UNIVERSITY OF GHANA

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MIDWIFERY STUDENTS' EXPERIENCES OF MENTORSHIP AT THE KORLE-BU TEACHING HOSPITAL

BY

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THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MPHIL NURSING DEGREE

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MIDWIFERY STUDENTS' EXPERIENCES OF MENTORSHIP ii

DECLARATION

I, Ann Jose Oduro-Arhin, do hereby declare that this thesis is my own research undertaken with the guidance and supervision from Dr. Mary Ani-Amponsah and Dr. Richard Kwarteng Owusu. The thesis is for the award of the Master of Philosophy in Nursing degree at the School of Nursing and Midwifery, University of Ghana, Legon. I confirm that this thesis has not been submitted in any form to another institution or university for an award of a degree or a certificate. References to other people's research and literature used in this study have been appropriately acknowledged in the text and a list of references.

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ABSTRACT

Mentorship is a critical process that supports mentee learning and skills acquisition during clinical practicum. It has been adopted by many high-income countries to assist students in clinical placements. The number of experienced midwives continue to diminish while the midwifery student who is the future frontline health worker is left to stand alone. Benefits of mentorship which include knowledge and skills acquisition and career satisfaction, prepare the student for the delivery of quality Maternal and Child Health care (MCH). However, there is a paucity of research evidence on midwifery mentorship in Africa, particularly Ghana. The purpose of the study was to explore midwifery students' experiences about mentorship during clinical practicum at the Korle-Bu Teaching Hospital (KBTH). A qualitative exploratory descriptive design was employed to explore the phenomenon of midwifery mentorship. A purposive sampling technique was used to recruit eleven participants who informed the study. Data were collected with a semi-structured interview guide. Data were analysed concurrently with data collection using thematic content analysis. Anonymity and confidentiality were ensured. Wanberg et al. conceptual framework of mentoring relationships was used to guide the work. Seven main themes emerged from the analysis of data. The findings from the study suggest that the mentorship and skills acquisition during clinical practicum is not well established in the midwifery training college. Mentorship will be beneficial to the students if a good relationship is established between the mentor and mentee. Other clinical staff members should be willing to support students in learning. The study concluded that mentorship requires attention in order to enhance knowledge and skills acquisition, build the confidence of midwifery students and improve maternal and child health.

Keywords: Mentorship, Experiences, Mentor, Midwifery Student, Clinical Practicum.

DEDICATION

This work is dedicated to the source of my inner strength. To all family and friends, I dedicate this work to you especially my daughter. Mummy has finally completed her homework.

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LIST OF ABBREVIATIONS

DDNS:	Deputy Director of Nursing Service
HTI:	Health Training Institute
IRB:	Institutional Review Board
JHPIEGO:	John Hopkins Program for International Education in Gynaecology and Obstetrics
KBTH:	Korle-Bu Teaching Hospital
LMICs:	Low-and-Middle Income Countries
MCH:	Maternal and Child Health
MCSP:	Maternal and Child Survival Program
MoH:	Ministry of Health
NMIMR:	Noguchi Memorial Institute for Medical Research
NMC:	Nursing and Midwifery Council
NMTC:	Nursing and Midwifery Training College
SDG:	Sustainable Development Goals
UNICEF:	United Nations Children's Fund
UGMS:	University of Ghana Medical School
WHO:	World Health Organisation

CHAPTER ONE

1.0 Background to the Study

Midwives play a critical role in the lives of mothers and children particularly in settings where they work as frontline healthcare providers. The midwife gives support, skilled, knowledgeable and compassionate care to pregnant women during antenatal, delivery and the postpartum period as well as the care of the newborn. The midwives' role includes counselling, education and health promotion of mother and infant, prevention and detection of complications in mother and baby and treatment of emergencies. In the community, the midwife is often the family's first point of contact in cases of ill-health (World Health Organization, 2016a). Education of these midwives for the past three decades has been challenged by a lack of mentorship (Gagliardi, Webster, Perrier, Bell & Straus, 2014; Skela-Savič and Kiger, 2015).

Mentorship has been identified from literature to have a predominantly positive effect on student midwives. Benefits include career satisfaction, better income, acquisition of clinical skills, adjustment to the placement and becoming part of the team (Coates, 2012; Dickson et al., 2014a; McIntosh, Gidman & Smith, 2014; Tsen et al., 2012). Student midwives' performance after qualification is significantly shaped by a mentor, therefore, getting a role model helps to build confidence in midwives (Hughes & Fraser, 2011). However, McKenna and Straus (2011) in their work stated that it may be difficult identifying suitable mentors hence institutions should have systems in place to support mentees in locating mentors.

Mentorship is not synonymous with preceptorship. The terms 'mentor' and 'preceptor' have often been used interchangeably but they differ. Preceptorship implies a short-term relationship, whereas mentorship suggests a long-term relationship (Chen & Lou, 2014; Dobrowolska et al., 2016). Once a student completes orientation, the formal

preceptorship relationship is supposed to end while a formal mentoring relationship usually ranges from six months to a year or become life-long (The Health aliance of MidAmerica, 2009). Mentorship is an approach which improves one's understanding and skills development (Gagliardi et al., 2014). Kram and Isabella (1985) defined mentorship as an "interpersonal relationship" between an experienced person and a novice and this relationship enhances the professional skills of the novice. Mentorship is also defined as a collaboration between mentor and mentee to uncover and grow the mentee's abilities. This collaboration is long term aimed at supporting and motivating the mentee towards professional success (Dickinson, 2015; Dziczkowski, 2013; Feldman, 2012). Mentoring is important for human development, and research attests its necessity as we progress in our career (Fries-Britt & Snider, 2015). Mentoring is about creating synergy between two people in a learning alliance (Massat, 2016).

Clinical mentorship as defined by WHO (2005) is the practice of hands-on teaching that promotes continuous professional development to produce excellent clinical outcomes and the mentors should be people in the clinical setting, very familiar with the field of practice and have the zeal. According to Cummins (2016) mentorship in midwifery is support from a more experienced midwife to a less experienced midwife.

Formal mentoring refers to organized and official relationships that are established by employers while informal mentoring is often spontaneous and occurs when people are comfortable with each other (Green & Jackson, 2014; Jones, 2013). Informal mentoring is often based on the mentees' desire to work with or learn from a particular mentor. With formal mentoring, the organization draws out the programme and how it should be run (Hunter, 2015) while informal mentoring lacks any intentionality in their qualities (Ko, Hwa, Davis & Yip, 2018). Olayemi (2014) affirms that residents benefitted from both

formal and informal mentorship which was supported by Desimone et al. (2014) where novice teachers were noted to benefit from both formal and informal mentorship.

Mentorship rolls out in phases. In the first phase, where rapport is built, goals and rules are set, and expectations are discussed. The next is the cultivation phase where the mentoring functions which are career and psychological development and role modelling are exhibited. During the separation phase which occurs due to several reasons, both the mentor and mentee should have derived their benefits. Either mentee becomes more confident, mentee graduates, mentee relocates or psychological changes in either or both mentor and mentee. In the final phase which is redefinition, the relationship may end or change where the mentee could also take on the mentoring (Abbott-Anderson, Gilmore-Bykovskyi & Lyles, 2016; Burgess, Diggele, and Mellis, 2018; Poulsen, 2013).

Mentorship can also be termed as One-to-One; adult mentors a youth, Peer Mentoring; usually an older youth mentor is paired with a younger youth mentee, Group or Team Mentoring; one or more adult mentors and two or more youth mentees, and Electronic or E-mentoring; use of e-mail for primary contacts often combined with one of the three other types (Hunter, 2015).

Studies by Hughes and Fraser (2011) and Gilmour, McIntyre, McLelland, Hall, and Miles (2013) on student midwives' experiences of mentorship in the UK revealed that the impact a mentor has on a student midwife is intense. In China, America, and Belgium where studies were conducted, senior staff served as role models for junior staff and this served as a form of motivation for the trainee midwives (Cawood & Wood, 2014; Chen, 2013). Other studies conducted on eleven EU and non-EU countries affirmed that mentorship is recommended in skills acquisition for midwifery students (Ajeani et al., 2017; Muleya, Marshall & Ashwin, 2015; West, Homer & Dawson, 2015). Studies in Australia also showed that students were well supported by their midwifery mentors with good

interpersonal relationships and that their mentors displayed genuine interest in their learning (Carter, Wilkes, Gamble, Sidebotham & Creedy, 2015; Cummins A, 2016). Ferguson (2011) posits that some students did not have mentors when they went for clinical practicum and those students indicated that one condition that would have supported their transition into practice was mentorship.

Mentees in a study in Canada narrated difficulty identifying and nominating mentors, and instituting the parameters of the mentoring relationship (Gagliardi et al., 2014). Another study in California conducted by McKenna and Straus (2011) also identified that it may be difficult to recognize suitable mentors thus institutions should have structures in place to assist mentees in locating mentors (2011). This was confirmed by St-Jean, Radu-Lefebvre, and Mathieu (2018) in their study in Canada involving entrepreneurs stating that mentors should be trained in order to assist them to recognize their mentees' needs more precisely in order to adjust to the rendering of mentoring functions while paying attention to mentees' needs and motivations.

In a World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) document titled Every Newborn Action Plan, WHO and partners have a planned programme to support countries in implementing the Global Strategy for Health Workforce which was endorsed at the 69th World Health Assembly in 2016. Coaching and mentoring was identified and introduced to support the delivery of newborn care in the Pacific Regions that have high neonatal mortality rates since midwives play a role in neonatal care (WHO & UNICEF, 2017). Clinical mentorship in midwifery was identified to be one of the strategies that improve students' clinical skills according to studies in Ethiopia, Ghana, and Malawi (Fullerton, Johnson, Thompson, & Vivio, 2011). A report by Shetty (2013) which was published in a WHO bulletin indicated that, while there is a remarkable increase in the scope of trained birth attendants, the current cohort of midwives cannot be providing the

standard of care that women needed. This goes on to emphasize the point that midwifery students need mentorship to enable them to provide quality Maternal and Child Health (MCH) care.

While Belrhiti, Booth, Marchal, and Verstraeten (2016) found that mentorship was integrated into management and leadership initiatives in Low-and-Middle Income Countries (LMICs), a scoping review by Schwerdtle, Morphet and Hall (2017) also in LMICs suggests it is less common, but may be beneficial as a clinical training and development strategy for health personnel. Ajeani et al. (2017) revealed from their work on mentorship in Uganda that, it has the probability of improving maternal and newborn health care provided by frontline staff. A similar study in Rwanda reported that mentorship yields very good results in supporting high-quality service provision when used in antenatal care by nurse mentors (Anatole et al., 2013).

