# MENTEES' EXPERIENCES IN FORMAL AND INFORMAL NURSING MENTORSHIP PROGRAMS IN KENYA PUBLIC UNIVERSITIES

***S. Oluchina[1] and J. Amayi[2]***
*[1]Jomo Kenyatta University of Agriculture and Technology*
*[2]University of Nairobi*
*Email: oluchinasherry@yahoo.com*

**Abstract**
Mentorship is one to one reciprocal nurturing relationship between a more experienced and knowledgeable mentor and a less experienced mentee. A mentor is a person who has expertise in the areas of need identified by the mentee and was able to share the wisdom in a nurturing way. A mentee was someone seeking guidance in developing specific competencies, self awareness and skills in early intervention.
The study aim was to evaluate mentees experience in nursing mentorship programs. This was a descriptive and exploratory cross-sectional evaluative study. It used both qualitative and quantitative methods in data collection where 106mentees participated. Qualitative data collection utilized focus group discussions, while quantitative utilized questionnaires. In quantitative data collection method, simple random sampling was used while in qualitative, purposive and snowball non probability samplings were used to select participants.Exploratory data analysiswas used to summarize quantitative data. For qualitative data analysis, thematic content analysis was done.
The study found out that mentees preferred formal to informal mentorship program. Youthful female Mentees were involved in mentorship programs than their counterparts. Formal mentorship program has been in existence for more than five years in Kenyatta University (KU), while informal mentorship program is more recent in both University of Nairobi (UoN) and Masinde Muliro University of Science and Technology (MMUST). Mentees in informal unlike formal mentorship programs reported they had good mentorship relationship with their mentors. Majority of mentees 88% (n = 22/25) in formal unlike informal mentorship programs reported that the level of institutional support provided by the institutions was adequate.
The study recommends that, all the stakeholders should be encouraged to evaluate nursing mentorship programs in institutions' of higher learning. On the other hand, stakeholders should create, implement and update useful mentorship programs evaluation tools. Policy makers should act to secure mentorship programs and produce laws that favor their implementation and evaluation. For further studies, this study recommended, research on comparison of mentees and mentors experience in formal and informal nursing mentorship programs.

**Key words:** Evaluation, mentees, mentors, and mentorship

## 1.0 Introduction

Over the past several years, nursing programs had been called upon to restructure education to better prepare nursing students for increasingly complex and rapidly changing health care environments. According to Benner, Sutphen, Leonard and Day (2010), nursing education must be redesigned to prepare student nurses for new responsibilities and challenges in health care environments. To accomplish this, the practice-education gap must be addressed by major shifts in teaching methods (Benner *et al*., 2010). One major shift in teaching methods was mentorship programs. For mentorship programs to exist there should be a mentor and mentee. A mentor was a person who had expertise in the areas of need identified by the mentee and was able to share the wisdom in a nurturing way. A mentee was someone seeking guidance in developing specific competencies, self awareness and skills in early intervention (Allen, Eby and Lentz, 2006a).

Elements of mentorship included giving advice, psychosocial support, role modeling, career advising or counseling, cultivating the intellect of mentee, and varying help given to meet the needs of the mentee over time (Allen, Eby and Lentz,2006b and May, Meleis and Winstead-Fry, 2008). Mentorship provided guided skill perfection by modeling proficiency, providing corrective feedback and maintaining confidence in mentees' abilities.

Mentorship programs took a variety of forms. In some cases, formal mentorship programs were administered where students were assigned to mentors. Formal mentorship programs were where relationships were assigned in relation with organizational mentorship programs structures (Campbell and Campbell, 2007). In others, students and mentors develop relationships "naturally" with no formal structure or support from the institutions' administration (Dietz and Dettlaff, 2007).

Mentorship programs commenced in the year 1985 worldwide, but in Kenya in 2000. Considering nursing programs in Kenyan public universities, KU was the first public university to roll out formal mentorship program on 21st June, 2006. UoN and MMUST rolled out informal mentorship programs, which started in the year 2003 and 2007 respectively (Gichugi, 2009).

Since the initiation of mentorship programs in nursing programs in Kenyan public universities, they havenot been evaluated to determine mentees experience in mentorship programs. As a result of this, necessary amendments had not been done and mentees received ineffective and nonsystematic support during their practice, which hindered their nursing profession growth and development (Allen, *et al.,* 2006a). This also inhibited mentees coordination of care within the unique context of general practice and as a result clients ended up suffering on their hands and those who had acute illness ended up with chronic illness (Allen, *et al.,*

2006b). The clients then ended up staying in hospitals for a long duration of time and this posed challenges to their economic status (Allen *et, al.,*2006a).
Furthermore, there is lack of understanding of mentees' needs during mentorship programs which affected their learning dynamics (Asefzadeh, Javadi and Sharif, 2004). Mentees had needs which must to be attended to, to enhance smooth running of the mentorship programs, for example availability of adequate infrastructure and environment. Non awareness of these needs made mentees to suffer in the complex landscape of academics as they struggled to cope with its unique philosophies (Asefzadeh, *et al.,* 2004).

In addition, mentees' suffered from vast amount of stimuli particularly within the community setting where clinical environment is difficult to control. These stimuli are interpersonal relationships, staff and patient attitudes, physical structure of the settings, lack of knowledge and skills, and difficulty in handling the gap between on-the-job reality and the training they received (Allen *et, al.*, 2006b). Therefore, there was need to evaluate mentees nursing mentorship experiences in Kenya public universities.

## 2.0 Materials and Methods

### 2.1 Study Design Area and Population

This was a cross sectional study design. It was carried out in KU, UON and MMUST. The study population comprised of students who were undertaking Bachelor of Science in nursing (BscN) program in Kenyan public universities.

