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Onboarding and Orientation as a Driver of Organizational Performance: Evidence from Pope Benedict XVI Hospital, Nyahururu, Kenya

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ABSTRACT

Hospitals in Kenya invest considerable resources in staff induction, yet evidence on whether onboarding and orientation translate into measurable organizational performance in rural, faith-based health facilities remains scarce. This study examined the effect of onboarding and orientation on the organizational performance of Pope Benedict XVI Hospital (PBXVIH), Nyahururu, Laikipia County. Anchored on Human Capital Theory, Social Learning Theory and Kirkpatrick's training evaluation model, the study adopted a descriptive survey design. A stratified random sample of 122 employees was drawn from a population of 175 using Yamane's formula, and data were collected through a structured five-point Likert questionnaire; 112 questionnaires were returned (91.8%) and 89 complete cases were used for inferential analysis. Data were analyzed in SPSS version 26 using descriptive statistics, Pearson correlation, simple linear regression and hierarchical multiple regression. Onboarding and orientation were rated favourably ($M = 3.94$) and was strongly and positively correlated with organizational performance ($r = .577, p < .001$). Simple regression showed that onboarding and orientation alone explained 33.3% of the variance in organizational performance, $F(1, 87) = 43.42, p < .001$, with a one-unit improvement associated with a 0.579-unit increase in performance ($\beta = .577, t = 6.59, p < .001$). After controlling for technical skills training, continuous professional development and coaching and mentoring, onboarding remained a significant predictor ($B = 0.279, \beta = .278, t = 3.53, p = .001$) and added a unique 5.6% of explained variance, $\Delta F(1, 84) = 12.40, p = .001$. The null hypothesis was therefore rejected. The study recommends that hospital management institutionalize structured, job-relevant onboarding for all new hires and for existing staff moving into new roles, supported by a written induction policy and periodic evaluation.

Keywords: Onboarding; Orientation; Employee Training; Organizational Performance; Hospital; regression; Kenya

1. Introduction

Employee training refers to planned organizational efforts to help employees acquire job-related knowledge, skills and behaviours, and it is widely treated as an investment in human capital rather than a cost (Becker, 1964; Noe, 2020). Among the different forms of training, onboarding and orientation occupy a unique position because they are the first structured learning experience an employee has with the organization. Onboarding is the process through which new employees acquire the knowledge, skills and behaviours they need to become effective organizational members, while orientation is the more formal, time-bound component that introduces newcomers to the organization's mission, policies, procedures and work units (Bauer & Erdogan, 2011; Wanous & Reichers, 2000). When these processes are done well, newcomers develop role clarity, self-efficacy and social acceptance more quickly, which in turn improves their performance, commitment and retention (Bauer et al., 2007).

In healthcare, the stakes of onboarding are especially high. Clinical and support staff work in high-pressure, safety-critical environments where errors are costly and where procedures, equipment and protocols vary from one facility to another. A nurse, clinician or administrator who joins a

hospital without adequate induction is more likely to make errors, duplicate work and take longer to reach full productivity, all of which affect service quality and the hospital's overall performance. Globally, organizations spend large sums on training, and meta-analytic evidence confirms that well-designed training improves individual and organizational outcomes (Arthur et al., 2003; Aguinis & Kraiger, 2009; Salas et al., 2012). However, much of this evidence comes from developed economies and from manufacturing or corporate settings, which limits its applicability to rural hospitals in sub-Saharan Africa (Tharenou et al., 2007).

In Kenya, the adoption of the National Skills Development Policy in 2023 underlined the government's commitment to building a productive and responsive workforce, and health facilities have been under growing pressure to improve service delivery with limited resources. Pope Benedict XVI Hospital (PBXVIH) in Nyahururu, Laikipia County, is a 150-bed faith-based facility that began as a dispensary in 2007, attained hospital status in 2018, and is the only facility with an ICU/HDU in Laikipia West. It serves patients from Laikipia, Nyandarua and parts of Nakuru and Baringo counties. Despite its growth, an internal staff survey in 2022 found that only 35% of employees were satisfied with training and development efforts, and a 2024 management report recorded a 12% decline in general performance, including the quality of patient care, with inadequate training cited as a main barrier to morale and engagement.

