

The Relationship Between the Mentorship Skills and Professional Attitudes of Preceptor Nurses: A Multi-Centre Study

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ABSTRACT

Objective: The research was conducted to determine to evaluate the mentoring skills of the preceptor nurses, their professional attitudes and the relationship between mentorship skills and professional attitudes.

Method: The study was conducted with all preceptor nurses who guided newly hired nurses (n: 245) that were employed at two university hospitals, two research, and training hospitals, and two private hospitals under the Turkish Ministry of Health. The data were collected between 1 August and 30 October 2017. The research was conducted with a descriptive and relationship-seeking design. The data were collected by using Nurse Information Form, the Mentorship Scale, and the Vocational Professional Attitude Inventory. Frequencies, percentages, means, standard deviations, ANOVA, t-test, Kruskal Wallis tests were used to analyze the data, while Cronbach's alpha coefficient and Pearson analyses were used for reliability analysis.

Results: This research determined that 80.8% stated that they voluntarily worked as preceptor nurses, 58.8% said they attended training programs on the preceptor, and 84.1% expressed their relationship with the nurse they supervised as a teacher-student relationship. The participants had high mentorship skills (4.27 ± 0.43) and high vocational professional attitudes (147.42 ± 9.56). As the mentorship skills of the participants increased, it was observed that their vocational professional attitudes also significantly increased ($p < .001$).

Conclusion: The preceptor nurses who participated in this study had high levels of mentorship skills. The participants also had high levels of vocational professional attitudes. As the mentorship skills of the participants increased, their vocational professional attitudes also increased significantly.

Keywords: Mentoring; preceptorship; nurse clinicians; attitude; nurses

1. INTRODUCTION

Mentorship is one of the most significant methods/approaches that are used to ensure that students especially nurses who are newly hired, use the theoretical knowledge required by the profession in application areas, gain skills, improve their professional capabilities, and form positive attitudes towards the profession (1).

According to Crisp and Cruz (2009), mentoring; is a development process in which one person (mentor) shares his knowledge and experience and supports the development of the other (mentee). The main purpose; is to enable the individual to develop in line with his/her personal and professional development goals (1). Mentorship is a process of personal and professional development and learning that covers processes of supervision, guidance, coaching, facilitation, assessment, and monitoring through sharing knowledge, skills, and experiences based on mutual trust and volunteerism toward the personal and vocational development goals of the individual. Mentorship is a trusting relationship between a novice and a professional (1-3).

Mentorship in nursing is an effective and significant method of socialization for the occupational adaptation and development of the mentee (student, hired nurse, etc.) (4). The mentee needs to provide safe and high-quality care, show professional development, and achieve adaptation to the profession (5). Mentoring in nursing is also the most common and preferred learning approach in which the mentor (clinical guide nurse) helps the mentee acquire clinical skills and contribute to their learning in the clinical field. Among the many factors that impact the teaching-learning process and the professional socialization of undergraduate nursing students and newly hired nurses in clinical learning environments, the role and responsibility of a clinical mentor (preceptor) are considered crucial (6). In the mentoring process in nursing, the relationship between mentor and mentee is not accidental and spontaneous. On the contrary, this relationship has a two-way sharing; new knowledge is built by sharing knowledge and experiences, so an individual and collaborative process can be mentioned. Dickson et al. it

is emphasized that when nurses start working in the clinical field without going through any mentoring process, their perception of nursing as a profession is negatively affected (7). In the mentoring process in nursing, the mentor primarily needs to share his knowledge, skills, and experiences with the mentees, review their performance, guide them in line with their abilities and talents, interpret their strengths and needs to be developed, offer suggestions about opportunities and threats, support them psychologically and motivate them, etc. must-have features. Mentors with these characteristics have important roles not only in gaining professional skills, but also in developing critical thinking skills, supporting their adaptation to the profession, and improving their ability to cope with problems/events (8-10). Preceptors have experienced nurses who work with novice nurses and nurse students to facilitate and expand their clinical education by sharing experiences in patient care and with technology (3). Preceptorship is important for both healthcare organizations and education to enhance students' and newly hired nurses' clinical competencies, professional growth, and commitment to the nursing profession and organizational environments (11). Preceptorship is also the most prevalent and preferred learning approach where the mentor (preceptor nurse) supports the mentee to gain clinical skills in the clinical environment and contributes to their learning (12). The new skills nurses acquire through mentoring, preceptors, and debriefing in the residency program can be effective in producing an environment within which new nurses can experience a positive transition to practice (3). In this process, preceptors also play important roles in facilitating development, experience, and provision of support in the achievement of open, honest, and sensitive communication by understanding the perceptions of the mentee and helping the mentee adapt to the job and progress in their professional path (11). Mentors with these characteristics have significant roles in not only the mentee's acquisition of professional skills but also their development of critical thinking skills, supporting them in their occupational adaptation, and improving their skills of coping with problems (13).

