



Social care mentorship and employee engagement in the transformation of the Social Care Workforce

Employee
engagement

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Abstract

Purpose – This paper presents the findings of a small scale research project exploring mentorship programme participants experiences and learning about their managerial role in an adult social care service seeking to build management practice, resilience and well-being in the context of transformation.

Design/methodology/approach – A case study of one public sector workforce development project is presented. The programme involved the use of an individual social care mentorship model and continuing professional development framework to support and engage 60 social care managers in the facilitation of workforce practice transformation. A small scale research study of 15 managers was undertaken. Participants provided a written reflective review and narrative of their individual experience and of learning. The narrative of a purposive sample of 15 managers was analysed using a work by Tamboukou and informed by a work by Labov and Waletzky as a guide.

Findings – Thematic analysis of managers' reflective accounts, identified the adaption of coaching methods and the used of role modelling skills in the workplace. Emotional well being and resilience was maintained during the mentorship programme. Structural analysis emphasised sequences or messages in the narrative indicating manager's cooperation with the organisation in achieving its' transformational goals and gaining employee engagement.

Research limitations/implications – This is a small scale study exploring one aspect of the project's goals.

Practical implications – The project delivery and research findings will be of interest to other organisations considering the implementation of mentorship to support transformation and change.

Originality/value – There are very few evaluations and research studies of social care mentorship in the literature and this paper and the case study presented provides interesting new insights into the process and its possible outcomes.

Keywords Organisational change, Social care, Workforce development, Mentorship

Paper type Case study



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Introduction

Employee engagement is increasingly viewed as a key factor for businesses as a means to improving performance and offering competitive advantage (Bakker and Demerouti, 2008, p. 88). This focus on engagement “a workplace approach designed to ensure that employees are committed to their organisation’s goals and values and are motivated to contribute to organisational success at the same time enhancing their own feeling of personal well-being”(MacLeod and Clarke, 2011, p. 9) is increasingly being recognised as a factor in systems change in the Health and Social Care sector (Kings Fund, 2012). The UK adult social care sector has been undergoing significant challenges underpinned by national policy changes and pressure to achieve economic savings while still delivering effective outcomes in a needs led context. Organisations in the sector have historically had high numbers of qualified staff turnover and vacancy rates (Skills for Care, 2013). Models of care have shifted, and there is an increased demand for services driven by demographic change (Department of Health, 2012). Organisations who provide services in the care industry must transform their services while meeting quality, sustainability and growth demands from their commissioner organisations. At national level sector responses to these challenges include future workforce redesign and development. Also of importance is ensuring the qualities and performance of the current employee workforce and their capacity for the delivery of this changing model of care delivery. The setting for this research study, one UK local authority adult care service, faced many of these demands. In response the organisation designed a workforce development programme for 60 managers which used social care mentorship to build employees’ engagement at a time of transformation and adversity. Here the reflective accounts of 15 of the managers who participated in the programme are presented.

The aims of this research study are to examine:

- (1) The self-reported impact of a social care mentorship programme on the management practice of 15 of the participants.
- (2) Whether a social care mentorship programme can contribute to employee well-being and resilience during adversity.
- (3) How a social care mentorship programme can assist organisations to grow positive employee engagement.

The national context

Cox (2009, p. 3) describes adult social care in England and the UK as the provision of support to older people, people with learning disabilities, people with physical impairments and people with mental health needs. In England moves towards personalised adult social care have occurred since the introduction of the 1996 Community Care (Direct Payments) Act. The term personalised care embraces both individual preference (person centred) and also the provision of self-directed support to cover the costs of care delivered. The implementation and provision of models of service delivery to support personalised care has given individual local authorities discretion on the models adapted and commissioned (Chester *et al.*, 2010, p. 2523) meaning that in England nationally a range of different models of care for older people and people with learning disabilities are in place. In 2010 the governmental policy guidance “A vision for social care, capable citizens and communities” (Department of

Health, 2010) recognised changes in the leadership and management of services would be required to deliver personalised or relationship-centred care and support based on individual need. Recently the white paper “Caring for our Future: Reforming our Care and Support” (Department of Health, 2012) reaffirmed a person-centred system of care (Department of Health, 2012 p. 11) in all aspects of service delivery including residential care.