These conditions raise a practical question: does the way employees are onboarded and oriented contribute to how well the hospital performs? The broader study from which this article is drawn examined four training dimensions: onboarding and orientation, technical and hard skills training, continuous professional development (CPD), and coaching and mentoring. This article reports on the first specific objective, namely **to assess the effect of onboarding and orientation on the organizational performance of Pope Benedict XVI Hospital**. Guided by this objective, the study tested the following null hypothesis:

H₀₁: Onboarding and orientation has no statistically significant effect on organizational performance at Pope Benedict XVI Hospital, Nyahururu.

The study contributes context-specific evidence from a rural, faith-based Kenyan hospital and goes beyond correlation by estimating the effect of onboarding both on its own and after controlling for the other training practices the hospital uses.

2. Literature Review

2.1 Theoretical Framework

Human Capital Theory. Becker (1964) argued that people's knowledge and skills are a form of capital that yields returns when organizations invest in them, much as physical capital does. Onboarding is the earliest such investment: it equips newcomers with firm-specific knowledge about procedures, systems and expectations that cannot be imported from previous jobs. Human Capital Theory therefore predicts that hospitals investing in structured onboarding should obtain higher returns in the form of faster productivity, fewer errors and better service (Becker, 1993; Becker & Gerhart, 1996).

Social Learning Theory. Bandura (1977) proposed that people learn by observing, imitating and modelling others, and by noting the consequences of their behaviour. Orientation sessions, shadowing experienced colleagues and early supervisory contact are essentially social learning opportunities. Newcomers learn not only what the job requires but also how work is actually done and what behaviours are rewarded (Wood & Bandura, 1989). The theory explains why the quality and seriousness of onboarding, and not merely its existence, matter for later performance.

Kirkpatrick's Training Evaluation Model. Kirkpatrick and Kirkpatrick (2006) proposed that training should be evaluated at four levels: reaction, learning, behaviour and results. The model provides the logic linking onboarding to organizational outcomes: if newcomers react positively to orientation (level 1), acquire the intended knowledge (level 2) and apply it on the job (level 3), the organization should see improved results such as productivity and service quality (level 4). This study focuses on the results level by relating employees' perceptions of onboarding to organizational performance.

2.2 Empirical Review

Research on newcomer socialization provides consistent evidence that onboarding matters. In a meta-analysis of 70 samples, Bauer et al. (2007) found that organizational socialization tactics and information seeking improved newcomer role clarity, self-efficacy and social acceptance, which in turn were associated with higher job performance, satisfaction and commitment and lower turnover intentions. Klein, Polin and Sutton (2015) showed that specific onboarding practices, particularly those that inform, welcome and guide newcomers, were positively related to

newcomer adjustment, and that organizations often under-use the most effective practices. Saks and Gruman (2018) similarly reported that the socialization resources provided to newcomers predicted their work engagement.

Field evidence also shows that the content and framing of onboarding influence outcomes. Cable, Gino and Staats (2013) found, in a field experiment at a call centre, that an orientation that emphasised newcomers' personal identity led to higher customer satisfaction and lower turnover than a conventional orientation focused on organizational identity. Wanous and Reichers (2000) argued that orientation programmes are most effective when they help newcomers cope with the stress of entry rather than simply transmitting information. These studies imply that relevance and quality, not merely the presence of an induction session, determine its effect on performance.

At the organizational level, training in general has been linked to improved business results. Bartel (1994) found that firms implementing formal training programmes recorded significant productivity gains, while Aragón-Sánchez, Barba-Aragón and Sanz-Valle (2003) found that training activities were positively related to several dimensions of business performance. In African contexts, Nassazi (2013) reported that training improved employee performance in Ugandan telecommunications firms, and Elnaga and Imran (2013) concluded that training strengthens employee motivation and performance. However, few of these studies isolate onboarding from other forms of training, and very few have been carried out in hospitals in rural Kenya. Moreover, most studies report bivariate associations without examining whether onboarding retains its effect once other training practices are accounted for. This study addresses both gaps.