### 2.2 Sample size

The sample size formula of Cochran (1977), was used to calculate the sample size as follows:

$$n_0 = \frac{(t)^2 * (P)\,(q)}{(d)^2}$$

$$n_0 = \frac{(1.96)^2 (.5)\,(.5)}{(.05)^2} = 384$$

Where t = value for selected alpha level of .025 in each tail = 1.96
(p)(q) = estimate of variance = .25 (maximum possible proportion (.5) * 1-maximum possible proportion (.5) produces maximum possible sample size).
d = acceptable margin of error for proportion being estimated = .05
Therefore, for a population of 1,000, the required sample size was 384. However, since this sample size exceeded 5% of the population, Cochran (1977), correction formula was used to calculate the final sample size. These calculations were as follows:

$$n_1 = \frac{n_0}{(1 + n_o / \text{Population})}$$

$$n_1 = \frac{(384)}{(1 + 384/1000)} = 277$$

Where population size = 1,000
Where $n_0$ = required return sample size according to Cochran's formula= 384
Where $n_1$ = required return sample size because sample > 5% of population
The calculation result in a minimum returned sample size of 277.
Attribution 10% for the sample size
10/100*277 = 28
28+ 277 = 305

Then probability proportionate to sample was used to calculate sample size for mentees from UoN, KU and MMUST as follows using their population sizes (MMUST, KU and UoN registry data 2012) (Table 1).

*Table 1: Probability proportionate to sample size used to calculate sample size for mentees from UoN, KU and MMUST*

| **Sampling unit** | **Population size** | **Sample size** |
|---|---|---|
| 3rd and 4th year mentees from UON | 500 | 500/1000*305= 153 |
| 3rd and 4th year mentees from MMUST | 150 | 150/1000*305= 46 |
| 3rd and 4th year mentees from KU | 350 | 350/1000*305=106 |

### 2.3 Sampling Procedure

Simple random probability, purposive and snowball non probability sampling methods were utilized. According to Creswell (1994), "Simple random probability sampling was a sampling technique achieved by randomly selecting cases from a sampling frame." In this study, simple random sampling helped the researcher to randomly select two Kenya public universities (UON and MMUST) offering informal mentorship programs and respondents who were to provide quantitative data who filled the questionnaires.

According to Mugenda and Mugenda (1999), "Purposive sampling is a sampling technique that allows a researcher to use cases that have the required information with respect to the study objectives. In snowball sampling, initial subjects with the desired characteristics were identified using purposive sampling techniques. The few identified subjects named others that they knew had the required characteristics until the required number of subjects was gotten." In this study,

first, purposive sampling was used to sample KU because they had formal mentorship program and nursing program from UoN, KU and MMUST because this was the program in the universities where the study was to focus. Secondly, purposive sampling was used to select 3rd and 4th year BscN students (mentees) as the group to participate in the study. This was because they had been in mentorship program for more than two years. Thirdly, it was used to select initialmentees in 3rd and 4th year who were informative about nursing mentorship program, who participated in naming other mentees who were to participate in focus group discussion using snowball non probability sampling. For qualitative data, mentees were purposively selected outside the group of mentees who responded to the questionnaire.

### 2.4 Criteria of Inclusion

All mentees who were doing Bachelor of Science in Nursing in KU, UON and MMUST and were in their third and fourth year; mentees who were in the above institutions within the study period and who gave consent to participate in the research.

### 2.5 Study Tools

The tool used for quantitative data collection was a semi-structured questionnaire. Qualitative data was collected using focus group interview guide.

### 2.6 Selection and Training of Enumerators

Purposive and snowball non-probability sampling was used to select fifteen and five Bachelor of science in nursing interns in Kenyatta National Hospital (KNH) and Kakamega Provincial General Hospital(KPGH) respectively as enumerators.The enumerators were trained prior to data collection.

### 2.7 Pre-testing of Research Tools

The questionnaire and the focus group discussion guide were corrected after pilot study that was done in Moi University School of nursing.

### 2.8 Data Collection

Data collection was done using both quantitative and qualitative methods. They included cross-sectional survey and focus group interview.

### 2.9 Data Analysis

Exploratory data analysiswas used to summarize quantitative data. This was done to summarize data in terms of frequencies, percentages and proportions. Quantitative data was presented in form of tables and graphs with comments on text preceding the tables and graphs.For qualitative data analysis, the following steps were followed: reception of cassette and tape recorders, data transcription,

data organization, open, axial and selective coding, and evaluation of information selected.

**2.10 Ethical Considerations**

Ethical approval was given from KNH/UON and Great Lake University of Kisumu (GLUK) institutional ethical committee.Participants of the study gave informed consent.

**3.0 Results**

All the nursing students from KU reported being involved in formal mentorship program. In MMUST, all the nursing students reported being involved in informal mentorship programs. In UON, 31.8% (n= 49/153) of mentees reported being involved in formal mentorship program, 9.1% (n= 14/153) in informal mentorship program, 54.5% (n= 83/153) in both formal and informal mentorship programs and 4.5% (n=7/22) were not involved in either of the mentorship programs (Figure 1).

