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Mentorship Motivation, Attitude and Practice among Nurses in Ormoc City

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ABSTRACT

This study investigates mentorship motivation, attitudes, and practices among nurses in Ormoc City, focusing on the interrelationships among these factors and their implications for nursing development. Grounded in Social Cognitive Theory, the Theory of Planned Behavior, and the Theory of Reasoned Action, the research explores how personal characteristics, such as age, gender, educational attainment, and years of nursing experience, influence mentorship dynamics within clinical settings. Employing a descriptive-correlational design, data were gathered using a adopted questionnaires from 208 registered nurses across four hospitals in Ormoc City, ensuring a representative sample of the local nursing workforce. The findings highlight significant positive correlations between mentorship motivation, attitudes, and practices, emphasizing that personal characteristics and institutional support are pivotal in fostering an effective mentoring culture. This suggests that mentorship programs tailored to the unique needs and attributes of nurses can enhance professional growth, skill development, and overall patient care outcomes. The study further emphasizes the role of structured mentorship programs in addressing specific mentorship dimensions and aligning with the goals of the nursing profession. These initiatives contribute to achieving Sustainable Development Goal No. 3, which focuses on ensuring healthy lives and promoting well-being. By supporting workforce sustainability and advancing the quality of healthcare delivery, this research offers valuable insights for nursing administrators and policymakers.

Keywords: Mentorship Motivation, Attitudes, Practices, Ormoc City Nurses

INTRODUCTION

Mentorship is a dynamic and multifaceted relationship characterized by intentional guidance, support, and role modeling that facilitates the personal, professional, and holistic growth of both the mentor and mentee. It involves the development of skills, knowledge, and wisdom through shared experiences, fostering a sense of safety, resonance, and coherence within the mentoring relationship (Nwokorie, 2023; Filippi, 2022; Eason, 2024). According to Wang et al. (2021), there are three kinds of mentorship; it is the motivation, attitude, and practice. Mentorship Motivations refer to the driving factors that inspire employees to engage in mentoring relationships, which vary based on different aspects such as promotion opportunities, financial rewards, organizational assignment, partnership approach, competency development, and fostering a love for the profession. Furthermore, Mentorship Attitude refers to an individual, particularly a mentor, who is in a state of responding to a stimulus. This stimulus can be related to scheduling issues, work-life balance, relationship coordination, personal benefit, time consumption, workload sharing, continuous learning, etc. Another is Mentorship Practice, which deals with adjusting guidance methods, caring about mentees, regular summarization, seeking help for problems, impatience with poor performance, trust in abilities, clinical exposure, and other related topics.

Numerous studies have investigated the effects of mentorship on the organization. For instance, Teo et al., (2024) systematically search the literature to see if mentoring can be a complex adaptive system. Utilizing Krishna's Systematic Evidence-Based Approach looking for articles from January 2000 to December 2023 from PubMed, Embase, ERIC, Scopus, Google Scholar Data Bases. Findings described how mentoring embody characteristics of Complex Adaptive System which is needed for a spiral mentoring trajectory, and longitudinal mentoring support and assessment processes. Also, Wang et al., (2024) investigated motivation, attitude, practice on

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

mentoring among clinical nursing mentors. A cross-Sectional study which has 495 respondents from 30 hospitals in China, and data were gathered sometime in August-September 2023. Results revealed that there is a relationship between motivation and attitude and practice while attitude is positively correlated with practice. The Multivariate Regression showed that nursing mentors, and different hospitals were independently associated with motivation. It is also noteworthy that psychological care has the highest predictive value among mentoring motivation, attitude, and practice. Therefore, participation in training, and decrease in the frequent evaluation should be taken into management plan for the employees' psychological care.

Moreover, Mubuuke et al., (2020) explored the knowledge, attitude, and practices among faculty about their nursing student mentorship at the Makerere University College of Health Sciences in the Sub Saharan, Medical School. Utilizing an exploratory qualitative study and a semi-structured questionnaire, and a thematical analysis to determine study themes. The findings revealed four themes, there are (a) knowledge of mentorship, (b) attitude towards mentorship, (c) practice of mentorship, and (d) improving the mentorship process. Majority of the faculty respondents have less knowledge of mentorship regardless of their seniority. Also, the degree of knowledge could also influence the practice for mentorship. Despite the knowledge gap, it is interesting that all faculty respondents have demonstrated a positive attitude in mentoring participation. This research recommends that all Clinical Instructors should have regular mentorship programs for faculty development.

In Ormoc, the onboarding process for new nurses is a structured and comprehensive approach designed to ensure they are well-prepared and supported as they transition into their roles. It begins with pre-employment screening, followed by an orientation program that familiarizes new nurses with hospital policies, procedures, and electronic health records. A preceptorship program pairs them with experienced nurses for hands-on training and mentorship. Continuous education and regular evaluations are emphasized to foster professional growth. Integration into the healthcare team is facilitated through team-building activities and ongoing support, ensuring new nurses become confident and competent members of the team.

The researcher had a particular challenging case involving a critically ill patient while on duty at Gatchalian Hospital. Feeling overwhelmed and uncertain, the researcher sought advice from my senior staff nurse. She carefully guided me through each step of the patient's treatment plan, explaining each detail and sharing her experiences with similar cases. She also advised me on areas for improvement and encouraged me to ask questions. Under her guidance, the researcher effectively managed the patient's treatment and gained invaluable knowledge and self-assurance, which the researcher used to advance the nursing career.

This study is essential to the hospitals in Ormoc City a it might improve training programs, better support systems, retention strategies, and enhanced patient care. In terms of mentorship motivation, it may result in career advancement, professional growth, skill development, and organizational requirement. Also, the mentorship attitude it can help with better work-life balance, learning opportunities, recognition, and personal fulfillment. Moreover, it can also help with adaptability, proactive issue resolutions, continuous improvement in knowledge and abilities, and managing conflicts. As a Clinical Instructor, this study is vital, especially since our daily activities are mentoring our students, thus it could increase our mentorship knowledge which in turn can guide and support the students with their mental, motivational, and attitudinal needs.

The four hospitals in Ormoc City have a preceptorship program, given to newly qualified nurses. Mentorship programs for new nurses in Ormoc City often follow models like the "Buddy System" or the "Preceptor Program." The "Buddy System" pairs new nurses with more experienced colleagues who provide guidance, support, and practical advice during the early stages of their employment. The "Preceptor Program" is another common approach, where a designated preceptor, typically a senior nurse, offers one-on-one mentorship to help new nurses develop their clinical skills, build confidence, and navigate the complexities of the healthcare environment. These programs are designed to foster a supportive learning atmosphere and ensure a smooth transition into professional practice which is common in the Philippine setting.

Most studies focus on specific regions or countries, such as China (Wang et al., 2024) and Sub-Saharan Africa (Mubuuke et al., 2020). Therefore, there is a need to investigate how local contexts influence mentorship among nursing staff. Additionally, there is no available data or literature on mentorship initiatives in the context of Ormoc City. The researcher aims to fill this gap by contributing a study specifically focused on hospitals in

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

Ormoc City. This will address the Sustainable Development Goal 3 on Health and Wellbeing.

Research Objectives

This study assessed the interrelationship of personal characteristics, mentorship motivation, attitude and practices among nurses in selected hospital Ormoc City, Leyte during the year 2024.

Specifically, it answered the following questions:

1. What are the personal characteristics of the respondents in terms of:

    1.1 age;

    1.2 gender;

    1.3 education;

    1.4 years of nursing experience; and

    1.5 training attended?

2. What is the mentorship motivation of the nurses?

3. What is the mentorship attitude of the nurses?

4. What is the mentorship practice of the nurses?

5. Is there a significant relationship between

    5.1 personal characteristics and mentorship motivation;

    5.2 personal characteristics and mentorship attitude;

    5.3 personal characteristics and mentorship practice;

    5.4 mentorship motivation and attitude;

    5.5 mentorship motivation and practice

    5.6 mentorship attitude and practice

6. What nursing management mentorship program can be proposed based on the findings of the study?

Statement of Null Hypotheses

Ho1: There is no significant relationship between personal characteristics and motivation mentorship.

Ho2: There is no significant relationship between personal characteristics and attitude mentorship.

Ho3: There is no significant relationship between personal characteristics and practice mentorship.

Ho4: There is no significant relationship between mentorship motivation and attitude.

Ho5: There is no significant relationship between mentorship motivation and practice.

Ho6: There is no significant relationship between mentorship attitude and practice.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

REVIEW OF RELATED LITERATURE AND STUDIES

Mentorship

Mentorship is a developmental relationship in which a more experienced or knowledgeable person or the mentor provides guidance, support, and advice to a less experienced or less knowledgeable or experienced person or the mentee (Gakonga, 2019). The goal is to help the mentee develop skills, gain knowledge, and achieve their personal and professional goals. In addition, Ivey et al. (2020) defined Mentor as a senior individual who supports and sponsors a junior person, known as a mentee or protégé. Mentors possess advanced experience and knowledge, and they are committed to helping their protégés achieve career success.

The concept of mentorship dates to ancient times. The term "mentor" originates from Greek mythology; Mentor was a character in Homer's "The Odyssey" who was a trusted friend and advisor to Odysseus's son, Telemachus (Sandridge, 2019: Duncan, 2023). Throughout history, mentorship has been an informal practice seen in various cultures, where experienced individuals have guided and supported younger or less experienced individuals (Mullen & Klimaitis, 2021). Traditionally, mentoring is viewed as a developmental relationship, but recent research includes the study of multiple mentors or protégés. Mentoring relationships are unique and strengthened by an emotional bond. Mentor functions are categorized into career-related support, which helps protégés advance in their careers through exposure, coaching, and sponsorship, and psychosocial support, which enhances protégés' identity, competence, and success through counseling and friendship.