Adequate research on mentorship in education and business industry exist in Ghana but there is a paucity of literature on mentorship in midwifery. Sottie, Dubus, and Sossou (2013) confirm the strong influence that mentoring can have on the lives of endangered and at-risk school children in Ghana. In another study on polytechnics in Ghana, the researchers opined that mentoring presents the best answer to staff development as a result of its far reaching benefits (Korantwi-Barimah, Sekyere & Ofori, 2014). Although it is a policy of the Ghana College of Physicians and Surgeons that every resident doctor in Ghana should have a mentor, Olayemi et al. (2014) found out that, while almost all the residents at the surgical division had mentors none of those in obstetrics and gynaecology was in a mentoring relationship. This goes to buttress the assertion that mentorship programmes need to be well established in health care training in Ghana (Olayemi, 2014).

1.1 Statement of the Problem

Studies in the UK identified that midwifery students relied on their mentors to accelerate their learning during clinical practicum (Gilmour et al., 2013). In the Gambia, studies revealed that literature on midwifery mentorship is limited and there is no formal mentorship programme in nursing and midwifery schools (Tunkara-Bah, 2016). The lack of mentorship in midwifery continues to affect the next generation of dedicated and committed midwives. The training and experience encountered in student clinical practicum in relation to what is learnt in the classroom need to be synchronised. Nursing and midwifery tutors taking some of the responsibilities in students' skills acquisition through active engagement with students during clinical practicum can achieve this. This was evident in the Gambia and South African studies where tutors did not follow-up their students during clinical practicum (Joubert & De Villiers, 2015; Tunkara-Bah, 2016).

Most of the midwives are not ready to support the student during clinical practicum due to either the workload or lack of interest (Chen & Lou, 2014; Joubert & De Villiers, 2015). From observation as, majority of the midwives in Ghana now are quite young with ages ranging from 24years to 30 years. This is partly related to the introduction of a three (3) year straight midwifery programme in a bid to increase the numbers. Capacity building at the student level is minimal but critical to scaling up the midwifery workforce and improving maternal and child health (Dawson, Brodie, Copeland, Rumsey & Homer, 2014). These skills, when acquired, could help the country achieve the Sustainable Development Goal (SDG) 3 targets 1 and 2 which are reducing the global maternal mortality ratio and ending preventable deaths of newborns and children under the age of 5 respectively by the year 2030 (World Health Organization, 2016b).

Mentorship has been identified as a programme that prepares student midwives to deliver quality service by strengthening their knowledge and skills (Mwiinga, Maimbolwa,

& Muleya, 2017). In October 2014, the Maternal and Child Survival Program (MCSP) led by John Hopkins Program for International Education in Gynaecology and Obstetrics (JHPIEGO) supported midwifery tutors and preceptors in Ghana with the introduction of mobile mentoring (mMentoring) in a bid to ensure post-training follow-ups (USAID, 2014). The JHPIEGO programme continues to provide model clinical settings in skills labs at midwifery training institutions to enhance learning. However, these prototype clinical settings where student skills training takes place have limited mentorship support.

The application of mentorship models in midwifery schools in Ghana has been ineffective due to lack of recognition of its importance. Majority of the midwifery students at the KBTH therefore, do not have mentors, who are expected to be coaches, role models, counsellors and friends. Inadequate mentorship in midwifery results in poor career satisfaction, lack of establishment of career priorities and path, inadequate acquisition of clinical skills, imperfect adjustment to the placement and becoming a miserable team member (Coates, 2012; Dickson et al., 2014; McIntosh, Gidman & Smith, 2014; Tsen et al., 2012). The current system of learning at the Nursing and Midwifery Training Colleges in Ghana where students go for practicum and not having assigned midwives to assist them in their learning, does not allow the midwifery student to maximise the time allocated for clinical practicum due to lack of mentorship. Research evidence establishes that, shortage of staff, lack of recognition for mentors and competing time interest negatively impact mentorship (Straus, Johnson, Marquez & Feldman, 2013).

From experience as a Registered Midwife and a tutor, reports from midwifery students' clinical practicum come with little positive outcomes for the students. There is, therefore, the necessity to obtain further understanding into student mentoring. The lack of data on mentorship in Ghana requires exploration but this has minimally been investigated.

This study used Wanberg et al. (2003) conceptual framework for mentoring as a guide for the research process (Gentry, 2017).

1.2 Purpose of the Study

The purpose of the study was to explore midwifery students' experiences about mentorship during clinical practicum at the Korle-Bu Teaching Hospital.

1.3 Objectives of the Study

The specific objectives of the study were to:

i. Ascertain (assess) mentorship type and style used by mentor and mentee
ii. Determine (distinguish) the mentee and mentor characteristics that influence student mentorship
iii. Examine (understand) the elements in the mentorship relationship that affect midwifery students' experiences of mentorship
iv. explain the mentorship functions that are used by mentors to improve mentorship outcomes.

1.4 Research Questions

Based on the research objectives stated above, the following research questions will be addressed:

i. Which mentorship type and style do midwifery students have with their mentor?
ii. Which characteristics of the mentor/mentee influence midwifery student mentorship?
iii. What elements of the mentor/mentee relationship can affect midwifery students' experiences of mentorship?
iv. How do mentorship functions improve mentorship outcomes?

1.5 Significance of the Study

Mentorship has been identified as an effective mode to improve learning in healthcare institutions globally. The study sought to identify how effective mentorship improved the student midwives' knowledge and skills acquisition to enable them to deliver quality healthcare services. Data generated from this study will serve as a basis for the Nursing and Midwifery Council of Ghana to integrate and establish mentorship programmes in midwifery education to assist students to build their capacity before graduation and transition to practice. The research evidence will guide policy makers on decision making regarding recognition for mentorship training and support for midwifery educational programmes, particularly during the practicum. The study findings will serve as a guide for Heads of Midwifery Training institutions for identifying and establishing mentorship support system to enhance student experiential learning in the clinical area. Stakeholders such as the Ministry of Health and Christian Health Association of Ghana will potentially use the research evidence as a guide for designing strategies to increase retention and enhance competencies of practising midwives. Within the literature, lots of evidence exist on mentorship for midwifery students in high income countries. In Ghana, however, there is a paucity of literature on midwifery students' mentorship. In this vein, the evidence generated will serve as a basis to guide future researchers in the need to conduct studies that relate to mentorship with midwifery students.

1.6 Operational Definition of Terms

- **Midwifery Student:** one who has been admitted into the Midwifery Training College and indexed by the Nursing and Midwifery council to pursue a three (3) year diploma programme.
- **Experiences:** practical knowledge, skill, or practice derived from direct observation of or participation in events or in a particular activity

- **Mentorship:** the interpersonal relationship between an experienced midwife and a student midwife and this relationship enhances the professional knowledge and skills of the student midwife.
- **Midwife:** a health care professional who has been trained and duly licensed by the Nursing and Midwifery Council of Ghana to deliver Maternal and Child Health services in accordance with the International Confederation of Midwives regulations.
- **Mentee:** a midwifery student who is in a mentorship relationship.
- **Mentor:** a senior midwife who teaches, coaches or trains a student midwife during mentorship.

1.7 Organisation of the Study

This study has been organised into chapters to make a meaningful read. In Chapter One, the background to the study, problem statement, purpose of the study, objectives of the study, research questions, significance of the study and operational definition of terms were discussed.

Chapter Two discusses literature on mentorship using Wanberg et al. (2003) conceptual framework as a guide. The framework explored the characteristics both mentor and mentee bring to the mentoring relationship, the nature of the relationship between the two, mentoring functions used by the mentor to enhance the relationship and the outcomes of the mentorship relationship for the mentor, mentee and the organization.

Chapter Three focused on the research methodology. The qualitative exploratory design was employed to explore the experiences of the students. Purposive sampling was used to select participants to generate meaningful data for the study which was analysed using thematic and content analysis. Rigour and ethics were maintained in the entire research process.

In Chapter Four, the data that emerged from the verbal transcripts and field notes were presented as findings of the study. These were unveiled to reflect the themes and sub-themes in accordance with the conceptual framework guiding the study.

Chapter Five discusses the findings that emerged from the data in relation to the existing literature. In the discussion, meanings of midwifery students' experiences of mentorship are articulated.

Chapter Six concludes with a summary, implications for midwifery practice, education, administration, research, policy makers and recommendations for key stakeholders.

CHAPTER TWO

LITERATURE REVIEW

A literature review describes published information which provides evidence on the topic of interest. It also provides knowledge and ideas that have been established on a topic, bringing out the gaps and weaknesses in it thereby laying the foundation for further studies (Creswell, 2014). Databases used to retrieve relevant literature included JSTOR, PubMed, Cumulative Index of Nursing and Allied Health Literature (CINAHL), Cochrane Medical Library, EBSCOhost, Education Resources Information Centre (ERIC), ScienceDirect, Sage Research Online, HINARI, Taylor and Francis Online, Google Scholar and WHO/UNICEF databases. Key words used in the search strategy included a combination of terms and words such as 'midwifery student', 'experiences of mentorship', 'mentee experiences', 'mentoring in the clinical environment', 'midwifery mentorship', 'mentoring in healthcare', 'mentee characteristics', 'mentor characteristics', 'clinical placement', 'relationship characteristics', 'mentor-mentee relationship', 'mentoring functions', 'mentor outcomes', 'mentee outcomes', 'successful mentoring', 'failed mentoring', 'benefits of mentoring', 'organisational outcome of mentoring'.

2.0 Justification for the Choice of Model

Four (4) models were analysed in search for the appropriate model for this study. The Logic Model (Kellogg, 2004; Mccawley, 2002), the 'GROW' Model (Paralikar, 2018; Whitmore, 2009), the 5C's Model of Mentoring (Pegg, 1999) and the Conceptual Framework of Formal and Traditional Mentoring Relationships (Wanberg, Welsh & Hezlett, 2003).

a. The Logic Model

The logic model is usually used to describe the effectiveness of a program by describing the logical linkages between the situation, inputs, outputs, and outcomes. In other words, the model illustrates the cause-and-effect relationship. The model begins with the situation statement. This provides the occasion to convey the relevance of the project. The situation statement establishes the bases for comparison at the end of the program. An account of the problem and its indicators provide a way to determine whether a change has occurred. This is achieved through the description of affected persons and assessment of beneficiaries.

