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*Research article*

## **Nurse Managers' Perception of Mentoring Community Service Nurses in North West Province, South Africa**

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### **ABSTRACT**

Newly qualified Community Service Nurses (CSN) rely on experienced nursing managers (NMs) for support and mentoring. In the context of North West Province (NWP), there is anecdotal evidence which suggest that CSN are not adequately mentored. The study purpose was to measure the perceptions of NMs regarding mentoring of CSN in NWP public health facilities South Africa. The authors used quantitative descriptive cross-sectional design, to collect data from 174 NMs working with the newly qualified CSN in the four districts in NWP. Simple random sampling was used to select the participants. Ethical approval to conduct the study was obtained from North West University ethics committee. The study revealed that majority of NMs agreed that there were benefits to mentoring. There was no significance difference between those who have mentored CSN and those who did not mentor the CSN with regard NM's perceptions regarding mentoring costs and benefits, and willingness to mentor were presented. Stratified and Simple random sampling techniques were used to select NMs in public health facilities in NWP. Other public health facilities were not included because the participants were unavailable. However adequate representation was ensured by selecting participants proportionately in the four NWP districts to achieve the required number for the quantitative study. The study was conducted at eight hospitals, 28 clinics in NWP, where CSN are placed.

**Keywords:** *Community Service Nurses; Mentoring; Nurse Managers*

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### **INTRODUCTION**

A newly qualified nurse is regarded as diplomat or graduate who has done the comprehensive four year nursing programme (General, Community, Psychiatric and Midwifery) with a minimum experience of five years under the South African Nursing Council Regulation 425 of 22 February 1985 (Morolong & Chabeli, 2005). In South Africa, the newly qualified nurse is expected to render a compulsory one year community service, hence the term community service nurse (CSN) as stipulated by South African Nursing Council in section 40 of the Nursing Act 33 of 2005 and regulation 765 of 24 August 2008. These newly qualified nurses are more likely to undergo a phase of transition and therefore need to be mentored by an experienced nurse. Literature has highlighted the challenges of mentoring of CSN. Despite this literature, there is limited research regarding the nurse managers' perceptions regarding mentoring of CSN in the NWP public health facilities. The study done by Mqokozo, Minnaar and Tjale (2013); Thopola, Kgole and Mamogobo (2013), pointed out that the CNS were left to "burn" because they were neither supported nor

mentored. According to Thopola, et al (2013), there are numerous challenges affecting the CSN. The participants emphasised poor supervision, lack of orientation and mentoring as some of the negative factors (Thopola et al, 2013). In this regard the researchers recommended that there should be orientation programmes, in-service training for the CSN (Thopola et al, 2013). With this background, it is clear that mentoring of these nurses is imperative to assist in the alleviation of reality shock of the CSN in the NWP. In support, Hlosana- Lunyawo and Yako (2013) highlighted that coaching and mentoring programmes should be implemented so that the NQN can gain confidence in their practice. Therefore, it was imperative to study the perceptions of NMs regarding the mentoring of CSN.

Mentoring was defined according to different perspectives as a relationship between a less experienced person (mentee or protégé) and a more experienced person, the mentor (Green, Herscowitz & Shepard, 2007; Thabane, Thabane & Goldsmith, 2007). In support, Hnatuik (2012) defined mentoring as a reciprocal and collaborative learning relationship between two individuals with mutual goals and shared accountability for the success of the relationship. Allen

(2003) defined mentoring as a relationship which provide a catalyst for transformation and helps in growth, open windows for capabilities. Furthermore, Russell (2004); Simpson and Beynon (2005) defined mentoring as a voluntary, manually beneficial and long term relationship whereby an experienced knowledgeable leader supports the maturation of a less experienced nurse. According to Green et al (2007), the mentor is someone who is usually older experienced than the mentee. The mentor fosters an mentee's development by believing in the mentee, sharing the mentee's dreams and assisting in realizing those dreams. These definitions indicate that mentoring is an important relationship whereby the experienced nurse, empowers the inexperienced newly qualified nurse.

