

Perception on Mentorship Practices among Nursing Students at Kabarnet Kenya Medical Training College.

Joyce Wambere Wachira

Abstract: *Mentoring is useful in helping improve the nurse student's self-confidence, understand moral and ethical issues and develop real world skills not covered in the nursing school (University of Texas, 2016). Nursing and Midwifery Council mandates that 40% of the student's time in practice should be spent being supervised either directly or indirectly by a mentor (NMC, 2008). The study aimed at assessing the perception on mentorship among nursing students at Kabarnet Kenya Medical Training College. The objectives were to; determine the experiences of nursing students on mentorship, assess the nursing student's perception towards mentorship and establish the challenges faced by nursing students in mentorship at Kabarnet Kenya Medical Training College. This was a descriptive cross-sectional study. The study population were the nursing students who were in the college at the time of study. The study employed simple random sampling technique and sample size was 174 respondents. Questionnaires were used as a tool for data collection. Data was analyzed using Ms. Excel and presented in form of frequency tables, pie-charts and graphs. The study findings showed that nursing students had both positive and negative experiences relating to clinical mentorship. Majority (81%) of the respondents perceived mentorship as beneficial in the learning process and another (67%) felt that mentorship contributed positively to professional growth. Inadequate time for mentorship, shortage of mentors and lack of support of mentors from the institutions were some of the challenges on mentorship. The researcher concluded that students had a positive perception towards mentorship. The researcher recommended that the college management to liaise with the hospital management in order to identify more clinical mentors. Policy makers in nursing can also adopt the findings to help improve clinical mentorship and clinical practice.*

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I. Chapter One

1.1 Background Information

Mentoring is a reciprocal and collaborative learning relationship between two or more individuals, with mutual goals and shared accountability for the outcomes and success of the relationship (Academy of medical-surgical, 2012). Mentoring is useful in helping improve the nurse student's self-confidence, understand moral and ethical issues and develop real world skills not covered in the nursing school (University of Texas, 2016). Nursing and Midwifery Council mandates that 40% of the student's time in practice should be spent being supervised either directly or indirectly by a mentor (NMC, 2008).

A professional relationship with the mentors has a marked influence on the students learning opportunities and consequently a positive impact on their learning outcomes and professional development (Puppe and Neal, 2014). According to Flott and Linden (2016) supportive and consistent clinical mentoring influenced students learning outcomes positively and allowed them to grow in professional confidence and satisfaction.

Mentoring as a supportive teaching strategy in the practice of nursing is gradually detaching from the process of student training (Pololi and Knight, 2005). This in turn leads to a decline in student's skills acquisition including clinical competency and problem solving. If mentoring is not intensified at student level, they feel inadequately prepared for their future role and are challenged during transition to professional level, where they are expected to practice independently (Ali and Panther, 2008).

In the UK the clinical practice element of pre-registration nursing programmes is significant and accounts for 50% of the entire programme (NMC, 2010). There is an abundance of support available to students whilst on clinical placement (Casey & Clark, 2011) and this includes the requirement for the HEI to provide academic support in practice (NMC, 2010). The student success on placement is reliant on effective mentoring and those staff who undertake the mentoring role (Papastavrou *et al*, 2010). A study done on student nurse mentoring in UK revealed that 79% (n=135) of mentors across each field of practice consistently reported that the most satisfying aspect of their mentoring role was around the transfer of their own knowledge to the students and facilitating the students development and on-going progression (Ward *et al*, 2017).

According to Clynes and Raftey (2008), students in the USA and UK considered supportive and relaxed qualities of a mentor as very essential. This was seen to have positive effects on the students learning

process. Mentors support students with difficulties to fit in the new environment, increasing their self-esteem and assist students into the nursing role (Bulut, Hisar and Demir, 2010). A study by Myall, Jones and Lathlean (2008) looking at experiences of student nurses and practice mentors found that 10% of student nurses in their study indicated that in some placements they had never been allocated a mentor. Also those who had a mentor allocated, 24% would have liked to spend more time with them.

It is essential that mentors have the skills and competence to provide constructive feedback to students and assist them in identifying future learning needs (NMC, 2008). However, students report that they often find it difficult to get mentors to provide constructive feedback and that there is inconsistency in the amount, type and timing of feedback given (Duffy, 2013).

A study done in Asia on effects of a mentoring program among nursing students showed that majority viewed mentorship as beneficial in the following ways; the advice given by mentors is helpful, self-confidence is increased, mentor helps in problem solving, the mentors are supportive, act as role models and assist nursing students to know their rights. The same study showed the following as perceived barriers of mentorship; objectives did not suit me, appointment hour was not suitable, appointment time was not obeyed and some students being annoyed with the mentors conduct (Hisar *et al.*, 2014).

Jordanian nursing students viewed their instructor as a role model and supporter, reflecting the preference for older mentors with more knowledge and experience (Nablsi, Arwa, Lina and Fa -Ethieh, 2012). Wilson, Pereira and Valentine (2002) agreed with this preference, and a gap in ages of the mentor and mentee would lead to development of a partnership relationship, as would same gender.

In South Africa, clinical teaching in the clinical practice is done by both lecturers and professional nurses. However, the lecturers do most of the clinical facilitation due to a shortage of professional nurses in the clinical practice. According to Mabuda, Potgieter and Alberts (2008) many nurse researchers report that the student nurses experience frustrations during daily practice, due to lack of professional support and guidance by mentors. Due to negative attitudes of unit professional nurses towards student nurses, the students have consequently developed negative attitudes towards their clinical learning, especially in the hospital setting. This is contrary to what Chabeli and Muller (2004) advocates on clinical nursing education; that clinical teachers need to create an environment that promotes professional growth and development in student nurses. Student nurses felt that professional nurses cover their lack of confidence by becoming unapproachable so that students do not ask questions they feel they will not be able to answer (Tshabalala, 2011).

A study done in Botswana on clinical experiences of nursing students' revealed lack of guidance and teaching by mentors in the clinical environment. The study also showed that there was lack of organizational support and resources to facilitate learning at the clinical area. The heavy workload and attitudes of the nurses compromise the clinical learning of the student nurses. Majority of the students 70% expressed concern about the nurses' attitudes towards students (Rajeswaran, 2016).

In Kenya, a study done in Nairobi and KEMU university on student nurses perception on mentorship revealed that 46% of those mentored felt that mentorship had a positive impact on their life. Results showed that students at KEMU were more likely to have had meetings with their mentors than the UON. Over 60% of the students felt that mentorship in nursing bridged the gap between theory and nursing practices and enhanced critical thinking and career development (Gichigi, 2009).

In Kabarnet Kenya Medical Training College, little is known about the current state of mentorship activities for the nursing program. There has been consensus that mentorship is an important aspect of learning. Thus, it's essential to undertake a research to find out the nurse students perception on mentorship to help improve the clinical learning experiences of the future nurses.

1.2 Problem Statement

Availability and ratio of mentors to students are key criteria for practice areas to be considered as suitable learning environments for students. The Nursing Council of Kenya recommends 1 clinical tutor/ mentor for every 6 students in long-term care, health centers and dispensaries. In general wards, the ratio should be 1 mentor for every 4 students. In the ICU, HDU and labour wards, the NCK recommends 1 clinical mentor for every 2 students (NCK, 2012). Also the student numbers need to match the placement capacity to ensure proper mentorship in the clinical area (Robinson *et al.*, 2012). In Kabarnet Kenya medical training college the number of nursing students is approximately 580 at any given time. Following the directive by the Nursing Council of Kenya that every nurse training institution needed to identify clinical mentors, Kabarnet KMTC identified some mentors to assist in clinical teaching. Currently, the college has identified 4 clinical mentors at Baringo County Referral Hospital which is one of the training sites. Eldama Ravine hospital has 3 mentors whereas Tenges and Kabartonjo hospitals have 1 mentor each. Other clinical sites like psychiatry units do not have identified mentor. The mentors also are entitled to do other clinical duties or managerial roles. It was therefore essential to conduct this study to determine the perceptions of nurse students on the mentorship they receive and identify if they face any challenges.

1.3 Justification

Little is known about the state of mentorship activities at Kenya Medical Training College. The study will therefore obtain data on the current nurses' students' perception on mentorship. The student's responses can be used by mentors to improve on the mentoring relationships and by the institutions to improve mentorship programs (Gichigi, 2009).

By strengthening the mentorship programs in the nursing colleges, the gap between theory and practice will be bridged. The students will be better equipped to serve the society as professional nurses and mentors for future students. The results of this study can also be used as reference for further studies on mentorship.

1.4 Research questions

1. What are the nurse's student's experiences on mentorship at Kabarnet Kenya Medical Training College?
2. What is the nurse's student's perception towards the mentorship programmes at Kabarnet Kenya Medical Training College?
3. What are some of the challenges faced by nursing students in mentorship at Kabarnet Kenya Medical Training College?

1.5 Study objectives

1.5.1 Broad objective

To assess the perception on mentorship among the nursing students at Kabarnet Kenya Medical Training College.

1.5.2 Specific objectives

1. To determine the experiences of nursing students on mentorship at Kabarnet Kenya Medical Training College.
2. To assess the nursing students perception towards mentorship at Kabarnet Kenya Medical Training College.
3. To establish the challenges faced by nursing students in mentorship at Kabarnet Kenya Medical Training College.

1.6 Limitations

Students in the first year may report better experiences in mentorship compared to students in their final year. Students who are conscious of the differences in status between them and the nurses may feel obliged to be grateful to the nurse mentors.

1.7 Delimitations

Students were requested to report the most honest answers regarding the mentorship provided.

Students were assured in clear verbal and written instructions that nothing will happen to them, even if they report any negative experiences.

1.8 Significance of the Study

The findings of this study will be useful to the department of nursing, as it will improve the mentorship relations between students and the clinical nurses. Policy makers in nursing can also adopt the findings to help improve clinical mentorship and clinical practice.

1.9 Assumptions

All respondents would be willing to fill in the questionnaire.

The sample size used would be representative.

