

The Role of Senior Mentorship in Building Clinical Confidence among Novice Nurses: A Comparative Analysis

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ABSTRACT

Clinical confidence is one of the essential qualities that new nurses need to acquire as they enter the world of professional practice. Owing to the theory-practice gap, these nurses tend to develop anxiety and uncertainty, which limit their potential to deliver safe, effective care to patients. Senior mentorship has proven to be among the salient methods adopted towards bridging this gap for novice nurses, who sometimes find such mentorship as structured guidance, support, and role modeling that would put the novice nurse in a better position in terms of both competence and confidence. The present study, titled *"The Role of Senior Mentorship in Building Clinical Confidence Among Novice Nurses: A Comparative Analysis"*, investigated the variation in levels of clinical confidence between novice nurses who were provided with structured mentorship and those who had no such tool at selected hospitals in Davao Oriental.

The study employed a comparative quantitative design with purposive sampling of 60 novice nurses: 30 with structured mentorship, and 30 without structured mentorship. Data were then collected using the validated modified Clinical Confidence Survey, measuring five domains: mastery of work, decision-making, independent caretaking performance, independence, and crisis management. Statistical analysis through ANOVA shows a significant difference between the two groups across all domains, with mentored nurses consistently reporting higher confidence levels (means 4.39–4.45) compared to unmentored nurses (means 2.56–2.59). These findings confirm that structured mentorship programs greatly enhance the clinical confidence development of novice nurses.

Mentorship has been identified as an essential driving force in enhancing the scope of professional growth, resilience, and preparedness for the delivery of health care by novice nurses. With structured guidance and role modeling of their seniors in the profession, it also generates competence as well as retention, job satisfaction, and safety for nurses and patients. Based on the findings of this research, the scholar recommends the institutionalization of structured mentorship programs specific to clinical practice areas, as well as continuous training for mentors, to provide sustainable support for new nurses. Such initiatives will bridge the theory-practice gap in education, demonstrate confidence-enriched learning environments, and challenge healthcare outcomes.

Keywords: senior mentorship, novice nurses, clinical confidence, structured mentorship, comparative analysis.

PROBLEM AND ITS BACKGROUND

Novice nurses' confidence in their clinical skills is essential for their development as competent healthcare professionals. Nurse development is now expected to involve higher autonomy, critical thinking, and clinical decision-making. In this regard, developing clinical confidence during this period is necessary for their future success in the remaining placements as registered nurses (Ferguson, 2021). Clinical confidence is a vital part of nursing education and clinical practice, affecting patient care quality and nursing intervention effectiveness; also, SDs are detrimental to patient healthcare outcomes (Tabriz et al., 2024). Self-confidence was found to significantly impact nurses' emergency performance, implying that the higher the self-confidence, the more favorable the patient outcome (Mattheus et al., 2023).

Furthermore, lack of clinical confidence may impede new nurses' professional development because they may lack the willingness to pursue learning opportunities or to ask for feedback (Berhe & Gebretensaye, 2022; Amoo et al., 2022). Despite the contradiction, empirical evidence supports the notion that new nurses often experience a gap between theory and practice. According to Saara et al. (2020), it is an instance where the skills and behaviors of new nurses acquired through classroom study remain dissimilar from what happens in their clinical environments.

Clinical confidence does not come from formal lectures; it needs to be garnered in clinical practice through successful skill mastery. Thus, the clinical educators must work to nurture this confidence in learners by developing learner environments that foster confidence. In their turn, the educators recognize a lack of confidence in students and plan teaching strategies that will develop confidence in self-efficacy.

Nurse faculty mentorship, recommended as a positive transition strategy for novices, refers to a relationship between an experienced mentor and a less experienced individual that works to help the latter acclimate and make advances in an organization. This can include a formal dyadic hierarchical relationship or an informal dyadic relationship guided by social attraction, multiple dyadic relationships serving multiple needs, and relationships among protégés of equal rank (Busby et al., 2023). Mentoring is a key strategy to attract, teach, and retain novice nurses from the novice-expert continuum. Mentoring has a lot of positive benefits for newly graduated nurses, which include: growing in confidence and competence in nursing practice; decreased stress on the job; personal and professional growth; increased job satisfaction; improved communication and leadership skills; and developing interpersonal relationships with co-nurses. Many articles elucidate that positive work environments have a far-reaching impact on easing the transition zone within nurses, including recruitment and retention (Mitchell et al., 2020).

Thus, for nursing care to be both safe and effective, clinical confidence is vital. However, very few local studies have tried to measure how structured versus unstructured mentorship affected clinical confidence in Filipino novice nurses, specifically in selected hospitals in Davao Oriental. In the absence of empirical data, mentorship is almost always assumed to support clinical growth. Hence, there is a need to quantify how mentorship transforms clinical confidence to improve developmental programs for nurses and ultimately enhance patient safety outcomes.

Background of the Study

The transition of a student nurse to a professional nurse is a vital transition period that causes an enormous impact on the very growth and confidence of an individual in the clinical environment. Newly recruited nurses to a hospital are generally called novice nurses, and they are introduced to the theory-practice gap, where theoretical knowledge acquired has no bearing on the practicalities of hospital practice. In this sense, these could even give rise to some feelings about inadequacies, anxiety, and a lack of clinical self-confidence, all of which then end up affecting the quality of care these newly hired nurses give to their patients. It therefore becomes a necessity for the early establishment of clinical self-confidence, which will serve as the stepping stone toward professional development as well as competent, safe nursing practice.

A nurse's clinical confidence is an essential quality that allows her to function autonomously, to make informed decisions, and to manage patients under stressful situations. However, many novice' nurses with confidence and reluctance when they are faced with real-life circumstances like dealing with a critical case, prioritizing the needs of a patient, and/or responding to emergencies. These could lead to high employee turnover, reduced job satisfaction, and, worse, poor patient outcomes, if left unsupported. Mentorship is a strategy that works well in nursing education and nursing practice. Through a formal mentorship program, senior nurses offer both technical and emotional support as well as role models and encouragement to help novices develop resilience and confidence. It facilitates knowledge transfer, promotes independence in clinical decision-making, and reduces the risk of errors by enhancing competence in real practice situations. Further, it helps create a supportive environment for novice nurses as it makes them feel valued and empowered, which thus contributes to retaining and growing the workforce. In the case of the Philippines, where hospitals are understaffed and continuously in demand for quality care, structured mentorship programs play a vital role.

To cope with the workload and expectations imposed on them, new nurses in their units often require constant guidance. Different institutions employ different mentorship models; some hospitals have structured programs, while others depend solely on informal peer support. This calls for an inquiry into the real effects of senior structured mentorship on the instillation of clinical confidence.

Moreover, the purpose of this study is to assess the senior mentorship's role in the building of clinical confidence in probationary nurses in selected hospitals in Davao Oriental. By comparing the confidence levels of those who underwent structured mentorship with those who did not, the study aims to generate evidence for the effectiveness of mentorship as a method of enhancing novice nurse competence. It is hoped that findings will empower nursing leaders, hospital administrators, and policy makers to realize the importance of implementing structured mentorship programs toward enhancing healthcare delivery and the professional growth of nurses.

Theoretical Framework

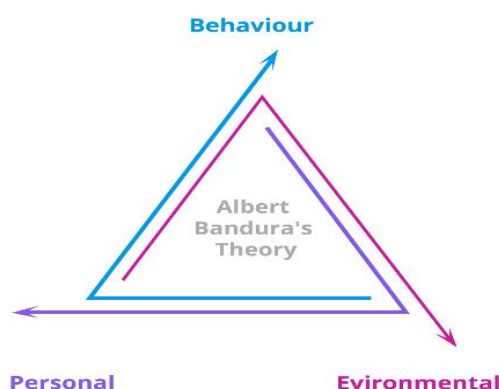


Figure 1: Social Cognitive Theory

Social Learning Theory or Social Cognitive Theory (A Bandura, 1977)

Figure 1 shows the theory of Bandura's Social Cognition. The theory explained that a person's actions, thoughts, and surroundings are interrelated. With this, one can understand how self-confidence develops, particularly in learning new skills, such as those in nursing. People learn best when they are convinced that they can succeed, according to Bandura. In hospitals, new nurses gained this confidence from observations as well as personal experiences of success and positive outcomes. As depicted by the figure, this indicates that personal beliefs, behavior, and environment all work together to help nurses grow and learn through mentorship.

Self-efficacy beliefs are central to Bandura's social learning theory. For Bandura, "self-efficacy is the belief a person holds that he or she is capable of carrying out a specific task successfully." He preferred the term self-confidence to self-efficacy because it is more commonly understood among most educators. Self-confidence affected almost all aspects of the person's life, from the individual's ability to think positively, to the art of perseverance through difficulty, and ultimately, to achieving an activity. Self-confidence is the motivation, that magic ingredient that propels one through a challenging learning experience. Learning for some students may be too demanding and requires them many hours of tireless devotion to complete new skills. Self-confidence has therefore been seen as a driving force that would need to be driving them toward working in the learning process. New nurses will not put in effort at all if they do not believe that they can be successful. New nurses would feel that even if they try, their actions are going to be futile, thus discouraging them from making an effort. Bandura considers mastery or perceived successful experiences to be the most effective means for developing self-confidence. Repeated successes provide individuals with a firm base from which to judge future attempts.⁵ For example, students who assessed their outcome as being successful tended to gain self-confidence, while those who experienced failure tended to decrease in confidence. Modelling or observing others performing a task is less effective, however.

Bandura learned through observation. In social learning theory, the contention is that there is indirect learning; it comes from the behaviour of others. It is thus possible for an individual to observe and learn in a manner that is generalized and established without the use of trial and error. Here, observation is the key by which observers may update their prior knowledge, take on new beliefs and values, and learn how to use the environment and things from the model. The information sometimes makes imparting knowledge to the student challenging directly within nursing education. In Bandura's theory of social modeling, the joint interaction between the mentor and the neophyte nurse will contribute to the neophyte nurse through keen observation and active mental participation. However, learning occurs if the nurse can demonstrate the behavior(s) that were observed. In this situation, the observing students of nursing will primarily interact and communicate with senior nurses throughout their initial education. According to Karadağ et al. (2020), among several important problems that students experienced in clinical training, one has been the lack of role model behavior from senior nurses.

Conceptual Framework

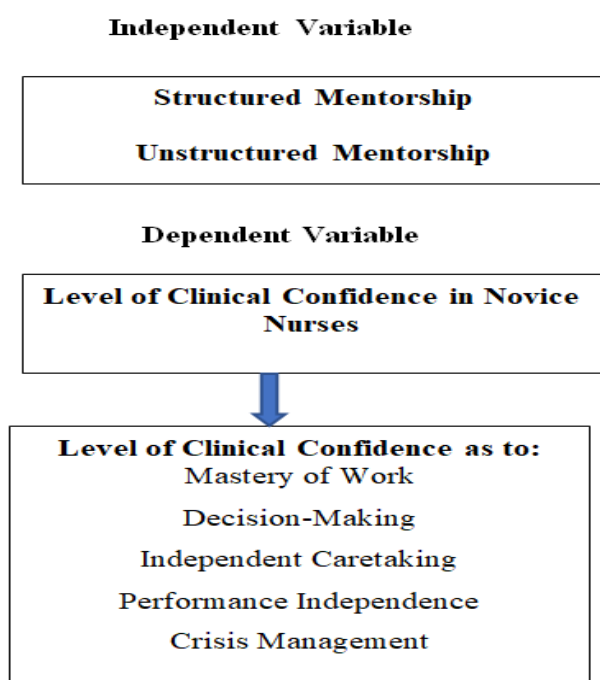


Figure 2: Conceptual Framework

The conceptual framework of the study was presented in Figure 2, whereby the kind of mentorship type relates to levels of clinical confidence in novice nurses. The top independent variables are structured mentorship and unstructured mentorship. Structured mentorship is a formal, organized program, while unstructured mentorship is informal and may differ in application. Next is the dependent variable, "Level of Clinical Confidence in Novice Nurses," whose outcome is influenced by the mentorship type received.

The dependent variable was the five aspects of clinical confidence: Mastery of Work, Decision-Making, Independent Caretaking, Performance Independence, and Crisis Management. The framework also implied that structured mentorship positively impacts developing these particular domains of clinical confidence compared to unstructured mentorship. Social Cognitive Theory provides the rationale for this conceptual framework, which states that learning and self-efficacy notions are developed through the interplay of personal, behavioral, and environmental factors (Bandura, 1977). This interaction suggested that structured mentorship could be followed by the clear guidance and role modeling associated with it and enhanced the sense of clinical confidence in new nurses.

