Effect of Mentoring Educational Program for Head Nurses on Nurses' Work Engagement

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Abstract

Background: In clinical practice, mentoring is a continuum of education required for leadership, development, and training of competent health care providers, as it offers a means of enhancing workforce performance and engagement of nurses. **Aim of the study:** To investigate the effect of mentoring educational program for head nurses on nurses' work engagement. **Study design:** A quasi-experimental design was utilized. **Setting:** The study was conducted at inpatient units of medical, surgical departments at Benha University Hospital. **Study Subject:** All available (60) head nurses during data collection period and a simple random sample of 200 nurses. **Tools of data collection:** Four tools were used; **Tool (1)** Mentoring knowledge assessment questionnaire, **Tool (2)** Mentoring skills observational checklist, **Tool (3)** Head nurses' Attitude toward mentoring questionnaire and **Tool (4)** Work engagement scale. **Results**: Nearly three quarters of head nurses (73.3%) had inadequate knowledge regarding mentoring at preprogram phase, which improved to be 98.3% and 86.7 % had adequate knowledge at immediate post and follow up phases, respectively. More than three quarters (78.5%) of nurses had low work engagement level at preprogram phase, and improved to 70.5% at immediate post and become moderate level (58.5%)at follow up phases had high work engagement. **Conclusion:** There was a positive statistically significant correlation between head nurses' total knowledge skills and attitude regarding mentoring and nurses' work engagement at immediate post program was found. **Recommendation:** Initiating in-service education and training programs in all departments for refreshing and increasing head nurses' knowledge and skills especially about mentoring which in turn increase nurses' engagement.

Keywords: Head nurse, Mentoring, Nurses, Work engagement

Introduction:

Head nurses' role is one of the most important part in health care organization that inimitable in its characteristics. Head nurses have a direct and daily contact with nursing staff as they influence nurses' moral, motivation, productivity and service levels by creating the needed climate for innovation and performance **(Cole et al., 2019)**. In clinical practice, mentoring is a continuum of education required for leadership, development, and training of competent health care providers, as it offers a means of enhancing workforce performance and engagement, promotes learning opportunities, and encourages multidisciplinary collaboration. Mentoring facilitates better clinical practices, and personal and professional growth for both the mentor and mentee **(Burgess, et al., 2022)**.

Mentoring helps cultivate nurse leaders, retain nurses, and diversify the nursing workforce. By strengthening the nursing workforce, nursing mentoring improves the quality of patient care and outcomes. Widespread uses of nurse mentoring have been employed to produce positive outcomes and decrease turnover and assess job satisfaction. It has been an effective strategy for nurturing nurses in the increasingly

stressful and challenging health care work environment, improve their self-confidence, understand moral and ethical issues and develop skills for nurses (**Alfonso, et al., 2021**).

Bressman, *et al.,* (**2021**) define mentoring as a way from experienced people to teach, support, guidance, advice and encourage the less experienced people in improving their abilities, skills and professional developments. The learning process in mentoring means transferring of knowledge, attitude, and skill from mentor to mentee but at the same time mentor also gets more learning experience by teaching.

Work engagement in nursing is becoming strategically important as three important factors converge: a global shortage of nurses who are the largest group of healthcare providers; political resolve to restrain the growth of rising healthcare costs in industrialized nations; and a medical error rate that threatens the health of nations (**Memon, et al., 2020**).

Work engagement is the engagement of the nurse towards his or her work is operationalized as a positive work-related perspective and is portrayed by vigor, dedication, and absorption. Vigor represents a high level of energy and mental strength while working; dedication refers to experiencing a feeling of essentialness, enthusiasm, and challenge; and absorption is portrayed by being totally engaged and absorbed in work (**Hulshof,** *et al.***, 2020**). Mentoring is critical to promote development and engagement in nursing (**Anaza, et al., 2020**). Also, **Gadomska-Lila**, (**2020**) found that there are positive effect of mentoring on work engagement. More over effective career and psychosocial mentoring help nurses integrate into the organization, supports nurses engagement and improves the work environment (**Gong, et al., 2022**).

