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READINESS FOR THE IMPLEMENTATION OF A MENTORSHIP PROGRAM IN NURSING PRACTICE: PERSPECTIVES OF NURSE MANAGERS, MENTORS, AND MENTEES

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ABSTRACT
Mentorship is a professional development strategy that plays an important role in enhancing nurses' competencies, professionalism, and the quality of nursing care. However, the implementation of mentorship programs at Hospital X has not yet been optimal, highlighting the need to explore readiness for program implementation. This study aimed to explore readiness for mentorship program implementation from the perspectives of nurse managers, mentors, and mentees. This descriptive qualitative study involved 24 participants, consisting of 10 nurse managers, 6 mentors, and 8 mentees, who were recruited using purposive sampling. Data were collected through Focus Group Interviews using a semi-structured interview guide and analyzed using thematic analysis. The analysis generated six themes describing the understanding of mentorship, mentorship implementation, learning orientation, implementation barriers, implementation readiness, and mentors' perceptions of mentee characteristics. Nurse managers emphasized the importance of leadership support and organizational systems, including structured implementation, monitoring, evaluation, and standardization. Mentors highlighted readiness to perform the mentoring role through competence, experience, and commitment. Mentees emphasized learning needs, effective mentoring, adaptation to the work environment, and support from head nurses. Across all three groups, operational, organizational, and individual barriers were identified as challenges to mentorship implementation. Overall, readiness for implementation was perceived as a multidimensional process resulting from the synergy among individual preparedness, leadership support, and organizational support. Readiness for mentorship implementation requires alignment between individual, leadership, and organizational factors. Establishing a structured and standardized system while maintaining responsive mentoring based on mentees' needs may support sustainable implementation of mentorship in nursing practice.

Keywords: implementation; mentee; mentor; mentorship; readiness

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INTRODUCTION

The quality of nursing services is influenced by nurses' competence in delivering safe, effective, and professional care. Therefore, hospitals need to provide continuous learning opportunities to support the development of nurses' competencies (Rosdiani et al., 2025; Zainal et al., 2025). One strategy that has been widely implemented is a mentorship program, defined as a long-term guidance process provided by more experienced nurses to support the development of both clinical and professional competencies (Dennis, 2022).

Various studies have demonstrated that mentorship contributes to the enhancement of nurses' competencies and professional development. Rudin and Ludin (2018) reported that mentorship improved nurses' patient assessment skills, clinical decision-making, cultural competence, and commitment to professional standards. Similarly, Gularte et al. (2022) found that mentorship enhanced self-confidence, problem-solving abilities, professional communication, and nurse

retention. Unlike preceptorship, which focuses on job orientation and the acquisition of basic clinical competencies over a relatively short period, mentorship emphasizes an ongoing supportive relationship to facilitate nurses' professional and career development (Kowalski, 2019; Toh et al., 2022).

Despite its various benefits, the implementation of mentorship programs in hospitals continues to face several challenges. Makhaya et al. (2023) reported that limited time, high workloads, insufficient understanding among mentors, and low mentee motivation were major barriers to the implementation of mentorship. In addition, Ughasoro et al. (2022) noted that an unsupportive organizational culture, the absence of formal relationships between mentors and mentees, and limited mentor capacity also hindered program implementation. These findings indicate that the success of mentorship depends not only on mentors and mentees but also requires managerial and organizational support.

The successful implementation of mentorship is also influenced by individual and organizational readiness to accept and implement change. Holt et al. (2007) explained that readiness is influenced by beliefs about change, perceived benefits, the appropriateness of the change, and management support. Livet et al. (2022) further demonstrated that implementation readiness is associated with acceptability, feasibility, and intent to adopt, making it an important factor in the success of a program.

In Indonesia, the implementation of mentorship has yielded varying results. Nita et al. (2024) reported that mentorship was supported by mentor training, a mentoring handbook, and a digital application, which contributed to improving nurses' competencies. In contrast, Hasibuan et al. (2019) found that the implementation of mentorship remained situational because clear guidelines had not yet been established. At Hospital X, various efforts have been undertaken through mentor training, the development of guidelines and standard operating procedures, and a spreadsheet-based monitoring system (Puspita et al., 2023; Khoyrunnisa, 2025). However, the program has not yet been implemented optimally, and its implementation varies across units.

Although the benefits of mentorship have been widely documented, previous studies have predominantly focused on program outcomes or on the experiences of mentors and mentees separately. Such approaches have not fully explained how readiness for mentorship implementation is shaped through the interaction among nurse managers, mentors, and mentees within an organizational context. Therefore, this study aimed to explore readiness for the implementation of a mentorship program from the perspectives of nurse managers, mentors, and mentees, in order to obtain a more comprehensive understanding of the individual, managerial, and organizational factors that shape readiness for mentorship implementation.

