

Original Article

Knowledge and Attitude of Registered and Student Nurses on Mentor-Mentee Relationship in Specialist Hospital, Yola

Ifeoluwapo Oluwafunke Kolawole, RN, RM, RNE, RPON, BNSc, MSc in Nursing
Lecturer, Department of Nursing, Faculty of Clinical Sciences, College of Medicine, University of Ibadan, Ibadan, Nigeria

Anna Andrew, RN, RNE
Specialist Hospital Yola, Adamawa State, Nigeria

Modupe Olufemi Evelyn Olorunda, RN, PhD
c/o Perioperative Nursing School, University College Hospital, Ibadan, Nigeria

Correspondence: Ifeoluwapo Oluwafunke Kolawole, Lecturer, Department of Nursing, Faculty of Clinical Sciences, College of Medicine, University of Ibadan, Ibadan Email: ifeabolarin2014@gmail.com, iokolawole@comui.edu.ng,

Abstract

Mentoring student nurses is a chance for more experienced professionals to take a student nurses 'under their wing' and make them feel an important part of the team. The nurse mentor can help guide and support the newer nurse; teaching clinical skills, time management skills and helping them find ways to deal with the stresses associated in nursing. This study assessed the knowledge and attitude of registered and student nurses on mentor-mentee relationship in Specialist Hospital Yola, Adamawa state, Nigeria. This descriptive cross-sectional study utilized total sampling technique to select 46 registered nurses and 54 student nurses from six selected wards in the hospital. Questionnaire was used to collect data daily for one week, frequency and percentage table were used to present the data and hypotheses were tested with pearson-r.

Findings revealed low level of knowledge among registered nurses 20 (43.5%) and student nurses 31 (57.4%), negative attitude of student nurses 46 (100%) and negative attitude of registered nurses 53 (98.1%). Sharing of knowledge, experiences and technical expertise, shielding mentees from unpleasant situations, supportive supervision and taking necessary precautions to prevent errors were perceived as mentors' roles. Initial goal establishment, constructive feedback on mentees' performance, professional development by the mentor, mentor's availability and attentiveness and acceptance of mentorship roles were the factors identified to enhance mentorship. Meanwhile, poor communication, misplaced priority, fear of making mistakes in the presence of mentee, lack of commitment and poor understanding of roles could militate against effective mentor-mentee relationship. Students' level of knowledge was not associated with their level of study ($p=0.682$).

Therefore, continuous mentoring programs, workshop and seminar designed to meet the needs of nurses should be made mandatory for all and if possible included in the nursing curricula and the outcome of such programs should be evaluated to ensure their effectiveness.

Key words: mentor, mentee, knowledge, attitude, registered nurses, student nurses

Introduction

Mentorship is a mandatory requirement for pre-registration of Nursing and Midwifery students. The mentor is a key support to students in practice, this is where students apply their knowledge, learn

key skills and achieve the required competence for registration (Nursing and Midwifery Council, 2015). Mentoring is a transaction focusing on relationship between two people for the purpose of learning and development (Megginson and Garvey, 2014). Caruso (2016) also stated that mentoring is

significant to realizing mentee's dream. It enables the mentees to be taken "under the wing" of their mentors in preparation for future roles and it empowers mentees to translate theory into practice through technical, teaching, clinical and time management skills (Royal College of Nursing, 2016). It improves communication, promotes long-term job satisfaction and facilitates adoption of best practices (Roark and Wilson, 2005)

National Academy of Sciences (2018), states that, the nature of a mentor-mentee relationship varies with the level and activities of both student and mentor. However, each relationship must be based on a common goal to advance the educational and personal growth of the student. Mentor can also benefit enormously from the relationship. According to Anderson (2011), experienced and knowledgeable clinical nurse promotes clinical learning of students by creating an effective learning environment.

