

Mentoring and Management in Nursing

Joanna Jasińska^{1,2*}

¹Warsaw Medical University named Tadeusz Kozluk, Poland

²dr hab. MBA, prof. Warsaw Medical University named Tadeusz Kozluk, Vice-Rector for Education and Development, Poland

***Corresponding author:** : Joanna Jasinska, Warsaw Medical University named Tadeusz Kozluk, Poland and dr hab. MBA, prof. Warsaw Medical University named Tadeusz Kozluk, Vice-Rector for Education and Development, Poland

ARTICLE INFO

Received: 📅 October 27, 2023

Published: 📅 November 07, 2023

Citation: Joanna Jasińska. Mentoring and Management in Nursing. Biomed J Sci & Tech Res 53(4)-2023. BJSTR.MS.ID.008429.

ABSTRACT

Background: One of the main factors that is capable of undermining the future of any profession is the lack of mentoring. Mentoring is an activity that inspires you to discover your potential and develop self-awareness. So it is important that nurses have more knowledge about mentoring and how it can be used as a tool to develop the next generation of nursing staff.

Objectives: Assessment of the level of knowledge of nursing staff on mentoring in nursing management.

Material and Methods: The research was carried out using the diagnostic survey method. The survey was conducted in 2022 using the CAWI (Computer Assisted Web Interview) method.

Results: Nursing managers' knowledge of mentoring is high. 22% of the respondents assessed it as very good, 48% as good, 22% as sufficient, and as insufficient or insufficient by 3% and 5%, respectively. There is a significant statistical relationship between the level of knowledge about mentoring and the employee's gender, and between the level of knowledge about mentoring and the age of the employee. There is a significant statistical relationship between the use of the mentoring method in professional work and the use of this assistance by employees, and between the use of the mentoring method in professional work and the time devoted to mentoring in the workplace.

Conclusions: Mentoring has a significant impact on the medical entity where nurses work. First of all, it accelerates the achievement of a positive professional adaptation of the employee. Among the reasons for not using mentoring methods in professional work, the respondents mention mainly: staff shortages, lack of financial opportunities, lack of time and motivation.

Keywords: Mentoring; Nursing Management; Nurse; Knowledge

Introduction

Effective mentoring contributes to the improvement of the quality of care results, which further supports the WHO recommendation stating that mentor care is crucial to maintain high quality clinical results. Mentoring is widely recognized as a mechanism that provides nurses to learn in the workplace throughout their professional career [1]. Despite this, research on the effectiveness of mentoring in clinical nursing practice is still relatively few. Mentoring relationships, including deliberate matching of experienced older employees to younger,

less experienced employees, can be used to solve problems in the workplace; promote development and raise competences; strengthen the pupils and increase self-confidence; develop professional identity and help in career development. A recent review of the effectiveness and use of nursing mentoring programs said that they are beneficial, with a positive impact on job satisfaction, professional competence and staff rotation. Professional support, tips and care offered by the successful relationship of the mentor were recognized as one of the most important forms of protection against (Table 1).

Table 1: Correlation table showing the relationship between the level of knowledge about mentoring and the employee's gender.

Level of knowledge	gender		TOGETHER
	Woman	Man	
very good	13	5	18
good	37	2	39
sufficient	18	0	18
insufficient/insufficient	6	0	6
TOGETHER	74	7	81

Note: Source: own calculations.

Adversity in the workplace, helping to fight stress related to work, increase satisfaction from work, increase the sense of belonging and purpose and improve patient care. It was also found that mentoring relations are mutually favorable, with positive results for both mentors and charges, including the benefits of helping other nurses, developing understanding of current challenges facing services and maintaining specialist knowledge. The development and implementation of effective mentor programs has positive, wide implications for nurses and health care managers [2]. The results of mentoring programs for nurses are assessed from the point of view of the benefits of not only individuals but also entire organizations. At the level of individual people, they bring benefits such as: improving satisfaction with work, reducing stress, increasing faith in their own abilities and competences, reduction of the rate of leaving work. Studies indicate that the mentor is less susceptible to burnout, is involved in experiences raising its self-esteem, which involves increasing work satisfaction and rarer departures from work from both experienced nurses and new employees. Research also indicates that mentoring helps in more intentional shaping a professional career, increasing scientific activity among nurses dealing with scientific and teaching activities [3]. The study was aimed at assessing the level of knowledge of nursing staff about mentoring in nursing management.

Material and Methods

The study was conducted among 81 nurses, including 74 women and 7 men), who declared employment as a nurse in a medicinal entity. The survey was conducted using the proprietary questionnaire of the survey, the study was conducted in 2022 using the CAWI (Computer Assisted Web Interview) method. Occasional sample selection was applied. Only descriptive statistics were used to analyze the results. To get 81 feedback, 150 copies of surveys were distributed (sample implementation - 80%). The study was conducted in March 2022. Over three quarters of the respondents indicated the hospital as a place of employment. The seniority in the profession in months was as follows: ≤ 12 - 54%, > 12 and ≤ 36 - 16%, > 36 - 14%, the missing data constituted 16%.

Results and Discussion

Demographic changes taking place within the nursing environment make it necessary to take up new challenges [4]. Nurses are expected to provide the best quality of medical services [5]. Mentoring is therefore one of the solutions aimed at improving peer relations, increasing self-confidence and supporting professional development. Unfortunately, the continuing tendency to retain knowledge and the reluctance to pass it on to colleagues is a challenge managers face. The function of a mentor is inscribed in the specificity of the nursing profession. Tasks related to mentoring relationships of nurses are contained in part IV of the Code of Professional Ethics for Nurses and Midwives of the Republic of Poland of December 9, 2003. Mentoring in nursing seems to have a different meaning for nurses. Therefore, the analysis of the concept requires explaining the concept of mentoring in nursing and examining how the correct understanding of this concept can affect the nursing profession [6].

Table 2: Correlation table showing the relationship between the level of knowledge about mentoring and the age of the employee.

Level of knowledge	Age (in years)			TOGETHER
	26-35	36-50	above 50	
very good	1	7	10	18
good	1	18	20	39
sufficient	2	3	13	18
insufficient/insufficient	2	0	4	6
TOGETHER	6	28	47	81

Note: Source: own calculations.