METHOD

This study employed an interpretive qualitative design to explore nurses' readiness for the implementation of a mentorship program in nursing practice. The study was conducted at Hospital X, Jakarta, a Type A hospital under the Ministry of Health of the Republic of Indonesia, which began implementing the mentorship program in 2025. Data were collected from March to April 2026. The study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ).

Participants were recruited using purposive sampling and consisted of 24 nurses: 10 nurse managers, 6 mentors, and 8 mentees. Nurse managers included head nurses and nursing team representatives involved in program implementation. Mentors were nurses designated as mentors, while mentees were nurses participating in the mentorship program. Recruitment and data collection continued until data saturation was reached, defined as the point at which no new relevant

information, codes, or categories emerged. Participants were selected using purposive sampling based on their roles and direct involvement in the implementation or participation in the mentorship program. Nurse managers were eligible if they were head nurses or nursing team representatives involved in mentorship program implementation and had worked in the hospital for at least six months. Mentors were eligible if they had been formally designated as mentors and had actively participated in the mentorship program. Mentees were eligible if they were registered participants of the mentorship program and had participated in the program. All participants were required to be willing to participate in the focus group interview and provide written informed consent. Nurses who were on leave during the data collection period, unable to participate in the FGI, withdrew from the study, or were unable to complete the data collection process were excluded.

Data were collected through separate Focus Group Interviews (FGIs) for nurse managers, mentors, and mentees using a semi-structured interview guide developed from the study objectives and literature review. The researcher served as moderator and was assisted by an observer who documented the discussion using field notes. Before each FGI, participants received an explanation of the study and provided written informed consent. The researcher had no prior personal or professional relationship with the participants. Each FGI lasted approximately 60 minutes, was audio-recorded, and was conducted once for each group. The recordings were transcribed verbatim, followed by member checking with all participants. One participant completed member checking via WhatsApp due to sick leave.

Data analysis was conducted concurrently with data collection using Braun and Clarke's thematic analysis approach (Braun & Clarke, 2021). An inductive six-phase process was used, including familiarization with the data, initial coding, development of categories, generation and review of subthemes and themes, definition of themes, and reporting. Coding was performed manually without qualitative data analysis software. Regular peer debriefing with academic supervisors was conducted to support the development and interpretation of themes.

Data trustworthiness was established based on credibility, dependability, confirmability, and transferability (Polit & Beck, 2022). Credibility was supported through member checking, peer debriefing, field notes, and prolonged engagement with the data. Dependability was maintained through an audit trail documenting the research process. Confirmability was supported through bracketing to minimize the influence of the researcher's assumptions and prior experiences on data interpretation. Transferability was enhanced through detailed descriptions of the participants, research setting, and findings.

RESULT

Participant Characteristics

A total of 24 nurses participated in the study, comprising 10 nurse managers, 6 mentors, and 8 mentees. Nurse managers included head nurses and nursing team representatives involved in the implementation of the mentorship program. Participants varied in age, years of professional experience, educational level, and career stage, providing diverse perspectives on mentorship implementation.

Themes Identified

Thematic analysis generated six themes describing nurses' readiness for the implementation of the mentorship program: (1) mentorship was perceived as a long-term guidance process between mentors and mentees; (2) mentorship was implemented through mentor–mentee pairing and adaptive guidance; (3) mentorship focused on the development of cognitive, affective, and psychomotor competencies according to mentee needs; (4) mentorship implementation encountered operational, system, and individual barriers; (5) individual readiness, leadership, and organizational

support facilitated the optimization of mentorship; and (6) mentors perceived diverse mentee characteristics.

Theme 1. Mentorship as a Long-Term Guidance Process Between Mentors and Mentees
Participants perceived mentorship as an ongoing developmental relationship that extended beyond work orientation and basic clinical skill acquisition. The theme comprised two subthemes: mentorship as a long-term guidance relationship through experience sharing and the mentor as a role model supporting the mentee's professional development.

