



Original Article

Mentees' Perspectives on the Factors that influence the Choice of Mentors in the Medical Profession

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Abstract

Background: Mentorship is an age-long act in most fields of learning. It plays a pivotal role in medical education. The strength of any mentorship relationship could have a direct bearing on the character traits of the mentor. We aimed to determine factors that influence the choice of mentors by potential mentees in a formal mentorship relationship among medical doctors in Rivers State, Nigeria.

Methodology: This was a descriptive cross-sectional survey that recruited potential mentees by convenience sampling. A semi-structured questionnaire was distributed via a monkey survey. The tool had sections that addressed mentees' expectations, perceived factors that influence the choice of mentors, and ways to improve the mentors-mentee relationship, using a 5-point Likert scale. Data were analyzed.

Results: Of the 162 mentees recruited, 95 (58.6%) were females. The predominant age group was 31-40 years (40.1%). The majority, 137 (84.6%), practiced in public hospitals, and 102 (63%) were non-specialist doctors. The most common factor that influenced the choice of mentors as indicated by 156 (96.3%) participants was the ability of the mentors to help the mentees advance in their fields and connect them to opportunities. The two most cited areas of interest for mentorship were leadership in health organizations and research. Over 90% of mentees agreed that the roles of effective mentors are discussing possible solutions to difficult issues, identifying opportunities, and sharing personal experiences.

Conclusion: Mentorship enables the targeted development of mentees. When developing mentoring programs and evaluating mentors, it is important to consider mentees' opinions on the factors that impact their choice of mentors.

Keywords: Mentor; Mentee; Mentorship; Mentee's Choice; Doctors; Nigeria.

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Introduction

Mentorship is the transfer of knowledge, skills, and attitudes from one person (a mentor: with more of the stated virtues) to another person (a mentee: requiring these virtues).^[1,2] Mentorship is an age-long act in most fields of learning, and it plays a pivotal role in medical education. The mentor in today's world may not necessarily be a sage but certainly a more knowledgeable and skillful person who is willing to transfer such positive traits to a mentee.^[3]

While the numerous benefits of mentorship relationship to both the mentor and the mentee have been well reported,^[4-7] there is however no consensus on who qualifies to be a mentor and the traits that determine the choice of mentors. The strength of any mentorship relationship could have a direct bearing on the character traits of the mentor.^[8] Such positive virtues as empathy, a clear interest in the relationship, good teaching skills, as well as friendliness, may boost the mentorship relationship, develop more mentors within the field and improve the outcome of the relationship.^[9] Negative traits can do the exact opposite.^[10]

Medical mentoring has been documented in a few studies in Nigeria but informal mentoring is largely being practiced and has been unsatisfactory.^[11-15] In a study by Buowari and Ebirim^[12] conducted among 142 multidisciplinary resident doctors in Port Harcourt, it was revealed that only 36.5% had mentors but most respondents 89.6% deemed it needful for a formal mentoring programme. Another study by Ughasoro and colleagues^[11] which sought to identify the barriers and solutions to effective mentoring in health research and training institutions among mentors and mentees found that the most frequently cited mentor challenges were failure to understand the mentorship process and limited capacity for mentoring, whereas the most frequently cited mentee challenges were mentor preference (73.7%), lack of free expression (47.4%) and lack of appreciation of formal relationships (42.1%).

Mentor preference refers to a mentee's preferential tendency toward a particular mentor or mentors depending on the mentor's perceived qualities and abilities.^[16] Yet, this presents a challenge if the mentee's preferences and expectations do not match the mentor's perceived qualities and abilities, which could result in a dysfunctional mentoring relationship.^[11,17] Other probable causes include when the mentees in the mentoring relationship have attitudes, values, and views that differ from the designated mentor. The occurrence of mismatches is thus very likely in formal mentoring which can interfere with a successful mentoring relationship. Ughasoro and colleagues suggested that the most common technique to overcome obstacles was strengthening the mentoring process and mentee-mentor relationship training.^[11]