In the mentorship process, mentees are individuals who aim to be successful, need to gain institutional culture and institutional commitment, and need to have a professional approach to reach their career goals. In this sense, in addition to the supportive, helpful, and professional approaches of mentors, their possession of professional attitudes also allows the vocational attitudes of their mentees to develop in a positive direction (14). There is empirical evidence that support from mentors in clinical practice is essential for nursing students' professional attitude, and positive mentor experiences enhance students' motivation to remain in the nursing profession (15). Vocational professional attitudes are important in terms of the formation of the standards of nursing and the provision of qualified nursing care (16). In addition to increasing the quality of care, the establishment of professional attitudes among mentors is also important in terms of making a professional contribution and increasing the status of the profession (17). However, preceptors' mentorship skills, competencies, and professional attitudes require qualifications or training that are poorly defined across organizational and

educational settings (11). A robust assessment of preceptor nurses' current and required competencies as mentors is crucial for the development of high-quality mentorship training and delivery for enhancing newly hired nurses' learning in clinical practice. For these reasons, it is important to determine the mentorship skills and professional attitudes of preceptor nurses, discuss the aspects that need to be improved, and conduct studies in this direction. Studies on clinical mentoring are limited. There is no study regarding "Mentorship skills and professional attitudes of preceptor nurses: A Multi-Centre Study". We believe that this study will be beneficial to nurses and other researchers. Also, we believe that this study will guide manager nurses in the process of determining and developing preceptor nurses. It was aimed to evaluate the mentoring skills of the preceptor nurses, their professional attitudes the relationship between mentorship skills and professional attitudes, and their views on the mentoring process.

For this purpose, answers were sought to the following questions:

1. What are the views of preceptor nurses on the process of mentorship?
2. What is the level of mentoring skills of the preceptor nurses?
3. How are the vocational professional attitudes of preceptor nurses?
4. Is there a relationship between the mentorship skills and vocational professional attitudes of preceptor nurses?
5. Is there a difference between the mentoring process and the mentoring scale total-sub-size and VPAI total mean scores of preceptor nurses?

2. METHODS

2.1. Ethics Approval

Ethics committee approval was received on 03.05.2017 and number 166985 from the Istanbul University Cerrahpaşa Medical Faculty Clinical Studies Ethics Committee. After explaining the study's objective and the data collection process, verbal consent was obtained from the preceptor nurses who voluntarily agreed to participate.

2.2. Sample

The study population consisted of preceptor nurses (n: 526) employed in three university hospitals, two research and training hospitals and five private hospitals of the Turkish Ministry of Health in Istanbul and Kocaeli provinces in Turkey. It was aimed to reach the entire population of the study, but three of the private hospitals and one university hospitals that were approached for the study did not provide permission. The research was carried out in 6 hospitals in Turkey. The data were collected from 245 preceptor nurses between 1 August – 30 October 2017. The data were collected by face-to-face interview method after explaining the purpose of the research to the preceptor nurses, how the data collection process would be done and how long it would take. No time limit was set during the collection of data, and filling out the forms took

an average of 7-8 minutes. The research was conducted with a descriptive, and correlational research design.

2.3. Instruments

The data were collected through an Information Form, the Mentorship Scale, and the Vocational Professional Attitude Inventory (VPAI).

Information Form: The form contained 15 questions to determine the sociodemographic and professional characteristics of preceptor nurses and their statuses of participation in scientific activities inside and outside the institution.