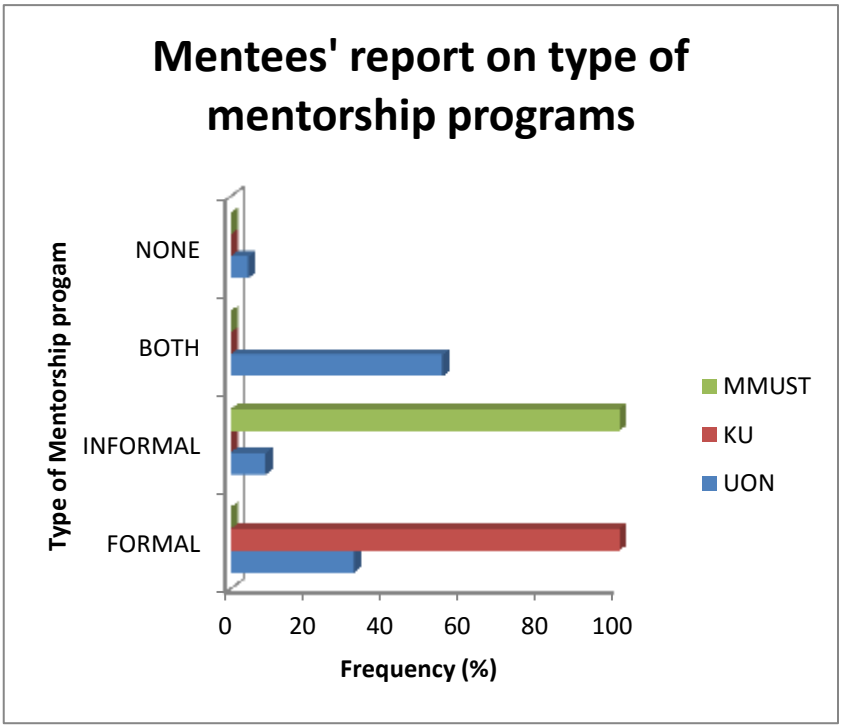


*Figure 1: Mentees' report on type of mentorship programs*

Most mentees preferred formal to informal mentorship programs. That was, the number of mentees who said they liked formal mentorship program in UON was 45.5% (70/153), KU was 77.8% (82/106) and MMUST was 76.9% (35/46) (Figure 2).

 

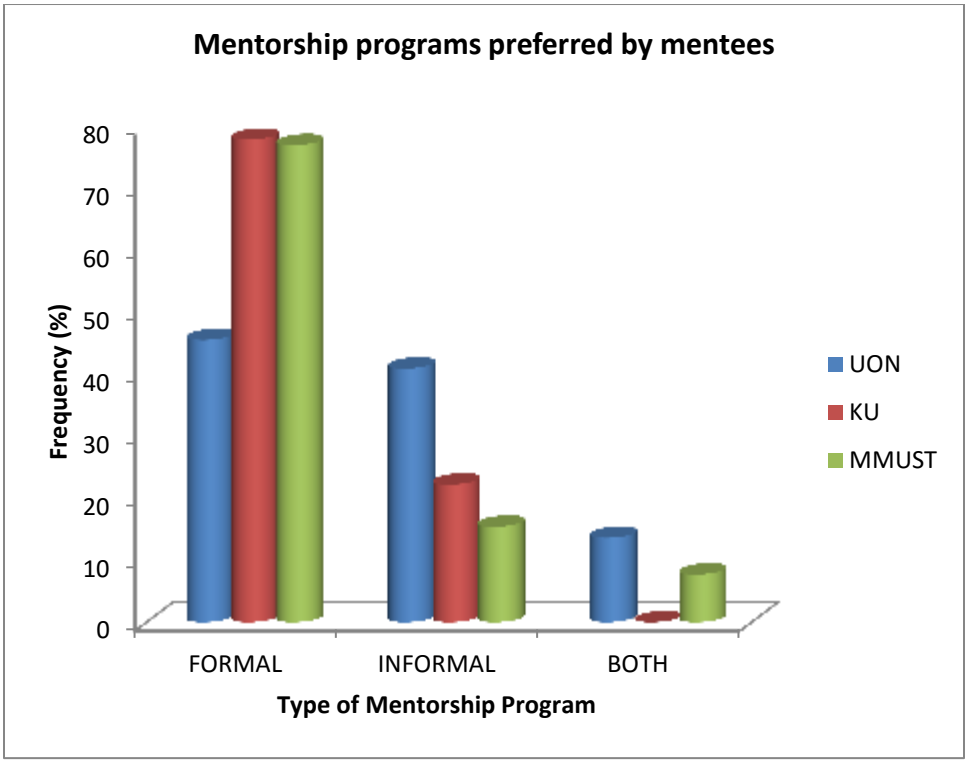


*Figure 2: Mentorship Programs Preferred by mentees*

On demographic characteristics, 88.7% (n = 271/305) of mentees had their ages below 25 years. Majority of mentees 80% (n = 20/25) and 75% (n = 7/9) in formal and informal mentorship programs respectively whose ages ranged between 25 to 29 years reported not involving fully in mentorship programs. Those who ages were below 25 years, majority 93% (n = 121/130) and 57% (n = 29/51) in formal and informal mentorship programs respectively reported being involved fully in mentorship programs. An older mentee from UoN reported that: "We do not participate fully in mentorship programs because we are fourth years' and the numbers of unit courses we are doing are too much and also so involving which hinder our fully involvement."

Gender of mentees also influenced their participation in mentorship programs. The total numbers of female mentees who participated in the study was 144 (47.2%) and that of male mentees was 161 (52.8%). Almost all the female mentees 92.3% (n = 96/104) and 80% (n = 32/40); and 50% (n = 44/88) and 60% (n = 44/73) of male mentees reported being involved in formal and informal mentorship programs respectively. One of the female mentee from UoN reported that: "We are involved more in mentorship programs because we have a personal trait of patience and we persevere with our mentors' even during tough moments than our counterparts."