2.3 Conceptual Framework

Figure 1 presents the conceptual framework. Onboarding and orientation is the independent variable, measured through the thoroughness, job relevance, organizational seriousness, support for new staff, robustness and coverage of the induction programme. Organizational performance is the dependent variable, measured through employee motivation and engagement, productivity, job performance and efficiency. Technical skills training, CPD and coaching and mentoring are treated as control variables so that the unique contribution of onboarding can be estimated.

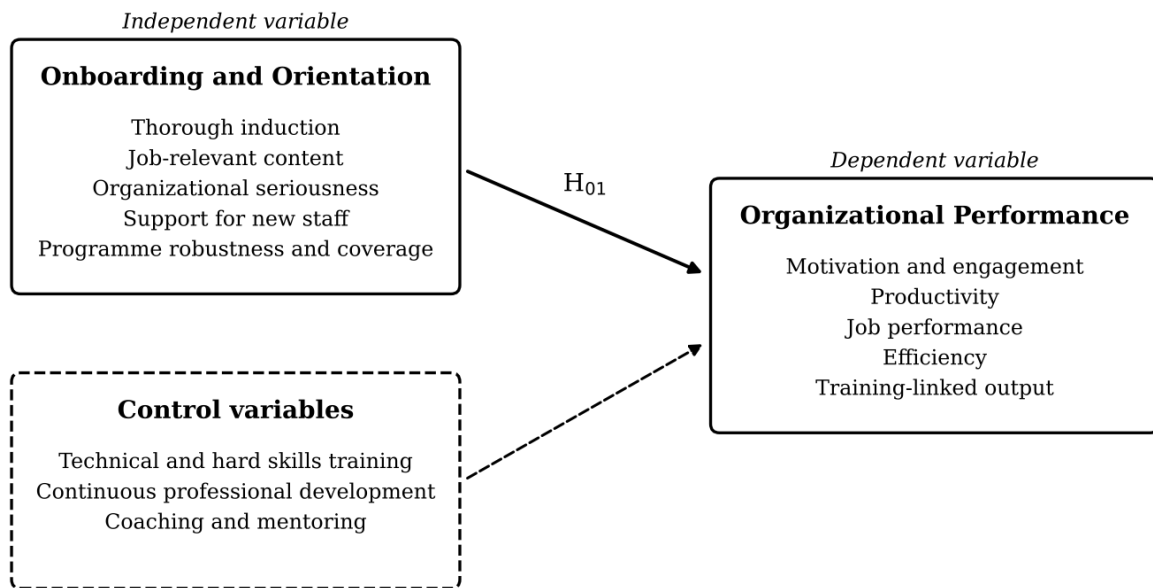


Figure 1. Conceptual framework. Source: Researcher (2026).

3. Methodology

3.1 Research Design, Population and Sampling

The study adopted a descriptive survey design, which allows the researcher to describe the characteristics of a population and examine relationships among variables without manipulating them (Creswell & Creswell, 2022). The target population comprised all 175 employees of PBXVIH across six departments. The sample size was determined using Yamane's (1967) formula, $n = N / [1 + N(e)^2]$, with $N = 175$ and $e = 0.05$, giving $n = 175 / 1.4375 \approx 122$. Stratified random sampling was used to allocate the sample proportionately across departments (Table 1) so that each department was represented according to its share of the workforce.

Table 1 Population and Sample Distribution by Department

Department	Population	Sample	Percentage (%)
Nursing	73	51	41.7
Clinical Services	49	34	28.0
Administration & Operations	31	22	17.7
Procurement	9	6	5.1
Accounts & Finance	8	6	4.6
Human Resources	5	3	2.9
Total	175	122	100.0

Source: HR Department, PBXVIH (2026).

