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Mentoring Styles and Problems of Clinical Instructors in Nursing Institutions in Southern Philippines

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Abstract: This study focused on the mentoring styles and mentoring problems by clinical instructors. Experienced nurse educators are a vital component in achieving quality nurse graduate. Achievement of healthy work environments for clinical instructors is critical to the safety, recruitment and quality nursing students. This study used the descriptive-correlational research design utilizing frequency, percentage, and weighted mean to determine common mentoring styles and mentoring problems of clinical instructors in Iligan City. There were 70 clinical instructors coming from the five (5) nursing institutions. Pearson product moment correlation coefficient measures the relationships between the clinical instructors' mentoring styles and the mentoring problems the clinical instructors experienced. This study found out that there were different kinds of mentors based on mentoring styles. Mentoring problems related to clinical instructor's job is frequently encountered; Role, Career development, Organizational Structure and Climate as a causal factor is sometimes experienced, whereas, Relationship at work is frequently assessed as a major concern by the clinical instructors and Home-Work Interface concern is seldom experienced. Coping Strategies is used frequently and Stress Symptoms is not usually manifested. All the 5 Mentoring Styles had a significant relationship to their Role concerns. There is a strong relationship between the mentoring problems with the mentoring styles of clinical instructors. Nursing Mentorship has always been a difficult and challenging profession. It is therefore vital that clinical instructor knows how to adjust and adapt in different situations. The data validated the idea that no definite mentoring style is exact for all situations. Since clinical instructors' deals with their mentee holistically (physically, emotionally, psychologically and even spiritually) the wide scope of the challenges involve with nursing mentoring is as diverse as the unpredictability of things.

Keywords: *Mentoring Styles, Mentoring Problems, Clinical Instructors*

Background of the Study

One issue that has received considerable attention in recent years is the shortage of nurses in faculty positions involved with the educational preparation of registered nurses. Based on the setting and principal nursing position categories used in the 2004, the faculty position is being defined for those nurses with principal position titles of dean, professor or instructor involved with nursing education of RNs in diploma, associate, baccalaureate, and/or higher nursing degree program settings.

The objective of a nursing educator is rendering a quality development of the nursing profession to the would-be nurses in the future. One way to promote development is to clarify the professional role of a clinical instructor. The role definition for nursing educator is mostly transmitted through theoretical knowledge and practiced skills. We consider that the professional development of the nursing profession in the Philippines requires a clear and well-defined clinical instructor's role. But stated goals of professional educators for nursing do not include the entire body of just tacit knowledge. The overall development requires recognition of a professional status together with a clear and well-defined role. Philippines hold a distinct role in the production of nursing professional in the world market. Since 1940's, the Philippine nurses have already extended our professional services to other countries specially the United States according to the article in the Nursing Heritage Journal (2005). As the years went by our nurses continue to immigrate and work in other countries as well. The Filipino nurseshas gained an image of unsurpassed care rendered to our would-be recipient of nursing service all over the world regardless of race, age and stature in the society. The Filipino nurse is well-respected and highly recommended when giving nursing service.

Unfortunately, this has wavered and is slowly changing through the years. We have found a significant decline of quality nursing services through the years in their own turf-Philippines. Although the nursing institutions in the country are very much vigilant in upholding quality nursing education and the nursing organizations are updating on the needs of the nursing academe so as to maintain global competitiveness but the phenomenon of the obvious decline for our quality nursing output is slowly occurring. Quantity is not really the problem, but the quality of nursing graduate is.

Because of this many problems have come-up and eventually leading to the question if the teaching or mentoring is as effective as it was in the early years of nursing education in the country. What then is the role of the nursing educators or clinical instructor to the nursing students? Are the clinical instructor's personal challenges or problems affecting their mentoring capabilities?

Nurses are a vital component in achieving these educational goals. A sufficient supply of clinical nurses is central to sustain affordable access to safe, timely health care education for students. Achievement of healthy work environments for clinical instructors is critical to the safety, recruitment and quality nursing students.

Numerous reports and articles have documented the challenges in recruiting and retaining a healthy nursing workforce. Some have suggested that the basis for the current nursing shortage is the result of unhealthy work environments. Strategies that enhance the workplaces of nurses are required to repair the damage left from a decade of relentless restructuring and downsizing.

There is a growing understanding of the relationship between nurses' work environments, patient/client outcomes and organizational and system performance. A number of studies have shown strong links between nurse staffing and adverse patient/client outcomes. Evidence shows that healthy work environments yield financial benefits to organizations in terms of reductions in absenteeism, lost productivity, organizational health care costs, and costs arising from adverse patient/client outcomes.

Statement of the Problem

This study tried find out common mentoring problems of clinical instructor in the different institutions in Iligan City in both the academe they are serving and in the clinical area they are mentoring nursing students.

Specifically, it will seek answers to the following questions:

1. What is the profile of Clinical instructors in the different nursing institution in Iligan City in terms of age, sex, civil status, length of service, salary, educational attainment, and type of mentoring duty?

2. What is are the Mentoring Styles being used by the clinical instructors in the different nursing institution in Iligan City?

3.What are the mentoring problems of clinical instructor's in the different nursing institutions in Iligan City in terms to their Jobs, Roles, Relationships at Work, Career Development, Organizational Structure and Climate, Home-Work Interface and Coping Strategies?

4.What is the Stress Symptom of the Clinical Instructors in the Different Nursing Institution in Iligan City?

HYPOTHESES:

The following hypothesis will be tested at 0.05 level of significance.

HO1 : There is no significant relationship between profile and mentoring problems of Clinical Instructors in the different nursing institutions in Iligan City.

HO2 : There is no significant relationship between mentoring styles and mentoring problems of Clinical Instructors in the different nursing institutions in Iligan City.

HO3 : There is no significant relationship between stress symptoms evaluation and mentoring problems of Clinical Instructors in the different nursing institutions in Iligan City.

Significance of the Study

The information gathered in this study would be a great help to the school administrator. It shall give them the idea on how to handle the common mentoring problems that their clinical instructors undergo and will try to understand and eventually come up with programs that will help alleviate these problems. This will also enhance the clinical instructors in their effective mentoring.

This study will greatly help and improve working conditions between the Dean/Chairman and their clinical instructors. It will hopefully help foster better interpersonal and professional relations that will benefit all.

This study will help them improve their mentoring adaptation to various challenges that will make them effective in their teaching to their students, as well as in their dealings with others. It can also help them become competent mentors. Moreover, it will contribute to their professional growth.

This study can help students understand their clinical instructors both as a person as well as a mentor. It will help them acquire the proper knowledge, skills and attitude expected of a professional nurse.

This study may help enhance quality nursing service provided by the staff, clinical instructors and nursing students thus promoting good teamwork and rapport between the base-hospital and the nursing institutions in Iligan City.

This can give them additional useful information as to the current plight of clinical instructors in Iligan City as well as those in different locations of the Philippines.

Review of Related Literature

Globally, there is a severe nursing shortage that puts the profession (nursing) in crisis. Locally, the profession produces thousands of nurses yearly. But many of these nurses intend to work outside the country to seek better opportunities. After gaining the mandatory experience, many seek work outside the country which leaves the Philippines with untrained and unskilled nurses who can be a risk factor to health care profession. (Tan & Beltran, 2009).

We are producing more nurses than can be absorbed by the system—both local and global. Worse, we are having problems with academic standards and technical training. And yet, we continue to fall victim to the classic herd mentality syndrome.

Some experts say that more than half of our college students are in nursing schools. Producing nurses has become the new cottage industry in this country and many educational institutions are cashing in on the trend. The problem is that many of these schools do not have the facilities or the academic personnel to produce qualified nurses.

Most of the qualified senior nurses are already working abroad. The ones that are left behind are either retired nurses who have been forced to give up retirement to become clinical instructors, the truly devoted and nationalistic who have stayed behind out of a strong sense of altruism, or the truly incompetent— those who have not been able to meet global standards.

Over the weekend, a total of 88,750 nursing graduates are set to take the licensure examinations for nurses. According to the Professional Regulation Commission, the projected number of examinees sets a new record in Philippine history: The most

number of examinees for a professional licensing examination ever. Given the fact that our nursing schools continue to overflow with students, the number of examinees for the nursing board exams will continue to increase algebraically in the next few years.

The PRC schedules two rounds of licensing exams for nurses, one in the middle and another towards the end of the year. In the exams conducted June of this year, 64,459 took the exams. Only 43.07 percent (27,765) passed. The nursing board exam is not traditionally one of the professional licensing exams with very high mortality. Until recently, the passing rate has always been more than half of the total examinees—the passing rate for the year 2001 was 54 percent. But given the abysmal quality of academic training for nurses in this country, the percentage of passers will continue to go down.

Obviously, the Commission on Higher Education has a huge problem in its hands. Unfortunately, many of the private academic institutions in this country are owned by powerful political families and are therefore difficult to rein in. The problems have now become even more complicated. We are also facing the challenge of arbitrary and exploitative practices of the top hospitals and nursing schools.

In an effort to ensure that they produce only extremely competitive graduates, a number of our more established nursing schools have become more arbitrary and discriminatory in their academic policies. Because there is a huge demand out there and many of these schools have wait lists that extend from here to eternity—they simply take on as many freshmen as they could and leave the more rigid screening for later. The stress of meeting these challenges falls in the hands of the clinical instructor's/nurse educators.

The shortage of qualified health professionals is a major obstacle to achieving better health outcomes in many parts of the world. The role of health science universities in addressing this shortage is to provide quality education and continuing professional development opportunities for the healthcare workforce. Academic institutions in Philippines, however, are also short of faculty and especially under-resourced (Global Public Health, 2008).

But being human, nursing practitioners like clinical instructors are confronted with various challenges in their chosen field. Concerns ranging from personal, professional and economic are affecting mentoring effectively in different nursing institution in the Philippines.