Statement of the Problem

The entire process of mentoring is said to build the skills and confidence of novice nurses; however, a quantitative research study was conducted specifically in certain hospitals in Davao Oriental to assess the

difference in clinical confidence between novice nurses who engaged in mentorships and those who did not. This knowledge gap hinders hospital management from implementing research-guided mentorship programs aimed at improving the clinical confidence of the nursing staff.

This study sought to compare the levels of clinical confidence in novice nurses who have received senior mentorship and those who have not. The researcher also sought to provide answers to the following specific sub-problems:

1. What is the clinical confidence level of novice nurses with effective mentorship as to:
 - 2.1 Mastery of Work;
 - 2.2 Decision-Making;
 - 2.3 Independent Caretaking;
 - 2.4 Performance Independence;
 - 2.5 Crisis Management?
2. What is the clinical confidence level of those without structured mentorship as to:
 - 3.1 Mastery of Work;
 - 3.2 Decision-Making;
 - 3.3 Independent Caretaking;
 - 3.4 Performance Independence;
 - 3.5 Crisis Management?
3. Is there a statistically significant difference in clinical confidence between the two groups?
4. What proposed intervention can be recommended to enhance the confidence level of novice nurses?

Hypothesis

Ho: The confidence levels of novice nurses with effective mentorship do not have a significant difference from the confidence levels of those who do not have structured mentorship.

Assumptions of the Study

Providing structured mentorship to novice nurses boosted their level of clinical confidence.

Scope and Delimitation of the Study

The primary aim of this research study was to establish the level of clinical confidence in novice nurses who have received or do not have senior mentorship. It is designed to cover responses from selected novice nurses grouped with senior mentorship and without structured mentorship employed in selected hospitals in Davao Oriental, using an adopted and modified Likert-Scaled Clinical Confidence Survey instrument distributed online or on paper. The primary focus of the study was to find out how confident novice nurses are with effective mentorship and without effective mentorship concerning Work Mastery, Decision-making, Independent Caretaking, Performance Independence, or Crisis Management.

The limitation of the study will not extend to matters of confidence levels of novice nurses. The study has been carried out within the academic year 2025-2026. The findings of this study will be applied entirely in the academic context. Data gathering for this study will also be confined to the region of Davao Oriental and will not include other respondents except for the identified novice nurses.

The study also experienced limitations due to funding and time. Limitations constrain research outcomes (Marshall & Rossman, 2020). An additional limitation of this study is that the collected data may not represent the opinions or experiences of all novice nurses.

Significance of the Study

The educational study focused on determining the clinical confidence level of novice nurses who benefited from senior mentorship and those who did not receive any structured mentorship. The researcher is thus convinced that this study is of great importance for the following:

Novice Nurses: Low levels of clinical confidence can lead to stress, anxiety, and burnout for new nurses. Support systems have been put in place in health care institutions to encourage the well-being and resilience of novice nurses in clinical training, which addresses confidence levels. Those institutions worked with novice nurses to identify factors associated with low confidence levels and offered targeted coaching and support. They also set up peer support networks and opportunities for novice nurses to safely share and reflect on their experiences and challenges with the support of others. An environment of care and support in healthcare institutions is integral to enhancing novice nurses' confidence, well-being, and growth throughout their journey as nursing professionals.

Nursing Students: The readiness of nursing students for professional practice in the field of nursing can be easily determined when they start to apply what they learned in the classroom through their clinical practice. Their clinical confidence levels proved to be valuable indicators of how ready they are to take this next big step in their careers. It also revealed areas where they were strong as well as opportunities for continued growth and development to be taken as they embark on their professional journeys.

Nursing Educators: About nursing educators, this study provided valuable insights into the effectiveness of the current nursing education programs. The findings thus become important in curriculum development efforts undertaken by educators toward improving clinical preparedness and confidence among nursing students. Such understanding by the educators further involved them in tailoring and making more effective clinical training experiences for nursing students by optimizing clinical placements, creating a simulation lab, attaching them to clinics, and designing other innovative programs.

Healthcare Institution: The evidence supports the notion that if mentorship programs adequately prepare novice nurses to be secure in themselves and their roles, their confidence would inevitably contribute to safe, competent, and high-quality patient care. Mentorship is instrumental in empowering novice nurses to hone such vital clinical skills, such as problem-solving and communication skills, thus ultimately improving patient welfare and reducing incidences of medical errors. This, in turn, increases retention rates and minimizes the costs incurred with high turnover, such as recruitment, training, and lost productivity, which favorably affects the healthcare institution.

Future Researchers: Based on the current findings, future researchers looked at the areas that appear to be underexplored but deserve more attention. More research contributes extra insight into practical approaches for the further professional development of novice nurses in enhancing patient outcomes.

Definitions of Terms

The following terms/concepts were defined conceptually and operationally as they are used in this study:

Clinical Confidence - Conceptually, clinical confidence is defined as the steady sense of certainty and self-assurance in one's abilities, skills, and clinical knowledge. One needs this deeply felt sense of self-reliance in

order to go from theoretical or case study-based settings to real-life clinical settings (ThriveAP, 2025). In this study, Clinical Confidence is such a form of self-confidence that applies specifically to novice nurses in terms of their clinical skills and abilities to provide patient care. One believes in his/her Mastery of Work, Decision Making, Independent Caretaking, Performance Independence, and Crisis Management.

Crisis Management: Crisis management is simply the entire process and strategy-focused approach of identifying, reacting to, and providing action towards any occurrence of a vital event (Hayes, 2024).

Decision-Making: It refers to the steps that individuals undertake to determine the best option or course of action that best addresses a specific problem or condition (Sheldon et al., 2024).

Independent Caretaking: Independent Caretaking is leaving individuals to take upon themselves the effort of trying to do something for them, without their requiring your assistance altogether (The iSavta Team, 2025).

Mastery of Work – Work mastery is excelling in an ability, being able to do something without having to work at it, or exercising complete dominance over it in the field of work (Vocabulary.com, n.d.). Master or expert at work - Refer to those persons whose work mastery means excelling in a skill or the complete domination over the work involved.

New Nurse - These are nurses within less than 1 year of experience in a hospital and are conventionally said to be "the new nurses" (Seon et al., 2023). The study will refer to a new nurse as those who now work at different hospitals in Davao Oriental, which are subject to the research.

Performance Independence - This performance independence can be viewed as working alone if the need arises, but can still work equally effectively and cooperatively with others when necessary (LinkedIn, 2025).

Senior mentorship - Describes a relationship between two people in which the person with more experience, knowledge, and connections can pass on that knowledge to a more junior person within a given field. The senior person then occupies the role of the mentor, while the junior individual assumes the role of the mentee (Oshinkale, 2019). In this study, senior mentorship refers to the process whereby novice nurses assess their level of clinical confidence through practical learning from senior nurses.

REVIEW OF RELATED LITERATURE

This chapter presented a review of foreign and local literature that was related to the research problem, which links previous research to the present study.

Senior Mentorship for Novice Nurses

In clinical settings, it is very common for new nurses to face overwhelming challenges, such as complex procedures, huge workloads, and communication problems, including a lack of feedback from their superiors and/or inability to collaborate with colleagues. These problems create "reality shock" to new nurses, a demand that their academic training does not adequately represent (Woo & Newman, 2020). A previous study has revealed that new nurses take at least 8-12 months getting around their professional roles. However, fresh nurses are usually supposed to handle a great deal of patients, treat patients with mild to severe diseases after they have received a proper period of training for only 3 to 4 months (Kim et al., 2020). Stress arises in needy nurses as a result of a lack of knowledge and skills, minimal self-worth resulting from negative colleague interactions, and insufficient organizational support (Kreedi et al., 2021; Najafi and Nasiri, 2023). New nurses are supposed to be given extended orientation periods, mentorships, and adequate resources to help them make a smoother transition to clinical settings. This would also help to develop supportive, friendly relationships among different health professionals in the system, which contribute to a favorable working environment (Hallaran et al., 2022).

The introduction of the concepts of mentor, mentoring, and mentorship into the discussion on the issues faced by newly recruited nurses makes it a layman's discussion. A mentor is very often perceived as a knowledgeable and experienced human being who shares, advises, or imparts knowledge or training to a novice. The function

of a mentor usually comes into play when helping someone achieve personal-specific goals, aspirations, or learn tasks. Further detailed discussion about a nursing experienced nurse has an assignment to facilitate transition for a novice nurse into practice from a registered nurse and expanding the level of responsibility (Yusandra & Diana, 2022). Such viewpoints have led many scholars to describe mentoring as a symbiotic relationship. As Horner (2020) states, mentorship enables the impactful nurse to transmit knowledge and translates into life through others. Mentoring also helps one to share ties with other nurses and support in developing a sense of belonging. It creates a healthy, supportive working environment for transition at the workplace, thus making them happy and satisfied with their jobs.

These are a collection of terms; mentor, mentoring, and mentorship are commonly referred to as terms when speaking about matters concerning newly hired nurses. A mentor is usually directly viewed as a more knowledgeable person who shares information, advice, or knowledge, or trains a novice. The function of a mentor is primarily to help a person achieve specific objectives and goals or to accomplish certain tasks. Further discussed: in nursing, an experienced nurse mentor is assigned to facilitate a novice nurse transition to that of a registered nurse and broaden the level of responsibility (Yusandra & Diana, 2022). Several scholars have viewed Mentoring as a mutualistic relationship, and Horner (2020) defines mentoring as a way for experienced nurses to share and transmit their care to the lives of others. In addition, mentoring provides a sense of connection alongside fellow nurses and helps him develop a sense of belonging. An effective mentorship program provides both mentor and mentee with professional development and career contentment, creating a very healthy, supportive environment in the workplace that helps in the transition. Mentorship, being defined as a trusting relationship between a novice and a professional created to offer assistance according to Van Patten and Bartone (2000), shall be manifested.

Clinical nursing instructors also provide practical training on clinical work for new nurses and conduct regular guidance to these nurses (Song et al., 2020). Mentorship offered by clinical nurse educators is central to the effective transition of new graduates into clinical settings and the strengthening of their commitment to remain in their profession. Also, they assist the new nurses by fostering organizational socialization, which facilitates the sharing of knowledge and experience and builds collaborative relationships within the organization (Miller et al., 2020). Thus, an effective mentorship program is deemed essential in improving the clinical proficiency of new clinicians rather than their smooth transition into the clinical setting.

The Impact of Senior Mentorship on the Level of Clinical Confidence of Novice Nurses

Structured approaches included graduate programs, residency programs, orientation programs, and nurse internships, according to Namu et al. (2024). Informal approaches reported include mentoring, lecturer-practitioner support, preceptorship, clinical practice facilitators, and peer support. Thus, organizations should focus on mentorship targeted at new graduate nurses who should not be left to find their way through. Another study done on clinical student nurses pointed out that an understanding of socialization strategies could be beneficial in establishing a conducive clinical learning environment. Role modeling may also serve as a successful strategy for the newcomers' adaptation to their new environment. The social support offered by peers is fundamental; in fact, nursing students with some basic workplace knowledge are more easily able to adapt. Students' perspectives and especially their self-esteem can further support their integration into the workplace. It is the learning of the profession's standards, attitudes, and beliefs.

Mastery of Work

Confidence in one's abilities and choices is manifested when a person has an incomparable assurance to work on things and confront problems with confidence and mastery. It is derived from the belief in one's ability: it could often lead to a good and functional outcome from problems and endure in times of hardship. A confident individual is now highly likely to take action in tackling big opportunities and, at the same time, attempts to see possible failures as experiences in learning rather than outright failure (Souza et al., 2020). Confidence is closely linked to higher mastery at work because it refers to self-efficacy, which enhances motivation and persistence in adverse conditions (Chernyavska, 2021). It also alleviates anxiety and stress since confident people interpret stressors as manageable (Salmina et al., 2021).

Clinical instructors also play a significant role in mentoring students, providing real-time feedback, and modeling best practices in the interaction design of the patient. By fostering a supportive learning environment, clinical instructors help students build the necessary skills and confidence to handle complex clinical scenarios effectively and master their specific job. Their guidance extends beyond technical proficiency to develop interpersonal skills and emotional intelligence, which are necessary for providing a welcome, patient-centered care service. Clinical instructors mentor students about the realities of clinical practice and generate a sense of professional responsibility and commitment towards continuous improvement in patient care.