Most of the Nigerian studies that particularly surveyed mentees' opinions with regard to the mentoring relationship revealed that more than seven out of ten respondents would prefer to choose their mentor rather than being assigned one.^[11,12] While mentoring has been ongoing in Nigeria, it has been poorly implemented in the medical profession. Thus, institutionalizing an effective/ formal physician mentoring programme, beginning with mentees' perspectives on the choice of mentors may be a needful step in identifying the appropriate solutions to aid the mentoring process and mentee-mentor relationship. This study was aimed at identifying the factors that influence the choice of mentors by mentees in a formal physician mentorship relationship among medical doctors in Rivers State, Nigeria.

Methods

This was a descriptive cross-sectional survey of mentee medical doctors which were recruited by convenience sampling. Respondents were at various levels of training across several fields of the medical profession. The study tool which was an electronically generated questionnaire was distributed to respondents who willingly participated in the study. The respondents were registered participants of a mentorship webinar organized by the Rivers State branch of the Nigerian Medical Association with the aim of enlightening physicians on the principles, practice and benefits of formal mentorship. The study took place in June 2021 and involved 162 physicians across various fields of medicine.

Study Location

This study was carried out in Port Harcourt, the capital of Rivers State, Nigeria. Port Harcourt is located in the southern part of Nigeria with a population estimate of 7,303,900 according to the 2016 National Population projection figures.^[18] It has two main public tertiary health facilities with one secondary and 28 primary health facilities.^[19] The State also has a considerable number of non-public health facilities. Doctors working in tertiary, secondary or primary health centres were grouped as 'public institutions' whereas those working in non-public health facilities, were grouped as 'private' institutions.

Study Instrument

The study tool was an electronically generated semi-structured questionnaire on mentorship. The tool had several sections addressing mentees' expectations, mentors' level of training, mentees' perception of choice of mentors and close-ended suggestions on how to improve the relationship between mentors and mentees answerable using a 5-point Likert scale. Content validation was done by the authors.

Study Details and Data Analysis

The questionnaires were distributed amongst medical doctors in Port Harcourt, Rivers State who gave consent to participate in the study. The participants voluntarily gave consent, filled out and submitted the questionnaires electronically. Data collated were analyzed using the Statistical Package for Social Sciences (SPSS) version 24. Frequencies, tables, and bar charts were used to present the results. They were expressed as proportions, means and standard deviations.

Ethical consideration: the study was granted exemption status by the Ethics Committee. Confidentiality was maintained as respondents had no means of identification, and the data obtained was solely for research purposes.

Results

One hundred and sixty-two medical doctors participated in the study. Sixty-seven (41.4%) were males, while 95 (58.6%) were females giving a male-to-female ratio of 1: 1.4. The predominant age group was 31-40 years (40.1%). One hundred and thirty-seven (84.6%) doctors, who participated in the study practiced in public institutions, while 25 (15.4%) were in private institutions. These are shown in table 1.

Table 1: Socio-demographic characteristics of respondents

Variables	Frequency	Percentage
Age category		
≤30 years	31	19.1
31 – 40 years	65	40.1
41 – 50 years	43	26.5
51 – 60 years	13	8.0
61 – 70 years	7	4.3
>70 years	3	1.9
Sex		
Male	67	41.4
Female	95	58.6
Years of practice		
0 - <10 years	72	44.4
10 –<20 years	59	36.4
20 –<30 years	12	7.4
>30 years	19	11.7

Institution		
Public	137	84.6
Private	25	15.4

Rank of respondents interested in mentorship.

Most respondents 102 (63%) interested in mentorship were doctors within the junior and middle cadre and included house officers, medical officers and resident doctors. Directors of private hospitals were the least represented group as shown in figure1.