The concept of mentoring is not new to nursing. Hansford, Ehrich and Tennent (2004) argues that mentoring within nursing has evolved from a largely informal activity involving self-selected relationships into formal programs designed to support and promote nurses' development. According to Mariani (2012), Florence Nightingale was active in teaching and mentoring others. In this regard, Florence Nightingale wrote letters of encouragement and advice to former students. Although there have been various definitions of the term, the general purpose of mentoring has been similar in its many usages and is frequently described as professional and personal aspects of one's life.

The transition from nursing student to registered nurse can be exciting, stressful and challenging. According to Hoffart, Wadell and Young (2011) the transitional shock is likely to occur within the first two year after graduation when a student nurse is regarded as a newly qualified nurse and become a functional member of the team. In addition, Duchscher (2009), indicated that the frustrations to the new graduate nurse are brought about by the differences in the relationships, roles, responsibilities and knowledge. The shock occurs due to the performance expectations required within the less familiar professional practice setting (Duckscher,2009). Kaihlanen, Lakanmaa and Salminen (2013), also indicated that it is the role of the mentor to guide and support the newly qualified nurse to enhance clinical learning process and professional growth. This study describes the mentor's support in the transition from being the nursing student to being the registered nurse. It is imperative to investigate the mentoring of newly qualified nurses.

## **MATERIALS AND METHODS**

### **Design and study population**

Probability stratified random and simple random sampling methods were used to choose the sample of NMs in NWP public health care facilities. Stratification ensured that the NMs were proportionately selected in the NWP 4 districts. Simple random sampling was used to select sub-districts and public health facilities to be able to access participants.

The study was conducted at eight hospitals, 28 clinics in NWP, where CSN are placed. The target population of NMs in the four NWP districts were 314 and distributed as follows: Ngaka Modiri Molema=101, Bojanala=108, Dr Kenneth Kaunda=53, Dr Ruth Segomotsi Mompoti=52. Sample size

determination of NMs at the four districts in NWP was done with the use of Raosoft sample calculator (<http://www.raosoft.com/samplesize.html>). In this study, the sample size was 174 as calculated with the Raosoft sample calculator with 5% margin of error and a 95% confidence interval (de Vos, Strydom, Fouché & Delpont, 2011). Total number of NMs was obtained from North West Province Department of Health to ensure that the sample was proportionately distributed. Criteria for participation were that the NMs should have more than five years' experience and working with the CSN. One hundred and forty-five (83.3%) of the respondents were female while twenty-nine (16.7%) were male. The majority (40.2%) of the managers were in the 41-50-year age group while about 36% were aged between 51 and 60 years. About 22.8% of NMs were in the age range of 30 and 40 years. Only 1% of the managers were aged between 21 and 30 years.

### **Data collection**

Questionnaires used to collect data were distributed by hand to the participants and were later collected. The first part of the questionnaire included the information sheet which provided clarity on how to complete the questionnaire. The NMs who participated gave informed consent. Ethical clearance was obtained from North West university, permissions were obtained from the North West Province Department of Health and public health facilities. Participants were informed that participation was voluntary and that they could discontinue at any time. Because of the vast distances between the public health facilities, data was collected from October 2015 to February 2016.

In order to collect data, the perceptions regarding mentoring costs, benefit and willingness to mentor scale was used. To validate the questionnaire, a pilot study was conducted to determine problems in research design, methods, materials and any equipment to be used in the study (Arean & Kraemer, 2013). Ten NMs were asked to complete questionnaires and comment on length, language, technical structure and instructions on questionnaires. Completed questionnaires were given to the study promoter and statistician for evaluation and comments before it was applied in main study. The pilot study results were entered into windows Statistical Package for Social Science (SPSS) version 23 to calculate the Cronbach alpha coefficient of the scale used in the study. Reliability of the scale in this study was 0.739 as compared to 0.81 in Ragins and Cotton study (1993). The scale had 36 items which were all rated on a four-grade scale: strongly disagree, agree, disagree and strongly disagree.