3.2 Instrument and Measurement

Primary data were collected using a structured, closed-ended questionnaire administered through the drop-and-pick method. Onboarding and orientation was measured with six items (for example, "I was taken through onboarding and orientation thoroughly" and "Onboarding activities were relevant to my job"). Organizational performance was measured with six items capturing motivation, productivity, job performance and efficiency. The control variables (technical skills training, CPD, and coaching and mentoring) were each measured with six items. All items used a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), and composite scores were computed as the mean of each scale's items.

3.3 Validity and Reliability

Content validity was established by aligning items with the study objectives and literature and by expert review from the academic supervisor and HR practitioners. A pilot study with 12 employees (10% of the sample) was used to test clarity and internal consistency; pilot respondents were excluded from the main study. As shown in Table 2, all Cronbach's alpha coefficients exceeded the recommended threshold of 0.70 (Nunnally & Bernstein, 1994), indicating acceptable reliability.

Table 2 *Reliability Test Results*

Scale	No. of items	Cronbach's α	Decision
Onboarding and orientation	6	.785	Accepted
Technical and hard skills	6	.827	Accepted
Continuous professional development	6	.759	Accepted
Coaching and mentoring	6	.841	Accepted
Organizational performance	6	.763	Accepted

Source: Pilot data (2026).

3.4 Data Analysis and Model Specification

Data were coded and analysed using SPSS version 26. Descriptive statistics (means and standard deviations) summarised the responses, and Pearson's product-moment correlation assessed the strength and direction of the association between onboarding and organizational performance. Two

regression models were then estimated. First, a simple linear regression tested the direct effect of onboarding on organizational performance (Model A):

$$Y = \beta_0 + \beta_1 X_1 + \varepsilon$$

Second, a hierarchical multiple regression tested whether onboarding retained its effect after controlling for the other training practices. The control variables were entered in Step 1, and onboarding was added in Step 2 (Model B):

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

where Y is organizational performance, X_1 is onboarding and orientation, X_2 is technical and hard skills training, X_3 is CPD, X_4 is coaching and mentoring, β_0 is the constant, β_1 to β_4 are regression coefficients, and ε is the error term. The change in R^2 between steps measures the unique contribution of onboarding. Multicollinearity was assessed using variance inflation factors (VIF), with values below 5 considered acceptable (Hair et al., 2019). The hypothesis was tested at the 0.05 level of significance. Ethical approval and a research permit were obtained from HRMPEB and the National Commission for Science, Technology and Innovation (NACOSTI), and participation was voluntary and anonymous.

4. Results

4.1 Response Rate and Respondent Profile

Of the 122 questionnaires distributed, 112 were returned and usable for descriptive analysis, a response rate of 91.8%, which is well above the 70% considered adequate for survey research. Of these, 89 questionnaires had complete responses on all five scales and were used for the correlation and regression analyses (listwise deletion). Table 3 summarises the respondents' profile.

Table 3 Demographic Profile of Respondents ($n = 112$)

Characteristic	Category	Frequency	Percentage (%)
Gender	Female	61	54.5
	Male	51	45.5
Age	21–30 years	15	13.4
	31–40 years	45	40.2
	41–50 years	40	35.7

Characteristic	Category	Frequency	Percentage (%)
Education	51 years and above	12	10.7
	Certificate	8	7.1
	Diploma	26	23.2
	Bachelor's degree	75	67.0
	Master's degree	3	2.7
Length of service	5 years or less	23	20.5
	6–10 years	54	48.2
	Above 10 years	34	30.4

Source: Field data (2026).

Female employees formed a slight majority (54.5%), which is consistent with the gender composition of nursing-dominated hospital workforces. Three quarters of respondents (75.9%) were aged 31–50 years, two thirds (67.0%) held a bachelor's degree, and 78.6% had served the hospital for more than five years. The respondents therefore had sufficient education and institutional experience to give informed assessments of the hospital's onboarding practices and performance.

