

Workplace Mentoring Strategies and Sustainable Commitment of University Teaching Hospital Staff in South-South Region of Nigeria

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Abstract

Mentoring employees in healthcare institutions is essential: it helps to elicit enduring commitment in the delivery of efficient and effective medical services. This study aims at determining the effect of employee mentoring on sustainable commitment of workers towards achieving the goals of healthcare delivery. The research adopted a correlational survey design. For the purpose of this study, three university teaching hospitals in the south-south region of Nigeria were randomly selected. Purposive sampling was used to select 131 participants for the study. Primary data was collected through pretested structured questionnaire. The study reveals that employee mentoring has a strong impact on commitment of healthcare workers towards efficient service delivery. The study suggests the need for managers of healthcare personnel to attach more importance/interest to group/team, one-protégé-one mentor, and informal mentoring because it has been found to significantly contribute to overall workers commitment.

Index terms— employee mentoring, workers commitment, learning culture, mentor, mentee.

1 Introduction

hospital is a unique, dynamic, multispecialty environment, with many systems, all working to deliver superior quality service to the patient. In order for Healthcare providers to perform at optimal, it may be necessary for them to have a systems perspective of their activities. They should know that their action or inaction affects the goals and objectives of the hospital.

For hospital management to become the kind of employer that attracts and retains talents who understand and are willing to ensure the successful functioning of the hospital, they need to create a high impact learning culture (Tsai, 2014). According to Bell and Robinson, (2013), introducing a learning culture in health care organisation could improve the quality of professional practice, commitment, satisfaction, lifelong learning, and patient care, while also lowering cost. Learning culture has been believed to take different forms such as training, mentoring and coaching (Johnson and Ridley, 2004). But for the purpose of this study employee mentoring will be considered a practice. Author's Department of Business Management, Faculty of Business Administration, University of Uyo, Uyo, Akwa Ibom State. e-mails: bsbngwilliams@gmail.com, amabelgrace@gmail.com, nsikiboy5000@yahoo.com for learning and a process of bringing into existence and passing on a professional legacy.

Workplace mentoring has been conceptualized by different researchers. According to Greene and Puetzer (2002) workplace mentoring incorporates support, guidance, socialization, well-being, empowerment, education, and career progression. For the purpose of this study workplace mentoring is defined as an advisory role in which an experienced professional guides another individual in their professional development. Council of University

8 B) STRATEGIES DEVELOPED TO MENTOR PROTÉGÉES IN HEALTHCARE INSTITUTIONS

Teaching Hospital, 2003). Through best possible use and application of employee mentoring programs in the healthcare organisation, commitment may be improved.

According to Rayton, (2006), understanding employee commitment as an employee attitude is important because it has an important effect on organizational performance. Organizations value commitment among their employees as it is typically assumed to reduce withdrawal behaviour, such as lateness, absenteeism, complacency and turnover (Fahad Al-Mailam, 2005). It is therefore important for hospital management to know the aspects that play important role or have big impact in boosting the commitment of their employees. And also help reduce the risk of potential loss due to unproductive work behaviours occurring within the workplace. Hence the researcher's intent to find out if employee mentoring has any influence on the commitment level of healthcare providers becomes the main thrust of the study.

With today's complex, dynamic, and fast-paced healthcare work environment, the role of developing talent and, specifically, of developing committed employees is critical to success. Healthcare organizations rely upon effective knowledge transfer to sustain a competitive advantage. And when they do not have processes to promote effective knowledge transfer, productivity may suffer and the survival of these healthcare organisations may be threatened. Nigerian hospitals like their counterparts in other parts of the world is facing an unprecedented "passing of the torch" from experienced and proven senior healthcare professionals to the younger generation (doctors and nurses), who may be less experienced in carrying out their responsibilities both to the hospitals and their intended patients.