Decision-Making

Leadership through mentorship encompasses various learning activities demanding competent communication, critical thinking, leadership skills, decision-making skills, and professional development. The very essence of mentoring is to allow student nurses to exert judgment and hone those clinical skills needed to survive in an agile and fast-paced healthcare environment. Mentoring consists of a mutual learning relationship in which the mentor guides, models, and assists the professional development of a new or less experienced mentee. Mentoring experiences that form transitional nurse leaders incorporate aspects of discovery, use of evidence, and reflection, allowing for risk-taking, confronting challenges, and leadership transformation within nursing care. The mentor-mentee relationship theory that concerns both the art and science of the development of professionals-that is, the art and science of leadership-works toward augmenting learning by creating an environment for learning that minimizes anxiety, promotes positive feel-good emotions, enhances self-confidence, alleviates confusion, and promotes interaction with different levels of hierarchy within the rank or curriculum (Foster and Galakatos, 2021).

Clinical decision making is the very foundation of nursing practice, requiring all nursing staff to devote extensive attention to patient data, identify care priorities, and decide the most suitable intervention. It is described as a process in which one selects the most excellent option from the existing alternatives, as it entails several cognitive steps, such as problem identification and outcome evaluation. In health settings, clinical decision-making especially matters to nurses because they are the providers of primary patient care. Ineffective decision-making affects both medical errors and risks to patient safety and increases costs in health care settings. These outcomes warrant the need to make decisions with precision and accountability. Clinical decision-making is the use of professional expertise, skill, and clinical judgement to provide quality patient care in nursing. It is a factor that determines the adequacy of the clinical decision-making abilities of nurses regarding patient outcomes, thus affirming the role of clinical decision-making in nursing education and practice. Nurses have a critical task of observing the changes in a patient's condition, prioritizing their care needs, and providing appropriate interventions (Ilaslan et al., 2022). Evidence-based practice is important in clinical decision-making because it assures, with the aid of the most reliable research, clinical expertise, and patient preferences, that decisions made were based on sound judgments. Evidence in practice compromises risk and enhances quality care, leading to improved patient results. Clinical instruction is described to assist nursing students in bridging the crevice between theoretical knowledge and practical experience. Therefore, the clinical learning environment constitutes a key component of their instruction. This environment enables students to apply theoretical concepts effectively and also shapes their professional identity by exposing them to everyday healthcare settings. However, the quality of the clinical learning environment is such that it informs the perceptions and experiences of their students (Farčić et al., 2020).

The positive clinical learning atmosphere that fosters collaboration with the staff, appreciation, and opportunities for skill development enhances the clinical decision-making skills of students. It can involve having positive mentorship from experienced nurses or regular constructive feedback, both of which are beneficial. The other important area that needs development is the exploratory decision-making in appropriate supervision, which is part of determining clinical judgment. Conversely, however, constructed factors like the hierarchies, deficiencies of practice guidelines, and lack of support would prevent students from learning and making proper decisions (Arkan et al., 2022).

In addition, confidence exists as the state of being sure of one's abilities and decisions, contributing to a sense of self-control when approaching tasks and obstacles. It signifies the existence of an internal conviction of working

competence that, on the whole, leads to real-life applicability in terms of problem-solving and enhancing or developing resilience during hard times. This confidence encourages a tendency for individuals to take initiative and embrace opportunities, seeing setbacks merely as valuable lessons and refraining from identifying them as failures (Souza et al., 2020). In a way, confidence helps maintain a positive orientation toward self in the arenas of personal life and career. Another effect their calm and assertive demeanor has is to instill trust and admiration in those around them, hence catalyzing a supportive and power-giving ambiance. Confidence is closely related to the concept of self-efficacy, which, in turn, boosts motivation and persistence in adverse situations (Chernyavska, 2021). Along with that, confidence promotes a proactive approach toward goal setting and actualization since confident individuals are more likely to set high goals and work hard to achieve them (Rushina & Kameneva, 2020).

Independent Caretaking

The nursing profession maintains patients' health and helps patients achieve optimal health. Therefore, nurses are the first-line professional staff to come into any health system to provide quality care for patients. Nursing work plays a crucial role in determining the quality of healthcare. With the advancement in nursing, the complexity of care expected to be delivered by nurses is increasing, mainly due to patients' needs. Approximately 80% of the nursing population comprises novice nurses; studies have shown that most beginning novice nurses admitted feeling unprepared for their new roles (Najafi and Nasiri, 2023). Mentoring is a student-centered approach and could also serve as an effective participative strategy to develop students' capabilities.

If nursing students are appropriately clinically confident, they may be competent in, and safe for, patient care (Amsalu et al., 2022). Otherwise, they may be slow in taking initiative, making decisions for, or advocating for their patients. These behaviors can affect the quality of care provided by students, which sometimes can put all patients at risk (Kwame & Petrucka, 2022). Moreover, a lack of confidence may deter students from developing their professional careers, as they may be less likely to seek learning opportunities or request feedback (Berhe & Gebretensaye, 2022; Amoo et al., 2022). To effectively develop a program for supporting their clinical learning and professional growth, one must therefore examine the specific factors that encourage or inhibit students' self-confidence in the clinical environment (Amoo et al., 2022).

Confidence represents the nurse's ability to give care and treatment to patients. It is one of the skills necessary to allow nurses to perform nursing duties dutifully. Student nurses need to build up their self-confidence to cope with complex clinical situations. A self-confident person believes in his or her ability to deal with a given problem and provide nursing care in an efficient, accurate, and relevant manner. Hence, this is one of the many challenges nursing educators face, that of equipping student nurses for patient care in fast-changing scenarios. Self-confidence is one of the most important factors in the learning process. Students with more self-confidence tend to learn better (Abeer et al., 2021). When looking into the broader implications of self-confidence for health workers, Mattheus et al. (2023) found that self-confidence plays an immense role in the ability of nurses to cope with emergencies, with higher levels of self-confidence providing better outcomes for patients.

Performance Independence

Najafi and Nasiri (2023) describe how nurses' self-confidence has been reduced by a lack of knowledge and fear of harming patients. Nurses' self-confidence, in turn, is related to their knowledge of task performance, communication ability, positive inclination toward the profession, and professional self-esteem. These components highly influence nurses' thinking and practice. While high self-confidence results in positive attitudes toward the profession and career advancement, in turn, low self-confidence, together with the stated adverse effects, may cause new graduates to leave nursing, feeling they cannot perform their duties well. Due to the deficits in the quality of patient care and issues surrounding how prepared novice nurses are to operate in clinical settings, many managers would say that many new graduates are not at all ready at the outset of their phase. On this subject, nursing managers have long been concerned about the low self-confidence of novice nurses. To understand and explore phenomena such as nurses' self-confidence, it is necessary to focus on understanding their life experiences and the views of those who are deeply involved with this phenomenon (Squires & Dorsen, 2021). Therefore, qualitative studies concentrating on the life experiences of persons who

have undergone a particular phenomenon to elaborate on its different dimensions in a particular cultural and social context are warranted (Graneheim et al., 2020). The best information regarding the experiences is provided by the very novice nurses, explaining their experiences about low professional self-confidence. A majority of the participants of the present study suggest that practical interventions from management and supervisors increase their self-confidence and performance by placing experienced alongside novice nurses in a way that enhances their skills and decision-making power. With so much importance placed on self-confidence in novice nurses to perform clinical work, recognizing the challenges faced by novice nurses with low self-confidence will help to recognize the underlying problems and formulate appropriate solutions.

Self-confidence practice is affected by clinical work and is a process of correspondence that prepares novice nurses to access the work environment to provide high-quality healthcare and develop self-confidence. A lack of professional confidence characterizes the first year of work for many novice nurses. Urban and Barnes (2020) stated that at the start of their working period, novice nurses feel unprepared for clinical work, and the majority of them cited lack of self-confidence as one of the reasons for their unpreparedness for clinical work (Urban & Barnes, 2020). According to Maria et al. (2020), most novice nurses reported that they were not competent in caring for patients (Maria et al., 2020). Insufficient self-mastery put novice nurses in anxiety and stress when they are treating deteriorating patients: Self-confidence is a core issue in patient care from the nurses' perspective. Therefore, addressing novice nurses' experiences with self-confidence will be constructive and help identify the factors that may underlie lowered confidence in their performance in patient care. Finding and eliminating those causes will enhance patient care. This study aimed to explain novice nurses' experiences of weak professional confidence.

Crisis Management

Confidence is a belief or conviction in a person's ability and judgment, on which a person depends to deal with various situations without excessive hesitation or anxiety. It induces a person to take risks and face challenges, frequently leading to superior achievement and personal growth (Akbari & Sahibzada, 2020). It shows a good self-image as certainty in one's decisions and behaviors. With confidence comes an aura of regal authority and calmness that inspires and influences those around them. Today, clinical confidence is of utmost importance to nursing students and professionals in the Philippines because of the ever-dynamic health care needs in the country and the massive demand for competent nurses both locally and internationally. Research has revealed that Filipino nursing students face unique challenges that tend to affect their confidence, ranging from cultural and linguistic barriers to inadequate clinical training facilities (Meleis, 2019).

Filipino nurses can boast of being highly renowned for their resilience and adaptability in various environments, particularly those of extreme conditions internationally (Brush & Sochalski, 2021). As a result of the improved nursing education standards and better support, the quality of clinical confidence has improved among nurses in the country (Lorenzo, 2020). Alongside culturally relevant training modules that address challenges particular to the Philippines, this has also been an important step towards trust-building among Filipino nursing students (Mendoza, 2021).

Synthesis

The review of literature in this study is critically selected so that the salient features and essential points about the study topic form part of the base upon which this study is built. According to Lopez et al. (2025), the supportive learning environment and the collaborative nature of nursing education are likely to foster a similar level of confidence in all the students. Indeed, the research carried out by De Guzman and Tan in 2020 supports this idea, in which they affirmed that consistent clinical practice and mentoring in health institutions in the Philippines for novice nurses has led to more uniformity in the development of such clinical skills and clinical confidence among nurses. Likewise, Mendoza et al. (2022) substantiated this finding, showing that mentorship does not significantly affect the clinical confidence of nursing students since the nursing curriculum is all-inclusive. They indicated that this type of curriculum, which focuses on practical skills, critical thinking, and patient-centered care, is intended to equip all students with competencies for success in various clinical settings. However, this is again contrary to the literature of Urban and Barnes (2020), who state that all novice nurses feel

unprepared for clinical work when they first begin working. However, most of them cite self-confidence as a reason for their unpreparedness in clinical work. Vaishali has additional input that Hall et al. (2021) concur with, noting that complicated procedures and heavy workloads, fights with communication including such things as feedback from direct supervisors or teamwork with colleagues, spawn a phenomenon termed "reality shock"; the reality gap where new nurses find that their academic preparation does not resemble the whole pattern of demands in a working environment. Just so, generally, there is evidence to suggest a hugely significant definition of and therefore an increased understanding of the role of mentor support among senior nurses in creating clinical confidence for first-time nurses; it is a well-known fact that the absence of such mentorship complicates the ability of new nurses to respond correctly to such demands daily. Various studies demonstrated that senior mentorship was strongly correlated with clinical confidence among new nurses.

METHODOLOGY

This chapter primarily covered the research environment and its contextual background. It examined the complexities of the research design employed in the investigation, the place where research was conducted, the respondents of the study, the detailed methodology on the data-gathering processes used to accumulate relevant information, and the rigorous process of data analysis to draw meaningful insights and conclusions.

Research Design

The research utilized a comparative-quantitative study in a descriptive-inferential research design. It aimed to describe the variables of the study and test the relationships and differences between the variables. These comparative methods consistently identified the same patterns across two or more different entities from those social groups, finding, comparing, and analyzing the similarities, differences, and patterns. That is how it helped in understanding different influences on different outcomes in other contexts. This is the kind of comparative research that sociology, political science, education, and even practice would want to replicate to get insights, build theory, and inform practice and policies. By comparing these entities, it showed how other variables interact across different settings, thus providing a better understanding of social events. In this research, the comparative approach was apt for comparing the magnitude of clinical Confidence of novice nurses, whom Kaluza (2023) classified as structured Mentorship and unstructured Mentorship. Quantitative studies have been described as an approach emphasizing breadth, statistical description, and generalizability by Leavy (2022). Subjective experience is largely given up for objective control and accurate measurement, in which quantitative methods of research are highly structured (deductive) with beginning theories and hypotheses tested or accepted and rejected based on empirical evidence. The quantitative method of research is the study of the happenings to a particular group of people considered a sample population. In this methodological approach, data in the form of numerical records are collected by various methods and statistically analyzed to bring together, compare, or showcase a relationship between data. Quantitative research methods include the use of a questionnaire, structured observation, and experimental methods in a broad sense (Sreekumar, 2023).