The UK National Social Care Workforce Development Agency responded to this transformation of services by initially designing a framework of National Occupational Standards in the form of a Skills for Care (SFC) Sector Qualification Strategy (Skills for Care, 2008). This identified leadership and management and human resource practice as one of five workforce priorities in order to meet the changes set in motion by the transformation agenda. Most of the responses were underpinned by a UK National Vocational Qualification framework for training of the workforce. In 2010 the mandate for the quality and regulation of training became part of Ofqual in England and a new Qualifications Credit Framework (QCF) was put in place. In 2009, the National Skills Academy (NSA) was launched with Skills for Care having a mandate for adult social care leadership in a sector where as Cox (2009, p. 28) notes by 2025 there will be a further one million people employed. In March 2012 Skills for Care refreshed these original management induction standards (MIS) and launched a new set of eight core and four optional standards (Skills for Care, 2012). The MIS is aimed at new managers but can be used by established managers as a tool to check that their continuing professional development is up-to-date.

Engagement in social care

Engagement has become an increasing focus of business practice and the academic literature. Saks (2006, p. 600) writes that the most popular definitions include a concern with the employee’s emotional and intellectual commitment to the organisation. Others note a multi-dimensional aspect to achieve engagement (Scottish Executive, 2007) where a number of attributes including commitment and satisfaction are required. Others have described engagement as organisational commitment where discretionary voluntary helping behaviours are present (Robinson *et al.*, 2004). Saks (2006) notes while this may be a part of engagement it does not reflect the two way process involved (p. 601). Schmidt (2004) brings commitment and satisfaction together where commitment offers a behavioural or motivational element. MacLeod and Clarke, 2009, p. 7) offer a straightforward definition “when the business values the employee and the employee values the business”. They note that “whether the workforce is positively encouraged to perform at its best should be a prime consideration for every leader and manager, and be placed at the heart of business strategy” (MacLeod and Clarke, 2009, p. 7). MacLeod and Clarke (2010, p. 26) offer four key enablers which are: strategic leadership, managers that are empowered to support staff, making sure employees have a voice, and organisational integrity. Much of the research into employee engagement has been undertaken within private sector companies. Social Care is set within a mixed economy of public and third sector services and often within an integrated care setting with health. Research into employee engagement in the public sector has shown more negative feelings about their employers than the private sector. Public sector employees are more negative, lacking trust and reporting feelings of stress, and less likely to believe employee communication (CIPD, 2006). Conversely

public sector employees are positive in that they find their work of value (Scottish Executive, 2007, p. 16). Public sector employees are more critical of change than their private sector counterparts (Ipsos MORI, 2007). Recently the UK National Health Service (NHS) has become more focused on employee engagement. Robinson *et al.* (2004) note that feeling valued and involved was important (p. 17). A recent study from the Kings Fund (2012) notes the link between safe practice and engagement, and as key in the prevention of burnout (p. 3). In social care there are few empirical studies that directly relate to employee engagement, although the engagement of nurses and links to work related stress (Jenaro *et al.*, 2011) has featured and the sector lead Skills For Care has published a report on recruiting and retaining staff with case studies that includes engagement of staff (Skills for Care, 2014).

Mentorship

The use of mentors for managers in the workplace has long been viewed as good practice. Although published research into the role and support of mentors from a work based learning programme perspective is (Löfmark, 2009) relatively rare. Macafee (2008) notes that mentorship has been used to help people overcome difficulties and fulfil goals, while a range of roles and models are explored in the literature. Crisp and Cruz (2009) in their review draw attention to the number of different interpretations of mentorship some of which encompass a set of activities that mentors “do”, and others incorporate a process type activity. Further, there are discipline specific definitions and a debate about differences in the form and type of relationships. Crisp and Cruz (2009, p. 529) note that there is agreement about the function of mentorship by researchers in three areas presented by Jacobi (1991), these are a focus on growth and accomplishment of an individual, help and support with professional development, and role modelling and psychological support (Crisp and Cruz, 2009, p. 529).

The organisational mentoring programme

The mentoring programme was undertaken within the Provider Services section of the Adult Services Department. This service covers a large number of registered adult social care services for older persons and those with learning and physical disabilities. The goals of the mentoring programme were to ensure the competence of the current management team, with a focus on the individual homes being able to meet the Care Quality Commission CQC requirements, particularly in relation to offering a person-centred, outcome-focused service. There was also a second goal that the quality of the service and receptivity to change needed to be improved. This included ensuring the emotional health and resilience of those working in the service, and particularly at management level. These goals were most closely linked to the Skills for Care standard 4, using person-centred practice to achieve positive outcomes, and to the optional standards 2, 9 and 10, communication, personal development and change and growth.