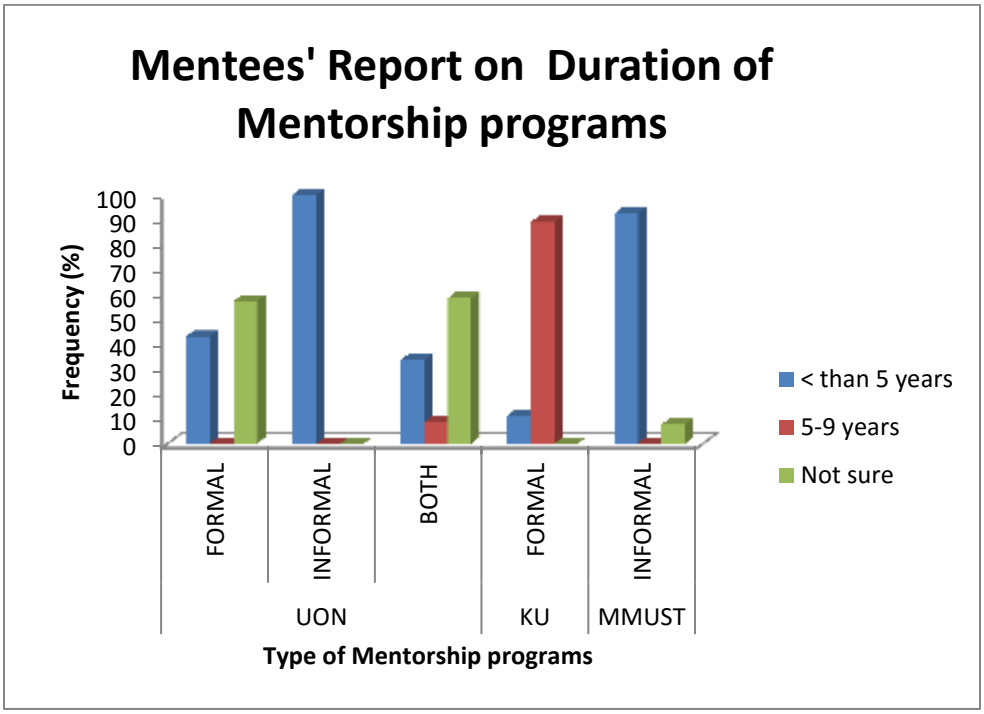


*Figure 3: Mentees' report on duration of mentorship programs*

Concerning duration of mentorship programs, almost a half of mentees 42.9% (n=66/153) from UoN and majority of mentees 92.3% (n= 42/46) from MMUST reported that the mentorship programs had been in existence for less than five years. While in KU, majority of mentees 88.9% (n= 94/106) reported that the formal mentorship programs had been in existence for more than five years (Figure 3).One mentee who was a student representative said that: "Formal nursing mentorship program started more than five years ago."

Reflecting on their relationship with mentors, most mentees (n = 56/60, 93%) in informal unlike in formal mentorship programs (n=87/155, 56%) considered they had a good relationship with their mentors. A good mentorship relationship was perceived to be based on mutual respect and understanding, and mentees identified a number of qualities they looked for in a mentor. These included someone who was 'supportive', 'helpful', 'knowledgeable', 'experienced', 'enthusiastic' and 'committed' to them. A mentor who provided feedback and opportunities to discuss progress was seen as contributing to a good mentorship relationship, as was one who promoted confidence in their mentees, challenged their practice and offered constructive criticism (Table 2).

 

*Table 2: Mentors' Qualities Reported by Mentees*

| Mentors' qualities | Frequencies | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | UON N = 19 | | | | KU N = 18 | | | | MMUST N = 13 | | | |
| | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 |
| Quality feedback | 15(78.9%) | 4(21.1%) | 0 | 0 | 10(55.6%) | 6(33.3%) | 2(11.1%) | 0 | 8(61.5%) | 4(30.8%) | 0 | 1 (7.6%) |
| Interpersonal skills | 13(68.4%) | 5(26.3%) | 1(5.3%) | 0 | 12(66.7%) | 4(22.2%) | 2(11.1%) | 0 | 9(69.2%) | 3(23.1%) | 0 | 1 (7.6%) |
| Role model | 11(57.9%) | 7(36.8%) | 1(5.3%) | 0 | 12(66.7%) | 4(22.2%) | 2(11.1%) | 0 | 8(61.5%) | 3(23.1%) | 1 (7.6% | 1 (7.6% |
| Knowledgeable | 14(73.6%) | 4(21.1%) | 1(5.3%) | 0 | 14(77.8%) | 4(22.2%) | 0 | 0 | 7(53.8%) | 5(38.5%) | 0 | 1 (7.6%) |
| Facilitator of learning | 12(63.2%) | 5(26.3%) | 2(10.5%) | 0 | 12(66.7%) | 6(33.3%) | 0 | 0 | 8(61.5%) | 4(30.8%) | 0 | 1 (7.6%) |
| Planner | 14(73.6%) | 4(21.1%) | 1(5.3%) | 0 | 10(55.6%) | 4(22.2%) | 4(22.2%) | 0 | 7(53.8%) | 5(38.5%) | 0 | 1 (7.6%) |
| Approachable | 13(68.4%) | 5(26.3%) | 1(5.3%) | 0 | 12(66.7%) | 2(11.1%) | 4(22.2%) | 0 | 10(76.9% | 2(15.4%) | 0 | 1 (7.6%) |
| Confidence | 13(68.4%) | 5(26.3%) | 1(5.3%) | 0 | 14(77.8%) | 2(11.1%) | 2(11.1%) | 0 | 6(46.2%) | 5(38.5%) | 0 | 2 (15.4%) |
| committed | 12(63.2%) | 5(26.3%) | 2(10.5%) | 0 | 10(55.6%) | 6(33.3%) | 2(11.1%) | 0 | 8(61.5%) | 4(30.8%) | 0 | 1 (7.6% |

**Key**

4: Strongly agree; 3: Agree; 2: Disagree; 1: Strongly disagree

On their part, mentees reported qualities they presumed they had which favored mentorship programs. Willing to learn was the quality which was rated highly by mentees (n=124/153, 81.2%), (n=77/106, 72.2%), and (n=21/46, 46.1%) from UON, KU and MMUST respectively (Table 3). One mentee from KU reported that: "Majority of us have personal trait of wiliness to learn, because we want to gain more knowledge and skills in nursing profession and therefore we do initiate and effectively nurture mentorship programs relationships."