The input consists of those things that we invest in the schedule or offer such as knowledge, skill and expertise. Outputs are the things that we do such as providing products, goods and services to program customers and the people we reach who are informed consumers and knowledgeable decision makers. Program outcomes could be short, intermediate or long-term. Short-term outcomes of educational programs may include changes in awareness, knowledge, skills, motivation and attitude. Intermediate-term outcomes include changes that follow the short-term outcomes such as development in processes used by participants, policies selected by employers or organizations among others. Long-term outcomes include improved economic, social, environmental and political conditions. There could be external influences such as Institutional, community, and public policies either supporting or opposing effects on the program (Kellogg, 2004; Mccawley, 2002). This model was not appropriate because the mentee was least involved.

b. The Grow Model

The 'GROW' is an acronym for Goal, Reality, Options and Way forward. The relationship begins with setting goals. The goals could be just for the session, short term or long term. There are there acronyms for stating the goals. The goals should be Specific,

Measurable, Agreed Upon, Realistic and Time Bound (SMART) be positively stated, Understood, Relevant and Ethical (PURE) and then Challenging, Legal, Environmentally sound, Appropriate and Recorded (CLEAR). The next is reality checking where steps are taken to explore the situation. The situation could be an issue, a problem or a topic. Once the parties set the goals, they need to explore the basis and perception of the situation. This is done to strengthen the knowledge and self-awareness of the person. Once the mentee becomes aware of the reality surrounding the situation, the next to consider is how to get to the solution. The options come in. The mentee is permitted to promulgate ideas that will help resolve the situation. The mentor may also come up with innovative ideas for resolving the situation. Now the way forward charts a path towards attaining the goal. The mentor decides what is to be done, when and by whom (Paralikar, 2018; Whitmore, 2009). With this model, students' experiences could not be measured.

c. 5C's model of mentoring

The 5Cs model by Pegg (1999) was provided to assist mentors to help mentees to focus on their challenges, choices, consequences, creative solutions, and conclusions. With the help of the mentor, the mentee identifies his or her challenges and the mentor must understand the challenge. The mentee then explores the options that are available to overcome the challenge by making meaningful choices. The choice could be many. A mini analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) is conducted to pick the best choice out of the lot. The next step is identifying the consequences of the choices made. This could be positive or negative. The opportunity then comes for the mentor to share their wisdom and experience with the mentee to creative ways to find a solution to the challenge. In the conclusion, the mentee makes the decision of what should be done next. This enables the mentee to make a commitment by choosing the most appropriate choice based on the analysis made. It is not necessary to go through the steps in

a sequence. The steps in the process could also be repeated (Pegg, 1999). This model was not chosen because its focus was the mentor while the study focused on the mentees.

d. The Conceptual Framework for Formal and Traditional Mentoring Relationships

This framework by Wanberg et al. (2003) provides details of the mentee and mentor characteristics which each individual brings to enhance the relationship. The relationship characteristics could either enhance or destroy the relationship, its functions and outcomes for the individuals and the organisation. The scope of this study is to explore midwifery students' experiences of mentorship at the KBTH. The conceptual framework for formal and traditional mentoring relationships was chosen because the constructs had relevance to the study. Constructs of the framework have been explained and its elements that relate to the study have been presented. The mentees' experiences with mentorship would be successful due to factors such as the mentee and mentor characteristics that both exhibit in the mentorship relationship, the nature of their interpersonal relationships, how the mentor facilitates the process and the benefits that come with it (Wanberg et al., 2003).

The focus of the research topic and its research questions presented guided the search for a conceptual framework on formal and traditional mentoring relationships which was found fitting for understanding the research phenomenon under investigation.

2.1 Conceptual Framework of the Study

This study is based on the Conceptual Framework for a Comprehensive Model of Formal and Traditional Mentoring Relationships by Wanberg et al, (2003). The framework is built on Kram's work which emphasized mentoring functions (figure 2.1). The use of a specific conceptual framework helped the researcher to frame the research questions, gave direction to interviews and discussions, helped the researcher to order her thoughts and organise the way the data would be represented (Green, 2014).

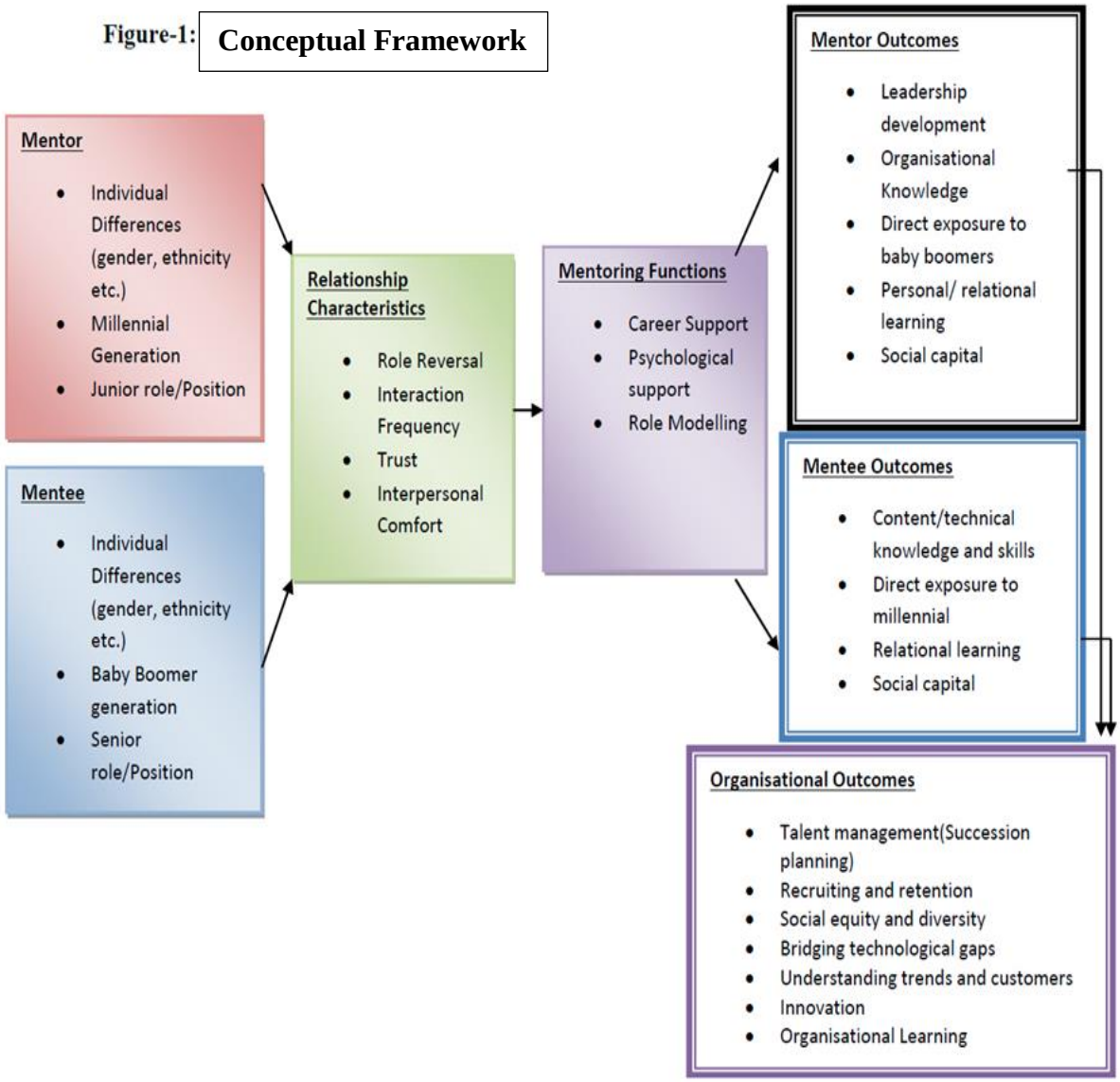

Fig 2.1. Conceptual Framework for Formal and Traditional Mentoring Relationships by Wanberg et al. (2003)

Description of the model

Wanberg et al. (2003) established dimensions that may influence learning for both mentor and mentee after both have contributed to the success of the mentoring relationship. There are determining characteristics to these variables. The conceptual framework

provides explanations about the main components of a mentoring relationship and the links between them but only the explanations useful to the study were used. The constructs are mentee and mentor characteristics, relationship characteristics, mentoring functions and mentee, mentor, organisational outcomes.

Mentee and Mentor characteristics include demographic background, personality, attitude, ability levels and others that each member brings to the relationship. The individual's distinctive characteristics are key but the interaction of the two characteristics are important in determining the characteristics of the relationship. The model proposes that the interaction of mentor/mentee characteristics impacts the mentoring received through its influence on the characteristics of the relationship. It stated that, when the host of characteristics mesh, it influences the growth of a relationship that is more intimate where individuals understand one another, there is lower conflict and higher interactions that are complimentary. Individual characteristics that are diverse might make it difficult for pairs to achieve intimacy and interpersonal recognition. High levels of openness to experience and agreeableness may overcome the diversity.

Relationship characteristics are interaction frequency, trust and interpersonal comfort. Interaction frequency is important to maintain a good mentor/mentee relationship. The time and the energy involved in cultivating and growing a mentoring relationship is a potential challenge for both mentors and mentors. Building a meaningful and successful relationship takes time and it is linked to support received, satisfaction, performance, and other positive outcomes. The relationship flourished when adequate time was allocated by mentees. Building trust and support in relationships are crucial since knowledge is absorbed faster and more completely when the link between mentee and mentor is of high quality. Trust is having confidence in each other and is reciprocal. Trust is the willingness of the party to be vulnerable to the actions of another party irrespective of the ability to mentor or

to control that party. Hence, individuals are more willing to ask any questions in the learning process, in relationships characterized by trust. Trust may come more naturally in mentoring relationships in which participants also feel a high level of interpersonal comfort. Interpersonal comfort refers to the case with which mentees relate to their mentors and is often based on overlapping identities.

Mentoring functions refer to the various roles played by the mentor in the mentoring relationship such as role modelling, career and psychological support to enhance student outcomes. Career functions are conceived as those mentoring functions that support career advancement. They may include challenging assignments, coaching, exposure, protection, and sponsorship. Psychological functions help build a sense of identity, competence, and effectiveness. This may include acceptance, counselling and friendship. Mentee outcomes are content and technical knowledge and skills, relational learning and social capital.

Mentee Outcomes include content and technical knowledge and skills, social capital and relational learning. Gaining new knowledge about the organization and how to be successful in the organization, learning about decision making and problem solving, acquiring new skills and perfecting already known skills form part of content and technical knowledge and skills. Social capital has to do with the mentees networks, confidence and general outlook of the profession.

Mentor Outcomes leadership development, organisational knowledge, organisational and relational learning and social capital. Mentors benefit from the relationship and impact on the organisation. In the process of mentoring, the mentor develops leadership skills, gains more knowledge about the organisation and builds her own network as well.

Organisational Outcomes are talent management (succession planning), recruiting and retention, understanding trends and customers, organizational learning and innovation. These outcomes are expected to be achieved through the interaction and impression that the mentor and mentee have on significant others such as the clients.

Mentoring has rapidly developed over the past few decades as a means of training and developing individuals within organizations as well as youth educational programs (Dickson et al., 2014). Mentorship is a critical component of success in the academic health sciences (Cho, Ramanan & Feldman, 2011). Mentorship has been an approach adopted by many countries to support learning and assessment of students in clinical placement (Muleya et al., 2015). In the UK and USA, mentoring programs have grown with mentor training being an area of emphasis. However, these programs have not been researched for evidence of effective mentoring on outcomes or the features of effective mentors (Cho et al., 2011; Wilson, 2014). Mentoring is meaningful when it has a reciprocal relationship which involves mutuality of social exchange as opposed to a one-way relationship (Ferguson, 2011).

There is no one specific definition of mentoring. It has been defined differently by different people but in all these definitions, a senior or older person (in relation to the field of study) provides guidance and support to a less senior or junior person (Dickinson & Plocher, 2016; Ghosh and Reio, 2013; Zhuang, Wu & Wen, 2013). Mentors usually assign challenging tasks to mentees in the relationship to help improve on their knowledge and skills. These tasks also guide the mentees in career advancement and enhance their overall growth (Weng et al., 2010). In this Chapter, literature was reviewed according to the constructs of the model used.