However, the Outcomes Report of the American Association of Colleges of Nursing (2014) focuses on the need for the student nurses to have a holistic relationship with mentors to promote positive change (Brykczynski, 2012). Even with an experienced student nurse, a mentor may enhance and provide a safe environment for transition to a new practice site. A mentor can enhance the understanding of the student nurses beyond formal education and degree attainment. A study by Foster, Ooms, and Marks-Maran, (2014) identified that, according to students, the most frequently valued behaviors in the mentor-mentee relationship are teaching and explaining. Clearly, these two interrelated activities contribute to students' learning in practice, but are most likely to have a positive effect when the student feels motivated to learn.

Mentoring, in an increasingly stretched national health service, is becoming more and more important; if done effectively it can instill confidence and competence it can also ensure that the mentors are 'comfortable with their identities and competencies leading to the excellence performance of student nurses in practice' (Godfrey, Nelson, & Purdy, 2004 cited by Essays UK, 2015). Leadership is sustained through mentoring and it is a method that enhances hospital culture, productivity and efficiency.

Recently, mentorship in nursing has received poor attention thereby affecting the quality of students' learning dynamics (Gagen & Bowie, 2005 in Oluchina & Gitonga, 2016). Most nurses are not adequately prepared for this role (Chokwe and Setati-Zerish, 2017). This makes mentors to provide inadequate psychosocial support and career development functions (Grealish 2009 in Oluchina & Gitonga, 2016).

Research questions

This study answered the following questions:

- What is the level of knowledge about mentor-mentee relationship among registered and student nurses?
- What is the attitude of registered and student nurses towards mentor-mentee relationship?
- What are the mentor's roles as perceived by registered and student nurses?
- What are the factors that enhance good mentor-mentee relationship among nurses?
- What are the barriers militating against effective mentor-mentee relationship?

Hypotheses

1. There is no significant relationship between the students' level of study and their knowledge of mentor-mentee relationship
2. There is no significant relationship between knowledge of registered nurses and their attitude toward mentor-mentee relationship
3. There is no significant relationship between knowledge of student nurses and their attitude toward mentor-mentee relationship

Background

The role of the mentor 'cannot be over-emphasized; learning experience in the clinical setting ensures that the nurses and midwives of the future are fit to practice' (Royal College of Nursing, 2007, cited in Nursing Essays, 2015) and in this way the role is central to patient safety. Successful mentoring relationships are built on trust, openness to self-disclosure, affirmation, and willingness and skill in giving and receiving feedback. Mentoring involves a significant expenditure of time and energy on the part of the

mentor and especially the mentee. Living up to promises and commitments to each other is extremely important to the relationship (Cynthia, 2013). Mentor serves as supporter, role model, facilitator, assessor, friend, trainer or teacher, protector, colleague, evaluator and communicator (Ambroseti and Dekkers, 2010)

Mentoring involves teaching. In teaching the students nurses about procedures in the ward, it is also important to adopt the concept of andragogy. Andragogy simply refers to adult learning which is in contrast to pedagogy which is all about child teaching (Walsh, 2010). The concept of andragogy implies that adults prefer to take an active role while children are passive learners and therefore leave everything to the discretion of the teacher or mentor (Kinnell and Hughes, 2010). To ensure effective student mentoring, an individual mutual relationship is important, but also essential is organisation and management to provide adequate resources and systematic preparation for mentors (Jokelainen, Turunen, Tossavainen, Jamookeeah and Coco, 2011).

The key components of an effective mentoring relationship include: open communication and accessibility; goals and challenges; passion and inspiration; caring personal relationship; mutual respect and trust; exchange of knowledge; independence and collaboration; and role modeling (Eller, Lev and Feurer, 2014).

Mentoring facilitates best clinical practices and professional growth for both the mentor and mentee. A mentor must remain current with clinical policies and practices to best guide the mentee. A nurse mentor may explain changes in medication administration for an individual undergoing hemodialysis. Medications may be dialyzed or "washed out" from the patient undergoing dialysis as the blood filter works to remove toxins and excess fluid, and balance electrolytes. The mentor may explain to the mentee the physician's reasoning for a reduced dose of a particular medication. A dialysis patient may be dialyzed before, intraoperatively, or after surgery or a tooth extraction. In these cases, anticoagulation doses may be held or modified by the physician. The mentor may explain anticoagulation policy and when to call the

physician with questions (Chokwe and Setati-Zerish, 2017).