The social care mentors were university employees and viewed as detached from the commissioning authority. Throughout the programme confidentiality was maintained. Managers were informed that this would be the case unless any bad or poor practice was identified during the meetings, in which case they were to be reported immediately to the programme partner leads. The programme mentors were not

involved in assessing formally managers' practice, a source of reported mentor stress in the literature of social care. For this project commissioners and educational partners worked together to design a learning log to act as a toolkit for the social care mentorship sessions. The log drew on the 12 refreshed Skills for Care Management Induction Standards described as themes and provided an anchor on which to base the conversations between the social care mentor and the manager mentee. Learning logs are a common tool in vocational and professional training programmes in the UK (Prinsloo, 2011, p. 29).

The role of the mentor used was guided by further roles areas identified by Morton Cooper and Palmer (2003), specifically the mentor as coach (Morton Cooper and Palmer, 2003, p. 1). Each mentee had three two to three hour sessions with their mentor over the programme duration. The Stride model (Thomas, 2005) of coaching provided a useful initial structure for the building of the mentor/manager relationship. The managers were encouraged to reflect on their progress at the second and final meeting with their mentor. Questions were used to guide this activity, and these were documented in writing by the manager or the mentee as a reflective account. Reflection itself has been interpreted from a number of social and critical positions (Ryan, 2011, p. 100). Grossman (2008, p. 16) who offers four different levels of reflection in practice based on Ash and Claytons' model (2004) from description through a hierarchy of mental processes to transformative reflection. As part of the mentorship programme managers identified their own personal managerial actions and outcomes. These were far reaching but most were in Skills for Care standard 4 related to person centred care and support.

The outcomes of the programme included gaining and retaining CQC compliance for homes, establishment of cross-county champions and networks for care including people with dementia, through to changing home environments and setting up volunteer services and visiting within homes. In terms of the second programme objective, the Skills for Care standards of 2, 9, 10 were predominant in terms of manager's actions. The outcomes of this activity were that the retention of managers was maintained at a time of low morale, communication between strategic managers and home managers was reported as improved, built on trust and increased collaboration. Significantly support for changes in service delivery was offered by the home managers when new models were introduced.

The research study

The sample

A purposive sample of 15 of the 60 managers in the overall mentorship programme informed this research study. Because of the large geographical area covered in the mentorship programme, decision making about inclusion in the research study sample was determined by access to this group of managers. Gaining ethical clearance and consent for the use of narrative on a specific day was required when all managers were together at one venue. Of the 15, 80 per cent were white female, 5 per cent were Black or Minority Ethnic women. In total, 15 per cent were white men. All held managerial responsibility across one or more homes in the locality. Full university and authority ethical approvals were gained.

Methodology

As part of the mentorship programme managers had provided a written reflective account of their individual experience and of learning and the outcomes for their service. One of the questions asked of them, was: "What are you doing differently as a result of the mentorship programme?". For the research study the reflective responses to this question from the 15 participants were analysed. Thematic analysis informed by Reissmann (2008, p. 74) drawing on Tamboukou (2005) and structural analysis (Labov and Waletzky, 1967) acted as a guide to the decision making on the data analysis process. Thematic analysis was used because it enables the prior known theory held by the researcher to act as a resource (Reissmann, 2008, p. 73) to inform the interpretation of the narrative. A consideration of the sequence of events (how text is organised to support a storyline) in participants' accounts is encouraged in structural analysis of the data and was helpful to the researcher as she captured participants' written narrative of the change process in the form of recurring phrases across the study. In the analysis of responses the use of Labov and Waletzky (1967) followed the guidance on application from Reissmann (2008, p. 88). This suggests that it can be very complex to report on specifics of speech but that is helpful to consider the function of clauses in narrative in terms of carrying an action forward, comment on meaning or provide information about the setting or participants in terms of how a story is put together and in what way this helps the relationship between meaning and action of participants. Here this has been useful as general guidance and may be important in terms of conveying messages for the organisation from managers employed within it. Manual categorisation of the data were used throughout each stage of data production.