### **Data analysis**

The IBM (SPSS) version 23 was used to analyse generated data. Completed questionnaires were manually coded and numbered immediately after being received from participants and data were entered into the software. Basic descriptive psychometric analysis of these instruments was done for the expected costs and benefits to being a mentor scale. These were followed by measuring internal consistency and inter-item correlation using Cronbach's alpha (Cronbach, 1951). Descriptive tests were used to measure central tendencies

(mean, median and mode); and variability such as range and standard deviation of responses in all section of questionnaires. Inferential statistics were also applied in data analysis (LoBiondo & Harber, 2010).

**RESULTS**

**Demographic and professional characteristics of nursing managers according to mentoring status:**

Table 1 shows the  $\chi^2$  test results for testing the association between mentoring status and demographic characteristics. There was no significant association between having mentored a CSN and gender; basic education and the public health facility in which NMs were working. There was, however, a statistically significant association between having mentored a CSN and age group; number of years NMs have been employed as a registered nurse and whether the respondent considered the working place to be a mentoring environment. Majority (44.5%) of those who indicated having mentored a CSN were in the 51-60-year age group. Almost 30% of the respondents who indicated having mentored a CSN had experience of 5 and 10 years compared to 24% who over 25 years' experience (Table 1).

**Nursing managers perceptions of mentoring benefits**

Table 2 shows that majority of NMs agreed that mentoring have benefits. There was no significant difference between those who have mentored CSN and those who did not mentor

CSN p-value was above 0.05. The significant difference between NMs who mentored CSN and those who did not mentor CSN were with regard to the following mentoring benefits: "Serving as a mentor can be one of the most positive experiences in one's career"; "The mentoring relationship can benefit both mentor and mentee"; "Mentoring has a positive impact on the mentor's job performance"; "One's job performance is likely to improve when one becomes a mentor". Clearly, a highest number (95% to 100%) of NMs agreed that mentoring have benefits.

**Nursing managers' Perceptions of Mentoring Costs**

Table 3 shows the comparison of perceptions of the mentoring costs among NMs who have mentored CSN and those who have not mentored CSN. Out of the eleven items assessed, significant differences between NMs who mentored the CSN and those who did not mentor CSN were found in two items. Items which indicated no significant differences were found between both groups and include statements such as: "Being a mentor is more trouble than it is worth"; "Mentoring takes more time than it is worth"; "Mentee can end up taking the mentor's job"; "I do not have time to be a mentor"; "I would not want the risk of being put in a bad light by my mentee's failure"; "Choosing a poor mentee is a negative reflection on the mentor's judgement"; "A poor mentee can ruin a mentor's reputation"; "Mentees can be a negative reflection on the mentor's competency"; "Mentoring is an energy drain".

**Table 1:**  
**Characteristics of Nurse Managers according to mentoring status**

Characteristics	Category	Have you mentored any CSN?		$\chi^2$	P-value
		Yes (n=124) n(%)	No (n=50) n(%)		
<b>Age Group</b>	21-30 years	2(1.6)	0(0.0)	10.057	0.039*
	31-40 years	16(13.0)	8(16.0)		
	41-50 years	46(37.4)	24(48.0)		
	51-60 years	52(42.3)	11(22.0)		
	Above 60 years	7(5.7)	7(14.0)		
<b>Basic Education</b>	Diploma	90(72.6)	35(70.0)	0.117	0.732
	Degree	34(27.4)	15(30.0)		
<b>Health Facility</b>	Community clinic	26(21.0)	9(18.0)	2.394	0.495
	Community health centre	26(21.0)	15(30.0)		
	District hospital	11(8.9)	6(12.0)		
	Provincial hospital	61(49.2)	20(40.0)		
<b>Years employed as a registered nurse</b>	5-10 years	38(30.6)	26(52.0)	11.242	0.024*
	11-15 years	24(19.4)	10(20.0)		
	16-20 years	21(16.9)	3(6.0)		
	21-25 years	12(9.7)	3(6.0)		
	> 25 years	29(23.4)	8(16.0)		
<b>Working place is a mentoring environment</b>	Yes	75(60.5)	19(38.0)	7.231	0.007**
	No	49(39.5)	31(62.0)		
<b>Gender</b>	Male	21(16.9)	8(16.0)	0.881	0.767
	Female	103(83.1)	42(84.0)		