On the other hand, descriptive research anticipated the acquisition of relevant and accurate information about the phenomenon under study to identify key factors and formulate valid generalizations without interfering with, influencing, or orienting the phenomenon under consideration (Jones, 2021). More specifically, in this regard, descriptive inferential statistics were employed in this study to conclude the data available concerning a smaller sample population. This was more commonly done by analyzing random samples from a much larger data set, referring to a larger population. The conclusions drawn from that sample are then projected to the entire population (Hillier, 2023).

Population and Sampling Technique

The researcher sampled a total of 60 respondents from the target population to assess the clinical confidence level in novice nurses with and without senior Mentorship and without structured Mentorship in Davao Oriental hospitals. The population was divided into two groups (30) novice nurses with structured Mentorship and (30) novice nurses with unstructured Mentorship.

Purposive sampling is a type of non-probability sampling in which research samples are selected based on specific characteristics or qualities directly related to the aims of the study (Bullard, 2024). Sampling, thereby, is suitable for the study as the researchers enlisted only the novice nurses who met the study's criteria and targeted those who confirmed their willingness to respond to the questionnaire. It guarantees that they are picked as respondents based on their relevance to the aims of the research (Frost, 2023). Thus, the young nurse will be approached directly on availability and willingness to take part in the survey.

Participants of the Study

Those individuals who are going to be respondents in this study are registered novice nurses employed in different hospitals in Davao Oriental and currently receiving or have previously received structured Mentorship, or have had non-structured Mentorship. These novice nurses were selected to evaluate the differences in the level of clinical Confidence among each group of samples. Also, the representative categories for the participants were age, sex, highest educational qualification, area of posting, and months at work, so they were selected into these categories for thorough analysis of the extent of influence by structured categories mentors on these varied groups of novice nurses. The respondents can be classified into different categories for particular cases: in all the mentioned categories, varying ages, sex, highest educational qualifications, area of posting, and months at work will be excellent for the complete analysis into how the different novice nursing groups in structured Mentorship partake in this place.

A convenience sampling technique was used to select the participants from the total population of registered novice nurses in Davao Oriental Hospitals. This method ensured that every eligible novice nurse had an equal opportunity to be included, thereby alleviating bias and increasing the validity of results. The sample size will be determined using the statistical formula to validate the data collected, representing the entire nursing body.

Research Instrument

A modified and adapted survey questionnaire was used as the research instrument for the respondents. The survey takes a wide array of information as the questionnaire contains five statements in each domain and encompasses a 5-point Likert scale. The dissemination of the survey was via Google Form and face-to-face. The survey method was selected because the questionnaire serves effectively for collecting and analyzing responses. The items of the questionnaire will be based on the variables of the problem statement. It contains pre-set questions and fixed responses to minimize bias and ensure uniformity. The questionnaire will also be divided according to the problems enumerated in the research problem statement. This means that there may be areas that confront the (1) level of clinical Confidence of novice nurses with structure mentorship as to mastery of work, decision-making, independent caretaking, performance independence, and crisis management, and (2) level of clinical Confidence of novice nurses with no structured mentorship as to mastery of work, decision-making, independent caretaking, performance independence, and crisis management. The responses will be coded on a 5-point scale. Responses will be coded on a 5-point Likert scale (5 – High Confidence, 4 – Confidence, 3 – Somewhat Confidence, 2 – Little Confidence, and 1 – No Confidence).

The survey method is used as it will gather data quickly in large quantities. The current study was intended for novice nurses in Davao Oriental and interviewed respondents from as many hospitals as possible; thus, the researchers decided that a survey would be more convenient because it provides a uniform format, simple enough to analyze (DeCarlos, 2018).

Research Validation

The primary research instruments for this study are a modified and adapted survey questionnaire. It was formulated to obtain quantitative data about the demographic profile of the respondents, clinical confidence levels among novice nurses with effective Mentorship, and those without structured Mentorship. It consisted of quantitative questions for statistical analysis, allowing respondents to qualify their responses with information about their perceptions and experiences. The questionnaire was divided into sections on the clinical confidence level of those with and without structured Mentorship in such areas as Mastery of Work, Decision-Making, Independent Caretaking, Performance Independence, and Crisis Management. To ensure the reliability of the

survey instrument, a pilot study was conducted in a neighboring hospital. The pilot study helps identify any ambiguity, unclear wording of the survey, or bottleneck areas in terms of time, permitting scope for necessary revision, if needed, prior to a full-scale data collection. Besides that, the assessment of the internal consistency of the questionnaire was done via Cronbach's Alpha, to ensure that the survey items measure what they were supposed to measure.

To ensure the guide's validation, preliminary tests were done with a small number of novice nurses who would not be included in the study itself. The purpose of such pretests was to provide feedback concerning the interview questions to ensure that the analysis sought was adequately reflected. In addition to ensuring reliability through pilot-testing and pretesting, the study will enhance the validity of its findings through the triangulation of data sources. The study went on to ensure that its findings were valid, reliable, and a true reflection of the novice nurses.

Data Gathering Procedure

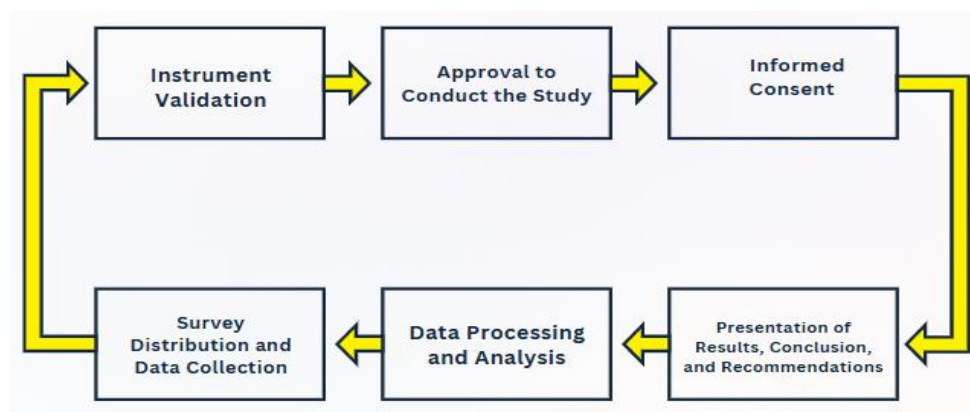


Figure 3: Workflow of Data Gathering

The data gathering performed for the study "The Role of Senior Mentorship in Building Clinical Confidence Among Novice Nurses: A Comparative Analysis" follows the six-step procedure shown in Figure 3. This methodology ensured that the various processes remained ethical, systematically organized, and focused on acquiring reliable and valid data.

Instrument Validation

The first step in research is to validate. The survey questionnaire was validated by selected experts, among them advisory committee members, about clarity, relevance, and congruence with the research objectives. This ensured that the instrument measured what it intended to measure, was pretested, and targeted relevant respondents.

Approval to Conduct the Study

After validation, the researcher wrote a letter requesting permission from the College Dean and the Department Head concerned in the selected hospitals in Davao Oriental to conduct the study. This step ensured ethical compliance and administrative support for the research.

Informed Consent

When the study was permitted, the researcher sought informed consent from every target participant before they participated. The participant received all relevant information regarding the purpose of the study, its procedures, and key ethical issues via the consent form. Participation was voluntary, and respondents will be assured that their responses will be kept confidential and anonymous. Moreover, in those instances where interviews were employed, express consent to audio record the session was obtained to facilitate data reliability. The consent form indicated formal agreement of the participant to be involved in the research.

Survey Distribution and Data Gathering

The authenticated questionnaires were distributed to 100 novice nurses with whom the researcher had obtained consent. The questionnaires were administered either through printed forms or digital surveys. The target of this stage is actual responses for clinical Confidence in both structured and unstructured mentorship surroundings.

Data Processing and Analysis

Following the collection of data, the responses were arranged, coded, and subjected to statistical analysis. This process further included interpretation of results based on the different variables like Mastery of Work, Decision-Making, Independent Caretaking, Performance Independence, and Crisis Management.

Statistical Treatment of Data

The data was analyzed collaboratively with different statistical treatments for this analysis. Both frequency and percentage statistic descriptors revolved around the demographic items of the respondents. Their age, gender, highest educational attainment, areas of posting, and time spent working will all be examined by frequency and percentage measures in terms of the number of respondents in each category. In this distribution of such categories, the researcher intends to present this clear indication of how respondents are categorized in frequency.

For problems two and three, central tendency in the mean will be the basic statistical method of measurement: to measure the level of clinical Confidence of novice nurses with structured Mentorship versus without. A 5-point Likert scale would result in confidence judgments across the five domains of Mastery of Work, Decision-Making, Independent Care, Performance Independence, and Crisis Management. The median may also be taken as an additional measure of central tendency when appropriate to reflect the central distribution more accurately when responses are ordinal.

To determine if an actual difference exists in terms of clinical Confidence between novice nurses having structured Mentorship and those lacking this Mentorship, the Analysis of Variance (ANOVA) was used to analyze the data. This inferential statistic showed that the differences in clinical confidence levels of the two groups were statistically significant and, in particular, across all five dimensions being tested.

Question 5 about interventions is qualitative and descriptive; its answers came from the general findings of the statistical treatments. This would, in turn, culminate in recommendations for interventions based on comparisons of the mentored and non-mentored groups' results. Such an interpretation of the data will provide a framework for developing targeted strategies to enhance the clinical Confidence of novice nurses.

Ethical consideration

The researcher was committed to the highest standards of ethical commitment throughout this study to guarantee the protection, rights, and wellness of the participants. Ethical considerations were strictly observed, maintaining the research integrity and protecting the interests of the respondents. Before collecting data, the researcher obtained formal approval from the institution and informed consent from all the participants, who fully understood the purpose, procedures involved, and voluntarily participated in the study. The researcher declared that he/she holds no conflict of interest and assures objectivity in data collection, analysis, and presentation of results.

In line with the ethical principles drawn up for research, the following would be the principles applied:

Voluntary Participation and Informed Consent- It involved a voluntary participation and informed consent process in which the study respondents were informed of the nature, purpose, and scope of the investigation, with participation being entirely voluntary. Respondents had a full right to withdraw from the study at any time, with no one having any claim against them.

Confidentiality and Anonymity- They were guaranteed confidentiality and anonymity, i.e., all personal information provided by respondents remained strictly confidential. Their names or identifying details would not appear in the research report. Data protection was done in such a way as to preserve individual privacy and prevent unauthorized access to it.

Protection from Harm – The study was carried out with the utmost care, such that no participant was allowed to undergo psychological, emotional, or work-related distress. No danger, coercion, or discomfort was presented to subjects during the research process.

Data Privacy and Security- On the subject of data privacy and security, data was collected for academic purposes only by Republic Act 10173 (Data Privacy Act of 2012). The researcher, employing extraordinary security measures to safeguard the integrity of the entrusted data, ensured that the data was stored securely and accessed only by duly authorized individuals.

Truthfulness and Credibility - The researcher had committed to being honest and forthright in every process of data collection and analysis. Survey results have been reported objectively and without any manipulation or bias. Proper acknowledgment and citation have been made to all for the sake of upholding academic integrity.

Ethical Use of Research Data- The collected data could not be used for any purpose other than those furnished under this study. After the study, data were either disposed of or archived according to accepted standards in ethical research

RESULTS AND DISCUSSION

This chapter consist of the presentation of findings, interpretations, and discussion of data about: the (1) clinical Confidence of novice nurses under structured Mentorship, (2) clinical Confidence of novice nurses under unstructured Mentorship, (3) statistically significant differences between these two groups, and (4) the developed intervention/output. The chapter goes on to describe the intervention in some detail to enable a unique appreciation of how different factors affect clinical Confidence.