Mentorship Scale: The scale developed by Noe (18) was tested for validity and reliability in Turkish by Özkalp et al (19). The 30-item scale consists of six dimensions coaching, taking a role model, self-expression and visibility, counselling, acceptance and approval, and friendship. The response options for the 5-point Likert-type scale areas. The minimum possible score in the inventory is 30, while the maximum is 150. Higher scores on the scale indicate that the mentorship skills of the participant increase in a positive direction. The Cronbach's alpha value of the scale has been reported as .96 for the total scale (18). In this study, Cronbach's alpha value of the scale was found as .94 for the total scale, coaching .88; role modeling .77; self-expression and making visible .87; counseling .74; acceptance and approval .79 and friendship .66.

Vocational Professional Attitude Inventory (VPAI): The inventory was developed by Erbil and Bakır (16) and consists of 32 items. The inventory consists of questions about attitudes such as vocational training and development, interpersonal relations, and approach to problems and is one-dimensional. The response options for the 5-point Likert-type inventory areas. The minimum possible score in the inventory is 32, while the maximum is 160. Higher scores in the inventory indicate increased levels of vocational professionalism in the participant. The total scale Cronbach's alpha value of the inventory was reported as .89 (16). In this study, the Cronbach's alpha value of the inventory was calculated as .89.

2.4. Data Analysis

The data were analyzed by using the SPSS 22 software for Windows. The data were analyzed by using: frequencies, percentages, means, and standard deviations, t-tests, Spearman's tests. The relationship between the mean Mentorship Scale and dimension scores and the mean VPAI scores of the participants was analyzed by Spearman's test. The statistical significance level was accepted as $p < .05$ in the analyses (95% confidence interval).

3. RESULTS

3.1. Socio-demographic and professional characteristics of preceptor nurses

The preceptor nurse's mean age was 36.44 ± 6.85 . 95.5% of the participants were women. Of the participants, 48.6%

had undergraduate degrees, while 33.5% had postgraduate degrees. Of the participants, 40.4% worked at specialized units such as operating rooms and intensive care units, while 22.9% worked at internal medicine units. 39.2% were service head nurses, and 33.1% were service nurses, whereas they had been working as nurses for a mean time of 15.13 ± 7.29 years.

3.2. Preceptor nurses' views on the guiding process

Of the participants, 80.8% stated that they worked as preceptor nurses voluntarily, and 58.8% said they had attended a training program on preceptors. 44.9% of the participants stated that they had been working as preceptor nurses at their institution for 2-4 years (mean: 4.32 ± 3.63 years), 42.9% guided for one month or shorter, and 36.3% guided for three months or longer (mean: 1.93 ± 0.89 months) Of the participants 66.1% stated that they worked with the nurse they guided only in the daytime shift, 84.1% define this relationship mostly as a relationship of teacher-student, 39.6% defined their relationship as a friendship and 23.3% explained it as a master-apprentice relationship (Table1).

Table 1. Views of the participants on the process of preceptorship (N=245)

Views of the participants on the process of preceptorship		n (%)
Status of working as preceptor nurses voluntarily	Yes	198(80.8)
	No	47(19.2)
Status of having attended a training program on preceptorship	Yes	144(58.8)
	No	101(41.2)
Time of working as preceptor nurses at the institution	≤1 year	51(20.8)
	2-4 years	110(44.9)
	≥5 years	84(34.3)
Time of preceptorship (months)	≤1 month	105(42.9)
	2 months	51(20.8)
	≥3 months	89(36.3)
Status of working together with preceptor nurses and a newly hired nurse	Only in the daytime shift	162(66.1)
	In all shifts	46(18.8)
	Mostly	26(10.6)
	Rarely	10(4.1)
	Other	1(0.4)
The status of the preceptor nurse in terms of their definition of their relationship with the newly hired nurse*	Teacher-student	206(84.1)
	Friend	97(39.6)
	Master-apprentice	57(23.3)
	Older sister/brother-younger sibling	51(20.8)
	Superior-subordinate/ Director-officer	24(9.8)
	Parent-offspring	3(1.2)
	Other	5(2.0)

*Multiple options were marked.

3.3. Mentoring skills and vocational professional attitudes of preceptor nurses

The Mentorship Scale's mean score was 4.27 ± 0.43 . Coaching's mean score was 4.34 ± 0.55 . Taking a Role Model's mean score was 4.02 ± 0.54 . Self-expression and Visibility's mean score was 4.18 ± 0.62 . Counseling's mean score was 4.47 ± 0.44 . Acceptance

and Approval's mean score was 4.57 ± 0.50 . Friendship's mean score was 4.07 ± 0.65 . The minimum and maximum scores of the participants in VPAI were respectively 111 and 160, while their mean score was found as 147.42 ± 9.56 (Table 2).