2.2. Literature Review

2.2.1 Mentor Characteristics

According to Eby et al. (2013) and Ferguson (2011), mentors can provide guidance that help the mentee become oriented to the organization and have a feeling of belonging to the profession, as well as prepare mentee for career advancement. Mentor's prior experience in the field he or she is mentoring is important for a successful mentoring program (Demir, Demir, Bulut, and Hisar, 2014; McKenna & Straus, 2011; Wu, Nassau, & Drotar, 2011). A mentor who has prior experience will have the ability to recognise the mentee's needs, thereby helping the mentee to muster the skill. The age of the mentor is also important since skills are acquired over time. However, a mentor who is too old and does not update his/her knowledge may not be abreast with current issues (Feldman, 2012).

The most important characteristics of mentorship are enthusiasm, a positive attitude, experience, and a willingness to spend time with students (Huybrecht, Loeckx, Quaeyhaegens, De Tobel, & Mistiaen, 2011). Several research conducted describe the mentor as someone who is wise, collaborative, intellectual, confident, skilled clinician, teacher, competent, committed, selfless, honest, generous and compassionate (Cho et al., 2011; Feldman, 2012; Ferguson, 2011; Haggard, Dougherty, Turban, & Wilbanks, 2011; Mcdonald, Mohan, Jackson, Vickers & Wilkes, 2010). Mentors who are welcoming are easily approached by mentees for a relationship. The mentor is an exemplar for the mentee and helps the mentee to get on the right path. Mentors guide mentees by directing them towards behaviours that are right to follow and which ones to avoid.

2.2.2 Mentee Characteristics

Mentee characteristics were described as enthusiastic, self-directed, and have mixed levels of expertise (Abdullah, Higuchi, Ploeg, & Stacey, 2018). Mentees must take initiative in driving their relationships, being proactive around scheduling meetings and identifying in

advance topics for discussion (Burgess et al., 2018; Sambunjak, Straus, & Marusic, 2010). It is important for mentees to assess themselves and make adjustments based on the mentor's suggestions to enhance their growth (Sheehan, Gonzalvo, Ramsey, & Sprunger, 2016). In a study by Straus, Johnson, Marquez, and Feldman (2013) mentors stated that mentees should listen to their mentors carefully, respect the mentors' time, comments and be open to feedback. This is necessary to be successful in the relationship. This was affirmed in another study which stated that mentees needed to be open to feedback, honest, patient, non-judgemental, respect meeting times and take responsibility for propelling the relationship (Burgess et al., 2018).

Studies by Valentin-Welch (2016) identified that mentees must make the mentoring relationship a priority by making time off their schedules thereby increasing the frequency of interactions which is important for an effective relationship. Also, the mentee's commitment to the relationship in terms of respect helped make it a much more fulfilling arrangement for the mentor (Burgess et al., 2018; Hawker, Mcmillan, & Palermo, 2013).

2.2.3 Relationship Characteristics

Mentorship is beneficial to students if a good relationship is established between the mentor and mentee from the beginning of the experience (Muleya, Marshall & Ashwin, 2015). Lenz (2014) stated that, when college students have a healthy relationship with a mentor from the initial stages of their education, they are more likely to flourish in their academic work and other aspects when compared with those who do not have this assistance. When mentors and mentees co-operate, it is entirely natural that the learning is reciprocal to some extent. Mentees attempt to learn from mentors and want to give something back to mentors. Mentors enjoy contributing to mentees' learning and development. This experience gives them time to reflect on aspects that they would otherwise not have taken the time to consider. It is therefore very clear that mentoring can

be a mutual learning alliance that creates new knowledge, new insight and synergy between two people (Poulsen, 2013).

The study of Muleya, Marshall and Ashwin (2015) identified that students prefer continuity of mentorship with the same mentor throughout their placement. This brought the feeling of not being supported when the mentor was off duty. In contrast, James (2013) indicates that student midwives are supported during their placement by giving them preceptors. Support is also provided by face-to-face meetings and phone calls with the student and midwife and documentation of the student's learning goals. It appears that the mentoring relationship is more successful when the mentor and mentee are of the same gender and share similar value (Merz, 2014). Mentees are encouraged to express themselves without intimidation (Chen, 2013).

In a USA (Eby et al., 2013) and Canada (Stubbs et al., 2016) studies, researchers identified interactional frequency as important in building mentorship. Frequent interaction and relationship lengths are considered potential correlates because they unfold over the course of the relationship and may be influenced by the mentoring process (Eby et al., 2013). Mentoring relationships developed slowly over time and were dependent on a good relationship between the mentee and their more experienced mentors. Students were attracted to those experienced colleagues in the workplace who were friendly, welcoming, supportive, and encouraging to them (Ferguson, 2011). There may, however, be a limited amount of interaction between mentors and mentees as noted by Valentin-Welch (2016). In the absence of frequent interaction, it is difficult, if not impossible, for the mentor to provide guidance, support, and encouragement to the mentee. Nonetheless, mentors and mentees could benefit from a distance mentoring programme.

Painful experiences of mentorship are related to the relationship between the mentor and mentee. Lascelles (2010) points out that not all relationships between midwife and

student worked. Mentees developed mentoring relationships with those nurses whose practice they admired and wished to emulate, and who were open to such a relationship in the practice setting (Ferguson, 2011). It is assumed that mentoring relationships involve some degree of closeness between the mentor and the mentee. However, this closeness is not interpreted in the same way by individuals (Haggard et al., 2011). A mentor who has a different intention from the original will interpret this closeness differently. It is therefore important to specify how close the relationship could be. The boundary regarding what and when it is appropriate for practitioners to share personal information in a professional relationship is currently poorly defined (Lascelles, 2010).

Stress is also another experience of mentorship. Student's inability to cope with stress brings complex frustrations of midwifery practice (Lascelles, 2010).

2.2.4 Mentoring Functions

The characteristics of mentoring relationships that contribute to participants' development typically have been referred to as mentoring functions (Wanberg et al., 2003). Kram and Isabella (1985) identified two key categories of mentor functions that are often seen in workplace mentoring relationships. The main mentoring functions are career development and psychosocial support. Kram and Isabella (1985) defined career development as the function of mentoring that can enhance a mentee's advancement in the organization including sponsorship, exposure and visibility, coaching, protection, and challenging assignments. She also defined psychosocial support as the aspect of the relationship that can boost a sense of competency, identity, and effectiveness through acceptance, confirmation, counselling and friendship.

When working with students, midwives are encouraged to reflect on their practice and find ways to articulate their practice knowledge to students (James, 2013). Research evidence from a study on organisations in China showed that role modelling and career

support have positive effects on protégés (Kwan, Liu, and Yim, 2011). This was affirmed by studies in India and Greece which saw positive and significant correlates between mentoring functions and career development (Chrysoula, Georgios, Miltiadis, Stamatios, & Kyriakopoulos, 2018; Jyoti and Sharma, 2015). Jyoti and Sharma (2015) revealed through their study conducted in India that coaching, counselling, exposure and role modelling which are all mentoring functions all have positive effects on job satisfaction.

2.2.5 Mentor Outcomes

Mentoring others benefit mentors because opportunities are created for taking up more responsibilities and be respected by junior employees. As a result, mentoring others might be the means upon which they rely most heavily on managing their careers (Wang, Hu, Hurst, & Yang, 2014). Thus, mentoring others in career functions, therefore, is resource investment that enables mentors to restore valuable resources. Consequences of negative mentoring relationship will lead to mentor being less likely to mentor others and less likely to invest in other work activities (Feldman, 2012). It is also evident that mentors benefit from mentorship by the recognition given them (Coates, 2012).

2.2.6 Mentee Outcomes

Mentorship plays a significant role in shaping how the students will eventually perform as qualified midwives. Muleya, Marshall and Ashwin (2015) stated the importance of reviewing such experiences and perceptions. However, the experiences of mentees towards mentorship are uncertain as there are conflicting results from individual studies. A number of mentees in research conducted stated that they benefit from their mentors (Demir et al., 2014; Holt & Lopez, 2014). It was also identified that the mentoring program supports the mentees for problem solving, adaptation to their environment, self-awareness, self-confidence (Jones, 2012) and the establishment of positive relations with their mentors. Having a mentor and receiving more mentoring functions is associated with more

favourable objective (compensation, promotion) and subjective (career and job satisfaction) outcomes (Feldman, 2012). In a related meta-analysis, the researchers identified that career support, psychological support and role modelling all had a positive correlation with job satisfaction, better performance career success (Ghosh & Reio, 2013).

The students' ability to cope with stress increased after the mentoring program. Consequences of negative mentoring relationship will lead to higher levels of work stress, lower self-esteem and more likely, termination of the mentoring program (Feldman, 2012). Mentoring relationships have a lot of outcomes which include the application of knowledge gained in our day to day activities, identifying challenges and possible solutions, and the creation of new pathways for learning (Klinge, 2015).

2.2.7 Organisational Outcomes

The organization or society at large benefits from the mentoring programme eventually when more people are involved (Poulsen, 2013). Researchers in a study in China stated that with mentorship it was less likely for employees to leave the organisation (Park, Newman, Zhang, Wu, & Hooke, 2015). This suggestion is further enhanced by Jakubik, Eliades, Gavriloff, and Weese, (2011) who said that when excellent mentoring is practiced, it has a positive effect on the length of stay of nurses in an organisation. These studies are consistent with a meta-analysis which identified a positive correlation between psychological support and organisational outcomes (Ghosh & Reio, 2013).

Good mentoring can be an effective way for organisations to develop their employees on the career ladder (Kraiger, Finkelstein, & Varghese, 2018). In a related study on retention and staff satisfaction, mentorship was identified to have a positive effect on staff by developing their skills, confidence and creating lasting relationships among the staff (Vergara, 2017). In a review of the literature on succession planning in nursing conducted in the USA, mentoring was identified as a successful means of talent management in

healthcare (Griffith, 2012). Consequences of negative mentoring relationship will lead to a culture of mistrust and lack of voluntarism in the organisation (Feldman, 2012).

2.3 Summary of Literature Review

Based on the literature search on the research conducted on student midwives' experiences of mentorship in the clinical setting, globally, literature was concentrated on high income countries. Studies identified concerning student midwives' experiences of mentorship in the clinical setting in Africa were limited. Much research is therefore needed into the experiences of these midwifery students concerning the mentorship they receive in the clinical area. This research, therefore, seeks to add to the already existing knowledge on literature for identifying the critical mentoring functions used by the mentors that help the student midwives learn to integrate into the profession after completion and have a positive effect on their practice. The mentoring functions that do not motivate the students need to be re-examined in tandem with the training of mentors. This research discovered scanty documentation on the use of mentorship in LMICs however, the research evidence buttresses the submission that mentorship can enhance the quality of MCH care outcomes.