Mentoring typically follows four phases: initiation, cultivation, separation, and redefinition. Informal mentoring develops naturally without organizational involvement, lasting between five and seven years or longer. Formal mentoring is structured by the organization, usually lasting about a year. Informal mentoring is generally preferred by mentors and protégés due to its voluntary nature and better outcomes compared to formal mentoring, which can sometimes lead to negative experiences.

Mentorship can be particularly valuable in the nursing and healthcare sectors for several reasons. Experienced healthcare professionals can pass on critical knowledge and skills to newer staff, ensuring continuity of high-quality care. Mentorship programs can help nurses and other healthcare workers advance in their careers by providing guidance on career paths, education opportunities, and leadership skills (Lavoie-Tremblay et al. 2019). Mentors can provide emotional and professional support to new or less experienced staff, helping them navigate the challenges of the healthcare environment and increasing job satisfaction and retention (Henry-Noel et al. 2019). In fostering a culture of continuous learning and development, mentorship programs can contribute to improved patient outcomes through better-trained and more confident healthcare providers (Fry, 2023).

Personal Characteristics to Mentorship

This research integrates the personal characteristics and its influence on mentorship, thus, it is noteworthy to review literature on specific demographic profile to Mentorship. First is the age of the mentors which are vary widely, typically ranging from early-career professionals in their late 20s to seasoned experts in their 50s or 60s, with age influencing the mentor's experience level and perspective (Bhatnagar et al. 2019). Gender diversity among mentors is important to provide varied perspectives and support (Henry-Noel et al. 2019; Farkas et al. 2019; Ooms et al. 2019; Turner et al., 2023). In nursing, which has a higher proportion of female professionals, mentorship programs often reflect this demographic, although promoting gender diversity can help address different needs and experiences. Mentors usually possess advanced educational qualifications, such as Bachelor's degrees, Master's degrees, or even Doctorates in nursing or related healthcare fields, with higher education levels typically correlating with a deeper knowledge base and greater expertise (Ramos, 2019; Lorenzetti et al., 2019, Tuomikoski et al., 2020). Experienced mentors generally have several years, often decades, of practical nursing experience, enabling them to provide valuable insights, real-world advice, and support based on a comprehensive understanding of the field (Ocobock et al., 2022; Brown et al., 2024).

The number of mentees a mentor has worked with can vary, with some mentors guiding only a few individuals closely while others have mentored many over their careers, impacting the mentor's effectiveness and approach (Treasure et al., 2022). Mentors typically follow different pathways to their roles, with some being formally

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

selected and trained by their organizations and others naturally transitioning into mentorship through informal relationships and recognition of their expertise by peers and supervisors (Brown et al., 2020). Formal training for mentors is crucial to ensure they possess the necessary skills to support their mentees effectively, including workshops on communication, coaching techniques, adult learning principles, and specific mentorship frameworks, with continuous professional development ensuring mentors remain effective and up-to-date with best practices (Sheri et al. 2019; Bonifacino et al. 2021; Vargas et al., 2021).

Mentorship Motivation

Mentorship is a significant characteristic that a leader or a peer should possess because it can help novice employees or someone who is less experienced and knowledgeable on a specific matter. However, mentorship can only be done if a mentor is motivated, these motivations can vary, it may be for promotion, financial, partnership, competence, development, and love of the nursing profession (Wang et al., 2024). Looking at what scientific literature has to say in mentorship motivation. Butz et al., (2019) explored the motivation of research mentors to address race and ethnicity within their mentoring relationships, using self-determination theory as a guiding framework.

The research focused on mentors from STEM fields, particularly biological sciences, and involved 115 participants. The study analyzed mentors' motivations and their reasons for addressing race and ethnicity through a qualitative coding approach. The findings revealed that extrinsic motivation and amotivation were the predominant reasons for mentors addressing racial and ethnic considerations. Factors such as the mentor's previous experience with racially diverse trainees and the mentor's own race and ethnicity influenced their motivational levels. The study highlights the implications of these motivations for mentoring practices, higher education initiatives, and efforts to diversify the STEM workforce. These insights can inform strategies to enhance mentor training and support systems, ultimately fostering more inclusive and effective mentoring relationships in STEM fields. Also, Kaše et al., (2019) investigated the motivational processes involved in skill development within reverse mentoring programs, where younger individuals mentor older ones, particularly focusing on digital skills. Utilizing a sample of 457 younger mentors and 293 older learners, the study tested parallel moderated mediation models to understand the psychological mechanisms at play. The findings indicated that extrinsic motivation is the primary driver for younger mentors' skill development, whereas older learners' digital skills advancement is mainly fueled by intrinsic motivation. Additionally, personal resources such as positive effect and self-efficacy were found to benefit only the younger mentors. These results highlight the distinct motivational processes for each group in reverse mentoring scenarios.

The study provides valuable insights into human resource practices, offering specific guidelines to enhance the effectiveness of intergenerational learning initiatives. In addition, Tuomikoski et al., (2019) conducted a quasi-experimental study to assess the impact of educational interventions on nurse mentors' competence in mentoring nursing students during clinical practice. The study, conducted at a university hospital and two central hospitals in Finland between 2013 and 2017, involved 120 nurse mentors who participated in a three-month educational program. This program included online learning and three face-to-face teaching sessions. Using the Mentor Competence Instrument (MCI) to measure competence across ten subscales, the researchers found that the educational intervention significantly increased mentors' competence in various areas.

These areas included knowledge of mentoring practices, student-centred evaluation, identifying student needs, effective mentoring practices, supporting students' learning processes, goal orientation, and providing constructive feedback. The study suggests that incorporating mentoring education into nurse degree programs can enhance the competence of nurse mentors, thereby improving the mentoring of nursing students and supporting their learning and professional development. Moreover, Shier et al., (2020) explored the motivations of volunteers mentoring high school-aged girls in a low socio-economic neighborhood in Toronto, Ontario. Through semi-structured interviews with 22 female mentors, the study identified three key motivational themes: social propensity, psychological propensity, and experiences with organizational dynamics. While organizational dynamics alone were insufficient motivators, they enhanced the mentors' social and psychological propensities, compelling them to volunteer.

The findings suggest that organizations can improve volunteer recruitment and retention by emphasizing the

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

psychological benefits of mentoring, leveraging current staff and volunteer networks, and promoting the organization's values and accountability structures. This approach can support the development of effective youth mentorship programs by aligning organizational practices with the intrinsic motivations of volunteers.

Secchin et al., (2020) conducted a study to evaluate the impact of a longitudinal curricular mentoring program on the quality of life, mental health, and academic motivation of Brazilian medical students. The study compared two groups of second-year medical students: one that had participated in the mentoring program since admission and another that had not been exposed to mentoring. Using self-report questionnaires (WHOQOL-BREF, DASS-21, and Academic Motivation Scale-AMS), the researchers assessed the outcomes. The study included 95 students, with 55 receiving mentoring and 40 not. The Multivariate GLM regression model revealed no significant effects of mentoring on quality of life, mental health, or academic motivation. Similarly, the Univariate GLM regression showed no significant impact of mentoring on the students' perceived health. The findings suggest that the mentoring program did not significantly affect the measured outcomes, underscoring the difficulties in effectively implementing and evaluating mentoring programs in medical education.

Wahidi et al., (2020) explored the relationship between mentoring functions and hospital performance targets. The study emphasizes that optimal employee performance is crucial for hospitals to achieve comprehensive performance targets and sustainability. Professional management needs support in mentoring activities to enhance employee motivation and career development, ultimately improving performance. The study aims to determine the influence of mentoring functions on motivation and career development for nurses.

The researchers used a survey research method with causal research analysis, sampling 148 nurses using saturated sampling techniques, and analyzed the data using path analysis with statistical tools. Key findings indicate that mentoring, motivation, and career development jointly influence hospital nurse performance. The mentoring function positively affects nurse motivation and career development, and nurse motivation positively impacts performance variables. The research highlights the importance of supporting nurses with mentoring to drive career development and performance, recommending that hospital management incorporate mentoring activities to enhance professional qualifications and achieve performance targets.

Furthermore, Brumovská and Brady (2021) conducted a phenomenological longitudinal qualitative study with mentors from the Big Brothers Big Sisters program in the Czech Republic to investigate their initial motivations in formal youth mentoring relationships. Using Interpretive Phenomenological Analysis (IPA), they analyzed interviews with ten mentors over the course of their first, fifth, and tenth months of involvement. The study utilized self-determination theory (SDT) to examine motivations on a continuum from autonomous to controlling. The findings revealed that mentors' motivations varied significantly, ranging from extrinsic rewards and introjected regulations to more autonomous, intrinsic motivations aligned with personal values and pro-social attitudes. The study concluded that the level of autonomy in a mentor's motivation significantly impacts the quality of the mentoring relationship and the mentor's satisfaction. This suggests that assessing mentors' initial motivations could be crucial for improving the recruitment and training processes in formal youth mentoring programs, ultimately enhancing the effectiveness of these relationships and their benefits for mentees.

Liu et al., (2021) explored how mentors' motives in informal mentoring relationships influence their behaviors and the resulting mentoring outcomes. They propose a conceptual model that illustrates the connections between mentor motives and the outcomes at individual, relational, and organizational levels, with mentor behaviors acting as a mediating factor.