*Table 3: mentees' qualities reported by mentees*

| Mentees' Qualities | Frequencies | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | UON N = 16 | | | | KU N = 18 | | | | MMUST N = 13 | | | |
| | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 |
| Good communication | 9(56.2%) | 7(43.8%) | 0 | 0 | 7(38.9%) | 11(61.1%) | 0 | 0 | 5(38.5%) | 7(53.8%) | 0 | 1(7.7%) |
| Effective teams | 8(50%) | 7(43.8%) | 1(6.2%) | 0 | 8(44.4%) | 10(55.6%) | 0 | 0 | 2(15.4%) | 7(53.8%) | 3(23.1%) | 1(7.7%) |
| Willing to learn | 13(81.2%) | 3(18.8%) | 0 | 0 | 13(72.2%) | 3(16.7%) | 2(11.1%) | 0 | 6(46.1%) | 5(38.5%) | 0 | 2(15.4%) |
| Accept challenge | 12(75%) | 4(25%) | 0 | 0 | 9(50%) | 9(50%) | 0 | 0 | 5(38.5%) | 7(53.8%) | 0 | 1(7.7%) |
| Flexible | 10(62.5%) | 6(37.5%) | 0 | 0 | 7(38.9%) | 11(61.1%) | 0 | 0 | 6(46.1%) | 5(38.5%) | 1(7.7%) | 1(7.7%) |
| Committed | 7(43.8%) | 8(50%) | 1(6.2%) | 0 | 7(38.9%) | 9(50%) | 2(11.1%) | 0 | 5(38.5%) | 5(38.5%) | 2(15.4%) | 1(7.7%) |

**Key**

4: Strongly agree; 3: Agree; 2: Disagree; 1: Strongly disagree

Mentors were seen as counselors, teachers, sponsors, guiders and role models. Both mentees from KU and MMUST rated the teacher role highest, 67% (n = 71/106) and 69.2% (n = 32/46) respectively, while in UoN, counselor role was rated the highest 65% (n = 99/153). Mentees viewed their mentors as source of guidance, and most mentees (n = 143/155; 92%) in formal mentorship program reported the level of guidance they received from their mentors was adequate for their needs. They also viewed mentors as their link in nursing and other medical professions field. Lastly mentors were viewed as having a key role in creating opportunities to maximize mentees' learning. One student from KU reported that: "A good mentor is one who gives us opportunity to undertake a wide variety of nursing skills, observing and participating and then he/she support us to have a go at them, if possible."

For mentors to adequately carry out their roles, institutional support was essential. Majority of mentees 88% (n = 136/155) in formal mentorship programs reported that the level of institutional support provided by the institutions was adequate. The institutional support favored formal unlike informal mentorship programs. For instance, the rate at which the various institutional support characteristics favored formal mentorship programs reported by mentees were (n=143/155, 92%), (n=81/155, 52%) and (n=87/155, 56%) and for informal mentorship programs were

(n=24/60, 40%), (n=8/60, 13.3%) and (n=8/60, 13.3%) for time allocation, incentives and evaluation respectively (Table 4).

*Table 4: Institutions' Characteristics Reported by Mentees that favored mentorship programs*

| | Frequencies | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | UON N = 17 | | | | KU N = 18 | | | | MMUST N = 13 | | | |
| | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 |
| Orientation | 7(41.2%) | 7(41.2%) | 1(5.9%) | 2(11.8%) | 3(16.7%) | 7(38.9%) | 8(44.4%) | 0 | 5(38.4%) | 4(30.8%) | 2(15.4%) | 2(15.4%) |
| Incentives | 7(41.2%) | 4(23.5%) | 3(17.6%) | 3(17.6%) | 1(5.6%) | 5(27.8%) | 10(55.6%) | 2(11.1%) | 3(23.1%) | 4(30.8%) | 4(30.8%) | 2(15.4%) |
| Environment | 5(27.8%) | 8(47.1%) | 3(17.6%) | 1(5.9%) | 6(33.3%) | 12(66.7%) | 0 | 0 | 2(15.4%) | 6(46.1%) | 3(23.1%) | 2(15.4%) |
| Time | 2(11.8%) | 3(17.6%) | 5(27.8%) | 7(41.2%) | 15(83.3%) | 1(5.6%) | 2(11.1%) | 0 | 0 | 4(30.8%) | 6(46.1%) | 3(23.1%) |
| Policies | 3(17.6%) | 8(47.1%) | 3(17.6%) | 3(17.6%) | 1(5.6%) | 13(72.2%) | 4(22.2%) | 0 | 3(23.1%) | 4(30.8%) | 3(23.1%) | 3(23.1%) |

**Key**

4: Strongly agree; 3: Agree; 2: Disagree; 1: Strongly disagree

With regard to allocated time for mentorship programs, more than three quarters of mentees (n = 82/106, 77.8%) from KU indicated that they had regular mentorship program time with their mentors. However, almost more than three quarters of mentees (n = 46/60, 77.1%) from UoN and MMUST who practiced informal mentorship programs reported they had irregular mentorship program time with their mentors. A mentee from MMUST said that: "We have irregular time for mentorship programs because this is not part of a formal university calendar activity thus we met with our mentors' any time we are free."

Time taken in mentorship relationships decreased over the course of mentorship programs.

One mentee from KU reported that: "Initially, in first year, on average I used to meet with my mentors for at least six hours per week, but now days we only meet for two hours per week."

On evaluation of nursing mentorship programs, most mentees reported that mentorship programs in the institutions had not been evaluated. In MMUST all mentees reported it had not been evaluated while in KU, there were mixed findings, 44.4% (n = 47/106) and 55.6% (n = 59/106) reported that it was evaluated and not evaluated respectively. In UON, all mentees who reported the presence of

informal mentorship programs said it had not been evaluated but for formal mentorship program, there were mixed findings, 42.9% (n=21/49) and 57.1% (n = 28/49) of mentees reported it was evaluated and not evaluated respectively.