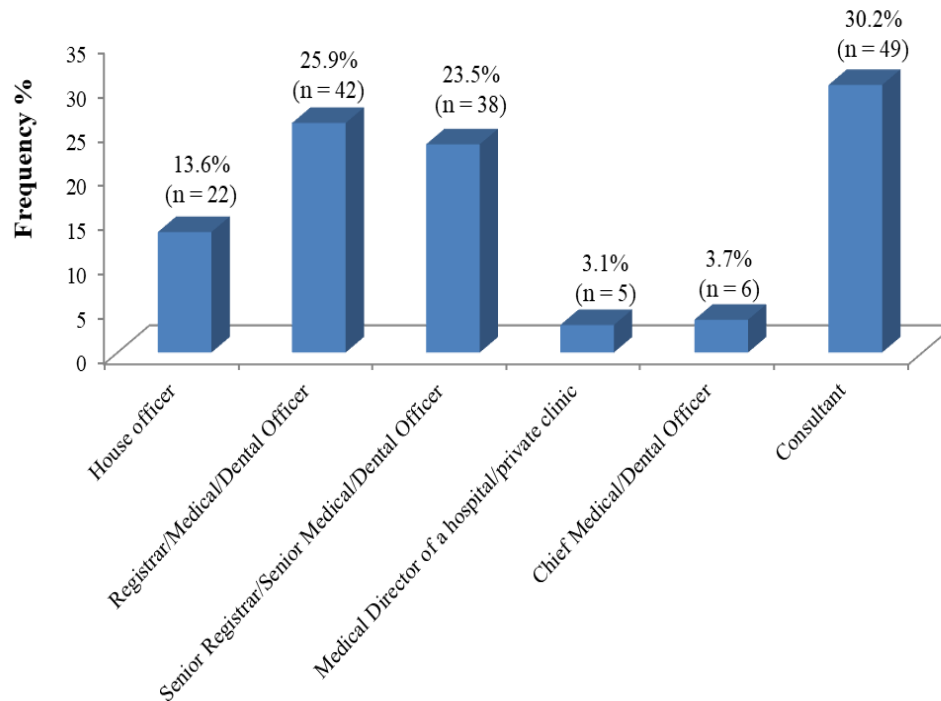


Figure 1: Rank of doctors interested in mentorship.

Areas of Interest for Mentorship

The areas of interest for mentorship identified by the doctors who took part in the study include the practice of medicine/surgery/dentistry, leadership in a health organization, research, teaching/medical education, medical business, medical politics, and national politics among others (figure 2). Leadership in health organizations- 103 (63.6%) was the predominant area of interest, while intra-professional well-being 1 (0.6%) was the least.