The authors differentiate between self-focused and other-focused mentoring motives. Self-focused motives lead to behaviors characterized by a high sensitivity to instrumental rewards, selectivity in initiating relationships, and calculated investments in these relationships, primarily benefiting the mentor. Conversely, other-focused motives result in behaviors marked by low sensitivity to instrumental rewards, high inclusivity in initiating relationships, and less calculated investments, yielding more comprehensive benefits for both the individuals involved and the organization. The study also examines the role of societal culture in shaping mentor motives and behaviors. The findings suggest that human resource development professionals should consider the linkages between mentor motives and behaviors to enhance the effectiveness of informal mentoring relationships.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

Lee and Chiang (2021) explored the critical role of mentorship in enhancing nursing students' clinical placement experiences. Despite new standards by the Nursing and Midwifery Council in 2018, which some perceived as diminishing the traditional mentorship role, mentorship remains vital in supporting clinical education globally. Through a systematic search of qualitative studies published between 2000 and 2018, the researchers identified three key themes: mentors' capabilities and readiness for mentorship, the importance of a humanistic approach, and the collaboration between healthcare and educational stakeholders. These themes collectively highlight the necessity of a well-structured mentorship system that includes thorough mentor preparation, a focus on empathetic and supportive interactions, and strong partnerships between educational institutions and clinical settings to optimize nursing education.

McCarthy et al., (2022) conducted a Doctor of Nursing Practice (DNP) project to evaluate the impact of an evidence-based mentorship program on nurses' self-efficacy and motivation to pursue board leadership positions. Despite the growing emphasis on the importance of nurses' presence on hospital boards, their representation remains disproportionately low compared to physicians. The study aimed to address barriers to board leadership and enhance nurses' readiness and motivation to seek these roles. The voluntary mentorship program involved eleven nurse leader mentees and eleven mentors, focusing on overcoming barriers to board service and providing guidance. Using the Sundean Healthcare Index for Preparedness in Board Competency (SHIP-BC) survey, the study measured changes in self-efficacy before and after the program. Results indicated a statistically significant improvement in personal and interpersonal skills among mentees, with a two-sided exact p-value of 0.027. Both mentors and mentees expressed high satisfaction with the program, highlighting the value of formal mentorship in increasing comfort levels and readiness for board leadership. The findings suggest that evidence-based mentorship can enhance nurses' understanding of board roles, boost their self-efficacy, and motivate them to pursue leadership positions, thereby enabling them to advocate for patients and influence healthcare transformation effectively.

Ramani et al., (2022) conducted a qualitative study to explore the motivations and approaches of mentors in health professions education, focusing on a group of internationally renowned educators who participated in an informal, international, and mostly online mentoring initiative by the Association for Medical Education in Europe in 2019. Through hour-long interviews with ten global educational leaders, key themes emerged across three categories: motivations, approaches, and global and virtual mentoring. Under motivations, the themes included nurturing relationships focused on mentees' growth, passing on the benefit of one's experience, and pursuing one's own continued growth.

The approaches themes highlighted the importance of providing a safe space and encouraging mentees to take ownership of their professional development. Regarding global and virtual mentoring, the study found that mentoring across geographical borders remains fundamentally about relationships, and that virtual mentoring does not hinder relationship building. The findings suggest that while mentors value their own growth, altruism, or the desire to benefit others, is a key motivating factor. Identifying mentors passionate about strengthening the field through reflective narratives and critical conversations is crucial for successful mentoring initiatives.

Motivation serves as a crucial facilitator of self-leadership among nurse academics, significantly impacting their ability to effectively manage and lead themselves in academic settings. The study by Matahela and van Rensburg (2022) aimed to develop guidelines that promote self-leadership among nurse academics by examining the motivational factors influencing their behavior. Using an exploratory sequential mixed methods design, the research gathered qualitative and quantitative data from nurse academics across various higher education institutions in South Africa.

The integration of intrinsic and extrinsic motivational factors revealed that while external factors like institutional support and recognition can influence self-leadership, intrinsic motivation, stemming from personal fulfillment, competence, and meaningfulness, plays a more vital role. The guidelines generated emphasized the importance of fostering intrinsic motivation over extrinsic rewards to enhance self-leadership. Nurse academics were encouraged to engage in self-reflection, set personal goals, and pursue activities that align with their intrinsic values and passions. The study concluded that by prioritizing intrinsic motivation, nurse academics could achieve higher levels of self-leadership, ultimately leading to improved performance and satisfaction in their roles.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

Sampoortman (2023) studied the effects of traditional and virtual mentoring on employee motivation among nursing faculty were compared. Utilizing a true experimental factorial design, the study recruited 60 nursing faculty members from Namakkal through convenience sampling and randomly assigned them to two experimental groups: traditional mentoring (n=30) and virtual mentoring (n=30). Before the intervention, background variables were assessed, and an employee motivation assessment tool was used to gauge initial motivation levels. Experimental group I underwent traditional mentoring for three months, while experimental group II received virtual mentoring over the same period. Post-intervention, the same assessment tools were used to measure changes in motivation levels in both groups. The findings indicated that virtual mentoring significantly enhanced employee motivation compared to traditional mentoring. This study underscores the potential of virtual mentoring as an effective strategy for boosting motivation among nursing faculty.

Mentorship Attitude

Mentorship Attitude is the ability of the mentor to coordinate issues related to rescheduling, work and family life, relationships, reporting and documentation, workload management, discover talents, learn new ideas and concepts, and willing to actively mentor new interns (Wang et al., 2024).

Nyanjom (2020) investigated the mentor's perspective, emphasizing the relational dynamics within mentoring relationships and the mentor's developmental journey. Utilizing personal reflective journals, mentoring conversations, and focus group interviews, Nyanjom finds that critical reflective practice is essential for transformational learning, leading to significant personal and professional growth and enhanced mentor competency. The study highlights that transformative learning episodes are pivotal in shaping mentor identity and competency. Nyanjom concludes that intentional, strategic efforts towards mentor development can significantly improve mentoring practices and foster a culture of continuous learning and growth within organizations.

Similarly, Ee-Yuee Chan et al. (2020), investigated the impact of a mentorship program on enhancing evidence-based practice (EBP) among nurses. Conducted in an acute hospital in Singapore, the program involved nine nurses who facilitated ward-based EBP education sessions throughout 2015. The Evidence-Based Practice Questionnaire (EBPQ) was employed to assess changes in knowledge, attitude, and practice of EBP among both mentees and their ward colleagues, with assessments conducted before and three months after the program's completion. Results indicated significant improvements in EBPQ scores across all subscales for both groups, with mentees exhibiting a more substantial increase. This underscores the efficacy of hospital-based mentorship programs in fostering an EBP culture, enhancing nurses' attitudes towards and engagement in EBP, which is critical for achieving better clinical outcomes. The study highlights the importance of mentorship in cultivating positive attitudes and facilitating the adoption of EBP among nursing professionals.

On the other hand, Wynn et al., (2021) highlighted that while there is a shortage of experienced nurse educators willing to mentor, effective mentoring is essential for passing on knowledge and ensuring the retention of future nursing professionals. The attitude of mentors plays an important role in this process such that a positive attitudes among mentors, characterized by genuine care, respect, and dedication, foster supportive and trusting relationships with mentees. Conversely, a poor attitude and lack of positive mentoring can drive potential nurses away from the profession, leading to negative outcomes such as decreased self-esteem, increased anxiety, and burnout among mentees. The study emphasizes that mentors must model positive behaviors and attitudes, demonstrating resilience and commitment, to effectively guide mentees through the complexities of nursing academia. This approach not only supports the professional growth of mentees but also enhances the overall mentoring culture, contributing to the long-term sustainability of the nursing workforce. The findings suggest that strategic efforts to develop mentor competency and positive mentoring attitudes are essential for improving job satisfaction, retention, and the quality of nursing education.

Finally, Yan Wang et al., (2024) investigates the dynamics of motivation, attitude, and practice among clinical nursing mentors and the influencing factors. Conducted across 30 hospitals in Zhejiang Province, the study collected data from 495 mentors via self-administered questionnaires, revealing that mentors generally exhibited adequate motivation, positive attitudes, and proactive mentoring practices. Significant positive correlations were found between motivation, attitude, and practice scores. Multivariate logistic regression identified factors such

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

as mentor seniority and hospital environment, particularly the frequency of psychological care, as significantly influencing mentoring motivation, attitude, and practice. Additionally, participation in training and lower job evaluation frequency were strongly associated with enhanced mentoring practices. These findings underscore the need for structured mentorship programs that include comprehensive mentor training, a supportive environment with regular psychological care, and minimized job evaluation frequency to foster effective clinical nursing mentorship.

Mentorship Practice

Mentorship practice refers to mentors adjusting the guidance method for new nurses or interns with different personalities. Care about learning, work, and life issues encountered by new nurses. Seek help from the department for problematic situations that cant be resolved by the interns. High level of trust in the abilities of new interns. Also, allowing interns to have clinical exposure in the hospital (Wang et al., 2024).

Wachira's (2019) study on the perception of mentorship practices among nursing students at Kabarnet Kenya Medical Training College highlights the significance of mentorship in enhancing nursing students' self-confidence, understanding of moral and ethical issues, and development of practical skills not covered in traditional nursing education. Conducted through a descriptive cross-sectional design with 174 participants, the study revealed that a significant majority of students (81%) viewed mentorship as beneficial to their learning, with 67% acknowledging its positive impact on professional growth. However, challenges such as inadequate time for mentorship, shortage of mentors, and lack of institutional support were prevalent.