2 A

This reality has brought to the fore the need to investigate what strategies could be employed to ensure that younger employees are well guided and prepared for the great task of knowing that their individual actions and in-actions contribute to the success of the hospital while also saving lives. Thus, it is necessary to extend research in this area to find out if employee mentoring is best adopted in grooming committed employees and how these practices can be successfully implemented to yield optimum result.

3 II.

4 Objectives of the Study

This study aims to investigate the effect of employee mentoring on sustainable commitment in hospitals. The study was designed to achieve some specific objectives. These objectives were to:

5 Research Questions

The following research questions were raised considering the foregoing.

6 What level of prominence do public hospitals in

South-South Nigeria accord to mentoring? 2. What strategies are used by healthcare institutions in implementing mentoring process in South-South Nigeria? 3. Do the identified mentoring strategies have any influence on workers commitment?

IV.

7 Literature Review a) Importance Attached to Mentoring Roles in Public Hospitals

Workplace mentoring, amongst the many programs introduced and integrated in the healthcare practice, has not been maximally utilized. This is very unfortunate, considering that the healthcare sector amongst the many areas of business has seen an upward growth. And without mentoring, many practices and important methods and procedures involved in healthcare may not be maximized at all. According to General Medical Council (2012), the importance of mentoring as a tool in fostering career development in all areas of the medical profession, including nontechnical skills is increasingly being recognized. Healthcare management is becoming aware of the need to introduce mentoring programs into the hospital system and also set up channels to ensure that this program is functional.

Mentoring has been a tool used in most hospitals to assist in many levels of nursing which varies from skill training to leadership development to behaviour/attitude building. As a result of the foregoing, the importance of healthcare institutions in having a culture that accords value to workers mentoring can never be underestimated.

8 b) Strategies Developed to Mentor Protégées in Healthcare Institutions

Many strategies for mentoring relationships exist, and it is necessary to understand the differences and nuance before initiating any mentoring program. These relationships vary from formal or informal to group or individual etc. According to ??etros and Yang (2006), one of the most important distinctions is whether the mentoring

relationship is considered formal or informal. Most mentoring relationships sit somewhere inbetween these two extremes.

Informal mentoring model is one in which more experienced clinicians guide and support their juniors in developing clinical skills. Although the number of formalized schemes in healthcare are increasing (Pololi, Knight, Dennis, et al, 2002), Formal mentoring relationships are often mandatory. This exist where the hospital management assigns mentors (consultants) to new hires (Doctors and Nurses) or promising healthcare service providers for promotion. The meetings are often scheduled, tracked, documented, and evaluated based on clearly articulated goals and milestones. Studies have found that properly implemented formal and informal mentoring program activities (friendship, social support, role modeling, acceptance and participation) had been a determinant of individuals' advancement, such as career development and psychosocial support (Okurame and Balogun, 2005).

Group mentoring is a form of mentoring that matches up mentors with multiple mentees in a hospital. This form of mentoring is ideal for public hospital because they have a greater amount of mentees than mentors. One advantage of group mentoring are that it allows mentors to pass on information to a lot of people at once and it allows mentees who are uncomfortable meeting one-on-one the opportunity to meet in a group setting. On the other hand, it is not conducive to the development of a one on one relationship where the mentor and mentee really get to know one another and identify personalized developmental goals and opportunities for the mentee.

In some cases, mentoring is needed to overcome specific hurdles or challenges. In situational mentoring, the relationship between mentor and mentee is established for the purpose of addressing specific challenge, issue or opportunity. The mentor may be on hand to assist the mentee more frequently, but the duration of the mentoring period is typically short. Workplace mentoring strategies outcome may seem difficult to measure but that does not make it in any way a less important undertaking. Workplace mentoring is an acknowledged process that may help in improving processes within the hospital and may lead to better staff results in their efforts, particularly in today's knowledge-based institutions. The mentor may not usually be specifically trained for his mentorship role, but simply has a head-start in terms of experience and knowledge. His motivation stems from his interest in mentoring, and the satisfaction derived from passing on experience to younger professionals.

