriptive cross-sectional study undertaken to determine the success of a current mentoring programme at the Hospital, in order to evaluate its effectiveness in helping the graduate nurse to transition. Employing this research method and design allowed for the phenomena to be investigated in its entirety and to understand if there were any existing relationships between variables (Polit, Beck and Hungler, 2001). The hope is to add to the body of nursing knowledge and provide evidence based information regarding mentoring programs within hospitals.

Population and Sample

All new RNs i.e. those employed 5 years or less were engaged in the study. From the list provided by the Human Resource Department, they number 167. Our calculation of the 95% confidence required us to randomly select 115 of the new nurses. All nurses recruited were required to respond to the interview and questionnaire from their units of employment.

Instrument and Data Collection

The study tested the perceptions of mentees on the mentoring relationship as outlined by Beecroft tool. Beecroft Mentoring tool, and a demographic structured questionnaire, was utilized in the study. Permission was granted from Dr. Pauline Beecroft, slight modifications were made to the mentoring survey tool to include demographic information of participants. The human resource department of the hospital provided a list of the new graduates, i.e. nurses employed between 6months and five years of employment. A pilot study was first conducted among 20 nurses who met the inclusion criteria from another hospital; this was done to ensure reliability of the tool. This process was done over three days. From the results, Cronbach Alpha test was conducted and the results yielded ($\alpha=0.692$), thus showing that the tools were reliable. Interviews were conducted on the units where the nurses worked. The charge nurse was shown the ethics

committee approval letter of the institution and permission was gained before the study was conducted. Before commencement of the study, each participant was shown the University's ethics committee, consent form and the study was explained. Face to face interviews were then conducted with each participant to explain the research, the participants were also administered a cover letter explaining the study, a demographic questionnaire, and the mentoring survey, created by Pauline Beecroft respectively. Copies of the questionnaires were completed between 10 – 15 minutes. They were coded, collected and collated, by the researchers. Confidentiality of information and anonymity of the respondents were maintained at all times.

The instruments employed during the study was, Beecroft mentoring survey and a self-developed demographic questionnaire. Beecroft survey uses qualitative content analysis. The tool have been consistent in demonstrating the benefits of mentorship and quality of mentoring which exist within the organization and are suitable for magnet facilities because of the outcomes which they often provides (Beecroft and FAAN, 2006). The tool amongst others explored the extent to which mentors were satisfied, the guidance and support received benefits etc. The demographic questionnaire was investigators'-developed and measured demographic information. It is an eight - item questionnaire seeking to determine, (a) age, (b) gender, (c) tenure (d) highest completed level of nursing education? (e) During your nursing career, have you been mentored as a staff nurse, (f) length in mentoring relationship? (g) How did you meet your mentor? (h) How many times a week did you meet with your mentor. The demographic questionnaire was not tested for reliability and validity but was needed to determine demographic information of the participants. The questionnaire was used in conjunction with the Beecroft and Caine's mentoring tool to answer the research question: Is there a correlation between age, tenure, mentoring relationship and perception of quality of mentoring at the institution? For the Beecroft mentoring tool, missing data was coded and reported where present. There was no missing patterns identified and less than 5% of the 80 questionnaires contained missing data.

RESULTS

Demographic

Information obtained from majority of the questionnaires demonstrated that the study sample were primarily females as shown in figure 2, showing 92% while male nurses were only 8%. The average age of the respondents was 30 years (table 1), additionally, an associate degree (91%) in nursing was primarily the highest level of education, as shown in figure 1. Conversely, 9% of the study sample obtained an undergraduate degree. As many as 30 (26.1%) of the new indicated that they did not receive any mentoring since their employment.

Mentoring Quantity

On average the nurses reported being in a mentoring relationship for approximately ($m=5.76$ months, $StD=8.18$) as shown in table 1. The most frequent reported of months in a mentoring relationship was 2 even though the minimal being 1

month and maximum 36 months. This pattern certainly highlights the absence of any specific structure for mentoring amount the nurses and this is reintegrated by the relatively high SD. The research question, what were the personal benefits gained from the mentoring that contributed to professional growth of the new nurses was answered by using thematic analysis, from the Beecroft mentoring survey questionnaire, the results of the analysis revealed that three major themes/constructs continued to emerge from the responses provided by the nurses. These were confidence, trust and guidance, as shown in Table 3. With regards to confidence and trust most of the nurses provided examples and feedback of how the mentoring process encouraged and strengthened their resolve not only about their ability to do the job but to do it well. Overall, 92% of the respondents agreed that their mentors provided feedback and guidance. This was clearly seen through the words of one the nurses who stated that her mentor, "made me feel comfortable and made the working environment conducive for learning". Additionally, a respondent stated that trusting the mentor helped in adapting to the new environment, "having someone to talk to that understands the stress involved in the job".