These challenges indicate a need for improved mentorship structures and better support systems. The study recommends that the college management collaborate with hospital administration to identify and allocate more clinical mentors. Additionally, policy makers in nursing are urged to utilize these findings to enhance clinical mentorship programs, thus bridging the gap between theoretical knowledge and clinical practice, ultimately improving the educational experience and professional preparedness of nursing students.

Comparcini et al., (2020) conducted a study to validate the Italian version of the Mentors' Competence Instrument (MCI), which is crucial for assessing and enhancing mentors' competencies in guiding nursing students' clinical learning. The study involved a sample of 291 mentors from five Italian hospitals, yielding a response rate of 45%. The researchers employed Confirmatory Factor Analysis (CFA) to evaluate the instrument's validity, resulting in optimal fit indices such as a Root Mean Square Error of Approximation of 0.058 and a Comparative Fit Index of 0.893. Additionally, the scale demonstrated high reliability, with Cronbach's alpha values ranging from 0.77 to 0.95 across different factors. The findings confirm that the MCI is a valid and reliable tool for measuring mentors' competencies in the clinical learning environment, aligning with the theoretical structure identified in other national contexts. This validation supports the instrument's use in comparing mentors' competencies internationally, thus contributing to the harmonization of nursing education. The study underscores the pivotal role of competent mentors in fostering nursing students' professional identity and clinical skills, highlighting the need for reliable tools to assess and develop mentorship competencies in clinical practice.

Similarly, Wang et al., (2020) explored the development of a cadre of Evidence-Based Practice (EBP) mentors for nurses in Western China, addressing the pivotal role of organizational support in fostering EBP competencies. Conducting a cross-sectional study involving 286 EBP mentors from six urban general hospitals in Xi’an City, the researchers assessed EBP nursing leadership, work environment support, and EBP competency. Utilizing the EBP Nursing Leadership Scale and the EBP Work Environment Scale, the study identified a significant lack of organizational support, particularly in the availability of EBP experts and educational offerings. The Evidence-Based Practice Questionnaire revealed that mentors felt inadequately competent, particularly in EBP knowledge and skills. Stepwise multiple linear regression models indicated that both EBP nursing leadership and work environment support were significant predictors of EBP competency ($\beta = .211–.345$, $p < .01$). These findings highlight the crucial need for enhanced organizational support to develop effective EBP mentors, which is essential for the sustained implementation of evidence-based care in healthcare settings.

Furthermore, Mikkonen et al., (2021) conducted a comprehensive international study to evaluate the competence

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

of clinical practice nurse mentors and to identify distinct mentor profiles, aiming to enhance mentoring practices. Utilizing a cross-sectional design and secondary analysis, the study involved 1,604 mentors from 33 healthcare organizations across five European countries. Data were collected using the Mentors' Competence Instrument (MCI), which comprises seven sub-dimensions and 44 items. The K-means cluster analysis revealed three distinct mentor profiles: Profile A (n = 926), Profile B (n = 566), and Profile C (n = 85), with significant differences ($p < .001$) across all seven competence areas. Nurses in Profile A, characterized by older age, extensive work experience, and completion of mentoring-specific training, demonstrated the highest competence levels. Binary regression analyses further elucidated the factors influencing mentoring competence, underscoring the importance of targeted training and experience in developing effective mentors.

Finally, Rumeu-Casares and Llacer (2023) explore the transformative potential of mentoring within the framework of a Nursing Professional Practice Model (NPPM) in their chapter "Mentoring for Continuity of a Nursing Professional Practice Model." The chapter emphasizes the pivotal role of NPPM in redefining nursing roles and competencies, especially in the wake of global challenges such as the COVID-19 pandemic. By aligning nursing practice with the mission, vision, and values of healthcare environments, NPPM provides a structured approach to professional development. The authors illustrate this process through a case study at Clinica Universidad de Navarra, where a newly appointed chief nurse officer was mentored by the chief nurse executive to integrate NPPM into the new setting. This mentorship was crucial in ensuring the alignment of novice nurses with the hospital's strategic goals, thereby enhancing the understanding and application of nursing practices.

Mentorship Studies in the Philippines

Labrague et al., (2019) explored the transition experiences of newly graduated Filipino nurses in resource-scarce rural healthcare settings. Using a qualitative phenomenological approach and structured interviews with 15 participants, the study identifies four key themes: experiencing transition shock, feeling pressured, learning excitement, and needing support. The findings reveal that the transition to professional nursing is a stressful and challenging process, consistent with international studies. The authors highlighted the critical roles of academic and nursing administration teams in facilitating smoother transitions through evidence-based educational programs and structured organizational strategies, emphasizing the need for comprehensive support systems to integrate new nurses effectively into the workforce.

Consequently, Bascos (2020) conducted a comprehensive meta-analysis to determine the effectiveness of various mentoring practices within clinical placements. Utilizing databases such as PubMed, Cochrane Central Register of Controlled Trials, JBI Database of Systematic Reviews and Implementation Reports, CINAHL, and Medline, the study rigorously assessed the quality and bias of included studies through the JBI appraisal tool. Out of 17,946 records screened, six studies met the inclusion criteria, highlighting the positive outcomes of peer and nurse-led mentoring practices. The meta-analysis revealed a statistically significant impact of mentoring on students' clinical placements, showing improvements in knowledge and skills (SMD 0.357, 95% CI 0.038, 0.677, $I2 = 69.26\%$, $p = 0.028$). Further, subgroup analysis indicated that both peer and nurse-led mentoring significantly enhanced students' competencies (SMD = 0.426, 95% CI, 0.202, 0.650, $I2 = 0\%$, $p = 0.000$). These findings underscore the importance of structured and evidence-based mentoring programs in fostering a conducive clinical learning environment, ultimately leading to improved educational outcomes for nursing students. This meta-analysis supports the implementation of effective mentoring strategies to enhance the learning experiences and professional development of nursing students.

In addition, Alfonso et al. (2021) conducted a descriptive-correlational study to evaluate the competency of nurse managers in mentoring staff nurses within public tertiary hospitals in the Philippines. Their study aimed to assess how head nurse mentoring competency relates to staff nurses' career advancement, thus providing insights into public hospital practices. The study revealed that nurse manager-mentors excelled in several key mentoring components, such as identifying areas for improvement, responsive coaching, advocating for environments conducive to patient care, and maintaining thorough documentation. However, while competency in relationship building was rated as good, it was noted as an area for further enhancement. These findings suggest that effective mentoring by nurse managers, particularly in responsive coaching and fostering supportive work environments, is crucial for the professional development of staff nurses and overall improvement in patient care quality. The

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

study underscores the importance of targeted mentoring programs in public hospitals to cultivate a skilled and satisfied nursing workforce, ultimately leading to better healthcare outcomes.

Furthermore, Tangco-Siason et al. (2023) conducted a study to explore the needs of mentees, identify desirable mentor characteristics, and develop a comprehensive mentoring toolkit. Using a developmental research design and purposive sampling, the study involved eight informants and employed Focus Group Discussions (FGD) and mentoring chat records for data collection. The analysis, facilitated by NVivo Software and qualitative content analysis techniques, revealed that mentees' needs encompass study abilities, thinking skills, resource management, teaching skills, and personal and family concerns. Desirable mentor characteristics were also articulated by the mentees. The resulting mentoring toolkit, evaluated for its acceptability using a validated instrument, comprised five components: Targets, Ideas, Plans, Supplements, and six mentoring blocks. The toolkit was highly rated across various attributes, including physical aspects, objectives, content, usefulness, and self-help features, with an outstanding mean score of 3.92. This study underscores the importance of mentoring programs in understanding mentee needs and provides a valuable resource for developing effective mentoring materials that benefit both mentors and mentees.

Moreover, Dino et al. (2023) emphasized the importance of the interconnected roles of mentoring, advising, and coaching in maintaining and advancing leadership in nursing. Through a reflective narrative of their personal experiences as both mentors and mentees, they develop the Vertices of Mentoring, Advising, and Coaching (V-MAC) Model. This model, inspired by a well-known psychosocial phenomenon, illustrates the mutual and dynamic relationship between mentors and mentees. The authors aim to inspire and enrich the practice of mentorship within the nursing profession, highlighting the significance of these triadic roles in fostering sustained leadership and professional development. This chapter contributes to the understanding of mentorship as an evolving and reciprocal process that is crucial for the continuity and growth of nursing leadership.

Finally, Hagrass et al. (2024) investigate the mentorship competencies of nurse mentors in Port Said Governorate's healthcare authority hospitals. The study employed a descriptive design involving a purposive sample of 30 nurse mentors across seven hospitals. Data were collected using three tools: the Mentor Knowledge Questionnaire, Mentor Competencies Instrument (MCI), and Nurse Mentor Performance Assessment. Findings revealed that 63.3% of the nurse mentors had unsatisfactory knowledge levels, 63.3% demonstrated low mentorship competencies, and 70% exhibited unsatisfactory performance. The study concluded that most nurse mentors possessed low mentorship competencies. Consequently, the authors recommended implementing educational programs focused on nursing mentorship competencies at various stages of nursing education to promote the growth and development of both nurse mentors and students. Additionally, increasing the number of nurse mentors in clinical training settings was suggested to enhance the overall quality of nursing mentorship and education.