Data analysis

Preliminary thematic analysis of data identified ten main themes. These were: Participation, Coaching, Transformation, Well-being, Learning, Beliefs, Understanding and Use of Emotion, Attentiveness, Breaking Habits and Context. On a further stage of analysis these were reviewed and the theme of attentiveness was placed within Manage and Use of Emotion, and Breaking Habits was placed within Transformation. Table I presents the themes and descriptor in data production.

Across all the accounts analysed, the most frequently occurring types of action were those within the themes of context, managing emotion, coaching, transformation and learning positively. The least frequent was that of negative learning. Using Labov's model of structural analysis of data as an additional guide indicated that particular sets of actions were observed frequently in the texts analysed.

Participants described a number of significant changes in the way in which the service was delivered and experienced in their home and the impact on their management practice:

I have worked with staff to help them consider: What would you want? What would you not like to happen to you? What would you find difficult to give up? Reminding staff that they're actually working in the resident's home. PCP training and the support plans have been instrumental in this process. Helping staff to see each resident as an individual, I have been trying to help staff consider doing things differently, asking, "have you tried doing it like this?" I am trying to get staff away from "the toilet rounds, the pad rounds, and the tea rounds".

Table I.Themes and descriptors
in data production

Theme	Description of content
Participation P	Reference to involvement in (or creation of) an activity by manager, service user/carers, staff and other stakeholders
Coaching CO	Described manager behaviour and activity which involves equipping people with new skills/facilitating better performance of people
Transformation T	A reference to change in practice or view of practice by managers, staff or other stakeholders. Different from Belief which has an evaluative element within it
Well-being WB	Relates to positive and sustainable attributes which enable people to continue to thrive, including their mental health and physical health
Learning LA	Documented positive new knowledge, behaviour and skills gained by any stakeholder in the Programme
Beliefs B	Acknowledging the validity of an approach including person-centred practice, service user value, de-institutionalisation and the purpose of service delivery
Manage and use Emotion ME	Managing feelings about leading and managing others and thinking and regulating emotion to learn and grow. Using emotions to think through problems and responses to situations as they arise
Context C	The social, cultural, political and financial environment of social care
Learning LB	Documented negative response or non acquisition of new knowledge and behaviour by any stakeholder in the Programme

Table II.Example of analysis:
participant A32

Participant A32	Theme	Application of Lebov
I have worked with staff to help them consider: What would you want?	CO	OR (Orientating Action)
What would you not like to happen to you?	CO	OR
What would you find difficult to give up?	CO	OR
Reminding staff that they are actually working in the resident's home. PCP training and the support plans, have been instrumental in this process	CO/T	OR
	LA	EV (Evaluating Action)
	CO/T	OR
	T	EV
Helping staff to see each resident as an individual. I have been trying to help staff consider doing things differently, asking, "have you tried doing it like this?". I am trying to get staff away from "the toilet rounds, the pad rounds and the tea rounds"	P	EV (Message)
	CO	EV (Message)
	T	EV
	CO	EV (Message)
	T	

In the text presented previously and analysed in Table II, participant A32's narrative reflects on changing the expectation of staff behaviour from routinised care to a more personalised intervention and is identified under the theme of transformation (T), a critical factor in the drive to service redesign. The context (C) of change is also present as participants reflect on the move from institutional service delivery to an individualised model. The narrative also illustrates the coaching (CO) theme in the data with reference to supporting staff.

For participant A44, the theme of managing emotions (ME) indicates a reflection on a return to positive feelings about the managerial role. Likewise the reference to belief (B) in role and its value are reinforced.

I am not getting sucked into staff problems as much. Identifying routines and helping staff to move away from routine non-personalised practice. Residents are being consulted more frequently. With gaining new insights into personalisation it has left me less tolerant of some staff attitudes. I have found my confidence in role again, with much clearer boundaries as a manager. Having a new manager has also affirmed my practice as a carer and as a manager (see Table III).

The management of emotion was a strong theme in the data. One participant noted that:

“My time management has improved with a better life work balance and I am using peer support to talk through challenges and problem solve” and continued to say “I am not getting sucked into staff problems as much, I feel much better now, not driven by events and others” (I13).