\* indicates significance at  $p=0.05$ ; \*\* indicates significance at  $p=0.01$

**Table 2:**

Nurse managers perception of mentoring benefits

Perceptions of mentoring benefits	Have you mentored a CSN in your nursing career?		
	Yes; n=124 n (%)	No; n=50 n (%)	$\chi^2$ (p-value)
<b>Mentors get a sense of fulfilment by passing their wisdom on to others</b>			0.348 (0.951)
Disagree	10(8.1)	5(2.0)	
Agree	114(91.9)	45(98.0)	
<b>Serving as a mentor can be one of the most positive experiences in one's career</b>			8.51 (0.037)*
Disagree	1(0.8)	3(6.0)	
Agree	123(99.2)	47(94.0)	
<b>Mentoring makes one feel better about one's self</b>			6.767 (0.08)
Disagree	10(8.1)	8(16.0)	
Agree	114(91.9)	42(84.0)	
<b>A good mentee can enhance a mentor's reputation</b>			0.534 (0.911)
Disagree	12(9.7)	6(12.0)	
Agree	112(90.3)	44(88.0)	
<b>The advantages of being a mentor outweigh the drawbacks</b>			0.925 (0.819)
Disagree	18(14.5)	9(18.0)	
Agree	106(85.5)	41(82.0)	
<b>The mentoring relationship can benefit both mentor and mentee</b>			14.44 (0.002)**
Disagree	0(0.0)	4(8.0)	
Agree	124(100)	46(92.0)	
<b>One's creativity increases when mentoring others</b>			7.607 (0.055)
Disagree	1(0.8)	4(8.0)	
Agree	123(99.1)	46(92.0)	
<b>One's job performance is likely to improve when one becomes a mentor</b>			8.705 (0.013)*
Disagree	5(4.0)	4(8.0)	
Agree	119(96.0)	46(92.0)	
<b>Mentoring has a positive impact on the mentor's job</b>			7.733 (0.052)
Disagree	2(1.6)	4(8.0)	
Agree	112(98.4)	46(92.0)	
<b>The mentor's job is usually rejuvenated by the mentoring relationship</b>			1.848 (0.605)
Disagree	16(12.9)	8(16.0)	
Agree	108(87.1)	42(84.0)	
<b>Mentoring has a positive impact on the mentor's job performance</b>			12.367(0.006)**
Disagree	6(4.8)	8(16.0)	
Agree	118(95.2)	42(84.0)	
<b>Mentee can be a positive reflection on the mentor's competency</b>			4.123(0.248)
Disagree	17(7.3)	3(6.0)	
Agree	107(41.1)	47(94.0)	
<b>Mentors can count on their mentees to be loyal supporters</b>			1.955 (0.582)
Disagree	27(13.7)	11(22.0)	
Agree	97(86.2)	39(78.0)	
<b>Mentors obtain positive recognition in their organization for assuming a mentoring role</b>			4.539 (0.209)
Disagree	16(12.9)	8(16.0)	
Agree	108(87.1)	42(84.0)	
<b>Choosing a good mentee is a positive reflection on the mentor's judgement.</b>			5.907 (0.116)
Disagree	49(39.5)	11(22.0)	
Agree	75(60.5)	39(78.0)	
<b>Mentors gain status amongst their peers for their mentoring activities.</b>			3.701 (0.296)
Disagree	29(23.4)	16(32.0)	
Agree	95(76.6)	34(68.0)	
<b>Mentors are able to relive their lives through their mentees.</b>			2.461 (0.482)
Disagree	37(29.8)	13(26.0)	
Agree	87(70.2)	37(74.0)	
<b>Mentors view mentees as a younger version of themselves.</b>			2.31 (0.511)
Disagree	32(25.8)	12(24.0)	
Agree	92(74.2)	38(76.0)	

\* indicates significance at  $p=0.05$ ; \*\* indicates significance at  $p=0.01$