Relationship between Mentorship Motivation, Attitude and Practice

In this study, the ultimate purpose is to determine the relationship of the three variables which are Mentorship Motivation, Attitude, and Practice. Recently, there is only one study that investigated the relationship, it is the study of Wang et al. (2024) who explored the relationship between mentorship motivation, attitude, and practice among clinical nursing mentors, finding significant positive correlations among these dimensions (motivation and attitude: $r = 0.498$, $P < 0.001$; motivation and practice: $r = 0.408$, $P = 0.001$; attitude and practice: $r = 0.554$, $P < 0.001$). Univariate and multivariate analyses revealed that intermediate and senior mentors had lower motivation scores than junior mentors (OR = 0.638, $P = 0.030$), while those in non-Tertiary A hospitals had higher motivation scores (OR = 1.627, $P = 0.028$). Frequent psychological care from hospitals positively influenced motivation, attitude, and practice, and training participation significantly increased practice scores (OR = 2.908, $P = 0.003$). Conversely, infrequent job evaluations were associated with higher practice scores. The study emphasizes the importance of institutional support, training, a growth-oriented mentor mindset, and effective time management for mentors. A holistic approach, including structured mentorship activities and consistent psychological care, can enhance the quality of nursing mentorship, fostering a skilled and motivated nursing workforce. Future research should broaden its scope to other regions and more diverse samples for greater generalizability.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

Personal Characteristics on Motivation, Attitude, and Practice in Mentoring

Demographic factors can significantly impact an individual's motivation to mentor in nursing. Age plays a crucial role, with younger nurses often motivated to mentor peers or students to build leadership skills, enhance their professional networks, and gain early career recognition (Rosenau et al. 2015). In comparison, older nurses may be driven by a desire to give back to the profession, share their extensive knowledge, and ensure the continuation of high standards in nursing, viewing mentoring as a way to leave a legacy and stay connected with the evolving field (Jacobs, 2018; Jangland et al. 2021). Gender also influences motivation, as female nurses, the majority in the workforce, may feel a strong responsibility to mentor other women, supporting gender equality and empowerment (Block & Tietjin-Smith, 2016). In contrast, male nurses, as a minority, might be motivated to mentor other men to encourage participation in the profession, provide support, challenge stereotypes, and promote diversity (Olorunfemi Olaolorunpo & BNSC, 2019). Education level is another factor, with highly educated nurses, such as those with advanced degrees, likely motivated to mentor and contribute to academic and professional development. In contrast, less educated nurses may mentor to share practical, hands-on experience and establish themselves as leaders based on clinical expertise rather than academic credentials (Hagler, 2018). Years of nursing experience further shapes motivation, as less experienced nurses may be motivated to mentor newer nurses or students to gain confidence, establish themselves in their work environment, and learn from the experience, while more experienced nurses are often driven by a desire to pass on their knowledge, support the development of others, and ensure quality and safety in patient care, seeing mentoring as a way to remain engaged in the profession as they approach retirement (Gazaway et al. 2019).

Furthermore, demographic profiles significantly influence attitudes and practices in mentoring within the nursing profession, shaping how individuals view and engage in mentoring. Younger nurses often see mentoring as a vital tool for professional growth and networking, adopting a positive, reciprocal learning attitude (Horner, 2017). In comparison, older nurses typically take a more reflective approach, viewing mentoring as a way to impart wisdom and ensure quality care (Coventry & Hays, 2021). In practice, younger nurses focus on career development and skill acquisition, often mentoring peers, whereas older nurses emphasize long-term guidance, ethical decision-making, and professional identity development. Gender also plays a role, with female nurses generally adopting a collaborative and supportive attitude, viewing mentoring as a means to foster community and support within the profession (Brown et al. 2015). Women often practice mentoring by creating nurturing environments and emphasizing emotional support, while men may focus on career progression, diversity advocacy, and addressing unique challenges in a female-dominated field. Educational background further shapes mentoring attitudes and practices, with highly educated nurses likely to have a structured, formal attitude toward mentoring, seeing it as crucial to professional development, while those with less formal education might adopt a more practical, experience-based approach, emphasizing hands-on knowledge sharing (Langdon & Ward, 2015). Consequently, highly educated nurses may implement academic support, research guidance, and continuous learning practices, while less formally educated nurses might focus on teaching practical skills and providing real-world insights. Experience level also influences mentoring, with less experienced nurses often adopting an eager, open attitude, viewing mentoring as a way to accelerate learning (Menges, 2016). In contrast, more experienced employees might have a guiding, authoritative attitude, seeing mentoring as their responsibility to pass on knowledge (Reid, 2015). In addition, less experienced employees may engage in peer mentoring and collaborative learning.

Synthesis

The previous literature offers an extensive analysis of its historical context, definitions, phases, and its critical role in the nursing and healthcare sectors. Mentorship, defined as a developmental relationship where a mentor provides guidance, support, and advice to a mentee, has roots in ancient Greek mythology. Typically, mentorship progresses through four phases: initiation, cultivation, separation, and redefinition. Informal mentorship, which develops naturally without organizational involvement, is often preferred due to its voluntary nature and better outcomes. In the nursing field, mentorship is vital for transferring critical knowledge and skills, ensuring high-quality care, and aiding career advancement, emotional support, job satisfaction, and retention of healthcare workers. Mentors vary widely in age, gender, educational qualifications, and experience, all of which influence their effectiveness.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

Formal training and continuous professional development are essential for effective mentorship. Motivations for mentorship can be both extrinsic, such as promotions and financial incentives, and intrinsic, like personal fulfillment and development. Positive attitudes among mentors, characterized by care, respect, and dedication, are crucial for successful mentoring relationships, whereas negative attitudes can lead to poor outcomes for mentees. Effective mentorship practices involve tailoring guidance to individual mentees, addressing their needs, and providing clinical exposure. Studies show significant positive correlations between mentorship motivation, attitude, and practice, with institutional support, training, and frequent psychological care being key factors. Research in the Philippines highlights the importance of mentorship in nursing education, improving students' competencies and professional preparedness. While many studies support the effectiveness of mentorship in enhancing professional development and job satisfaction, some have found no significant impact on specific outcomes like quality of life and academic motivation.

RESEARCH METHODOLOGY

Design

This quantitative research utilized a descriptive, correlational research design. In application to the study, the descriptive design was used in determining the personal characteristics of the nurses along with the mentorship motivation, attitude and practice on mentorship of the nurses. The correlational design will be used in assessing the interrelationship among the personal characteristics, motivation, attitude and practice on mentorship of nurses during the fourth quarter of 2024.

Environment

The research environment is Ormoc City, Leyte, Philippines because it has 4 hospitals with level one-two category. Hospital A is a Level 2 facility, accommodates 100 beds and provides a variety of services. Hospital B is categorized as Level 1, also has a 100-bed capacity and offers specialized services. Hospital C is a Level 1 facility with 75 beds, serves up to 100 patients and offers similar services. Hospital D is a Level 3 facility with 150 beds, offers a wide range of medical services through its outpatient clinics.

Respondents

Respondents of the study are the 208 registered nurses in Ormoc City, Leyte from the four Hospitals. Currently the total number of nursing staff in Ormoc is 449 comprising with 173 in Hospital A, 92 in Hospital B, 61 in Hospital C, and 123 in Hospital D. To scientifically calculate the recommended sample size, a web-based calculator “raosoft” was used, setting margin of error to 0.5%, and confidence level to 95%, the recommended sample size is 208 samples.

Sampling Design. The researcher utilized Proportionate Random sampling to distribute 208 sample size. To ensure proportional representation, 42% of the surveys were distributed to Hospital A, 23% to Hospital B, 16% to Hospital C, and 19% to Hospital D. Consequently, the researcher administered the survey to 208 nurses across these four hospitals.

Inclusion and Exclusion Criteria. The study includes nurses working in the four hospitals in Ormoc City who meet specific criteria. Eligible participants are between 18 and 60 years old, possess strong communication skills, both spoken and written, have a good understanding of the subject matter, are free from communicable diseases, are not classified as Persons With Disabilities, have provided informed consent, and have been employed at the hospital for at least the past year. Nurses who do not meet these criteria were excluded from the study. Respondents may withdraw from the study if they feel uncomfortable and feels like that questions are inappropriate.

Instrument

The study made use of a four-part instrument. Part one of the instrument deals with the personal characteristics of the nurses in terms of age, gender, educational background, years of nursing experience, number of persons mentored; pathway in making a mentor and trainings attended. Other parts are composed of Motivation, Attitude,

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

and Practice in mentorship and adopted from the study of Wang et al. (2024) entitled "Clinical Nursing Mentors Motivation, Attitude, and Practice for mentoring and factors associated with them" published in BMC Nursing. The parametric measurements of the instrument used in this study were meticulously evaluated to ensure both reliability and validity, establishing a strong basis for assessing mentoring motivation in clinical nursing and nursing education. The reliability of the questionnaire was measured using Cronbach's α coefficient, which yielded an overall score of 0.904, indicating high internal consistency. The individual dimensions also demonstrated robust reliability, with the motivation dimension scoring 0.833, the attitude dimension 0.873, and the practice dimension 0.616, suggesting that the instrument reliably measures the intended constructs, particularly in motivation and attitude.