All three participant groups described mentorship as a continuous process involving the sharing of experience, knowledge, and professional support. One nurse manager explained:
"Mentorship is long-term guidance, not only about skills, but also, for example, when the mentee is preparing to advance to the next professional career level. That can also be part of mentoring, so it is not only about skills, and the duration is longer." (PM05)

Nurse managers also described mentors as role models who demonstrated professional attitudes, communication, and nursing practices that could be emulated by mentees. As one participant stated:
"Mentorship is a way of providing guidance. Some of our colleagues have more experience with skills, while others have more experience and updated knowledge. Those who are more up to date provide information or teach skills to colleagues whose knowledge has not yet been updated." (Me01)

Theme 2. Mentorship Through Mentor–Mentee Pairing and Adaptive Guidance
This theme comprised three subthemes: mentor–mentee relationships established through pairing and identification of learning needs; adaptive guidance according to mentee needs; and evaluation that was not yet supported by an optimal monitoring and reporting system.

Nurse managers described the initial pairing of mentors and mentees as being based on unit needs and mentees' competencies. Following pairing, mentors identified individual learning needs to guide the mentoring process. This was particularly important when mentees moved from one clinical area to another with substantially different patient populations and competencies. One nurse manager explained:
"Those who enter our unit previously worked in a very different setting. They used to provide outpatient care and then moved to inpatient care. They had not managed neonates before, but now they have to deal with neonates." (PM01)

Mentors described adapting their approach according to the mentee's development, learning readiness, and individual needs. Guidance was provided progressively through direction, feedback, and direct support until mentees demonstrated greater competence and independence. One mentor reported:
"At first, the mentee was rather rigid and difficult to advise or remind. But fortunately, after several months there was a change. Now, when there is an action or decision to be made, I can see that she is already capable and ready." (Mo04)

However, participants also identified limitations in monitoring and reporting. The absence of standardized reporting mechanisms made it difficult to consistently monitor the program, while mentors expressed the need for a more structured evaluation system. One mentor stated:
"I do need the report, but I need to know what exactly needs to be followed. There are already too many reports from the nursing management." (Mo02)

Theme 3. Mentorship Focused on Cognitive, Affective, and Psychomotor Competencies

Participants described mentorship as supporting multiple dimensions of nursing competence. Four subthemes emerged: development of affective competencies; development of cognitive competencies according to learning needs; development of psychomotor competencies through clinical skills training; and differences in perceptions regarding the primary focus of mentorship.

Mentorship was perceived to support affective competencies, including professionalism, confidence, responsibility, communication, and adaptation to the work environment. One mentee described communication as an important area of development:
"Maybe communication with patients, because the patients there are diverse... We apply communication, such as being friendly to patients and understanding how to communicate with them." (Me02)

Participants also reported that mentorship strengthened cognitive competencies, particularly critical thinking, clinical decision-making, and patient analysis. These competencies were developed through case discussions, guidance, and feedback. One mentor described how she encouraged a mentee to analyze patient information before communicating with physicians:
"For example, when making a decision, the first thing is reporting to the doctor. At the beginning, she sometimes gave the doctor incorrect information. I told her, before reporting to the doctor, read the data first and understand what the patient's complaint is; don't just report it." (Mo04)

Psychomotor competencies were developed through direct supervision of clinical procedures. A nurse manager explained:
"For example, first measuring vital signs, then monitoring fluid intake and output, assisting with diuresis, and so on. Those are the basic competencies." (PM08)
Although participants generally viewed mentorship as a competency-development strategy, their perceptions differed regarding its primary focus. Some emphasized clinical skills, whereas others highlighted critical thinking, professionalism, and career development. One nurse manager distinguished mentorship from preceptorship, particularly in relation to the duration and depth of guidance.

Theme 4. Operational, System, and Individual Barriers to Mentorship Implementation
Three subthemes described barriers to mentorship implementation: workload and mentor–mentee scheduling, the absence of a structured implementation system, and individual characteristics affecting engagement.

Participants reported difficulties coordinating mentor and mentee schedules because of high clinical workloads. Limited time for supervision was perceived as a major challenge to conducting mentorship consistently. One nurse manager stated:
"The issue is the time. When can we provide the guidance? During the morning shift, after handover at 7:30, we take care of patients from 8 until 2, and we are already rushing against time. So the mentor also has difficulty finding time to guide the mentee." (PM01)

Nurse managers also reported that mentorship lacked a standardized implementation flow, monitoring mechanism, evaluation process, and documentation system. One participant explained:
"The challenge in the unit is the planning of the mentoring, which is also similar to preceptorship. It may not yet be standardized. There is no standard report, what the plan is, what the results are, and what happens next with the mentees. The reporting is also an issue." (PM03)

Individual characteristics also influenced engagement. Mentors described differences in mentees' motivation and openness to guidance, while mentees reported hesitation about approaching mentors when both were occupied with clinical responsibilities. One mentee stated:

"In our unit, there are only two of us on duty, so we are both busy. If I don't know something or need guidance, I am also holding the unit, so we both feel hesitant because we are afraid of disturbing each other." (Me04)

Theme 5. Individual Readiness, Leadership, and Organizational Support for Optimizing Mentorship

Six subthemes emerged under this theme: mentorship as a learning need for mentees; mentor readiness as the basis for the mentoring role; head nurse leadership support; sustained organizational support; individual development through mentorship; and the long-term impact of mentorship on nursing care and professional development.