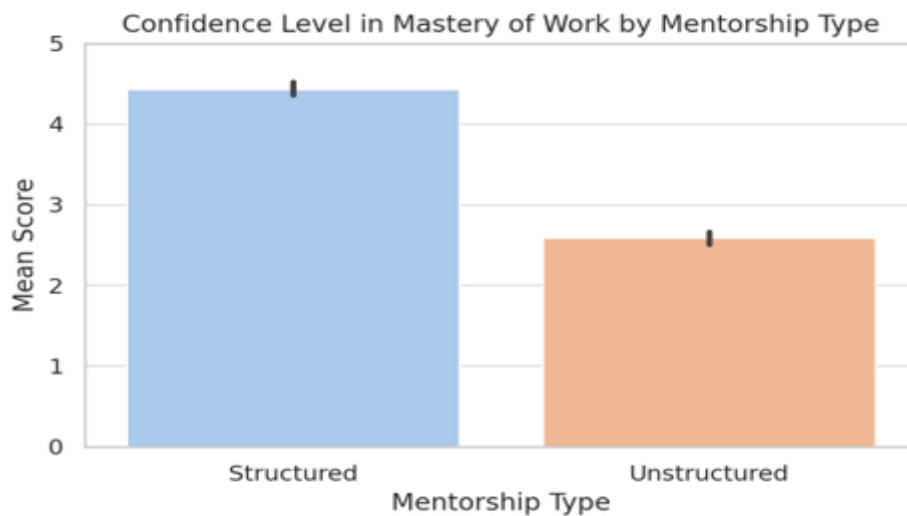
Clinical Confidence of Novice Nurses with Structured Mentorship

Research question number two stated that clinical self-confidence in novice nurses under structured Mentorship was significant, differed significantly, and stood out when compared to their unmentored peers across several domains. In particular, in the domain termed 'mastery of work', mentored nurses held an average score for Confidence to complete work-related tasks at 4.43. They were confident that they carried out their responsible tasks to a certain extent. This was because the structured guidance bridged the gap between theory and practice. "Decision Making", mentors got the highest average confidence score of 4.45, which highlights their ability to reach informed decisions at the right time with a sense of clarity in a clinical setting. This had been attributed to mentorship programs that inspired critical thinking and priority setting, as well as real-world learning experience. Research by Cole (2023) had also indicated that the organized Mentorship improved decision-making skills, enhanced critical-thinking abilities, and lowered anxiety-related disorders. In general, the data showed that structured Mentorship could increase clinical Confidence in novice nurses concerning decision-making, independent care, performance, and crisis management. Structured Mentorship supported and guided the development of skills and autonomy for a successful transition from learner to independent practitioner in novice nursing.

Hubley et al. (2025) reported in their evaluation of the Clinical Coaching and Mentorship Program at Peter Munk Cardiac Centre that providing novice nurses with 12 hours per week of coaching reduced anxiety and enhanced confidence levels regarding policy navigation, clinical decision-making, and overall effectiveness on the job. Early qualitative feedback indicates that structured Mentorship resulted in significant improvements in self-efficacy compared to unsupported peers. According to Frangieh (2025), mentorship programs nurtured belonging and professional identity, which in turn assisted with growing Confidence in task execution and clinical judgments among novice nurses. While not particularly confirming quantitative measurements, the story

affirms that attention to nurturing interpersonal relationships replicates outcomes seen in structured confidence-building.

Table 1. Mastery of Work



There were high mean confidence scores in the Mastery of Work domain of 4.43 for nurses having structured Mentorship, as shown in Table 1. Therefore, the mentored nurses believed they could handle tasks and responsibilities associated with work very well. With structured guidance, novice nurses developed practical skills with mentoring from more experienced professionals. Constant Clinical supervision allowed them to learn the right ways of doing things, apply theory into practice, and perform effectively. Structured Mentorship helped to build a nurse's Confidence in mastering work-related duties. Fewer errors and confusion, which often occurred when novice nurses were left on their own to figure things out, gave the mentored nurses strong competency in their daily nursing tasks. According to Rinaldo et al. (2022), nurses in a structured, culturally-matched mentoring program scored significantly higher in task mastery and clinical competence compared to non-mentored peers. Mentorship was the key to bridging the theoretical and practical settings successfully. According to Paul (2024), mentorship programs not only bridge the gap between theory and practice but also help in developing competence and Confidence to perform their duties. It enhances the performance and mastery of skills through role modeling, feedback, and support during the training of the novice nurse.

According to Hagrass et al. (2023), Mentor Training meaningfully improved mentoring competencies and performances, which means that the better-prepared mentors tend to guide the novices to maximize the experiences in task acquisition. Enhanced mentoring capacity thus supports more structured, accurate feedback, which advances them towards mastery for novice nurses.

From my own experience, it was essential to have a mentor who would guide me step by step in the many practices that I could confidently perform at work. I achieved performance with the proper feedback and mentoring, knowing fully that there is no scope for trial and error in our hospital work.

Table 2. Decision Making

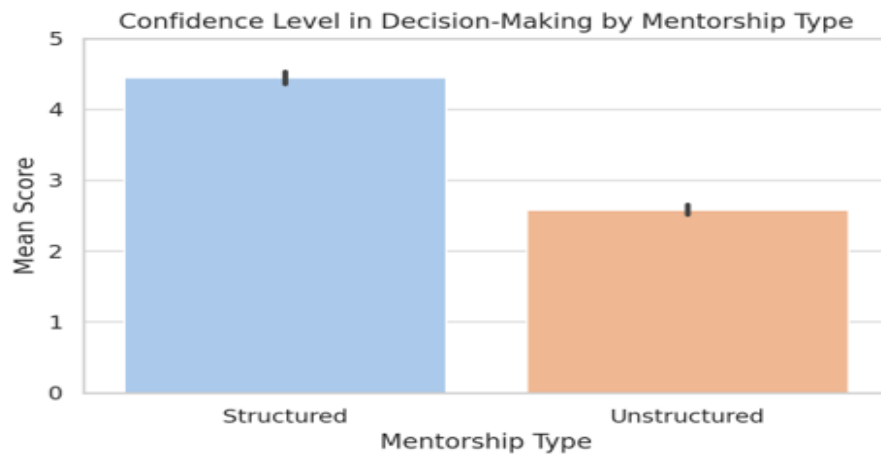


Table 2 indicates that mentored nurses have an average confidence score of 4.45 in Decision-Making, which is the highest among all domains. This revealed that nurses under structured Mentorship are confident while making clinical decisions. Novice nurses who received Mentorship are facilitated to think critically, prioritize actions, and address patient needs; they were encouraged to ask questions and learn through real-life situations with supervision. Thus, structured Mentorship enabled new nurses to make timely and informed decisions, which were critical in rendering safe and quality care to the patients. The mentored nurses reportedly had the highest level of Confidence in clinical decision-making. According to Cole (2023), mentored novice nurses experienced significant growth in decision-making and cultural competency within an 8-week program. Participants in the program used structured reflection and scenario-based guidance to enhance their critical thinking skills and experienced less anxiety with the complexities of patient situations. The programs adequately enhanced real-world decision-making. In early clinical experiences, they provide additional structured guidance, reinforcing the novices' Confidence in making sound clinical judgments (Melissant et al., 2024). As a result of this mentoring program, novice RNs' problem-solving skills and Confidence were enhanced- these two aspects form an essential foundation to effective clinical decision-making. The combination of personalized mentoring pairings helped foster more explicit reasoning and develop prompt judgment amid complex care situations (Kyla Erickson, 2002).

With structured guidance, I felt more confident in clinical decision-making because I would understand the "why" behind every single choice. Without this guidance, I recall struggling with my feelings of hesitation, thinking that any action taken could have consequences.

Table 3. Independent care taking

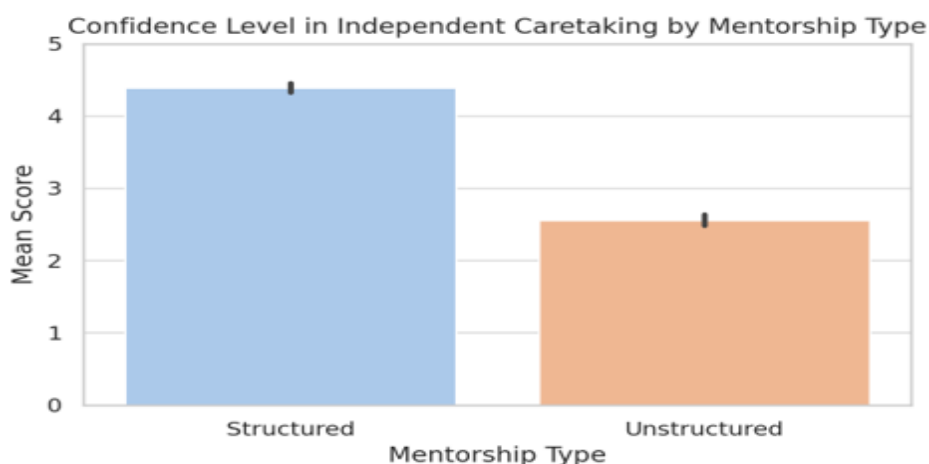
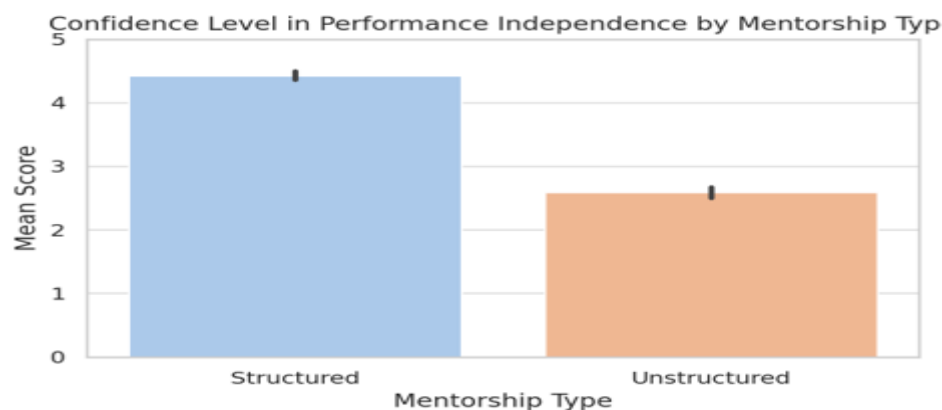


Table 3 showed that novice nurses scored an average of 4.39 in Independent Caretaking. This reflected a strong confidence in caring for patients without needing constant help or supervision.

Structured Mentorship allowed nurses to gradually take more responsibility, gaining Confidence as they perform daily care tasks. They are guided in time management, documentation, and direct patient interaction. This kind of support helped them feel more prepared and trusted in their roles. They learned to manage patient care from start to finish, which improved both efficiency and patient outcomes. Mentored nurses gained Confidence in managing patients independently. Nursing simulation research showed that pairing Mentorship with simulation training led to greater self-reliance in caregiving tasks. Repeated exposure to simulated scenarios enabled them to practice patient communication and care without hesitation. Nurses attributed their improved effectiveness to structured mentor support (Witter, n.d.). The TIPS program replicated with multiple aspects of mentoring, using simulation and clinical rounding, supercharged novice nurses' Confidence and competence to deliver care under increasing independence. Thus, participants reported improvements in critical thinking and self-reliance after the experience (Rinaldo et al., 2022). As stated by Paul (2024), Preceptors' mentoring enhances the self-efficacy of novice nurses, which correlates with their performance of independent care tasks. Finding an effective mentoring scheme enhances nurses' Confidence in their ability to provide patient care autonomously.

I taught myself to trust my judgment and increased my Confidence in independent patient care through simulated and actual Mentorship. It prepared me for real situations when mistakes are not an option, knowing I could practice safely.