4.2 Descriptive Statistics for Onboarding and Orientation

Table 4 Descriptive Statistics for Onboarding and Orientation (n = 112)

Statement	Mean	SD
I was taken through onboarding and orientation thoroughly.	4.106	1.074
Onboarding activities were relevant to my job.	3.706	1.041
The orientation programme is taken seriously in my organization.	3.915	1.008
My organization supports new employees.	3.816	0.904
My organization has a robust onboarding and orientation programme.	4.057	1.093
My organization provides onboarding and orientation to all employees.	4.023	0.940
Composite mean	3.937	

Note. 1 = strongly disagree; 5 = strongly agree. Source: Field data (2026).

Respondents generally agreed that the hospital's onboarding and orientation was adequate (composite M = 3.937). The highest rated items were the thoroughness of onboarding (M = 4.106, SD = 1.074) and the robustness of the programme (M = 4.057, SD = 1.093), followed by its coverage of all employees (M = 4.023, SD = 0.940). The lowest rated item was the job relevance of onboarding activities (M = 3.706, SD = 1.041), followed by support for new employees (M =

3.816, SD = 0.904). This pattern suggests that PBXVIH has an established induction process that reaches most staff, but that its content is not always tailored to the specific requirements of each job, and that support for newcomers after formal orientation could be stronger.

Organizational performance was also rated favourably (composite M = 3.937). Respondents agreed most strongly that they felt highly motivated and engaged when well oriented in their work (M = 4.130, SD = 0.996), a direct indication that employees themselves link orientation to their motivation and output.

4.3 Correlation Analysis

Table 5 *Pearson Correlation Matrix (n = 89)*

Variable	1	2	3	4	5
1. Onboarding and orientation	1				
2. Technical and hard skills	.418**	1			
3. CPD	.423**	.403**	1		
4. Coaching and mentoring	.318**	.111	.497**	1	
5. Organizational performance	.577**	.450**	.596**	.617**	1

Note. ** p < .01 (two-tailed). Source: Field data (2026).

Onboarding and orientation had a strong, positive and statistically significant correlation with organizational performance ($r = .577$, $p < .001$). Employees who rated their onboarding more favourably also reported higher motivation, productivity and efficiency. Onboarding was also moderately correlated with the other training practices ($r = .318$ to $.423$), which indicates that hospitals that onboard well tend to train well in other respects. This overlap is the reason the hierarchical regression in Section 4.5 is needed to isolate the unique effect of onboarding.

4.4 Simple Linear Regression: Effect of Onboarding on Organizational Performance

Table 6 *Model Summary for Onboarding and Organizational Performance*

Model	R	R ²	Adjusted R ²	Std. error of the estimate
A	.577 ^a	.333	.325	0.645

Note. ^aPredictor: (Constant), Onboarding and orientation. Dependent variable: Organizational performance.

The model summary shows a correlation coefficient of $R = .577$ and a coefficient of determination of $R^2 = .333$. Onboarding and orientation alone therefore explains 33.3% of the variation in organizational performance at PBXVIH (adjusted $R^2 = .325$), while the remaining 66.7% is

attributable to other factors. By Cohen's (1988) criteria, this corresponds to a large effect size ($f^2 = 0.50$).

Table 7 ANOVA for the Simple Regression Model

Model A	Sum of squares	df	Mean square	F	Sig.
Regression	18.053	1	18.053	43.421	.000 ^b
Residual	36.172	87	0.416		
Total	54.225	88			

Note. ^bPredictor: (Constant), Onboarding and orientation.

The ANOVA results show that the regression model is statistically significant, $F(1, 87) = 43.42$, $p < .001$. Onboarding and orientation is therefore a statistically valid predictor of organizational performance, and the relationship observed is very unlikely to have arisen by chance.

Table 8 Regression Coefficients for the Simple Regression Model

Predictor	B	Std. error	Beta (β)	t	Sig.	95% CI for B
(Constant)	1.657	0.353		4.699	.000	[0.956, 2.358]
Onboarding and orientation	0.579	0.088	.577	6.589	.000	[0.404, 0.754]

Note. Dependent variable: Organizational performance. Source: Field data (2026).