The questions contained in the questionnaire concerned issues related to mentoring, its types, the level of knowledge about it, improving professional qualifications, and the use of mentoring in professional work. When asked whether mentoring supports employees, the vast majority, as much as 80%, said yes. 13% of respondents hold a different opinion (Table 2). 7% have no opinion on this subject (Figure 1). A very similar structure of answers can be seen in the case of the question "Do you use mentoring methods" (Figure 2). 82% answered yes, 16% said no, 2% of respondents had no opinion on this subject. Persons who stated that they use mentoring methods in their work mention two of them (Figure 3) - the coaching method (development mentoring) and patronage mentoring. Among the reasons for not using mentoring methods in professional work, the respondents mention mainly: staff shortages, lack of financial opportunities, lack of time and motivation (Figure 4). People using mentoring in their workplace devote 3 to 5 hours a week to it - this was stated by 49% of them. 31% of respondents spend 1 to 2 hours a week on this. 12% of the respondents devote no more than half an hour a week to it, and 8% of the respondents spend more than 5 hours a week on it (Figure

5).Assessing their own knowledge of mentoring (on a scale from 0 to 5), 22% of the respondents rated it as very good, 48% of them rated it as good, 22% of the respondents rated it as sufficient, and as insufficient or insufficient, respectively, by 3% and 5% of them. The distribution of answers is presented in (Figure 6) According to the respondents participating in the study, the working conditions of the nursing

management staff in the unit in which they work are good - this is how 43% of people described them. 27% said they were very good. Almost ¼ considered them to be sufficient. Only 6% consider them insufficient (Figure 7). Almost ¾ of the respondents are encouraged to improve their professional qualifications (Figure 8).Many elements affect our motivations both in professional and private life (Table 3).

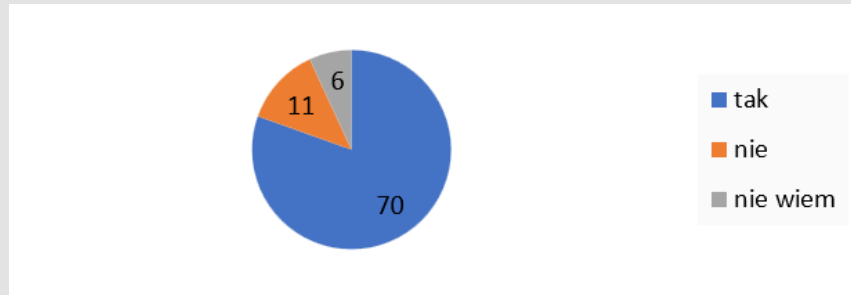


Figure 1: Does mentoring support employees?

Note: Source: own study.

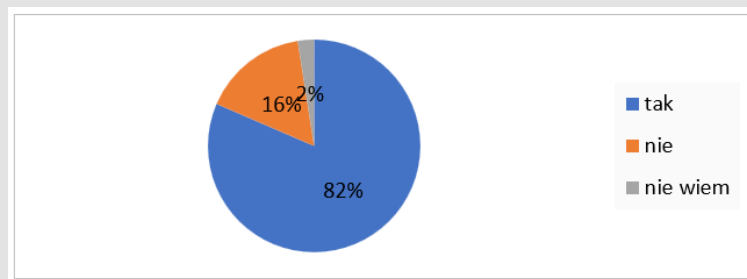


Figure 2: Using mentoring at work.

Note: Source: own study.

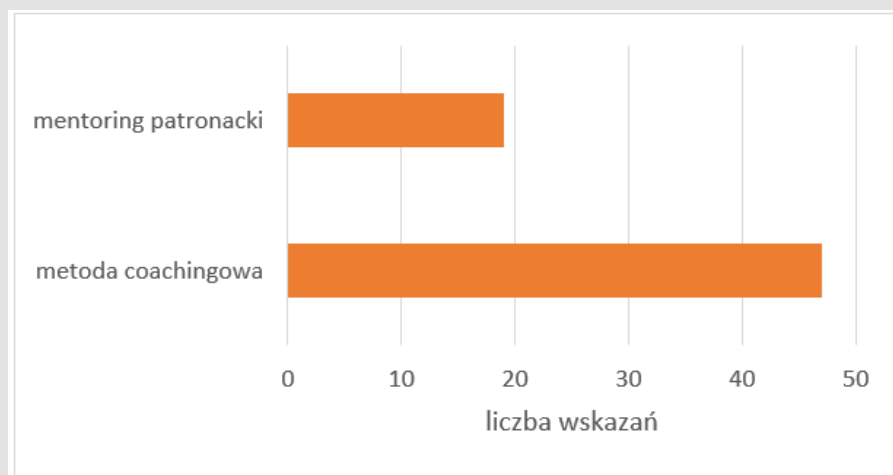


Figure 3: The most commonly used methods of mentoring.

Note: Source: own study.

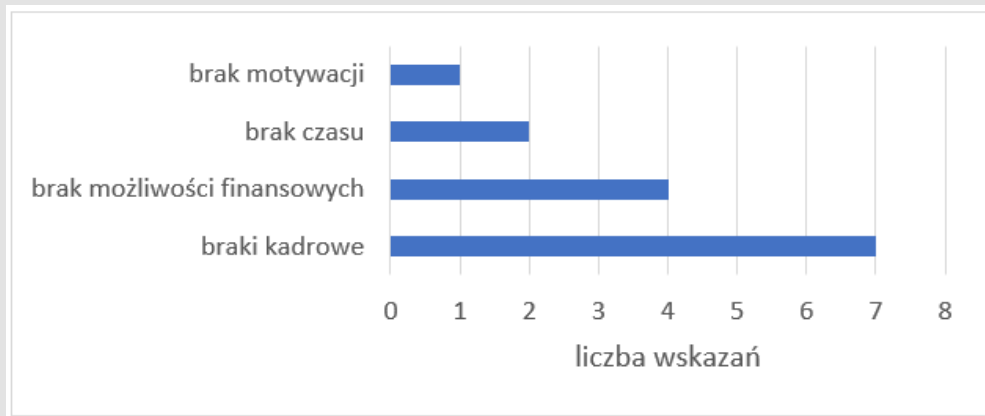


Figure 4: Reasons for not using mentoring methods in professional work.

Note: Source: own study.

