



## Improving mentor's competencies in nursing mentorship program through role empowerment by Swanson's theory of caring<sup>☆</sup>



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### KEYWORDS

Caring Swanson's theory;  
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### Abstract

**Objective:** This study aimed to identify the impact of role empowerment of mentor by Swanson's theory approach on mentor's competency in the mentorship program.

**Method:** Pilot study approach was used in this study. Pre-experiment design with one group pretest–posttest without control was used to evaluate the effectiveness of the intervention and 12 mentors were selected through a total sampling method and 36 mentoring programs were selected by total activities on time interventions. Paired *t*-test, Pearson correlation, Wilcoxon, and Spearman test were applied to analyze the data.

**Result:** There was a significant improvement in mentors' knowledge, behavior, and skill prior to and following the intervention ( $p = 0.0001$ ;  $\alpha = 0.05$ ). Mentor's skill was the competency with the lowest improvement (78.96%) compared to the competency of knowledge (85.4%) and behavior (84.65%).

**Conclusion:** Role empowerment of mentor by Swanson's theory of caring approach was effective in improving mentor's competencies in mentorship.

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## Introduction

Mentorship is thought to be effective in developing nurse staff. Mentorship positively affected nurse's knowledge, behavior, and skill.<sup>1</sup> Mentorship was an effective strategy for promoting nursing knowledge.<sup>2</sup> Its effectiveness is attainable when the mentor is able to enact his own role properly.

Mentor plays a pivotal role in determining the effectiveness of mentorship. Mentorship was the most important factor for mentee.<sup>3</sup> On the hospital mentor who was Mentor's roles in mentorship included supervisor, supporter, and advisor.<sup>4</sup> Mentor's role in supervising should be adjusted with his skill and competencies. A mentor is the head of the room or team leader who has the ability to guide, direct and provide role models for new nurses. As a mentor, the mentor functions as a leader, where a leader does not only order but also provides role models for new nurses.<sup>5,6</sup>

Mentor's competency is necessary for optimal supervision of mentee. Their competencies were poorly addressed as evidenced by a great number of mentors who were yet to be provided with support and courses to improve their mentorship skills. A study conducted on 283 mentors revealed that only 20.8% of mentors had attended mentoring courses and 73.08% of them had an average mentorship competency.<sup>7</sup> Nurse with substandard experience of guidance might feel discouraged and had a higher stress level at work.<sup>8</sup> It establishes the notion that mentor requires support to achieve the goals of mentorship.

Mentor support may be provided through role empowerment which applies Swanson's theory of caring approach. Wonjnar said that this theory was elected for its practicality in the interpersonal relationship, such as mentor-mentee relationship, clear systematic concept, and interrelated patterns.<sup>9</sup> Swanson's theory of caring might be applied in teaching and social work context.<sup>10</sup> The concept of mentorship has a teaching approach which is improvable by Swanson's theory of caring for developing independencies in nurses. This study aimed to identify the impact of role empowerment of mentor by Swanson's theory of caring approach on mentor's competencies in mentorship.

## Method

The study design was a pilot study. The first stage of this study was developing module of role empowerment of mentor by Swanson's theory of caring. The pretest was conducted by using an instrument of knowledge and behavior and observing mentoring activities. Role empowerment of mentor was implemented through presentation, debriefing, group discussion, role play, demonstration, and mentoring practice in the ward. The intervention was evaluated prior to posttest. Posttest was conducted by employing an instrument of knowledge and behavior as well as observing mentoring activities. The evaluation process was carried out by using pre-experiment design with one group pretest-posttest without control. 12 mentors were selected to be involved in this study through a total sampling technique and 36 mentoring activities were selected by systematic random sampling method. Paired *t*-test, Pearson correlation, Wilcoxon, and Spearman test were applied to analyze the data.

**Table 1** Characteristic of mentor.

Category	Total	Presentase (%)
<i>Gender</i>		
Male	1	8.33
Female	11	91.67
Total	12	100
<i>Education</i>		
Diploma	10	83.33
Bachelor	2	16.67
Total	12	100
<i>Training</i>		
Ever	3	25
Never	9	75
Total	12	100

**Table 2** Mentor's age and years of service.

Variabel	Mean	SD	Min-Max	CI 95%
Age	30.50	3.97	26-40	27.98-33.02
Years of service	6.00	3.02	2-12	4.08-7.92

The author proposed for ethical clearance to the Ethical Committee of Faculty of Nursing of Universitas Indonesia, who later approved and issued the ethical clearance with No. 148/UN2.F12.D/HKP.02.04/2017. Authors had provided information on research stages and activities which were expected to be performed by respondents and authors. Authors complied with principles of research ethics when conducting this study, which included obtaining participant's consent prior to the study, allowing the participant to question any matters concerning the study, and respecting participant's right to refuse and terminate his involvement in the study. Participant's confidentiality was kept in which the data could only be accessed by both author and participant. Participants were treated equally, from filling out the questionnaire, observation, and the intervention of empowerment. Authors coordinated with the head nurse and nurse manager to provide opportunities for participants to attend mentoring activities inconvenience. The benefit gained from this study was an improvement in mentors' competencies in mentorship which helped them to provide a better mentoring for the mentee.