While another reflected on role and behaviour:

It is not so much that I feel I am doing things differently as about how my behaviour links and influences the themes (Skills For Care Standards) and seeing the themes as useful labels for the work I do (H19).

The opportunity to stand back from the previous way of working and reflect on the use of emotion was also a benefit:

While I am much calmer and taking a far more disciplined approach, I feel much more responsible for my own behaviour and thinking processes (G2).

A further action described by participants was the learning gained through the mentorship programme. One participant (C31) under the theme of learning positively (LA) described:

Becoming much more analytical, thinking before taking steps. I feel I am assessing situations better, looking more at contributory factors, focusing on benefits and outcomes and developing plans for implementation of new ways of doing things. I feel I am acting less spontaneously.

While another participant (D45) under the themes of Coaching (CO) and Participation (P) states:

I am leading by example, being person-centred with staff so they in turn can be person-centred with residents.

Table III.
Example of analysis:
participant A44

Participant A44	Theme	Application of Lebov
“I am not getting sucked into staff problems as much. Identifying routines and helping staff to move away from routine non-personalised practice. Residents are being consulted more frequently. With gaining new insights into personalisation it has left me less tolerant of some staff attitudes. I have found my confidence in role again, with much clearer boundaries as a manager. Having a new manager has also affirmed my practice as a carer and as a manager”	ME	EV (Evaluating actions)
	C	OR (Orientating Action)
	C	OR
	P	EV
	LA	EV
	B	CA (Complicating Action)
	ME	EV – Message
	ME	OR
	B	OR
	B	RE

Participant E57 under the theme Learning Positively (LA) writes "... it also helps to model good practice, and to understand pressures, as well as seeing practice first hand".

Participants reported that this active participation involved learning new ways of working and practice development as a result of the programme.

Findings

The aims of the research were to examine:

- (1) The self-reported impact of a social care mentorship programme on the management practice of 15 of the participants.
- (2) Whether a social care mentorship programme can contribute to employee well-being and resilience during adversity.
- (3) How a social care mentorship programme can assist organisations to grow positive employee engagement.

Management practice

First, the data related to self-reported management practice is of interest. The data analysed suggests that the individuals in the study were motivated to change their own and others social care practice. Billet (2001, p. 209) observe that organisations can facilitate learning of employees by their readiness to facilitate direct and indirect learning and provide guidance for that learning. They suggest that it is the co-relation between these two aspects and the individuals take up of that opportunity that is important for engagement. In the example of data from participant 32 above, part of the narrative also conveys a structural message to the organisation – the use of "I have been" and the repeat of "I have been trying" are evaluative actions sending a message of effort made as a result of the mentorship programme. While the sample is small, it is an interesting fact which could indicate that engagement was present as the input of employer and employee was reciprocal. The re-occurrence of the coaching theme in the narratives suggests that for participants, experiencing social care mentorship within a coaching framework may have offered them the opportunity to revisit role modelling as a management role in their own practice. The social learning theory of Bandura (1997a) suggests that certain conditions are required for role modelling to be successful and these are gained through observation and mutual respect. These include paying adequate attention to the modelled behaviour, retention of key information, reproduction – those learning need to reproduce the behaviour to own it – and motivation where implementing new practice has a positive impact (Bandura, 1997b).

None of the participants stated outright that they were coaching their staff. Nevertheless there is some evidence of the application of coaching and role modelling behaviours in the management of others present in the narrative accounts of managers. Wright and Caresse (2003) suggest that successful role modelling requires significant interpersonal skills, a positive outlook, commitment to excellence and integrity. These characteristics fit with that of organisational citizenship behaviour (OCB) which is described as being a driver towards employee engagement (Robinson *et al.*, 2004). Employees are aligned with the organisational vision and appreciate the values behind the transformation processes underpinned by person-centred, individualised social care practice. For the organisation this could be of significance in gaining full

engagement of the employees, where belief in their role and job, enjoyment and value in their organisation are key and are likely to impact on performance (Buchanan, 2004).