Temperament and Teaching Styles

Instructors' teaching styles are influenced by their personality types and temperament. Examining personality types opens a window to better understanding of the personal preferences of mentors and their ways of functioning. In the context of mentoring, consideration of individual personality types can provide important insight into how mentors and mentees interact, make decisions, and perceive different situations in the workplace and interpersonally. Looking at personality differences is particularly helpful in the areas of growth and self-development. For many people, learning about personality types is an interesting and insightful tool for self-reflection and discovery.

Mentoring Styles

There are different Style of mentoring - 'Letting Go' Style, 'Active Listening' Style, 'Advisory' Style, 'Prescribing' Style, 'Cooperative' Style.

To be able to understand the problems of the mentors, there is a need to determine the kind of mentors associated with these problems. There are many different kinds of mentors based on mentoring styles. The styles may be one or two or more depending on the personality and beliefs of the mentors. There were those who switch to another style when the situation or the mentee 'asks' for it. There were also those where none of the mentoring styles are being applied. The 'Letting Go' Style of the mentor gets into the conversation by giving time to let things develop, waiting for things to happen in a natural way, avoiding an over-emotional approach and avoiding rush and pressure. The 'Active Listening' Style gets into the conversation by asking questions when things are unclear, checking things by summarizing, being reserved in giving you own opinion, giving space to the mentee, showing that you understand the mentee. The 'Advisory' Style gets into the conversation by giving suggestions for good problem solving, advising as an objective outsider, giving alternatives so that the mentee can make a choice, giving advice expertise based. The 'Prescribing' Style gets into the conversation by taking responsibility for solving the mentee's problems, offering instructions on how to handle problems, being convincing and persuading., requiring improvement and if necessary holding out the prospect of consequences. The 'Cooperative' Style gets into the conversation by striving for a joint vision, involving the mentee in problem-solving, giving space to the opinion of the mentee, appreciating equality in contributions and being focused on cooperation.

Mentoring Issues and Problems.

Although much is known in business circles and in theory and research about effective mentoring, good mentoring unfortunately fails to occur for many new teachers of foreign languages. Why does adequate mentoring fail to happen in so many instances? The National Mentoring Partnership (2000a) provides a few key reasons. First, there is often insufficient support for mentoring in programs. Second, schools and universities, along with other institutions, allot insufficient resources to mentoring. Third, potential mentors typically lack access to information about how to serve as mentors. Fourth, a high attrition rates exists among mentors, often because of a lack of recognition and visibility for excellence in mentoring. Phillips-Jones (2000) underscores the last point, indicating that mentors need positive reinforcement (recognition) from mentees in order to feel satisfied and continue doing a good job at mentoring.

One of the most frequent causes of supervisor error, according to Van Fleet (1973) is failure to the treat subordinates as individuals. One could assume, then, that differentiation might be critical to successful mentoring of new teachers since faculty members are not all cut from the same piece of cloth. Differences in education and experience are usually anticipated and accepted by mentors. However, what mentors often fail to notice–to everyone's detriment–are style differences among

individuals, including differences in personality type, cognition, perception, and biology. Mentors who differentiate, i.e. who mentor in style, report that the results are worth the effort of learning to recognize and react to these differences.

Nursing research can help in a different and complex of problem-solving situations. Research enables nurses to understand a particular nursing problem about which is considered 'given' but which is not studied objectively. Most of nursing challenges poses a great possibility that this could alter, improve or even destroy this respectable profession. This great responsibility often lies in the able hands of the nursing educators and clinical instructors. That is why nursing research is encouraged to study key points in the nursing knowledge, skills and attitude in order to ascertain that this profession will continue to render quality nursing skill to clients in the community and patients in the clinical area, along with the members of their family.

According to Olsson and Gullberg, the Development of the nursing profession is an essential goal of nursing education. The goals of any nursing education do not include the entire body of tacit knowledge. The development requires recognition of professional status. Over time, significant changes in distribution of nurses' conceptions about professional status are described. They contend that conceptions of the importance of professional status are assimilated during work experience. (International Journal for Nursing Students. 1988)

A study entitled"Characteristics of intercultural mentoring – a mentorperspective". Reports a study of Finnish preceptors' and British undergraduate nursing students' mentor–student relationship during international placement in Finland from the mentors' perspective. The study aimed to explore the characteristics of intercultural mentorship and the strategies used by the mentors to improve the students' intercultural competence. Altogether 23 mentors and five students participated in this study. The data consisted of mentoring session observations, group interviews and research diary notes. Intercultural mentorship was characterized by concern about the students' adjustment, pervasiveness of the relationship, sense of mutual learning, inadequate school–placement co-operation and concern about learning outcomes. The mentors used a variety of strategies to improve the students' intercultural competence. Mentorship was both a rewarding and a frustrating experience.

Another research study about mentorship entitled "Issues in undergraduate education: Mentorship in contemporary practice: The experiences of nursing students and practice mentors" explores the role of the mentor in contemporary nursing practice in the UK. It presents findings from a recent study which investigated the impact of a locality-based nursing education initiative on students, practice mentors and academic staff and draws on another study, conducted in the same setting and two Australian sites, to examine the perceptions of nursing students and mentors.

Within nursing, mentorship is integral to students' clinical placement experiences and has attracted increasing interest among researchers. Despite a plethora of studies focusing on mentoring and its nature and application within the practice setting, limited attention has been paid to the extent to which guidelines provided by regulatory bodies for nursing inform and influence the practice of mentoring in contemporary health-care settings.

The study used a two-phased design with data on mentorship being focused on the second phase. Data were collected using an online survey questionnaire of pre-qualifying students and a postal questionnaire for practice mentors. The findings highlight the importance of mentorship for prequalifying students and emphasize the need to provide mentors with adequate preparation and support. They confirm previous research, but also highlight improvements in bridging the gap between rhetoric and reality for mentorship. Results are further strengthened when compared with those of the second study. Findings provide new evidence of a narrowing of the gap between the theory and practice of mentoring and for the continuing implementation of national standards to clarify the roles and responsibilities of the mentor. They also suggest the benefits of developing such standards in countries with similar systems of support for nursing students.

Its results indicated that mentorship is pivotal to students' clinical experiences and is instrumental in preparing them for their role as confident and competent practitioners.

In another study conducted by Watson (1999) entitled "Mentoring today--the students' views. An investigative case study of pre-registration nursing students' experiences and perceptions of mentoring in one theory/practice module of the Common Foundation Program on a Project 2000 course". The study reported in this paper investigated the mentoring experiences and perceptions of pre-registration nursing students in one organization, on a theory/practice nursing module. It considered the extent to which students' understanding and expectations matched their actual experiences. Interviews were conducted with 35 students on a Common Foundation Program, and 15 allocated mentors, using a semi-structured interview guide. These were done within the clinical setting of the wards on which the students were placed as part of their requirements for completion of the module. A distortion of the actual meaning of mentoring appears to be present because of the lack of clarity provided, both internally by organizations and by the English National Board (ENB) who has provided loose guidelines. The implications of this distortion are discussed. The application of a mentoring role in practice needs to be re-examined, with the provision of a clear structured guide internally and externally, with regard to the needs of students and staff that are expected to act as mentors. The study was small scale and cannot be generalized. Mentoring, however, is now widely used within pre-registration nursing education, even though it is generally considered that its use may not be appropriate. Follow-up studies need to be undertaken on an ongoing basis, to examine what actually happens in practice, and to consider ways of ensuring that the benefits for staff and students are enhanced.

In Summary, all of these studies had indicated that mentors in any field of practice were operating under some degree of occupationally related stress and that teachers' general responses to stress and occupational stress were related. Results indicated that teachers' responses to high occupational stress tended to be more maladaptive than adaptive. Perceptions of inadequate planning/preparation time and a general feeling of "never catching up" were identified as significant stressful elements. The profile of a teacher with high stress tendencies, based on study data, is presented, as are multiple recommendations for use of study instruments and data. (JMK)

It is the intention of this current study to come up with the actual or specific mentoring problems to enhance faculty development and competency of the clinical instructors in the different nursing institutions in Iligan City.

Research Design and Methodology

This study used the descriptive research design to enable this researcher to describe or present the picture of the concern of clinical instructors' in their mentoring and correlating these mentoring problems to the profile, stress symptoms and mentoring styles. It looked into the common mentoring problems of clinical instructors in the different nursing institution of Iligan City and its effect on the mentoring competency of these clinical instructors.

Iligan City is located at the Southern part of the Philippines. This study was conducted in the different nursing institutions of Iligan City namely: Nursing School A is a private non-sectarian university producing holistic and productive graduates in various medical fields and other disciplines - presently employed a total of 40 clinical instructors. Nursing School B is also a private institution and presently has a total of 19 regular clinical instructors working. Likewise, Nursing School C is a private religious college founded by the Religious of the Virgin Mary nuns since 1914, this school has a total of 25 clinical instructors employed. Nursing School D is a private non-sectarian college and has a total of 30 Clinical Instructors and Nursing School E comprised of 26 clinical instructors and 3 administrative personnel.

The Clinical Instructors assigned in the different nursing institutions in Iligan City were the respondents of this study. About 70 clinical instructors were able to answer the questionnaire given and retrieved. The clinical instructors were encouraged to answer the questionnaire candidly and honestly.

This study uses the most common type of research instrument which is the questionnaire. Attached to the questionnaire were copies of the permit from the Dean of Nursing and cover letter containing the researcher's name, purpose of the study, and the values of the information gathered. The purpose of the cover letters was to gain the cooperation of the respondents in answering the questionnaire.

The questionnaire is composed of (9) nine parts; the first part consists of questions that would answer the information of the clinical instructors' profile. The second part would seek information about the type of mentoring style. The third part till the eight part would evaluate the clinical instructors with their job, role, relationships at work, Career Development, Organizational Structure and climate, Home-Work Interface and coping strategies. The 9th section deals with possible sources of stress and looks at whether you are experiencing some of the common symptoms of stress. This would then ultimately seek information about the common mentoring problems encountered by the clinical instructor's in their field of nursing education in those areas.