## Result

Mentor's characteristics in this study involved age, sex, education, courses, and work experience. Majority of mentors were female (11 participants, 91.67%) and diploma graduates (10 participants, 83.33%). Most of them were yet to attend courses of mentorship for nurses (9 participants, 75%) (Table 1). The average of their age was 30.5 years old with the youngest being 26 years old and the oldest being 40 years old. The average of work experience was 6 years with the shortest being 2 years and the longest being 12 years (Table 2).

The result revealed that the average score of mentors' knowledge prior to the intervention was 11.33 (56.65%)

**Table 3** Mentor's knowledge.

Mentor' knowledge	Mean	Mean differences	SD	Min–Max	CI 95%
Before empowerment	11.33	5.75	1.16	10–14	10.60–12.07
After empowerment	17.08		0.99	16–19	16.45–17.72

**Table 4** Mentor's attitude.

Variable	Mean	Mean differences	SD	Min–Max	CI 95%
Before empowerment	44.42	9.75	2.27	42–49	42.97–45.87
After empowerment	54.17		2.08	52–58	52.84–55.49

**Table 5** Mentor's skill.

Variabel	Median	Mean differences	SD	Min–Max	CI 95%
Before empowerment	42.50	18.75	5.55	41–55	41.89–48.94
After empowerment	62.00		2.48	61–68	61.59–64.74

which improved into 17.08 (85.4%) after the intervention (Table 3). The average score of mentors' behavior toward mentorship before the intervention was 44.42 (69.4%) which later increased into 54.17 (84.65%) following the intervention (Table 4). The mean score of mentors' skill in mentoring activities prior to the intervention was 45.42 (56.78%) which then improved into 63.17 (78.96%) following the intervention (Table 5).

There was an increase in the average score of mentor's knowledge on mentorship from 11.33 to 17.08 after the intervention of role empowerment. Analysis result suggested that there was a significant improvement in mentors' knowledge on mentorship before and after the intervention of role empowerment by Swanson's theory of caring approach ( $p=0.0001$ ;  $\alpha=0.05$ ) (Table 6). There was also an increase in mean score of mentor's behavior toward mentorship program from 44.42 to 54.17 out of possible 64. The result indicated that there was a significant improvement in mentors' behavior toward mentorship prior to and following the implementation of role empowerment by Swanson's theory of caring approach ( $p=0.0001$ ;  $\alpha=0.05$ ). Furthermore, the result also revealed that there was an increase in the average score of mentor's skills in mentoring activities from 45.42 to 63.17. It implied a significant improvement in mentors' skills before and after the intervention of role empowerment by Swanson's theory of caring approach ( $p=0.0001$ ;  $\alpha=0.05$ ).

## Discussion

A mentor should improve his instrumental and cognitive, interpersonal, and systematic competencies in order to develop his own knowledge sharing and teaching skill.<sup>11</sup> There are six indicators of a competent mentor, namely establishing effective communication, expressing expectation, assessing comprehension, developing independence, stating the disparity, and promoting professional development.<sup>7</sup>

Mentors' competency in cognitive aspect was measured by their knowledge about mentorship program which, in this study, demonstrated a satisfying level of knowledge (85.4%) following the implementation of role empowerment. There was a significant improvement in mentors' knowledge on mentorship before and after the intervention of role empowerment by Swanson's theory of caring approach. Practices were able to promote knowledge, experience sharing, and mutual reflection.<sup>12</sup> Efforts in promoting mentors' knowledge could be advanced through discussion, practicing the knowledge, and establishing a relationship with an academic supervisor from health institute.<sup>13</sup> Discussion and mentoring practices were activities that had been implemented by mentors for role empowerment purposes and resulted in their improved knowledge.

The improved knowledge may become potential for a mentor to have a better competency in mentorship, including in behavior aspect. The best step to identify one's behavior was by determining his cognitive comprehension or level of knowledge since behavior was affected by knowledge.<sup>14</sup> The mean score of the mentor's behavior toward mentorship also increased to 84.65% after the intervention of role empowerment.

The study result showed a significant improvement in mentors' behavior toward mentorship program prior to and following the intervention of role empowerment by Swanson's theory of caring approach. Practices which were meticulously planned and complied with the need and pertinent to the situation might help in shaping staff's behavior.<sup>15</sup> Nurse's behavior determined the quality of service provided and the interpersonal relationship among nurses.<sup>16</sup> The improved mentors' behavior toward mentorship may advance mentor–mentee relationship and supervision in providing nursing care. Role empowerment of mentor had an approach similar with a practice which was effective in improving their behavior toward mentorship program.