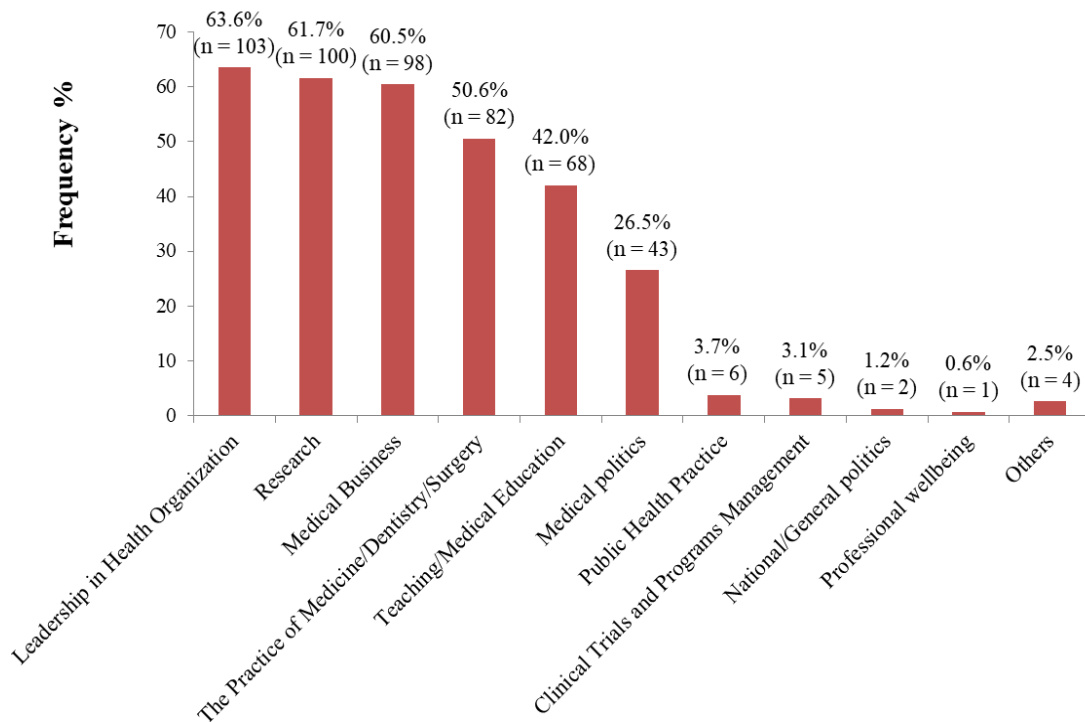


Figure 2: Areas of interest for mentorship as specified by doctors.

Distribution of others include Arts Medicine – 1 (0.6%), Communication with policymakers – 1 (0.6%), Management of disposable income – 1 (0.6%), Successful combination of professional and social

Factors which influenced the choice of Mentors

Figure 3 displays the factors which influenced the choice of mentors among mentees. The most common factor that was either agreed or strongly agreed to influence the choice of mentors as cited by the majority 156 (96.3%) of mentees was “mentors should be persons who help mentees advance in their fields and connect them to opportunities they may not have access to”. The second most common factor cited by 143 (88.3%) mentees was “mentors should have more experience/ knowledge and connection than mentees.” On the other hand, the two most common factors cited as ‘either disagreed or strongly disagreed’ by mentees to influence the choice of mentors were institution-based, 101 (62.3%) and gender-related factors, 82 (50.6%) respectively.