Leadership is sustained through mentoring. Formal training programs, internships, and preceptor ships provide a foundation and the experience to prepare for leadership roles and evidence based practice (Feeg, 2008). An astute nurse manager may recognize leadership qualities in a novice nurse and informally mentor or groom the new nurse by laying the groundwork for a leadership role. A staff nurse may be asked by the charge nurse to cover breaks as preparation for promotion to a role of increased responsibility.

The mentor may give practical advice to the mentee regarding management of difficult situations. The mentee may question the mentor regarding nursing etiquette to facilitate his/her acclimation to the workplace, addressing concerns on how to approach their manager in regards to changing patient assignments or scheduling.

Trusting relationships create lasting professional friendships, which contribute to staff retention. A mentoring relationship improves communication skills. A nurse is responsible for communicating any concerns to the patient, the patient's family, and the interdisciplinary team while advocating on the patient's behalf. Teaming with an experienced preceptor may assist a novice to improve personal communication techniques. Allowing the mentee to observe, participate, and learn helps build confidence and a sense of identity (Chokwe and Setati-Zerish, 2017).

Benefits of mentoring for the mentor include: Increased self-confidence, enhanced leadership skills, accelerated acclimation to the culture of the unit/facility, advancement opportunities, enhanced communication skills, especially with the interdisciplinary team, reduced stress, improved networking ability, political savvy, legal and ethical insight (Chokwe and Setati-Zerish, 2017).

Hodges, (2009) identified factors that can have a positive influence on mentor-mentee relationship as: the use of learning contracts, formulation of ground rules, use of information in student handbooks, discussion of the expectations of the mentor and mentee.

Not all mentor-mentee relationships are successful. Barriers to a successful mentor-mentee relationship

may be due to lack of faculty sensitivity, lack of academic preparation, cultural miscommunication, feelings of isolation, fear of failure, difficulty in establishing peer relationships, and lack of professional role models (Wilson, Andrews & Leners, 2006). Problems may occur if the mentor or mentee are unable to maintain the commitment or lose communication due to responsibilities or a career change (Billings & Kowalski, 2008).

Methodology

The study is descriptive cross-sectional in nature involving the collection data once the phenomena under study are captured at a single time point. Total sampling technique was used to recruit 46 registered and 54 student nurses from the pediatric surgical and medical ward, male surgical and medical ward and female surgical and medical wards at Yola Specialist Hospital, Adamawa state.

These wards were chosen because they constitute the major areas of clinical placement of student nurses. The student nurses include those in their second and third year level of study as they would have been having encounter with clinical nurses. A self-structured questionnaire was used to collect data from the participants daily for one week following the approval by the ethical committee/hospital management with 100% response rate. Informed consent obtained,

confidentiality and voluntariness were also ensured. Data collected were sorted, coded and entered using SPSS version 23. Findings were presented in tables and figures and Pearson-r was used to test the hypotheses.

Results

The findings revealed that out of 46 nurses 8 (17.4%) were working in male medical ward, 7 (15.4%) were in male surgical ward, 8 (17.4%) were in female medical ward, 8 (17.4%) were in female surgical ward, 8 (17.4%) were in paediatric medical ward, while 7 (15.4%) were in paediatric surgical ward. The 1 below also shows that out of 54 respondents 9 (16.7%) were posted to Male medical ward, 9 (16.7%) were posted to Male surgical ward, 9 (16.7%) were posted to Female medical ward, 9 (16.7%) were posted to Female surgical ward, 9 (16.7%) were posted to Paediatric medical ward while 9 (16.7%) were posted to Paediatric surgical ward (Figure 1).

From the figure 2 below, 20 (43.5%) had low knowledge of mentor-relationship, 20 (43.5%) also had fair knowledge while 6(13.1%) of registered nurses. 31 (57.4%) of the student nurses had low knowledge, 9(16.6%) had fair knowledge while 14 (26.0%) had good knowledge of mentor-mentee-relationship.