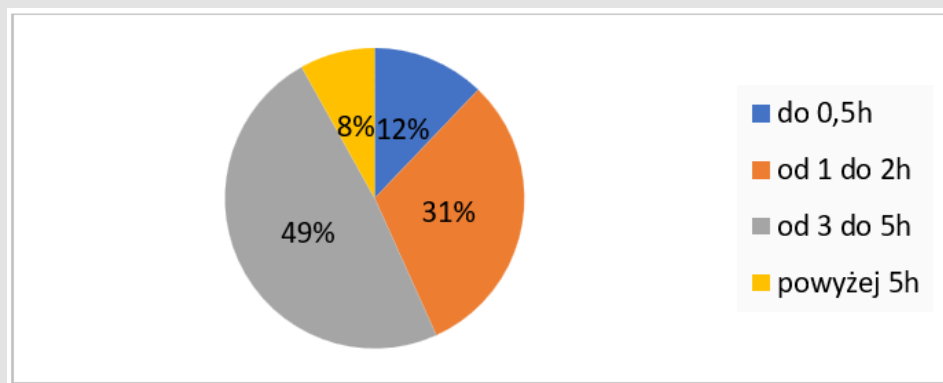


Figure 5: Time spent weekly on workplace mentoring.

Note: Source: own study.

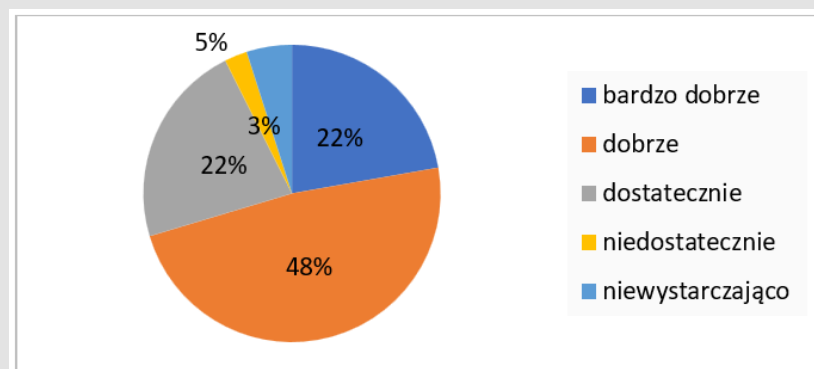


Figure 6: Evaluate your own knowledge of mentoring.

Note: Source: own study.

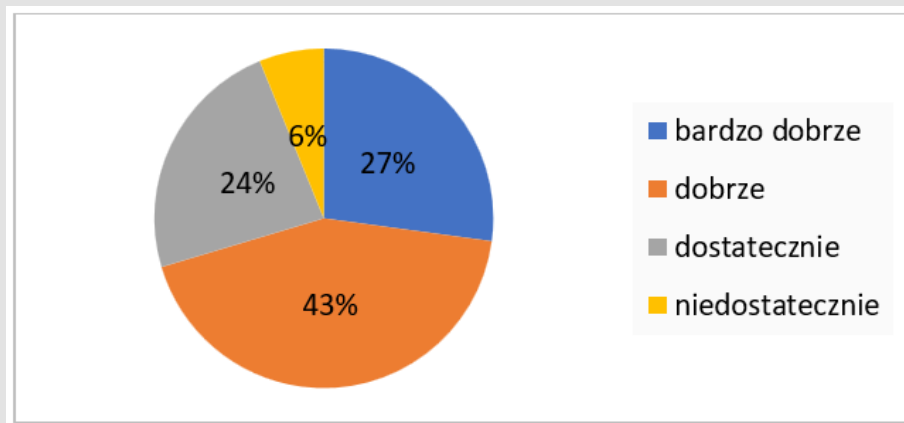


Figure 7: Evaluation of the working conditions of the nursing management staff in their own unit.

Note: Source: own study.

Table 3: Correlation table showing the relationship between the level of knowledge about mentoring and the employee’s education.

Level of Knowledge	Education		TOGETHER
	Medium	Higher	
very good	0	18	0
good	6	33	6
sufficient	2	16	2
insufficient/insufficient	2	4	2
TOGETHER	10	71	10

Note: Source: own calculations.

As the elements motivating the strongest to improve professional qualifications, the respondents mentioned (Figure 9): the authority of co-workers, the possibility of professional promotion, the amount

of remuneration. According to the respondents (Figure 10), the most visible effects of their work as a mentor among subordinate staff is primarily the impact on improving the knowledge and professional skills of the team (57 indications). Professional team integration comes second (46 responses). In third place (42 indications) building a sense of professional security and a sense of professional belonging (Table 4). Only one of the respondents does not see any effects, and 5 of them have no opinion on the subject. 87% of the respondents notice that the staff willingly use their help as a mentor. 6% of them hold a different opinion. The remaining 7% have no opinion on this subject (Figure 11). The vast majority (72%) see the benefits of using mentoring in their professional work. The following are mentioned here: stability of employment, integration of employees, their involvement in care, making independent decisions by employees, the therapeutic team in the ward. 10% of respondents do not see such benefits in their work. 1/6 have no opinion on this subject (Figure 12).

Table 4: Correlation table showing the relationship between the level of knowledge about mentoring and the position held.

Level of knowledge	Age (in years)					TOGETHER
	Director of Nursing	Director of Nursing Head	Chief Nurse Head of Nurses	Ward Nurse	Coordinating Nurse	
very good	3	2	1	8	4	18
good	6	3	4	9	17	39
sufficient	1	1	3	5	8	18
insufficient/insufficient	0	0	2	1	3	6
TOGETHER	10	6	10	23	32	81

Note: Source: own calculations.

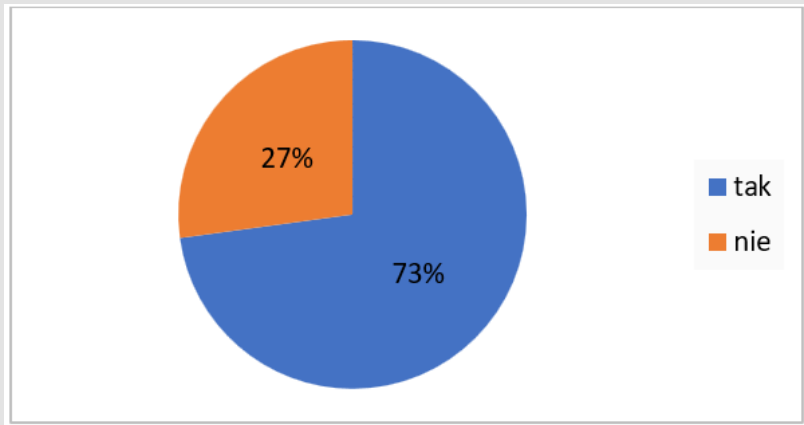


Figure 8: Are you encouraged to improve your professional qualifications?