Significant of the study:

Successful leaders attribute their success to having a competitive advantage, work growth, and having enough leadership talent (**Delery & Roumpi, 2019**). Leaders who successfully design and execute mentoring help retain and prepare nurses for future internal leadership positions within organizations. Leaders (mentors) who using successful mentoring strategies provide an increased talent pool of skilled human resource nurses, increase work engagement, increases in organizational opportunities, and improved overall climate of the organization which would benefit employees, families, and communities.

Mentoring has been proposed as an important method to retain and recruit nurses, promote knowledge and skill development, supporting the professional growth, increase satisfaction and work engagement for the nurse, increased organizational productivity and career development (**McBride,** *et al***., 2019**). Therefore, this study was carried out to investigate the effect of mentoring educational program for head nurses on nurses' work engagement.

Aim of the study:

This study aimed to investigate the effect of mentoring educational program for head nurses on nurses' work engagement at Benha University Hospital through: Assessing head nurses' knowledge regarding polarities management thorough program.

1. Assessing head nurses' knowledge toward mentoring thorough the program.
2. Assessing head nurses' skills toward mentoring thorough the program.
3. Assessing head nurses' attitude toward mentoring thorough the program.
4. Assessing nurses' work engagement thorough the program.
5. Designing mentoring educational program for head nurses.

6. Implementing mentoring educational program for head nurses.

7. Evaluating of the effect of mentoring educational program for head nurses on nurses' work engagement.

Research Hypotheses:

There will be an improvement in head nurses' knowledge, skills and attitude regarding mentoring after implementing the program and it will have a positive effect on nurses' work engagement*.*

Subjects and Methods:

Research Design:

A quasi-experimental design was utilized to conduct this study.

Setting:

This study was conducted at medical and surgical departments at Benha University Hospitals, which consisted of (14 medical units) and building (13 surgical units)

Subjects:

First group included (60) head nurses working at previous mentioned setting available during time of the study .Second group: simple random sample of nurses who are working in the above mentioned study setting (200).

Tools of data collection:

Four tools were used for data collection.

Tool (1): Mentoring Knowledge assessment questionnaire:

It was developed by the researcher based on review of related literature (**Bohannon & Bohannon, 2015; DeAngelo, et al., 2016**) to assess head nurses' knowledge regarding mentoring. It was included two parts:

Part (1): Head nurses' personal characteristics including; age, sex, marital status, educational qualification, years of experience and attending mentoring training courses.

Part (2): It included different question to assess head nurses' knowledge about mentoring. It consisted of 49 questions regard to knowledge about mentoring in the forms of true or false and multiple choice questions.

Scoring system:

The questions were scored as "1" for correct, and "zero" for incorrect so the total scores (49). Total knowledge score was calculated according to statically out off point as follows:

• Adequate knowledge (60% and more)

• Inadequate knowledge (less than 60%)

Tool (1I): Mentoring skills observational checklist:

It was developed by the researcher based on review of related literature through review of related literature (**Phihhips- Jones, 2003; Zachary, 2012**; **Alcocer, and Martinez, 2017**). It included different items to assess head nurses' skills regarding mentoring.

Scoring system:

Reasones based on Likert scale allocated as follows: (1) done, (0) not done. The scores of the items were summed-up and the total divided by the number of the items, each participant was observed three times for each activity and giving a mean score for the part. These scores were converted into a percent score. For answers in each question, scores were allocated according to out off point as follows:

• Satisfactory level of performance 60% and more.

• Unsatisfactory level of performance less than 60%

Tool (1II): Head nurses' attitude toward mentoring questionnaire

It was developed by the researcher based on review of related literature (**Botes, 2016 & Olaolorunpo, 2019**). It included different items to assess the head nurses' attitude toward mentoring.

Scoring system:

Head nurses responses were measured on three-point Likert scale ranging from agree (3), little agree (2) and, disagree (1).

• Positive attitude 60% and more of total attitude scores.

- Negative attitude less than 60% of total attitude scores.

Tool (1V): Utrecht work engagement scale (UWES)

It was developed by **Schaufeli et al., (2006)** to assess the level of nurses' work engagement. It consisted of two parts:

Part 1: It included personal characteristics including age, gender, marital status, work department, educational qualification and years of experience

Part 2: It was concerned with the assessment of nurses' work engagement.