Table 2. Mentorship Scale and VPAI total and dimension mean scores and standard deviations of the preceptor nurses (N= 245)

Mentorship Scale	Number of Items	Minimum	Maximum	Mean (SD)
Coaching	5	1.60	5.00	4.34±0.55
Taking a role model	5	2.20	5.00	4.02±0.54
Self-expression and visibility	5	1.80	5.00	4.18±0.62
Counselling	9	2.20	5.00	4.47±0.44
Acceptance and approval	3	2.67	5.00	4.57±0.50
Friendship	3	2.00	5.00	4.07±0.65
TOTAL	30	2.13	5.00	4.27±0.43
VPAI*	Number of Items	Minimum	Maximum	Mean (SD)
TOTAL	32	111	160	147.42±9.56

*VPAI: Vocational Professional Attitude Inventory

3.4. Relationship between mentoring skills and vocational professional attitude of preceptor nurses

The relationship between the Mentorship Scale total and dimension mean scores and the VPAI mean scores of the participants were found to be positively significant ($p < .001$), but this relationship was on a weak level ($r = .39$). The relationship was weak in the total Mentorship Scale ($r = .39$) and the dimension of coaching ($r = .40$), weak in the dimensions of taking a role model ($r = .235$), counseling ($r = .29$), friendship ($r = .28$), and very weak in the dimension of acceptance and approval ($r = .19$) (Table 3). For the "r" value, the results were considered to indicate 0.00-0.25: very weak, 0.26-0.49: weak, 0.50-0.69: medium, 0.70-0.89: high, 0.90-1.00: very high relationships (20).

Table 3. Comparison of the preceptor nurses' views on the mentoring process and the total and sub-dimension mean scores of the mentoring scale

Preceptor nurses' views		Mentoring Scale total and sub-dimensions						
		Coaching	Taking a role model	Self – expression and visibility	Counselling	Acceptance and Approval	Friendship	TOTAL
Status of working as preceptor nurses voluntarily	Yes	4.37±.51	4.07±.52	4.20±.60	4.50±.41	4.59±.49	4.09±.62	4.30±.40
	No	4.21±.6	3.81±.57	4.04±.70	4.34±.53	4.51±.57	3.97±.75	4.14±.53
		t: 1.842 p: .067	t: 2.999 p: .003	t: 1.654 p: .099	t: 2.364 p: .019	t: .940 p: .347	t: 1.137 p: .257	t: 2.444 p: .015
Status of having attended a training program on preceptorship	Yes	4.43±.48	4.11±.49	4.24±.59	4.54±.38	4.64±.46	4.14±.65	4.34±.38
	No	4.21±.61	3.90±.58	4.08±.66	3.38±.49	4.48±.55	3.97±.63	4.17±.48
		t: 3.175 p: .002	t: 2.981 p: .003	t: 1.990 p: .048	t: 2.864 p: .005	t: 2.309 p: .022	t: 2.060 p: .040	t: 3.219 p: .001
Time of preceptorship (months)	≤1 month ^a	4.32±.60	3.95±.56	4.18±.64	4.46±.48	4.56±.54	3.93±.70	4.24±.47
	2 months ^b	4.11±.49	3.96±.57	4.08±.59	4.30±.43	4.42±.53	3.91±.57	4.12±.39
	≥3 months ^c	4.49±.46	4.15±.48	4.22±.62	4.59±.35	4.67±.42	4.32±.54	4.39±.37
		F: 8.436 p: .0001 b < a, c	F: 3.907 p: .021 a < c	F: .854 p: .427	F: 7.579 p: .001 b < c	F: 3.989 p: .020 b < c	F: 11.372 p: .0001 b < c	F: 7.270 p: .001 a, b < c
Status preceptor nurse and the supervised nurse working together	In all shifts	4.50±.52	4.02±.55	4.24±.67	4.63±.38	4.66±.44	4.38±.55	4.41±.38
	Other	4.30±.59	4.02±.53	4.16±.61	4.43±.44	4.55±.52	4.00±.65	4.24±.44
		t=2.206 p=.028	t=.842 p=.400	t=.748 p=.455	t=2.801 p=.005	t=1.296 p=.196	t=3.682 p=.000	t=2.370 p=.019