Employee resilience and well-being

On returning to the functions of mentorship, role modelling and psychological support (Crisp and Cruz, 2009 p. 529) are agreed by most researchers as key outcomes fitting with the organisational goals around resilience and well-being. The second research aim for this paper was to examine whether a social care mentorship programme can contribute to employee wellbeing and resilience during adversity. The challenges of new ways of working in times when resources are diminishing means that resilient staff are needed (McCray and Palmer, 2014, p. 3). Tugade and Fredrickson (2004) suggest that individual resilience is the ability to bounce back from negative emotional experiences, and flexible adaptation to the changing demands of stressful experiences. Rogerson and Ermes (2008) propose that resilience is the ability to persevere and thrive in the face of exposure to adverse situations. The findings presented here would suggest that the mentorship programme model had enabled this connect between well-being and performance to be maintained during a time of adversity for the 15 participants in the research. Schmidt (2004) offers a model of organisational dynamics in the public sector, which builds from recruitment to advancing the public good. For Schmidt the absence of stress and employee well-being are key in the route towards engagement. Likewise Salanova *et al.* (2006) see engagement as the opposite of burn out. Schaufeli and Bakker (2006, p. 172) present a correlation with burnout and poor professional efficacy which may impact on safe practice and also the capacity to drive and implement change.

Social care mentorship programmes contribution to positive employee engagement

The final aim of the research was to examine how a social care mentorship programme can assist organisations to grow positive employee engagement. Recognising that other changes in the organisation may also have been influential, the structural data analysis undertaken in this research study (the evaluative action) highlighted a message sent from employees to the organisation "I am trying" and "I am managing". Employees were fulfilling their part of the two-way relationship required for engagement in terms of embracing change, demonstrating commitment and belief and leading others through transformation. Likewise the organisation had invested in the employees and their learning activity which met the antecedents of organisational learning via effective design and level of programme (Kyndt and Baert, 2013) to meet a clearly defined vision around standards of care and personalised support for service users.

If we return to the context of the organisation that of the public sector, research cited earlier in this paper noted more negativity, lack of trust and reported feelings of stress among this sector grouping (CIPD, 2006). The outcomes of this small study show that input by the organisation and investment in the mentorship programme has been a useful vehicle to challenge this position and build positive engagement among its employees within a period of uncertainty and instability. Zagenczyk *et al.* (2009) note the challenges organisations feel when resources are stretched and major change is required and the impact this may have on their capacity to uphold their psychological contract with their workforce, termed psychological contract breach (PCB). Drawing on

psychological contract theory (Rousseau, 1995), Zagenczyk *et al.* (2009) define the psychological contract as the informal promised support offered to employees by organisations. Equally organisational support theory (OST) (Eisenberger *et al.*, 1986) describes employees' favourable attitude towards their employers when they perceive they are being valued (Zagenczyk *et al.*, 2009). Zagenczyk *et al.* (2009), while noting the difference in PCT and OST, suggest that a proactive approach to potential PCB may help organisations. Their research measured the effect of mentoring on employees in organisations where the psychological contract had been breached. The data here suggests that in organisations where mentoring is offered, employees are more able to remain calm and positive for longer throughout difficult times, compared to those who did not have mentors. Zagenczyk *et al.* (2009) consider a number of reasons for this including "Mentors may also be able to teach employees how to respond to PCB in an organisationally appropriate way, particularly when breach angers but does not seriously affect employees" (Zagenczyk *et al.*, 2009, p. 240). To this end, the mentorship project has contributed to positive engagement of the workforce in achieving self-reported positive change.

In this study, the strategies developed by both the organisation and its employees should provide a useful model to maintain and sustain positive employee engagement if further challenges are faced. In the literature there is no one model fits all to drive up engagement and this small scale study has not explored all possible factors that may be influential, including those of length of service, age, gender or ethnicity (CIPD, 2006), or that may be successful and effective. Equally input has a resource cost which is not measured in the study. Nevertheless it offers a formal model for public sector organisations to draw on what has been learned, avoiding the fate of many workplace learning activities that suffer conceptually from failing to specify more clearly the nature and focus of workplace learning (Clarke, 2005).

Conclusion

The purpose of this paper was to present the self-reported impact of a social care mentorship programme on the management practice of 15 of the participants. It also considers whether a social care mentorship programme can contribute to employee well-being and resilience during adversity and in doing so assist organisations to grow positive employee engagement. The research study findings indicate that the organisational development model has had an impact on the process, manner and role managers use to implement change, manage their well-being and contribute to positive employee engagement. It is hoped that the mentorship model can inform other similar organisations undergoing transformation and offer insights into potential routes to increased and sustained employee engagement.

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