1.10 Conceptual Framework

Independent Variable

Dependent Variable

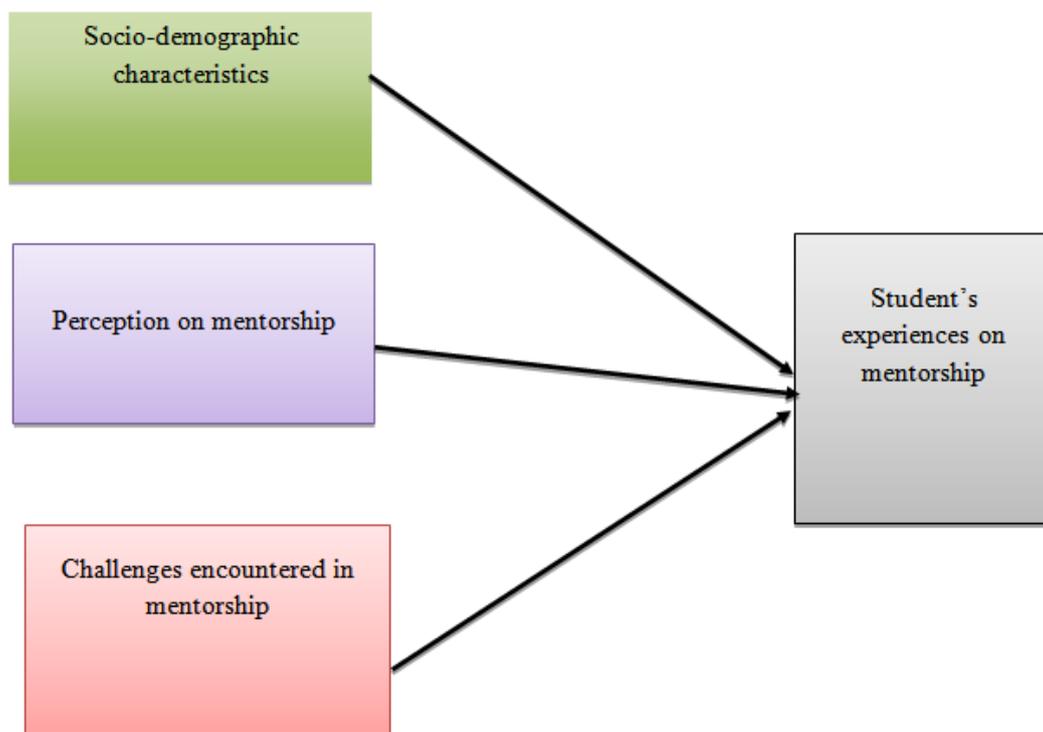


Figure 1

II. Chapter Two

2.1 Literature review

2.2 Introduction

Mentoring in nursing can be tracked back to Florence Nightingale who was known to have had more than one mentor, and who in turn mentored others (Hurst and Koplín-Baucum, 2003). Nursing theorist Patricia Benner proposed the 'novice expert' theory which asserts that professional development occurs in distinct stages and is best able to progress when the nurse is within a supportive environment that promotes his or her growth (Sandford, 2012). Mentorship is seen as a reliable tool in creating a supportive environment for nurse students, allowing for professional and personal growth. It also assists the novice nurse to move towards expertise within their chosen specialty (Bally, 2007).

According to the mentorship guidelines (2012) from the academy of Medical surgical nurses, "Successful mentoring relationship must be built on trust, openness to self-disclosure, affirmation, willingness and skill in giving and receiving feedback". The guideline states the following: - the mentor and mentee must trust each other, they both must be willing to share information about themselves including unpleasant experiences they have had and mentors need to let mentees know regularly that they believe the mentee will succeed. The nurse mentor can help guide and support the nurse student; teaching clinical skills, time management skills and helping them find ways to deal with the stresses inherent within the profession. It is an opportunity to truly make a difference in the skill set and mindset of the profession. A good mentor not only strengthens the new professional, but the person as well (Ausmed, 2016).

The importance of the role of the mentor and the quality of mentorship offered in practice cannot be overemphasized; learning experiences in the clinical setting ensures that the nurses and midwives of the future are fit for practice and purpose. The mentor is a key support to students in practice; this is where students apply their knowledge, learn skills and achieve the required competence for registration (Royal College of Nursing, 2007).

2.3 Student Mentoring and Mentorship in Nursing

Student mentoring in nursing programmes has been described via the relationship of a student and a mentor, a nurse practitioner or a registered nurse, who supervises, teaches, and assesses a student nurse in placement (Walsh, 2010). Thus, it describes mentoring as the actions of a nurse mentor with a student and their resulting relationship, which promotes student's learning and professional growth.

Above all, in student mentorship, the role of mentors is crucial. Mentorship is viewed as an integral part of nurses' work (Kinnel, 2010). Mentors, who are usually senior nursing professionals, are expected to act as role models, personal guides, and counsellors for students during practice periods (Walsh, 2010). Hence, mentors have many roles, including guardian, advisor, coach, listener, supporter, feedback giver, investor, envisioner, eye-opener, door-opener, problem-solver, challenger, and career counsellor (Kilgallon, 2012a). Mentors are thus required to have sufficient abilities, qualities, and competencies to mentor students (Webb & Shakespeare, 2008), but they often feel inadequacy and uncertainty in taking on the role (Myall *et al*, 2008).

Furthermore, important aspects of student mentorship are the mentor's positive attitude, motivation, empathy, attraction, respect, and confidence (Webb & Shakespeare 2008). The mutual relationship between a mentor and a student emphasizes encouraging and nurturing (Cray, 2011), as well as facilitating actions with communication and teaching (Daykin, 2007), which are essential skills for supporting students' learning and assessing them in practice settings. Assessment and feedback are necessary for monitoring a student's progress and the level of competency, knowledge, skills, and attitudes (Walsh 2010). Hence, mentors are expected to be competent in assessment, evaluation, and feedback skills (Webb & Shakespeare, 2008). They must also be aware of the principles, procedures, and documents of assessment, such as pass and fail criteria (Gopee, 2011).

There are numerous International studies on mentoring in practice settings. In a longitudinal study of 17 nursing student protégés in Scotland, qualities of a good mentor were supporter (advisor and friend), guide and teacher, supervisor and assessor (Gray & Smith, 2000). In a study of nurse mentors (n=110) and student protégés (n=174) in England, mentors identified teacher, supporter, and role model as the most important roles of mentors in a clinical setting. Protégés identified teacher and supporter as most important (Bray and Nettleton, 2007). In Belgium a study among 112 mentors identified important qualities of a mentor, including providing feedback, experience, availability, positive attitude, patience, enthusiasm, trustworthiness, guidance and problem solving (Huybrecht *et al*, 2011).

In the UK, mentorship is a mandatory requirement for pre-registration nursing education (NMC 2008), and it is nationally used in the context of nursing students' clinical education (Myrick *et al*, 2011). Mentorship in clinical practice includes facilitation of placement learning opportunities, provision and support for nursing students, and assessment of students' performances (NMC 2010a). NMC has provided clear guidelines and standards for mentors, practice teachers, and teachers (NMC, 2010b). Therefore, all nursing students must have a qualified mentor who supervises and assesses them.

2.4 Experiences of Nurse Students on Mentorship

A mentor is required to offer the student support and guidance in the practice area. The role of a mentor is to enable the student to make sense of their practice through; the application of theory, assessing, evaluating and giving constructive feedback and facilitating reflection on practice, performance and experiences (Royal College of Nursing, 2007).

In a study by Sobia *et al*, (2008) to identify mentoring views and experiences of psychiatrists, 26% viewed a mentor as a guide, 7% as an advisor, 5% as a supervisor and 3% as a role model. A study on student's views on mentorship showed that mentors were seen as fulfilling a socializing role as they pass on the norms of behaviors and ward routines (Earnshaw, 1995). According to Macgann (2008) mentorship can facilitate behavior change that can contribute to academic success. Participants in the mentorship program also felt that the mentor knew them at personal level and their meetings with the mentors increased motivation which had a positive effect on their academic success.

Higgins and McCarthy (2005) explored mental health nursing students' experiences on a three year diploma program in Ireland of having a mentor during their first clinical placement experience. Six students were interviewed and they suggested that the mentor was important in contributing to their learning. The initial encounter with patients caused anxiety to students, due to the nature of the patients' illness. The students valued having an identified member of staff who was there "just for them". The success of the student-mentor relationship was supported by a friendly, supportive but professional relationship.

Another study by Gichigi (2009) on mentorship practices in Kenyan universities showed that the prevalence of mentorship was at 7.1% in U.O.N and 57.2% at K.E.M.U. from a face to face discussion with the fourth years students from UON, it revealed that they had not been mentored despite the fact that it had been indicated that they had mentors in the rota. The students expected the mentors to call them or schedule meetings with them. Some students felt that their mentors were not easy to approach.

The nursing student's views on benefits of mentorship included; bridge the gap between theory and practice by 67% and 49% from KEMU and UON respectively. More than 65% of the students in both universities felt that it increases self-esteem and willingness to take risks. More than 68% from these two universities felt that it enhances critical thinking and career development (Gichigi, 2009).

A qualitative study reported by Chow and Suen (2001), explored students nurses perceptions and experiences. This study found out that most of the students had a concern that their mentors might encounter a

conflict in their dual roles as a mentor and as a member of the ward team due to mentors having a full patient load and at same time, mentoring duties to fulfil.

In another study by Gray and Smith (2000) on student's perspective of an effective mentor, it was found out that prior to the first clinical placement the students viewed having a mentor positively. Most students believed that the mentor would be a supporter, guide, assessor and supervisor. Generally students felt that their mentor should be nice, approachable, a good communicator, understanding, allow them to try things and be respected by other members of the ward team. In the same longitudinal study, the same students after 4 clinical placements felt that the mentor was still very crucial in their learning. The students also said that a mentor should be more knowledgeable and skilled in the field of nursing. When asked to describe a good mentor, they said that a mentor should be enthusiastic, friendly, approachable, patient, good role model and ability to teach various skills.

Another study done in USA on experiences of multicultural and multilingual Baccalaureate Nursing students showed that mentors serve as counselors, role models, and coaches for students and offers mutual benefits to mentors and mentees (Banister, Bowen-Brady, and Winfrey, 2014). These reports are also supported by Wilson, Sanner, and McAllister (2010), who reported that formal mentoring programs were fruitful in helping MC/ML nursing students be successful in the nursing program. The study also showed that students had both positive and negative experiences depending on the challenges they encountered (Kangere, 2016).