The researcher found out that the strength of this research study had certain procedures followed upon gathering the data. The procedures that this researcher used was to make a permission letter to the Dean of Nursing in these institutions. After the permission was granted, the structured questionnaire was administered personally to the respondents to ensure efficiency, speedy retrieved the questionnaire, and then tally the responses by the respondents.

The Instrument and Its Validity

The instrument of the study was validated instrument in mentoring style by the Sheridan Institute in Los Angeles, California. The questionnaire was pre-tested to identifyany ambiguities in the questions and to identify the rangeof possible responses for each question to least 5 clinical instructors in the different nursing institution in Iligan City.The study had utilized cluster sampling method using the mutivariate /variation sampling since this involves selecting cases with a wide range of variation of clinical instructors from different nursing institution in Iligan City.

Table 1 Chi-Square Tests for Validity of 10 Clinical Instructor's

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.875(a)	9	.220
Likelihood Ratio	12.781	9	.173
Linear-by-Linear Association	.794	1	.373
N of Valid Cases	10		

Table 1 showed the pre-tested value of the sampled 10 clinical instructors and the corresponding test for validity among the variables were found out to be standard and significant.

Statistical Treatment of the Data

The study uses the following statistical tools of the analysis and interpretation of data. Frequencies, percentage, weighted mean,Pearson Product- Moment Coefficient of Correlation (Pearson's r) and T-test for significance relationship. This will be used to establish significance of r values and the rejection or acceptance of hypothesis.

Rating Scale and Verbal Description. This will be used to rate and describe the dependent variables of the study. The following scales and description will be used for the Common Mentoring Problem of clinical instructors in Iligan City: 5.00 (always), 4.00 (frequent), 3.00 (sometimes), 2.00 (seldom) and 1.00 (never).

Results and Discussion

This portion discusses the demographic profile of clinical instructors in the different nursing institution in Iligan City. It is classified according to age, sex, status, school, length of service, salary, educational attainment and type of mentoring duty.Table 2. Profiling of Respondents

Age	**21-25 yrs. old** 26-30 yrs. old 31-35 yrs. old 36-40 yrs. old 41-45 yrs. old	**33%** 23% 23% 18% 3%
Gender	**Female** Married	**71%** 29%
Civil Status	**Single** Married	**57%** 43%
School	**Nursing School A** Nursing School B Nursing School C Nursing School D Nursing School E	**36%** 23% 19% 15% 7%
Length of Service	**>5 yrs.** 6-10 yrs 11-15 yrs. 16-20 yrs. <20 yrs	**73%** 27% 0% 0% 0%
Monthly Salary	**Php 5,000-10,000 ($100-200)** Php 11,000-15,000 ($250-300) Php 16,000-20,000 ($350-400) Php 21,000 Above ($450-1,200)	**29%** 54% 17% 0%
Educational Attainment	BSN, Registered Nurse **BSN, RN with Master's Units** Master's Degree Holder MA with PhD units PhD Holder	16% **70%** 14% 0% 0%
Type of Mentoring	Teaching and Clinical Exposure Teaching	**94%** 6%

Majority of those who participated in the research were relatively young clinical instructors .The majority of the clinical instructors are from 21-25 years old age bracket and they constitute 33% of the respondents. This influx of relatively young clinical instructors are due to the high demand for nurse educators and nursing institution prefer to hire young clinical instructors due to financial discrepancy versus tenured and highly qualified clinical instructors.

Nursing is a profession that is mostly occupied by female gender. It is apparent that only 20 clinical instructors are male or 29% and the percentage of female clinical instructors who participated in the study is relatively high at 71% or 50 clinical instructors. Men still comprise a very small percentage of the total number of RNs living and working in the Philippines, although their numbers have continued to grow. When the highest nursing or nursing-related educational preparation is considered, a similar pattern emerges with respect to education below the baccalaureate degree. Females were nearly twice as likely as compared to males to list a diploma as their highest nursing or nursing-related educational preparation. Nursing is defined as a profession of nurturing and caring and these attributes are found true to the feminine gender. Historically, nurse's has always been associated with women,thus the profession is female dominated .

Out of 70 respondents the marital status showed that 40 of these clinical instructors or 57% are still single and 30 clinical instructors or 43% are married. Considering the status of the respondents shown in the Table 2, it is but logical to conclude that that more single clinical instructors are employed. This might be due the institution's preference since there are less concern for clinical instructor's being single versus the married responsibilities of a married clinical instructor. Another observation is that because of the rapid turn-out of highly skilled clinical instructor's in going abroad, the answer for the nursing institution is to hire new or neophyte clinical instructor's who are obviously single.

Twenty-six (26) clinical instructors or 36% came from nursing school A followed by 17 clinical instructors or 23% from nursing school B; 14 clinical instructors or 19% from nursing school C; 11 clinical instructors or 15% from nursing school D and only 5 clinical instructor or 7% from nursing school E. The fact that this author hailed fromnursing school A provided convenient opportunity to derive the exact number of clinical instructor in the nursing school.A The other institution had a limited number of

clinical instructors present during the handing and retrieving of the said questionnaires due to scheduling concerns. Intermittent schedules were also a great concern for this researcher and the timely and complete retrieval of the questionnaires.

As seen in Table 2, 51 clinical instructor or 73% have a work experience of less than 5 yrs. And 19 clinical instructors or 27% have a 5-10 years working experience. In Iligan City, the only nursing institution that was prominent for more than 30 years was nursing schoolD and there is a rapid turn-out of clinical instructors in this institution that eventually went abroad during a brief stay as clinical instructor. Meanwhile, the rest namely: nursing school C (20+ years), nursing school E (2003), nursing school C (2004) and nursing school A (Extension Campus 2004). Thus, all of the 4 are relatively new in Iligan and tend to hire young and neophyte clinical instructors.

With the rapid increase in Nursing students in the last few years, schools are forced to hire clinical instructors (CI's) and lecturers even though they have zero work experience. While a lot of them are likely very competent and versed in nursing theory, one can't help but wonder if ill-prepared lecturers are part of the reason why nursing licensure performance has dropped. The salary is part of the allure while a lot of nurses, especially newly licensed ones, want to be a CI.

Furthermore, the results revealed that the monthly salary of the clinical instructors ranges from 5,000 Php to 21,000 and up. There were 38 or 54% of clinical instructors who are earning 11,000-15,000, which constitutes the largest percentage of the study population. Twenty or 29% of clinical instructors were earning an income between 5,000-10,000 Php and only 12 or 17% of clinical instructors were earning an income of more than 16,000-20,000 Php which was the prevalent income among the respondents. Based on the data collected, majority of clinical instructors came from nursing school A (36%) and being a state owned university, ranking and salary scheme is based on the Department of Labor laws and Board of Nursing resolution. A starting salary of a Clinical Instructor I is within the 12 thousand Philippine peso ($250-300). Thus, explained the 54% clinical instructor's earning 11,000-15,000 Philippine peso. Average annual earnings varied according to the highest level of nursing or nursing-related educational preparation. The pattern of earnings is predictable in most instances, with nurses with advanced degrees achieving higher earnings. For almost all positions where master's-prepared RNs were employed in significant numbers, their average earnings were higher than those with diploma, associate, or baccalaureate degrees. The earnings of master's-prepared nurses averaged P20,000-25,000. Nurses educated at the doctoral level averaged slightly higher earnings at P30-35,000.

For the educational attainment showed that 49 or 70% of clinical instructors have at least a Bachelors degree in nursing with MA units, 11 or 16% of clinical instructors only have their Bachelor's degree in Nursing and only 10 or 14% of clinical instructors have finished their Master's in Nursing. It is mandated by the CHED and Board of Nursing that clinical instructors must have finished their masteral degree if not at least has credited a number of masteral unit, to enable them to be clinical instructors. In those categories where the educational preparation was less than the master's level, the average earnings were noticeably lower. Earnings and education patterns appear to be more complex than simply assuming that higher levels of education automatically translate to higher earnings. Earnings and education patterns are complex and subject to many variables.

Lastly, the studyshowed that 66 or 94% of clinical instructors mentoring duty involves combination of teaching in classroom and Clinical Instructing (Duty in Hospital). Only four or a mere 6% of clinical instructors were confined in the classroom as lecturer. The Philippine nursing institutions requires and encourages clinical instructors to be a mentor by concept (classroom instructing) as well as having their duty in the clinical area to supervise these nursing students in the actual clinical settings. But this is only if they have acquired a minimum 18 units of master degree units to ascertain their competency in mentoring.

Mentoring Styles

There are different Style of mentoring - 'Letting Go' Style, 'Active Listening' Style, 'Advisory' Style, 'Prescribing' Style, 'Cooperative' Style. Statistical software was employed to run and easily interpret raw data. Using frequency and percentage, the following data were obtained.

To be able to understand the problems of the mentors, there is a need to determine the kind of mentors associated with these problems. There are many different kinds of mentors based on mentoring styles. The styles may be one or two or more depending on the personality and beliefs of the mentors. There were those who switch to another style when the situation or the mentee 'asks' for it. There were also those where none of the mentoring styles are being applied. The 'Letting Go' Style of the mentor gets into the conversation by giving time to let things develop, waiting for things to happen in a natural way, avoiding an over-emotional approach and avoiding rush and pressure. The 'Active Listening' Style gets into the conversation by asking questions when things are unclear, checking things by summarizing, being reserved in giving you own opinion, giving space to the mentee, showing that you understand the mentee. The 'Advisory' Style gets into the conversation by giving suggestions for good problem solving, advising as an objective outsider, giving alternatives so that the mentee can make a choice, giving advice expertise based. The 'Prescribing' Style gets into the conversation by taking responsibility for solving the mentee's problems, offering instructions on how to handle problems, being convincing and persuading., requiring improvement and if necessary holding out the prospect of consequences. The 'Cooperative' Style gets into the conversation by striving for a joint vision, involving the mentee in problem-solving, giving space to the opinion of the mentee, appreciating equality in contributions and being focused on cooperation.