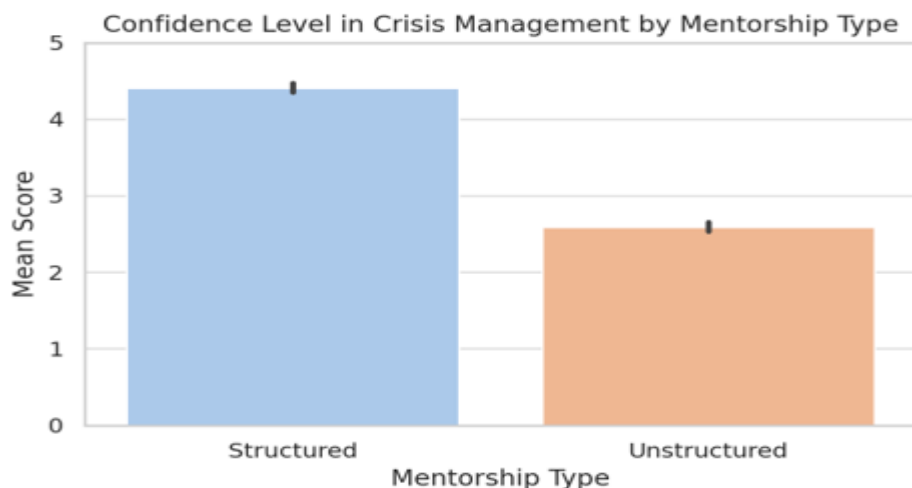
Table 4. Performance Independence



According to the mean score demonstrated in Table 4, performance independence averages are 4.43 among nurses with structured Mentorship. This means mentored nurses perceived themselves as ready to undertake all nursing procedures independently. They have developed the habit of maintaining a routine and workflow that boosted their Confidence in handling most tasks themselves, without relying on others. This independence was functional because a nurse has to be quick and confident in responding to specific situations in a hospital. Structured Mentorship provided the groundwork for meeting this expectation successfully. Rogers et al. (2024) stated that high autonomy in performing clinical procedures is essential for mentored nurses. The mentioned program suggested that nurses, when guided steadily by mentors, could conduct their patient care duties without supervision in a matter of weeks. Mentor-driven feedback had nurses well prepared for unsupervised tasks. Indeed, nurses scored considerably higher in performance independence, which proves that Mentorship builds toward real-world autonomy. Balluck (2022) stated that structured leadership development programs, which are directed toward novice nurse leaders, promote greater independence in their clinical decision-making and management of workflow, hence primarily reflecting increased performance independence. This demonstrates that structured mentoring and preparatory training assist newly graduated nurses with performing self-directedly. Structured clinical mentoring indicates the following afferent finding, implying 'competence and significantly greater capability in applying clinical skills', significant performance independence, which is brought about much by Mentorship.

In my experience as an early-career nurse, I learned to manage my workflow without constant direction when my preceptor gave me autonomy while still checking in. That independence made me more decisive and efficient, which is crucial because, in our field, delays can put patients at risk.

Table 5. Crisis Management



Crisis Management had an average ranking of 4.41 among nurses trained under a structured mentorship program, according to data presented in Table 5. This signifies that they were prepared to handle emergencies. Mentors create simulated situations and real-life exposure to crises, structuring the process to help nurses maintain composure and act correctly under pressure. These experiences enhanced preparation for high-stakes endeavors. Novice nurses who have gone through well-structured training and feedback now have increased Confidence in their abilities to manage patient crises, from sudden deterioration to urgent interventions. This significantly promoted patient safety within Mentorship, and they felt mentored in the preparation for an emergency. With simulation-supported Mentorship, novice nurses performed better in dealing with crises with more control and composure, as stated by Hambach et al. (2023). Nurses reported increased Confidence in crisis-response abilities. Structured crisis training enhanced readiness for emergencies. As stated by Sterner et al. (2023), newly graduated nurses reported enhanced competence and readiness to respond to care in acute situations following the high-fidelity simulation sessions, indicating that such experiential learning improves crisis preparedness. The study highlights how even a minimal exposure to simulation can enhance one's Confidence and clinical decision-making in highly stressful situations. According to Riker (2025), Mentorship greatly aids nurses transitioning into practice, including building emotional resilience in times of need for emergent or crisis care. The review indicates that structured Mentorship serves as a buffer for anxiety and builds readiness for pressure situations. In my own experience, Simulation training with a mentor watching me allowed me to act with speed during emergencies. I was able to act under pressure because I knew what I should do, having practiced in a real-life environment.

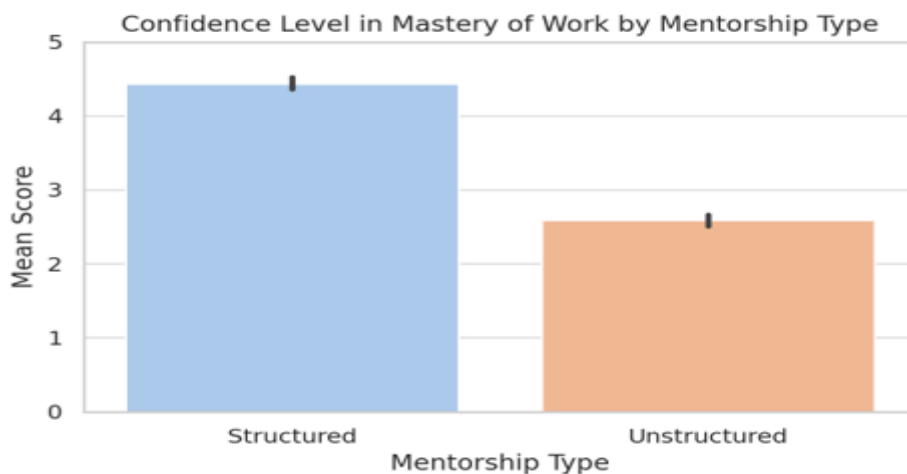
Clinical Confidence of Novice Nurses without Structured Mentorship

In research question number three, clinical Confidence in novice nurses without structured Mentorship showed significant deficits in Confidence in several areas. Nurses lacking formal Mentorship were often unsure of their ability to carry out the fundamental nursing interventions, which would usually be trial-and-error attempts of what worked, whereby learning would be a slower process and heighten stress for them. The absence of Mentorship significantly inhibited task competency and accelerated the development process, underscoring the need for structured support for building Confidence and competence. Unmentored nurses struggled with themselves, leading to indecisiveness associated with severe delays and errors in patient care. The nurses opted for logical frameworks against bookings, which impeded their ability to manage complex clinical situations with Confidence. Absence of Mentorship robbed the guidance to develop critical thinking and judgment, necessary for safe care. According to Irshad et al. (2025), the mixed-methods evaluation of the mentorship program suggested that 82% of mentees reported enhanced decision-making in patient care, 68% reported improved crisis-handling ability, and 60% felt improved transition into independent practice, which implies that those without such Mentorship are likely to be significantly deprived in these areas. Unmentored nurses will find their progress slower, their Confidence shaken, and their anxiety higher about independent and crisis-related responsibilities.

Many newly graduated nurses reported feeling underprepared and lacking self-confidence upon entering bedside care, often questioning their abilities to perform the most basic clinical tasks without instruction. As these stories show, an absence of structured support can leave novice nurses anxious, hesitant, and reliant on trial-and-error methods in the clinical situation (Najafi & Nasiri, 2023).

When it came to independent management of patient care, unmentored nurses expressed a lack of Confidence in managing patient care independent of supervision. They leaned on colleagues or supervisors, which does not promote their growth in achieving full competency. Finally, in crisis management, unmentored nurses showed low Confidence in handling emergencies, which is potentially hazardous considering the risks involved in such scenarios. Without Mentorship, they were fully enabled to respond swiftly and independently in an emergency, which may have threatened patient safety. This indicated the need for standard mentorship programs capable of giving novice nurses the skills and Confidence to manage a crisis. There had been no structured mentorship, which impacted the novice nurses' clinical confidence levels, particularly in their inability to work independently, make sound decisions, manage patient care, and care for emergencies. Therefore, mentoring is important in developing competent, confident nurses who are ready to deliver high-quality patient care.

Table 6. Mastery of Work



As seen in Table 6, novice nurses practicing without structured Mentorship scored as low as 2.59 in the actual work of the Mastery Construct. This score indicated a considerable lack of Confidence in performing tasks that should have been within their reach. In the absence of mentoring, these nurses could feel insecure and overwhelmed while attempting to complete a task. They work independently in a somewhat outdated trial-and-error approach, which hinders their learning and adds to their stress. The outcome demonstrated how crucial structured Mentorship is to instill a feeling of capacity and Confidence in novice nurses. In its absence, they might get frustrated even longer in acquiring competence and effectiveness. The unmentored nurses showed weak competence with the tasks. Terpstra and King (2021) stated that without mentoring, novices work slowly and make errors. These novices were particularly protocol-driven and exhibited little Confidence. As reported by the American Nurse Journal (2024), structured mentorship programs, such as those established at Children's Mercy and the University of Vermont Medical Center, have drastically improved retention and practical assimilation, suggesting that mastery of responsibility is followed by formal guidance. Units employing these programs saw retention rates as high as 90%, implying that mentorship fosters, among other things, Confidence and competence in routine duties. The absence of these mentoring opportunities has also contributed to increased stress and diminished clinical Confidence among recent graduates, according to Moreno et al. (2023). In enabling nursing novices to retain critical skills and deliver safe patient care, mentoring provides an essential implication of how absence erodes mastery of work.

Based on my experience as an early-career nurse in a supportive unit with structured Mentorship, I quickly and confidently learned my routine responsibilities; colleagues without this structure have struggled and doubted themselves, which affects not just speed but also accuracy in patient care.

Table 7. Decision Making

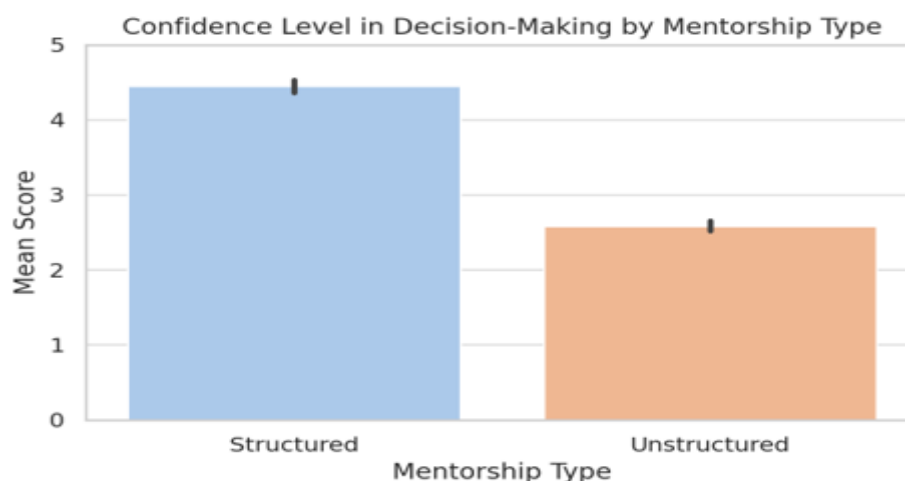


Table 7 showed that the unmentored nurse scored 2.58 in Decision-Making, reflecting their state of low Confidence in making the right clinical decisions during the shift. Nurses pondered patient concerns or uncertain situations, which may have caused delays in care or errors. Lack of Mentorship resulted in a lack of guidance to help them make rational decisions. Organized Mentorship, therefore, becomes highly essential in developing clinical reasoning and judgment. Without it, a nurse becomes uncertain and relies on others for directions in resolving complex situations. Since they had a hard time thinking holistically, being adaptive in their reasoning processes did not always come naturally to them. This tendency delayed or weakened many of their decisions as interventions. (Helping Novice Nurses Make Effective Clinical Decisions: The Situated Clinical Decision-Making Framework, n.d.). Novice nurses showed limited self-awareness and moral-processing elements needed for confident patient-centered decision-making, as stated by Agnieszka Kalbarczyk et al. (2022). It would imply that unmentored nurses are considerably devoid of original Confidence in decision-making owing to their inadequate leadership competencies. As described in the transition-to-practice intervention study report (2024), programs that build upon clinical competence will subsequently develop decision-making capacity, suggesting that those outside these structured programs will have difficulty in making sound clinical judgments. Hence, the value of supportive frameworks for early decision-making confidence would be proven.

In my experience, I observed other nurses who spent hours in the field with little or no guidance and found themselves in uncertain conditions, fearing they might make a wrong decision. It is frustrating, as early Mentorship could have built the leadership and judgment necessary for such a situation.