Scoring system:

Nurses' engagement was measured on three-points Likert scale ranged from (1) disagree (2) sometimes to (3) agree. Total scores of nurses' engagement were summed up and converted into percent according to out off point as following:

- High level of engagement more than 75%.
- Moderate level of engagement 60-75 %.
- Low level of engagement less than 60%.

Administrative design:

Formal approval was obtained through official letter from the dean of the Benha Faculty of Nursing that sent to the director of Benha Univeristy Hospital for taking their permission to collect data and seek their support. The investigator met with head nurses of each unit to explain the aim of data collection and program implementation were also determined based on their views to gain their approval and cooperation.

Operational design:

The operational design for this study includes; preparatory phase, pilot study and field work.

Preparatory phase

- In this phase the researcher reviewed the current available literature review to modify the study tools of data collection. Finally, the tools and the educational program were revised and modified, then approved by the supervision committee. And included the following: Reviewing the national and international related literature, using journals, textbooks, internet and theoretical knowledge of the various aspects concerning the topic of the study. The investigator began to construct content of educational program to be appropriate for application.

- Developing tools of polarity management knowledge, autonomy questionnaire, and organizational commitment questionnaire.

- Determining general and specific objectives of the educational program regard polarity management.

Content Validity:

The tools were tested for validity through distribution of the tool to a panel of 5 experts consisted of two professors of Nursing Administration from Tanta University, one professor of Nursing Administration from Menoufia University and two assistant Professors of Nursing Administration from Benha University, modifications were done based on their comments such as (modify some words to give the right meaning for the phrase which were not clear).

Reliability of tools:

Table (A): Tools reliability

Tool name	No. of items	Cronbach alpha
Mentoring knowledge assessment questionnaire	49	0.916
Mentoring skills observational check list	50	0.868
Head nurses'Attitude towar mentoring questionnaire	31	0.889
Nurses' engagement scale	17	0.935

Pilot study

It took one month (July 2020) the revised questionnaires were tested with 10% of head nurses (6 head nurses from the study settings) to assess clearly application of tools, and assess the feasibility of the study. In addition to estimate the time needed to fill the

questionnaire that approximately ranged from 15 - 25 minutes for knowledge questionnaire. No modifications were done, so the pilot study was included in the main study subject.

Ethical considerations:

Prior the study conduction, ethical approval was obtained from the scientific research committee at faculty of Nursing Benha University. The study was conducted with careful attention to ethical standards of research and rights of the participants.

- **Informed consent:**

The respondent rights was protected by ensuring voluntary participation, so the informed consent was obtained and the respondent rights to withdraw from the research study at any time without any reasons.

- **Anonymity and confidentiality:**

The respondent was assured that the data was treated as strictly confidential; furthermore, the respondent anonymity was maintained as they were not requiring mentioning their names.

- **Scientific honesty:**

To ensure scientific honesty, the researcher uses backeting and intuiting to avoid bias.

Field Work

The field work for this study included four phases; assessment, planning, implementation, and evaluation phase. It took nine months started from July 2021 to March 2022.

Phase I (Assessment):

This phase took one month (July 2021). The data was collected to assess staff nurses' knowledge, practice regarding autonomy and to assess staff nurses' perception regard organizational commitment before implementation of the educational program through using of the different tools of data collection in the available hospital classroom and during their work hours every shift. The questionnaire sheets were distributed to staff nurses, the investigator was available all the time during filling the questionnaire sheets for

any clarification as needed then the investigator checked each one to ensure its completeness.

Phase II (Program planning):

Started from July to the middle of August 2022.The researcher divided head nurses into 6 group each group (10) head nurses. The program took about 6 days. An educational program was developed based on determined needs and relevant review of literature. The teaching sessions were achieved by using available resources, relevant content and instructional strategies for each session. Different methods of teaching were used such as lecture, group discussion, brain storming and hand out prepared by the investigator and distributed to all head nurses.

Phases III (Program implementation)

It aimed to prepare and develop an educational program of the polarity management. The subjects were divided to six groups according to their departments; each group was nearly 10 head nurses. The program took about 2 days / week. The duration of each session was two hours depending on workload and including periods of discussion according to the achievement, progress and feedback. It started at (10) AM to (12) Pm. At the beginning of the each session an orientation to the training and its aims took place. Feedback was given at the beginning of each session about the previous one and at the end of each session about the current session.