Table 3. Kinds of Mentors based on their Mentoring Styles

KIND OF MENTOR	NUMBER	%
Letting go/active listening/advising/prescribing/cooperation	6	8.57
advising/cooperation	16	22.86

letting go/advising/cooperation	7	10.00
active listener/advising	5	7.14
advising	1	1.43
active listener/advising/cooperation	2	2.86
Cooperation	14	20.00
letting go/cooperation	3	4.29
letting go	2	2.86
letting go/active listener/cooperation	2	2.86
Does not possess any mentoring skills	12	17.14
Total	70	100

Of the 70 nursing mentors surveyed from different institutions in Iligan City, it was found that the mentoring styles differed based on cluster analysis of the answers of the mentors surveyed. Some mentors employ one style; there were those who preferred two or more while others do not have any mentoring skills (Table 3). Mentoring has always been a difficult and challenging profession. It is therefore vital that clinical instructorsknow how to adjust and adapt in different situations. The data validated the idea that no definite mentoring style is exact for all situations. Since clinical instructors' deals with their mentor holistically (physically, emotionally, psychologically and even spiritually) the wide scope of the challenges involve with nursing mentoring is as diverse as the unpredictability of things.

The alarming data in this table is the 12 clinical instructors who does not possess any mentoring skills at all. These 12 clinical instructors themselves are not even aware that they evaluated themselves without any mentoring style. Constant evaluation and guidance should be given to these mentors to enlighten and strengthen their weakness and enhance their strong points as a mentor. A potentially serious conflict in the mentoring relationship can relate to the style of the mentor and the mentee. "Style" relates to a host of characteristics that comprise a person's individuality. Style, along with the ability to understand and deal with differences in style as part of the mentoring process (Leaver, 2001).

Part III.

Table 5 shows the five (5) Mentoring Styles namely; Letting Go, Active Listening, Advising, Prescribing and Cooperation. The scaling of clinical instructor's answers was evaluated as follows; I strongly disagree, I disagree, I agree nor disagree, I agree and I totally agree.

Table 5. Clinical instructors Mean distribution on Letting Go style of Mentoring

	LETTING GO	5	4	3	2	1	MEAN	INTERPRETATION
1.	When I deeply go into the problems of the mentee, this often evokes new problems, I prefer to avoid that.	5	15	16	21	13	3.31	I AGREE NOR DISAGREE
2.	When I see that my mentee is worried about something I take a lot of time to go into this.	2	5	28	29	6	3.46	I AGREE
3.	I give all kind of suggestions to my mentees with the expectation that they choose the best suggestion for themselves.	5	5	9	37	14	3.71	I AGREE
4.	For complicated problems I give solutions to the mentee because the mentee does not have a good overview in those cases.	8	31	17	12	2	2.56	I DISAGREE
5.	We solve together the mentee's problem on the basis of equality.	5	6	12	4	6	3.53	I AGREE

Legend: 5- I strongly disagree
4-I disagree
3-I agree nor disagree
2- I agree
1- I totally agree

On Letting Go mentoring style, the clinical instructors neither agree nor disagree over involving themselves to the problem of the mentees in order avoid new problems. This implies that clinical instructors feel that they should only limit their involvement of mentees concerns to their academe but do understand the psychological and emotional challenges that are part of the mentees problems. On the other hand, clinical instructors agree that when mentee is worried about something they take a lot of time to go into this (mentoring problem # 2). As mentors, clinical instructors tend to care about their student since mentoring like nursing is a holistic approach. Mentoring problem no. 3 indicate that clinical instructors agree in giving all kind of suggestions to their mentees with the expectation that they choose the best suggestion for themselves. In the Nursing education, independence and the development of Knowledge, skills and attitude is vital for the development of mentees efficient nursing care service to their would-be patient. But for # 4 situation under letting go style, clinical instructors disagree when it comes to dealing with mentees complicated problems they do not agree in giving solutions because they believe that this will not promote independence and critical thinking on the part of the mentee. Consistent with their answers in situations no. 1, 2, and 3- clinical instructors indicated that they agree in solving together the mentee's problem on the basis of equality. To come up with good nursing graduates, clinical instructors believe that mentoring should be a partnership between clinical instructors and students.

Table 6. Clinical instructors Mean distribution on Active Listening style of Mentoring

ACTIVE LISTENING							
6. As a mentor I wait and see how the mentees see their problems.	4	9	14	36	7	3.47	I AGREE
7. I give my mentees space to talk about their problems; I do not give my opinion in principle.	2	7	11	44	6	3.64	I AGREE
8. I see myself as someone who in mentoring situations give suggestions and mentees then can make a choice themselves.	4	5	5	41	15	3.83	I AGREE
9. From my experience I feel entitled to indicate how problems can be solved in the most efficient way.	9	4	17	36	4	3.31	I AGREE NOR DISAGREE
10. In the mentoring relationship I abandon from any hierarchy between me and the mentee so that we can share our contributions equally.	11	3	15	30	11	3.39	I AGREE NOR DISAGREE

Legend: 5- I strongly disagree
4-I disagree
3-I agree nor disagree
2- I agree
1- I totally agree

On Active Listening, clinical instructors had indicated that they agree on the following situations (6, 7, and 8) waiting and seeing how the mentees see their problems; giving mentees space to talk about their problems but do not give their opinion in principle andsee themselves as someone who in mentoring situations give suggestions and mentees then can make a choice themselves. This indicated that independence and problem solving technique is greatly encouraged by the mentors to ascertain student nurse's capability in handling different situations in the future. In situations 9 and 10 however, clinical instructors neither agree nor disagree when it comes to their experience they feel entitled to indicate how problems can be solved in the most efficient way with their students and abandon from any hierarchy(position) between clinical instructors and the mentee so that both can mutually share problem-solving techniques equally and effectively.

Table 7 Clinical instructors Mean distribution on Advising style of Mentoring

ADVISING	5	4	3	2	1	MEAN	INTERPRETATION
11. If a mentee is functioning badly I stay	6	9	18	35	2	3.26	I AGREE NOR DISAGREE

calm: those problem often resolve themselves.							
12. I am open minded to solutions coming from the mentee, even if on first sight I do not think much of them.	2	5	18	39	6	3.60	I AGREE
13. If a mentee really is in trouble, good thinking is impossible for him or her, so in these occasions it is better that I do the work of the problem solving.	8	18	15	27	2	2.96	I AGREE NOR DISAGREE
14. Good solutions are hard to find so I often insist on that mentees follow my advice.	21	20	15	11	3	2.36	I DISAGREE
15. In the mentoring process I am constantly searching for solutions that can really be acceptable for me and the mentee.	9	7	7	39	8	3.43	I AGREE NOR DISAGREE

Legend: 5- I strongly disagree 2- I agree
4-I disagree 1- I totally agree
3-I agree nor disagree

On Advising type of Mentoring, clinical instructors agree that they are open minded to solutions coming from the mentee, even if on first sight they do not think much of them. As the learning progresses for these mentees, nursing educators believe that knowledge, skills and attitudes can be improved as the nursing year level increases (situation 12). Situation 11, 13 & 15 clinical instructors neither agree nor disagree on the following scenario: If a mentee is functioning badly C.I.s stay calm because they believe those problem often resolve themselves.; If a mentee really is in trouble, good thinking is impossible for him or her, so in these occasions it is better that C.I.s do the work of the problem solving; If a mentee really is in trouble, good thinking is impossible for him or her, so in these occasions it is better that C.I.s do the work of the problem solving; and that in the mentoring process clinical instructors(C.I.s) constantly search for solutions that can really be acceptable for them and the mentee. Although C.I.s believe in their mentees capability, clinical instructors experience will be a great asset to some situation wherein nursing students will find themselves at loss in deciding, that's why mentors should be ready for this. Situation 14 implied that clinical instructors disagree on the notion that good solutions are hard to find so C.I.s has to insist to their mentees to follow their advice. This is consistent to their endeavor to promote nursingstudent's independence and prudent decision making.

Table 8Clinical instructors Mean distribution on Prescribing style of Mentoring

PRESCRIBING							
16. I keep away from problems of my mentees because I think it is better that they solve their problems themselves or with the help of their friends and colleagues.	7	21	21	21	0	2.80	I AGREE NOR DISAGREE
17. When listening to my mentee I in principle do not give my opinion.	3	27	15	21	4	2.94	I AGREE NOR DISAGREE
18. A good mentor really is a good adviser who stimulates the other to think and reflect after suggesting all kinds of solutions.	5	7	4	24	30	3.96	I AGREE
19. Because of my position, experience and expertise I can analyze problems very quickly and the	2	13	24	25	6	3.29	I AGREE NOR DISAGREE

point at solution in an effective way.							
20. As a mentor I am open and clear about my points of view and I expect the mentee to be the same.	8	13	17	26	6	3.13	I AGREE NOR DISAGREE

Legend: 5- I strongly disagree 2- I agree
4-I disagree 1- I totally agree
3-I agree nor disagree

For Prescribing type of Mentoring, situation 18 indicates that clinical instructors agree that good mentor really is a good adviser who stimulates the other to think and reflect after suggesting all kinds of solutions. But in situation 16, 17, 19 & 20; clinical instructors neither agree nor disagree on the following scenarios: keeping away from problems of their mentees because they think it is better that mentee solve their problems themselves or with the help of their friends and colleagues; When listening their mentee C.I.s in principle do not give their opinion and because of their position, experience and expertise they can analyze problems very quickly and the point at solution in an effective way; and as a mentor they can be open and clear about their points of view and C.I.s expect the mentee to be the same. Clinical Instructors are there to give and share knowledge but are also continually learning themselves, that's why uncertainty as to totally help or promote independence with mentees can be critical since this might sometimes be healthy or not for them.