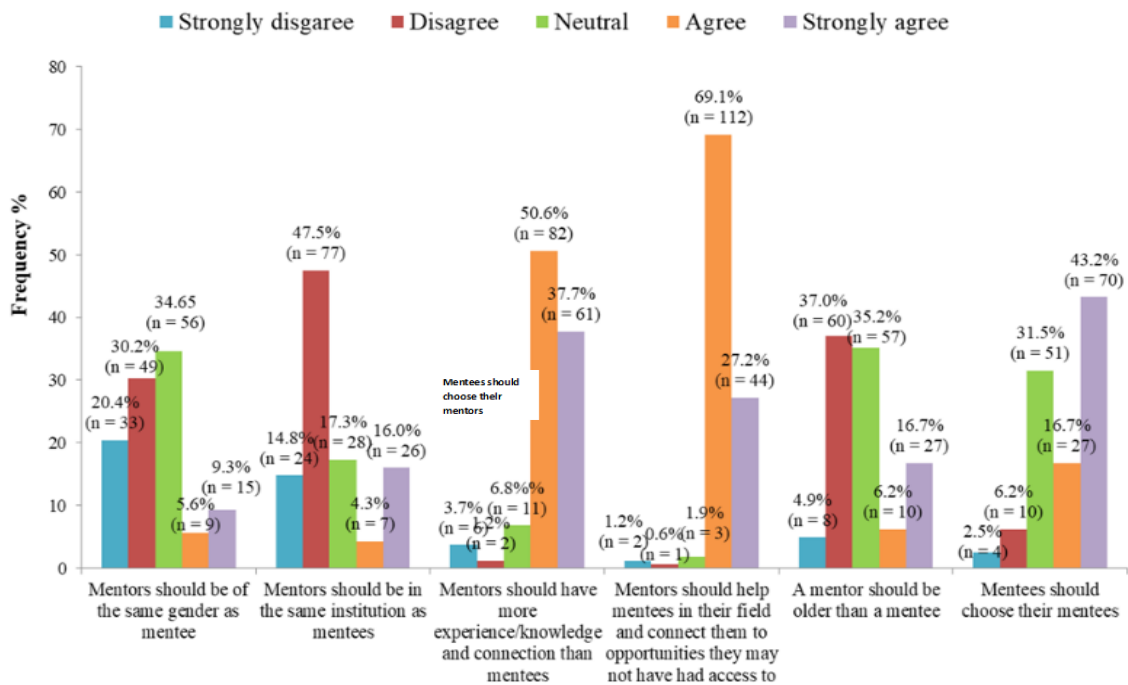


Figure 3: Factors that influence the choice of mentors as perceived by doctors

Mentees' perspectives on Effective Mentors

Table 2 displays the functions of effective mentors identified by mentees as well as the extent to which they agree or disagree. One hundred and fifty-one (93.2%) either agreed or strongly agreed that effective mentors should clarify to mentees what their roles should be, while almost all respondents (99.4%) either agreed or strongly agreed that effective mentors should discuss possible solutions to difficult issues. Other perspectives agreed by over nine-tenths of mentees on effective mentors include identifying opportunities for mentees, sharing stories from their own experience, helping reduce risks that may threaten mentees' reputation, helping mentees see problems from a different perspective, asking mentees difficult questions, can be trusted not to disclose information about mentees and help mentees identify their strengths and weaknesses.

Table 2: Distribution of mentees' perspectives on the roles of Effective Mentors

Variables	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Clarify mentees' understanding of what their role entails	1(0.6)	1(0.6)	9(5.6)	100(61.7)	51(31.5)
Discuss possible solutions to difficult issues	0(0)	1(0.6)	0(0)	80(49.4)	81(50.0)
Identify opportunities for mentees	0(0)	1(0.6)	3(1.9)	82(50.6)	76(46.9)
Let mentees know how they are performing relative to others	1(0.6)	8(4.9)	16(9.9)	94(58.0)	43(26.5)
Share stories from their own experience	0(0)	0(0)	7(4.3)	71(43.8)	84(51.9)
Help reduce risks that may threaten mentees' reputation	0(0)	2(1.2)	13(8.0)	82(50.6)	65(40.1)
Help mentees see problems from a different perspective	1(0.6)	0(0)	5(3.1)	92(56.8)	64(39.5)
Ask mentees difficult questions	0(0)	0(0)	4(2.5)	77(47.5)	81(50)
Can be trusted not to disclose information about mentees	1(0)	0(0)	7(4.3)	83(51.2)	71(43.8)
Help mentees identify their strengths and weaknesses	1(0.6)	4(2.5)	26(16.0)	94(58.0)	37(22.8)
Provide a space to talk in confidence	3(1.9)	6(3.7)	47(29.0)	60(37.0)	46(28.4)
Suggest how mentees should act in certain situations	1(0.6)	2(1.2)	23(14.2)	89(54.9)	47(29.0)
Become friends with mentees	2(1.2)	5(3.1)	27(16.7)	83(51.2)	45(27.8)
If necessary, intervene on the mentee's behalf	0(0)	0(0)	5(3.1)	59(36.4)	98(60.5)
Shield mentees from potentially harmful situations or people	21(13.0)	46(28.4)	60(37.0)	25(15.4)	10(6.2)

Discussion

Our study revealed that over two-thirds of the doctors that participated in the study who indicated an interest in being mentored were within the junior and middle cadre and included house officers, medical officers, and resident doctors. Our finding was consistent with what is documented in the literature both in Nigeria^[12,14,15] and also in other parts of the world.^[4,5] It is understandable that this cadre of willing mentees were younger in age and had lesser years of practice experience. However, it is worth mentioning that even senior cadre specialist doctors – consultants also indicated an interest in being involved in a mentorship programme.