CHAPTER THREE

RESEARCH METHODOLOGY

Research methodology is a way to systematically solve a research problem (Bist, 2014; Rajasekar, Philominathan, & Chinnathambi, 2013). It may be understood as a science of studying how research is done scientifically (Kothari, 2004; Rajasekar et al., 2013). This chapter presents the strategies used in conducting the study which includes research design, research setting, study population, sampling procedure, inclusion and exclusion criteria, data collection tool, a method of data analysis, means of ensuring trustworthiness of data and ways of maintaining ethical standards in qualitative research.

3.0 Research Design

The research design is said to be a comprehensive plan for data collection and a "blueprint" for an empirical research project (Bhattacherjee, 2012; Pandey & Pandey, 2015). It can also be considered as the framework of a research. It holds all the components in a research together and can be said to be the plan of the proposed research work (Akhtar, 2016; Pandey & Pandey, 2015). The qualitative research design was used for this research since researcher wanted an in-depth understanding of the students' experiences with mentorship. Qualitative research involves asking participants about their life experiences. It gives the researcher the understanding of what it feels like to be another person and to accept the reality as the other experiences it (Austin & Sutton, 2014; Walia, 2016). Qualitative research or inquiry as described by Creswell (2014) is research in the natural environment, can be interpreted and meaning can be made from the result.

Qualitative methods are most appropriate when describing a problem from the direct source or when little is known about the phenomenon under study (Austin & Sutton, 2014; Noble & Smith, 2014). Qualitative research is inductive by nature, seek to discover

knowledge, meanings and understandings and develop or reformulate theory from the authentic source (Noble & Smith, 2014; Rijnsoever, 2017). One attribute of qualitative research is identifying the social phenomenon from the participant's point of view (Creswell, 2014; Polit & Beck, 2012). To gain an in-depth understanding of the lived experiences of midwifery students experiences of mentorship, an exploratory descriptive approach was found fit for the study. Exploratory approach to research is used when the researcher wants to know how and why certain phenomenon occurs. It tries to help us to understand the social world in which we live, and why things are the way they are (Polkinghorne, 2005). The major emphasis in exploratory studies is on the discovery of ideas and insights while descriptive research studies are those studies which are concerned with describing the characteristics of a particular individual, or of a group (Kothari, 2004).

3.1 Setting of the Study

The Korle-Bu Teaching Hospital was the setting for this study. The hospital was established on October 9th, 1923 under Sir Gordon Guggisberg who was then Governor of the Gold Coast. It was instituted as a general hospital to address the health needs of the indigenous people. The hospital is situated in the Southern part of Greater Accra Region. It is the largest teaching hospital in the country and the third largest Hospital in Africa. As a tertiary level hospital in the country, it serves as a leading referral center for all cases in Ghana and neighbouring countries. Korle-Bu gained teaching hospital status in 1962 when the University of Ghana Medical School (UGMS) was established for the training of medical doctors. Now, it serves as the foremost training facility for medical students and other health related programmes. Some of these are Medical students from University of Ghana Medical School, Nursing students from various nursing training institutions in Ghana and beyond, University of Ghana and other private and state nursing schools, Postgraduate medical programmes of the Ghana College of Physicians and Surgeons, and West African

Colleges of Physicians and Surgeons. It also has a research department which undertakes research in all its specialties and does collaborative research with other institutions such as the University of Ghana, Ministry of Health and External Health Institutions.

The hospital has grown from an initial two hundred (200) bed capacity to about two thousand (2000) bed capacity. It has an average daily attendance of one thousand five hundred (1500) patients about two hundred and fifty (250) of whom are admitted. KBTH has 17 clinical and diagnostic Departments/Units. Some of the clinical and diagnostic departments of the hospital include Medicine, Child Health, Obstetrics and Gynaecology, Pathology, Laboratories, Radiology, Reconstructive Plastic Surgery and Burns, Ophthalmology, Ear, Nose and Throat, Anaesthesia, Surgery (Neuro, Cardiothoracic, and Paediatric dentistry), Polyclinic, Accident Centre and the Surgical/Medical Emergency as well as Pharmacy.

The participants for the study were recruited from the Nursing and Midwifery Training College (NMTC) at KBTH. Korle-Bu was chosen because it is the largest teaching hospital in Ghana. The school now runs a three-year diploma in midwifery programme which was started in 2003.

3.2 Target Population

This study targeted all midwifery students of the Korle-Bu Nursing and Midwifery Training College in Accra.

3.2.1 Inclusion Criteria

This refers to specific characteristics or criteria that participants must possess to be included in a study. For this study, midwifery students of the Korle-Bu Nursing and Midwifery Training College who had experienced midwifery mentorship since the time of admission to the school and were willing to participate in the study were enrolled.

3.2.2 Exclusion Criteria

The research excluded midwifery students who had not experienced midwifery mentorship since the time of admission to the school but were not willing to participate in the study.

3.3 Sample Size and Sampling Technique

In qualitative research, the sample size is not predetermined but researcher continues to sample until no new information or insights are gained. This is referred to as saturation (Elmusharaf, 2012). It was estimated that fourteen (14) to sixteen (16) participants would be interviewed, however, by the eleventh (11^{th}) participant, no new information was observed; that is, data was saturated.

Qualitative inquiry is dependent on samples that are selected on purpose. Purposive sampling also referred to as deliberate sampling is a type of non-probability sampling where participants are selected based on their characteristics which the researcher thinks will help get the information he or she needs and will be representative of the population (Creswell, 2014; Pandey & Pandey, 2015). A purposive sampling method was used to recruit eleven participants to generate meaningful data for the study. Midwifery students who had experienced midwifery mentorship since the time of admission to the school were informed about the research and misconceptions cleared. Those who consented to the study were recruited to participate.

3.4 Data Gathering Tool

Data was collected using an interview guide (Appendix A). It consisted of open-ended questions which led further to probing questions to elicit responses to research questions. The interview guide was developed by generating questions that addressed each research objective. Questions covered mentorship type, mentor/mentee characteristics, clinical experience with a mentor, mentor functions that mentees experienced, and the

outcomes mentees had or expected from the mentorship process. Section A comprised of the biographic data of participants while section B comprised of mentorship.

3.5 Data Gathering Procedure

Ethical approval was sought from the Institutional Review Board of Noguchi Memorial Institute for Medical Research (IRB-NMIMR) at the University of Ghana (Appendix D). Once approved, the letter was added to an introductory letter obtained from the School of Nursing and Midwifery, University of Ghana (Appendix E) and sent by the researcher to the Head of Health Training Institute (HTI) at the Ministry of Health (MOH) for permission to use the Nursing and Midwifery Training College at the KBTH as the study site. The Head of Health Training Institute then introduced the researcher in writing (Appendix F) to the Principal of the Korle-Bu Nursing and Midwifery Training College seeking permission for respondents' recruitment. The nature and purpose of the research were explained to the Principal of the College to gain an understanding of the research. Once institutional approval was granted, midwifery students were met in their respective classes in an arranged meeting. Students who were willing to be part of the study had an opportunity to discuss the study with the researcher. A convenient time and place out of lecture periods and clinical practicum were arranged for participants who volunteered to participate in the study. A written informed consent form was also given to the participants to sign once they agreed to participate in the study and their concerns and questions were duly addressed.

Arrangements were made with the respondents after the recruitment in relation to a more convenient time for the interview to be conducted. On the scheduled date of the interviews, the researcher reviewed the information sheet with the respondents and issues arising from the interactions were addressed. An interview guide was used, and this helped the researcher to stay focused on probing into the phenomenon under study. Interviews

were conducted in the English language and each interview session lasted between thirty-five (35) to sixty (60) minutes. All the interviews were audio recorded after permission had been sought from the respondents. All participants were interviewed once in one of the empty classrooms at their school premises. The interviews were conducted in the English language since all participants were fluent in the language. The interview guide (Appendix A) was used to obtain in-depth data on participant experiences. This allowed participants to communicate using their own words and the researcher probed during the interview to get in-depth responses. During the interview, the researcher asked follow-up questions to confirm the responses provided by the respondents where needed. Privacy was ensured during each interview by allowing one student in at a time for the interview. The audio recordings were transcribed verbatim with pseudonyms given to each transcription. The researcher documented non-verbal communications such as laughter, gestures, facial expressions and observations in a field diary immediately after each interview. This enabled the researcher to obtain a vivid understanding of data during analysis.

3.6 Data Analysis

Data analysis occurred concurrently with data collection. This was done to allow the researcher to explore and address emerging issues in subsequent interviews. Thematic Content Analysis was used to analyse the data in accordance with the constructs of the model in this study. It is a type of analysis that is guided by pre-existing themes and sub-themes from the constructs of a theory or model being used as the conceptual framework for the study (Braun & Clark, 2006; Clarke & Braun, 2013; Javadi & Zarea, 2016). An extra theme which is not part of the themes of the conceptual framework emerged and was also analysed. In this data analysis, the researcher transcribed all the audio interviews verbatim. The transcripts were read several times to identify the similar and contrasting ideas and thoughts in the data. The descriptive information that was relevant to the topic was

highlighted as the initial codes. During the analysis of data, the relationships between the responses were explored, supported by the field notes. The data that was not relevant at this point were separated and labelled as "Not in use".

Distinct units with similar meanings were categorized and labelled as themes generated using phrases and key words from the highlighted text. The entire interview transcripts were read again, identifying themes and sub-themes by collapsing and subdividing categories as appropriate. The researcher, after two days reread the original transcripts without looking at the codes, themes and sub-themes generated initially, then reviewed the initial categorization and reconsidered them (Blandford, Furniss & Makri, 2016; Clarke & Braun, 2013; Craver, 2014). During this stage, the researcher considered each category carefully whether the information under the themes was too large or small and relabelled appropriately. The researcher continued to go through the above process repeatedly till satisfied that all the themes and sub-themes reflected the interview transcripts. The last step of the thematic content analysis was the drawing of conclusion and verification. Tentative conclusions were drawn from the themes and categories identified to depict the midwifery students' experiences of mentorship during clinical practicum at the KBTH.

3.7 Data Management

The researcher ensured that interviews were conducted in privacy. Each respondent was given a code before the interview was conducted. After the interviews, pseudonyms were used to replace the codes. Transcribed interviews and the field notes were placed in individual folders together with audio recordings and documented information kept securely locked in a cabinet at the supervisor's office at the School of Nursing and Midwifery, University of Ghana. All electronic data were password protected. Data will be kept for five years and destroyed afterwards if no need arises for its use.

3.8 Methodological Rigour

Methodological rigour in any research is required to prevent the error of either a constant or intermittent nature for the purpose of developing trustworthiness in the data (Forero et al., 2018). In qualitative research credibility, dependability, confirmability and transferability are the concepts that have been used to describe various aspects of trustworthiness (Lincoln and Guba, 1985).