Table 9Clinical instructors Mean distribution on Cooperation style of Mentoring

COOPERATION							
21. I send a mentee with personal problems to an expert in that field.	0	16	17	32	5	3.37	I AGREE NOR DISAGREE
22. I often take the position of a 'sounding board'.	11	9	24	24	2	2.96	I AGREE NOR DISAGREE
23. Mentoring for me is a matter of giving ideas that lead to problem solving.	5	4	14	39	8	3.59	I AGREE
24. In mentoring conversations I talk mostly about how to handle problems in an effective way.	4	17	13	23	13	3.34	I AGREE NOR DISAGREE
25. The best solutions come from two directions.	5	2	12	33	18	3.81	I AGREE

Legend: 5- I strongly disagree 2- I agree
4-I disagree 1- I totally agree
3-I agree nor disagree

And for Cooperation style of Mentoring (Table 9), clinical instructor agrees that mentoring for them is a matter of giving ideas that lead to problem solving for mentees (situation 23) and also agree that the best solutions come from two directions (situation 25). Although clinical Instructors in this type of mentoring has ambivalence – neither agree nor disagree concerning sending a mentee with personal problems to an expert in that field (situation 21). Since mentors can also be adviser but at the same time uncertainty will sometimes arise on the appropriateness of the solutions to the problem involved. Clinical instructors also neither agree nor disagree on the notion that they often take the position of 'sounding board' (situation 22). Sounding Board or giving unsolicited advises to mentees, this is one characteristics of mentoring that is inherent to strict or authoritarian type of mentor but is not effective with cooperation style since ideas are a two-way process. And another scenario that C.I.s agree nor disagree is when in mentoring conversations C.I.s talk mostly about how to handle problems in an effective way to their mentees (situation 25). Although C.I.s tend to help out with suggesting, they can never be sure if the mentees understood or if their ideas relate to these mentees.

Table 10. Types of Mentoring Styles used by the Clinical Instructors in the Different Nursing Institution in Iligan City.

MENTORING STYLES	5	4	3	2	1	MEAN	INTERPRETATION
Letting Go	0	3	43	23	1	3.31	I agree nor disagree
Active Listening	7	4	3	52	4	3.60	I agree
Advising	4	10	32	24	0	3.09	I agree nor disagree

Prescribing	0	20	24	26	0	3.09	I agree nor disagree
Cooperation	5	6	17	38	4	3.43	I agree nor disagree

Table 10 uses mean frequency distribution as to what mentoring styles are used by clinical instructors in the different nursing institution in Iligan City. The data showed that most clinical instructors prefer the Active Listening type of Mentoring with the mean of 3.60. This indicates that the clinical instructors believe in listening and working with their mentees in coming up with solutions that will be beneficial to all concerned. The rest of mentoring styles namely; Letting Go, Advising, Prescribing and Cooperating are neither agreed upon nor disagreed. This could be because no ideal mentoring style is definite with the scenario or the mentees personality.

The Actual Responses of the Mentoring Problems of Clinical Instructor in the Different Nursing Institution in Iligan City.

The following data were computed by this researcher using the frequency distribution of clinical instructors' response to a particular question referring to the Job, Roles, Relationships at work, Career Development, Organizational Structure and Climate, and Home and work Interface. Basing on the Likert scale description rating the following terms are defined as follows: ALWAYS means all the time, continuously and uninterruptedly; FREQUENTLY means many times, often, repeatedly and commonly; SOMETIMES means at one time or other hereafter; SELDOM means rare or infrequent; NEVER means not ever or not at any time. Thus the following answers are found out:

Table 11Mentoring Problems by Clinical Instructors in their Job.

YOUR JOB	1	2	3	4	5	MEAN	INTERPRETATION
1. Are you satisfied with your job generally?	2	3	22	25	18	3.77	Frequently
2. Do you think that your skills, knowledge and experiences match the requirements of your job?			3	41	26	4.33	Always
3. Do you think that your skills, knowledge and experience are being used as much as you would like them to be?		3	7	32	28	4.21	Frequently
4. Do you think that class preparation time is adequate?	2	5	19	16	26	3.87	Frequently
5. Do you think that you have adequate resources to be able to do your job?	2	5	19	16	28	3.90	Frequently
6. Do you think that your workload is just about right?	2	8	18	21	21	3.73	Frequently
7. Do you think that the deadlines/targets you are given are reasonable and achievable?		13	10	24	23	3.81	Frequently
8. Do you think that the health, safety and welfare of staff are a priority within the college?	10	10	14	14	22	3.40	Sometimes
9. Are you satisfied with your physical working environment? (Hearing, lighting, space, equipment, etc)	2	8	6	31	23	3.93	Frequently
10. Are you satisfied with the facilities available for food and drink?	6	3	8	24	29	3.96	Frequently
11. Do you think that you have opportunities within your working	10	16	10	12	22	3.29	Sometimes

day for rest and relaxation or exercise?							
12. Are you satisfied with the facilities available to staff for:							
i. Counseling?	8	14	19	26	3	3.03	Sometimes
ii. Health Advice and Information?	8	11	22	26	3	3.07	Sometimes
iii. Safety Advice and Information?	10	5	28	24	3	3.07	Sometimes
					Mean	3.67	Frequently

Table 11 shows the clinical instructors answers regarding their job, Job satisfaction was frequent (JQ 1,2,3,4,5,6,7,9,10) but with regards to health, safety and welfare of staff, clinicalinstructor's satisfaction rate is only sometimes (JQ 8,11,12). Due to the multi-task requirement of being a clinical instructor, adjustment and adaptability is required. The situation here in the Philippines is already understood by these mentors thus, they understood the limitation and has adjusted themselves to the bureaucracy of Philippine type of work situation. But the health, safety and welfare are not amongst the highest priority of these nursing institutions, sometimes they offer good health packages or sometimes these institutions make do with what they already have.

Table 12 Common Mentoring Problems by Clinical Instructors in their Role.

YOUR ROLE	1	2	3	4	5	Mean	Interpretation
1. Are you satisfied with your level of involvement in the decision making processes?	7	18	24	14	7	2.94	Sometimes
2. Do you think that your work is appreciated and seen as valuable?	4	19	16	19	12	3.23	Sometimes
3. Do you have a clearly defined job description and duties?	4	19	16	12	19	3.33	Sometimes
					Mean	3.07	Sometimes

Table 12 shows the satisfaction rating of clinical instructors with regards to their role to their job and institution is also sometimes. This may be due to the fact that they have less academic freedom and is mandated to follow the nursing institutions rules and policy. Also observed is the little involvement of some clinical instructors in the decision making process of their institution.

Table 13 Common Mentoring Problems by Clinical Instructors in their Relationship at Work.

YOUR RELATIONSHIP AT WORK	1	2	3	4	5	MEAN	INTERPRETATION
1. Are you satisfied that you and your colleagues assist and support one another?	2	2	10	31	25	4.07	Frequently
2. Are you satisfied with the way staff at work relate to each other?	2	8	5	28	27	4.00	Frequently
3. Are you satisfied that you are not being bullied or harassed at work in any way?	2	4	7	32	25	4.06	Frequently
4. Are you satisfied with the opportunities you have of receiving and giving feedback amongst your colleagues?	4	4	16	27	19	3.76	Frequently
5. Are you satisfied			21	31	18	3.96	Frequently

with the way you relate to students/customers?							
6. Are you satisfied with the way to students/customers relate to you?			23	35	12	3.84	Frequently
						4.09	Frequently

Table 13 shows that as nurses', clinical instructors are expected to have a high emotional intelligence. Emotional Intelligence refers to the ability to use emotions effectively and is required by leader-managers in order to enhance their success (Tan, et al, 2008). In this study wherein clinical instructor's satisfaction rating with their relationship at work is frequently. But being human, there is a great possibility of conflict with change and different personality clashes.

Table 14 Common Mentoring Problems by Clinical Instructors in their Career Development

YOUR CAREER DEVELOPMENT	1	2	3	4	5	Mean	Interpretation
1. Are you satisfied with the amount of training available to you at work?	8	14	14	17	17	3.30	3.3 Sometimes
2. Are you satisfied with the quality of training that you receive?	6	7	21	21	15	3.46	3.457143 Sometimes
3. Do you think that the opportunities to progress and develop through training are fair to everyone?	16	8	15	21	10	3.01	3.014286 Sometimes
4. Are you satisfied with the staff induction programme?	8	10	12	27	13	3.39	3.385714 Sometimes
5. Are you satisfied with the appraisal and review system?	3	17	14	25	11	3.34	3.342857 Sometimes
6. Do you feel there are opportunities available in college to enable you to progress in your career?	9	4	15	33	9	3.41	3.414286 Sometimes
7. Do you feel you are encouraged to progress in your career?	5	10	17	18	20	3.54	3.542857 Sometimes
						3.29	Sometimes

Table 14 indicated that in the Career Development aspect, satisfaction of clinical instructors with the amount of training available at work; quality training; opportunities to progress and develop; appraisal and review system; and personal encouragement in career was evaluated as only good or sometimes. Due to institutional budget constraints, scheduling, evaluation appraisal, ranking and a number of faculty in the nursing institution, it has been observed that faculty members sometimes felt unappreciated at times and not being given their due as to ranking and proper duty since the administrators tend to concentrate on a lot of things in a given time.

Table 15 Common Mentoring Problems by Clinical Instructors in their Organizational Structure and Climate.

YOUR ORGANIZATIONAL STRUCTURE AND CLIMATE	1	2	3	4	5	MEAN	INTERPRETATION
1. Are you satisfied with the communication methods that exist in the department/college or unit?	10	9	21	15	15	3.23	Sometimes

2. Do you reckon that you are treated as an individual?	4	6	17	21	22	3.73	Frequently
3. Are you satisfied with the overall management structure of the Department, college, and unit?	7	17	17	12	17	3.21	Sometimes
					MEAN	3.30	Sometimes

Table 15 the data implied that in the area of clinical instructor's satisfaction rating with regards to the organizational structure and climate. The communication methods that exist in the department is only good or sometimes, along with the overall management structure of the department. But have answered very good or frequently to being treated as an individual.