Finally, 92% (n= 143/155) and 60% (n = 36/60) of mentees in formal and informal mentorship programs respectively, felt their experiences on mentorship programs made them to meet their learning outcomes. One mentee from UON said that: "I thank God for my mentor, because without him l would not have met my learning outcomes, he used to encourage me when l felt discouraged and all went well." Eighty eight percent (88%, n = 136/155) and 60% (n = 36/60) of mentees' in formal and informal mentorship programs respectively, reported that their mentors were knowledgeable and skilled in their areas of practice. Eighty four percent (84%, n = 130/155) and 60% (n = 36/60) of mentees in formal and informal mentorship programs respectively, agreed their mentors were carrying out their roles and responsibilities in regard to them meeting their learning outcomes. One mentee from KU said: "All our mentors are knowledgeable and skilled in nursing profession and this assists us in meeting our learning outcomes."

Similarly, (88%, n = 136/155) and 53% (n = 32/60) of mentees' in formal and informal mentorship programs respectively, reported mentors' provided constructive feedback and time for reflection on practice. One mentee from MMUST attested that: "Mentors provide us with feedback and time for reflection especially in clinical areas." Lastly, (80%, n = 124/155) and 60% (n = 36/60) of mentees' in formal and informal mentorship programs respectively, felt they had planned their learning experiences with their mentors and they were given the autonomy to practice clinical skills under supervision.

 

## 4.0 Discussion

From the study, (47.2%) and (28.3%) of mentees reported being involved in formal and informal mentorship programs respectively. These findings meant that more mentees of higher learning were practicing formal than informal mentorship programs. These findings were contraindicating other studies which indicated that the mentorship program approach which was commonly practiced in institutions of higher learning was informal mentorship program (Gichugi, 2009).

Mentees preferred formal to informal mentorship programs. One mentee from KU said that: "Formal mentorship program is the best because it has laid down guidelines that guided us during the mentorship program". This observation was in harmony with that of Berk (2010), who said that: "In formal mentorship program, mentorship dyads were paired administratively based on arbitrary criteria or specified criteria." It emerged that, in formal mentorship programs, biasness during pairing was minimal, since inputs from both parties were not put into consideration. Therefore, where there was no biasness, mentees' perceived fairness.

Focusing on mentees' demographic characteristics, (88.7%) had their ages below 25 years. These findings concurred with those of Blauvelt and Spath (2008), who stated that: "In France, majority of people who aged below 25 years were preoccupied with tertiary education. People who ages were above 25 years, majority, had finished their tertiary education and were preoccupied with activities of daily living."

Majority of mentees (80%) and (75%) in formal and informal mentorship programs respectively whose ages ranged between 25 to 29 years reported not involving fully in mentorship programs than their counterparts whose ages were below 25 years. The observation was in harmony with that of Mitchell, Patricia, Sally, Mark and Patricia (2010) and Wanberg, Welsh and Hezlett (2004), who stated that: "Many students who participated in formal and informal mentorship programs, averagely their ages were (m_18.7, sd_5.7) and (m-20.67, sd- 0.63) respectively." An older mentee from UON reported that: "We do not participate fully in mentorship programs because we are in fourth year and the numbers of unit courses we are doing are too much and also so involving which hinder our fully involvement in mentorship programs."

This reason had been reported in Kigali, Rwanda, by Henry (2006), who attested that: "Mentees' left mentorship programs because of other responsibilities for example, a lot of academic assignments, managerial and home responsibilities." Therefore, work overload proved to be a hindrance of mentees' involvement in mentorship programs.

The total number of female and male mentees who participated in the study was (47.2%) and (52.8%) respectively. Same situation of ratio of female to male

mentees had been reported by Katherine (2003), who said that: "Many male students were enrolling for nursing profession." This meant that, currently, nursing profession was not only a female profession as it was viewed traditionally but a multi-sex profession.

Almost all the female mentees (96%) and 85%; and 50% and 53% of male mentees reported being involved in formal and informal mentorship programs respectively. One of the female mentee from UON reported that: "We are involved in mentorship programs more than male mentees' because we have a personal trait of patience and we persevere with our mentors' even during tough moments than our counterparts."

This finding was in harmony with that of Rhay-Hung, Ching-Yung, Wen-Chen, Li-Yu, Syr-En, and Mei-Ying (2010), who stated that: "More female than male mentees participated in mentorship programs." According to Katherine (2003), "Female mentees had personality traits of patience and persistence, which were essential to mentorship program relationship." Thus, we realized that for any mentorship relationship to prosper there was need for good personality traits from mentees.

Majority of the mentees (93.3%) from UON and MMUST reported that the duration of informal mentorship programs relationship was less than five years. This finding was in harmony with that of Rhay-Hung et al., (2010), who stated that: "The mean period of informal mentorship program relationship was 3.97 years (SD = 2.43)." Also according to Kram (1983), "Mentorship relationships began to draw apart after a year or two." In KU, majority of mentees (88.9%) reported that the duration of formal mentorship program relationship was more than five years. This finding was in disharmony with that of Young (2009), which documented that: "The typical duration for a formal mentorship relationship was one year." In this regard, the findings reported by mentees' from KU was misleading, and it seemed the mentees reported the duration the formal mentorship program had been in the university rather than the duration themselves had been involved in the formal mentorship relationship.

From the study, mentorship was considered 'important', as was the quality of the mentorship relationship. Most mentees (93%) in informal unlike in formal mentorship programs (56%) considered they had a good relationship with their mentors. Similar findings were reported by Sawatzy and Enns (2009), who stated that: "Ninety five percent (95%) of mentees in informal unlike 55% in formal mentorship programs reported to have good relationship with their mentors." A good mentorship relationship was perceived to be based on mutual respect and understanding, and mentees' identified a number of qualities that mentors' posed, that was, 'supportive', 'helpful', 'knowledgeable', 'experienced', 'committed' and 'enthusiastic'. According to Smith and Zsohar (2007), "Creating an environment

where mentees' felt supported was important." From Turnbul (2010): "Supportive environment encompassed when mentors showed positive regard and genuine caring, were willing to listen, displayed empathy and trustworthiness, gave encouragement, and provided authentic feedback. Sawatzy and Enns (2009), stated that: "Mentors' should display confidence in their ability to advocate for and guide mentee. In turn, the mentees' would be ready to trust the mentor's judgment and recommended actions." From these, we realized that for good mentorship relationship to prosper, intrinsic motivations were important, especially good personality traits from mentors.