The study result suggested significant improvement in mentor's behavior in mentoring activities before and after the implementation of role empowerment by Swanson's

**Table 6** Differences of mentor's competencies.

Competencies	Mean	Mean difference	SD	<i>p</i>
<i>Knowledge</i>				
Before empowerment	11.33	5.75	1.15	0.0001
After empowerment	17.08		0.99	
<i>Attitude</i>				
Before empowerment	44.42	9.75	2.27	0.0001
After empowerment	54.17		2.08	
<i>Skill</i>				
Before empowerment	45.42	18.75	5.55	0.0001
After empowerment	63.17		2.48	

theory of caring approach, with the lowest skill score was 78.96%. Practice by simulation or clinical practice was the best strategy for the best result in developing nurse's skills.<sup>17</sup> Mentor's skills could be promoted through practice, continuous learning, and interactive experience with mentee during preceptorship.<sup>18</sup> The lowest score incompetency of skill among other competencies was due to the fact that skill was the most complex competency which involved cognitive and psychomotor to use.<sup>19</sup> A mentor needs continuous practice to gain more experience and better skill in mentoring.

Mentors' skill in this study was employing approach of Swanson's theory of caring. Mentor's caring attitude is important because the mentor's role can be influenced by the mentor's attitude toward his mentality, so the mentor needs emotional intelligence and empathy in guidance.<sup>20</sup> Each Swanson's component of caring which implemented in mentors' skill suggested a significant improvement pre and post the intervention of role empowerment ( $p = 0.0001$ ). Application of nursing principles and ethics in caring behavior was associated with knowledge and learning.<sup>21</sup> Role empowerment by Swanson's theory of caring approach provided learning and promoted mentors' knowledge about the concept of caring which applied in the mentorship program.

Mentors' skill in a component of 'doing for' had the lowest score (76.1%). Component of 'doing for' was defined as providing help for the mentee, such as teaching, supervising, advising, becoming a role model, and applying professional in nursing practice.<sup>22</sup> It might help in developing mentor's competency in promoting professional development.<sup>7</sup>

The lowest score in a component of 'doing for' urged all mentors to improve their supervision and professionalism capabilities. Sources of information such as printed nursing materials, network in a hospital, and open discussion were required to develop a supervision-competent mentor.<sup>23</sup> Mentors perceived open discussion and interdisciplinary discussion to be effective in promoting nurse's knowledge and skill which affected their satisfaction with the mentoring result.<sup>24</sup> Mentors had limitations in subjects required for mentoring due to lack of information sources or library facility provided by the hospital.

A score of maintaining belief demonstrated the highest improvement (88.25%). The concept of maintaining belief was described as establishing mutual trust through humanity, spiritual, and life balance values.<sup>25</sup> Helping mentee to attain work and life balance was one of the

sub-competencies in promoting professional development.<sup>7</sup> Mentors may apply this concept by considering mentee's ritual aspect at work.

Component of maintaining belief was revealed to have the highest improvement which indicated that mentors had paid attention to the mentee by motivating him to deliver a better quality of nursing care and considering his work-life balance. This result coincided with a study conducted by Kim et al. which revealed that act of caring was best implemented by paying attention, listening actively, and sharing experience.<sup>26</sup> Another study also claimed that comforting other was the act of caring which had been performed the most by nurses in an interpersonal relationship.<sup>27</sup> Considering life-work balance and comforting mentee was among the application of maintaining belief concept which had been adequately implemented by mentors.

Improving mentors' competencies in this study required a sustainable development. The evaluation was essential to measure the effectiveness and appropriateness of the program.<sup>28</sup> Nurse manager and head nurse need to evaluate and supervise mentoring activities as well as improve mentors' competencies in order to enact their role properly. The analysis result suggested that variable of education, which classified into diploma and Bachelor of Nursing graduates, was significantly correlated with mentor's knowledge and behavior. The correlation was possible since education level (percentage of a registered nurse) affected nurse's competencies in quality of care.<sup>29</sup> Bachelor of nursing degree was preferred since it prepared nurses in critical thinking, leadership and case manager when dealing with a complicated situation which requires decision-making.<sup>30</sup> Bachelors of Nursing graduate nurses were better regarding knowledge and behavior, which necessitate diploma graduate nurses to attend higher education.

The result also suggested that there was a significant correlation between mentor's experiences in attending courses of nurse knowledge, attitude, and skill. The study showed that influence of training and guidance on the nurse knowledge.<sup>31</sup> Mentor's competencies could be promoted through courses, continuous learning, and interactive experience with mentee during mentoring.<sup>18</sup> Clinical simulations in training can also increase the mentor's confidence in conducting guidance.<sup>32</sup> Mentors with bachelor degree and experience in attending courses were more accessible to apprehend the subjects delivered in the role empowerment activities hence the improved knowledge. It may affect work

competencies, including mentor's competency in enacting his role in mentorship.

## Conflict of interests

The authors declare no conflict of interest.

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