Note: Source: own study.

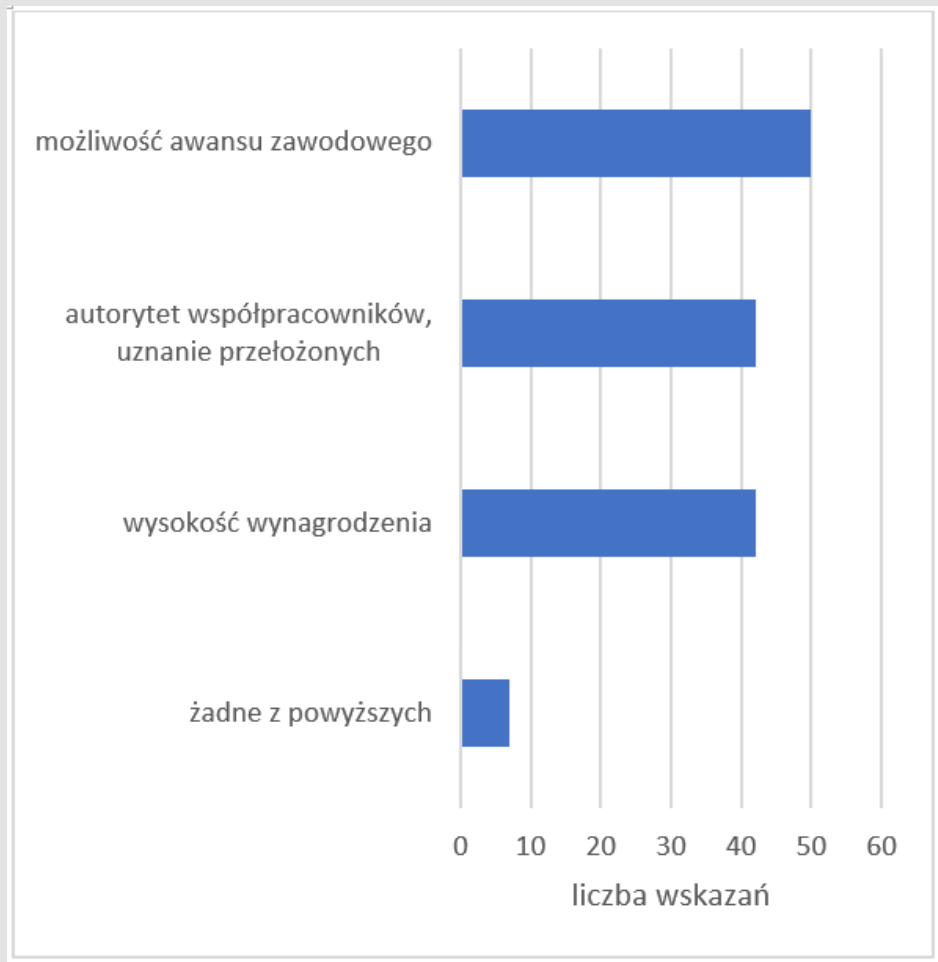


Figure 9: Motivating elements to raise professional qualifications.

Note: Source: own study.

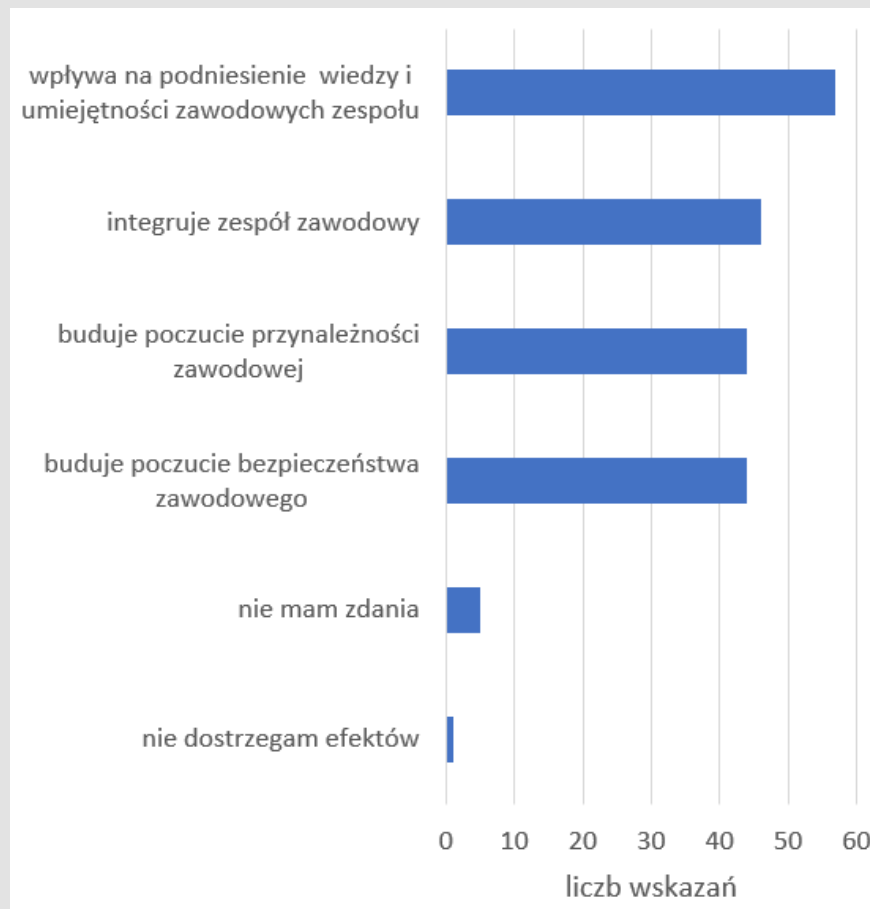


Figure 10: Assessment of the effects of one’s own work as a mentor among subordinate staff.

Note: Source: own study.