Table 16 Common Mentoring Problems by Clinical Instructors in their Home-Work Interface.

HOME-WORK INTERFACE	1	2	3	4	5	MEAN	INTERPRETATION
• Do you think that your home or social life is affected detrimentally by the events that happen at work?	14	17	20	12	7	2.73	Sometimes
• Do you think that your work is affected detrimentally by the events that happen at home or in your social life?	14	22	22	8	4	2.51	Seldom
• During the last year, have you had time off work because of ill health which you think was caused by stress at work?	23	12	11	17	7	2.61	Seldom
• Do you feel your health is being affected by your work?							
• Your physical health?	6	23	13	19	9	3.03	Sometimes
• Your mental or emotional health?	12	20	14	15	9	2.84	Sometimes
• Do you find you are smoking or drinking alcohol more, or using drugs to help you cope with problems at work?	56	11	0	1	2	1.31	Never
					MEAN	2.31	Seldom

Table 16 shows that in the Home-work interface, clinical instructors sometimes think that their work affected their personal or social life and including their health. The nurse educator tends to be taxed both physically and mentally due to shifting schedule and since nursing is both a science and an art, nurse educator tends to do research and update specially if they're handing classroom instructing. They might have busy schedule but clinical instructors cope with problems positively (HWI 5) and had never resorted to smoking, drinking or using drugs since they advocate healthy living and health teachings.

Table 17 Common Mentoring Problems by Clinical Instructor's in their Coping Strategies.

COPING STRATEGIES	1	2	3	4	5	MEAN	INTERPRETATION
1. Do you talk about your problems?	4	6	16	26	18	3.69	Frequently

2. Do you seek your friends, mentors and family members when you have a problem?	2	5	15	27	21	3.86	Frequently
3. Do you ventilate your emotions through positive recreation like sports and hobbies (like writing)?	0	1	15	30	24	4.10	Frequently
4. Are you patient?	0	9	10	34	17	3.84	Frequently
5. Are you moody and temperamental?	4	33	29	4	0	2.47	Seldom
6. Can you control your negative emotions through self-regulation like distancing, silence and withdrawing from the source of conflict?	2	3	19	24	22	3.87	Frequently
7. Are you found of music and the arts (movies, etc)?	0	0	18	11	41	4.33	Always
8. Do you frequently go out?	1	10	30	14	15	3.46	Frequently
9. Do you go to church and pray?	2	2	7	24	35	4.26	Frequently
10. Do you meditate?	1	3	31	15	20	3.71	Frequently
11. Do you regularly work out through sports and physical recreation?	8	8	31	11	12	3.16	Sometimes
12. Do you eat healthy foods?	2	3	20	29	16	3.77	Frequently
13. Do you drink healthy beverage?	0	3	20	31	16	3.86	Frequently
					mean	3.74	Frequently

In Table 17 with regards to clinical instructors coping, they frequently talk about their problems to colleague and significant others; frequently ventilating through positive recreation; is frequently patient; frequently can control emotions; interested in music and the arts; goes out; go to church frequently; meditate frequently; frequently worked-out; frequently eating healthy foods and frequently drink healthy beverage. But with regards to being moody and temperamental, clinical instructors seldom experience this. This proves that clinical instructors have a good coping mechanism in spite of their hectic and tiring schedules.

Stress Symptoms of Clinical Instructors in the Different Nursing Institution in Iligan City.

Table 18. Mean Frequency Distribution of the Stress Symptoms of Clinical Instructors in the Different Nursing Institution in Iligan City.

SYMPTOMS	1	2	3	4	5	mean	Interpretation
I have had trouble paying attention	18	32	14	6	0	2.11	Seldom
I have had stomach upsets	22	28	16	4	0	2.03	Seldom
I have been afraid of losing control	27	27	10	3	3	1.97	Seldom
I have felt tired	4	16	35	9	6	2.96	Sometimes
I have had headaches	13	32	16	7	2	2.33	Seldom
I have eaten too much	11	6	15	16	2	2.60	Seldom
I have avoided people	21	33	9	5	2	2.06	Seldom

I have had colds	10	35	19	0	7	2.43	Seldom
I have experienced periods of confusion	26	18	25	1	0	2.01	Seldom
I have lost interest in things	29	21	17	3	0	1.91	Seldom
I have had panic attacks	54	7	7	2	0	1.39	Never
I have been forgetful	17	23	18	10	2	2.39	Seldom
I have been nervous around people	36	22	7	3	2	1.76	Never
I have had sexual problems	57	8	5	0	0	1.26	Never
I have had dizzy spells	46	11	9	4	0	1.59	Never
I have performed poorly at work	37	20	7	6	0	1.74	Never
I have had recurrent thoughts about a bad experience	17	36	17	0	0	2.00	Seldom
I have found myself trembling	48	15	5	2	0	1.44	Never
I have had pains in my chest	46	15	4	5	0	1.54	Never
I have burst into tears	32	14	13	6	5	2.11	Seldom
I have found myself sweating excessively	40	18	8	2	2	1.69	Never
I have neglected my personal appearance	39	20	11	0	0	1.60	Never
I have felt my heart pounding	35	24	6	2	3	1.77	Never
I have had nightmares	48	12	5	5	0	1.53	Never
					MEAN	1.53	Never

Legend: 5- Always 2- Seldom
4- Frequently 1- Never
3- Sometimes

Table 18 shows that the Stress Symptoms of clinical instructors are as follows; clinical instructors seldom have trouble paying attention, seldom had stomach upsets, seldom fear of losing control, seldom had headaches, seldom have eaten too much, seldom have avoided people, seldom had colds, seldom have experienced periods of confusion, seldom have lost interest in things, seldom have been forgetful, seldom have had recurrent thoughts about a bad experience and seldom have burst into tears. But some of the clinical instructors had indicated that sometimes they felt tired. As clinical instructors, the job is not only confined in the classroom but also having shifting duties with a number of students in their clinical exposure. This is taxing on the clinical instructor's physical, emotional and psychological being resulting in stress symptoms. On the other hand, clinical instructors being in the health care service fully understand the complexities of the job thus they adjust and adapt to the challenges they faced. Due to these, clinical instructors have indicated quite surprisingly that they never suffered the following stress symptoms namely; panic attacks, nervousness around people, sexual problems, dizzy spells, performed poorly at work, trembling, chest pains, sweating excessively, neglected personal appearance, heart pounding, and never had nightmares.

According to Purvi Parikh in his study 'Occupational Stress and Coping among Nurses ', nursesoccupational stress appears to vary according to individual and job characteristics, and work-familyconflict. Common occupational stressorsamong nurses are workload, role ambiguity, interpersonal relationships, and death and dying concerns.Emotional distress, burnout and psychologicalmorbidity could also result from occupational stress. Nurses' common coping mechanisms includeproblem solving, social support and avoidance.Perceived control appears to be an important mediator of occupational stress. Coping and job satisfactionappear to be reciprocally related. Shiftwork is highly prevalent among nurses and a significant sourceof stress. The effects, moderating influences,coping mechanisms and risk factors associatedwith shift work are considered in detail here. Prophylacticand curative measures are important fornurses at both personal as well as organizationallevels.

This only proves that the stress symptoms of the clinical instructors are pretty good considering the pressures of their job.

Table 19Summary of Mean frequency Distribution of Mentoring Problems and Stress Symptoms of Clinical Instructors in the Different Nursing Institution in Iligan City

MENTORING PROBLEMS	MEAN	INTERPRETATION
JOBS	3.67	Frequently
ROLE	3.07	Sometimes
RELATIONSHIP AT WORK	4.09	Frequently
CAREER DEVELOPMENT	3.29	Sometimes
ORGANIZATIONAL STRUCTURE AND CLIMATE	3.30	Sometimes
HOME-WORK INTERFACE	2.31	Seldom
COPING STRATEGIES	3.74	Frequently
STRESS SYMPTOMS CHECKLIST	1.53	Never

Table 19 shows the summary of Mean Frequency Distribution of Mentoring Problems and Stress Symptoms of Clinical Instructors in the Different Nursing Institution in Iligan City. Wherein, mentoring problems related to clinical instructor's job is frequent; Role is sometimes; Relationship at work is Frequent; Career Development is sometimes; Organizational Structure and Climate is sometimes; Home-Work Interface is seldom; Coping Strategies is frequently and Stress Symptoms is never.

Table 20Test For Level Of Significance Profile And Mentoring Problems

PROFILE	MENTORING PROBLEMS	CHI-SQUARE value	p-VALUE	DECISION
Age	JOBS	10.930	0.535	Not significant
	ROLE	15.111	0.516	Not significant
	RELATIONSHIP AT WORK	13.340	0.345	Not significant
	CAREER DEVELOPMENT	24.531	0.079	Not significant
	ORGANIZATIONAL STRUCTURE AND CLIMATE	26.578	0.046	Significant
	HOME-WORK INTERFACE	25.854	0.050	Significant
	COPING STRATEGIES	18.609	0.098	Not significant
	STRESS SYMPTOMS	11.737	0.467	Not significant
Sex	JOBS	1.525	0.677	Not significant
	ROLE	10.208	0.037	Significant
	RELATIONSHIP AT WORK	1.883	0.597	Not significant
	CAREER DEVELOPMENT	3.949	0.413	Not significant
	ORGANIZATIONAL STRUCTURE AND CLIMATE	2.102	0.717	Not significant
	HOME-WORK INTERFACE	5.785	0.216	Not significant
	COPING STRATEGIES	2.817	0.421	Not significant
	STRESS SYMPTOMS	1.728	0.631	Not significant
				Not significant
Status	JOBS	1.472	0.689	Not significant
	ROLE	2.761	0.599	Not significant
	RELATIONSHIP AT WORK	2.250	0.522	Not significant
	CAREER DEVELOPMENT	10.004	0.040	Significant
	ORGANIZATIONAL STRUCTURE AND CLIMATE	12.353	0.015	Significant
	HOME-WORK INTERFACE	11.522	0.021	Significant
	COPING STRATEGIES	1.054	0.788	Not significant
	STRESS SYMPTOMS	1.468	0.690	Not significant
School	JOBS	11.484	0.488	Not significant
	ROLE	17.129	0.377	Not significant
	RELATIONSHIP AT WORK	3.652	0.989	Not significant
	CAREER DEVELOPMENT	10.071	0.863	Not significant