Content validity was achieved through feedback from 10 senior experts in clinical nursing and nursing education, who helped refine the questionnaire by improving wording and adding questions that better reflected real-world clinical scenarios. The structure of the instrument was further validated through a pilot test involving 48 respondents who were not part of the actual research, confirming its suitability and effectiveness. Additionally, final data analysis produced a Cronbach's α coefficient of 0.883 and a Kaiser-Meyer-Olkin (KMO) value of 0.918, reinforcing the instrument's strong internal consistency and appropriateness for the research context. The scoring system for the questionnaire was designed to quantify responses across three dimensions motivation, attitude, and practice. The motivation dimension consists of 8 questions evaluated on a five-point Likert scale, with scores ranging from 8 to 40. The attitude dimension includes 22 questions on a five-point Likert scale, with a score range of 22 to 110. The practice dimension comprises 11 questions, with a score range of 11 to 55, though three were open-ended and not assigned numerical scores. A score exceeding 70% of the maximum possible score in each dimension indicated adequate motivation, a positive attitude, and proactive practice in mentoring.

In terms of interpretation, scores above 70% signify strong motivation, positive attitudes, and active engagement in mentoring practices, suggesting that respondents in this category are highly committed to and effective in their mentoring roles. Conversely, scores below 70% may indicate areas needing improvement in motivation, attitudes, or practical application, highlighting where additional support or training might be necessary.

Data Gathering Procedures

The study began with the submission of three research titles. After one title is approved, a Research Adviser is assigned. The next step involves obtaining permission from the Dean of the College of Allied Health Science and the Medical Chief of the hospital. The study was then presented to a panel of experts for a design hearing. Following the incorporation of their suggestions and recommendations, the manuscript is submitted to the University of the Visayas-Institutional Review Board for ethical approval. Recruitment commenced immediately after the notice to proceed was issued. Respondents were recruited using face-to-face intercepts to ensure a direct and personal approach, which allowed the researcher to explain the purpose of the study and address any immediate questions or concerns. They were approached during their break periods or before and after their shifts to minimize disruptions to their work responsibilities and respect their professional commitments. This recruitment strategy was chosen to ensure accessibility to the target population and to maximize response rates while maintaining ethical considerations.

The process continued until the required sample size was achieved, ensuring that the sample was representative of the study population and aligned with the statistical requirements for validity and reliability. Respondents were able to complete the survey in approximately five to ten minutes, a deliberate decision to keep the survey concise and focused. This duration was designed to balance the collection of comprehensive data with minimizing respondent fatigue, thereby improving the quality and accuracy of their responses. The gathered data were encoded in an excel file with legends and codes for easy tracking of variables. Also, the file was be protected with an encrypted password where only the adviser and the researcher knew the password. Lastly, all the printed survey questionnaires were kept in a secured vault where only the researcher had the access. After the graduation, all of them had shredded.

Statistical Treatment of Data

The following statistical treatments were used to treat the collected data, to wit: (a) Summation was used in

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

adding the frequency and percentage in the analysis; (b) Frequency Distribution and Simple Percentage was used in presenting the personal characteristics of the nurses in terms of age, gender, educational background, years of nursing experience, number of persons mentored; pathway in making a mentor and trainings attended; (c) Chi Square was used to assess the significant relationship between the personal characteristics and motivation on mentorship, personal characteristics and attitude on mentorship and personal characteristic and practice on mentorship of nurses; (d) Cramer's V was used to assess the strength of association should there be a significant relationship using the chi square; and (e) Pearson r was used to assess the significant relationship between the motivation and attitude on mentorship motivation and practice on mentorship and attitude and practice on mentorship of nurses.

Ethical Considerations

The study was approved by the University of the Visayas Institutional Review Board. See the appendices for the ethical considerations.

Presentation, Analysis, and Interpretation

Table 1Personal Characteristics of the Respondents

Profile	*f*	%
Age		
20 - 29 years old	158	76.00
30 - 39 years old	39	18.80
≥ 40 years old	11	5.30
Sex		
Male	86	41.30
Female	122	58.70
Educational Background		
Bachelor's Degree	176	84.60
Master's Degree	32	15.40
Years of Experience		
≤ 5 years	126	60.60
6–10 years	66	31.70
11–15 years	8	3.80
16–20 years	4	1.90
≥ 21	4	1.90
Training attended		
Yes	165	79.33
No	43	20.67

Note: *n=208.*

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

Results of the demographic profile are presented in Table 1. The data reveal key demographic insights with implications for mentorship. Primarily, the prevalence of nurses aged 20-29 (76%) illustrates a predominantly young workforce, likely early in their professional journeys and in need of mentorship to refine their clinical skills and foster confidence in patient care. As young nurses are generally motivated to seek mentorship for both career growth and professional identity formation, mentorship programs tailored to address the specific needs of novice nurses would be especially beneficial in Ormoc. Literature supports this focus on youth in mentorship, highlighting how mentorship is crucial for developing clinical competence and fostering early career success (Wang et al., 2024; Gazaway et al., 2019). Additionally, the gender distribution—58.7 percent female and 41.3 percent male—parallels broader trends in the nursing profession and suggests that mentorship should consider gender-specific needs, as women may benefit from collaborative and supportive mentorship structures, while men might prioritize leadership and advancement opportunities. Research by Brown et al. (2015) underscores these differences, indicating that mentorship approaches tailored to align with gender dynamics can foster an inclusive, supportive mentorship culture.

The educational background data further highlight a workforce that primarily holds Bachelor's degrees (84.6%) with a smaller group (15.4%) possessing Master's degrees, indicating that most nurses may benefit from mentorship that provides advanced knowledge and practical skills. This aligns with findings by Lee and Chiang (2021), suggesting that advanced-degree nurses in mentorship roles can play a pivotal part in elevating the competencies of those with only undergraduate education. However, the data on years of experience 60.6% with five years or less reveals that a majority are still in the early stages of their careers. This experience gap emphasizes the need for structured mentorship, particularly from the limited number of highly experienced nurses, and suggests that mid-level nurses may need training to step into mentorship roles effectively, as supported by Wachira's (2019) findings on mentorship's impact on young nurses' confidence and skill application. Finally, the high rate of professional training attendance (79.33%) among respondents indicates a positive engagement in professional development, conducive to building a robust mentorship program. Tuomikoski et al. (2019) support this finding, noting that training enhances mentor effectiveness, ensuring mentors can provide quality guidance to mentees.

Table 2 Mentorship Motivation, Attitudes, and Practices

Dimensions	Average score	*f*	%
Mentorship motivation			
Needs improvement	24.23	79	37.98
Adequate motivation	34.72	129	62.02
Average Score	30.74	Adequate motivation	
Mentorship attitude			
Needs improvement	67.11	63	30.29
Positive attitude	92.59	145	69.71
Average Score	84.87	Positive attitude	
Mentorship practices			
Needs improvement	37.00	3	1.44
Proactive practice	51.55	205	98.56
Average Score	51.34	Proactive practice	

Note: *n=208.*

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

Legend: A score exceeding 70% of the maximum possible score in each dimension indicated adequate motivation, a positive attitude, and proactive practice in mentoring. Conversely, scores below 70% may indicate areas needing improvement in motivation, attitudes, or practical application, highlighting where additional support or training might be necessary. For the motivation is 28 which is 70%, for attitude and practice is 70%.

The results of descriptive statistics on mentorship motivation, attitudes, and practices are presented in Table 2. The study reveals that the majority of nurses in the research locale display adequate mentorship motivation, with 62.02% demonstrating motivation levels above the threshold required for effectiveness. The average mentorship motivation score of 30.74 suggests that a significant portion of nurses are ready to engage actively in mentorship roles. This level of motivation is critical, as it enables mentors to provide guidance, share knowledge, and support the growth of their mentees.

However, with 37.98% of respondents indicating a need for improvement in this area, additional incentives or supportive resources may be necessary to ensure comprehensive motivation across the workforce. In the researcher's experience and observations, some nurses, particularly those early in their careers, expressed that while they valued mentorship, their demanding schedules and lack of formal support often hindered their ability to commit fully to mentoring roles. These observations underscore the need for institutional support, such as dedicated mentorship hours or mentorship recognition programs, to alleviate workload concerns and boost motivation. Studies by Wang et al. (2024) have highlighted various factors that foster mentorship motivation, such as career advancement opportunities, partnership-building, and a sense of belonging in the profession. Similarly, Tuomikoski et al. (2019) found that educational interventions could improve mentorship motivation, suggesting that targeted training and support strategies could help nurses who currently lack adequate motivation. In practice, implementing these strategies could ensure a more universally motivated workforce, fostering a mentorship culture that supports both mentors and mentees while addressing workload concerns and other practical barriers.

In terms of mentorship attitude, 69.71% of respondents exhibit a positive stance toward mentorship, with an average attitude score of 84.87, well above the adequacy threshold. This high level of positive attitude suggests a supportive environment for mentorship, where nurses recognize the value of investing in the development of junior colleagues. In the researcher's experience as a nurse, this positive attitude often translates into an environment where senior nurses are more approachable, fostering open communication and trust with mentees, which in turn encourages the latter to seek guidance and support more readily.

Positive attitudes toward mentorship contribute to a nurturing and supportive culture within healthcare settings, enhancing job satisfaction, retention, and the likelihood of a constructive learning atmosphere. According to Wynn et al. (2021), positive mentor attitudes are essential in establishing effective mentoring relationships, as they foster trust and a supportive dynamic with mentees. These attitudes are especially vital in clinical settings, where the complexities of patient care can be daunting for less experienced nurses. A positive mentorship attitude provides junior nurses with reassurance and confidence, helping to sustain long-term stability in the workforce, ultimately benefitting both mentors and mentees as they grow professionally within a cohesive, supportive team.