* $p < .05$, ** $p < .01$, *** $p < .001$

3.5. Preceptor nurses' mentoring process, mentoring scale total-sub-size and VPAI total mean scores of comparison

It was found that the volunteer preceptor nurses had statistically significantly higher scores on the Mentoring Scale total and role modeling ($p < .005$; $t: 2.99$), Counseling sub-dimension scores ($p < .05$; $t: 2.36$), and VPAI total score ($p < .05$; $t: 1.99$) compared to non-volunteers. It was found that the preceptor nurses participating in a guidance training program had statistically higher mean scores of the Mentorship Scale total and sub-dimension mean scores ($p < .001$; $t: 3.22$), and VPAI total scores ($p < .05$; $t = 2.33$) than those who did not attend the training program.

The mean scores of Friendship ($p < .0001$; $F: 11.37$) Counseling ($p < .001$; $F: 7.57$), Coaching ($p < .001$; $F: 8.43$) sub-dimensions, acceptance and approval ($p < .05$; $F: 3.98$), role modeling ($p < .05$; $F: 3.90$) sub-dimension mean scores, and VPAI total scores ($p > .05$; $F: 0.36$) of nurses who guided for three months or more was found to be statistically higher than the mean scores of the nurses who guided for two months or less. The preceptor nurses who work with the novice nurses in all shifts, counseling ($p < .05$; $t = 2.80$), friendship ($p < .001$; $t = 3.68$) sub-dimension mean scores, Mentoring Scale total mean scores ($p < .05$; $t = 2.37$), coaching ($p < .05$; $t = 2.20$) sub-dimension mean scores, and VPAI total scores ($p < .01$; $t = 2.25$) (Table 4) was found to be statistically higher than the mean scores of the preceptor nurses who do not work with novice nurses were statistically higher.

4. DISCUSSION

4.1. Socio-demographic and professional characteristics of preceptor nurses

This finding showed that the preceptor nurses who guided newly hired nurses in terms of achievement of their adaptation to the institution/unit/service they would start working at and preparation for the roles and responsibilities required by their jobs were qualified in terms of knowledge and skills. 63.3% of the participants worked at internal medicine units and specialized fields such as operating rooms and intensive care units. This finding may be interpreted as that newly hired nurses wanted to work in these fields first to gain professional knowledge and skills and prepare for the profession. This finding also makes one think that more preceptor nurses were employed at these specialized units as these units require more clinical guidance nursing.

4.2. Preceptor nurses' views on the guidance process

Muleya et al. stated that the willingness of the mentor is important for the mentee to be able to improve their knowledge, skills, and attitudes (14). Crisp and Cruz and Tenenbaum et al. reported that mentors need to share their knowledge, skills, and experiences based on mutual trust and volunteerism without hierarchy (22,23). This study determined that 80.8% of the participants worked as preceptor nurses voluntarily (Table 1). This finding may be interpreted as those preceptor nurses

who do their jobs voluntarily will share more knowledge, skills, and experiences with novice nurses, and this will create a positive learning environment. Kurul (24) determined that the interactions of midwives who received mentorship training with students were strengthened, and their attitudes toward students increased in a positive direction. Of the participants, 58.8% had attended a training program on preceptorship (Table 1). This finding may be interpreted as that, with a guiding training program, preceptor nurses would be aware of their roles and responsibilities, improve their mentorship skills, and show a professional attitude toward nurses' who are newly hired, and therefore, the mentorship process will be affected positively.

McIntosh et al (15) stated that it is useful for nurses who have experience in the field they work in to take part in mentorship for the process to be more productive and effective, professional experience is a highly important factor in mentorship. It was determined that the participants had been working as preceptor nurses at their institution for a mean time of 4.32 ± 3.63 years (Table 1). This finding, which was similar to those in previous studies, may be interpreted as those preceptor nurses who have been working at their institution for a long time may be qualified to both reflect the culture of the institution they work at onto newly hired nurses and help them utilize the mentorship process effectively.