During the period of October 2022 the impact of the education program was evaluated (immediately post program phases), using the same tools which were used before the program.

Phase IV (evaluation phase):

The researcher evaluated the effectiveness of mentoring program on head nurses knowledge, skills and performance. In addition data were collected from staff nurses to assess their level of engagement at three program phases (pre, post and follow up). At the end of the last session, a post test was

done immediately after training program implementation for all head nurses.

Statistical analysis:

Data were verified prior to entry into the computer. The Statistical Package for Social Sciences (SPSS version 22.0) was used for that purpose. Descriptive statistics were applied quantitative data (frequency and percentages). ($\chi 2$) test was utilized to compare percentage between studied variable. Paired t test was used to compare mean scores between pre and post program. Non-significant level value was considered when p > 0.05. A significant level value was considered when p ≤ 0.05 and a highly significant level value was considered when p ≤ 0.001. Arithmetic mean: as average describing the central tendency of observation. The standard deviation: as a measure of dispersion of results around the mean (for quantitative variable).T. test is a test of significance used for comparison between two variables for the same sample and Pearson correlation (r) test was used for association between total scores.

Results:

Table (1) Shows that, more than half (53.3%-76.7) of head nurses were working at medical departments and had age range from 30- 40 years, respectively. And all (100%) of them were females. In addition, the majority (90 /96.7%) of head nurses was married, and had a Bachelor degree in nursing respectively. Regarding to their years of experience, the majority (81.0%) of studied head nurses had 10 :< 20 years of experience with mean scores 12.96±3.08. Moreover, the majority (100%) of head nurses didn't attend any previous educational courses about mentoring.

Figure (1): Indicates that, nearly three quarters (73.3%) of head nurses had inadequate knowledge regarding mentoring at preprogram phase, but it improved and increased to become 98.3% and 86.7 % adequate knowledge at immediate post and

follow up phases (after three months), respectively.

Figure (2): Indicates that, the majority (88.3%) of head nurses had unsatisfactory mentoring skills at pre-program phase, but it improved and increased to become 96.7% satisfactory skills at immediately post program phase while they decreased to 86.7% through follow up phase (after three months) but still more than pre-program phase.

Figure (3): Head nurses' attitude levels regarding mentoring shows that, nearly three quarters (71.1%) of head nurses had negative attitude toward mentoring at preprogram phase, but it changed to become 83.3% positive attitude at immediate post phase and decreased to 80.0% at follow up phases (after three months).

Figure (4): Indicates that, more than three quarters(78.5%)of nurses had low work engagement level at preprogram phase, and improved to 70.5% at immediate post and become moderate level (58.5)at follow up phases (after three months) had high work engagement respectively.

Table (2): Reveals that, there was a statistically significant positive correlation between head nurses' mentoring knowledge with altitude of head nurses at preprogram and flow up program, and also there was a statistically significant positive correlation between head nurses' mentoring knowledge with work engagement at preprogram (P ≤ 0.05). And there was a highly statistical significant difference correlation between head nurses' mentoring knowledge and their mentoring skills, altitude and engagement of nurses at post program and follow up phase (after three months post program) (P ≤ 0. 001).

In addition, there was a highly statistical significant positive correlation between head nurses' mentoring skills at immediately post program phase with mentoring knowledge, attitude and engagement and follow up

program phases (after three months post program). Moreover, there was a highly statistically significant positive correlation between head nurses' mentoring attitude at post phase and total knowledge , total skills and work engagement at post program and follow up program phases. Finally, there was a statistical significant positive correlation between nurses' engagement at preprogram and there was a highly statistical significant positive correlation between nurses' engagement at immediate post program and nurses' engagement at follow up phase (after three months post program).