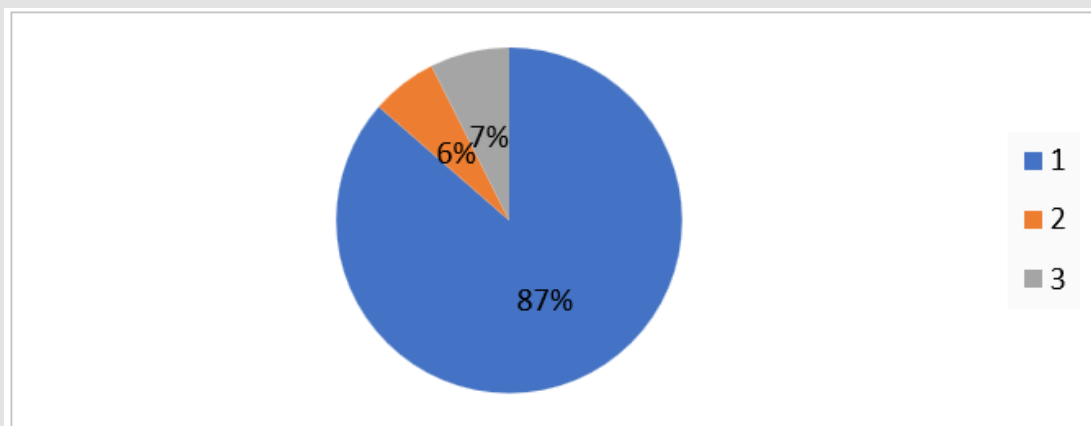


Figure 11: Do the staff use you as a mentor Source: own study.

Note: Source: own study.

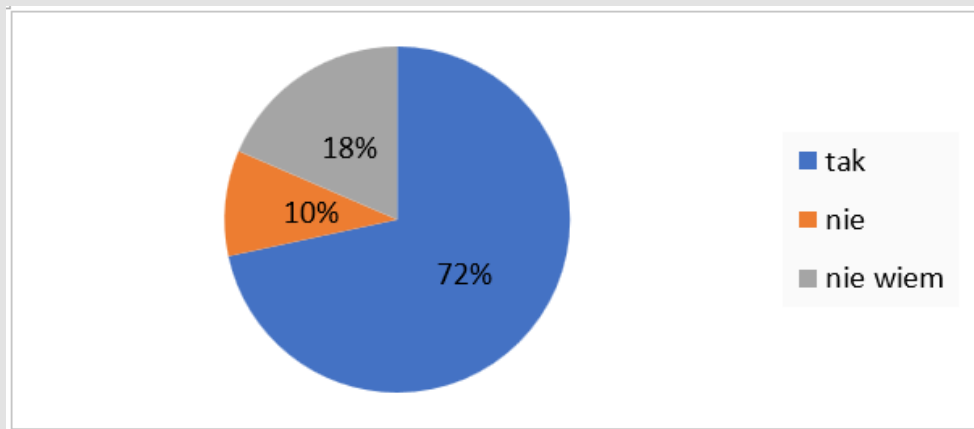


Figure 12: Do you see the benefits of using mentoring in your professional work?

Note: Source: own study.

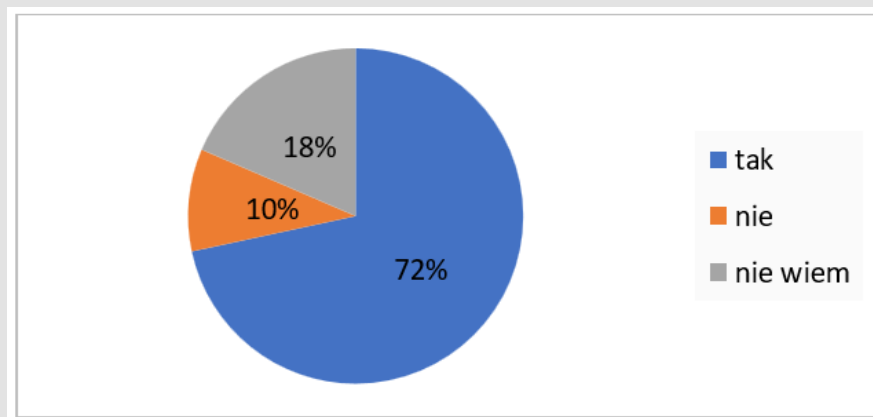


Figure 13: To what extent does the mentoring process affect the medical entity in which you work?

Note: Source: own study.

According to the respondents' assessment, the mentoring process has a significant impact on the medical entity in which they work. First of all, it accelerates the achievement of a positive professional adaptation of the employee - this is the opinion of 68 out of 81 respondents participating in the study. In the second place (24 indications), its impact on reducing the risk of repeated recruitment is mentioned (Table 5). It reduces the costs of introducing employees to work - this opinion was expressed by 18 respondents. Six of them said that it takes time away from experienced employees and two said that it generates unnecessary costs (Table 6). The distribution of answers is shown in (Figure 13). In order to verify the research hypotheses put forward in the introduction, an assessment of the interdependence between the selected variables was made (Table 7).

Table 5: Correlation table showing the relationship between the level of knowledge about mentoring and seniority.

Level of knowledge	Seniority (in years)			TOGETHER
	10-Jun	20-Nov	above 20	
very good	1	3	14	18
good	4	2	33	39
sufficient	2	1	15	18
insufficient/insufficient	1	1	4	6
TOGETHER	8	7	66	81

Note: Source: own calculations.

Table 6: Correlation table showing the relationship between the level of knowledge about mentoring and the place of employment.

Level of knowledge	Place of employment				TOGETHER
	szpital państwowy	szpital prywatny	przychodnia	inne	
very good	10	4	1	3	18
good	24	2	10	3	39
sufficient	11	1	2	4	18
insufficient/insufficient	2	0	3	1	6
TOGETHER	47	7	16	11	81

Note: Source: own calculations.

Table 7: Correlation table showing the relationship between the use of the mentoring method in professional work and the use of this help by the staff.

Stosowanie mentoringu	Wykorzystanie pomocy			TOGETHER
	tak	nie	nie wiem	
tak	63	0	3	66
nie	6	5	2	13
nie wiem	1	0	1	2
TOGETHER	70	5	6	81

Note: Source: own calculations.

Since the variables obtained as a result of the study are expressed on different measurement scales (nominal scale), the T-Czuprow convergence coefficient was used for this purpose (Table 8). The correlation tables built for this purpose are as follows: On the basis of the above information, the values of the chi-square statistics and the values of the T-Czuprow and ϕ -Youl correlation coefficients were calculated. The results of these calculations are presented in (Table 9). A very important issue is the assessment of the significance of the calculated relationships. For this purpose, the chi-square test of independence was used in this work. The hypothesis we are testing H0 says that the tested quantities are not dependent, against the alternative hypothesis H1, which says that there is a relationship between the tested quantities. The values of the testing statistics, the value determining the area of rejection (at the significance level of 0.05) and which of the hypotheses was adopted on this basis are also included in (Table 9).

dependence was used in this work. The hypothesis we are testing H0 says that the tested quantities are not dependent, against the alternative hypothesis H1, which says that there is a relationship between the tested quantities. The values of the testing statistics, the value determining the area of rejection (at the significance level of 0.05) and which of the hypotheses was adopted on this basis are also included in (Table 9).