On their part, the qualities they presumed they had included good communication, acceptance of change, ability to create effective teams, willing to learn, flexible and committed. According to Turnbul (2010), "Mentees' personal qualities like willing to learn and committed favored mentorship relationships positively." Among the qualities they had, willing to learn was rated highly by (68.1%) of mentees. Chickerella and Lutz (2004) presented that: "Wiliness to learn and being innovative were the major mentees' personality traits that geared mentorship programs relationships. When they were willing to learn, mentors' were ready to support them." In relation to this, it was important for mentees' to possess wiliness to learn as they were the drive of any mentorship relationship.

Mentees reported that mentors roles were: counselor, teacher, sponsor, guider and role models. According to Allen, et al., (2006a), "Roles of mentors included giving advice, psychosocial support, role modeling, career advising or counseling, cultivating the intellect of a mentee, and varying the help given to meet the needs of the mentee over time." The same roles of mentors also came out clearly when Odysseus entrusted the care of his son to his friend "mentor," to serve as a guide and teacher while he went to fight the Trojan War (Carey & Weissman, 2010). Hence as mentors, they were entrusted with various obligations that they were supposed to deliver to mentees' to enhance their performance in nursing profession.

Majority of mentees from KU and MMUST rated the teacher role the highest, while those from UoN rated the counselor role the highest. The same findings were also presented by Allen et al., (2006a), who stated that: "Teacher and counselor mentors' roles were rated highly and were initiated early in mentorship programs relationships." Mentees viewed their mentors as source of guidance, and most mentees (92%) in formal mentorship program reported the level of guidance they received from their mentors was adequate for their needs. According to Asefzadeh, et al., (2004), "When mentees' were guided by mentors, they felt free to exercise independent thinking, willingness to be creative, offered ideas for consideration, and verified lines of reasoning with their mentors." In this regard,

mentors' roles as a teacher, counselor and guider were important in enhancement of effective mentorship program relationships.
Mentees' also viewed mentors as having a key role in linking them in nursing and other medical professions fields and creating opportunities to maximize their learning. These findings were in harmony with that of Smith and Zsohar (2007) who attested that: "Other mentors' roles included facilitation of mentees' socialization with health care professionals and creating opportunities to maximize their learning." Coleman *et al.*, (2005) supported Smith and Zsohar (2007) argument, by suggesting that: "Mentors assisted mentees in creating opportunities to maximize their learning by helping mentees learn to network and establish professional contacts, and to create opportunities to maximize their learning, where they provided mentees' with the chance to experience and practice a variety of skills viewed as essential elements of nursing profession." In this regard, all mentors' roles were important for mentees' success in nursing profession.

Institutional support provided included provision of orientation, incentives, policies and guidelines, favorable environment and allocating time for mentorship programs. Same forms of institutional supports had been reported Jones (2008), who attested that: "Without authentic support from institutions' administration, mentorship programs were likely to struggle." In terms of institution support offered by the institutions, 88% of mentees in formal mentorship program reported that the level of institution support provided by the institutions was adequate. Similar findings were reported by Jones (2008) who attested that: "In formal mentorship program, 85% of mentees reported that they received adequate institution support from their institution." These findings contradicted a study done by Gichugi (2009), who indicated that: "Only 20% of mentees in formal mentorship programs said the institution's support was adequate for their needs."

According to Jones (2008), "The critical strategy in any mentorship program was to gain institution support."
Majority of mentees (73%) in informal mentorship programs rated institutions' lowly in terms of allocated time for mentorship programs. This finding contradicted a study done by Allen *et al.,* (2006b), who stated that: "Eighty percent (80%) of mentees in informal mentorship programs rated institutions' highly in regard to allocated time for mentorship programs." According to Headlam-Wells, Gosland and Craig (2005); "Institutions' were to allocate time for dyads to come together regularly." White, Brannan and Wilson (2010) further supported Headlam-Wells *et al.,* (2005), by stating that: "Clarifying an allocated time for mentorship programs when the mentorship relationship was initiated was imperative so that goals were achieved in a realistic manner. Activities were to be spread over the time allocated and in this manner; unmet expectations and disappointments were diminished." McCloughen, O'Brien and Jackson (2009), argued that: "While dyads had freedom to negotiate how they communicated with

one another, the key point was that they were committed to and engaged in multiple activities over time allocated."
Previous research done by Levett-Jones, Fahy, Parsons and Mitchell (2006), had highlighted: "The importance of students working for an extended period of time with a mentor, and that insufficient time had an adverse impact on them achieving their learning objectives." The findings reported in this study was not encouraging since most mentees (71.7%) complained of insufficient time for mentorship programs. Nevertheless, this suggested that provision of mentees' needs especially adequate time for mentorship programs was a priority. Therefore, to allow for provision of adequate time for mentorship, institutions should have an allocated time for mentorship programs.