	ORGANIZATIONAL STRUCTURE AND CLIMATE	22.382	0.131	Not significant
	HOME-WORK INTERFACE	22.014	0.143	Not significant
	COPING STRATEGIES	8.924	0.623	Not significant
	STRESS SYMPTOMS	10.694	0.555	Not significant
Service	JOBS	0.628	0.890	Not significant
	ROLE	6.052	0.195	Not significant
	RELATIONSHIP AT WORK	2.368	0.500	Not significant
	CAREER DEVELOPMENT	5.289	0.259	Not significant
	ORGANIZATIONAL STRUCTURE AND CLIMATE	7.692	0.104	Not significant
	HOME-WORK INTERFACE	9.117	0.050	significant
	COPING STRATEGIES	2.664	0.446	Not significant
	STRESS SYMPTOMS	2.523	0.471	Not significant
Salary	JOBS	12.551	0.050	Significant
	ROLE	10.992	0.202	Not significant
	RELATIONSHIP AT WORK	4.219	0.647	Not significant
	CAREER DEVELOPMENT	16.735	0.033	Significant
	ORGANIZATIONAL STRUCTURE AND CLIMATE	15.877	0.044	Significant
	HOME-WORK INTERFACE	19.416	0.013	Significant
	COPING STRATEGIES	8.090	0.233	Not significant
	STRESS SYMPTOMS	11.007	0.088	Not significant
Education	JOBS	6.165	0.788	Not significant
	ROLE	6.526	0.589	Not significant
	RELATIONSHIP AT WORK	5.789	0.447	Not significant
	CAREER DEVELOPMENT	3.222	0.920	Not significant
	ORGANIZATIONAL STRUCTURE AND CLIMATE	9.977	0.267	Not significant
	HOME-WORK INTERFACE	5.471	0.706	Not significant
	COPING STRATEGIES	3.952	0.683	Not significant
	STRESS SYMPTOMS	2.536	0.864	Not significant
Area	JOBS	3.342	0.342	Not significant
	ROLE	6.910	0.141	Not significant
	RELATIONSHIP AT WORK	1.169	0.760	Not significant
	CAREER DEVELOPMENT	3.729	0.444	Not significant
	ORGANIZATIONAL STRUCTURE AND CLIMATE	5.480	0.242	Not significant
	HOME-WORK INTERFACE	2.171	0.704	Not significant
	COPING STRATEGIES	4.242	0.236	Not significant
	STRESS SYMPTOMS	3.190	0.363	Not significant

Table 20 shows the level of significance between the Profile of the clinical instructors and their mentoring problems. Regarding the age of clinical instructors, the chi-square value is 0.046, which is below the level of significance at 0.05, an indication that there is a significant relationship between the age and the Organizational Structure and Climate concern of the clinical instructors as well as the Home-Work Interface. The level of job satisfaction indicates the general attitude of clinical instructors toward their work. The organizational structure plays an important role in fulfilling clinical instructors' satisfaction regarding their organizational set-up and how they are treated. There is a wealth of empirical literature linking job satisfaction and other important workplace features, such as employee turnover.

In relation to this, the Home-work Interface was also significant since the concerns of the clinical instructors' can greatly affect his/her relationship towards her family or significant others outside the nursing institution she is serving.

With regards to Sex and Common mentoring problems, only the role concerns of clinical instructors with the chi-square value of 0.037 which is below the accepted level of significance, indicated that there was indeed a relationship on the roles and responsibility of the clinical instructor's since gender can affect the effectiveness of a clinical instructor's. Women clinical

instructor's tend to be more emotional and sensitive, whereas male clinical instructor's tend to view their roles as objective and will mostly function well physically since they do not have any physical concerns like menstruation, pregnancy and others.

In the Relationship between status of clinical instructor's and their common mentoring problems, there are three (3) area identified within the level of significance. These are Career Development, Organizational Structure and Climate and Home-work Interface. The satisfaction of clinical instructor's in their career and organization can influence either a most effective and competent instructor. But if there are ambiguities as to their satisfaction with their nursing institution, they tend to have problems physically, emotionally and psychologically which will then have led to a disgruntled faculty member, who do not perform well.

In relationship of clinical instructor's length of Service and common mentoring problems. The data identified that there was a significance of the Home-Work Interface (0.050). This is possibly because of the burn-out syndrome that clinical instructor's experienced. The result of living in a stressful environment for long periods of time may be "professional burn-out" for nurses thus affecting their personal and family life.

In the relationship between the salary and mentoring problems of clinical instructor's. The data identified four areas of concern and significance for clinical instructor's. These are Jobs, Career Development, Organizational Structure and Climate and Home-Work Interface. This is possibly because the four areas are vital for the satisfaction of these clinical instructors' professional career alongside their external environment outside their working area.

Of all the clinical instructor's profile the three (3) mentoring concerns does not have any significance School, Educational attainment and Type of Mentoring Duty. This could possibly because the three are not a great concern since clinical instructors have a sense of loyalty for their institution, they know that in order to be promoted or ranked they have to aspire to gain more educational achievements and these mentors' already know the scope of their mentoring area.

Test of Significance between Mentoring Styles and Mentoring Problems.

This part of the study presented and discussed the relationship between the independent, intervening and dependent variables. It also evaluated the test of the hypotheses formulated in this study to be accepted or rejected.

A. Mentoring Style vs. Mentoring Problem (Job)

Table 21. Test Significance of Mentoring Styles vs Mentoring Problem (Job)

MENTORING STYLES	MENTORING PROBLEMS	CHI-SQUARE VALUE	p-VALUE	DECISION
Letting go	Jobs	15.762	0.072	Not significant
Active Listening	Jobs	16.479	0.172	Not significant
Advising	Jobs	11.818	0.224	Not significant
Prescribing	Jobs	20.280	0.002	Significant
Cooperation	Jobs	22.689	0.030	Significant

Table 21 presents the relationship between the different mentoring styles versus the mentoring problem of clinical instructors in their jobs. From the table the Prescribing and Cooperation mentoring styles had a significant correlation to the clinical instructor's job concerns.

While the Letting Go, Active Listening and Advising mentoring styles are not significant in the clinical instructors mentoring problem in their jobs. Since Letting Go mentoring style characteristic is Giving time to let things develop, waiting for things to happen in a natural way, avoiding an over-emotional approach, and avoiding rush and pressure. It's no wonder that in their job they seemed to "play it safe". Meaning, for as long as this mentor is paid and is working, he is okay. Active Listening tend to Asking questions when things are unclear, checking things by summarizing, being reserved in giving their own opinion, giving space to the mentee and showing that they understand the mentee. Again, like Letting Go these mentor is playing safe and doesn't want to compromise himself. With Advising, this mentor gives suggestions for good problem solving, advising as an objective outsider, giving alternatives so that the mentee can make a choice and Gives advice based on experience. On the bit of an authoritarian, this mentor doesn't concern himself with his job but himself only.

B. Mentoring Styles versus Mentoring Problem (Role)

Table 22 Test Significance of Mentoring Styles vs Mentoring Problem (Role)

MENTORING STYLES	MENTORING PROBLEMS	CHI-SQUARE VALUE	p-VALUE	DECISION
Letting go	Role	27.237	0.007	Significant
Active Listening	Role	40.632	0.001	Significant
Advising	Role	21.256	0.047	Significant
Prescribing	Role	24.863	0.002	Significant
Cooperation	Role	36.940	0.002	Significant

Table 22 presents the relationship between the different mentoring styles versus the mentoring problem of clinical instructors in their Role. From the table, all the 5 Mentoring Styles had a significant relationship to their Role concerns. This would somehow validate that the clinical instructor's role concerns can greatly affect or influence them. As mentors are given their exact role, this will promote efficiency of doing a task. Whatever mentorship style used, it is detrimental for individuals to know who

will work which and how this will be accomplished according to the management plan of the nursing institution. Thus, it is vital to these mentors' to be made to understand what is expected of them through giving of their exact role.

C. Mentoring Styles vs Mentoring Problem (Relationship at Work)

Table 23 Test Significance of Mentoring Styles vs Mentoring Problem (Relationship at Work)

MENTORING STYLES	MENTORING PROBLEMS	CHI-SQUARE VALUE	p-VALUE	DECISION
Letting go	Relation	10.809	0.289	Not significant
Active Listening	Relation	12.938	0.374	Not significant
Advising	Relation	14.766	0.098	Not significant
Prescribing	Relation	19.968	0.003	significant
Cooperation	Relation	25.737	0.012	significant

Table 23presents the relationship between the different mentoring styles versus the mentoring problem of clinical instructors in their Relationship at Work. From the table it shows that the prescribing and Cooperation plays a significant relationship to their relationship with their peers and superiors. Prescribing type of mentoring would somehow affect since this type of mentoring makes the clinical instructors authoritarian in their dealing with peers and mentee. Both Prescribing and cooperating style may irritate some colleagues since prescribing is somewhat authoritative and Cooperation may seemed like they are overdoing things to attract the leaders' approval. Thus, relationship might be affected.