Table (1): Distribution of the studied head nurses' regarding their personnel characteristics (n=60)

Personnel characteristics	No.	%
Age in years		
< 30 years	5	8.3
30:< 40 years	46	76.7
≥ 40 years	9	15.0
Range	**28-45**	
Mean ± SD	**35.36±4.59**	
Sex		
Female	60	100.0
Marital status		
Unmarried	6	10.0
Married	54	90.0
Educational qualification		
Bachelor in Nursing	58	96.7
Bachelor + Master	2	3.3
Department		
Medical	32	53.3
Surgical	28	46.7
Years of experience		
< 10 years	5	8.3
10:< 20 years	49	81.7
≥ 20 years	6	10.0
Range	**7-23**	
Mean ± SD	**12.96±3.08**	
Attending counseling courses		
No	60	100.0

Total Mentoring Knowledge Level

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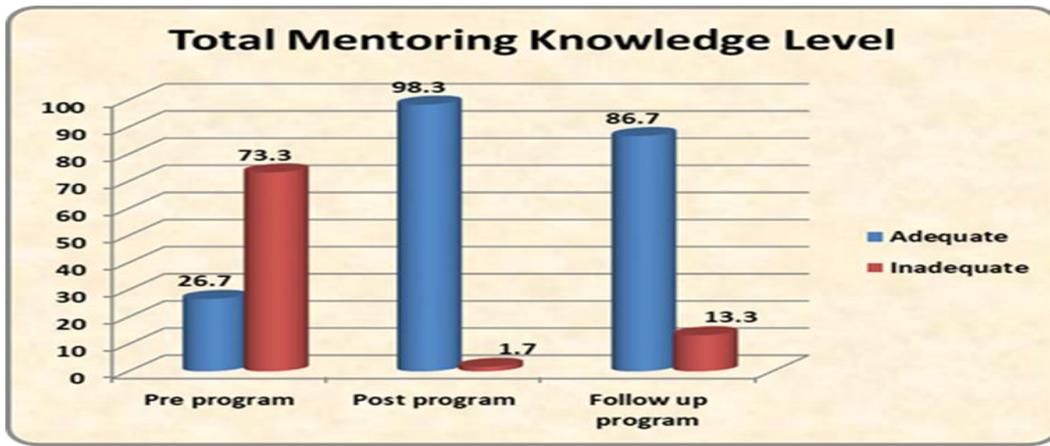
Figure (1): Head nurses' knowledge levels regarding mentoring
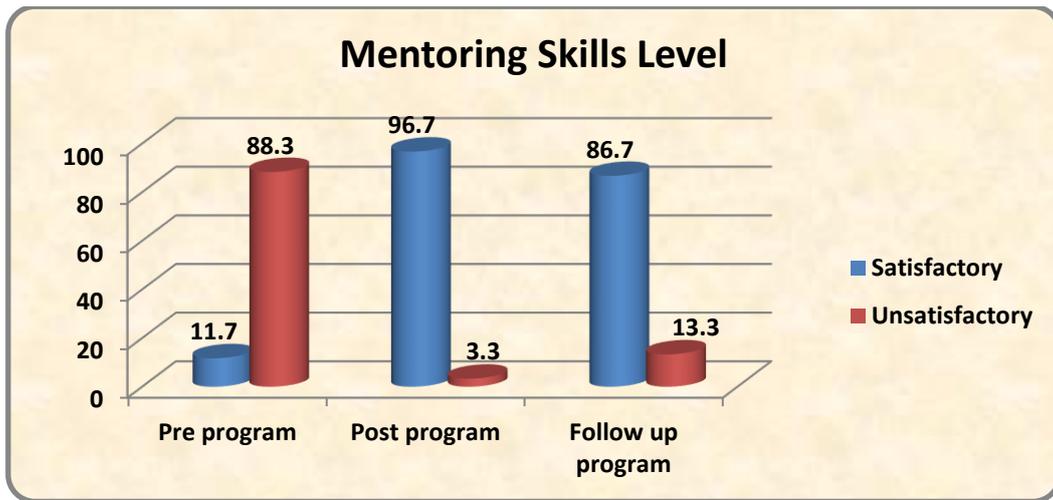
Figure (2): Head nurses' mentoring skills levels
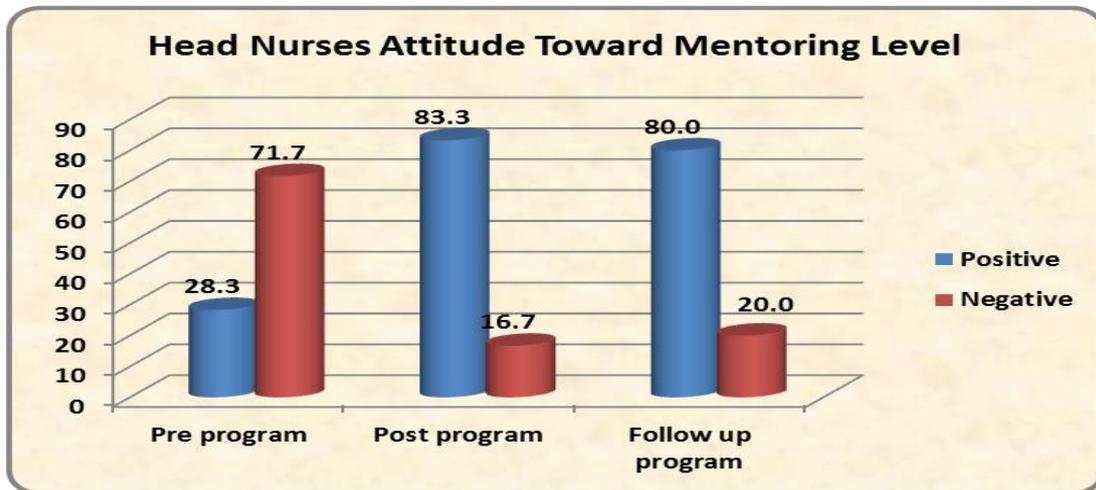
**Figure (3): Head nurses' attitude levels regarding mentoring**
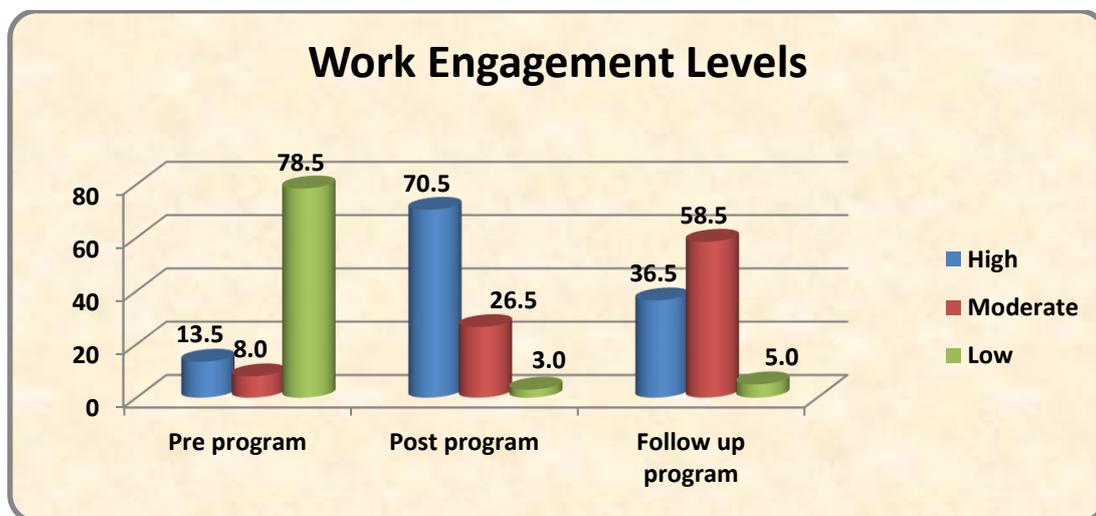
Figure (4):   Nurses' work engagement levels (n=200)