Figure 1: Distribution of Respondents across their Wards

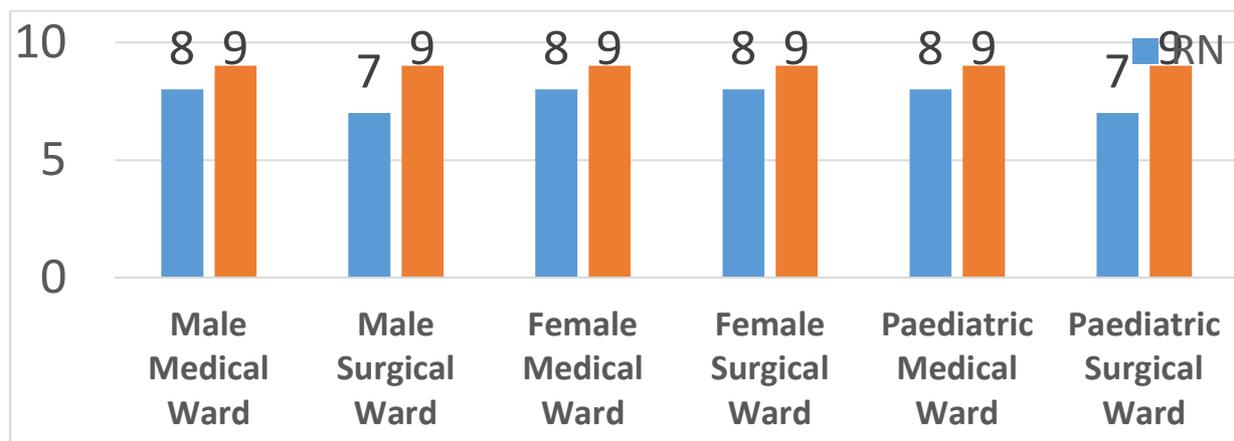


Figure 2: Level of Knowledge of Participants on Mentor-Mentee Relationship

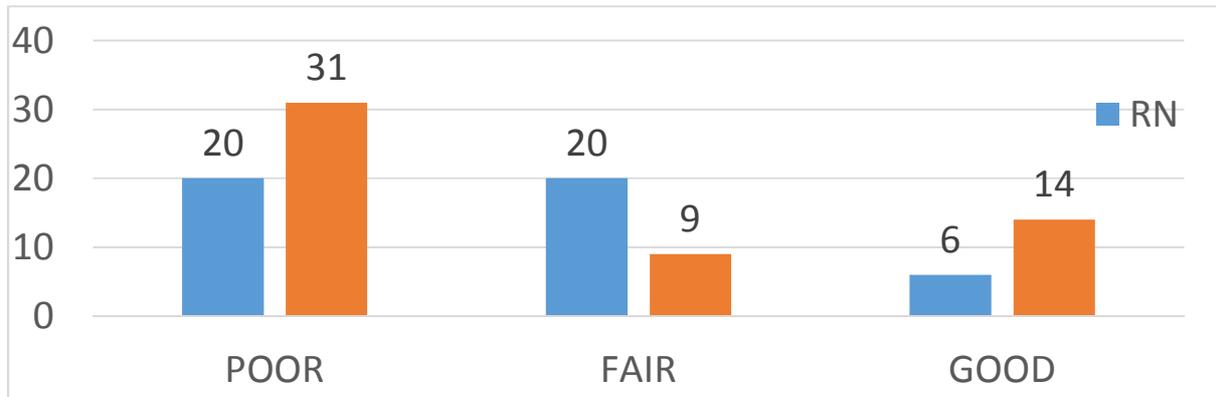


Figure 3: Respondents' Attitude towards Mentor-Mentee Relationship

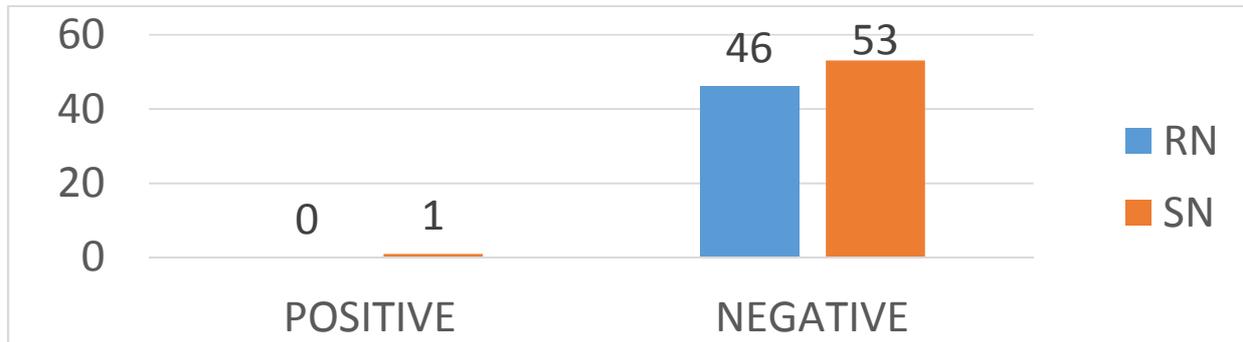


Table 1: Perceived Mentors' Roles by Respondents

Perceived mentors' roles	Percentage (%)
Sharing of knowledge, experiences and technical expertise	73.9%
Shielding mentees from unpleasant situations	60.9%
Supportive supervision	78.3%
Taking necessary precautions to prevent errors	78.3%

Table 2: Factors Enhancing Good Mentor-Mentee Relationship

Enhancing factors	Percentage (%)
Formative and summative assessment of the mentee	100%
Motivation of mentees with attention, recognition, confidence and satisfaction	100%
Ability of mentee to seek help when necessary	97.9%
SWOT analysis	84.3%
Acceptance of mentorship roles	93.5%
Mentor's availability and attentiveness	100%
Professional development by the mentor	96.3%
Constructive feedback on mentees' performance	97.8%
Initial goal establishment	90.2%

Table 3: Barriers Militating Against Effective Mentor-Mentee Relationship

Barriers	Percentage (%)
Lack of commitment	97.8%
Poor understanding of roles	100%
Fear of making mistakes in the presence of mentee	95.6%
Misplaced priority	100%
Insufficient time	100%
Lack of well define policy on mentorship	100%
Criticism instead of supportive supervision	79.6%
Unavailability of mentors	100%
Withholding crucial information from mentees	83.3%
Poor communication	100%

Table 3: Pearson –r showing significant relationship between student nurses' level of study and their knowledge of mentor-mentee relationship Variables