Credibility: refers to whether the findings of a research make sense and is the accurate representation of the participants and or the data (Connelly, 2016; Forero et al., 2018). To achieve this, the researcher ensured prolonged engagement with the respondents, established and maintained good rapport with them and built a trusting relationship with them. This ensured rich data and confirmed their initial statements. Respondents were allowed adequate time after each question for them to give a rich narrative of the phenomenon in question. The researcher was then able to provide an in-depth description of the phenomenon. The researcher also used member checking to ensure the credibility of the data. This involved returning to each respondent face-to-face at the Korle-Bu Teaching Hospital to ask if their exhaustive description reflects their experiences and interests (Connelly, 2016).

Transferability: refers to the extent to which the findings can be transferred to other settings or group (Blandford et al., 2016; Forero et al., 2018). It is a criterion for evaluating the quality of qualitative data, referring to the extent the findings from the data can be transferred to other settings or groups- similar to generalizability (Mohajan, 2018). To facilitate transferability, the researcher had to give a clear, in-depth and distinct description of the study, selection and characteristics of participants as well as the data collection method, the process of analysis and the entire research process.

Dependability: is another way of ensuring trustworthiness. It refers to the stability of data over time and over conditions (Forero et al., 2018; Mohajan, 2018). Dependability was ensured by the research supervisor and other external reviewers scrutinizing the data and other relevant supporting documents. This proved whether the data collected truly reflected the experiences of midwifery students about mentorship.

Confirmability: refers to the objectivity or neutrality of data collected and two independent people will agree on the relevance or meaning of the data (Connelly, 2016; Forero et al., 2018). It is used during the data collection and analysis phase in qualitative research. It focused on the characteristics of the data (Bhattacherjee, 2012). Researcher kept field notes and all personal assumptions and biases which had the potential of influencing the research process were documented. The transcribed data were also made available to the researcher's supervisors for scrutiny. In addition to the field notes, transcribed interviews, notes from member check sessions, comments from peer review sessions were used to ensure confirmability. Audio recordings and transcribed text also served as primary data for objective assessment and confirmation of documented information by the researcher's supervisors.

Authenticity: refers to the ability and extent to which the researcher expresses the feelings and emotions of the participant's experiences in a faithful manner (Polit & Beck, 2012, Polit & Beck, 2014). In this study, audio recordings were transcribed verbatim and field notes were also integrated to get participant's view on the topic under study. Member checking was applied to make sure transcriptions are participant's views.

3.9 Ethical Considerations

Ethics in research is a set of moral values that is concerned with doing good and causing no harm to participants (Blandford et al., 2016; Creswell, 2014). The main reason why research proposals are submitted to the Research Ethics Board is to specify how the

rights of the research participants will be respected. How these participants' will be protected from harm is also considered (Creswell, 2014). It is the researcher's responsibility to ensure that the risks and benefits of the research are well explained to participants. Comprehensive Information Sheet and Consent Form (see Appendix B) were made available to participants. The researcher made sure that participants really understood the phenomenon understudy. Respondents were made aware of the right to withdraw at any time if they so wished. (DeLanda, 2009). Participants were made to understand that they were not under duress to answer any question which they did not want to answer.

Ethical clearance was sought prior to collection of the data. A copy of the research proposal was sent to the Ethical Review Board of the Noguchi Memorial Institute for Medical Research, University of Ghana. An introductory letter was also obtained from the School of Nursing and Midwifery, University of Ghana to HTI, MOH who then gave the institutional clearance to Korle-Bu Midwifery Training College authorities to access potential participants at the research setting. In research, it is important to adhere to ethical principles such as confidentiality, autonomy, anonymity, beneficence, non-maleficence and justice. These are ways that guaranteed the safety of the respondents (Gillon, 1994; Johnson & Long, 2006; Orb et al., 2000).

Autonomy: refers to every individual's right of self-determination, independence and freedom to make their own choices. The study was carefully explained to the participants and all doubts cleared. The participants were given the opportunity to ask questions. After understanding what the study was about, participants willingly gave their consent to participate in the study and signed their individual consent forms. They were however told that they have the right to withdraw from the study at any point in time without fear of any consequence; however none of the participants withdrew from the study. Participants were provided with an information sheet which described the purpose of the

study, the potential risks and benefits, and stated the voluntary nature of participation. Those who agreed signed the consent forms. The researcher ensured that all participants were given proper protection, privacy and anonymity by not allowing any other student to where the interviews were conducted, especially those that were held at the hostel. To ensure anonymity each interviewee was code named and all identifying information in the transcript blocked out.

Confidentiality: refers to protecting the security and confidentiality of obtained information (DeLanda, 2009; World Medical Association, 2013). The researcher should not discuss or share any personal information related to the participants without their consent. Confidentiality was ensured by not discussing participant's personal information with other participants, midwives or the tutors. Pseudonyms were used to identify quotes.

Anonymity: refers to the principle that the identity of a participant should be kept secret. Participants have the right to remain anonymous. Neither the names nor any identifiable background information of participants were disclosed. Pseudonyms were assigned to participants during the recruitment. The pseudonyms were used when the participants were being quoted in the findings chapter.

Beneficence: refers to actions that promote the well-being of others. Whiles seeking to avoid doing harm to the respondents, the results of this study benefits subsequent midwifery students in the sense that the study made recommendations to the various stakeholders on how stakeholders can take steps to improve mentorship in the midwifery schools.

Non-maleficence: requires an intention to avoid needless harm or injury that can arise through acts of commission or omission. No physical or psychological harm was caused to the respondents whilst taking part in this study. They were not taken out of their

lecture rooms during lectures, neither were they taken away from the ward during clinical practicum hours.

Justice entails fairness, equality and impartiality; in other words, it is the obligation to be fair to all people. The choice of participants for this study was not based on any special qualification apart from the fact that they were midwifery students who had experienced some form of mentorship.

Informed consent means that each person who has any sort of procedure done to them in a healthcare context should give their approval for that procedure to be done to them. In providing informed consent, participants were told the purpose of the study, and made aware of their right to withdraw at any time without reason and without them being at any disadvantage. A written information sheet outlining the purpose of the study, what is expected of participants, how their data will be stored, used and, if applicable, shared and how findings will be reported was provided. The research data was made available only to supervisors.

CHAPTER FOUR

FINDINGS OF THE STUDY

This chapter presents the findings of the study. A unique identifier was assigned to each participant to ensure the anonymity of participants. The findings were organised according to the conceptual framework for Formal and Traditional Mentoring relationships. Seven (7) main themes which emerged are mentee characteristics, mentor characteristics, relationship characteristics, mentoring functions, mentee outcome, organizational outcome and mentee challenges. Thirty (30) sub-themes emerged from the main themes. The findings are presented in two parts; part one offers details of the demographic data of participants in the study and part two focuses on the themes and sub-themes.

4.0 Demographic Characteristics of Participants

This describes the profile of the participants. In all, eleven (11) midwifery students who had experienced mentorship participated in the study. Characteristics of the participants obtained included age/year of birth, class/level, ethnicity, permanent house location and professional background. All participants were females with ages ranging between twenty-one (21) years and twenty-seven (27) years. The midwifery students were all senior high school graduates who were pursuing the diploma in midwifery programme and in their third and final year. None of them had any health background training prior to the midwifery programme. The demographic data of the participants are depicted in table one below.

Table 4.1: Demographic Data of Participants

Variable	Frequency (N)
Age (Years)	
21	2
22	4
23	4
27	1
Gender	
Female	11
Class/level	
Third year	11
Ethnicity	
Akan	5
Ewe	3
Ga	3
Prior Education	
SHS	11

4.1 Organization of Themes

Based on the constructs of the conceptual framework, seven (7) themes and thirty (30) sub-themes were identified. Another theme which was not related to the constructs of the model emerged during the analysis. This was content analysed. Details of all the themes and sub-themes are presented in Table 4.2.

Table 4.2: Themes and Sub-Themes

Themes	Sub-themes
i. Mentor characteristics	a. Gender b. Age c. Position d. Personality e. Expertise
ii. Mentee characteristics	a. Age b. Level c. Prior profession d. Personality e. Readiness to open-up
iii. Relationship characteristics	a. Interaction frequency b. Interpersonal comfort c. Trust d. Communication
iv. Mentoring functions	a. Mentoring type b. Career support c. Psychological support d. Role modelling
v. Mentee outcome	a. Relational learning b. Social Capital c. Content and technical knowledge and skills d. Confidence
vi. Organisational outcome	a. Understanding clients and trends b. Organisational learning c. Recruiting and Retention d. Talent Management (Succession Planning)
EXTRA THEME vii. Challenges of mentees	a. Lack of confidence by mentors b. Negative attitude of staff c. Resource constraint d. Time challenges

4.1.1 Mentor Characteristics

To answer the research question which seeks to determine mentor characteristics that can enhance student mentorship, the sub-themes which emerged were gender, age, position, personality and experience. Mentor characteristics here were from the participants' view point. All the mentors were females since midwifery early on was a preserve of women.

4.1.1.1 Age of Mentor

The specific ages of the mentors were not known, and this is related to culture. In the Ghanaian context, it is culturally inappropriate to ask others in leadership or senior position about their age. Usually, an estimated age is proposed or given. Some participants answered the question on the mentor's age as:

She is young, like middle age. She is smallish, so I can't tell. **(MSEM 1)**

Another participant who tried to identify the age of her mentor said:

She could be fifty years or more. She is pretty, so you cannot really tell. **(MSEM 2)**

A participant had this to say:

I think she is old, but she is strong and hardworking. She can be like fifty years. **(MSEM 3)**

A participant who said a lot of positive things about her mentor had this to say about her age:

She is quite young but knowledgeable. She could be in her thirties. She just got married. **(MSEM 4)**

The ages of the mentors vary, according to data collected.

4.1.1.2 Position of Mentor

The position here refers to the person's position at work or the rank. The mentors had varied positions but most of them were the ones in managerial positions or acting in such positions at the various units the students went to. The participants described their mentor's positions as:

> *She is a Principal Nursing Officer*. **(MSEM 4)**

Another participant who felt her mentor was down humble despite her position had this to say:

> *Even though she is in a very high position, she doesn't make you feel even less of a person.* **(MSEM 2)**

One participant said:

> *She comes to work on time, she is a matron in one of the departments*. **(MSEM 5)**

In the words of another participant, she did not mention the exact position but from her statement, the midwife is not in charge of a ward. She said:

> *I came in contact with this midwife who is very skilful. Even though she has worked in the field for only four years or five years, she is very skilled*. **(MSEM 6)**

Another participant had this to say:

> *My clinical mentor is a matron who knows how to deal with students. She will not allow you to be idle when the workload comes down, she always puts us together to discuss our field*. **(MSEM 7)**

It is evident that majority of the mentors in this study are senior midwives.

4.1.1.3 Personality of Mentor

The personality of the mentor is viewed from the participants' perspective. Almost all of them said good things about their mentors. According to the participants, the good qualities made them get close to the mentors.