**Table 3:**  
**Nurse managers' perception of mentoring costs**

Perceptions regarding mentoring costs	Have you mentored a CSN in your nursing career		$\chi^2$ (p-value)
	Yes; n=124	No; n=50	
	n (%)	n (%)	
<b>Being a mentor is more trouble than it is worth</b>			<b>4.719 (0.194)</b>
Disagree	104(83.9)	36(72.0)	
Agree	20(16.1)	14(28.0)	
<b>Mentoring takes more time than it is worth</b>			<b>1.55 (0.671)</b>
Disagree	73(58.9)	26(52.0)	
Agree	51(41.1)	24(48.0)	
<b>There are more drawbacks to being a mentor than advantages</b>			<b>16.281 ( 0.001)**</b>
Disagree	105(84.7)	28(56.0)	
Agree	19(15.3)	22(44.0)	
<b>I do not have time to be a mentor</b>			<b>2.883 (0.410)</b>
Disagree	99(79.8)	41(82.0)	
Agree	25(20.2)	9(18.0)	
<b>Mentee can end up taking the mentor's job</b>			<b>1.938 (0.585)</b>
Disagree	72(58.1)	24(48.0)	
Agree	52(41.9)	26(52.0)	
<b>I would not want the risk of being put in a bad light by my mentee's failure</b>			<b>1.209 (0.751)</b>
Disagree	66(53.2)	25(50.0)	
Agree	58(46.8)	25(50.0)	
<b>Mentors can be backstabbed by the opportunistic mentee</b>			<b>9.186 (0.027)*</b>
Disagree	88(71.0)	32(64.0)	
Agree	36(29.0)	18(36.0)	
<b>Choosing a poor mentee is a negative reflection on the mentor's judgement</b>			<b>3.972 (0.265)</b>
Disagree	84(67.7)	27(54.0)	
Agree	40(32.3)	23(46.0)	
<b>A poor mentee can ruin a mentor's reputation</b>			<b>6.01 (0.111)</b>
Disagree	76(61.3)	22(44.0)	
Agree	47(38.8)	28(56.0)	
<b>Mentees can be a negative reflection on the mentor's competency.</b>			<b>4.573 (0.206)</b>
Disagree	81(65.3)	24(48.0)	
Agree	43(34.7)	26(52.0)	
<b>Mentoring is an energy drain</b>			<b>2.876 (0.411)</b>
Disagree	88(71.0)	31(62.0)	
Agree	36(29.0)	19(38.0)	

\* indicates significance at p=0.05; \*\* indicates significance at p=0.01

The study revealed that NMs who have not mentored CSN agreed more as compared to those who have mentored CSN with regard to the mentoring costs, namely: "Being a mentor is more trouble than it is worth"; "Mentoring takes more time than it is worth"; "There are more drawbacks to being a mentor than advantages"; "I would not want the risk of being put in a bad light by my mentee's failure"; "Mentors can be backstabbed by the opportunistic mentee"; "Choosing a poor mentee is a negative reflection on the mentors judgement"; "A poor mentee can ruin a mentor's reputation"; "Mentees can a negative reflection on the mentor's competency"; "Mentoring is an energy drain".

Out of all the mentoring costs perceptions, the higher percentages of NMs who have not mentored CSN agreed more regarding: "There are more drawbacks to being a mentor than advantages" (44.0%; n=22), as compared to those who have mentored the CSN (29.0%; n=36); "Mentors can be backstabbed by the opportunistic mentee" (64.0%; n=32); as compared to (36.0%; n=18) who have mentored the CSN. As a result, there was a significant difference between the two groups with regard to: "There are more drawbacks to being a mentor than advantages" (p-value=0.001); "Mentors can be backstabbed by the opportunistic mentee" (p-value=0.027).

**Nursing managers' perceptions regarding mentoring intentions**

Table 4 indicates the highest percentages of the NMs who have mentored the CSN strongly agreed that they have the intention to mentor the CSN as compared to those who have not mentored the CSN. Majority of NMs (91.9%; n=113) who have mentored CSN as compared to those who have not mentored CSN (84.0%; n=42) agreed that they plan to mentor CSN. Both groups of NMs disagreed with the statements: "I do not expect to mentor a nurse in my practice setting"; and "I have no desire to be a mentor" as indicated in Table IV. However, the NMs who have mentored CSN disagreed more on these two items. The mentoring intentions items where there was no significant difference between the two groups were found on the following: "I plan to mentor a nurse in the future"; "I do not expect to mentor a nurse in my practice setting"; "I am willing to participate in the mentoring programme of CSN"; "I have no desire to be a mentor"; "I would like to be a mentor". Table IV also shows the statistical difference between the two groups with the following mentoring intentions item: "I look forward to mentoring a nurse in my practice setting" (p-value=0.011).

