Original Article

Effects of Mentorship Program on the Levels of Resilience and Job Satisfaction among Nurses

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ABSTRACT

Objective: To determine the effectiveness of a nurse-led mentorship program on the improvement of the nurses' resilience in maintaining job satisfaction and the correlation between the two.

Study Design: A quasi-experimental pre-test/post-test study

Place and Duration of Study: This study was conducted at the Bahria International Hospital, Lahore from 1st August 2025 to 31st December 2025.

Methods: Thirty five registered nurses in a private tertiary care hospital in Lahore, Pakistan were enrolled. Convenience sampling was employed and participants filled out the Brief Resilience Scale (BRS-Modified) and the Minnesota Satisfaction Questionnaire (MSQ) pre and post an 8 week nurse-led mentorship program. The intervention involved structured mentor–mentee weekly meetings that were based on professional advice, emotional support, reflection, and professional growth.

Results: Post intervention, the proportion of nurses with normal resilience rose from 20.0% to 97.1%, and that of low-resilient nurses dropped to 2.9% ($p<0.001$). After the intervention, the number of participants with high job satisfaction rose from 20.0% to 88.6% and no participant had low job satisfaction ($p<0.001$). Mean resilience scores improved significantly from 2.78±0.24 to 3.54±0.24 ($t = -12.88$, $p < 0.001$), and mean job satisfaction scores increased from 3.13 ± 0.45 to 4.01±0.35 ($t = -11.42$, $p<0.001$). None of the categorical levels of resilience had a significant correlation with job satisfaction (all $p>0.05$).

Conclusion: The nurse-led mentorship program had a significant effect on the psychological state of nurses, such as increasing their resilience, job satisfaction, and suggesting that it is an effective approach for enhancing psychological well-being and job satisfaction for nurses.

Key Words: Mentorship, Resilience, Job satisfaction, Mentorship program, Nurses

Citation of article: Khan N, Masih S, Mukhtar M. Effects of Mentorship Program on the Levels of Resilience and Job Satisfaction among Nurses. Med Forum 2026;37(8):49-53. doi:10.60110/medforum.370809.

INTRODUCTION

Nursing is an essential part of health care delivery and an important aspect of safety, quality health care and health promotion. While nurses often perform in challenging settings with high workloads, staff shortages, patient acuity and frequent exposure to stressful situations, unemployment and low job satisfaction are rising. Low job satisfaction and high rates of unemployment among nurses are on the rise, while many continue to work in challenging environments with high patient acuity, staffing shortages, and heavy workloads.

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Received: April, 2026
Reviewed: May-June, 2026
Accepted: July, 2026

These workplace issues can be associated with an increased risk of psychological distress, burnout and low job satisfaction among nurses.[1] The capacity to respond positively to challenges and adapt to adverse situations, known as resilience, is gaining greater recognition as an important quality of a nurse in a complex healthcare environment. Resilience has also been related to positive psychological outcomes, such as psychological well-being, coping skills, and less burnout, while low resilience has been linked to psychological distress, including anxiety, depression, compassion fatigue and maladaptation in the workplace.[2] Job satisfaction is also a major factor that influences nurses' performance, retention and psychological health. Absenteeism, employee turnover, and poor quality patient care are risk factors associated with low job satisfaction.[3]

Nurses who experience poor resilience and do not enjoy their work have a direct impact on patients' outcomes. Nurses with high stress and poor coping tend to make clinical errors, have decreased decision-making capacity and decreased attentiveness to patient care.[4] Burnout amongst nurses is a global health concern that creates healthcare instability, higher healthcare costs and poor healthcare outcomes.[5] In this regard, various

interventions have been investigated to improve the resilience among health care professionals and highlighted here is mentorship for nurses' development and psychological health.[6,7] Mentorship is a formalized relationship between experienced and less experienced nurses that includes guidance, emotional support, professional socialization, and career development support. Mentoring programs have been found to enhance nurse resilience, job satisfaction, retention, and job confidence.[8-10]

Although there is emerging evidence internationally, there is a lack of research on the topic of resilience among nurses in Pakistan along with the topic of job satisfaction and mentorship interventions. Furthermore, the relationship between resilience and job satisfaction has not been adequately explored within the local healthcare context. Therefore, this study purpose to assess resilience and job satisfaction among nurses, examine the association between these variables, and evaluate the effectiveness of a nurse-led mentorship program in improving resilience and job satisfaction in a tertiary care hospital setting.