One participant said:

> *This midwife is really good, like most of the time and she is patient with teaching us too. She is somebody who listens, and she gives her honest opinion and advice. She is very disciplined, very honest and truthful. She is always encouraging us to be better than we already are, so yes, and she is very hardworking.* **(MSEM 8)**

Hard work was a feature that seemed to run through the data. It was an attribute that participants looked out for in choosing their mentors. Expressions of such nature are:

> *The person is very hardworking, and she likes teaching when you work with that person. She gives you the chance to practice whatever you were taught in class and then teach you other things that maybe they didn't teach you in class, but they do there. And then she is patient. She doesn't get angry if you don't get whatever she says immediately. She is good, she is good at her work, at what she does. Yes, and I admire the way sometimes even doctors ask for her opinion on certain things before they diagnose, or they will do other things.* **(MSEM 1)**

This participant had two (2) mentors and she thinks they have a similar personality:

> *Errmm... they were decent and hardworking, they know how to relate with others especially the students and they have patience in teaching too. Then they help us learn more and more things as the day goes by, and I*

> *mean they teach us new things every day. They are nice; like open, sociable, not someone who's strict. But strict when it comes to that and one thing I like about is, they are much disciplined.* **(MSEM 5)**

Similarly, a participant who also has two (2) mentors believes they have similar traits. She said:

> *First of all, they are not judgmental. They respect the views of everyone even if it's not so good, they are able to respect the decision. They are very smart and purposeful because when I see where they are now I could see that they had aims and aspirations to get to where they are, so they are very purposeful and smart. They are good evaluators. When you have a problem and they are able to solve it, they tend to follow up and check if everything is okay so that they see that the end product was beneficial*. **(MSEM 6)**

Being knowledgeable is also another attribute participants considered in the choice of a mentor. Some participants who sought for that had these to say:

> *Okay. I see her to be someone who's very knowledgeable. She will ask questions and you must think and give out the answers and then she will always empower you, tell you things to do, the things that will help you in your area, yeah*. **(MSEM 3)**

Another participant said:

> *The person is friendly, but the person is very strict. The way she carries herself about, she is responsible, hardworking and very skilful. Knowledgeable as well because whatever we did, she wants you to know the rationale behind the whole thing. She comes to work very early, she is responsible and hardworking*. **(MSEM 9)**

4.1.1. Mentor Expertise

This pertains to the mentors' field of work and then, mentoring. Most of the mentors have been on the field for a long time, suggesting they have some practical experience. For the experience with mentoring, the participants did not have much idea. Some of the responses were:

> *Okay, the way she teaches and when she is teaching you, you get to know that she really knows what she is about. She also knows the practical aspect of midwifery, she does it very well. As I said she knows her job, she is experienced. She is always busy when at work and other colleague midwives call on her when they are not clear about anything and she is always reading when she is less busy*. **(MSEM 4)**

One participant who referred to her mentor as "chief cleaner" said:

> *She comes to work on time, she's a matron in one of the departments. Despite that she's a matron, she doesn't stay in the house and say ooh I'll come at nine or at this, by 8 am. Before you the student you get to the ward, she is already in the ward. She even gets there, do the dusting and the nurse and the midwives will come and continue. She has a lot of experience and she is very good at her work.* **(MSEM 5)**

Another participant stated simply:

> *She is a very experienced person. I could see from the way she goes about her work that she is very experienced. I really admire her.* **(MSEM 10)**

A participant who was full of excitement narrated an incident indicating the experience of her mentor:

> *She is an SRN Midwife, so I believe she has a lot of experience, yes. There was one time, there was an episiotomy wound that she was suturing and*

that day, she called us the students together to see how the thing was done. We had seen episiotomy wound being sutured most of the time in the ward but that particular day, the way she sutured it when the suturing was done, it was like the whole place has not been sutured. And then she was teaching us that you don't suture on the fascia, you have to suture beneath the fascia rather and the woman after the suturing, the whole place looked like nothing happened. So most of the time whatever the person does is quite excellent compared to others. **(MSEM 9)**

It is evident that, participants were attracted to skilful midwives hence the importance of skills development and continuous education/in-service training for qualified midwives.

4.1.2 Mentee Characteristics

Mentee characteristics were explored to determine those that can enhance student mentorship. For this study, it was only the mentees who were interviewed hence their views were represented. Themes and sub-themes from the constructs of the chosen model included age, personality and readiness to open-up. Data generated from this study showed that the participants had some characteristics which they believe was helping them to remain mentored.

4.1.2.1 Age of Mentee

The ages of the participants ranged between 21years and 27 years. Some of the participants responded by saying:

I was born in 1995, so I am 22 years. **(MSEM 6)**

The third participant said:

I am 21 years, born in 1996. **(MSEM 3)**

The participant with the highest age said:

I was born in 1990 and I am 27 years. **(MSEM 4)**

Another mentee stated:

I am 23 years, born in 1995. **(MSEM 8)**

Participants in this study are all young people and this could be a contributory factor to positive mentorship since skills acquisition is more effective when one is younger.

4.1.2.2 Prior profession of Mentee

Majority of the participants were from the Senior High School (SHS) to Midwifery except two (2). The participants' responses to the prior profession were:

I just came straight from Secondary School **(MSEM 10**)

A second participant said:

I just jumped out of SHS straight to Midwifery. **(MSEM 2**)

Two of the participants whose responses were different from the others said:

Well, after my secondary school, I went to work at one hotel. I was the receptionist. Actually, we had some three-month programme after that they distributed us, so I was a receptionist at a hotel for 2 years before coming to midwifery. I needed to re-sit to better my grades. (**MSEM 4**)

The other participant said:

Yes, I was a secretary before I came to midwifery. I was not really trained but I started learning it on the job. I had to write my papers again but I did not want to be at home. Actually, I had in mind of coming to midwifery. I did it for just a year (**MSEM 8)**

4.1.2.3 Personality of Mentee

This refers to what participants think they have that is helping the mentorship process. They expressed different views about themselves but mostly positives. One participant said:

> *I am disciplined because if you are not disciplined, you would have a problem with her. So, I try to be disciplined and yes, I try to be disciplined, do what is expected of me*. **(MSEM 8)**

Humility was part of the impression most of them said they had. One said:

> *Maybe I am humble, patient and then eager to learn from them is what has helped me to gain some qualities or some things from them.* **(MSEM 5)**

Similarly, this participant stated;

> *I am willing to learn anytime I go to the ward. If something is bothering my mind, am willing to learn. When I don't do it the right way, she teaches that do this and I obey whatever she says. I don't make myself as if I know it. Even though if I know it, I humble myself for her to teach me more.* **(MSEM 10)**

Another participant also said:

> *I humble myself enough to learn from my mentor*. **(MSEM 7)**

A participant who thinks she has taken up some of the qualities of her mentor said:

> *I think am a goal getter lady because when I set my mind on anything I want to achieve, I am able to work towards that goal. Also, I see myself to be a "knowledgeable person". I know am not 100% good but at least am knowledgeable in the profession am into. It helps me a lot. Am also not judgmental too. I respect each and everyone's goals and decisions. In fact, my friends and everyone because you can't judge anyone. Everyone has a reason she says something so basically, I respect each and everyone's goal*. **(MSEM 6)**

4.1.2.4 Readiness to Open-up

This is about the participants' readiness to learn and accept constructive feedback which some have alluded to in the following:

> *My readiness to learn, my love for my field that is midwifery. I obey whatever they say and do accordingly. I am always ready to learn, always ready to help because I go to the ward at my own time to help.* **(MSEM 7)**

Another participant said:

> *At least when I come back from the ward, I read and learn about some of the conditions like asphyxia. I read very deep so there are some things when they ask me it comes easily and through that, I got to know new things that I didn't know of getting to know the person, I became more interested. Am ready to learn at any time*. **(MSEM 9)**

A participant who believes her readiness to open-up has yielded results had this to say:

> *I am very lucky to have met this midwife. I was very open with her by telling her what I know and what I do not know. She was very patient with me and taught me a lot. I took all her instructions and now I think I am a better person.* **(MSEM 11)**

This participant said:

> *My willingness to work extra hours helped me because my mentor noticed I was ready to learn so she made me do a lot of the work and I took each of them seriously. I can do them on my own now.* **(MSEM 3)**

Most of the participants were ready and willing to learn, which helped in the mentoring process.

4.1.3 Relationship Characteristics

To examine the elements in the mentorship relationship which can affect mentorship, the relationship characteristics were looked at. This included interaction frequency, Interpersonal comfort and trust.

4.1.3.1 Interaction Frequency

This refers to how frequent mentee meets mentor. Data gathered suggested that participants do not have frequent interactions with their mentors. Those who have interactions do not have maximum benefits because, most of the mentors do not know that the students have taken them as mentors. A participant recalled:

> *The few times that I worked with her I liked it. She understands that we are students and we are still learning so she is patient with us. Hmmmm, we only meet when I go to the ward.* **(MSEM 4)**

Similarly, the first participant said:

> *Errmm, it's not as though I don't, am not able to call them and stuff but it's not on a regular basis and I don't really talk to them a lot. Hmm... we don't really have a personal relationship but a working relationship.* **(MSEM 1)**

On the other hand, these two have frequent interactions with their mentors:

> *It's good, it's good because I am able to approach them as and when I need their help and guidance towards something in this profession so it's actually good.* **(MSEM 2)**

This participant had something different. She said:

> *Errmm…. She is quite older than me, like 20 years. Because of the age difference, so we don't normally get closer but mainly when I call her, it's about the field Questions about the field maybe some experiences I had or*

something that I was taught I didn't understand. Am currently doing my care study so when I call her it is mostly about the care study. **(MSEM 11)**

4.1.3.2 Interpersonal comfort

Mentees who had established a relationship with their mentors stated that they were comfortable being with them. They expressed this as:

My mentor, my first interaction with her, on the day I met her, under normal circumstances, some people are not so open to others but then the day I met her, the way she behaved towards me, she was very kind to me. I mean anytime you're with her, you feel comfortable. **(MSEM 2)**

Another participant expressed herself in this way:

I am very close to her. If I need something, I can go to her and ask her for help. Working with her all the time at the ward makes me very very excited. **(MSEM 10)**

Some of the participants who think they had inadequate relationships with their mentors also said:

I wish we can be closer so that we get to know each other well and yes like we just bond so that both of us will be very comfortable. **(MSEM 8)**

4.1.3.3 Trust

Trust in every relationship is important. When people in relationships trust each other, there is that tendency to take whatever the other party proposes. In mentorship, it is necessary for trust relationships to be reciprocal. This enables the mentor to give out her best and the mentee to take instructions willingly. Participants indicated that they trusted their mentors but not all the midwives. One participant said:

If your mentor feels respected and knows you trust her, I think she will

do her best. They should also respect the student and not to be shouting at them for the least thing. ***(MSEM 2)***

Another participant said:

If I did not trust her, I would not have been with her up until now. She is one of the serious midwives I have met. She is truthful and trustworthy to both patients and staff. **(MSEM 5)**

This participant said:

She is so clever that I have so much trust in her and I am not the only one. She has really helped me and now when I go to the ward, she tells the other staff and students that I have really done well by acquiring a lot of skills after she met me. **(MSEM 6)**

4.1.3.4 Communication

Communication in every relationship is important since it is the medium through which information is disseminated. Participants responded to questions bothering on communication as:

My mentor and have a good relationship. I can even call her on phone at any time. I prefer to call because she is a busy person. If she cannot talk at that moment, she will call back. At times I go to her house to discuss issues ***(MSEM 5)***

This participant was full of smiles when she was talking about communication between her and her mentor. She said:

My mentor loves to chat when she is free. She is very concerned not only about my education and profession but my life as a young lady. (Giggles) We can talk about anything and she is very helpful. She calls me when she is on duty and I am free so that I could practice. **(MSEM 2)**

An elated participant said:

> *We are free to talk about anything and everything and I am very comfortable with her. She sees herself in me because she says it all the time.* **(MSEM 3)**

Another participant said:

> *My clinical mentor? I normally don't see her often, but we talk on the phone a lot. At least every week, I see her once. I either go to her house or go to the ward to see her.* **(MSEM 6)**

4.1.4 Mentoring Functions

These are various roles played by the mentor in the mentoring relationship such as role modelling, career and psychological support.