Mentees perceived mentorship as an important learning need, particularly during adaptation to a new work environment. One mentee stated:
"I really need it, especially when we first enter. That is when we really need knowledge, how we should adapt to the environment. Our knowledge is still basic, so we really need it." (Me08)

Mentors viewed readiness to perform the mentoring role as a professional responsibility supported by experience, competence, and commitment:
"If you ask whether I am ready, I have to be ready. Time keeps moving, and there will always be younger nurses coming as the next generation. So our experience continues to increase." (Mo05)

Leadership support was considered important for sustaining mentorship through motivation, schedule adjustment, follow-up, and monitoring and evaluation. As one mentor noted:
"All the support systems are important, and [the head nurse] always asks, 'How is it going?' There is follow-up and monitoring and evaluation." (Mo05)

Participants further identified organizational support as necessary for sustaining the program. Suggested forms of support included a structured implementation system, standardized documentation, program monitoring and evaluation, mentor sharing sessions, recognition for mentors, and adequate resources. One nurse manager emphasized the importance of systematic monitoring:
"There really needs to be monitoring and evaluation. Sometimes, if the monitoring and evaluation only comes from the head nurse, it can be forgotten or skipped." (PM08)

Participants also perceived benefits for individual professional development, including improved competence, confidence, critical thinking, communication, and professionalism:
"Our skills keep improving. Not only hard skills, but also soft skills. Our knowledge also improves, which is good for the patient's recovery." (Me07)

At the organizational and service level, participants associated sustained mentorship with nursing competence, patient safety, quality of nursing care, and future professional development:
"Certainly, because there is guidance, direction, and support, the quality of care can be maintained. The outcome is that competence can be achieved optimally. If it is implemented well, nursing services and nursing care can be even better. The quality of care and patient safety can be maintained." (PM09)

Theme 6. Mentors Perceived Diverse Mentee Characteristics

Mentors identified substantial variation among mentees in confidence, work behavior, and communication. These differences influenced the mentoring approach required for individual mentees.

Regarding confidence, some mentees were perceived as confident in performing procedures and making clinical decisions, whereas others required additional support to develop confidence and independence:
"Confidence-wise, she is confident. Perhaps because she transferred from the cardiac unit, she may feel more confident because she graduated from a cardiac specialty." (Mo03)

Mentors also described differences in mentees' work behavior. While some mentees were active and receptive to guidance, others required further development in professionalism, discipline, and consistency:
"I just see that, when it comes to performing procedures independently, she tends to be a little rushed." (Mo02)

Communication skills also varied. Some mentees communicated effectively with patients but required further guidance when communicating professionally with colleagues and senior nurses:
"Her communication with patients is good. But when communicating with us and the senior nurses, it is different." (Mo01)

These variations indicated that mentors adjusted their approaches according to the individual characteristics and needs of each mentee.

Summary of Findings
Overall, the six themes showed that readiness for mentorship implementation was shaped by multiple interconnected factors, including the mentor–mentee relationship, the mentoring process, individual readiness, leadership support, organizational systems, and mentee characteristics. Participants perceived mentorship as a long-term professional development strategy; however, its implementation remained constrained by workload, scheduling difficulties, and insufficiently structured monitoring, evaluation, and documentation systems.

DISCUSSION
The findings indicate that readiness for implementing a *mentorship* program in nursing practice is multidimensional and is shaped by the interaction of individual, relational, leadership, and organizational factors. Participants perceived *mentorship* not merely as a short-term orientation or clinical skills-training activity, but as a long-term developmental relationship in which experienced nurses provide guidance, share knowledge and experience, serve as *role models*, and support the professional growth of less experienced nurses. This understanding distinguishes *mentorship* from *preceptorship*, which is generally more focused on structured orientation and competency attainment within a specific period. The findings are consistent with previous studies emphasizing that effective mentorship extends beyond technical competence to include professional identity, confidence, communication, critical thinking, and career development (Dennis, 2022; Rubbi et al., 2023). From the perspective of Social Cognitive Theory, the mentor's role as a *role model* may facilitate learning through observation, interaction, feedback, and reinforcement, thereby supporting mentees' professional development.