METHODS

A quasi-experimental pre-test/post-test study was conducted at Bahria International Hospital, Lahore from 1st August 2025 to 31st December 2025 vide letter No. UOL/IREB/25/10/0005 dated July 15, 2025. A pre–post test quasi-experimental design was used to assess the impact of a nurse-led mentorship program on registered nurses' level of resilience and job satisfaction in a private tertiary care hospital in Lahore, Pakistan. The sampling method adopted was Non-Probability Conventional sampling that involved selecting participants based on convenience. The final sample size of 35 participants was determined using R statistical software with a 80% power, one sided 5% significance level, 95% confidence interval, an effect size of 0.45 and a 10% allowances for non response. The subject for the study were direct care Registered Nurses between 22 to 38 years of age with a diploma or above in nursing. Nurses in leadership or academic roles, and those who had lost a family member over the past six months were excluded. The intervention consisted of an 8Week structured nurse-led mentorship program based on Bandura's Social Learning Theory and Gibbs' Reflective Cycle.10 Nurse mentors were selected and trained in a mentorship orientation program prior to its implementation. Each mentor was allocated to a mentee and met 1–2 times per week with them to provide professional advice, emotional support, reflective practice, problem solving and professional development. Reflective diaries were kept by mentees and mentorship activities were documented utilizing standard documentation during the intervention period. The baseline (pre-intervention) data were gathered with a structured questionnaire, which included socio-demographic information, Brief Resilience Scale (BRS-Modified), and Minnesota Satisfaction Questionnaire (MSQ). To gather post-intervention data, the same instruments were administered after the mentor training program was completed (8 weeks). The BRS-Modified is composed of six items that are rated on a 5-point Likert scale, four of which are worded negatively which are reverse-scored, and the overall score is the average of all the items, with higher scores associated with higher levels of resilience. The MSQ uses a 5-point Likert scale, which has a higher score as a sign of more job satisfaction. The instruments showed good validity and internal consistency after being validated by experts and pilot tested.

The data was entered and analysed by SPSS-22. Normality of continuous variables was determined by Shapiro–Wilk test. To compare pre- and post-resilience scores and pre- and post-job satisfaction scores, the paired-samples t-test and Wilcoxon signed rank test were used as appropriate. Chi-square test was used for assessing association between job satisfaction level and resilience. Two-tailed p value <0.05 was considered statistically significant.

RESULTS

Most of the participants 24 (68.6%) were aged 20–30 years, males 24 (68.6%) and unmarried 23 (65.7%). Most participants held a Bachelor of Science in Nursing degree 31 (88.6%) and had 1–3 years of clinical experience 24 (68.6%). All participants 100% were permanently employed and worked rotating shifts. Regarding background characteristics, 19 (54.3%) grew up in urban areas, and 25 (71.4%) were residing in hospital hostels (Table 1).

Table No. 1: Demographic characteristics of participants (N = 35)

Variable	No.	%
Age (years)		
20–30	24	68.6
31–40	11	31.4
Gender		
Male	24	68.6
Female	11	31.4
Marital Status		
Unmarried	23	65.7
Married	12	34.3
Religion		
Muslim	22	62.9
Christian	12	34.3
Hindu	1	2.9
Education		
General Nursing	4	11.4
BSc Nursing	31	88.6
Unit		
Surgical Ward	7	20.0
Medical Ward	7	20.0

Surgical ICU	3	8.6
Medical ICU	5	14.3
Special Care Unit	3	8.6
Operating Room	5	14.3
Emergency/Casualty	5	14.3
Work Experience		
< 1 year	8	22.9
1–3 years	24	68.6
>3–5 years	2	5.7
8 years	1	2.9
Working status (single unit)	35	100.0
Type of shifts (all shifts)	35	100.0
Living In		
Hostel	25	71.4
Home	10	28.6
Type of Family		
Single	21	60.0
Joint	14	40.0
Grown Up In		
Rural	16	45.7
Urban	19	54.3

The resilience was improved substantially, with the proportion of nurses demonstrating normal resilience increasing from 7 (20%) at baseline to 34 (97.1%) after the intervention, while the proportion with low resilience decreased from 28 (80%) to 1 (2.9%) [p<0.001]. Similarly, job satisfaction improved significantly after the intervention. The proportion of nurses reporting high job satisfaction increased from 7 (20%) to 31 (88.6%), whereas moderate job satisfaction decreased from 25 (71.4%) to 4 (11.4%), and no participant reported low job satisfaction following the intervention (p<0.001). However, the association between resilience and job satisfaction was not statistically significant at any assessment point (all p> 0.05) [Table 2].