Table 8. Independence Caretaking

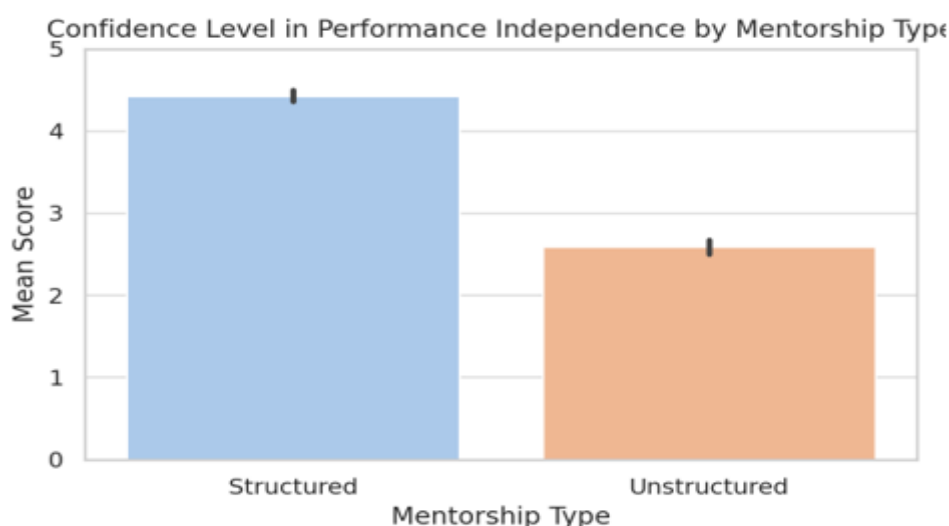
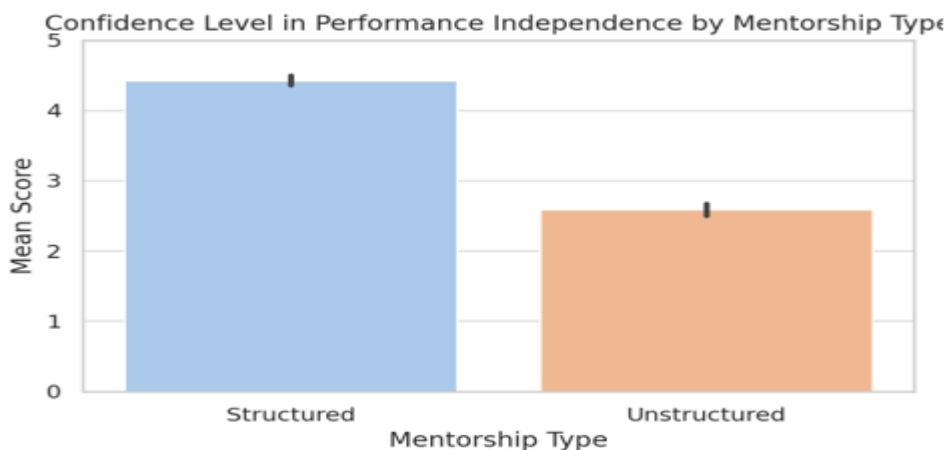


Table 8 indicates that unmentored nurses scored 2.56 on Independent Caretaking, meaning they do not feel competent to manage patient care solo. They did not feel empowered to assume responsibility, create a care plan, or proceed without input from others. This may lead to over-reliance on colleagues or supervisors and hinder their development. The poor rating indicated that time alone cannot foster clinical Confidence; it must be fostered within a systematic, supportive learning arrangement. The absence of Mentorship may result in their sense of independence remaining underdeveloped. As stated by Gillespie & Paterson (2020), unmentored nurses lacked Confidence in solo caregiving; these nurses asserted themselves in patient care and often looked for validation from peers. Their gradual involvement worked against the development of their skills. A 2024 AONL report indicated that the lack of mentoring relationships for many of the newly hired nurses during the pandemic detracted from their ability to fit in and learn to care for patients independently. From the study, a lack of Mentorship resulted in delayed independence and Confidence in caregiving. As Choi & Yu (2022) stated, perception of good mentoring by a preceptor was positively correlated with greater self-efficacy among novice nurses, indicating that those nurses lacking such guidance will experience a relatively lower self-efficacy in care management. It thus demonstrates how Mentorship and the absence of such profoundly affect independent performance.

In my own experience, I have a friend who had inconsistent mentoring and, therefore, was reluctant to embrace patient care responsibilities; this severely hindered her development and maintained her dependence on others for assurance.

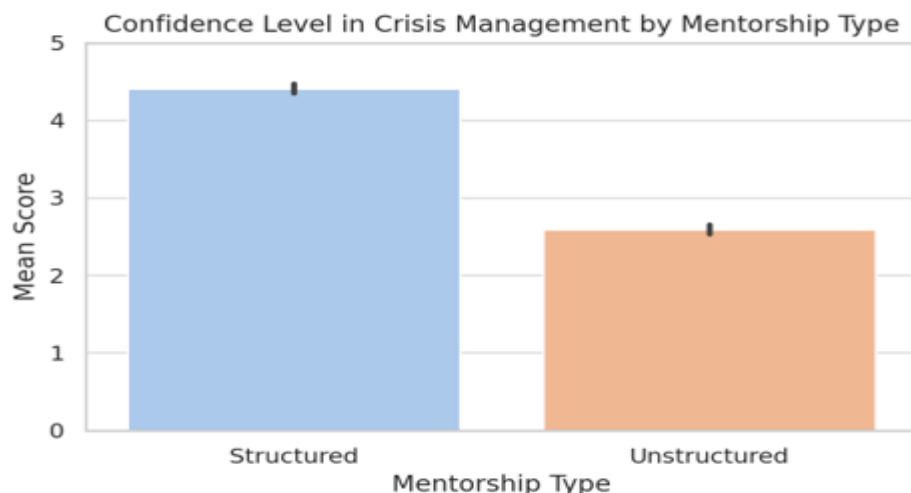
Table 9. Performance Independence



As shown in Table 9, unmentored nurses scored a mean of 2.59 in Performance Independence. This indicates that they do not feel confident in conducting clinical tasks without help and may also find it challenging to apply the skills they have learned. It was possible that they lacked knowledge of the actual procedure or feared making mistakes in practice, culminating in reduced effectiveness in their work and accompanying low morale. Mentoring is a significant factor for not just knowledge, but also allows the energy and courage to be more independent. It goes from observing to doing, which is crucial in clinical settings. According to Shen & Tucker (2024), unmentored nurses were hesitant to perform tasks independently. Researchers reported they often delayed or avoided procedures unless supervised. This reliance limited workflow and growth. Without Mentorship, performance independence was compromised. A new peer mentorship program helps fresh graduate nurses to increase their confidence scores significantly on the New Nurse Confidence Scale, with increments of an average of 2.44 to 3.43, after undergoing a twelve-week program. The absence of such Mentorship may indicate that performance independence would be much lower among unmentored novice nurses (Bowers, 2022). As AONI (2025) stated, formal training programs provide resources related to emotional intelligence and skills in enhancing preceptor effectiveness. Novice nurses tend to be less likely to develop work processes and the Confidence required for independent practice without structured preparation.

As an early career nurse, having peer mentorship for one of my rotations helped enhance my skills, Confidence, and ability to work autonomously. However, without that support during other rotations, I would feel less willing to take initiative.

Table 10. Crisis Management



The analysis presented in Table 10 indicated that novice nurses lacking structured Mentorship scored an average of 2.59 in Crisis Management confidence. This was very alarming regarding this area of concern, which was the low Confidence exhibited in emergencies. Fast and accurate response time during crises is imperative. A nurse with low Confidence in responding may defer critical interventions, hence jeopardizing patient safety. The low score confirmed the urgent need for structured programs to prepare all novice nurses for these high-stakes situations. Unmentored nurses lacked the Confidence to act in emergencies. Gillespie & Paterson (2020) also qualified these nurses as becoming overwhelmed and responsive in crises. Such slow responses risk the patient's safety and were uniformly attributed to a lack of mentoring support. As stated in a study on simulation technology for novice emergency nurses, simulation-based learning supplemented clinical exposure and better prepared novice nurses for crisis conditions, indicating that those without such simulation or Mentorship may find crisis response more difficult. It was established in this research that education that involves practicing simulation enhances preparedness for emergencies (Meagher et al., 2022). Bryan et al. (2020) also stated that authentic mentor leadership is crucial in sustaining novice nurses through healthcare crises, fostering trust and resilience. Without this mentorship training, nurses may become ill-prepared to navigate crisis-driven environments.

Based on my own experience, I have been in real emergencies where prior simulation with a mentor set the stage for my remaining calm and acting without hesitation, in situations when I felt unprepared, I felt anxious and less ready to respond effectively.

Significant Difference in Clinical Confidence Between the Two Groups

A significant difference has been established in clinical Confidence among novice nurses who receive structured Mentorship compared to those who do not, in various domains, based on data presented in this study. Mentoring consistently helped novice nurses above their unmentored counterparts in areas such as work mastery, decision-making, independent patient care, performance on the job, and crisis management. Mentored nurses had more Confidence in decision-making, scoring an average of 4.45, compared to 2.58 for the unmentored nurses, highlighting the importance of Mentorship in decision-making skills development, critical thinking, and reasoning for navigating complex situations with clarity and Confidence. Furthermore, mentored nurses scored higher in working independently and managing patient crises, averaging 4.43 and 4.41, while unmentored nurses scored much lower. This suggested that effective structured Mentorship not only fostered rapid clinical skill development but also enhanced job performance and safety in high-pressure environments.

In contrast, nurses without guidance faced challenges in executing tasks confidently and were inclined towards consulting a peer for guidance, which contributed to slower development and increased stress. The contrast in Confidence between the two groups emphasized why organized mentorship programs are fundamental in equipping novice nurses for independent and competent practice. The newly graduated nurses who underwent hybrid mentorship programs reported an extraordinarily higher level of Confidence in decision-making, independent clinical performance, and crisis response than those who had no formal mentorship. These results

add weight towards the observed difference in terms of clinical Confidence among mentored and unmentored novice nurses (Zhu et al., 2025). These novice nurses have been practicing in this structured resilience-building program that heavily considers Mentorship and improvement in clinical performance in an ICU environment and have shown increased autonomy and decreased care errors, as well as improved self-assurance in clinical execution. The results point to the confidence gap between supported and unsupported groups (McMath et al., 2025).

Having a mentor in person and connecting online with that person made me more confident about urgent decision-making since I could easily acquire immediate guidance at any time. For example, I have worked in the ICU with structured Mentorship and have noticed that I made fewer mistakes and also felt safer in handling complex patient situations.

Proposed Intervention Can Be Recommended to Enhance the Confidence Level of Novice Nurses

The study's intervention described the development of a formalized, institutional mentorship program in healthcare settings, particularly for new graduates or newly hired nurses, to provide a clear and consistent framework to support novice nurses in their clinical environment while enhancing Confidence and competencies. The program was designed to fit into specific clinical areas such as ICU, Obstetrics, ER, and Medical-Surgical units, with mentorship content that would deal with the unique difficulties of those specific settings. Preparation of senior staff to act as mentors was included, focusing on developing skills, resources, and leadership abilities to guide and evaluate novice nurses effectively. An evaluation and monitoring system was also outlined to enable mentors to regularly assess clinical competencies, track progress, identify developmental needs, and offer constructive feedback. Integration of Mentorship into professional development and orientation policies was noted, alongside provisions for sufficient time allocation and recognition for mentors to encourage sustained engagement. A blend of virtual and in-person Mentorship has been associated with improved transitioning outcomes across clinical domains. The targeted Mentorship in high-risk units like the ICU, as found, was related to greater performance independence and Confidence in crisis management for early career nurses. This is the sort of structured program that healthcare institutions ought to support and prioritize, whenever applicable (Lee et al., 2025).

The hybrid mentorship approach under which I trained kept part of the guidance virtual; therefore, I had continuous access to advice even in off-hours, all of which contributed to my speed and growth. In a high-risk unit, having a mentor physically present helped me to shortcut and gave me Confidence not to doubt my decisions in critical situations.

This study has finally examined the effectiveness of mentorship programs, exploring their impact on nurse retention/job satisfaction, and clinical outcomes. Thus, this study would support any assessment of the model by which mentorship programs are successful and would provide base points to revise over time concerning real-world results.

Prototype Design

The prototype design given highlighted the following five areas to ensure the success of a structured mentorship program:

1. **Formal Mentorship Programs Implementation:** The goal is to have a well-timed structure for Mentorship centered on novice nurses, with consistent implementation across institutions.
2. **Adapt Mentorship to Clinical Area:** This means tailoring the mentorship program to meet specific needs in different clinical settings. The focus of the content would change depending on the specific problems and needs of such units as the ICU, OB, ER, and Medical-Surgical.
3. **Train Senior Staff in Mentoring:** Developed mentorship skills for our senior nurses. Providing them with the necessary tools and resources, and continuing their education will help them to support and nurture novice nurses to realize their roles better.

4. **Feedback and Monitoring Systems:** Institutions provided regular feedback, progress assessment, and feedback loops to identify areas where novice nurses are excelling and where support is justified. Such systems will ensure that the mentorship process remains alive and relevant to meet the demands of mentors and mentees.
5. **Integrate Mentoring into Organizational Policy:** The organization's professional development and orientation policies were integrated into this mentoring strategy. This will ensure that Mentorship is given priority in the organization so that there is time and recognition for mentors. Such rewards will be significant in encouraging mentors to participate actively and develop a long-term interest in the program.