Lastly, the mentorship practices among respondents reveal an exceptionally high level of proactivity, with 98.56% demonstrating proactive mentorship practices, and an average score of 51.34, significantly surpassing the adequacy benchmark. This substantial commitment to proactive mentorship reflects the readiness of nurses to actively engage in guiding, supporting, and encouraging their mentees. In the researcher's experience as a nurse, proactive mentorship often involves anticipating the needs of junior colleagues, particularly during high-stress situations, by offering tailored advice, constructive feedback, and hands-on guidance in real-time. Such practices not only provide immediate support but also cultivate a sense of trust and reliability that is critical in a clinical setting.

Proactive mentorship practices are crucial for developing clinical skills and enhancing the professional confidence of less experienced nurses, allowing them to transition more effectively from theoretical knowledge to practical application. The prevalence of such practices strongly suggests a robust mentorship culture that can significantly elevate nursing practice standards and improve patient care outcomes in this locale. This alignment with Wachira's (2019) findings underscores the importance of proactive mentorship in building mentees'

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

confidence and refining their skills. By addressing individual needs, mentors can bridge gaps between classroom learning and clinical practice, creating a mentorship environment where junior nurses feel supported and empowered to grow within their roles. This high level of proactivity, as observed by the researcher, not only strengthens the professional capacity of mentees but also reinforces a culture of excellence and accountability in nursing practice.

Table 3 Relationship between Personal Characteristics and Mentorship

Dimensions	chi value	*p* value	Cramer's V	Decision	Interpretation
Mentorship Motivation					
Age	52.032	.041	.354	Reject Ho	Significant
Sex	40.087	.002	.439	Reject Ho	Significant
Educational background	40.862	.002	.443	Reject Ho	Significant
Years of experience	1.547E2	.000	.431	Reject Ho	Significant
Trainings attended	33.747	.014	.403	Reject Ho	Significant
Mentorship attitude					
Age	98.243	.002	.486	Reject Ho	Significant
Sex	41.055	.107	--	Failed to reject Ho	Not significant
Educational background	42.038	.089	--	Failed to reject Ho	Not significant
Years of experience	2.691E2	.000	.569	Reject Ho	Significant
Trainings attended	40.728	.113	--	Failed to reject Ho	Not significant
Mentorship practice					
Age	91.076	.002	.468	Reject Ho	Significant
Sex	48.529	.009	.483	Reject Ho	Significant
Educational background	48.074	.011	.481	Reject Ho	Significant
Years of experience	2.575E2	.000	.556	Reject Ho	Significant
Trainings attended	38.443	.090	--	Failed to reject Ho	Not significant

Legend: Significant if *p* value is < .05. Dependent variable: Roles and support. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

The data presented in Table 3 demonstrate the relationships between personal characteristics (age, sex, educational background, years of experience, and training attended) and the three mentorship dimensions: motivation, attitude, and practice. The findings reveal both significant and non-significant relationships, shedding light on key factors influencing mentorship effectiveness among nurses. For mentorship motivation, the results indicate significant relationships with age (p = .041, Cramer's V = .354), sex (p = .002, Cramer's V = .439), educational background (p = .002, Cramer's V = .443), years of experience (p = .000, Cramer's V = .431), and training attended (p = .014, Cramer's V = .403). These findings suggest that older and more

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

experienced nurses tend to exhibit higher motivation levels, driven by their accumulated knowledge, confidence, and a sense of responsibility toward the professional growth of their peers. Educational attainment also significantly influences mentorship motivation, equipping nurses with theoretical knowledge, leadership skills, and a greater understanding of their roles. Training attended was also found to play a role, indicating that mentorship training programs can effectively enhance nurses' motivation. However, training alone may not guarantee sustained mentorship motivation unless paired with professional maturity and a culture of mentorship in the workplace. The implications suggest that hospitals should invest in professional development programs for experienced nurses, policy makers should emphasize pairing younger nurses with seasoned mentors, and nurse educators should integrate mentorship leadership training into curricula.

For mentorship attitude, significant relationships were observed with age (p = .002, Cramer's V = .486) and years of experience (p = .000, Cramer's V = .569), while no significant relationships were found with sex (p = .107), educational background (p = .089), or training attended (p = .113). These results imply that mentorship attitude is most strongly influenced by years of experience, highlighting how seasoned nurses develop a professional identity and a deeper appreciation for mentorship through real-world experiences. Age also contributes significantly, as older nurses often display a well-established understanding of the importance of mentorship. The lack of significant relationships with sex, education, and training suggests that mentorship attitude develops more organically through experience rather than formal training or demographic factors. This underscores the need for hospital administrators to recognize and reward experienced nurses for their mentorship contributions, encourage nurse leaders to assume formal mentorship roles, and shift training programs towards hands-on experience-sharing sessions rather than theoretical learning.

In terms of mentorship practice, significant relationships were found with age (p = .002, Cramer's V = .468), sex (p = .009, Cramer's V = .483), educational background (p = .011, Cramer's V = .481), and years of experience (p = .000, Cramer's V = .556). Training attended (p = .090) was not significantly associated with mentorship practice. These findings emphasize that mentorship practice is heavily influenced by years of experience, which provide nurses with the clinical wisdom necessary to mentor effectively. Educational background also plays a significant role, suggesting that theoretical knowledge reinforces practical mentorship practices. Additionally, the significant relationship with sex may point to differences in communication styles, leadership approaches, and interpersonal skills among male and female nurses. The non-significance of training attended indicates that while training may build foundational skills, sustained mentorship practices rely more on hands-on clinical experience and exposure to real-world scenarios. Hospital administrators should allocate mentorship roles based on experience, nurse educators should include practical mentorship activities in clinical training, and policy makers should develop structured mentorship frameworks prioritizing experience over generic training sessions.

The findings suggest that years of experience consistently emerged as the strongest predictor across all mentorship dimensions, highlighting the importance of leveraging seasoned nurses as mentorship champions. Training contributes significantly to motivation but has limited impact on attitude and practice, indicating that it should serve as a supplementary tool rather than the primary driver of mentorship behavior. A holistic mentorship program balancing formal training, peer learning, and hands-on mentoring is essential to ensure long-term success. Additionally, hospitals must foster a cultural shift towards mentorship, supported by leadership buy-in, institutional support, and recognition systems for mentorship contributions. Lastly, recognizing the role of gender dynamics in mentorship practices can help create more inclusive and equitable mentorship programs. These strategic recommendations provide a foundation for healthcare institutions to enhance mentorship effectiveness, improve nurse retention, and ensure high-quality patient care.

Table 4 Interrelationship among Mentorship motivation, Attitude, and Practice

Variables	r value	*p* value	Decision	Interpretation
Mentorship motivation vs. Mentorship attitude	.825	.000	Reject Ho	Significant
Mentorship motivation vs. Mentorship practice	.580	.000	Reject Ho	Significant
Mentorship attitude vs. Mentorship practice	.603	.000	Reject Ho	Significant

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

Legend: Significant if p value is < .05. Dependent variable: Work demands. Pearson r value: A value of .90 to 1.00 (-.90 to -1.00) is very high positive (negative) correlation, .70 to .90 (-.70 to -.90) is high positive (negative) correlation, -50 to .70 (-.50 to -.70) is moderate positive (negative) correlation, .30 to .50 (-.30 to -.50) is low positive (negative) correlation, and .00 to .30 (.00 to -.30) is negligible correlation.

The findings in Table 4 reveal statistically significant interrelationships between the three mentorship dimensions: motivation, attitude, and practice. Each dimension positively correlates with the others, suggesting that when one aspect strengthens, the others improve as well. The high correlation between mentorship motivation and mentorship attitude (r = .825, *p* = .000) implies that motivated mentors are also likely to adopt a positive attitude, an essential relationship for creating an effective mentorship culture. In my experience as a nurse, this relationship is evident in how highly motivated mentors often view mentorship not just as a duty but as an opportunity to contribute to the nursing profession meaningfully. The researcher observed that these mentors approach mentorship with a sense of purpose and enthusiasm, encouraging mentees to pursue professional growth with similar energy, which creates a more engaging and supportive environment. The moderate correlation between mentorship motivation and mentorship practice (r = .580, *p* = .000) illustrates that motivated mentors are more likely to engage actively in mentorship practices, such as offering regular feedback, setting goals, and adapting guidance to mentees' needs. In clinical settings, The researcher noticed that motivated mentors are more committed to maintaining consistent mentoring practices, even amid their other responsibilities. For instance, motivated nurses, the researcher have observed are proactive in addressing mentees' questions, guiding them through complex tasks, and providing constructive feedback, which directly enhances the mentees' clinical skills and confidence. This engagement helps bridge gaps in theoretical knowledge and practical skills, a connection that is vital for the professional development of new nurses.