The fitted regression equation is:

$$\text{Organizational performance} = 1.657 + 0.579 (\text{Onboarding and orientation})$$

The unstandardized coefficient ($B = 0.579$, $t = 6.59$, $p < .001$) indicates that a one-unit improvement in employees' rating of onboarding and orientation is associated with a 0.579-unit increase in organizational performance. The 95% confidence interval (0.404 to 0.754) does not include zero, confirming that the effect is positive and statistically significant. The standardized coefficient ($\beta = .577$) shows that a one standard deviation improvement in onboarding is associated with a 0.58 standard deviation improvement in performance.

4.5 Hierarchical Regression: Onboarding Controlling for Other Training Practices

Because onboarding was correlated with the other training practices, a hierarchical regression was estimated to determine whether its effect is independent of them. Table 9 compares the two steps.

Table 9 Hierarchical Regression Predicting Organizational Performance ($n = 89$)

Predictor	Step 1: β (t)	Step 2: β (t)
Technical and hard skills	.300 (3.82)***	.212 (2.73)**
CPD	.246 (2.73)**	.188 (2.19)*
Coaching and mentoring	.462 (5.57)***	.412 (5.21)***
Onboarding and orientation		.278 (3.53)**
R^2	.566	.622
Adjusted R^2	.551	.604
F	36.98***	34.61***
ΔR^2		.056
ΔF (1, 84)		12.40**

Note. β = standardized coefficient. * $p < .05$; ** $p < .01$; *** $p < .001$. Dependent variable: Organizational performance.

In Step 1, the three control variables together explained 56.6% of the variance in organizational performance, $F(3, 85) = 36.98$, $p < .001$. Adding onboarding and orientation in Step 2 raised the explained variance to 62.2% (adjusted $R^2 = .604$), $F(4, 84) = 34.61$, $p < .001$. The change in R^2 of .056 was statistically significant, $\Delta F(1, 84) = 12.40$, $p = .001$. Onboarding therefore accounts for a unique 5.6% of the variation in organizational performance over and above the other training practices, a medium effect size ($f^2 = 0.15$). Table 10 presents the full coefficients for the final model.

Table 10 Coefficients for the Full Model (Step 2)

Predictor	B	Std. error	β	t	Sig.	95% CI for B	VIF
(Constant)	0.411	0.356		1.152	.252	[-0.297, 1.119]	
Onboarding and orientation	0.279	0.079	.278	3.525	.001	[0.122, 0.436]	1.38
Technical and hard skills	0.171	0.063	.212	2.725	.008	[0.046, 0.296]	1.35
CPD	0.160	0.073	.188	2.191	.031	[0.015, 0.305]	1.65
Coaching and mentoring	0.334	0.064	.412	5.210	.000	[0.207, 0.461]	1.39

Note. Dependent variable: Organizational performance. Source: Field data (2026).

The fitted model is:

$$Y = 0.411 + 0.279X_1 + 0.171X_2 + 0.160X_3 + 0.334X_4$$

Holding technical skills training, CPD and coaching and mentoring constant, a one-unit improvement in onboarding and orientation is associated with a 0.279-unit increase in

organizational performance ($\beta = .278$, $t = 3.53$, $p = .001$; 95% CI [0.122, 0.436]). Onboarding is the second strongest predictor in the model after coaching and mentoring ($\beta = .412$). The coefficient for onboarding is smaller than in the simple model (0.279 versus 0.579) because part of its bivariate association is shared with the other training practices, yet it remains positive and significant. All VIF values were between 1.35 and 1.65, well below 5, indicating that multicollinearity did not distort the estimates (Hair et al., 2019).

4.6 Hypothesis Testing

The null hypothesis (H_{01}) stated that onboarding and orientation has no statistically significant effect on organizational performance at PBXVIH. The simple regression ($B = 0.579$, $t = 6.59$, $p < .001$) and the hierarchical regression ($B = 0.279$, $t = 3.53$, $p = .001$) both yielded p-values below 0.05. The null hypothesis was therefore **rejected**, and the study concludes that onboarding and orientation has a positive and statistically significant effect on organizational performance at PBXVIH.