A study conducted by Eller et al (2014) in the regions of the U.S and Puerto Rico found that there were 8 key components towards an effective mentoring. Open communication and accessibility was listed most frequently followed by goals and challenges, passion and inspiration, caring personal relationship, mutual respect and trust, exchange of knowledge, independence and collaboration, and role modeling. According to a research article by Goldie et al (2015), clinical knowledge, clinical and technical competence, positive relationships with students, effective communication skills, and enthusiasm are listed as skills and competences of a good and effective mentor.

A study by Oluchina and Amayi (2016) on mentees experiences in nursing mentorship in public universities, showed that student nurses prefer formal to informal mentorship programs. Concerning their relationships with the mentors, most mentees 93% and 56% in formal and informal mentorship program respectively considered they had a good relationship with the mentors. 92% and 60% of mentees in formal and informal mentorship programs respectively, felt their experiences on mentorship programs made them to meet their learning outcomes. Another 88% of mentees in formal mentorship programs felt that mentors provide feedback and time for reflection on practice.

2.5 Nursing Students Perception Towards Mentorship

Attitudes are expected by some researchers to correlate with knowledge, there is also a greater agreement that attitude correlates with behavior (Pavol, 2007). Thus the attitude of students can greatly influence the mentoring relationships. In a study on student's views on mentorship, analysis of data found mentorship to be a valid means of support especially in the initial stages of training (Gichigi, 2009). In a similar study by David (1999), 74% of the students felt that they were benefiting from the mentorship program.

It is necessary that nursing students can experience sense of belonging toward their practicing workplace in order to stimulate their learning, and that meanings of encouraging socialization shall include several benefits for nursing students, such as higher satisfaction toward the job, better organizational commitment and performance (Houghton, 2013). In the research of Walker et al (2014), interviewees - nursing students expressed that they felt to be included in the team work so that they can learn and build their identities.

Hansford *et al* (2002) investigated 151 studies on formal mentoring and found that 67.5% yielded positive outcomes as a result of mentoring. However, 24.5% reported mixed positive and negative outcomes. Overall, more than 90% of the studies showed that mentoring had at least some positive effect on the protégé, mentor and organization.

A study on evaluation of mentorship practices among nursing student's in Kenyan universities showed that first years were more likely to have positive attitudes towards mentorship. Majority (46%) of those mentored felt that mentorship had a positive impact on the student's life (Gichigi, 2009).

A study conducted in Brunei by Tengah (2016) on nursing students' perceptions on benefits of mentoring programmeshowed that majority of students felt that the greatest benefits that they have gained from their mentors was sharing experiences and learning (94%), opportunity to learn new things and had positive experience during the mentoring programme (92%), and 90% of students had benefited from good communication skills and development of relationship with mentor. Other benefits that were also highly favored in students' responses were that they gained help in acquiring skills and being approachable. In addition, it was shown that approximately 87% helped in knowledge development and (80%) developing students to be fully independent. The five most common problems encountered during the mentoring programme as perceived by students were: mentoring focused on job needs only (58.3%); the programme was not properly handled at the

early stage (40%); mentors are generally too busy and not available (33%); lack of awareness of the programme (24%); and the mentor is ill-prepared for the programme (24%).

In a survey done by Suen and Chow (2001) found out that students positive perceptions were associated with the level of satisfaction with their mentors. Another study at Qazvin Medical school found out that 7.1% of the students thought that mentorship is time consuming (Asefzadeh *et al*, 2004). In these studies the students had not realized the benefits or positive outcome from the mentorship program to themselves or other students.

A study done by Gary (2004) in which students expressed that guidance and support provided by their mentors enhanced their professional development. The mentoring experience promoted self-reflection on their practice which contributed to improvement in their performance. A systematic review by Jokelainen *et al* (2011) of mentoring students in clinical practice, showed that mentorship facilitates students learning by creating a supportive learning environment and enabling students attain their learning outcomes in the clinical setting. Mentorship also empowers the development of professional attributes and competency.

2.6 Challenges Faced by Nursing Students in Mentorship

There are numerous barriers that affect the mentorship relationship as highlighted from different studies.

2.6.1 Inadequate time for mentorship programs

Competing demands for mentor's time can limit their availability to students. According to Van (2006), the most frequently cited barrier to effective mentorship is having sufficient time to spend with mentees. According to a study done by Oluchina and Gitonga (2016), 63% and 35% of the mentees who practiced in informal and formal mentorship programs respectively reported that they frequently encountered inadequate time for mentorship programs. A study by Gichigi (2009) also showed that 67% of students from UON and 51% from KEMU cited time as a barrier to effective mentorship.

2.6.2 Shortage of qualified staff to act as mentors

Staff shortage has been a common problem in Kenya hospitals according to a report by the Ministry of health in 2012. A study on factors hindering formal and informal nursing mentorship programs in Kenya showed that majority of mentees 86.7% in informal mentorship programs unlike 68% in formal mentorship programs complained of staff shortage. 85% of the mentees reported that nurses who were not through with their training process and not interested in mentorship roles were asked to mentor due to staff shortage (Oluchina and Gitonga, 2016). Gichigi (2009) also cited unavailability of mentors as one of the barriers that affected mentoring relations.

2.6.3 Role confusion

It appears that some confusion exists in regard to the place that assessment has within the mentorship role. Bray and Nettleton, (2007) examined this role confusion and found that nurse mentors did express their dual role as assessor and mentor, with 14% identifying the role of assessor as being difficult to fulfil. Gichigi (2009) also highlighted, the lack of clear understanding of the students and mentors role as a common barrier with 56% and 51% of students supporting this from UON and KEMU respectively.

2.6.4 Lack of support from mentors and institutions

Nettleton and Bray (2008) reported a lack of support from institutions to both mentors and mentees as a barrier to good mentorship relationships. Oluchina and Gitonga (2016) from their study reported that 65% of the mentees reported lack of support from mentors and institutions as a barrier to mentorship programs. Another 75% of the mentees reported that they lacked feedback and evaluation from the mentors.

2.6.5 Lack of mentors training and updates

Several studies have indicated that there is not always the availability or opportunity for nurses to attend mentorship courses or updates. In a study conducted by Hurley and Snowden (2008) that examined barriers to nurse performing the mentor role a lack of training was identified by 10% of participants, with 14.5% identifying a lack of opportunity for mentors to update their knowledge and skills of supervision and assessment. A study by Duffy *et al* (2000) found that 68% of the mentors had not attended any mentorship training in the past decade.

2.6.6 Unfit mentor-mentee mismatch and ratio

According to Bozeman and Feeney (2008), "When mentors and mentees input were considered during matching, mentor-mentee mismatch was minimized". A study by Oluchina and Gitonga (2016) identified mentor –mentee mismatch as a common problem as supported by 75% and 87% of mentees in formal and

informal mentorship programs. One male mentee from Kenyatta University said “I am not comfortable with the mentor I am assigned to, and therefore most of the time I prefer to do assignments alone without involving her.

2.6.7 Negative personality

A study conducted in UON and MMUST showed that 80% of the mentees reported that negative personality traits affected their mentorship relationships negatively. These personality traits included non-welcoming, impatience, rudeness, pride, laziness, irresponsible, non-willingness to take challenges and lack of innovativeness (Oluchina and Gitonga, 2016). The same findings were reported by Katherine (2003) who said that almost 95% of mentees reported improper personality traits as a barrier to smooth running of mentorship programs.

2.6.8 Age and gender

A study conducted on student nurses perceptions of a good mentor among Jordanian nursing students they highlighted age and gender as important elements in good mentorship. While this finding was supported by Waters *et al* (2003), it was not considered universally important. According to Nablsi *et al* (2012), Jordanian students view their instructor as a role model and supporter, reflecting the preference for older mentors with more knowledge and experience. Wilson *et al* (2002) agreed with this preference, and that a gap in ages of the mentor and mentee would lead to development of a partnership relationship, as would same gender. However, Waters *et al* (2003) found that age and gender are not as important as other qualities for a good mentor (Al-Hamdan, 2014).

2.6.9 Lack of willingness to mentor

A barrier towards mentoring could be the fact that a mentor is assigned for mentorship instead of doing it voluntarily. The problem is that many nurses who do not want to assess or teach students. The lack of interest towards mentoring might cause one being a bad mentor even though they are good nurses and good role models in the nursing field (Vinales, 2015).

III. Chapter Three

3.1 Methodology

This chapter contains the study design, study area, study population, sampling procedure and sample size, data collection procedures and instruments, inclusion and exclusion criteria, study variables and the ethical considerations.

3.2 Study Design

A descriptive cross sectional design was used to assess the perception on mentorship among nursing students in Kabarnet Kenya Medical Training College. Descriptive research is a description of the state of affairs as it exists (Kombo, 2006). It was cross-sectional since it was done at particular point in time (Ann, 2006).

3.3 Study Area

The research was carried out in Kabarnet Kenya Medical Training College in Baringo County. The college has a student population of 1000 students with 580 nursing students. The site was chosen due to its convenience in terms of time and resources.

3.4 Study Population

The target population were the nursing students undertaking diploma or certificate in community health nursing. The table below shows the students population for the classes that participated in the study.

Class	No. of students
September 2016 KRCHN	46
September 2017 KRCHN	50
September 2017 KECHN	50
March 2017 KECHN	100
March 2018 KECHN	100
Total students	320

3.5 Sampling technique

Systematic random sampling was used, which involved selection of every Kth student from a list or sampling frame. The K (sampling interval) was established by dividing the study population by the desired sample size. The sampling frame was established from the student’s class registers. Therefore 320 was divided

by 174. This gives 1.8, which was approximately 2. Every 2nd student in the class register was selected to participate in the study. The starting point was determined by picking a random number.

3.6 Sample size determination

Fischer et al, 1998 sample size formulae will be used.

$$n = \frac{z^2 p}{d^2}$$

n- the desired sample size (when the population is greater than 10,000)

z - is the significance level (at 5% significance level its value is 1.96)

p - is the proportion of women satisfied with postnatal care services. Assumed to be 50%.

q - 1-p

d - is the margin of error (it has been take as 5%).

$$\frac{(1.96)^2(0.50)(0.50)}{(0.05)^2} = \frac{0.873964}{0.0025} = 384$$

$$nf = n/1+n/N$$

nf - the desired sample size (when the population is less than 10,000)

N - the estimate of the population size

$$= 384$$

$$1 + 384/320$$

$$= 174 \text{ respondents}$$

3.7 Data Collection Instruments

Structured questionnaires were used, containing questions based on the objectives. The questionnaire comprised of 4 sections; socio-demographic information, experiences on mentorship, attitude towards mentorship and the challenges encountered. The questionnaire contained open and closed ended questions

3.8 Data Collection Procedures

Data collection was done after receiving a letter of approval from the Principal Kabarnet Kenya Medical Training College. The data collection tool was pretested using students with similar characteristics from Nairobi KMTTC, 2 weeks before the actual study. This ensured validity and reliability of the research instruments. The pretesting sample was 10% of the sample size. Three research assistants were also trained to help in the data collection process. The study subjects filled a consent letter, indicating their willingness to participate in the study. They were assured of confidentiality and purpose of study explained. Data was collected for a period of one week, and counterchecking of questionnaires done on daily basis to ensure accuracy and completeness.