Table (2): Correlation matrix among study variables thorough program phases

Variables			Head nurses			Nurses
			Total knowledge	Total skills	Total attitude	Total work engagement
Head nurses` knowledge	Pre program	R	…………	0.129	0.256	0.331
		p-value	…………	0.326	0.049*	0.010*
	Post program	R	…………	0.855	0.950	0.362
		p-value	…………	0.000**	0.000**	0.001**
	Follow up program	R	…………	0.803	0.324	0.897
		p-value	…………	0.000**	0.011*	0.000**
Head nurses` Skills	Pre program	R	0.129	……	0.758	0.326
		p-value	0.326	……	0.000**	0.037*
	Post program	R	0.855	……	0.892	0.973
		p-value	0.000**	……	0.000**	0.000**
	Follow up program	R	0.803	…	0.488	0.915
		p-value	0.000**	……	0.010*	0.000**
Head nurses` attitude	Pre program	R	0.256	0.758	……	0.330
		p-value	0.049*	0.000**	……	0.010*
	Post program	R	0.950	0.892	…	0.945
		p-value	0.000**	0.000**	**…**	0.000**
	Follow up program	R	0.324	0.488	**…**	0.526
		p-value	0.011*	0.010*	**……**	0.000**

Discussion:

Regarding total knowledge of mentoring among head nurses, current result analysis indicated that nearly three quarters of head nurses had inadequate knowledge regarding mentoring at preprogram phase but, significantly improved immediately post program sessions that indicated the program had a greater effect on improving head nurses' mentoring knowledge. This improvement in the knowledge could be attributed to utilizing creative teaching approaches that facilitated the interactions and collaboration in the learning process. Also the verity that learning provided a positive experience and courses created an interactive environment.

This result was compatible with **Patricia et al., (2021)** in a study (Knowledge and Opinion of Nurse Leaders on the Practice of Clinical Mentorship in a Tertiary Hospital in Nigeria) and concluded that there is an improvement in the nurse leaders' knowledge of mentoring after the educational program. In line with this study **Henry-Noel et al., (2019)** who indicated that requirement for all managers to fulfill a manager as mentor role become problematic because mentoring itself need support by time, training and resources.

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Regarding percentage distribution of head nurses skills regarding mentoring through the program phases the minority of head nurses had satisfactory overall total mentoring skills at pre-program phase, which improved to be the majority of them reported satisfactory mentoring skills at immediately post program phase and slightly decreased at follow up phase (after three months). This may be due to head nurses neither give chance to share views with nurses and listen to their opinions when making decisions nor emphasize to create a good partnership among them. This study in line with **Murry et al., (2022)** who highlighted the need for effective mentoring skills of open communication, active listening, negotiation, counseling, trust building ,encouraging and problem solving to become a good mentors for nurses.

Regarding head nurses attitude regarding mentoring nearly three quarters of head nurses had negative attitude toward mentoring at preprogram phase, but it changed to the majority of them had positive attitude at immediate post program and slightly decreased at follow up phases (after three months).This may be due to everybody hope to change from bad condition to good condition. So improvement in head nurses attitude regarded to that hoped to change to the better and related to enhancing their knowledge from implementing educational program, which helped to express the internal emotions showing the suitability or unsuitability of one's opinion expressed by evaluating a particular entity with some degree of favor or expressed by evaluating a particular entity with some degree of favor.

This finding is coherent with **Schuler et al., (2021)** who found that the healthcare workers' attitude toward clinical mentoring increased significantly during post-evaluation compared to the pre-assessment.

Regarding total nurses' work engagement, more than three-quarters of nurses had low work engagement level at preprogram phase, but it improved to be nearly three quarters of them had high work engagement immediately post program and slightly decreased at follow up phases (after three months). This result may be due to nurses feel not appreciated and valued by the organization, their managers were not supporting them and had limited resources to cope with their daily work also, nurses may be do not have authority to share in hospital affairs, and they find the work that they do meaningless and not excited about their job.

In line with this study **Radwan, (2019)** who showed that the majority of head nurses had high work engagement. Also, **Badran and Akeel, (2019)** who revealed that less than two thirds of the nurses had moderate level of work engagement**.**

Concerning correlation between study variables, the present study revealed that there was a statistically significant positive correlation between head nurses' total mentoring knowledge, total mentoring attitude and nurses' total work engagement level at preprogram phase. In addition, there was a highly statistically positive correlation between head nurses' total mentoring knowledge and total mentoring' skills, mentoring attitude and nurses' total work engagement level at follow up phase (after three months post program). Also, there was a statistically significant positive correlation between head nurses' total mentoring skills and head nurses' total mentoring attitude at follow up phase. In addition, there was a highly statistical positive correlation between head nurses' total mentoring skills and total mentoring' knowledge, head nurses' total mentoring attitude and nurses' total work engagement level at immediate post program

phase and follow up phase (after three months post program).