5. Discussion

The central finding of this study is that onboarding and orientation has a positive, significant and robust effect on the organizational performance of Pope Benedict XVI Hospital. On its own, onboarding explained one third of the variation in performance, and it continued to make a unique contribution even after the hospital's other training practices were taken into account. This finding supports Human Capital Theory (Becker, 1964): the firm-specific knowledge that newcomers acquire during induction is an investment that yields returns in the form of higher productivity and efficiency. The fact that onboarding retained its effect after controlling for technical training and CPD suggests that the knowledge it provides, such as familiarity with hospital systems, procedures, expectations and colleagues, is distinct from the technical and professional competencies developed through other forms of training.

The results are consistent with the meta-analytic evidence of Bauer et al. (2007), who found that effective socialization improves role clarity, self-efficacy and social acceptance, which in turn raise performance. They also align with Klein et al. (2015) and Saks and Gruman (2018), who showed that the onboarding practices and resources provided to newcomers predict adjustment and engagement. At the organizational level, the findings echo Bartel (1994) and Aragón-Sánchez

et al. (2003), who linked formal training to improved business results, and extend that evidence to a rural Kenyan hospital setting where empirical work has been scarce.

The descriptive results add nuance. While employees agreed that onboarding was thorough and robust, job relevance was the lowest rated item. This mirrors Cable et al. (2013) and Wanous and Reichers (2000), who argued that orientation is most effective when tailored to the newcomer and the role rather than delivered as a generic information session. Social Learning Theory (Bandura, 1977) offers an explanation: newcomers learn most effectively when they can observe and model experienced colleagues performing the specific tasks they will carry out. A generic induction may introduce the organization, but role-specific orientation, such as departmental shadowing in nursing, clinical services or procurement, is likely to translate more directly into performance. In Kirkpatrick's terms, the strong link between onboarding and performance suggests that the hospital's induction is succeeding at the results level, but the relevance gap indicates room for improvement at the learning and behaviour levels.

The hierarchical results also have a practical meaning. The drop in the onboarding coefficient from 0.579 to 0.279 once other training practices were controlled indicates that onboarding works partly in combination with mentoring, technical training and CPD. A well-onboarded employee is better placed to benefit from later training, and onboarding that pairs newcomers with mentors is likely to reinforce both practices. Hospital managers should therefore see onboarding as the foundation of an integrated training system rather than as a stand-alone event.

6. Conclusion and Recommendations

This study set out to assess the effect of onboarding and orientation on the organizational performance of Pope Benedict XVI Hospital. It concludes that onboarding and orientation is a significant positive predictor of organizational performance, explaining 33.3% of the variance on its own and a unique 5.6% after accounting for technical skills training, CPD and coaching and mentoring. Employees who are thoroughly and relevantly inducted into their roles are more motivated, productive and efficient, and this contributes directly to the hospital's performance.

Based on these findings, the study makes the following recommendations. First, PBXVIH management should formalise onboarding through a written induction policy that sets out its content, duration and responsibilities, and should extend it to existing employees who are

transferred or promoted into new roles. Second, the human resource department should strengthen the job relevance of onboarding by adding department-specific orientation modules, job shadowing and early task checklists for each cadre. Third, onboarding should be integrated with mentoring by assigning every newcomer a mentor for at least the first three to six months. Fourth, the hospital should evaluate onboarding systematically using Kirkpatrick's four levels, including newcomer feedback, competence checks and performance indicators such as time to full productivity and early turnover.

The study has some limitations. It relied on self-reported perceptions from a single hospital at one point in time, which limits causal inference and generalisation and may introduce common method bias (Podsakoff et al., 2003). In addition, 23 of the 112 returned questionnaires were incomplete and excluded from the regression analysis. Future research should use longitudinal or multi-site designs, include objective performance indicators such as patient outcomes and bed occupancy, and examine whether mentoring mediates the relationship between onboarding and performance.

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