While structured (formal) mentorship takes place within a certain time such as 6-12 months (25), in unstructured (informal) mentorship, this time is usually spread along a long process like 3-6 years (26). It was found that the participants guided newly hired nurses by a mean time of 1.93 ± 0.89 months (Table 1). This finding may be interpreted as that the guiding process could not be properly structured, the guiding time was insufficient for newly hired nurses, and the guiding process should be structured in a way suitable for the time emphasized in the literature.

Lloyd et al (27) revealed that nursing students who worked on the same shift as their mentors spent more time on education activities regarding the clinical field in comparison to those who did not. It was determined that 66.1% of the participants worked together with the preceptor nurses who guided them only during the daytime shift (Table 1). This finding may be interpreted as that, due to the "duty to achieve adaptation of newly hired nurses to the service/unit" and as they worked in the daytime shift, clinical head nurses that constituted 39% of the sample had the newly hired nurses they supervised work in the daytime shift, too.

4.3. Mentoring skills and vocational professional attitudes of preceptor nurses

In their studies with instructors, Özkalp et al (19), Noe (18), and Altuntaş (28) reported high mentorship skills. It was determined that the mentorship skills (total scale and all dimension mean scores) of the participants were high (4.27 ± 0.43) (Table 2). This finding may be interpreted as that the participants had mentorship skills such as displaying a positive point of view towards newly hired nurses in

the mentorship process, supporting their development, contributing to their career development, discussing their thoughts and feelings, giving them responsibility, and providing feedback for their development.

In the literature, the vocational professional attitudes of nurses have been mostly reported as medium-level (19,29,30) and high (16,17). The vocational professional attitudes of the participants were found to be high (147.42 ± 9.56) (Table 2). This may be interpreted as that the participants had vocational professional attitudes such as paying importance to work discipline, having responsibility, finding patient safety important, working in collaboration with colleagues, and acting tolerantly towards them.

4.4. Relationship between mentoring skills and VPAI of preceptor nurses

Astrove (31) determined a positive relationship between the career development and learning outputs of newly hired employees and the professional attitudes of mentors. Altioik (32) reported that the mentorship role of preceptor nurses that play a role in training, especially newly graduated nurses is highly important, newly hired nurses expect approval from their mentors, and this support is effective on the vocational professional attitudes of nurses. Muleya et al. (14) revealed that mentees want to work with mentor nurses who display a professional attitude. Çelik (33) found that, in librarian training, as the professional attitudes of mentors increased, the effectiveness of the guiding process also increased by providing mentees with the opportunity for systematic learning and development. Lentz and Allen (34) concluded that professional attitude and organizational commitment have a positive relationship with mentorship. Wu et al (35) reported that the mentorship role of preceptor nurses that play a role in training distinctly newly-hired nurses is highly important, newly-hired nurses expect approval from their mentors, and this support is effective on the vocational professional attitudes of nurses. It was determined that, as the mentorship skills of the participants increased, their vocational professional attitudes also significantly ($p < .001$) (Table 2). This finding indicated that preceptor nurses who have supportive, helpful, and professional traits have positively developed vocational professional attitudes.

4.5. Preceptor nurses' views on the mentoring process and mentoring scale total-sub-size and VPAI comparison of total score averages

Astrove (31) found that volunteerism in the mentoring process is among the factors that directly affect the quality of the mentoring relationship. It was determined that preceptor nurses who voluntarily engaged in guidance nursing had a higher average role model and counseling sub-size scores than those who did not voluntarily engage in guidance nursing ($p < .05$) (Table 4). This finding can be interpreted as an increase in the mentoring skills of preceptor nurses who volunteer as guidance nurses in role modeling and

counseling. Although no similar studies are measuring the professional attitude of clinical guidance nurses, studies are showing that the level of professional attitude of nurses who love and willingly perform their profession is higher (36). It was determined that preceptor nurses who voluntarily performed had a higher average score ($p < .05$) than those who did not (Table 4). This finding can be interpreted as the preceptor nurses who do their profession voluntarily, willingly, and fondly having higher professional attitudes.

