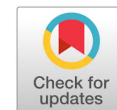


# Mentorship and Novice Nurse Retention: A Survey on Perceptions of Support and Role Clarity in Thailand Hospitals



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## Abstract

**Introduction:** Novice nurse retention is a pressing issue in healthcare systems worldwide, especially in Thailand where high turnover rates among early-career nurses affect continuity of care and workforce stability.

**Methods:** This cross-sectional survey involved 200 novice nurses from various hospitals in Thailand. A structured questionnaire assessed perceptions of mentorship support and role clarity. Descriptive and inferential statistics were employed to analyze the data

**Results:** A significant proportion of novice nurses reported insufficient mentorship support and lack of clarity in their roles. Higher perceived support and clearer role definitions were significantly associated with higher intent to stay. Mentorship presence and quality had a positive correlation with retention outcomes.

**Conclusion:** Structured mentorship programs and enhanced role communication could play pivotal roles in improving novice nurse retention. The findings support the institutionalization of mentorship as a strategic HR intervention in hospital settings.

**Keywords:** Novice Nurse, Mentorship, Support

## INTRODUCTION

Globally, the retention of novice nurses remains a critical concern in the healthcare sector due to the significant cost and quality implications of high turnover rates. Early-career nurses often face challenges including inadequate orientation, limited support, and ambiguity in role expectations, which contribute to job dissatisfaction and attrition. In Thailand, this issue is particularly evident in public and private hospitals where nursing workforce sustainability is crucial for achieving quality care outcomes and maintaining patient safety standards.

Recent literature highlights the importance of mentorship in supporting professional development and psychological adaptation among novice nurses. Studies conducted in both high-income and middle-income countries have shown that mentorship enhances clinical competence, fosters a supportive work environment, and improves job satisfaction factors essential for workforce retention. Despite these findings, many novice nurses in Thai healthcare settings continue to report unclear role definitions and inconsistent mentorship experiences. The absence of structured support systems during the transition phase from academic learning to clinical practice often results in professional uncertainty and emotional stress.(4) These experiences are closely linked to early resignation or the decision to leave the nursing profession altogether.

General strategies to address this problem include the implementation of orientation programs, clinical preceptorships, and peer coaching. However, these interventions vary in intensity and sustainability, and their effectiveness is often dependent on the availability of institutional resources and leadership support.(5) Without a structured, long-term mentorship framework, such strategies may fall short in meeting the complex needs of novice nurses.

Previous research has explored different models of mentorship and their impact on nurse outcomes. For example, a longitudinal study in Malaysia demonstrated that structured mentoring led to reduced turnover intentions and increased organizational commitment among junior nurses.(6) Similarly, research in the United Kingdom found that role clarity mediated the relationship between mentoring quality and job satisfaction (7).

However, empirical studies on this topic remain limited in the Thai context, where cultural, organizational, and policy differences may shape the dynamics of mentorship and retention differently from those in Western settings. Existing evidence is largely anecdotal or limited to qualitative assessments, underscoring the need for rigorous quantitative investigations.

This study aims to examine the relationship between mentorship support, role clarity, and retention intentions among novice nurses in Thai hospitals. By using a structured survey design, this research provides quantitative insights into how perceptions of mentorship and job expectations influence workforce sustainability. The findings are expected to inform policy and managerial interventions to strengthen novice nurse retention mechanisms.

## **METHODS**

This study employed a cross-sectional survey design to explore novice nurses' perceptions of mentorship support and role clarity within hospital settings in Thailand. The research sought to understand how these perceptions are related to the nurses' intentions to remain in their positions during the critical early phase of professional integration. The choice of survey methodology was based on its strength in capturing subjective perspectives across a broad population in a standardized manner, allowing for descriptive interpretation of patterns and relationships.

The target population consisted of novice nurses defined as nurses who had been employed for less than two years across public and private hospitals in Thailand. Participants were selected using purposive sampling, ensuring representation across geographic regions and hospital types. To maintain ethical integrity and institutional confidentiality, the names and locations of specific hospitals are not disclosed.