This result was congruent with **Pountney and Grasmeder, (2020)** supported these results and asserted that mentoring programs has an effect on improving knowledge ,skills and practice which develop awareness in nurse leaders, maximize their motivation to perform well in their role and help nurses develop their confidence and self-worth in practice environment. Also tis result agreed with **Haeger and Fresquez, (2019)** results showed that the strengths-based mentoring program was associated with significant increases in the students' self-reported levels of engagement and hope.

Conclusion:

The educational program was effective for head nurses and lead to improvement in head nurses knowledge, skills and attitude regarding mentoring at immediate post follow up program compared to preprogram phases. In addition, there was improvement in nurses' work engagement at immediate post follow up program compared to preprogram phases. Finally, there was a highly statistical significant difference correlation between head nurses' mentoring knowledge and their mentoring skills, altitude and engagement of nurses at post program and follow up phase.

Recommendations:

- Encouraging excellent nurses by recognition, emotional and monitory incentives are very important.
- Nurse Managers should match nurses` needs and interest with work need for the satisfaction of both.
- Hospital's administration needs to focus on follow up to reinforce head nurses' skills of mentoring and keep the progress of nurses' knowledge improvement. Also reforms hospital's policies to emphasize on using mentoring as an effective approach to support head nurses in a variety of positions.
- Hospital administrators should maintain supportive work environment and encourage head nurses to improve their mentoring roles.
- Conducing educational program and workshops periodically for head nurses about mentoring to improve their knowledge and skills.

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تأثير برنامج تعليمي عن الإرشاد لرؤساء التمريض علي إندماج الممرضين في العمل

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يعد الإرشاد بمثابة سلسلة متواصلة من التعليم المطلوب للقيادة والتطوير وتدريب مقدمي الرعاية الصحية الأكفاء، لأنه يوفر وسيلة لتعزيز أداء القوى العاملة وإشراك الممرضين. لذلك هدفت الدراسة لتقييم تأثير برنامج تعليمي عن الإرشاد لرؤساء التمريض علي إندماج الممرضين في العمل . تم استخدام تصميم بحث شبه تجريبي لتحقيق هدف هذه الدراسة. وقد أجريت هذه الدراسة في الوحدات الداخلية بأقسام الباطنة والجراحة بمستشفي بنها الجامعي .تكونت عينة الدراسة من مجموعتين وهم جميع رؤساء التمريض الموجودين خلال فترة جمع البيانات وعددهم (٦٠) وعينة عشوائية بسيطة مكونة من ٢٠٠ ممرضة. واظهرت النتائج ان ما يقرب من ثلاثة أرباع(٧٣,٣٪) رؤساء التمريض كان لديهم معرفة غير كافية فيما يتعلق بالإرشاد في مرحلة ما قبل البرنامج، لكنها تحسنت لتصبح ٩٨,٣٪ و ٨٦,٧٪ لديهم معرفة كافية في مرحلتي ما بعد مباشرة ومراحل المتابعة. كان لدى أكثر من ثلاثة أرباع (٧٨,٥٪) من الممرضين لديهم مستوى منخفض من الإندماج في العمل في مرحلة ما قبل البرنامج، وتحسن إلى ٧٠,٥٪ في مرحلة ما بعد البرنامج مباشرة وأصبح مستوى متوسط (٥٨,٥٪) في مراحل المتابعة كان لديهن مشاركة عالية في العمل. كما كانت هناك علاقة إيجابية ذات دلالة إحصائية عالية بين المعرفة الإجمالية بالإرشاد لرؤساء التمريض ومهارات الإرشاد الإجمالية وكذلك والإتجاه نحو الإرشاد الإجمالية ومستوي الإندماج في العمل للممرضين في العمل في مرحلة ما بعد البرنامج مباشرة. واوصت الدراسة بتوفير برامج تدريبية لرؤساء التمريض لتحسين مستوي معرفتهم ومهاراتهم حول الإرشاد مما يؤدي بدوره إلى زيادة اندماج الممرضين في العمل .