3.9 Inclusion and Exclusion Criteria

3.9.1 Inclusion Criteria

All nursing students who were in college during the time of study and willing to participate in the study.

3.9.2 Exclusion Criteria

Nursing students who were having their clinical placements externally and newly admitted students.

3.10 Study Variables

3.10.1 Independent Variable

Experiences of nursing students, attitudes and challenges encountered

3.10.2 Dependent Variable

Mentorship among nursing students

3.11 Data Analysis

MS Excel was used in the data analysis. Quantitative data was coded, sorted and entered into the computer. Then the data was subjected to descriptive statistics namely; frequencies and percentages. Frequency tables, bar graphs and pie charts were used for data presentation.

3.12 Ethical Considerations

Authority to conduct this research was sought from Kenya Medical Training College Nairobi. Ethical approval and clearance was sought from the Principal Kabarnet. Participants gave written informed consent to participate in the study and confidentiality was maintained. Feedback will be given to the relevant authorities after completion of the study.

IV. Chapter Four

4.1 Introduction

This chapter presents the data analysis and presentation of the results which were done according to the study objectives. A total of 174 students participated in the study through a self-administered questionnaire.

4.2 Characteristics of the study participants

4.2.1 Socio-demographic characteristics of the respondents

Table 4.1 Socio-demographic characteristics of the respondents

Characteristic	Number (n=174)	%
Age (years)		
17-20	24	14
21-24	110	63
24-27	33	19
27 and above	7	4
Gender		
Male	75	43
Female	99	57
Class		
September 2016 KRCHN	20	11.4
September 2017 KRCHN	20	11.4
September 2017 KECHN	20	11.4
March 2017 KECHN	57	32.7
March 2018 KECHN	57	32.7

On socio-demographic characteristics, majority of the respondents (63%) were aged between 21-24 years, with the minority 4% with age above 27 years. This shows that most students joined college immediately after clearing high school. The females were more with 57% while the males were 43%. Most of the respondents (65.4%) who participated in the study were from the March 2017 and March 2018 KECHN classes. This was due to the fact that both classes had 100 students each, thus forming a larger portion of the study participants.

4.3 Experience on mentorship

4.3.1 Understanding on mentorship

Table 4.2 Definitions of mentorship

Respondent	Description
A	Mentorship is where an experienced person or people who are knowledgeable at something helps others who are less knowledgeable and have less experience
B	Mentorship is the process of inspiring a group of people
C	Advice given by a qualified person that entails knowledge impaction on how to handle things
D	Guidance provided by an experienced person
E	Qualified community health nurse guiding learners in the nursing field during clinical placements
F	Acquiring some teaching from a wise or trusted counsellor
G	A form of clinical teaching that is used in the clinical area by qualified staff
H	It is having someone of higher knowledge and skills to guide me, correct and give advice on life and career
I	It is a teaching process where one is given motivation on what to do
J	Acting as a role model
K	A state of intensful guidance and counselling on career and expression of theoretical knowledge into practical's

On experience on mentorship, majority of the respondents were able to define mentorship in different ways. The common theme that came from most definitions was the aspect of guidance and support by a more experienced person in the clinical areas. From the respondents definitions of mentorship majority defined it as a process of guiding a student which is done by a more knowledgeable and experienced nurse.

4.3.2 Formal mentorship program in the institution



Figure 2

On formal mentorship 52% (n=90) said the institution had a formal program with 48% (n=84) saying there was no formal mentorship program. This means that there was still a group of students who were not aware whether the college had a formal mentorship program.

4.3.3 Communication about mentors before going to clinical area

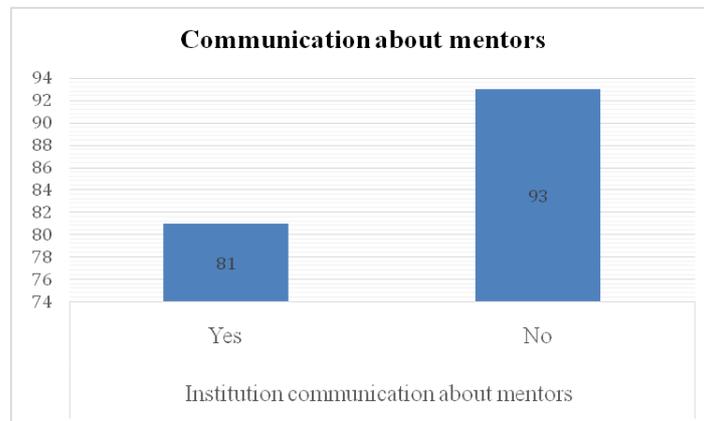


Figure 3

The respondents were asked if the college communicated to them concerning the mentors and only 47% (n=81) said the college did, whereas the other 53% (n=93) said the college never communicated.

4.3.4 Interaction with the mentors during clinical placements

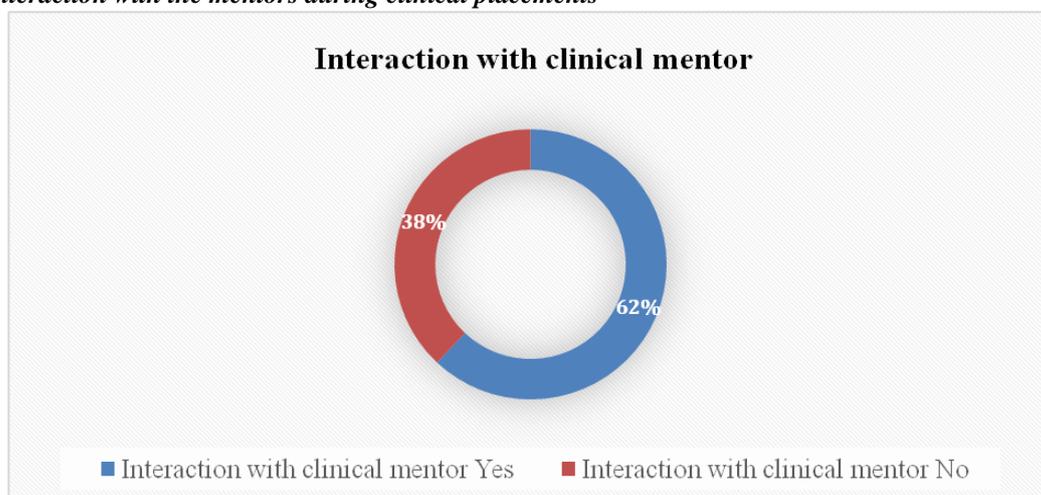


Figure 4

The study findings showed that majority of the students 62% (n=108) had had an interaction with mentors in the clinical placement sites. Only 38% (n=66) who did not have interaction with the mentors in the clinical area. However this is still a significant number because most of these students had over 1 year experience in the clinical placements.

4.3.5 Description of how the interaction with mentors has been

Table 4.3 Responses on good experiences

Respondent	Experience
P	Some mentors are willing to teach students on the ideal practices at the clinical area and demonstrate procedures.
Q	It has been nice since we get to know more about our role and how to deal with our clients
R	It has been good because they direct and educate us on matters involving drug administration while in the clinical areas
S	Good because I got some experience and knowledge on how to handle some issues in the clinical areas
T	The interaction is good because mentors are very cooperative, display good attitude and are understanding
I	It was quite good because they make us perfect on the practical areas and also correct us when we are going wrong
J	The interactions between myself and my mentors have been so educative in that I normally get to learn from my mistakes whenever they correct me on specific procedures
K	Generally mentors attitude and communication depends on the student's attitude towards clinical experience. Some mentors are enthusiastic in providing clinical guidelines while others are not

The respondents gave varying views concerning their interaction with the mentors in the clinical placement area. Almost half of the students felt that their interaction with the mentors was good, whereas the other half felt the interaction was bad. Only a few of the respondents said they have not interacted with the mentors, while some said they did not have clinical mentors. Those who said the experience was good commented on aspects of educating students, good communication and attitude towards students, demonstrating clinical procedures.

Table 4.4 Bad experiences as expressed by some of the respondents.

Respondent	Experience
01	My interaction with mentors has been poor because they harass the students
02	Not good due to nurse harassment and not willing to teach
03	Harsh and abusive especially when you have done a small mistake, instead of correcting you they chase you away. Some are not interested in teaching and they tell students its better when they are alone
04	Our interactions in especially ward 1 and 4 has not been good since sisters (mentors) usually are harassing us and make us as if we lack any rights, but we have remained calm since we are students
05	Some of the mentors tend to be rude to students in ways such as abusing the students
06	The mentors in Kabarnet hospital are harsh and some of them have negative attitude towards students
07	The mentors do not give us good formal communication, harassment, irritating language, overworking and being chased from the clinical areas when you don't understand anything. They come late to work and expect students to arrive on time and do procedures without their guidance and supervision. Some of them are also very tribal.
08	Based on different clinical placements I have attended, I had the best experience in Ravine hospital than the county referral hospital here in Kabarnet. I actually experienced an academic mentorship in Ravine while a manual mentorship in Baringo referral hospital
09	Some of the mentors have been hostile and mean to us
010	The interaction has not been that effective since the mentor is not around most of the time
011	Not that good because he is very busy with his departmental area of specialization

The students who said that the mentorship experience was bad commented on aspects of harassment, abusive language, rudeness and the mentors being busy with other nursing duties.