Table 8: Correlation table showing the relationship between the use of the mentoring method in professional work and the time devoted to mentoring in the workplace.

Stosowanie mentoringu	Czas poświęcony na mentoring				TOGETHER
	do 0,5 h	1-2 h	3-5 h	powyżej 5 h	
tak	4	21	35	6	66
nie	5	1	1	0	7
nie wiem	0	1	0	0	1
TOGETHER	9	23	36	6	74

Note: Source: own calculations.

Table 9: Results of the evaluation of the correlation between the studied quantities.

Zależność pomiędzy	Wartość statystyki chi-kwadrat	Wartość miernika T-Czuprowa lub ϕ - Youla	Wartość wyznaczająca obszar odrzucenia	Przyjęta hipoteza
poziom wiedzy/płeć	11,276	0,284	7,815	H1
poziom wiedzy/wiek	13,478	0,310	12,592	H1
poziom wiedzy/wykształcenie	5,336	0,195	7,815	H0
poziom wiedzy/stanowisko	17,905	0,253	21,026	H0
poziom wiedzy/staż	3,444	0,132	12,592	H0
poziom wiedzy/zatrudnienie	14,012	0,240	16,919	H0
mentoring/ wykorzystanie pomocy	36,267	0,473	9,488	H1
mentoring/ poświęcony czas	27,707	0,374	12,592	H1

Note: Source: own calculations.

In each of the analyzed cases, the strength of the relationship between the examined variables turned out to be very weak or weak. Only in the case of the relationship between the use of the mentoring method in professional work and the use of this assistance by the staff, it turned out to be moderate. This is evidenced by the values of T-Cuprow and φ - Youla coefficients. In four cases it turned out to be statistically insignificant. Also in four cases, the calculated relationship turned out to be statistically significant, it concerns the relationship between: the level of knowledge about mentoring and the employee's gender, the level of knowledge about mentoring and the age of the employee, between the use of the mentoring method in professional work and the use of this assistance by the staff, and between the use of methods of mentoring in professional work and time devoted to mentoring in the workplace.

Discussion

Currently, many nurses are dissatisfied with their work. This is probably a consequence of excess duties, anxiety, stress, but also the lack of peer support. Demographic changes taking place within the nursing environment make it necessary to take up new challenges [4]. Nurses are expected to provide the best quality of services. [5]. Mentoring is one of the solutions aimed at improving peer relations, increasing self-confidence and supporting professional development. Unfortunately, the continuing tendency to retain knowledge and the reluctance to pass it on to colleagues is a challenge managers face. The function of a mentor is inscribed in the specificity of the nursing profession. The tasks that relate to mentoring relationships of nurses are contained in part IV of the Code of Professional Ethics for Nurses and Midwives of the Republic of Poland of December 9, 2003. Mentoring is as old as the profession itself, since the time of the nightingale Florence, the founder of modern nursing, she herself was called a matron mentor. Mentoring was a key element to the development. Mentoring in nursing seems to have a different meaning for nurses. Therefore, the analysis of the concept requires: explaining the concept of mentoring in nursing and examining how the correct understanding of this concept can affect the nursing profession [6].

This study was aimed at assessing the level of knowledge of nursing staff about mentoring in nursing management. The survey was mainly attended by people over 50 (47 respondents). 28 people were between 36 and 50 years old, 6 people were between 26 and 35 years old. Most of the people taking part in the study had a master's degree (41) or a bachelor's degree (27). Six people graduated from medical high school, four of them from medical studies. 3 respondents have a doctorate. Mainly coordinating nurses (33 people), ward nurses (24 people), supervisors of nurses (11), nursing directors (11) and finally head nurses - 7 people participated in the study. 81% of the respondents were people with the longest experience over 20 years. 10% had a seniority not longer than 10 years, while 9% of respondents had a seniority of 11 to 20 years. From the point of view of employment, the vast majority of those surveyed work in a public hospital (47). Next, there are: clinic (16), others such as: ZOL, Medical Center (11)

and private hospitals (7). [7-10] Assessing their own knowledge of mentoring (on a scale from 0 to 5), 22% of the respondents rated it as very good, 48% of them rated it as good, 22% of the respondents rated it as sufficient, and as insufficient or insufficient, respectively, by 3% and 5% of them. According to the respondents participating in the study, the working conditions of the nursing management staff in the unit in which they work are good - this is how 43% of people described them [10-15]. 27% said they were very good. Almost $\frac{1}{4}$ considered them to be sufficient. Only 6% consider them insufficient. Almost $\frac{3}{4}$ of the respondents are encouraged to improve their professional qualifications [16-20]. Many elements affect our motivations both in professional and private life. As the elements motivating the strongest to improve professional qualifications, the respondents mentioned: the authority of co-workers, the possibility of professional promotion, the amount of remuneration [20-25].

According to the respondents, the most visible effects of their work as a mentor among subordinate staff is primarily the impact on improving the knowledge and professional skills of the team (57 indications). Professional team integration comes second (46 responses). In third place (42 indications) building a sense of professional security and a sense of professional belonging [26-30]. Only one of the respondents does not see any effects, and 5 of them have no opinion on the subject. 87% of the respondents notice that the staff willingly use their help as a mentor. 6% of them hold a different opinion. The remaining 7% have no opinion on this subject. The vast majority (72%) see the benefits of using mentoring in their professional work [31-35].

The following are mentioned here: stability of employment, integration of employees, their involvement in care, making independent decisions by employees, the therapeutic team in the ward. 10% of respondents do not see such benefits in their work. 1/6 have no opinion on this. Mentoring programs are most effective when expectations are clear, outcomes are clearly measured and attention is paid to effective mentor/mentor matching. Expectations may include specific results, e.g.: productivity, increased performance in a specific role [36]. According to the respondents' assessment, the mentoring process has a significant impact on the medical entity in which they work. First of all, it accelerates the achievement of a positive professional adaptation of the employee - this is the opinion of 68 out of 81 respondents participating in the study. In the second place (24 indications), its impact on reducing the risk of repeated recruitment is mentioned. It reduces the costs of introducing employees to work - this opinion was expressed by 18 respondents.