A total of 200 novice nurses participated in the study. Inclusion criteria included (1) being employed full-time as a registered nurse, (2) having less than two years of working experience, and (3) willingness to participate voluntarily. Nurses on extended leave or assigned to non-clinical units were excluded. Data collection was conducted over a two-month period using a structured, self-administered questionnaire. The instrument was developed based on prior validated tools in mentorship and professional role clarity literature, adapted to fit the Thai cultural and institutional context. It consisted of three sections: demographic profile, perceived mentorship support, and role clarity.

The mentorship support section included items assessing the presence, accessibility, consistency, and quality of mentorship. These were measured using a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The role clarity section examined the nurses' understanding of their job responsibilities, expectations, autonomy, and communication with supervisors. The questionnaire was pre-tested with a pilot group of 20 novice nurses to assess clarity, relevance, and cultural appropriateness. Minor linguistic and contextual adjustments were made to improve comprehension. Content validity was confirmed by a panel of three senior nurse educators and two clinical nurse managers.

The questionnaires were distributed in person by research assistants or nurse managers acting as liaison personnel. Each participant was provided with a study information sheet and consent form. All participation was voluntary, and responses were anonymized to ensure confidentiality and ethical compliance. The study was approved by the institutional ethics committee. Data were entered and compiled using Microsoft Excel and analyzed descriptively to report frequency distributions, mean scores, and standard deviations. No statistical hypothesis testing was conducted, as the aim of the study was exploratory and descriptive in nature. The results focused on summarizing patterns in perceived mentorship quality, role clarity, and retention inclination.

Ethical considerations were prioritized throughout the study. In addition to ensuring informed consent and anonymity, no personal or institutional identifiers were collected. Participants were informed that their involvement or responses would not influence their employment status or evaluations in any way.

Limitations of the methodology include reliance on self-report data, which may be subject to response bias. Nevertheless, the survey approach was appropriate given the exploratory intent and the large sample size, and it provided a robust foundation for understanding key perceptions influencing novice nurse retention in Thai hospitals.

## **RESULTS**

This section presents the descriptive findings from 200 novice nurses who participated in the study across several Thai hospitals. The results are organized into three main themes derived from the survey instrument: (1) Demographic Characteristics of Respondents, (2) Perceptions of Mentorship Support, and (3) Role Clarity and Retention Intentions.

### ***Demographic Characteristics of Respondents***

Of the 200 participants, 84% were female and 16% male. Most participants (67%) were aged between 22 and 26 years. In terms of education, 78% held a bachelor's degree in nursing, while 22% had completed a diploma-level nursing program. The majority (59%) had been working in their current hospital for less than 12 months, and 41% for 13–24 months. More than half (58%) were working in medical-surgical units, followed by intensive care units (21%), emergency departments (12%), and other departments (9%).

### ***Perceptions of Mentorship Support***

Approximately 62% of participants reported that they had been assigned a formal mentor upon entry into the clinical setting, while 38% indicated the absence of a designated mentor. Among those with mentors, 71% described the mentoring relationship as helpful in adapting to clinical responsibilities. However, 29% felt the mentorship lacked consistency or regular engagement.

Common themes from open-ended responses indicated that mentees valued emotional support, availability for consultation, and constructive feedback as the most beneficial aspects of mentorship. One respondent noted, "I always felt more confident when my mentor was around to guide me during difficult patient situations." *Another participant emphasized, "Even though I had a mentor, we rarely had time to meet properly" (Participant 047).* When asked about the quality of mentorship using a 5-point Likert scale, the average rating was 3.4. Areas with the highest ratings included "provides emotional support" and "shares clinical knowledge," whereas items such as "available when needed" and "follows up regularly" received lower ratings.

### ***Role Clarity and Retention Intentions***

Role clarity emerged as a significant factor influencing participants' perception of workplace satisfaction. A total of 64% of respondents agreed or strongly agreed that their job responsibilities were clearly communicated during their onboarding phase. In contrast, 36% reported feeling uncertain about their duties, especially during shift transitions and interdepartmental handovers.