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Tourigny and Pulich, (2005) in their study focuses on how mentoring among nurses can help them to better serve their profession and health care organizations to more successfully achieve their goals. They further addresses how formal and informal mentoring can yield benefits to both the nursing profession and health care organizations by listing their advantages and disadvantages. The researchers finally concluded by accruing more importance to formal mentoring and that important consideration should be observed before establishing a formal program.

According to Cotton and Ragins, (1999) informal organizational mentoring is more beneficial than formal mentoring. Informal mentors provided higher amounts of several types of career development functions, including coaching, providing challenging assignments, or increasing protégés exposure and visibility. The researcher also went further to say that informal mentors are more likely to engage in positive psychosocial activities such as counseling, facilitating social interactions, role modeling, and providing friendship.

One result of informal mentoring is that protégés were much more satisfied with their mentors than protégés were with formal mentors. These differences may be attributed to the underlying differences in the structure of the relationships. Informal mentoring relationships develop because protégés and mentors readily identify with each other. The mentor may see one's self in the protégé and the protégé may wish to emulate the mentor's qualities. Finally, in informal mentoring the protégé and mentor are selective about whom they wish to approach for a mentoring relationship; it can last for years (Nemanick, 2000). Informal mentoring is a strong and valuable tool for developing an employee. It occurs in a relationship that is voluntarily formed by both persons. It is friendship first, learning and career second and third. d) Sustainable Employee Commitment Amidst today's competitive economic world every organisation is facing new challenges regarding sustained productivity and creating committed workforce. It may be considered that organisation can perform at peak levels unless each employee is committed to the organisations goals and objectives.

According to Greenberg (2005), Robbins and Coulter, (2003) employee commitment can be defined as an employee's drive to continually take active participation in the organisational activities at present and in the future that is borne out of a sincere desire to contribute efficiently to the general sustainability of the organisation. To Akintayo (2010) employee commitment can be defined as the degree to which the employee feels devoted to their organization. Meyer and Allen (1997) identified three dimensional forms of employee's commitment which are: 1. Affective commitment: This form of commitment basically reveals the employee's desire to remain with the organisation as its base on a perceived emotional personal attachment to the organisational goals and objectives. That is, employment with the organization will continue because the employee wants to do so. 2. Continuance commitment: This is where the employee perceives it is dependent on the organisation to achieve certain economic benefit. It is borne out of the sentiment or fear of not belonging to anywhere or losing by not been part of the organisation. 3. Normative commitment: This form of commitment is based on the perception that the employee's hold to the organisation. Thus, employees remain with the organization because they feel that they ought to do so.

10 e) Workplace Mentoring and Workers Commitment

There exists a strong link between workplace mentoring and positive workers outcomes (Kammeyer-Mueller and Judge, 2008), including employee commitment, job involvement, and reduced turnover intention (Joiner et al., 2004; Krammer Seibert, Wayne, Liden, and Bravo, 2010). In a comparison of those employees who had mentors and those that did not, the employees with mentors often have more positive subjective outcomes including career satisfaction, job satisfaction, career commitment, and intention to stay at their organization (Allen, Eby, Poteet, Lentz and Lima, 2002). Donaldson, Ensher, and Grant-Vallone, (2000) in his study found that high quality mentoring relationship correlated with workers commitment.

An empirical work by Rhay-Hug et al., (2010) in their study on "The impact of mentoring on job satisfaction and employee commitment of new staff nurse", explores if employee mentoring has any significance on the satisfaction and commitment of employees. Questionnaire was used to collect research data from 306 nurses sampled from three regional hospitals in Taiwan. Multiple regression analysis was used to testing the variable. The findings of the study revealed that employee mentoring have a positive effect on employee commitment.