SUMMARY OF FINDINGS, CONCLUSION, RECOMMENDATIONS

This chapter summarizes the findings of the study and derives its conclusions from the data gathered. Some recommendations are also given based on these findings in ways that could develop clinical Confidence in novice nurses. Finally, this discussion is summarized as a synopsis of important trends and differences between the nurses who went through structured Mentorship and those who did not.

Summary of Findings

There was a statistical significance in clinical confidence analysis, which revealed that nurses who received structured Mentorship reported higher levels of Confidence than those who received unstructured Mentorship. Their means of score ranged from 4.39 to 4.45 on a 5-point scale, therefore, representing strong self-confidence in Mastery of Work, Decision-making, Independent Caretaking, Performance Independence, and Crisis Management. In contrast, unstructured mentorship nurses had low means ranging from 2.56 to 2.59. This indicated that the lack of formal direction and support impeded the development of clinical Confidence in novice nurses.

The difference in clinical Confidence between mentored and non-mentored nurses had been statistically verified using ANOVA, which further showed the p-values of 0.000 across all domains. Thus, the validation of structured Mentorship improved nursing confidence. It can further be inferred from these patterns that the absence of a structured framework can act as a hindrance to professional development; in contrast, with a formal mentorship, nurses learned to take initiative, work independently, and effectively manage the clinical field. This was a concerted intervention to support novice nurses during the critical early stages in their practice.

Conclusions

Structured Mentorship played an important role in enhancing the clinical Confidence of novice nurses. Most of the respondents surveyed were young, early-career individuals with little clinical experience, making them suitable candidates for structured, guided mentorship programs. The differences in confidence levels between mentored and non-mentored nurses indicate that Mentorship is not just helpful; it is necessary to prepare novice nurses for real-world clinical environments.

Nurses with structured Mentorship continually reported higher Confidence when undertaking work-related tasks, deciding on clinical care, providing patient care independently, and managing crises. In contrast, nurses without Mentorship would likely be hesitant and thus less confident, which would compromise the quality of care they provide to patients. These findings attested that Mentorship is filling some critical gaps for learning and adjustment, especially early-career nurses moving from academic training to professional practice.

A strong statistical result proved that Mentorship is a strategic tool that improved nurse preparedness, competence, and satisfaction. Whereby, healthcare institutions realized how novice nurses should be suitably supported and empowered in their role. This improved individuals' performance and overall quality and patient safety in healthcare.

Recommendations

This study recommended that consideration be given to the following, based on findings and conclusions:

Consistent programs suggest the necessity to implement structured mentorship programs for novice nurses regarding confidence scores on more than one item, such as mastery of one's work, decision-making, independent care, performance independence, and crisis management, where Mentorship was observed. These programs may include consistency in guidance, chances of practice, and feedback loops, and all these factors were related to increased task competence and Confidence.

Evaluation and adaptation of the mentorship approach to meet the specific requirements of different clinical areas (ICU, Obstetrics, ER, Medical-Surgical, etc.) would also be emphasized to meet practice-specific challenges. This might result in achieving focus and relevance in different contexts while still exploring role development.

Building mentoring skills among experienced employees is appropriate because the data suggest that the quality of mentor preparation corresponds to mentee outcomes. Training, resources, and time for mentoring help sustain ongoing program effectiveness.

The institution may be proactive in creating monitoring and feedback to assess mentee progress and identify areas that require additional support. This way, Mentorship can be adjusted according to the changing needs of both mentors and mentees.

Lastly, placing Mentorship on organizational policy and/or orientation and professional development frameworks would support it. Recognizing mentors' contributions and providing them with sufficient backing may promote their continuous involvement in Mentorship and assist in maintaining it.

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APPENDIX A

Informed Consent

Dear Respondent,

You are invited to participate in a research study that aims to examine how structured and unstructured senior mentorship influences the level of clinical confidence among novice nurses in selected hospitals in Davao Oriental.

Please read the following information carefully before deciding whether to participate:

1. **Purpose of the Study** This study seeks to explore the impact of mentorship on the clinical confidence of novice nurses to inform future training and development programs in the clinical setting.
2. **Procedures** If you agree to take part, you will be asked to complete a survey questionnaire that will take approximately 10–15 minutes of your time. The questionnaire contains multiple-choice and Likert-scale questions about your experiences, confidence levels, and mentorship.
3. **Voluntary Participation** Your participation is completely voluntary. You may decline to answer any question and may withdraw at any point without penalty.
4. **Confidentiality** All responses will be kept strictly confidential. Data will be used only for academic purposes and will not be linked to your name or identity in any way.
5. **Risks and Benefits** There are no known risks associated with participating in this study. Although there is no direct benefit to you, your input will contribute valuable knowledge to the field of nursing education and mentorship.
6. **Consent**

By proceeding with the survey, you acknowledge that:

- You have read and understood the above information.
- You are at least 18 years old.
- You voluntarily agree to participate in this study.

If you have any questions about the study, you may contact the researcher through the information provided below.

Thank you for your time and valuable participation.

Contact Information:

Divine Grace B. Lauzon

Email:

University of Perpetual Help System–DALTA

APPENDIX B

Survey Questionnaire

I. Demographic Profile

Age: _____

Gender: ☐ Male ☐ Female ☐ Prefer not to say

Highest Educational Level: ☐ BSN ☐ MSN ☐ Doctorate ☐ Other: _____

Areas of Posting: _____

Months of Work as a Novice Nurse: _____

Type of Mentorship Received: ☐ Structured ☐ Unstructured

5- High Confidence	4- Confidence	3- Somehow Confidence	2- Little Confidence	1- No Confidence
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II. Clinical Confidence With Mentorship Structure

A. Mastery of Work	5- High Confidence	4- Confidence	3- Somehow Confidence	2- Little Confidence	1- No Confidence
Prioritize patient care interventions independently.					
Executes routine duties with clarity and confidence.					
I administer medications accurately.					
Performing and documenting patient health assessment					
Works independently according to all nursing protocols.					
B. Decision-Making	5- High Confidence	4- Confidence	3- Somehow Confidence	2- Little Confidence	1- No Confidence
Make decisions based on the protocols					
Patient needs are prioritized confidently					
Choose appropriate nursing interventions					
Assesses risk and actions accurately					

Independently decide when to expand care on my own.					
C. Independent Caretaking	5- High Confidence	4- Confidence	3- Somehow Confidence	2- Little Confidence	1- No Confidence
I take care of my patients without any supervision.					
All of my patient needs are managed independently.					
Perform interventions independently and with confidence					
Possess skills to assess and plan patient care by myself					
accomplish nursing duties without assistance.					
D. Performance Independence	5- High Confidence	4- Confidence	3- Somehow Confidence	2- Little Confidence	1- No Confidence
Performing hygiene and daily care routines					
Perform independently on multiple tasks.					
Able to adapt quickly to the demands of work.					
Perform without supervision					
Handle workloads effectively by myself					
E. Crisis Management	5- High Confidence	4- Confidence	3- Somehow Confidence	2- Little Confidence	1- No Confidence
Remain calm in an emergency.					
Know how to initiate emergency procedures.					
Capable of handling crises with patients.					
Confidently delegates responsibilities to team					

members in emergency situations.					
Able to collaborate / participate during emergencies.					

III. Clinical Confidence Without Mentorship Structure

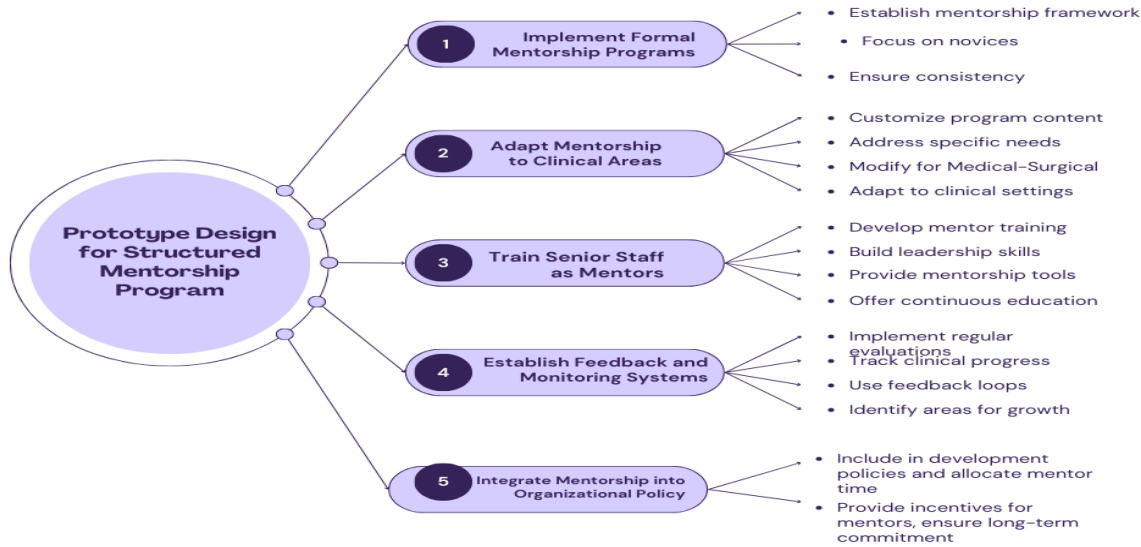
(Same statements as Section 2, but rated based on experience without mentorship.)

A. Mastery of Work	5- High Confidence	4- Confidence	3- Somehow Confidence	2- Little Confidence	1- No Confidence
Prioritize patient care interventions independently.					
Executes routine duties with clarity and confidence.					
I administer medications accurately.					
Performing and documenting patient health assessment					
Works independently according to all nursing protocols.					
B. Decision-Making	5- High Confidence	4- Confidence	3- Somehow Confidence	2- Little Confidence	1- No Confidence
Make decisions based on the protocols					
Patient needs are prioritized confidently					
Choose appropriate nursing interventions					
Assesses risk and actions accurately					
Independently decide when to expand care on my own.					
C. Independent Caretaking	5- High Confidence	4- Confidence	3- Somehow Confidence	2- Little Confidence	1- No Confidence

I take care of my patients without any supervision.					
All of my patient needs are managed independently.					
Perform interventions independently and with confidence					
Possess skills to assess and plan patient care by myself					
accomplish nursing duties without assistance.					
D. Performance Independence	5- High Confidence	4- Confidence	3- Somehow Confidence	2- Little Confidence	1- No Confidence
Performing hygiene and daily care routines.					
Perform independently on multiple tasks.					
Able to adapt quickly to the demands of work.					
Perform without supervision					
Handle workloads effectively by myself					
E. Crisis Management	5- High Confidence	4- Confidence	3- Somehow Confidence	2- Little Confidence	1- No Confidence
Remain calm in an emergency.					
Know how to initiate emergency procedures.					
Capable of handling crises with patients.					
Confidently delegates responsibilities to team members in emergency situations.					
Able to collaborate / participate during emergencies.					

APPENDIX C

Prototype Design



APPENDIX D

Raw Data

Statistical Analysis Report: Clinical Confidence of Novice Nurses

2. Clinical Confidence Scores by Domain

The following table shows the mean and median confidence scores for novice nurses in five clinical domains, segregated by type of mentorship:

Domain	Mean (Structured)	Median (Structured)	Mean (Unstructured)	Median (Unstructured)
Mastery of Work	4.43	4.4	2.59	2.6
Decision-Making	4.45	4.5	2.58	2.6
Independent Caretaking	4.39	4.4	2.56	2.6
Performance Independence	4.43	4.4	2.59	2.6
Crisis Management	4.41	4.4	2.59	2.6

3. ANOVA Results: Confidence Between Mentorship Types

An ANOVA was conducted to determine whether there are statistically significant differences in clinical confidence between novice nurses with structured mentorship versus those without.

Results are shown below:

Domain	F-statistic	p-value
Mastery of Work	950.5088	0.0
Decision-Making	1051.6189	0.0
Independent Caretaking	1223.1595	0.0
Performance Independence	1032.2916	0.0
Crisis Management	1556.9927	0.0

4. Interpretation and Recommendations

The ANOVA results indicate highly significant differences across all clinical confidence domains, favoring novice nurses who underwent structured mentorship. Given these results, healthcare institutions are encouraged to adopt and standardize mentorship programs. These should be aimed at boosting mastery of work, decision-making capacity, independence in patient care, and ability to manage crises, thereby enhancing the overall clinical confidence of newly licensed nurses.