4.3.6 Whether the mentor is helpful in the clinical learning experience

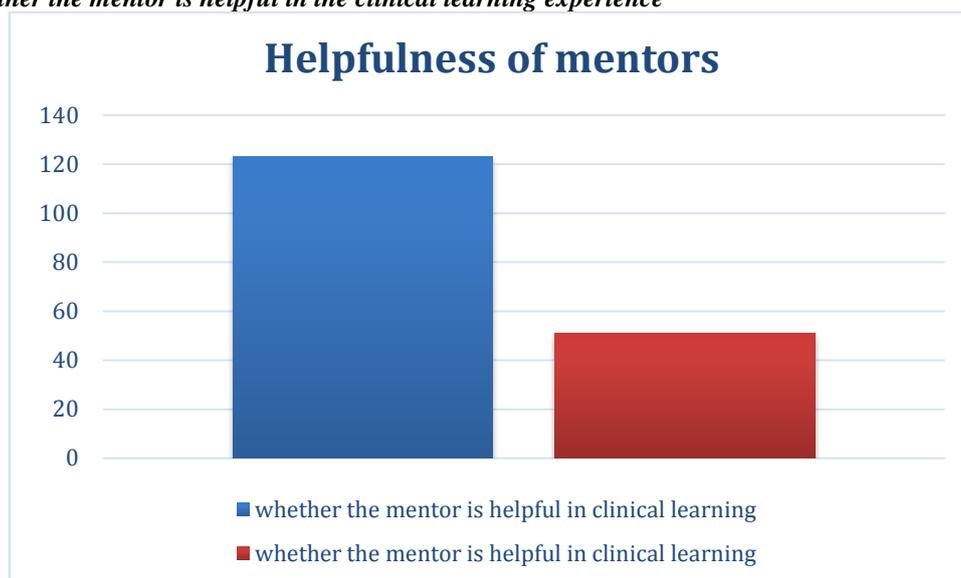


Figure 5

Majority 70.7% (n=123) of the respondents felt that the mentors were helpful with only 29.3% (=51) who felt they were not helpful.

4.3.7 Roles of a clinical mentor

The study findings on the roles of a mentor were categorized into 12 subthemes;

Giving information

Some felt that the mentors give information about what happens in the clinical areas. They also give current information about new updates in the medical field.

Encourager

Some respondents felt that the mentors role is encouraging individuals towards a particular thing, and also identify problems that need intervention.

Teacher/ educator

Some respondents said that the mentor contributes to academic success, teach us on concepts we don't understand, teach on good professional ethical conduct. Another respondent said that a mentor should teach on good moral conduct towards the patient. Some felt that the mentors helps you exercise the theory you have learnt in class.

Supervisor/ observer

Some respondents felt that the role of a mentor is supervisor of the trainee. The mentor should follow up and monitor students in the clinical area, to ensure that they are doing the right thing. The mentor also ensures that major requirements are available for learning to take place. Some felt that the mentor ensures that the mentee observe the rules and regulations and make use of the learning experience in the clinical area.

Guidance

Some respondents said that the mentor helps in career development, corrects students in the mistakes done in the clinical areas and direct us on performing certain procedures. Others said that the mentor guides students to acquire clinical skills. Others felt that the clinical mentor should provide counselling in the clinical area. The mentor also enhances self-esteem of the learner.

Motivator

The mentor should help you find your self-drive and help you attain your objectives. The mentor should also motivate you to do more. Some felt that the mentor motivates them to achieve their goals.

Advisor

Some respondents commented that the mentor instils discipline and helps students understand their functions in the nursing career.

Assessing students

Few respondents felt that the role of a mentor is evaluating the progress of the student in the placement area. Some students felt that the mentor directs them before performing any assessments and ensuring they are adequately prepared.

Role model

Some said that a mentor should act as a good role model.

Coach

Some felt that the mentor should coach the students in clinical placements in terms of academics, demonstrate and explain different clinical procedures and correct students in mistakes done.

Student support

A few of the respondents felt that a mentor should offer emotional support to nursing students during their clinical practice and should help them in exploring careers and areas of specialization.

Problem solver

Some respondents felt that the mentor addresses issues of concern arising in the clinical areas.

4.3.8 Benefits of mentorship

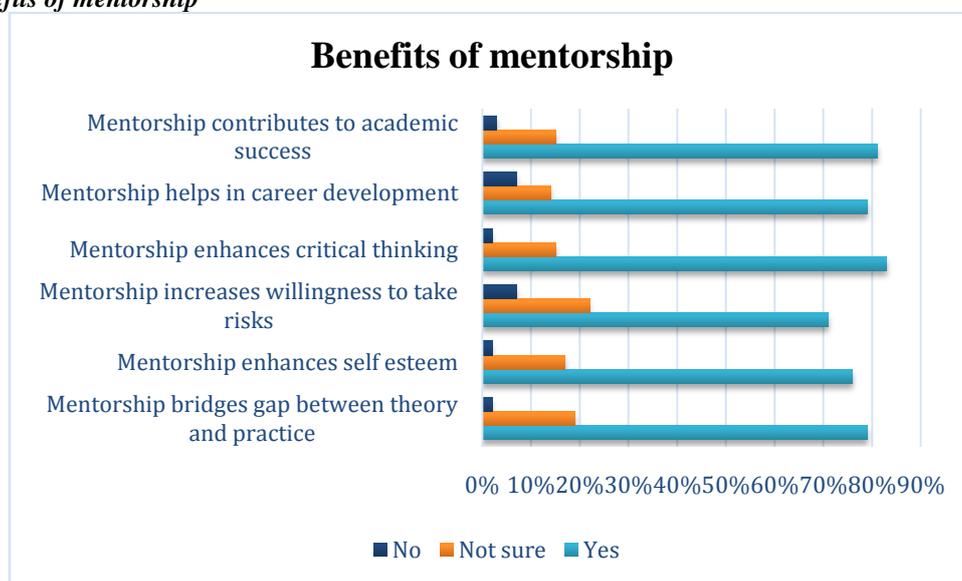


Figure 6

The study findings showed that majority of the respondents 83% (n=144) felt that mentorship enhances critical thinking, whereas 81% (n=141) felt that mentorship contributes to academic success. However only 22% (n=39) disagreed that mentorship increases the willingness to take risks.

4.3.9 Scheduled meetings with clinical mentors

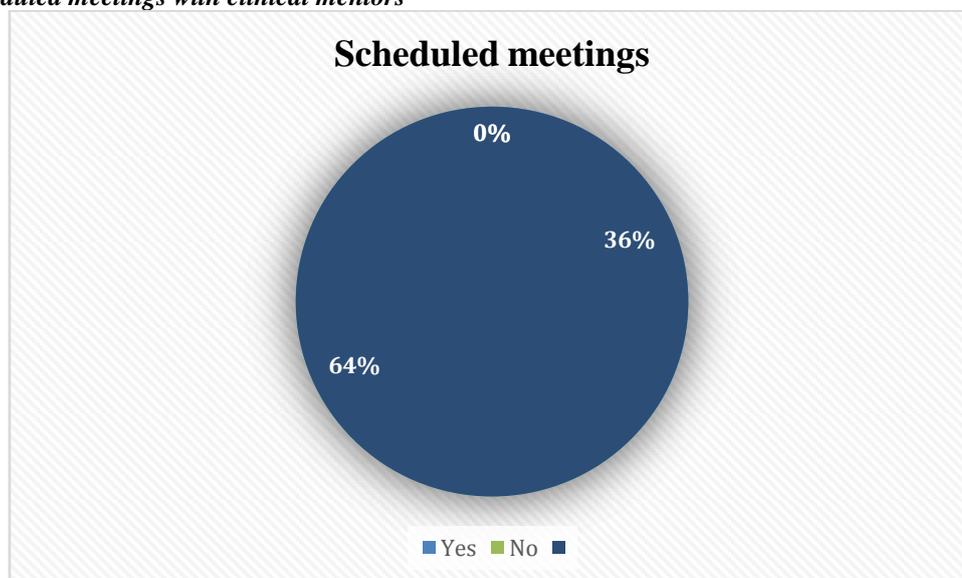


Figure 7

Most respondents 64% (n=111) did not have scheduled meetings with the clinical mentors. This may be attributed to the workload in the clinical setting, where mentors also do other managerial roles.

4.3.10 Characteristics of a good mentor

Table 4.5 Mentor Characteristics	
Friendly	❖ Persuasive
❖ Good communication skills	❖ Good interpersonal skills
❖ Willingness to teach	❖ Innovative
❖ Motivating	❖ Respectful
❖ Understanding	❖ Good decision maker
❖ Role model	❖ Self-driven
❖ Positive attitude	❖ Good listener
❖ Good counsellor	❖ Honest
❖ Observant and keen	❖ Commitment
❖ Polite	❖ Dynamic and flexible
❖ Hardworking	❖ Responsible
❖ Critical thinker	❖ Demonstrate competent in what they do
❖ Courageous/confident	❖ Take personal interest in mentoring relationships
❖ Non judgemental	❖ Able to share knowledge, skills and resourceful
❖ Good time keeper	
❖ Risk-taker	
❖ Demonstrate good leadership qualities	

Most respondents said that the qualities of a good mentor include; good communication skills, observant, role model, ability to share knowledge and skills and the ability to demonstrate competence in all they do.

4.3.11 Frequency of meetings with the mentor

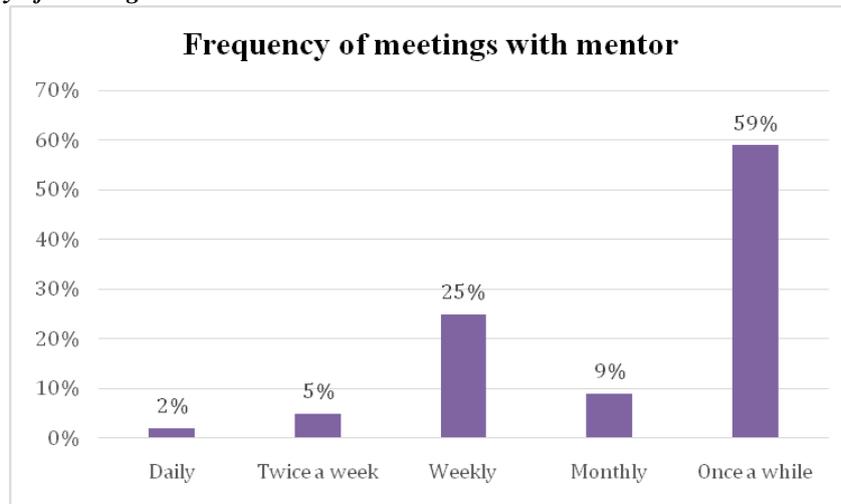


Figure 8

Majority of the respondents 59% (n=102) only met with the mentor once in a while, with only 2% (n=3) who met with the mentors on daily basis. This could be attributed to the nature of clinical work and also lack of mentors in each and every ward.