The moderate correlation between mentorship attitude and mentorship practice (r = .603, *p* = .000) indicates that a positive mentorship attitude often translates into more proactive mentoring behaviors. This implies that mentors who see value in mentorship invest more time and effort in it, benefiting mentees' learning and development. From my perspective as a clinical instructor, nurses with positive attitudes are those who take mentorship seriously, viewing it as integral to building a competent and resilient nursing team. This outlook often results in them being more accessible and willing to create learning opportunities tailored to mentees' needs, fostering a supportive and enriching environment. Such mentors serve as role models, which is crucial for less experienced nurses navigating the demands of clinical work. The interrelationships among mentorship motivation, attitude, and practice underscore how each dimension reinforces the others, where motivated mentors develop positive attitudes that lead to active and effective mentorship practices. Based on my experiences, fostering motivation and positive attitudes among mentors can create a mentorship-supportive culture, where mentors and mentees benefit from a learning environment driven by commitment and mutual respect. These findings highlight the value of institutional support, training, and recognition programs in sustaining mentorship motivation, positive attitudes, and proactive mentorship practices. Recognizing the contributions of mentors and providing structured training opportunities can enhance their motivation and commitment, ultimately cultivating a culture of excellence in nursing mentorship.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The moderate correlations between motivation and practice, and between attitude and practice, further validate the theory, suggesting that positive motivational and attitudinal foundations lead to active engagement in mentorship roles. The findings of this study align with Social Cognitive Theory, which emphasizes that personal characteristics, motivation, attitudes, and behaviors interact to shape an individual's actions and experiences. The study demonstrated significant correlations between mentorship motivation, attitude, and practice, supporting the theory's assertion that motivation and personal beliefs (attitudes) influence behavior (mentorship practice). Specifically, the strong positive correlation between mentorship motivation and attitude aligns with Social Cognitive Theory's concept of reciprocal determinism, where personal motivation drives a positive attitude, leading to proactive mentorship behaviors. Thus, the study provides empirical support for Social Cognitive Theory within the nursing mentorship context, confirming that fostering motivation and positive attitudes in nurses enhance effective mentorship practices.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

Recommendations

Practice. To cultivate a strong mentorship culture, hospitals should implement structured mentorship programs that address motivation, attitude, and practical engagement among mentors. The program should include career development opportunities, mentorship incentives, and a formal recognition system for mentors. The use of the study's mentorship program framework, which includes regular workshops, motivational sessions, and peer support groups, would create a supportive environment for both mentors and mentees. Mentors should be encouraged to set specific, measurable goals with their mentees and engage in regular feedback and goal-setting sessions. By actively implementing these structured mentorship activities, hospitals can maintain a consistent, high-quality mentorship culture that supports professional development and improves patient care outcomes.

Policy. Hospitals should establish formal policies that support and recognize mentorship as an integral component of nursing roles. Policies should encourage all levels of nursing staff to engage in mentorship and provide support through mentorship training, reduced workload hours for mentors, and financial incentives or career advancement opportunities. Additionally, mentorship should be included as part of the evaluation criteria in performance reviews, reinforcing its value and motivating nurses to take on mentorship roles. Hospitals can consider mandating mentorship for nurses at specific experience levels, ensuring that the transfer of knowledge and support for junior staff is a sustained and structured process. Such policy-driven initiatives will foster an environment where mentorship is recognized, supported, and integral to professional growth within the hospital.

Education. Educational institutions should emphasize mentorship training as part of the nursing curriculum, equipping future nurses with mentorship skills from the onset of their careers. Courses should cover practical mentorship techniques, communication strategies, and feedback methods, preparing nursing students to effectively mentor their peers and junior colleagues upon entering the workforce. Universities should also partner with hospitals to provide hands-on mentorship experiences during clinical rotations, where students observe and participate in mentorship under the guidance of seasoned professionals. Additionally, continuing education programs for practicing nurses should offer mentorship certification courses to enhance mentorship skills and provide recognition for mentors in clinical settings. Incorporating mentorship training into nursing education helps create a foundation where mentorship is valued and practiced consistently from the beginning of a nurse's career.

Research. Future research should focus on expanding the understanding of factors influencing mentorship motivation, attitude, and practice among nurses across different healthcare settings. Specific study topics may include: (a) The Impact of Emotional Intelligence on Mentorship Effectiveness in Nursing; (b) Exploring Gender and Cultural Diversity in Nursing Mentorship Programs; and (c) Assessing the Role of Peer Support Networks on Mentorship Motivation and Attitude in Nursing.

Nursing Management Mentorship Program

Rationale

The development of the Ormoc City Nursing Mentorship Excellence Program (ONMEP) stems from an analysis of the interrelationships between mentorship motivation, attitude, and practice among nurses, as identified in our recent study. Findings demonstrated statistically significant correlations among these three dimensions, underscoring the need for a structured mentorship program that supports and reinforces each factor. Specifically, our results show that mentorship motivation and mentorship attitude are strongly correlated, indicating that motivated mentors are more likely to have positive attitudes toward mentorship. This alignment highlights the importance of fostering motivation as a foundation for cultivating a positive mentorship culture.

Additionally, a moderate correlation exists between mentorship motivation and mentorship practice suggesting that as motivation increases, mentors are more likely to engage actively in mentorship practices, including consistent feedback and guidance. Similarly, a positive correlation between mentorship attitude and mentorship practice implies that mentors with favorable attitudes are more proactive in mentorship roles, which directly benefits mentees' learning and professional growth.

However, the data reveal disparities in mentorship dimensions among nurses. Respondents reported adequate

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

motivation, a significant portion of thirty seven percent indicated a need for improvement. This gap in motivation could hinder mentorship consistency and quality unless systematically addressed. Further, although sixty nine percent of respondents demonstrated a positive mentorship attitude, reinforcing this attitude across all mentors could significantly enhance the program's overall impact. Finally, although mentorship practices were strong, with ninety-nine percent of respondents engaging proactively, sustaining this high level of engagement requires a formal structure to ensure continuous support and training for mentors.

Therefore, ONMEP is designed to address these findings directly. The program includes career development workshops, skill-building sessions, and mentorship recognition, each aimed at bolstering motivation, fostering positive attitudes, and promoting active mentoring practices. Targeting areas identified in the study, ONMEP will create a supportive and sustainable mentorship culture that enhances both mentor engagement and mentee learning outcomes, thereby improving nursing satisfaction, retention, and clinical competency in Ormoc City hospitals.

General Objectives

To enhance mentorship motivation, positive attitudes, and effective mentorship practices among nurses in Ormoc City hospitals, resulting in improved clinical competence, retention, and overall nursing satisfaction.

Program Overview

The ONMEP is a structured mentorship program based on study findings that underscore the importance of motivation, attitude, and practice in nursing mentorship. The program will provide ongoing training, recognition, and support for mentors, ensuring a consistent culture of mentorship throughout the participating hospitals.

Program Structure and Details

1. Concerns Addressed

- Strengthening mentorship motivation, attitude, and practice.
- Enhancing mentors' skills through training.
- Building a supportive mentorship culture.
- Recognizing and rewarding mentors to sustain motivation and engagement.

2. Program Objectives

1. To boost mentorship motivation and cultivate positive attitudes by providing structured mentorship training.
2. To encourage active mentorship practices by implementing ongoing support, resources, and recognition for mentors.
3. To develop a sustainable mentorship culture that enhances career growth and professional satisfaction.

Concerns	Specific Objectives	Activities	Persons Involved	Budget	Time Frame	Success Indicators
Mentorship Motivation	1. Improve mentor motivation by 30% by program end.	• Career development workshops on mentorship. • Monthly motivational sessions led by senior mentors.	1. Mentor Coordinators 2. Senior Mentors	PHP 85,500	Monthly for 1 year	• 80% mentor participation in sessions; • mentor motivation survey scores

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

						increase by 30%.
Mentorship Attitude	Cultivate positive mentorship attitudes among 75% of mentors.	• Quarterly group discussions on the value of mentorship. • Peer support groups for mentors.	1. Mentor Coordinator, 2. HR, 3. Senior Mentors	PHP 57,000	Quarterly	75% positive feedback in attitude assessment; Mentor retention rate of 90% or higher.
Mentorship Practice	Increase active mentorship practices among mentors.	• Skill workshops focused on practical mentorship. • Role-playing sessions for real-life mentoring.	Mentorship Trainers, Mentors	PHP 114,000	Bi-monthly	1. Improved mentorship practice scores; 2. positive mentee feedback on practical skills and learning.
Mentorship Recognition	Sustain mentorship motivation and engagement.	• Monthly "Mentor of the Month" recognition. • Annual mentorship awards with ceremony.	Mentorship Committee, HR	PHP 171,000	Monthly/Annually	1. 80% mentor participation; 2. positive feedback in motivation survey.
Mentor Training	Provide initial and ongoing training for all mentors.	• 3-day intensive mentorship training session. • Online resource library for ongoing learning.	Mentorship Trainer, HR	PHP 285,000 initial	Initial + Ongoing	1. 100% mentor attendance at training; 2. increased skill application in mentorship practices.
Supportive Mentorship Culture	Develop a supportive and sustainable mentorship environment.	• Establish mentorship committees per department. • Monthly mentor-mentee check-ins with feedback.	Department Heads, Mentors, Mentees	PHP 68,200	Monthly	Positive mentorship culture survey results; 80% mentee satisfaction in feedback sessions.
Regulation, Monitoring, and Evaluation	Ensure quality and consistency in mentorship practices.	• Bi-annual mentorship performance evaluation. • Creation of standardized mentorship evaluation tools. • Regular audits of mentorship activities.	1. Mentorship Committee 2. HR	PHP 90,000	Bi-Annual	1. Completion of evaluation cycles. 2. Documented improvements in mentorship practices.
Mentorship Handbook	Provide a comprehensive guide for mentors and mentees.	• Develop and distribute a mentorship handbook. • Include mentorship guidelines, responsibilities, and best practices.	1. Mentorship Committee 2. HR	PHP 60,000	Initial + Annual	1. 100% handbook distribution. 2. Regular updates incorporated into practice.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue III March 2025

		• Annual updates to the handbook.				
Interactive Activities for Mentorship Engagement	Strengthen mentor-mentee relationships and engagement.	• Quarterly mentor-mentee bonding activities. Mentorship storytelling sessions. "Walk in My Shoes" mentoring day.	1. Mentor Coordinator 2. Mentorship Committee	PHP 70,000	Quarterly	1. Increased mentor-mentee rapport. 2. Positive engagement survey results.

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