This study showed that leadership in health organizations, research and health entrepreneurship were the leading areas of interest for mentees in this study. Our finding differed from a study among Canadian anesthesiology residents in which their areas of interest were noted to be education (74%), academic practice (47%) and critical care (46%).^[20] This may be plausibly explained by the fact that only specialist residents were surveyed whose immediate focus could have been the completion of their training. Connor *et al*^[8] reported a positive impact on research and health leadership when senior doctors were trained to mentor younger ones. Indeed, as opined by Osaghae^[21] lack of mentoring in the medical field will bring about intellectual shallowness, improper clinical protocol/ etiquette, and a failure to transmit the profession's ideals from one generation to the next, and this cannot be over-emphasized. However, it is plausible considering the top areas of interest indicated by mentees in our study that there is still a chance that future health systems could be further improved upon if their needs are adequately addressed through a quality mentorship programme.

The leading factor that influenced the choice of mentors among mentees is the ability of mentors to help mentees advance in their fields and connect them to opportunities they may not have had access to. This is similar to the findings in another study by Iloh and colleagues^[13] conducted among a cohort of Post-graduate Medical College members and fellows in the Federal Medical Centre, Umuahia, Nigeria. In their study, all the participants stated that 'personal and professional growth and development was the most important benefit of mentoring. This is the essence of mentorship, as it portrays the selflessness and genuine commitment mentors are expected to show towards the mentorship relationship. Christine *et al*^[22] reported that the attributes of a good mentor should include a demonstration of good personal qualities, including enthusiasm, compassion, and selflessness. Our finding that about two-thirds of mentees agreed to choose their mentors although slightly lower than what was previously reported in other studies^[11,12] in Nigeria, underscores the fact that mentor preference should not be overlooked as mentees could be given an opportunity to choose their mentors.

More than four-fifths of the respondents also agreed that mentors should have more knowledge and experience than mentees. This is consistent with findings from several authors and depicts the essence of mentorship.^[7,8,10] Increased duties, both clinical and non-clinical, may continue to be a challenge for some newly recruited doctors and those in lower cadres or early careers. This is where the Mentor's expertise and experience come into play, to enable the mentee to be guided in areas of confusion, to counsel and direct as needed based on the mentee's best interests.

Gender and institution-based variables scored the lowest in this study as preferences for mentors based on the same gender or the same institution were mostly unaccepted. Our findings contrast reports in other studies, where authors observed female mentees had preferences for female mentors.^[20,23] Our study revealed mentees' strong disagreement with having mentee and mentor relationships existing within the same institution. Although the benefits of having a mentor from the same institutions as the mentee include prompt access to the mentors, closer monitoring of the mentorship relationship and the semi-formal setting created by such relationships; limitations may however arise when there are no sufficient mentors in the institution and when hierarchal relationships override mentorship bonds.

This study also found that mentees believe that effective mentors should above other roles be able to provide solutions to difficult problems and identify good opportunities for mentees. Holmes *et al*^[23] in their work, proposed five basic competencies of mentors irrespective of the status of their mentees. They include knowledge, credibility, communication, altruism, and commitment. They concluded that these competencies will help the future generation of medical professionals discover opportunities and chart new pathways in research and clinical practice.

Mentorship connections encourage mentees to come up with answers and to envision a clear, attainable, and foreseeable future. Mentors who concentrate on these elements will not only improve as mentors but will also produce more mentors in their areas. These findings may provide useful guides in the enrolment of mentors for formal mentorship programs in the medical profession. They may also aid in structuring training programmes and evaluation exercises for mentors.

Limitations: Despite being able to achieve the aim of this study which was to determine factors that influence the choice of mentors by potential mentees in a formal mentorship relationship among medical doctors in Rivers State, Nigeria, our study was limited by the considerably small size and sampling technique which may have introduced bias. Albeit no previous studies had been conducted in this setting and we are hopeful, this will serve as a fulcrum for larger studies to be conducted in the future.

Conclusion: Mentorship enables the targeted development of mentees. When developing mentoring programs and evaluating mentors, it is important to consider mentees' opinions on the factors that impact their choice of mentors.

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Conflict of interests:

No conflicts of interest

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