Variables	\bar{X}	sd	df	r	sig
Study level	2.61	0.492	5	-0.057	0.682
Knowledge	10.33	2.019			

The result of the study showed that $df = 5$, $r = -0.057$, $sig. > 0.05$.

Table 4: Pearson –r showing significant relationship between knowledge of Registered Nurses and their attitude of mentor-mentee relationship

Variables	N	\bar{X}	sd	df	r	sig
Knowledge	46	18.41	2.604	11	0.034	0.823
Attitude	54	38.54	2.813			

The result of the study stated that $df = 11$, $r = 0.034$, $sig. = 0.823$.

Table 5: Pearson –r table showing significant relationship between knowledge of Students' Nurses and their attitude toward Registered Nurses on mentor-mentee relationship

Variables	N	\bar{X}	sd	df	r	sig
Knowledge	54	10.30	2.043	5	0.179	0.234
Attitude	46	27.74	3.323			

The result of the study showed that $df = 5$, $r = 0.179$, $sig. = 0.234$.

The figure 3 below revealed that all the student nurses studied 46 (100%) had negative attitude towards mentor-mentee relationship while 53(98.1%) of registered nurses had negative attitude towards mentor-mentee relationship.

The table 1 below shows that 73.9% of the responded identified sharing of knowledge, experiences and technical expertise as mentors' role, other identified roles include but not limited to shielding mentees from unpleasant situations (60.9%), supportive supervision (78.3%) and taking necessary precautions to prevent errors (78.3%).

As shown in table 2 below, there is no significant relationship between students' level of study and their knowledge of mentor-mentee relationship

($p=0.682$, $r=-0.057$, $df = 52$), meaning that their knowledge was not affected by their level of study.