Paired samples t-test results revealed a statistically significant improvement in both resilience and job satisfaction after the mentorship intervention. The mean resilience score increased from 2.78±0.24 pre-intervention to 3.54±0.24 post-intervention (t = −12.88, df=34, p<0.001). Similarly, the mean job satisfaction score rose from 3.13±0.45 to 4.01±0.35 (t = −11.42, df=34, p<.001). These findings indicate that the mentorship program had a highly significant positive effect on both resilience and job satisfaction among nurses (Table 3).

Table No. 2: Distribution of resilience and job satisfaction levels before and after the mentorship intervention and their association (N = 35)

Variable	Category	Pre-intervention	Post-intervention	p-value†
Resilience	Low resilience	28 (80%)	1 (2.9%)	<0.001
	Normal resilience	7 (20%)	34 (97.1%)	
Job satisfaction	Low satisfaction	3 (8.6%)	-	<0.001
	Moderate satisfaction	25 (71.4%)	4 (11.4%)	
	High satisfaction	7 (20%)	31 (88.6%)	

Table No. 3: Paired samples t-test comparing pre- and post-intervention scores (N = 35)

Variable	Pre-Mean±SD	Post Mean±SD	t	df	p-value
Resilience (BRS)	2.78±0.24	3.54±0.24	−12.88	34	< .001
Job Satisfaction (MSQ)	3.13±0.45	4.01±0.35	−11.42	34	< .001

DISCUSSION

The present study explored the relationship between socio-demographic characteristics and the levels of resilience and job satisfaction among nurses. Previous literature suggests that demographic factors such as age, clinical experience, educational level, and work department can influence resilience and job satisfaction. Aburn et al[11] highlighted the need to determine demographic factors which affect nurses' resilience. Some studies have indicated that that the transition to practice may introduce more psychological stress to younger nurses. Shen et al[12] also reported the intensive care unit (ICU) nurses had high stress levels and resulted in anxiety, emotional exhaustion, and sleep disorder. This study however, revealed that only religious affiliation was significantly related to the resilience in pre intervention data. It demonstrates the significant findings that strong religious bonding is important in terms of resilience while the rest of the demographic variables are not associated with resilience. Pakistan has a shortage of nurses, high workload and long working hours which can affect nurses' resilience and job satisfaction.[13]

Waqar and Hamid[14] reported that nurses working in private hospitals demonstrated higher levels of job satisfaction due to better administrative support and organizational benefits. Similarly, Rafiq et al[15] found that psychological empowerment plays an important role in improving job satisfaction and reducing turnover intentions among nurses. This is also opposite to the findings of this study where the level of resilience and job satisfaction was not associated with the working conditions.

Other studies have shown that workplace factors such as organizational support, recognition, and professional autonomy significantly influence nurses' job satisfaction. In addition, workplace incivility and poor organizational climate have been associated with reduced job satisfaction among nurses in Pakistan.[16] However, the present findings, which revealed no significant relationship between resilience and job satisfaction in both pre, and post intervention are inconsistent with existing literature. Previous studies have consistently reported a significant positive relationship between resilience and job satisfaction, with resilience playing a mediating role in reducing the negative impact of role stress on job satisfaction among nursing professionals.[17] The current study's results, along with the lack of association between demographic variables and both constructs, therefore, contradict prior evidence and suggest that the protective role of resilience on job satisfaction may be weaker or absent in this context.

Similarly, Andersen et al[18] suggested that resilience significantly influences job satisfaction, work engagement, and employee retention by reducing workplace stress, role clarity and promoting adaptive coping strategies. Another study conducted among 194 infection control nurses in Korean general hospitals also supports the findings of this study where they found out that role stress was negatively correlated with both resilience and job satisfaction. The major sources of stress identified were lack of job autonomy and heavy job demands.[19]

The findings of the present study support these findings and indicate that resilience serves as a protective factor that helps nurses maintain job satisfaction despite challenging working conditions.[20] This study indicated the requirement for structured mentorship programs and strategies to build resilience among nurses to enhance the quality of healthcare services provided by healthcare organizations.

CONCLUSION

The relationship between resilience and job satisfaction was positive and significant for nurses. The nurse-led mentorship program had a significant effect on enhancing the nurse's resilience and job satisfaction. The mentorship intervention was found to be a good strategy for increasing the coping skills of the nurses and improving their professional wellbeing.

Author's Contribution:

Concept & Design or acquisition of analysis or interpretation of data:	Nasir Khan, Sarfraz Masih
Drafting or Revising Critically:	Nasir Khan, Madiha Mukhtar
Final Approval of version:	All the above authors
Agreement to accountable for all aspects of work:	All the above authors

Conflict of Interest: The study has no conflict of interest to declare by any author.

Source of Funding: None

Ethical Approval: No. UOL/IREB/25/10/0005 Dated 15.07.2025

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