Roshen and Siby (2015) carried out study on "Employee Mentoring and Affective Commitment: A Study among New Generation Private Sector Bank Employees in Kerala", adopted convenience sampling to select 36 employees working in Axis bank, ICICI bank and HDFC bank. The instrument used was questionnaire and all items were measured using a 5-point Likert type scale (1= strongly disagree to 5= strongly agree). The data of this study is analyzed using SPSS 21.0. The findings proved that there exists a positive effect of employee mentoring on employee commitment.

Payne and Huffman, (2005), in his findings from a longitudinal study suggest that mentoring fosters organizational retention in part because the emotional bond established between a mentor and a protégé may contribute to higher levels of employee commitment. In other words, mentoring relationships may operate, thus, to impact healthcare workers service quality by assisting in the transfer of organizational knowledge while simultaneously developing the high interpersonal relationships that strengthen a protégé's commitment to the hospital.

Lankua and Scandura, (2002) posits that employee mentoring relationships in hospital organizations provides strong evidence that employees with mentors are much more likely to experience a range of positive outcomes, including enhanced job performance, greater promotions and compensation, employee commitment and job satisfaction, personal learning, and reduced turnover intentions. A mentor demonstrates through role modeling the behavior, attitudes, and/or values that a protégé wants to emulate. The protégé observes the mentor's example, identifies with aspects of it, and learns from these observations. V.

11 Research Design a) Population & Sampling

This research was undertaken at three university teaching hospitals in South-South region of Nigeria. The population in this study consisted of all doctors and nurses from the three public hospitals totaling 1400 as reflected on the personnel list obtained from the HR department of the hospitals. As a result of the large population size, the sample size was 10% of the total population (140) and consisted of purposively selected nurses and doctors who were currently in a mentorprotégée relationship. From the 140 participants administered with copies of questionnaire, 131 responded accordingly on schedule yielding 93.6% response rate.

12 b) Data Collection Instrument

In order to evaluate workers commitment from the perspective of mentoring, a close-ended structured survey questionnaire was used as instrument for data collection. The mentoring construct of the questionnaire was self-designed, taking inputs from relevant literature and pre-study discussion held with healthcare practitioners.

Items that measure sustainable commitment were taken from the famous "Organisational Commitment Questionnaire" (OCQ) originally designed by Meyer and Allen (1997). Organizational commitment questionnaire in this study was categorized into three dimensions, namely: affective, continuance and normative commitment. The questionnaire contains twenty-four items divided into sections A and B. Sections A contains four items on the demographic variables of the respondents and section B has five closed-ended items on thematic variables on workplace mentoring and workers commitment designed based on a 5-point Likert scale of Strongly Agree (SA), Agree (A), Undecided (UD), Disagree (D), and Strongly Disagree (SD).

13 c) Data Analysis Technique

Descriptive statistics (percentage count, mean and standard deviation) were used to analyse data generated to answer the research questions. Multiple regression analysis was used to estimate the effects of mentoring variables on measures of commitment.

14 VI.

The Findings and Discussion a) Importance attach to mentoring by hospitals This section explores the approaches used by respondents to implement mentoring in hospitals.

Respondents were asked to identify most adopted mentoring strategies in their hospital. Though several methods were identified, it was necessary to classify these measures into seven key approaches such as: situational

(need-driven) mentoring, formal mentoring, informal mentoring, multiple mentoring, group or team mentoring, e-mentoring and one protégé-one mentor strategy. Respondents place much premium on approaches that appear sustainable and enduring. In their judgment, they ranked having just one mentor to a protégée per time as the most adopted (and probably the best) mentoring approach, and that allowing mentoring relationship develops naturally through informal processes is a credible practice. Respondents also highlight situational mentoring (which is targeted at specific task, and ceases to exist after task completion), and group or team mentoring (where mentee serves as team leader) as sound mentoring methods. They were however confident that having many mentors (multiple mentoring) at any one time could breed conflict and unnecessary distraction. Formal mentoring also appears not to receive popular support from respondents, and e-mentoring (uses electronic means as primary channel of communication), ranked least by respondents is still at its infancy. These results are summarized in Table 2. In order to estimate the effects of these mentoring variables on measures of organizational commitment, multiple regression analysis was performed. We employed the ordinary least square technique. Regression models were developed separately to study and explain the extent to which each of the dimensions of commitment-affective, continuance, and normative are affected by series of mentoring approaches identified by respondents.