The implementation process identified in this study begins with appropriate mentor–mentee pairing and identification of individual learning needs, followed by mentoring approaches that are adapted to the mentee's level of competence, confidence, and characteristics. This adaptive approach is important because mentees demonstrate different levels of confidence, motivation, openness, work behavior, and communication patterns. Therefore, a uniform mentoring approach may not adequately address individual learning needs. Participants described situations in which mentees initially appeared hesitant, rigid, or reluctant to make decisions but gradually became more confident and independent through continuous guidance. These findings suggest that the quality of the mentor–mentee relationship and the continuity of interaction are important components of

implementation readiness. However, the findings also reveal that interpersonal relationships alone are insufficient to ensure sustainable implementation. The absence of standardized monitoring, evaluation, and reporting mechanisms may limit the ability of the organization to assess mentoring progress and maintain program consistency across units.

The competency outcomes perceived by participants encompass cognitive, affective, and psychomotor domains. Psychomotor competencies include the development of clinical skills and basic nursing procedures, whereas cognitive competencies involve critical thinking, patient analysis, clinical decision-making, and the ability to communicate relevant patient information to other healthcare professionals. Affective competencies include professionalism, responsibility, confidence, communication, and adaptation to the clinical environment. The differences in emphasis among participant groups indicate that *mentorship* is understood from multiple perspectives: nurse managers tend to emphasize clinical and professional competence required within the unit, while mentors and mentees also highlight critical thinking, confidence, communication, and professional development. This multidimensional focus supports the view that nursing mentorship should address both *hard skills* and *soft skills* rather than focusing exclusively on procedural competence.

Despite these perceived benefits, several barriers may hinder implementation. Workload, shift schedules, limited opportunities for mentor–mentee interaction, and the absence of a standardized implementation system were identified as important operational barriers. In addition, individual factors such as differences in motivation, openness to learning, confidence, and hesitation to approach mentors may influence participation. These findings are consistent with previous studies identifying workload, time constraints, insufficient understanding of mentorship, low mentee motivation, and inadequate organizational support as barriers to effective mentorship implementation (Makhaya et al., 2023; Ughasoro et al., 2022). Thus, readiness should not be interpreted solely as an individual characteristic. Rather, it reflects the extent to which nurses, leaders, and the organization are collectively prepared to support the program.

Leadership and organizational support emerged as important conditions for strengthening readiness. Nurse managers play a critical role in facilitating implementation through motivation, workload and schedule adjustment, monitoring, evaluation, and reinforcement of the mentoring process. At the organizational level, participants identified the need for clear guidelines, standardized documentation, systematic monitoring and evaluation, opportunities for mentors to share experiences, recognition of mentor contributions, and adequate resources. These findings align with the concept of organizational readiness for change, in which successful implementation depends not only on individual willingness but also on shared commitment, perceived organizational capacity, and supportive contextual conditions (Holt et al., 2007). Accordingly, the implementation of *mentorship* requires alignment between individual readiness, leadership commitment, and organizational infrastructure.

Overall, the findings suggest that readiness for *mentorship* implementation is a dynamic and contextual process rather than a single attribute possessed by individual nurses. Readiness is strengthened when nurses recognize the value of mentorship, mentors are competent and committed to their roles, nurse managers actively facilitate implementation, and the organization provides a structured system that supports continuity, monitoring, and evaluation. At the same time, differences in mentee characteristics require mentors to adopt flexible and individualized approaches. Therefore, *mentorship* should be positioned as a strategic human resource development intervention that integrates competency development, professional socialization, confidence building, and long-term career development. Establishing standardized procedures while maintaining flexibility to accommodate individual mentee needs may provide a balanced approach to sustainable mentorship implementation in nursing practice.

CONCLUSION

This study identified six themes describing perspectives on readiness for the implementation of a mentorship program among nurse managers, mentors, and mentees. The findings indicate that nurse managers perceive implementation readiness as being determined by leadership and organizational support through the establishment of a structured system, monitoring and evaluation, and standardization of program implementation. Mentors perceive readiness as dependent on their preparedness to fulfill the mentoring role, supported by competence, experience, and commitment to guiding mentees. Meanwhile, mentees perceive mentorship as a need to support their learning process, adaptation to the work environment, and competency development, requiring effective guidance and support from nurse managers. Although each group places different emphasis on readiness, these perspectives complement one another in illustrating the multidimensional nature of readiness for mentorship implementation.

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