**Correlation coefficients of variables related to mentoring**

Table 5 shows correlation between measured variables using Pearson correlation coefficient. There was a significant (p<0.01) positive correlation between the mentoring benefits score and mentoring willingness score. All other correlations were non-significant. The number of years that one had been employed as a registered nurse was negatively correlated with mentoring cost score and mentoring willingness score, respectively. The mentoring willingness score and mentoring cost score were also negatively correlated. The mentoring benefits score was, however, positively correlated with the number of years that one had been employed as a registered nurse and the mentoring cost score respectively.

**Table 4:**  
NM's perceptions regarding mentoring intentions

Perceptions regarding intention to mentor	Have you mentored a CSN in your nursing career		$\chi^2$ (p-value)
	Yes: n=124 n (%)	No: n=50 n (%)	
<b>I plan to mentor a nurse in the future</b>			<b>6.009 (0.111)</b>
Disagree	11(8.9)	8(16.0)	
Agree	113(91.9)	42(84.0)	
<b>I do not expect to mentor a nurse in my practice setting</b>			<b>6.211 (0.102)</b>
Disagree	108(87.1)	39(78.0)	
Agree	16(12.9)	11(22.0)	
<b>I look forward to mentoring a nurse in my practice setting</b>			<b>11.237 (0.011)*</b>
Disagree	4(3.2)	6(12.0)	
Agree	120(96.8)	44(88.0)	
<b>I am willing to participate in the mentoring programme of CSN</b>			<b>5.41 (0.144)</b>
Disagree	15(12.1)	10(20.0)	
Agree	109(87.9)	40(80.0)	
<b>I have no desire to be a mentor</b>			<b>2.25 (0.522)</b>
Disagree	106(85.5)	38(76.0)	
Agree	18(14.5)	12(24.0)	
<b>I would like to be a mentor</b>			<b>3.473 (0.324)</b>
Disagree	10(8.1)	6(12.0)	
Agree	114(91.9)	44(88.0)	

\*indicates significance at  $p=0.05$ ;

\*\*indicates significance at  $p=0.01$

**Table V:**  
Correlation coefficients of variables related to mentoring

Variables	1	2	3
1. Number of years employed as a registered nurse	-		
2. Mentoring cost score	-0.038	-	
3. Mentoring benefits score	0.133	0.091	-
4. Mentoring willingness score	-0.094	-0.146	0.450**

\*Correlation is significant at the 0.05 level (2-tailed)

\*\* Correlation is significant at the 0.01 level (2-tailed)

## DISCUSSION

Results from this study show that the total number of NMs who have mentored CSN were 71.3% (n=124), as compared to those who did not mentor CSN (28.7%; n=50). Perhaps there is interplay of factors that make the NMs to assume or not to assume mentoring role of CSN. Consistently, Schaffer (2013) found that huge numbers of mentors have mentored many mentees. On the contrary, overworked nurses were more likely to mentor in view of empowering novice nurses to help with the workload (Schaffer, 2013). Furthermore, Ragins and Cotton (1993) identified that the cost and benefit factors can influence the mentor's decision to mentor.

Ninety four NMs (54%) regarded their workplace as a mentoring environment as compared to 46% (n=80) who did not. Seemingly, NMs were creating a conducive environment for the CSN. Supportive environments are needed to facilitate

adaptation of CSN in public health facilities (Gregg, Wakisaka & Hayashi, 2013). According to Gregg et al (2013), strategies that are used by NMs, should embrace: 1) understanding the situation of new nurse, 2) providing opportunities for experience and learning, and 3) providing support to nurses who are teaching new nurses. In support, Bally (2007) indicated that it is imperative that mentoring goals should be embedded into institutional goals. Factors that enhance a healthy organizational culture should include recognition of mentee as an independent health practitioner and encouraging participation in challenging activities (Bally, 2007). This study found that there was a statistically significant association between having mentored a CSN and whether they considered working place to be a mentoring environment ( $p=0.007$ ). According to Rohatinsky (2012), the mentoring environment is enhanced by managerial support to mentors whereby resources are availed for mentoring programmes.