In many studies in the literature, it has been pointed out that the competence required to provide mentoring service can only be gained after the mentoring training, and the training of mentor and mentee training is insufficient in less than three days (8,31,37). For an effective mentoring process to occur, structured mentor training programs for mentors and mentees must be implemented before the process begins, and activities related to the development of mentoring skills should be included in the content of the training programs. It was determined that the mentoring total scale of all sub-size score averages and VPAI total score averages of preceptor nurses participating in a guidance-related training program were higher than those who did not receive training ($p < .05$) (Table 4). Although no similar research has been found, Karadaş et al. (2018) (38) concluded that continuing education should be encouraged in maintaining the professionalism of nurses. This finding can be interpreted as training in guidance nursing has an important place in ensuring the professional development of preceptor nurses, developing professional attitudes, and ensuring the continuity of qualified nursing services.

Vatan (39) suggested that the 6-month mentoring process was found to be insufficient in her study and that the process should take longer. In the literature, it is stated that the mentoring process should take at least one year to be effective (40). In the research, preceptor nurses who guided for three months or more had higher mean scores on the Mentoring Scale ($p < .001$), coaching ($p < .001$), role modeling ($p < .05$), counseling ($p < .001$), acceptance and approval ($p < .05$), friendship ($p < .001$) sub-dimension scores (Table 4). This finding can be interpreted as the counseling period that should be carried out for a longer period to develop the guidance relationship between the preceptor nurse and the novice nurse. Vatan (39) showed that increasing the number of mentors' and mentees' interviews increases the effectiveness. Hayes (40) stated that for mentees to feel more competent in inpatient care, the mentor and mentee should work together in the same clinical environment. It was determined that preceptor nurses working with newly hired nurses in all shifts had a higher VPAI total score average, in the sub-dimension of coaching, counseling, and friendship scores were higher than those who worked with the newly hired nurses in other shifts ($p < .01$). This finding can be interpreted as the fact that the preceptor nurse spends more time on the counseling task by working with the novice nurse in all shifts, increasing professional attitude. The preceptor nurse who works with the newly hired nurse on all shifts devotes more time to them in the guidance process, strengthening the knowledge and skills of self and the novice nurse.

Limitations of the Study

For the study, applications were made to ten hospitals where preceptor nursing was applied in Istanbul and Kocaeli. Only six of the applicant hospitals gave the institution permission for research. The study is limited to the preceptor nurses employed at two private hospitals, two university hospitals, and two research and training hospitals in the provinces of Istanbul and Kocaeli in Turkey and the nurses' self-reports. It cannot be generalized to all preceptor nurses. The findings obtained from this study were collected with self-reported measurement tools based on participants' perceptions.

5. CONCLUSION

The preceptor nurses who participated in this study had high levels of mentorship skills. The participants also had high levels of vocational professional attitudes. As the mentorship skills of the participants increased, their vocational professional attitudes also increased significantly, but this relationship was weak level. It was found that the volunteer preceptor nurses had statistically significantly higher scores on the Mentoring Scale total and role modeling, counseling sub-dimension scores, and VPAI total score compared to non-volunteers.

It was found that the preceptor nurses participating in a guidance training program had statistically higher mean scores of the Mentorship Scale total and sub-dimension mean scores, and VPAI total scores than those who did not attend the training program. The mean scores of friendship, counseling, and coaching sub-dimensions, acceptance and approval, role modeling sub-dimension mean scores, and VPAI total scores of nurses who guided for three months or more were found to be statistically higher than the mean scores of the nurses who guided for two months or less.

The preceptor nurses who work with the novice nurses in all shifts, counseling, friendship sub-dimension mean scores, Mentoring Scale total mean scores coaching sub-dimension mean scores, and VPAI total scores were found to be statistically higher than the mean scores of the preceptor nurses who do not work with novice nurses were statistically higher.

It is recommended that;

- Structured Mentor Training Programs should be prepared to ensure that the mentoring process of preceptor nurses takes place effectively and efficiently, the outputs of these programs should be evaluated, and existing programs should be improved and structured.
- The preceptor nursing process should be structured for at least 3 months or longer.
- The labor planning of the preceptor nurse should be made by keeping the training process in mind until the orientation of the newly hired nurse ends, and the workload of the preceptor nurse in the mentorship process should be reduced,
- Preceptor nurses should be chosen from among nurses who volunteer to give training.

- The preceptor nurses should serve as guide nurses after receiving the preceptor training course.
- Preceptor nurses should work with newly hired nurses in all shifts day and night during the guidance process.
- Qualitative or quantitative/qualitative (mixed) quasi-experimental or action research should be carried out on structured preceptor nurse training and practices.

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