From the results of the hypothesis testing, registered nurses' knowledge on mentor-mentee relationship does not affect their attitude towards student nurses ($p=0.823$, $r = 0.034$, $df = 44$), as shown in the table 3 below.

Findings also revealed that attitude of student nurses was not determined by their knowledge on mentor-mentee relationship ($p=0.234$, $r=0.179$ and $df =52$). See table 4 below.

Discussion

The result also showed the attitude of student nurses toward mentor-mentee relationship with almost all of the respondents agreed that some students did not show enough interest and came

unprepared to the clinical areas which was in agreement with the study of Joubert and de Villiers, (2015) that according to the mentors, some students did not show enough interest and came unprepared to the clinical areas it also agreed with the study of Ensher and Murphy (2011), who stated that, according to the mentors, some students did not show enough interest and came unprepared to the clinical areas. The respondents also agreed that some registered nurses don't want to work or spent time regularly with student nurses. They also agreed that some Registered Nurses do not want student nurses to ask them question these agreed with the study of (Haggard and Turban, 2012, Cited by Eller et al, 2014) that mentors agreed that "the mentor should be accessible and available for questions" and there should be "frequent interactions.

Constructive feedback from mentees is one of the enhancing factors identified by respondents to effective mentorship and this was in agreement with Essays, UK (2015) and the study of (Ausmed, 2018) who stated that mentors give constructive feedback: – Preferably during or as soon as possible after an event to Student Nurses. Student nurses agreed that ability to seek help when necessary is also a factor that can enhance good mentor-mentee relationship and this disagreed with the study of Crisp's, (2009) and (Huybrecht, Loeck, Quaeyhaegens, De Tobel and Mistiaen, 2011) that it a qualities of a good mentee to seek help when necessary but not mentor, it also corroborates the statement of National Academy of Sciences (2018), that some students will feel comfortable approaching their mentors; others will be shy, intimidated, or reluctant to seek help this means that students should seek help when necessary from their mentors. While majority of the respondents agreed that overconfidence on the part of the mentor or mentee is a factor also that can enhance good mentor-mentee relationship.

Registered nurses agreed that lack of commitment of preceptor ships is a barrier and this agreed with the study of Cynthia (2013) who stated that commitments to each other is extremely important to the mentor-mentee relationship and also agreed with the study of (Billings & Kowalski, 2008) that, problems may occur if the mentor or mentee are unable to maintain the commitment or lose communication due to responsibilities or a career

change. All of the respondents agreed that Poor understanding is a barrier.

From this current study, the findings show that there is no significant relationship between students' level of study and their knowledge of mentor-mentee relationship meaning that their knowledge was not affected by their level of study. This is contrary to the report of Al Qahtani (2015) that there was a positive correlation between student age, grade point average, experience with mentorship, and the need for mentoring.

From the results of the hypothesis testing, registered nurses' knowledge on mentor-mentee relationship does not affect their attitude towards student nurses this is contrary to the findings from a study conducted by Joubert and de Villians (2015) which stated that the characteristics of mentors and their supportive role influenced the way the mentees experienced their exposure to mentors in the mentoring programme. The mentors were described by the mentees as being 'enthusiastic and helpful' and it seemed that the mentors did meet some of the mentees' expectations. The mentees stated that they found the mentors to be positive and appreciated the fact that mentors participated voluntarily in the programme because they wanted to teach the mentees. The mentees also acknowledged and appreciated the support that was rendered by the mentors, stating that the mentors were there to assist them.

Findings also revealed that attitude of student nurses was not determined by their knowledge on mentor-mentee relationship. This also contradicts the documentation of Cynthia (2013) that after experiencing an effective mentor-mentee relationship, mentees often feel refueled and inspired to make a difference in their practice (Cynthia, 2013). The poor attitude of the student nurses studied could be attributed to their inadequate knowledge about mentor-mentee relationship.

Summary

Mentorship is one of the contemporary issues in health care delivery system today. In mentor-mentee relationship, the mentor empowers, encourages and challenges the protégé. Mentees need to invest time, respect their mentors, listen,

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