Results in Table ?? summarize the findings from the multiple regression analysis.

The standardised Beta estimates (?) and t-scores are used in order to compare and determine the impact of mentoring approaches on the three measures of commitment. Table ?? summarizes the findings for the three regression model. Note that three of the seven mentoring approaches (group/team, one protégé-one mentor, and informal mentoring) contribute in a positive and significant way to affective, continuance and normative commitment. Thus, managers of healthcare personnel could achieve high commitment using a combination of the three key mentoring approaches found to significantly contribute to overall organizational commitment.

It is equally interesting to note that all the seven dimensions of mentoring made significant predicting effect on normative commitment (Table ??). By implication, respondents may have felt obliged to stay and contribute to organization's success given the huge investment in mentoring and other support programmes. This finding support the notion of commitment and organizational support put forward by Payne and Huffman, (2005) that mentoring fosters organizational retention because the emotional bond established between a mentor and a protégé may contribute to higher levels of employee commitment. Certainly, workers that have undergone fruitful period of mentorship are expected to consider it morally wise not to quit the company but rather, to stay and contribute to its success. Thus, mentoring facilitates positive work outcome (including enhanced job performance, greater promotions and compensation, employee commitment and job satisfaction, personal learning, and reduced turnover intentions) as reported in the works of Roshen and Siby (2015); Lankua and Scandura, (2002).

As result on Table ?? further indicates, the coefficient of determination (adjusted R²) with values: 0.735, 0.783, and 0.833 implies that the fitted model explains about 73.5% of variation in affective commitment (Model I), 78.3% of variation in increased continuance commitment (Model II), and 83.3% variation in normative commitment of hospital employees (Model II). As indicated, the overall fit of the regression model is robust since the ANOVA (F-value) for model 1(84.948), model 2 (114.684), model 3 and (82.747), and model 4 (180.22) are significant at 0.05level of significance. Some implications can be drawn from these sets of results. First, facilitating high commitment among healthcare workers can be achieved. Depending on the nature of commitment desired, healthcare managers have ample opportunities of planning commitment strategies around selected mix of mentoring approaches identified in the study. Second, managers that expect to derive higher normative commitment outcome through high performance work practices could consider a portfolio of the seven mentoring approaches as important strategy. More specifically, healthcare managers are advised that investing organizational support and resources into a "one protégé-one-mentor", informal mentoring, and situational mentoring has propensity of yielding higher continuance commitment. This may results in positive commitment outcomes such as those reported by Ilesanmi and Lasisi, (2015) -increased staff retention, reduced role ambiguity, good professional identity, increased task performance skills, increased job satisfaction, and reduced role ambiguity. VII.

15 Conclusion

Studying to understand the nature and approaches to mentoring in healthcare is important as a means of tackling poor quality service delivery by healthcare personnel. Thus, a number of conclusions can be drawn from this study: First, though healthcare practitioners in public hospitals actually accord high prominence to workplace mentoring, they were selective in their choice of mentoring approach to implement. Among the strategies implemented include: group or team mentoring, situational mentoring, informal mentoring, multiple mentoring, one protégé-one mentor, formal mentoring and e-mentoring. Second, three of the seven mentoring approaches (group/team, one protégé-one mentor, and informal mentoring) contribute in a positive and significant way to affective, continuance and normative commitment. Third, it is also established that mentoring facilitates positive work outcome such as: enhanced job performance, greater promotions and compensation, employee commitment and job satisfaction, personal learning, and reduced turnover intentions. Finally, this study concludes therefore that high commitment of welfare workers to delivering quality services can be achieved through a combination of mentoring strategies. This can be achieved with the use of workplace mentoring which has a significant effect on workers commitment in university teaching hospital staff in south-south region of Nigeria.