While another stated that "I was able to transition into the nursing profession with less fear of the unknown" and "I can confide in her at any given time. "I am able to feel confident about myself", and "gaining self-confidence and assisted in adequately setting goals and achieving them" were additionally comments by two respondents. Guidance was also demonstrated, one respondent stated that, "she showed me guidance and allowed me to do tasks on my own", another expressed that, "because of being mentored I am able to carry out tasks with new students". "I was able to focus on learning new procedures with the confidence that someone with experience was there to guide me", was another comment by one of the respondents. Most (92%) of respondents provided recommendations for the mentoring program. These were increase mentoring time, structured programme, training in mentoring, and re-evaluation of the graduate nurse, as illustrated in Table 5. With regards to increase mentoring time most of the nurses provided examples and feedback of how the mentoring process should be lengthened.

This was clearly seen through the words of one of the nurses who stated that, "*the mentorship programme should be extended for over a year*". While another alluded to the formation of a structured programme. A respondent stated that she will like see, "*an actual, functioning mentoring programme*", while another stated that, "*I think that all new nurses should be given a mentor, unfortunately I don't think it happens*". Another recommendation made was mentors should be trained in mentorship and also should be willing and not forced to be a part of the programme. Clearly stated by one of the participants was that "*specific members of staff should be trained before assigned to new nurses entering the unit*", while another stated that "*the institution should include persons who are actually interested in mentoring. Some mentors were chosen against their will and therefore their uninterested attitude was not conducive to teaching new, eager relatively inexperienced nurses*". The final theme was also recognized

by the nurses as a deficient element of the mentoring programme.

was “Got me started on career plan...” with 2.5 and their standard deviations of 1.1 and 1.2 respectively.

Table 1. Demographics: N=80

Variable	Value	Variable	Value
Gender	% frequency	Average period of mentoring	5.76 months
•Male	8		
•Female	92		
Qualification		Range of motoring	1 to 36 months
•Associate Degree	91	Mean age	31.0 SD=7.3
•Degree	9	Mean years as a registered nurse	3.3 SD=1.5

Table 2. Thematic analysis of personal benefits gained from the mentoring

Research Question 1	Items on Instrument	Themes
What were the personal benefits gained from the mentoring that contributed to professional growth of the new nurses?	Q4: Did your mentor provide the guidance and feedback you would have liked? Q5: During your nursing career, have you been mentored as a staff nurse?	Confidence Trust Guidance

Table 3. Thematic analysis of recommendation for the mentoring programme

Research Question 2	Items on Instrument	Themes
How would nurses like to see the current mentorship programme improved in the future?	Q8: Would you like to see changes in the mentor programme? If so, what changes would you like to see?	Increase mentoring time Structured programme Trained in mentoring Re-evaluation of new nurses

Table 4. Nurses mean scores on mentoring items about their mentors (N=77)

Items on mentor activities	N	Minimum	Maximum	Mean	Std. Deviation
Willing to listen and help; warm and caring, extremely encouraging, available if I became discouraged	77	1.00	5.00	4.0779	1.14439
very clear about what she wants from me, pushed me to achieve high standards	76	1.00	5.00	3.8947	1.11450
I'm impressed with ability... I really respect her	77	1.00	5.00	3.8701	1.26023
Spotted me and worked with me more than other nurses... invested a lot in me, saw my capabilities	77	1.00	5.00	3.8442	1.18171
gave me a lot of positive and negative feedback, let me when I am going wrong and how to correct it	77	1.00	5.00	3.8052	1.18142
Gave me a picture of what nursing can be...enthusiastic about opportunities...	77	1.00	5.00	3.7792	1.05909
taught me how to set priorities, to develop interpersonal skills, guided on patient problems	76	1.00	5.00	3.7237	1.11473
Enthusiastic and exciting.... Very dynamic... made it fascinating	72	1.00	5.00	3.6389	1.10448
let me know new things and help me figure out, we look at our strengths and create ways to benefit in nursing	76	1.00	5.00	3.4211	1.19178
made me look at my decisions and grow up a little bit, challenged me and allowed me to prove my point	76	1.00	5.00	3.3816	1.15432
Bouncing things off of her brings things to focus, eloquently speaks for professional issues. I like to discuss with her	76	1.00	5.00	3.3421	1.16106
Open my eyes... got me interested in research, help me understand politics of the hospital	76	1.00	5.00	3.2895	1.19795
made in-services available, included me in discussions	77	1.00	5.00	2.9351	1.23903
Got me started on a career plan, I went to her when I was trying to sort out my career	76	1.00	5.00	2.5000	1.23828
Valid N (list wise)	69				

One respondent stated that, “mentors should be chosen based on knowledge and experience; mentors should be evaluated periodically to determine knowledge based and dissemination of accurate information and attend scheduled mentorship programs for mentors so they adjust to the role”. Conversely, many respondents also indicated that often nurses are not re-evaluated after the mentorship programme which the respondents recognized as a weakness in the unstructured relationship. Table 4 shows the scores the mentee-nurses’ scored their relationship with their mentors. The 12-item mentor scoring is arranged according to their scores on item received from the mentee-nurses. From a minimum score of 1 and maximum of 5, “willing to listen, help; warm and caring...” received the highest scores of 4.08 while the least