Six of them said that it takes time away from experienced employees and two said that it generates unnecessary costs. Nursing managers' knowledge of mentoring is high. 22% of respondents rated it as very good, 48% of them rated it as good, 22% of respondents rated it as satisfactory, and as insufficient or insufficient by 3% and 5% of them, respectively. There is a significant statistical relationship between the level of knowledge about mentoring and the gender of the

employee, and between the level of knowledge about mentoring and the age of the employee. However, there is no significant relationship between the level of knowledge about mentoring and the employee's education, between the level of knowledge about mentoring and the employee's position, and between the level of knowledge about mentoring and the employee's seniority. On the other hand, the analysis of research conducted by Górska et al. shows that the nursing community had little knowledge about mentoring, which confirmed the hypothesis adopted by these researchers that these forms of personal development are not used in nursing, which is a consequence of the lack of knowledge of them [37].

There is a significant statistical relationship between the use of the mentoring method in professional work and the use of this help by medical personnel, and between the use of the mentoring method in professional work and the time devoted to mentoring in the workplace. On the other hand, the research conducted by Podbielska among midwives shows that 67.1% of the respondents were of the opinion that they knew the idea of mentoring. Interestingly, these studies also showed that 49.4% believed that midwives do not have a mentor while learning the profession [38]. Other research conducted by Cieślak et al. shows that 83.2% of nurses feel responsible for introducing a new employee. It is therefore correct to say that new methods of human resource management, mentoring and coaching apply to medical branches, including nursing [39].

Persons who stated that they use mentoring methods in their work mention two of them: the coaching method (development mentoring) and patronage mentoring. According to the respondents, the most visible effects of their work as a mentor among subordinate staff are primarily (in the order of listing): the impact on improving the knowledge and professional skills of the team, integration of the professional team, building a sense of professional security and a sense of professional belonging. The vast majority (72%) see the benefits of using mentoring in their professional work. The following are mentioned here: stability of employment, integration of employees, their involvement in care, making independent decisions by employees, the therapeutic team in the ward. Collegium Invisibile students participating in the study conducted by Karwali indicated intellectual stimulation (75% of respondents) and sharing contacts (50% of respondents) as the most important functions of a mentor. They found the creation of an appropriate atmosphere by the mentor to be the least important [40]. According to the respondents' assessment, the mentoring process has a significant impact on the medical entity in which they work. First of all, it accelerates the achievement of a positive professional adaptation of the employee - this is the opinion of 68 out of 81 respondents participating in the study. Secondly, its impact on reducing the risk of re-recruitment is mentioned. It also reduces the costs of introducing employees to work. According to research by Huybrecht et al., the implementation of mentoring improved the quality of services and care offered [41-44].

In today's healthcare environment, nursing faces many challenges. Mentoring in nursing has become an effective tool to support professional growth, development and satisfaction for the new registered nurse. Mentors are role models, helping to socialize and guide new nurses. Mentoring is a concept that used to be common in the humanities and arts professions and today has evolved to become important in supporting the nursing profession. As recruitment costs and retention increase, it is imperative that organizations maximize human potential to support nursing care. The concept of mentoring has been confused with the role of modeling, sponsoring, imposing and creating peer strategies. Mentoring as a structural role primarily emphasizes the role of novice development.

Conclusion

- 1) The level of knowledge of the nursing management staff on mentoring is high. 22% of respondents rated it as very good, 48% of them rated it as good, 22% of respondents rated it as satisfactory, and as insufficient or insufficient by 3% and 5% of them, respectively.
- 2) The study shows a statistically significant relationship between the level of knowledge about mentoring and the employee's gender, and between the level of knowledge about mentoring and the employee's age.
- 3) The study did not show a significant relationship between the level of knowledge about mentoring and the employee's education, between the level of knowledge about mentoring and the employee's position, and between the level of knowledge about mentoring and the employee's seniority.
- 4) There is a significant statistical relationship between the use of the mentoring method in professional work and the use of this assistance by employees, and between the use of the mentoring method in professional work and the time devoted to mentoring in the workplace.
- 5) The most visible effects of their work as a mentor among subordinate staff are primarily: the impact on improving the knowledge and professional skills of the team, integration of the professional team, building a sense of professional security and a sense of professional belonging.
- 6) Benefits of using mentoring in professional work include: stability of employment, integration of employees, their involvement in care, independent decision-making by employees, therapeutic team in the ward.
- 7) Mentoring has a significant impact on the medical entity in which he works. First of all, it accelerates the achievement of a positive professional adaptation of the employee. It also reduces the costs of introducing employees to work.
- 8) Among the reasons for not using mentoring methods in professional work, the respondents mention mainly: staff shortages, lack of financial opportunities, lack of time and motivation.