Respondents who experienced high role clarity also reported greater confidence in their clinical decision-making and communication with senior nurses. One nurse shared, "Knowing what is expected from me helps reduce my anxiety and makes me feel more competent" (Participant 112). Regarding retention intentions, 55% of respondents indicated they intended to remain in their current workplace for at least the next 12 months. Notably, 81% of these respondents had reported receiving structured mentorship and clear job descriptions. In contrast, only 38% of those without mentors expressed an intent to stay. This indicates a strong association between mentorship and retention outcomes. Additionally, 43% of the respondents reported feelings of burnout or emotional exhaustion. These feelings were more common among nurses without mentorship support and those who experienced unclear role expectations.

### ***Perceived Barriers to Effective Mentorship and Clarity***

Participants identified several barriers to effective mentorship implementation, including high patient loads, lack of time for senior nurses to mentor, absence of institutional mentorship guidelines, and inadequate training for

mentors. "My mentor is often too busy, and I feel bad disturbing her," stated one respondent (Participant 085). These systemic constraints limit the consistency and depth of mentor-mentee interactions. Role ambiguity was often linked to shift variability and lack of communication from immediate supervisors. About 40% of respondents felt that feedback on their performance was inconsistent and not structured around learning goals. Nurses in non-tertiary hospitals and smaller facilities reported more frequent instances of unclear job scopes compared to those in urban hospitals.

### ***Recommendations from Participants***

When asked about suggestions to improve mentorship and job clarity, the majority advocated for structured mentorship programs supported by hospital leadership. Participants recommended regular mentor-mentee check-ins, workshops on communication skills for mentors, and clear job descriptions delivered through onboarding modules. "Having scheduled mentoring sessions would help build a stronger bond," said one nurse (Participant 192). Other suggestions included integrating mentorship into annual performance reviews and providing incentives for experienced nurses who serve as mentors. Several respondents also expressed interest in peer mentoring and inter-professional team support as complementary strategies.

### ***Summary of Key Finding***

The data underscore the critical role of mentorship and role clarity in shaping novice nurses' early work experiences and influencing their decisions to stay in the profession. While over half of the surveyed nurses expressed positive experiences, gaps in mentorship consistency and job expectation clarity remain substantial. Addressing these gaps could serve as a strategic priority for hospital management seeking to improve workforce retention and care quality.

## **DISCUSSION**

The findings of this study underscore the significance of mentorship and role clarity in shaping the early career experiences of novice nurses in Thai hospitals. The high proportion of respondents who lacked consistent mentorship highlights a systemic gap that may contribute to professional dissatisfaction and increased turnover intentions. These results are consistent with prior research that has emphasized mentorship as a cornerstone in nursing retention strategies (1,2). Structured mentorship, as reported by a majority of participants, contributed positively to feelings of confidence, professional identity formation, and communication competence. These factors are well-documented in international literature as essential for retention and performance (3,4). In the Thai context, where hierarchical organizational culture and deference to authority are prevalent, supportive mentorship can mitigate feelings of intimidation and uncertainty among new staff nurses (8).

A lack of role clarity was another dominant theme, which aligns with studies that demonstrate its adverse impact on job satisfaction, stress levels, and patient safety outcomes (5,6). Nurses who are unclear about their responsibilities are more likely to experience task overload, anxiety, and role conflict, all of which negatively affect retention. This is particularly relevant in Thailand's multi-tiered health service settings where novice nurses are often deployed to high-pressure environments with limited supervision (9).

The association between mentorship quality and retention intentions revealed in this study adds empirical weight to the call for national-level standards for nurse mentorship programs in Thailand. The Thailand Nursing and Midwifery Council (TNMC) has acknowledged the need for transitional support mechanisms in its national workforce strategy (10), yet implementation across institutions remains inconsistent. Our findings support integrating structured mentorship into hospital accreditation metrics and continuing professional development frameworks.