DISCUSSION

It is evident from the findings from this study mentoring made the mentee-nurses feel more confident and at ease after engaging in a mentoring relationship, thereby, helping the nurses to become more efficient in practice and professional development. Mentoring has therefore helped nurses to transition into the profession. This finding conforms to the findings of many researchers in this area (Duchscher, 2008, Maben, Latter, and Clark, (2007; Beecroft *et al.*, 2006, Bidwell and Brasler, 1989 and Yoder, 1993; Romans 2003, and O’Keeffe, 2013). Although the study did not ascertain if mentorship was a factor in retention of the nurses and job satisfaction, it however affirms that mentoring was indeed a

stress reducer as a number of the mentee-nurses indicated (Dyess and Sherman, 2009).

The findings that 26.1% of the new nurses did not receive any mentoring since employment is troubling given what might be the consequence (Theisen and Sandau, 2013; Handin-Pierce and Buttler, 2005). We find this troubling since the governments of the region bemoan the migration of nurses over the years (Jones, Bifulco, and Gabe, 2009, p. 285). It also shows the rough terrain the new nurses in the Caribbean go through in their development from novice to expert. The study demonstrated the need for new graduates to receive mentoring in order to prevent stress, improve confidence and promote professional growth.

Even at that, those who received some mentoring expressed the need for a structured mentoring program to provide guidance in professional growth as well as help in reducing stress which is associated with being a Registered Nurse (Persaud, 2008, Jabukit, 2007). This has far reaching implication. Greene and Puetzer (2002), Harpe (2012) and Jabukit, (2007) indicated that mentoring is an important continuing education programme that can be impactful in a mentee-mentor relationship for the good of all and sundry. Jabukit (2007) emphasized that a mentoring program should be a part of nursing continuing education, despite the length of the mentoring relationship. Therefore, mentoring relationship can still be beneficial to the new graduate whether they are long term or short term, formal or informal. Using Benner's theoretical framework guide from novice to an expert and Geake's six phases of mentoring the research can be employed as a guide to achieve a successful mentoring program.

Recommendation

Although the research did not demonstrate if mentoring contributes to intent to stay. The research did demonstrate that there is a need for a structured mentoring programme at the institution. Another significant factor is 30 out of 115 of the participants admitted to never being mentored. This again shows the lack of structure of the programme. Another fundamental point is that the nurses who received mentoring have successfully transitioned into the profession; this was evident from the responses which demonstrated that through mentoring the nurses received socialization into the profession, increase in confidence and guidance when needed. Moreover, the respondents admitted to receiving relatively quality mentorship, however, there were many areas which also needed improvement in order for the graduate nurse to maximize the benefits of receiving quality mentoring.

Helping nurses in planning career goals, critical decision making and interest in research were some of the areas which the mentors needed critical improvement. The respondents also highlighted the benefits of being mentored, these ranged from increase in competence in nursing skills, having someone to listen when feeling discouraged, confidence, socialization into the profession and feedback. It was demonstrated that the organization has also benefited from mentoring relationship which exist at the institution, although in cases where there was in an unstructured mentoring relationship. Jabukit, (2007)

identified this as the triad relationship where the mentee, mentor and the organization benefit from the relationship. We also identified areas in which the mentoring relationship can be improved. Some of these areas included training specific senior nurses and or nurses interested in the mentoring programme. From the study conducted, respondents alluded to being assigned mentors who did not show interest in being a mentor. As a result, some of mentors were self-assigned and in most cases are now successful and long standing relationships. It was stated by one of the respondent that "persons who are actually interested in mentoring should be included, some mentors are chosen against their will and therefore, their uninterested attitude was not conducive for new and relatively inexperienced nurses". Additionally, ensure that each new nurse is assigned a mentor. For this process to be successful, we need to establish a structured system to ensure that no nurse is unintentionally left out of the mentoring programme. Another recommendation made by the respondents is the mentoring programme should be extended and the nurses who have been exposed to the programme should also be evaluated to determine the benefits gained from the programme and areas which can be improved.

Conclusion

This study does not illustrate the correlation between quality mentoring and intent to stay/nursing shortage. What this study does demonstrate is that quality mentorship is beneficial and helps in the transitioning of new nursing into the nursing profession. Quality of mentoring can affect job satisfaction, intent to stay, competence in nursing duties and socialization into the profession. Competence in nursing duties and socialization were some of the benefits which were gained from engaging in a mentoring relationship and has proven to be effective in some scenarios as reported by the nurses. It is illustrated in table 2 that the nurses developed confidence, which one nurse alluded to improving her competence when performing skills. While, majority of the nurses admitted to guidance being one main factor which has helped in the transitioning from student to Registered Nurse in the profession, it was stated by one of the participants that mentorship is a stress reducer because, "someone was readily available when advice was needed, while another stated that, "it reduced the fear of being in a new environment, but this has to be provided in a structured manner.

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