References

- Hafsteinsdóttir TB, van der Zwaag AM, Schuurmans MJ (2017) Leadership mentoring in nursing research, career development and scholarly productivity: A systematic review. *International Journal of Nursing Studies* 75: 21-34.
- Huybrecht S, Loeckx W, Quaeysheqens Y (2011) Mentoring in nursing education: perceived characteristics of mentors and the consequences of mentor-ship. *Nurse Educ Today* 31(3): 274-278.
- Jerilyn Hoover, Adam D Koon, Erica N Rosser, Krishna D Rao (2020) Mentoring the working nurse: a scoping review *Human Resources for Health* 18(1): 1-10.
- Dinner DJ Wheeler M (2017) *Mentoring i coaching w pielęgniarstwie*. Przewodnik. Genewa.
- Donner J Wheeler M (2019) *Coaching w pielęgniarstwie*. Wprowadzenie. Genewa Indianapolis: ICN – Sigma Theta Tau International
- Clutterbuck D, Megginson D (2019) *Mentoring executives and directors*. London: Butterworth p. 3.
- JB Barney, TG Clifford (2012) *Czego nie nauczyłem się na studiach biznesowych*. Zarządzanie w prawdziwym świecie, Wolters Kluwer Business, Warszawa.
- Walczak W (2012) Cele i funkcje zarządzania w teoriach naukowych a praktyka - próba diagnozy źródeł występujących rozbieżności E-mentor 2: 1-12.
- Ziółkowska B, Szmit D (2018) Umiejętności interpersonalne menedżerów a zadowolenie i rozwój zawodowy personelu pielęgniarstwa w zamkniętej placówce służby zdrowia, *Zeszyty Naukowe Politechniki Śląskiej* 543-555.
- Kołpa M , Jurkiewicz B Sobyra A (2016) Wizerunek pielęgniarki oraz czynniki determinujące zadowolenie z opieki pielęgniarstwa na oddziale chirurgii jednego dnia. *Pielęgniarstwo Chirurgiczne i Angiologiczne* 3: 100-105.
- Ksąkiewicz D (2014) *Zarządzanie w pielęgniarstwie*. PZWL Warszawa.
- Kretowicz K, Bieniaszewski Ł, Świątlik D (2015) Potencjalny i rzeczywisty styl zarządzania pielęgniarstwa kadry kierowniczej. *Przedsiębiorczość i Zarządzanie Organizacja i zarządzanie w opiece zdrowotnej - wybrane aspekty*: 51-66.
- Kołodziejczak M, Bednarska-Wnuk I, Świątek-Barylska I (2020) *Metody i technika zarządzania*, Wydawnictwo Uniwersytetu Łódzkiego, Łódź.
- (2013) *Harvard Business Review*, O zarządzaniu ludźmi, Wyd. ICAN, Warszawa.
- Sree K, Mohanty S, Lakshmi R (2018) Mentoring in Medical Education: Impact on the Undergraduate Student *Journal of Research in Medical Education & Ethics* 8(1): 69-73.
- Levinson DJ (1978) *The seasons of a man's life*, Knopf, New York.
- Kram K, Isabella, Lynn A (1985) Mentoring Alternatives: The Role of Peer Relationships in Career Development. *Academy of Management Journal*, 28(1): 110-132.
- Murphy W (2012) Reverse mentoring at work: Fostering cross-generational learning and developing millennial leaders. *Human Resource Management*, 51(4): 549-573.
- Haggard DL, Dougherty TW, Turban DB, Wilbanks J (2011) Who Is a Mentor?: A Review of Evolving Definitions and Implications for Research. *Journal of Management* 37(1): 280-304.
- Bąkiewicz M (2013) Mentoring, coaching i tutoring jako nowe metody wsparcia studenta w procesie kształcenia - zarys problematyki, [w:] J. Bałachowicz, A. Rowicka (red.), *Nowoczesny wychowawca - tutor, mentor, coach*, Wyższa Szkoła Pedagogiczna im. Janusza Korczaka, Warszawa s. 37-43.
- Bhatia A, Singh N, Dhaliwal U (2013) Mentoring for first year medical students: humanising medical education. *Indian Journal of Medical Ethics* 10(2): 100-103.
- Baran M (2018) *Uwarunkowania skuteczności monitoringu w organizacji*, PWN, Warszawa.
- Sidor-Rządkowska M (2018) *Coaching kariery. Doradztwo zawodowe w warunkach współczesnego rynku pracy*. Wolters Kluwer.
- Baran M (2018) *Uwarunkowania skuteczności mentoringu w organizacji*, PWN, Warszawa.
- Stokes P, Merrick L (2013) Designing Mentoring Schemes for Organizations, [in:] J. Passmore et al. (ed.), *The Wiley Blackwell Handbook of the Psychology of Coaching and Mentoring*, p. 210-212.
- Altus J (2015) Answering the Call: How Group Mentoring Makes a Difference. *Mentoring & Tutoring: Partnership in Learning*, 23(2): 100-115.
- Kanafa-Chmielewska D (2020) Wybrane aspekty współpracy organizacyjnej. *Wydawnictwo Uniwersytetu Ekonomicznego we Wrocławiu* 31-35.
- Zachary L (2010) *The Mentor's Guide*. Jossey Bass, San Francisco.
- Bakiera L (2016) Mentoring rozwojowy jako przykład komplementarności międzypokoleniowej, *E-mentor*: 5 (67).
- Newell D (2018) *Coaching i mentoring. Strategie, taktyki, techniki*, PWN, Warszawa, s. 54.
- Piowar-Sulej K (2019) *Profesjonalne zarządzanie szkoleniami w organizacjach*. Wydawnictwo Uniwersytetu Ekonomicznego we Wrocławiu 60-90.
- Łuzniak Piecha M Kaczkowska Serafińska M, Lenton A (2016) Mentoring odwrócony – korzyści dla organizacji. *Edukacja Ekonomistów i Menedżerów*, 2(40): 101-115.
- Rakowska A, Mącik R (2016) Zaangażowanie pracownika a satysfakcja z pracy – modelowanie zależności z wykorzystaniem PLS-SEM, *Przeгляд Organizacji* s. 48-58.
- Baran M, Sypniewska B (2019) The influence of mentoring on work engagement and the relationship with the superior in organizations in Poland. *Organization Review* p. 52-59.
- Zachary L (2012) *Creating a Mentoring Culture*. Washington, DC: Center for Association Leadershi.
- Ritchie A, Genoni P (2012) Group Mentoring Professionalism: A Programme Evaluation. *Library Management*. 23(1/2):68-78.
- Olorunfemi Olaolorunpo (2019) Mentoring in Nursing: A Concept Analysis *International Journal of Caring Sciences* January-April 12 (1): 142-148.
- Osaghae D C(2012) Mentoring in the medical profession: An overview. *Journal of Medicine and Biomedical Research* 11(2): 5-8.
- Froneman K, Du Plessis E, Koen MP (2016) 'Effective educator-student relationships in nursing education to strengthen nursing students' resilience', *Curatation* 39(1): a1595.
- Sosa T, (2011) 'Students' views on what identifies teachers as effective', *Journal of Research in Education* 21(2): 118-132.
- Schwerdtle P, Morphet J, Hall H (2017) A scoping review of mentorship of health personnel to improve the quality of health care in low and middle-income countries *Globalization and Health* 13: 1-8.
- Nash S, Scammel J (2010) Skills to ensure success in mentoring and other workplace learning approaches. *Nursing Times*, 106(2): 17-20.

43. Zhang Y, Qian Y, Wu J, Wen F, Zhang Y (2016) The effectiveness and implementation of mentoring program for newly graduated nurses: A systematic review. Nurse Education Today 37: 136-144.

44. Olorunfeni O (2019) Mentoring in Nursing: A Concept Analysis International Journal of Caring Sciences 12(1): 142-148.

ISSN: 2574-1241

DOI: 10.26717/BJSTR.2023.53.008429

Joanna Jasinska. Biomed J Sci & Tech Res



This work is licensed under Creative Commons Attribution 4.0 License

Submission Link: <https://biomedres.us/submit-manuscript.php>



Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles

<https://biomedres.us/>