With regard to regularity of time for mentorship programs, (77.1%) of mentees who were involved in informal mentorship programs reported they had irregular time and (77.8%) who were involved in formal mentorship program indicated they had regular time. These findings were in agreement with that of a study done by Becker and Neuwirth (2004), who stated that: "Formal unlike informal mentorship programs had regular meeting times. The meetings took place during working hours for formal mentorship programs and for informal mentorship programs, during and after working hours." Therefore, formal unlike informal mentorship programs had regular mentorship program time; because in it, institutions' administration took the "drive" of managing the whole mentorship process and they ensured it had regular mentorship time for the dyads to meet.
Time taken for mentorship relationships decreased over its course. This result was in agreement with that of a study done by Becker and Neuwirth (2004), who stated that: "Mentees spent an average of 57.5 and 30 min/week at initial and final evaluations, respectively." This meant that, as mentees became familiar with mentorship programs activities, they tend to be independent. According to Kram (1983), "This was the beginning of separation phase of mentorship relationships, and mentors were to step back to discuss together with mentees how they wanted to continue with the mentorship relationship." Kram (1983) continued by saying that, "The dyads had started to enter a new phase where both parties regarded one another as equal. They continued to have some form of interaction, although it was now on a more casual basis."

Evaluations of the mentorship programs were important to determine whether they were accomplishing their purpose. Most mentees (76.9%) reported that nursing mentorship programs had not been evaluated especially informal nursing mentorship programs. Scandura and Williams (2004), also noted the same findings by saying that: "Almost (80%) of students reported lack of evaluation of informal mentorship programs." When barriers of evaluation of mentorship programs were tackled, room for evaluation of mentorship programs would be available, and thus,

effective evaluation would be done which was essential for smooth running of mentorship programs.

Finally, more mentees in formal than informal mentorship programs felt their experiences on mentorship programs made them to meet their learning outcomes. The same findings were reported by Becker and Neuwirth (2004), who attested that: "Ninety percent (90%) of mentees in formal mentorship program rated their ability to fulfill their learning objectives through defined action plans at initial evaluation, at a median rating of 8 (minimum 6, maximum 10), and at the end of the study, the rating was 8 for both mentees." Also according to Becker and Neuwirth (2004), "When mentees in formal mentorship program were asked to assess their perceived level of competency and skill demonstrated during mentorship programs relationship, at initial evaluation, two of the mentees reported some improvement, and the third mentee reported significant improvement. At the end of the study, all mentees reported significant improvement." This illustrated clearly that mentorship programs especially formal mentorship program necessitated mentees' to meet their learning outcomes and gain competency in carrying out nursing care.

Eighty eight percent (88%) and 60% of mentees' in formal and informal mentorship programs respectively, reported that their mentors were knowledgeable and skilled in their areas of practice. Similarly, 84% and 60% of mentees in formal and informal mentorship programs respectively, agreed mentors were carrying out their roles and responsibilities in regard to them meeting their learning outcomes. These findings were in agreement with that of a study done by White et al., (2010), which showed that: "More mentees in formal than informal mentorship programs advocated that their mentors' were knowledgeable, experienced and committed parties." Having knowledge and skills in areas of practice was important if better fruits were needed.

Eighty eight percent (88%) and 53% of mentees' in formal and informal mentorship programs respectively, reported mentors' provided constructive feedback and time for reflection on practice. Similar findings were reported by Smith and Zsohar (2007), who said that: "Ninety five percent of mentees reported that mentors provided them with constructive feedback and time for reflection, which was important to enable them met their learning outcomes." White et al., (2010), stressed: "The importance of establishing negotiated times for regular communication. Communication entailed appropriate feedback, positive constructive criticism and time for reflection." Therefore, mentors were successful human resource, when they did not only reflect on defining mentees' learning goals, but also provided them with constructive feedback and time for reflection.

Lastly, 80% and 60% of mentees' in formal and informal mentorship programs respectively, felt they had planned their learning experiences with their mentors

and they were given the autonomy to practice clinical skills under supervision. Similar findings were reported by Smith and Zsohar (2007), who said that: "More than 80% and 55% of mentees' in formal and informal mentorship programs respectively, planned their learning expectations with their mentors and were given autonomy to practice clinical skills under supervision." According to May, et al.,(2008), "Once paired, mentors should articulate together with mentees the purpose and goals of the mentorship relationship to give them direction. Mentors should also allow mentees to practice clinical skills under their guidance in clinical areas." When set goals and objectives guide mentorship relationships, successful outcomes were more likely; and when mentees were guided and given autonomy to practice clinical skills, nursing care provided by mentees improved in its quality.

## 5.0 Conclusion and Recommendations

Formal mentorship programs were most practiced and preferred by mentees. Time taken in mentorship relationship decreased over the course of the program and it was mostly irregular. Focusing on mentees' demographic characteristics young and female mentees were involved fully in nursing mentorship programs than their counterparts. Majority of mentees, especially those in informal mentorship programs reported they had good mentorship relationship. The qualities of mentors' identified that led to effective mentorship programs included someone who was 'supportive', 'helpful', knowledgeable', 'experienced', 'enthusiastic' and 'committed'. A mentor who had good communication, provided feedback and opportunities to discuss progress was seen as contributing to quality nursing profession, as was one who promoted confidence in their students, challenged their practice and offered constructive criticism. Majority of mentees were willing to learn, especially those in formal mentorship programs.

Majority of mentees planned their learning experiences with their mentors and they were given autonomy to practice clinical skills under supervision, felt their experiences on mentorship programs made them to meet their learning outcomes and felt mentors' provided constructive feedback and time for reflection on practice, especially those in formal mentorship programs.

In terms of administrative support provided by the institutions to mentorship programs, majority of mentees said its level was adequate for their needs, especially those in formal mentorship programs. These administrative supports included: allocating time for mentorship, orientation of mentees and mentors on mentorship programs, providing incentives, providing supportive environment, coming up with policies and guidelines on mentorship programs, and evaluating mentorship programs. Majority of mentees rated the institutions poorly in terms of having an allocated time, providing incentives and evaluating mentorship programs, especially those in informal mentorship programs.

The following studies were recommended to researchers: a study to assess the strength of friendship bonds within mentorship relationship; a study to evaluate

each phase of mentorship relationship separately, which were, initiation, cultivation, separation and redefinition; and future researchers to use a study with a longitudinal design.

 

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