4.4 Perception Towards Mentorship

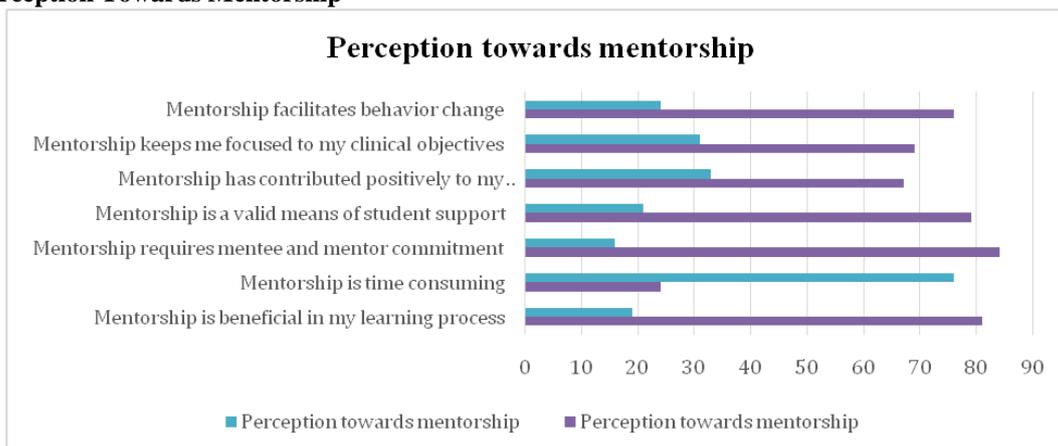


Figure 9

Majority of the respondents 84% (n=147) perceived mentorship as requiring mentee- mentor commitment, with another 81% (n=141) who felt that mentorship was very beneficial in the learning process. Only 24% (n=42) who felt that mentorship was time consuming. This depicted that most of the respondents had positive perception towards mentorship, which could be attributed to the benefits it has on learning at the clinical area.

4.5 Challenges Encountered in Mentorship

The respondents were asked about some of the challenges they encountered in the mentoring relationships. The challenges were categorized into ten different themes.

4.5.1 Lack of support

Some of the respondents reported lack of support from the mentors. They said that the clinical mentors had so many commitments at the workplace hindering mentorship. Some reported that mentors do not address the concerns raised by the students.

4.5.2 Inadequate time

Some respondents reported that mentoring relationships were time consuming. Most mentors also lack punctuality when they are expected to meet with students. Sometimes the mentors do not turn up when they have scheduled to meet with the students, mostly due to other work commitments. A section of them reported that the mentors are not in the ward when we need them. Some students reported that they are not given adequate time to perform some procedures.

4.5.3 Poor interpersonal relationships and negative personality

Most respondents said that most mentors are not able to relate well with them because they are harsh, abusive, very rude, unwelcoming and full of jealousy. Other mentors like commanding students very much. Some respondents reported that mentors sometimes abused them in front of patients. Harassment was also reported from the mentors especially during clinical assessments. Majority of the respondents felt that most mentors had poor attitude and pride. They felt that students were wasting their time.

4.5.4 Inadequate mentors and excessive workload

Majority of the students were also able to report that they do not have mentors in the clinical areas. Others said that they had never had an encounter with the mentors, while others felt that they only rarely met the mentor since they were not present in each and every department. Some respondents also reported that most mentors had so much work to do until it was very difficult to mentor the students.

4.5.6 Lack of commitment and willingness to mentor

Most students reported that most mentors were not committed to clinical teaching. Some mentors may not be willing to assist the learners and also mentor them. Some of the mentors also fail to answer the questions raised by learners in the clinical areas.

4.5.7 Uncooperative mentees

Sometimes the mentees are given assignments to work on by the mentors, which some of them never do. Also some students do not turn up during mentorship sessions, thus it becomes very hard for them to cope up with their duties in the clinical areas.

4.5.8 Unavailability and busy mentor schedules

Most respondents said that mentors were absent whenever they were needed. Most mentors were busy with other hospital activities. This makes it very difficult for the mentors to schedule meetings with the mentees.

4.5.9 Lack of understanding from the mentors

Some respondents reported that the mentors were having unrealistic expectations from them. The mentors also assumed that the mentee knows everything the mentor knows. Some mentors also misunderstood the student's character. Some students felt they were not given time to explain their views.

4.5.10 Language barrier

A few of the respondents reported that some mentors use a lot of mother tongue when giving reports and hence students lack to understand something's in the clinical area. Some said that even during the mentorship sessions some mentors forget that the students come from different places and they start using the mother tongue to elaborate points.

4.5.11 Age differences

A few respondents reported that the age gap between the mentor and mentee was a major problem, which resulted in mentors not understanding the students.

V. Chapter Five

5.1 Discussion of Findings

5.2 Socio-demographic characteristics

The study findings showed that majority of the respondents (63%) were aged between 21-24 years, with the minority 4% with age above 27 years. This shows that most students joined college immediately after clearing high school. The females were more with 57% while the males were 43%. This is related to the higher intake of female students for the nursing course as compared to their male counterparts. Most of the respondents (65.4%) who participated in the study were from the March 2017 and March 2018 KECHN classes. This was due to the fact that both classes had 100 students each, thus forming a larger portion of the study participants.

5.3 Experience on Mentorship

The respondents were asked what they understood by the term “mentorship”. Different respondents gave different views towards this. Some defined mentorship as where an experienced person or people who are knowledgeable at something who helps others who are less knowledgeable and have less experience. This is in line with the definition by the Academy of medical-surgical (2012) who defined mentoring as a reciprocal and collaborative learning relationship between two or more individuals, with mutual goals and shared accountability for the outcomes and success of the relationship. Majority defined mentorship as guidance, inspiring, motivating and acting as role model. These definitions are similar to Walsh (2010) who defined mentors, as senior nursing professionals who are expected to act as role models, personal guides, and counsellors for students during practice periods.

The study findings also showed that majority of the respondents 53% did not have communication from the college concerning their clinical mentors. This differs with study findings by Gichigi (2009) on mentorship practices in Kenyan universities which showed that the prevalence of mentorship was 57.2% at K.E.M.U. Despite having mentors the findings further revealed that students had not been mentored despite the fact that it had been indicated that they had mentors in the rota.

The study findings further explored the type of interaction nursing students had with their mentors. It was noted that students reported both positive (good) experience and negative (bad) experience with the mentors. Those who had good experiences said that the mentors were willing to teach, were cooperative, displayed good attitude and understanding. Those who felt that their experiences in mentorship was bad commented on aspects of harassment, abusive language, rudeness and tribalism. These findings are similar with those of a study in USA on experiences of multicultural and multilingual Baccalaureate Nursing students which showed that students had both positive and negative experiences depending on the challenges they encountered (Kangere, 2016). The study findings differ with those of Oluchina and Amayi (2016) on mentees experiences in nursing mentorship in public universities, which showed that most mentees 93% and 56% in formal and informal mentorship program respectively considered they had a good relationship with the mentors.

Respondents were also asked to give some of the roles of a clinical mentor. Majority highlighted the following roles; giving of information, encourager, teacher, supervisor, guidance, motivator, advisor, role model and coach. This is in line with a study by Sobia *et al*, (2008) to identify mentoring views and experiences of psychiatrists where 26% viewed a mentor as a guide, 7% as an advisor, 5% as a supervisor and 3% as a role model. A similar study in USA on experiences of multicultural and multilingual Baccalaureate Nursing students showed that mentors serve as counselors, role models, and coaches for students and offers mutual benefits to mentors and mentees (Banister, Bowen-Brady, and Winfrey, 2014).

Most of the respondents (81%) felt that mentorship contributes to academic success, 79% felt mentorship bridges the gap between theory and practice, 76% felt it increases self-esteem, 81% felt it enhances critical thinking, 71% felt that it increases the willingness to take risks and 79% felt mentorship contributes to professional development. These study findings are similar to those of a study done among Kenyan university nursing student's whose views on benefits of mentorship included; bridge the gap between theory and practice by 67% and 49% from KEMU and UON respectively. More than 65% of the students in both universities felt that it increases self-esteem and willingness to take risks. More than 68% from these two universities felt that it enhances critical thinking and career development (Gichigi, 2009).

The respondents were also asked about some of the characteristics of a good mentor. Some of the characteristics highlighted included; friendliness, good communicator, understanding, knowledgeable, skilled, role model and willing to teach. These findings are similar to those of Gray and Smith (2000) on student's perspective of an effective mentor where most students felt that their mentor should be nice, approachable, a good communicator, understanding, allow them to try things and be respected by other members of the ward

team. In the same longitudinal study, the same students after 4 clinical placements said that a mentor should be more knowledgeable and skilled in the field of nursing. When asked to describe a good mentor, they said that a mentor should be enthusiastic, friendly, patient, good role model and ability to teach various skills.

5.4 Perception Towards Mentorship

The study findings showed that 81% of the respondents perceived mentorship as beneficial in the learning process. This is congruent to a study conducted by Tengah (2016) on nursing students' perceptions on benefits of mentoring programme in Brunei which showed that majority (94%) of students felt that the greatest benefits that they have gained from their mentors was sharing experiences and learning. Similar findings were also documented by Walker *et al* (2014), where nursing students expressed that they wanted to be included in the team work so that they can learn and build their identities.

Minority(24%) of the nurse students in Kabarnet also perceived that mentorship was time consuming. This therefore means that most students had a positive perception on mentorship, since majority did not perceive it as time consuming. These findings compare with those of a study conducted at Qazvin Medical school which found that 7.1% of the students thought that mentorship is time consuming (Asefzadeh *et al*, 2004).

Majority (67%) of the students felt that mentorship has contributed positively to their professional growth. These findings are similar to a study done by Gary (2004) in which students expressed that guidance and support provided by their mentors enhanced their professional development. A systematic review by Jokelainen *et al* (2011) of mentoring students in clinical practice, also showed that mentorship also empowers the development of professional attributes and competency.

5.5 Challenges on Mentorship

5.5.1 Inadequate time for mentorship

Most of the respondents reported that one major challenge was the mentors lacked time to mentor them during the clinical placements, which was mainly related to managerial or other nursing related activities. This agrees with Van (2006) study which showed that the most frequently cited barrier to effective mentorship is having sufficient time to spend with mentees. Another similar study by Gichigi (2009) also showed that 67% of students from UON and 51% from KEMU cited time as a barrier to effective mentorship.