D. Mentoring Styles vs Mentoring Problem (Organizational Structure and Climate)

Table 24 Test Significance of Mentoring Styles vs. Mentoring Problem (Organizational Structure and Climate)

MENTORING STYLES	MENTORING PROBLEMS	CHI-SQUARE VALUE	p-VALUE	DECISION
Letting go	Organization	19.864	0.070	Not significant
Active Listening	Organization	20.632	0.193	Not significant
Advising	Organization	15.887	0.196	Not significant
Prescribing	Organization	13.424	0.098	Not significant
Cooperation	Organization	27.943	0.032	Significant

Table 24 presents the relationship between the different mentoring styles versus the mentoring problem of clinical instructors in their Organizational Structure or Climate. From the table, only the Cooperative style of Mentoring indicates significance in their concerns with Organizational Structure and Climate. This would somehow tell that clinical instructors who are cooperative tend to be noticed and promoted in the organization they're in. Organization structure also depends on "check & balances" meaning mentors should be evaluated. Cooperating mentors are sometimes unsure in the evaluation, thus tend to be overdoing things. All too often mentors find evaluation uncomfortable. Frequently, this attitude is the result of unpleasant experiences in evaluating and being evaluated. However, if evaluation is done in accordance with style and through the separation of formative and summative forms of evaluation, evaluation can be a positive force in a teacher's professional life and in the mentor-mentee relationship.

E. Mentoring Styles vs. Mentoring Problem (Home-Work Interface)

Table 25 Test Significance of Mentoring Styles vs. Mentoring Problem (Home-Work Interface)

MENTORING STYLES	MENTORING PROBLEMS	CHI-SQUARE VALUE	p-VALUE	DECISION
Letting go	Home-Work	16.140	0.185	Not significant
Active Listening	Home- work	45.458	0.000	significant
Advising	Home- work	49.231	0.000	significant
Prescribing	Home- work	19.266	0.014	significant
Cooperation	Home- work	36.478	0.002	significant

Table 25 presents the relationship between the different mentoring styles versus the mentoring problem of clinical instructors in their Home-Work Interface. From the table, 4 Mentoring styles (Active Listening, Advising, Prescribing and Cooperation) are significant when it comes to Home-Work Interface. The Home-work environment could greatly affect the clinical instructor's daily activity.

F. Mentoring Styles vs. Mentoring Problem (Coping Strategies)

Table 26 Test Significance of Mentoring Styles vs. Mentoring Problem (Coping Strategies)

MENTORING STYLES	MENTORING PROBLEMS	CHI-SQUARE VALUE	p-VALUE	DECISION
Letting go	Coping	19.904	0.019	significant
Active Listening	Coping	22.664	0.031	Significant
Advising	Coping	23.947	0.004	Significant

Prescribing	Coping	3.970	0.681	Not Significant
Cooperation	Coping	27.419	0.007	Significant

Table 26 presents the relationship between the different mentoring styles versus the mentoring problem of clinical instructors in their Coping Strategies. From the table, only the Prescribing Mentoring Style is not significant in the coping strategies. This might be due to the fact that Prescribing mentors are the reserved type of people. They might have biases when it comes to having good coping mechanism since they believe themselves 'superior' and doesn't have any negative coping. Mentors who say that they are open to other opinions and ideas but listen with their arms and legs crossed are sending mixed signals–and unfortunately body language tends to speak louder than words.

Summary

In this study about mentoring problems of clinical instructors in the different nursing institution in Iligan City, the researcher a conducted a survey questionnaire to 70 clinical instructors' in the five nursing institutions.

The profile of Clinical instructors in the different nursing institution in Iligan City in terms of age and majority of those who participated in the research were relatively young clinical instructors, single, witha work experience of less than 5 yrs,earning 11,000-15,000, which constitutes the largest percentage of the study population, have at least a Bachelors degree in nursing with MA units, mentoring duty involves combination of teaching in classroom and Clinical Instructing.With regards to clinical instructors coping, they frequently talk about their problems to colleague and significant others; frequently ventilating through positive recreation; is frequently patient; frequently can control emotions; interested in music and the arts; goes out; go to church frequently; meditate frequently; frequently worked-out; frequently eating healthy foods and frequently drink healthy beverage. But with regards to being moody and temperamental, clinical instructors seldom experience this.

There are many different kinds of mentors based on mentoring styles. The styles may be one or two or more depending on the personality and beliefs of the mentors. There were those who switch to another style when the situation or the mentee 'asks' for it. There were also those where none of the mentoring styles are being applied.

Of the 70 nursing mentors surveyed from different institutions in Iligan City, it was found that the mentoring styles differed based on cluster analysis of the answers of the mentors surveyed. Some mentors employ one style; there were those who preferred two or more while others do not have any mentoring skills.

Clinical Instructors common mentoring problems were found out to be the following; Mentoring problems related to clinical instructor's job is frequent; Role is sometimes; Relationship at work is Frequent; Career Development is sometimes; Organizational Structure and Climate is sometimes; Home-Work Interface is seldom; Coping Strategies is frequently and Stress Symptoms is never.

The Prescribing and Cooperation mentoring styles had a significant correlation to the clinical instructor's job concerns. All the 5 Mentoring Styles had a significant relationship to their Role concerns. The prescribing and Cooperation plays a significant relationship to their relationship with their peers and superiors. The Cooperative style of Mentoring indicates significance in their concerns with Organizational Structure and Climate. Four (4) Mentoring styles (Active Listening, Advising, Prescribing and Cooperation) are significant when it comes to Home-Work Interface. The Prescribing Mentoring Style is not significant in the coping strategies.There is a strong relationship between the mentoring problems with the mentoring styles of clinical instructors.

Implications

Mentoring has always been a difficult and challenging profession. It is therefore vital that clinical instructors know how to adjust and adapt in different situations. The data validated the idea that no definite mentoring style is exact for all situations. Since clinical instructors' deals with their mentor holistically (physically, emotionally, psychologically and even spiritually) the wide scope of the challenges involve with nursing mentoring is as diverse as the unpredictability of things.

The alarming data in this table is the 12 clinical instructors who does not possess any mentoring skills at all. These 12 clinical instructors themselves are not even aware that they evaluated themselves without any mentoring style. Constant evaluation and guidance should be given to these mentors to enlighten and strengthen their weakness and enhance their strong points as a mentor. A potentially serious conflict in the mentoring relationship can relate to the style of the mentor and the mentee. "Style" relates to a host of characteristics that comprise a person's individuality. Style, along with the ability to understand and deal with differences in style as part of the mentoring process (Leaver, 2001).

Common occupational stressorsamong nurses are workload, role ambiguity, interpersonal relationships, and death and dying concerns.Emotional distress, burnout and psychologicalmorbidity could also result from occupational stress. Nurses' common coping mechanisms includeproblem solving, social support and avoidance.Perceived control appears to be an important mediator of occupational stress. Coping and job satisfactionappear to be reciprocally related. Shiftwork is highly prevalent among nurses and a significant sourceof stress. The effects, moderating influences,coping mechanisms and risk factors associatedwith shift work are considered in detail here. Prophylacticand curative measures are important fornurses at both personal as well as organizationallevels.

The satisfaction of clinical instructor's in their career and organization can influence either a most effective and competent instructor. But if there are ambiguities as to their satisfaction with their nursing institution, they tend to have problems physically, emotionally and psychologically which will then have led to a disgruntled faculty member, who do not perform well.

Conclusions

Based on the results, the clinical instructors mentoring performance will be greatly determining in their real capacity and focus on their mentoring styles. There was an alarming 12 clinical instructor who doesn't have mentoring style at all. The appropriateness of these mentoring styles may vary but it should not compromise the mentor's ideal characteristics.

There are many different kinds of mentors based on mentoring styles. The styles may be one or two or more depending on the personality and beliefs of the mentors.

The summary of Mean Frequency Distribution of Mentoring Problems and Stress Symptoms of Clinical Instructors in the Different Nursing Institution in Iligan City. Wherein, mentoring problems related to clinical instructor's job is frequent; Role is sometimes; Relationship at work is Frequent; Career Development is sometimes; Organizational Structure and Climate is sometimes; Home-Work Interface is seldom; Coping Strategies is frequently and Stress Symptoms is never.

The Stress Symptoms of clinical instructors are as follows; clinical instructors seldom have trouble paying attention, seldom had stomach upsets, seldom fear of losing control, seldom had headaches, seldom have eaten too much, seldom have avoided people, seldom had colds, seldom have experienced periods of confusion, seldom have lost interest in things, seldom have been forgetful, seldom have had recurrent thoughts about a bad experience and seldom have burst into tears. But some of the clinical instructors had indicated that sometimes they felt tired.

Realizing that behavior is a function of the way in which the individual perceives, and knowing that perceptions are effected by any and all of these factors enables a good adjunct faculty to facilitate the learning process by avoiding any actions which negate the attainment of teaching goals. Teaching is consistently effective only when these factors which influence perceptions are recognized and taken into account.

The results of the study should be interpreted cautiously. Although the researcher by cluster selected these clinical instructors, it is possible that those who responded had different attitudes and perception towards their mentoring problems, style and stress management, thus contributing to biases.

Recommendation

There should be regular evaluation of clinical instructors not only with their academic performance but more so, with the physical, psychological and emotional well-being. Regular appraisal should be maintaining as to the ranking, scheduling and faculty development should be given ample time and financing, as this will boast confidence, career enhancement and solid collegiality among clinical instructors. They should also look into the welfare of this nursing faculty since the success of the institution and their graduates will be evident.They should encourage their faculty to actively participate in decision-making activity to foster 'ownership' characteristic with the clinical instructors since their ideas are considered to be a part of the growth of the institution as a whole. And ascertain improvement in working conditions between the Dean/Chairman and their clinical instructors. This will help foster better interpersonal and professional relations that will benefit all.

For Clinical Instructors, awareness of these mentoring styles and problems will hopefully improve their mentoring adaptation more to various challenges that will further make them effective in their mentoring techniques, as well as improve clinical instructor's competency along with their professional growth.

The students should understand the plight of their clinical instructors since they are also human beings susceptible to human failings. May they understand their clinical instructors in an overall view as a person as well as a mentor and the external factors that can make them effective or ineffective since they are a great source of learning for the students.

Furthermore,there should also be regular evaluation as to clinical instructors as well as staff nurses in order to ascertain that their needs are listened to and monitored to help enhance quality nursing service provided by the staff, clinical instructors and nursing student as well as promoting solidarity and collaboration between the base-hospital and the nursing institutions in the country.

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