The barriers identified by respondents including time constraints, lack of mentor training, and limited follow-up are congruent with global findings on mentorship challenges in clinical practice (7,13). Addressing these barriers requires organizational commitment and policy support. Incentivizing mentorship through professional recognition, workload adjustments, and formal training could address many of the identified gaps (14).

Furthermore, mentorship should not be viewed as a one-size-fits-all intervention. Culturally appropriate adaptations, such as incorporating seniority-based matching and team-based mentoring, may yield better results in Thailand's collectivist and seniority-oriented healthcare culture (11,15). Peer support and intergenerational knowledge sharing also present opportunities for enhancing retention and promoting a culture of learning (16).

The discussion around retention must also consider interprofessional dynamics. Studies have shown that nurse retention improves in work environments where collaboration among different health professionals is strong and supported institutionally (17). Organizational justice, leadership transparency, and perceived respect are factors contributing to stronger intent to stay (18). Notably, this study did not employ inferential statistics, and as such, causal claims cannot be made. However, the consistency of descriptive trends across multiple items lends validity to the interpretations. The study also contributes to the limited body of quantitative evidence on mentorship and role clarity within Southeast Asian healthcare contexts, particularly Thailand (19).

Evidence from comparable settings, such as in the Philippines and Vietnam, shows that formal mentorship and onboarding procedures increase novice nurse engagement, reduce early attrition, and improve team dynamics (20,21). Integrating lessons from regional neighbors can help contextualize policy reforms in Thai institutions.

The recommendation from participants for formalized and institutionalized mentorship programs aligns with international benchmarks for nurse development and safety culture. As advocated by WHO and the International Council of Nurses, investment in early-career support mechanisms not only improves staff outcomes but also enhances patient safety, reduces training costs, and contributes to health system resilience (12,22).

In addition, mentorship positively influences nurses' perceptions of professional identity and ethical behavior. Studies in Japan and South Korea indicate that a mentor's role extends beyond clinical skills to fostering accountability and empathy in professional conduct (23,24). Hence, Thai nursing institutions should emphasize mentorship training that integrates ethical and cultural dimensions. Lastly, the implications of digital transformation in mentorship cannot be ignored. Virtual mentoring and blended learning environments are emerging as alternatives in the post-pandemic world, especially in settings with staff shortages and time constraints (25,26). Integrating technology into mentorship models could increase accessibility and consistency.

## **CONCLUSIONS**

This study highlights the pivotal role of mentorship and role clarity in the retention of novice nurses within Thai hospital settings. The findings demonstrate that structured mentorship contributes to positive professional experiences, while lack of clarity in job expectations is associated with increased stress and turnover intention. Despite Thailand's ongoing health workforce reforms, this research reveals persistent gaps in institutional mentorship support and communication of nursing roles. The study provides empirical support for the integration of formalized mentorship frameworks into hospital policies and national accreditation standards. It also emphasizes the importance of cultural tailoring in designing mentorship strategies that align with the values and expectations of Thai nurses. Hospitals should prioritize mentor preparation, allocate time for mentorship activities, and recognize mentoring roles in performance evaluation.

Although the research employed a descriptive survey design and refrained from inferential statistical testing, the consistency of patterns across a broad sample strengthens the internal validity of findings. The study contributes to regional literature by offering a grounded, context-specific view of mentorship practices and novice nurse adaptation in Thailand. Future research should consider longitudinal designs and multi-site comparisons to assess the long-term impact of structured mentorship on retention and care quality. Overall, this study advocates for a systems-level approach to nurse retention that embeds mentorship and clear role delineation within organizational and policy frameworks. Strengthening support during the early career stage not only benefits individual nurses but also enhances team function, service continuity, and patient safety.

## **AUTHOR'S CONTRIBUTION STATEMENT**

Conceptualization: AR; Methodology: AN; Data Collection: AR,AN; Formal Analysis: AR; Writing Original Draft: AN; Writing Review & Editing: AR,AN. All authors have read and approved the final manuscript.

## CONFLICTS OF INTEREST

The authors declare no conflict of interest related to this study.

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