5.5.2 Lack of support

The study findings showed that some of the respondents reported lack of support from the mentors. They said that the clinical mentors had so many commitments at the workplace hindering mentorship. This is similar to findings by Oluchina and Gitonga (2016) who reported that 65% of the mentees reported lack of support from mentors and institutions as a barrier to mentorship programs.

5.5.3 Poor interpersonal relationships and negative personality

The study revealed that majority of the respondents said that most mentors are not able to relate well with them because they are harsh, abusive, very rude, unwelcoming and full of jealousy. The findings are in line with a study conducted in UON and MMUST which showed that 80% of the mentees reported that negative personality traits affected their mentorship relationships negatively. These personality traits included non-welcoming, impatience, rudeness, pride, laziness, irresponsible, non-willingness to take challenges and lack of innovativeness (Oluchina and Gitonga, 2016).

5.5.4 Inadequate mentors and excessive workload

Majority of the students were able to report that they do not have enough mentors in the clinical areas. Some respondents also reported that most mentors had so much work to do until it was very difficult to mentor the students. Staff shortage has been a common problem in Kenya hospitals according to a report by the Ministry of health in 2012. The study findings agree with those of Oluchina and Gitonga (2016) in a Kenyan study who showed that majority of mentees 86.7% in informal mentorship programs unlike 68% in formal mentorship programs complained of staff shortage and work overload.

5.5.6 Lack of willingness to mentor

The findings in this study showed that majority of the students reported that most mentors were not committed to clinical teaching. Some mentors may not be willing to assist the learners and also mentor them. The findings are similar with those of Vinale (2015) who said that a barrier towards mentoring could be the fact that a mentor is assigned for mentorship instead of doing it voluntarily.

VI. Chapter Six

6.1 Conclusion and Recommendations

6.2 Conclusion

The findings of the study indicated that; nursing students encountered both positive (good) and negative (bad) experiences during mentorship. Majority who had a good experience reported that the mentors were willing to teach and demonstrate procedures, whereas those with bad experiences reported that mentors harassed them, used abusive language and some of them were rude. The nursing students also demonstrated a positive perception towards mentorship. The positive perception was experienced since majority of the respondents viewed mentorship as very beneficial in the learning process and also a minority viewed it as time consuming. Challenges encountered in mentorship included; inadequate number of mentors, poor interpersonal relations, lack of support, inadequate time, excessive workload and uncooperative mentees. These challenges influenced the effectiveness of the nursing mentorship program negatively.

6.3 Recommendations

1. Identification of more mentors

The college in collaboration with the hospitals top management should identify mentors in each department. This will enhance proper mentorship program during the clinical placements of students.

2. Top management support and incentives

The principal Kabarnet Kenya Medical Training College together with the Head of department nursing should support the clinical mentors fully and offer monetary incentives to motivate them continue with the student mentorship.

3. Mentorship program orientation

All nursing students should be oriented to mentorship prior to release to the clinical areas. This will ensure that every nursing student is aware who are the clinical mentors and what is their role.

4. Training of clinical mentors and frequent updates

There is need to have properly trained mentors so that they can understand how to deal with different students in the clinical areas and also understand the roles of a clinical mentor. There is also need to ensure all clinical mentors are updates on knew knowledge in the field of nursing.

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References

- [1]. Academy of Medical Surgical Nurses (2012). *AMSN Mentoring Program Mentor Guide*. AMSN mentoring program.
- [2]. Ali, P.A. and Panther, W. (2008). Professional Development and the Role of Mentorship. *Nursing Standard* 22(42), 35-39.
- [3]. Ausmed, (2016). *Tips for Nurse Mentors*. Available at ausmed.com. Accessed on 27/8/2018.
- [4]. Bally, J.M.G. (2007). The Role of Nursing Leadership in Creating a Mentoring Culture in Acute Care Environments. *Nursing Economics*, 25 (3), 143-148.
- [5]. Bozeman, B. and Feeney, M.K. (2008). Mentor Matching, a Goodness of Fit Model. *Journal of Administration and Society*. 40,465-482.
- [6]. Bray, L and Nettleton, P. (2007). Assessor or Mentor? Role Confusion in Professional Education. *Nurse Education Today*. 27 (8), 848-855.
- [7]. Bulut, H., Hisar, F. and Demir, S. (2010). Evaluation of Mentorship Program in Nursing Education; A Pilot Study in Turkey. *Nurse Education Today* 30:756-762.
- [8]. Chabeli, M. and Muller, M. (2004). Nurse Educators Perceptions on Facilitating Reflective Thinking in Clinical Nursing Education. *Health SA Gesongheid*, 9 (4); 57-77.
- [9]. Chow, F.L. and Suen, L.K. (2001). Clinical Staff as Mentors in Pre-registration Undergraduate Nursing Education: Students Perceptions of the Mentors Roles and Responsibilities. *Nurse Education Today*, 21, 350-358.
- [10]. David, B.R. (1999). Prospects of Mentoring in Dentistry. *Medical Teacher*. 21, 322-332.
- [11]. Clynes M and Raftay S (2008) Feedback; An Essential Element of Student Learning in Clinical Practice. *Nurse Education in Practice*. 8:405-411.
- [12]. Duffy, K. (2013). Providing Constructive Feedback to Students During Mentoring. *Nursing Standard*, 27 (31) pp.50-56.
- [13]. Duffy, K, Docherty, C., Cardnuff, L., White, M., Winters, G., and Greig, J. (2000). The Nurse Lecturer's Role in Mentoring the Mentors. *Nursing Standard*, 15 (6), 35-38.
- [14]. Earnshaw, G. J. (1995). Mentorship: The Student's Views. *Nurse Education Today*. 15 (13). Pp 274-279.
- [15]. Flott, E. and Linden, L. (2016) .Concept Analysis. The Clinical Learning Environment in Nursing Education: A Concept Analysis. *Journal of Advanced Nursing* 72(3):501-513.

- [16]. Gichigi, E. (2009). *Evaluating Mentorship Practices among Nursing Students in Selected Kenyan Universities*. University of Nairobi Medical library.
- [17]. Gray, M.A. and Smith, L.N. (2000). The Qualities of an Effective Mentor from the Student Nurse's Perspective: Findings from a Longitudinal Qualitative Study. *Journal of Advanced Nursing*, 32(69), 1542-1549.
- [18]. Hansford, B., Tennent, L., and Ehrich, L.C. (2002). Mentorship relationships in a Graduate School. *Journal of Vocational Behavior*. 59, 326-341.
- [19]. Hurst, S. and Koplin-Baucum, S. (2003). Role Acquisition, Socialization and Retention. Unique Aspects of a Mentoring Program. *Journal for Nurses in Staff Development*, 19 (4), 176-180.
- [20]. Hurley, C. and Snowden, S. (2008). Mentoring in Times of Change. *Nursing in Critical Care*. 13 (5), 269-275.
- [21]. Katherine, F. (2003). Mentorship: A Critical Component for Professional Growth and Academic Success. *Journal of Dental Education*. 68, 324-330.
- [22]. Mabuda, B.T., Potgieter, E. and Alberts, U.U. (2008). Student Nurses' Experience During Clinical Practice in Limpopo Province. *Curationis*, 31(1): 19-27.
- [23]. Macgann, C. and Thompson, J. (2008). Factors Related to Academic Success in at-risk Senior Students. *International Journal of Nursing Education Scholarship*. 5 (1), 19.
- [24]. Myall, M., Levett-Jones, T. and Lathlean, J. (2008). Mentorship in Contemporary Practice; The Experiences of Nursing Students and Practice Mentors. *Journal of Clinical Nursing*. Vol 17: 1834-1842.
- [25]. Metcalfe, S. E. (2015). Creative and Innovative Mentoring Program for Improving Diverse Students Education. *International Archives of Nursing and Health care*. Vol 1 Issue 015.
- [26]. Nursing Council of Kenya, (2012). *Standards of Nursing Education and Practice for Nurses in Kenya*. 2nd Edition. Nairobi, Kenya.
- [27]. Nursing and Midwifery Council, (2008). *Standards of Supporting Learning and Assessment in Practice*. NMC, London.
- [28]. Nablsi, M., Arwa, Z., Lina, W. and FaAthieh, A. (2012). The Experience of Jordanian Nursing Students in their Clinical Practice. *Social and Behavioral Sciences*. 46, 5849-5857.
- [29]. Nettleton, P. and Bray, L. (2008). Current Mentorship Schemes Might be Doing our Students a Disservice. *Nurse Education in Practice*. 8 (3), 205-212.
- [30]. Oluchina, S. and Amayi, J. (2016). Mentees' Experiences in Formal and Informal Nursing Mentorship Programs in Kenyan Public Universities. *JAGST*. Vol 17 (1), Page 161-180.
- [31]. Oluchina, S. and Gitonga, L.K. (2016). Factors Hindering Formal and Informal Nursing Mentorship Programs in Kenya Public Universities. *American Journal of Health Research*. Volume 4, No. 2, Page 23-29.
- [32]. Pavol, P. and Sue, D. (2007). Disgusting Animals: Primary School Children's Attitude and Myths of Bats and Spiders. *Eurasia Journal of Mathematics, Science and Technology Education*. 4 (2), 28-97.
- [33]. Puppe, J. and Neal, A. (2014). Enhancing Communication in Clinical Nursing Education. *Nurs*. Vol 1 (1-5).
- [34]. Pololi, I. and Knight, S. (2005). Mentoring Faculty in Academic Medicine. *Journal of General Internal Medicine*, 20(9), 866-870.
- [35]. Robinson, S., Cornish, J., Driscoll, C., Knutton, S., Corben, V. and Tracy, S. (2012). *Sustaining and Managing the Delivery of Student Nurse Mentorship: Roles, Resources, Standards and Debates*. National Nursing Research Unit, Kings College London.
- [36]. Royal College of Nursing, (2007). *Guidance for Mentors of Nursing Students and Midwives*. London, RCN. In press.
- [37]. Sandford, G. (2012). *What do Critical Care Nurses Perceive as Barriers to Mentorship within the Critical Care Environment?* University of Otago, Christchurch.
- [38]. Sobia, T, Khan, F., Haroon, K. and Rashid, C. (2008). Mentoring: Views and Experiences of Psychiatrists from Low and Middle Income and High Income Countries. *Psychiatric Bulletin*. 32, 217-220.
- [39]. Tshabalala, R. N. (2011). *Experiences of a Group of Student Nurses Regarding Mentoring in the Clinical Practice*. North West University.
- [40]. University of Texas, (2016). *Importance of Nursing Mentorship*. Texas, USA.
- [41]. Van, M.A. (2006). Mentor Evaluation of a Yearlong Mentorship Program. *Collegian*. 13 (2), 26-30.
- [42]. Wilson, P., Pereira, A. and Valentine, D. (2002). Perceptions of New Social Work Faculty about Mentoring Experiences. *Journal of Social Work Education* 38, 317-333.