The NMs agreed that there are career and psychosocial benefits of mentoring CSN. These findings are congruent with mentoring role theory (Kram & Isabella, 1985). Furthermore, Eby, Durley, Evans and Ragins (2006) revealed that mentors attain both short- and long-term benefits from mentoring mentees. Psychosocial benefits were also indicated by Schmidt and Faber (2016), whereby mentors gained personal satisfaction derived from making a difference for someone. Seemingly, intrinsic satisfaction that comes with giving back in ways that extends beyond any one person's individual contributions (Canter et al, 2012).

The study revealed that NMs who have not mentored CSN agreed more as compared to those who have mentored CSN with regard to mentoring costs. It might be reasoned that NMs who have not mentored before were foreseeing disadvantages of mentoring as compared to those who have actually participated in the mentoring relationship. Parise and Forret (2008) affirmed that mentoring could be equally beneficial and costly to the mentor. According to Huybrecht, Loeckx, Quaeysaegens, De Tobel and Mistiaen (2011), determination of both mentoring costs and benefits is imperative so that appropriate measures can be taken to support the mentoring process. As a result, individuals without mentoring experiences expected more costs and fewer benefits than individuals with mentoring experience (Ragins & Scandura, 1999). There was a significant difference between the two groups with regard to mentoring costs. Similarly, Eby et al (2006) identified the cost of mentoring as nepotism and a dysfunctional relationship, and more trouble than worth. Additionally, Eby and McManus (2004) identified negative experiences of mentoring whereby mentors were exploited by mentees. The interesting finding by Ragins and Scandura (1999) also highlighted that individuals who expect high cost had significantly lower intentions to mentor than those expecting low costs. It means that organizations should be able to encourage the willingness to mentor.

Both groups of NMs disagreed with the statements: "I do not expect to mentor a nurse in my practice setting"; and "I have no desire to be a mentor" as indicated in Table IV. However, NMs who have mentored CSN disagreed more pertaining to these two items. Again, NMs who have mentored CSN strongly agreed that they have intentions to mentor CSN as compared to those who have not mentored CSN.

Presumably, those who have previously mentored CSN strongly indicated that they intended to mentor CSN. The findings concur with those highlighted in the literatures which emphasize that previous mentoring experience influence perceptions regarding mentoring and intention to mentor (Eby et al, 2006:233; Parise & Forret, 2008:238; Kram & Isabella, 1985:129). In addition, Allen, Poteet, Russell & Dobbins (1997:3) suggested several factors that can influence the willingness to mentor namely: 1) demographic variables; (2) previous mentoring experience; and (3) personality variables. Correlation between the variables was measured using the Pearson correlation coefficient. There was a significant positive correlation between the mentoring benefits score and mentoring willingness score. All other correlations were non-significant. The number of years that one had been employed as a registered nurse was negatively correlated with the mentoring cost score and mentoring willingness score, respectively. Consistently, this study found that NMs with more years employed as registered nurses disagreed that they have mentored CSN, and were not willing to mentor as compared to those with few years' experience. Furthermore, Ragins and Cotton (1993) indicated that individuals who have been in the organization for a very long time might have negative perceptions about the organization and, as a result, would not have anything to do with mentoring.

The study was conducted in the health facilities of the NWP, which would make it to generalize the findings to other provinces in South Africa. It is recommended that mentoring should be included in the curriculum of nursing management, to equip managers with mentoring skills. The study can be conducted to gather data about the strategies to overcome barriers to mentoring of the CSN.

In conclusion, this study has shown that mentoring is beneficial to the mentors and mentees because as it helps them to develop psychologically and career wise. Managers who perceived the benefits of mentoring are also likely to mentor the CSN. Majority of the NMs were willing to mentor the CSN.

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