15 CONCLUSION

Given this conclusion, it is recommended that managers of healthcare personnel should attach more importance/interest to group/team, one protégé-one mentor, and informal mentoring because it has been found to significantly contribute to overall workers commitment. In situations where hospital managers desire normative commitment from her employees, the study suggest that all seven dimensions of mentoring would serve as an optimum strategy for the desired outcome. In course of the study, the E-mentoring, though still in its infancy in Nigeria, was found to be significant in predicting commitment of healthcare personnel. Hence, a call is hereby made for this mentoring approach to be given attention by scholars and industry practitioners.

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extent of importance given mentoring in the studied organisations. The mean responses of the distribution ranges between 4.23-3.20, while the standard deviation lies between (0.89-1.34) suggesting that the variables are normally distributed. Data also exhibit relatively high values in four of the six dimensions measured. This implies that organization under survey attached high level of prominence to staff mentoring as a strategy for heightening organization appears to accord importance to assigning protégées to mentors with similar career interest (Mean=4.23, SD=0.89), developing and encouraging good mentoring knowledge and skill (Mean=4.13, SD=0.88), assigning one employee per time to a mentor (Mean=4.02, SD=1.06), and demonstrating positive perception towards mentoring (Mean=3.97, SD=1.19). On the other hand, less prominent is given to issues such as: regular evaluation of mentoring relationship (Mean= 2.53, SD= 1.35), and provision of special training to mentees (Mean= 2.14, SD=1.83) as their mean scores are below the benchmark of midpoint of 3.0

[Note: K]

Figure 1: Table 1

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1

Item description	Mean	Std. Dev
"To what extent does the following reflect the importance attached to mentoring by your organisation?"		
Assigning protégées to mentors with similar career interest	4.23	0.89
Encouraging individuals with mentoring skills	4.13	0.88
Assigning one employee per time to a mentor	4.02	1.06
Positive perception towards mentoring	3.97	1.19
Regular evaluation of mentoring relationship	2.53	1.35
Provision of special training to mentees	2.14	1.83
Note: 5= very high extent, 1= not at all Source: Field Survey, 2016		
b) Mentoring approaches in Nigerian hospitals		

Figure 2: Table 1 :

2

Item Description	SA	A	U	D	SD	% of Agreement	Rank
What strategy is mostly adopted by your hospital to facilitate mentoring?							
Group or team mentoring	58 (44.3)	A 37 (28.2)	6 (4.6)	19 (14.5)	11 (8.4)	72.5	4
Situational mentoring	64 (48.9)	31 (23.7)	10 (7.6)	12 (9.2)	14 (10.6)	72.6	3
Informal mentoring	53 (40.5)	44 (33.6)	7 (5.3)	9 (6.9)	18 (13.7)	74.1	2
Multiple mentoring	50 (38.2)	39 (29.8)	18 (13.7)	14 (10.6)	10 (7.6)	68.0	5
One protégé-one mentor	41 (31.3)	62 (47.3)	9 (6.9)	12 (9.2)	7 (5.3)	78.6	1
Formal mentoring	39 (29.8)	25 (19.1)	16 (12.2)	30 (22.9)	21 (16.0)	48.9	6
E-mentoring	23 (17.6)	26 (19.8)	9 (6.9)	36 (27.5)	37 (28.2)	37.4	7

Source: Field Survey,

A Figures in parenthesis are percentage scores

B Where 5= strongly agree, 4= agree, 3= neutral, 2= disagree, 1=strongly disagree

c) Effects of mentoring on commitment

Figure 3: Table 2 :

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Dependent Variable

[Note: Note]

Figure 4: Table 4 . 4 :

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