Appendix 1: Questionnaire

Perception on Mentorship among Nursing Students at Kabarnet Kenya Medical Training College

Instructions

- a) Sign the consent form before filling in the questionnaire.
- b) Give sincere responses to all items in this questionnaire.

Questionnaire code.....

Date of data collection.....

Socio-demographic characteristics

1. What is your age group?

17-20

21-24

24-27

27 and above

2. What is your gender? Male Female

3. Which class do you belong?

September 2015 KRCHN

Sept 2017 KECHN

Sept 2016 KRCHN

March 2017 KECHN

Sept 2016 KECHN

March 2018 KECHN

Sept 2017 KRCHN

Experience on mentorship

4. What do you understand by mentorship?.....

5. Does this institution has a formal mentorship program? Yes No

6. Before going for your clinical placement, does the institution/college communicate to you concerning mentors? Yes No

7. Have you interacted with your mentor during your clinical placement? Yes No

8. How has your interaction with your mentors been in the clinical area? Explain.....

9. Is a mentor helpful in your clinical learning experience? Yes No

10. What are some of the roles of a clinical mentor?

11. What are the benefits of mentorship? Please tick in the boxes below

Statement	Yes	No	Not sure
Mentorship bridges the gap between theory and practice			
Mentorship increases self esteem			
Mentorship increases willingness to take risks			
Mentorship enhances critical thinking			
Mentorship helps in career development			
Mentorship contributes to academic success			

12. Do you usually have scheduled meetings with your clinical mentors? Yes No

13. From your perspective. What are some of the characteristics of a good mentor?

14. How often do you meet with your mentor? Everyday Once a week

Weekly Monthly Once a month

Perception towards mentorship

Statement	Yes	No
1. Mentorship is beneficial in my learning process		
2. Mentorship is time consuming		
3. Mentorship requires mentee and mentor commitment		
4. Mentorship is a valid means of student support		
5. Mentorship has contributed positively to my professional growth		
6. Mentorship keeps me focused to my clinical objectives		
7. Mentorship facilitates behavior change		

Challenges on mentorship

8. What challenges have you encountered in the mentoring relationship with your mentors?

Appendix II: Consent Form

My name is Joyce Wambere Wachira. I am a Higher Diploma Medical Education student from Kenya Medical Training College, Nairobi Campus. I am conducting a study on “Perception on Mentorship among Nursing students in Kabarnet Kenya Medical Training College”. The decision to join, or not to join this study, is up to you. In this research study, the results of this research study may be published, but the name or identity of participants will not be revealed. They will be used to improve the quality of clinical teaching in the hospitals.

Procedures to be followed

If you decide to participate you will be asked to answer some questions about mentorship. You will record the information in a questionnaire. You have the right to refuse participation in this study. Please remember that participation in the study is voluntary. The researcher may also stop the study or take you out of the study at any time they judge it is in your best interest. They may also remove you from the study for various other reasons. They can do this without your consent. You may ask questions related to the study at any time. You may also stop being in the study at any time without any consequences.

Discomforts and risks

This study has no known risk. If any of the questions causes any form of discomfort you have the right to refuse to answer.

Benefits

It is reasonable to expect the following benefit from this research: If you participate in this study you will help us to learn about mentorship and how the clinical teaching can be improved. However, we can't guarantee that you will personally experience benefits from participating in this study. Others may benefit in the future from the information we find in this study.

Reward

There is no reward if you agree to participate in this study.

Confidentiality

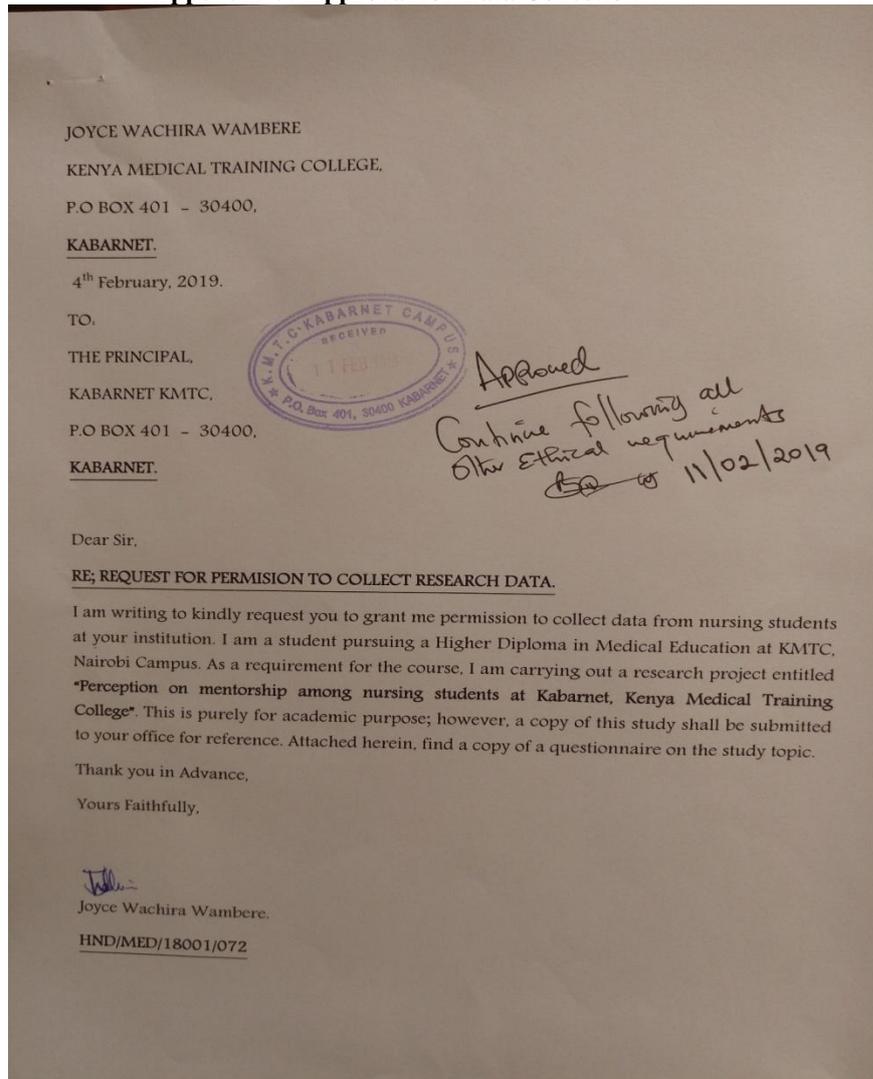
We will take the following steps to keep information about you confidential, and to protect it from unauthorized disclosure, tampering, or damage. Your name will not be recorded on the questionnaire. The questionnaires will be kept in a locked cabinet for safe keeping after the data collection. Everything will be kept private.

Participant's Statement

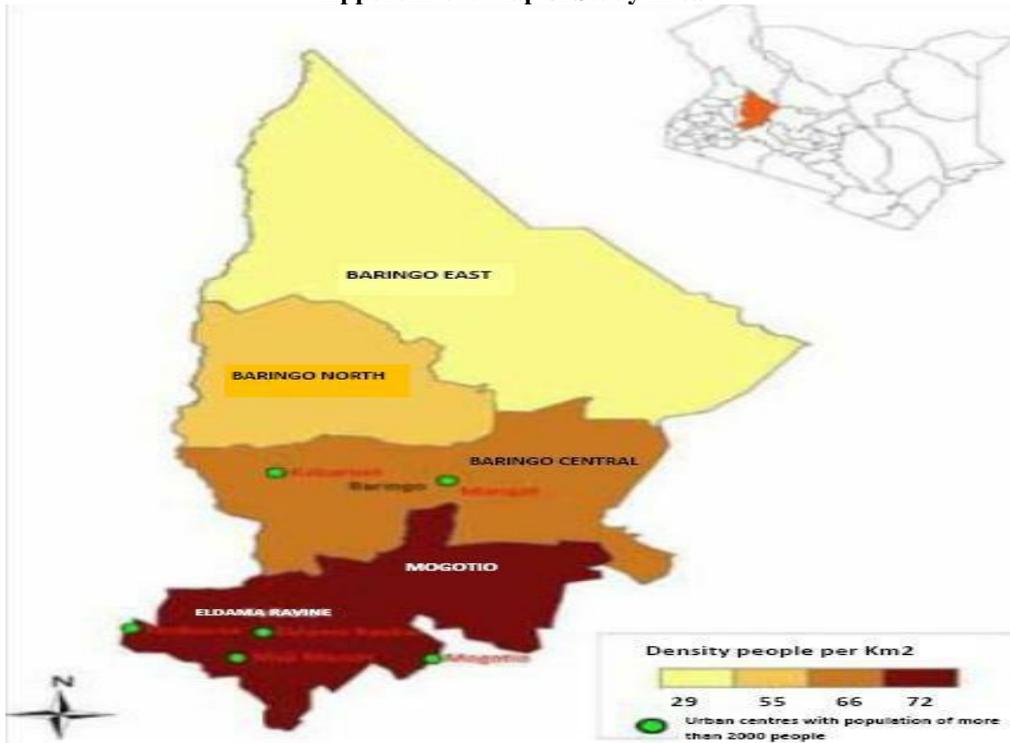
The above information regarding my participation in the study is clear to me. I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that information given will be kept private and confidential and that I can leave the study at any time.

Participant's signature
Date _____

Appendix V: Approval for Data Collection



Appendix VI: Map of Study Area



Joyce Wambere Wachira "Perception on Mentorship Practices among Nursing Students at Kabarnet Kenya Medical Training College." .IOSR Journal of Nursing and Health Science (IOSR-JNHS), Vol. 8, No.04 , 2019, Pp. 17-40.