4.1.4.1 Mentorship Type

The researcher asked the participants about the type of mentorship that they were experiencing. Participants had similar explanations for the type of mentorship pertaining to the individual.

Participants' responses were as follows:

> *I would say it is an informal type of mentorship because I chose her myself. I think she is successful in her field and plays her role well that was why I chose her. Students actually like her.* (**MSEM 1**)

This participant had this to say:

> *It is mostly a one-on-one type. I can say it is informal mentorship because I noticed certain things about that person that I would like to achieve or maybe like that person to help me to achieve, that was why I chose her.* **(MSEM 10)**

These participants had similar views. One mentee said:

> *For me, a senior colleague told me she was good so I went to her told her I wanted her to be my mentor and she accepted. She then told me that I should be ready to become like her. She is somebody who is principled and I like that about her. Because you are with somebody who is principled and probably you want to be like that person, you need to understudy the person and then gradually grow up to become like that person.* **(MSEM 7)**

The other participant said:

> *My cousin who is a nurse told me about this person, so I came to look for her. Initially, I was shy, so I could not approach her until one day when I worked with her. Then I asked her if she knew she was my mentor? She smiled and said she is now getting to know.* (**MSEM 9)**

4.1.4.2 Career support

This includes whatever the mentor does to support the mentee such as coaching, teaching or giving challenging assignments. Participants in this study experienced various forms of this support and expressed the same differently. Those who had the opportunity to practice, had these to say:

> *Sometimes when they teach you something, they want you to try your hands on them. When you try your hands on them, then you feel like I've done it, I can do it. So many a time, those are the ones that I really like. I get to listen to her anytime she is around. I get the chance to also get to learn the skills too.* **(MSEM 9)**

Another participant who had a lot of experiences to share said:

> *She doesn't necessarily take it that you're in your first year, second year or third, she always wants you to be on your up game. She is the type who would always give you the chance, unlike some people, to do hands-on*

> *with the practice and she is sitting there beside you and talking you through it. So, it is easier to learn from her than to sit there and someone is instructing you, do this, do that but she sits there and helps you with it.* **(MSEM 1)**

She again narrated:

> *I went to call her that I wanted her to assist me to rupture the membranes then she told me to do it. Then I told her that am afraid (giggles), the needle will chook the head of the baby then she said I should try it's not any hard and truly too she encouraged me, and I was able to do it for the first time so, so far, the experiences I've had with her is good. But with her, I noticed, when you are on duty with her, before you go home, you've done all the things you never even know how to do and with that, you have new experiences.* (**MSEM 1)**

Another participant said:

> *She is that type who will let you try your hands on what she has taught you. When I don't do it the right way, she teaches that do this and I obey whatever she says.* (**MSEM 10)**

This participant expressed the patience her mentor had and said:

> *She won't shout at you like others do but then she will teach you how you're supposed to go about it. She will make you do it as such and then keep on practicing until you're able to get your hands-on.* **(MSEM 2)**

4.1.4 3 Psychological support

This includes whatever the mentor does to support the mentee such as exposure, counselling, encouragement or just motivating the mentee. Participants in this study experienced various forms of this support and expressed the same differently. They narrated their experiences as:

> *She is someone who always encourages you to do things. She makes you feel like you're also in the profession to do something so anytime you're around her, she motivates you to do more and exceeds more than you think you can.* **(MSEM 5)**

Another said:

> *When I was in the first year, I met this midwife outside the hospital who also teaches us and also includes us in everything and we are able to feel free to ask questions and she always answers. She sometimes gives us topics to go and research on and discuss when we next meet.* **(MSEM 6)**

This participant had seen a change in her attitude as a result of motivation received. She said:

> *Hmmm…, yea and the motivation, sometimes when they see you are willing to learn and things, they always motivate you and keeps us going I've been encouraged and motivated to learn harder and then see how far I can go in midwifery. So, at first when I came, I just wanted to finish school and practice but now I've realized that there's more to just finish and practice and I can actually go higher and if only you put in the effort, yes.* **(MSEM 8)**

Another participant who already had positive results from her mentor narrated:

> *When I went to the ward because she was always pushing us to learn I got to read about almost all the conditions. The person also is very interested in not just the skills alone but your attitude towards work too.* **(MSEM 9)**

A participant who said her mentor really motivates her also narrated her experiences:

> *She made a statement like if you don't read when you get to the ward and you stay on the ward for a long time, you will not progress because people come, and people go but once you are not reading you don't know what is happening, so you keep doing the old things but when you keep reading you keep upgrading yourself just in your knowledge. Before you realize you are moving fast and anybody that comes around would want you to nurse them or would want you to be erm if a doctor comes around the doctor would like to give you the assignment because he knows that once he gives it to you are able to understand and do it better*. **(MSEM 8)**

4.1.4.4 Role modelling

Role modelling is a mentoring function which often comes with mentorship because mentees see their future in the mentors, therefore, would like to be like the mentors. Participants had these to say:

> *She in gloves whiles you're in gloves. She is holding like as in you are doing it and she's there to support you. That is one thing honestly, I like about her and she gives you the chance to try your hands on it. Sometimes when we go and we are working, she will let you do what she is going to do and she will guide you to do it so that you too will get the skills*. **(MSEM 1)**

A participant who wants to role model after her mentor said:

> *She is still furthering her education, so I just wanted to be like her. She just told me that I shouldn't say I want to even end up with the diploma or with a degree, I should aim high. She's also still aiming high and then I just wanted to be like her, like attain that level of excellence she's trying to reach.* **(MSEM 11)**

Another participant had this to say:

> *She is my biggest role model in this profession. Like am looking up to the person and I am learning from the person, yeah. So I have taken the person to be my mentor and picking some essential or vital qualities from her*. **(MSEM 4)**

A participant who wants to be like her mentor said:

> *the way she teaches and when she is teaching you, you get to know that she really knows what she is about. I quite remember some time ago we decided to go and do voluntary work on the ward and when we went, there was only one patient in the first stage of labour so there was not much work for us to do so we were just there waiting to get a client and I realised that my mentor was reading a book so I was like woaw even the teacher who has no exam to write is learning then it means you really need to learn. She also knows the practical aspect of midwifery, she does it very well.* **(MSEM 11)**

4.1.5 Mentee Outcomes

Mentee outcome from the narration of the participants was enormous. All participants mentioned positive outcomes of the relationship although the mentors did not know about them. The sub-themes under mentee outcome are relational learning, Content and technical knowledge and skills and Social capital.

4.1.5.1 Relational learning

Participants confirmed learning a lot from their mentors. They stated:

> *When we learn in class, we try to imagine the things but because she opens up and really teaches you the real thing on the ward, it had made me know a lot of things and be able to practice them and then it has made me also know how to relate to patients and then how to do your work diligently and truthful and know what intervention to give at what point in time to help your client*. **(MSEM 1)**

A participant who would like to emulate her mentor said:

> *I have told myself that I am going to be kind to everyone because if this woman had not shown me kindness, I don't think I will be able to do what I am able to do now*. **(MSEM 2)**

This participant who had more than one mentor expressed herself by saying:

> *How they carry themselves about, their dressing, their speech, everything is on point and I've learnt some things from that. Some of the things my mentors have told me are in the back of my mind and I can apply it small, at least.* **(MSEM 5)**

Another participant said:

> *Sometimes, because of the way my mentor is, as I said, I haven't seen her angry with her clients, so sometimes when am getting angry then I*

remember if she was the one, she wouldn't have said anything then I'll just come back to my normal. **(MSEM 11)**

4.1.5.2 Social Capital

Social capital involved mentees social networks. It is important in student mentorship to maintain positive relationships with mentors. Social Capital includes how mentees socialize with colleagues and manage clients. This brings about increased work output. From the narrations, participants seem to have positive social capital. Affirmation by participants are:

I have also learnt to be firm and fair, work hard and tolerate people. **(MSEM 2)**

Another participant stated that:

I can express myself in the English language so when I go somewhere, I wouldn't find it difficult expressing myself. **(MSEM 5)**

Another participant who felt the mentoring process had helped her become bold said:

My mentor has really helped me. I didn't use to be like this. I used to be shy. She always tells me that being bold is an achievement because she used to be shy too until she learnt one day during her usual work to be bold, firm and fair. I am not sure I would have been talking with you now had it not been for her. **(MSEM 10)**

Again, this participant thinks the process of mentoring has helped her socialize well in the clinical area. She said:

Yes. So anytime we go to our professional area and there is an activity going on, I don't have to sit idly, I have to get involved and then maybe ask questions when I don't understand what's being done because

> *sometimes you go to the clinical area, what is being done there, we have not been taught in class, so you get to know what it is and then when you are being taught in class, you have a fair idea.* **(MSEM 3)**

4.1.5.3 Content and technical knowledge and skills

Majority of participants confirm having gained content and technical knowledge and skills which is important in the performance of skilled maternal and child health services. This participant believes as a midwife, procedures should be done before recording since it could affect the client negatively. She narrated:

> *Yes, now like on the ward sometimes you do the 'chart free' and those, no I don't do that because she would always tell you that, the person might start up normally, but there might be just that one day you decided to do things anyhow, that because you did that, it didn't go well with the person, so you've to do everything the way it's supposed to be done*. **(MSEM 1)**

This participant believes she has benefited from the process in diverse ways, some of which are:

> *They help us learn more and more things as the day goes by, and I mean they teach us new things every day. I go then I read thoroughly about it then it gave me more knowledge about most of the gynaecological conditions. I know at least some of the practicals that we do on the ward, so after completion, even if am walking somewhere and someone is in labour or there is an emergency, I can use my little knowledge to help.* **(MSEM 5)**

Two participants who were full of joy for being able to conduct deliveries verbalised:

> *At first, I used to fear delivery when the delivery comes. I am unable to approach it but as she always teaches me how to go about it, it has given me that courage to do delivery by myself. I can do it best.* **(MSEM 10)**

The second participant said:

> *I see that am not afraid when it gets to the delivery. When I get to the labour ward am not afraid because, if not for my mentor, I would not have been able to do my first. I did a first delivery that was when she had a tear, that was my first delivery and then I delivered my client for my care study, and the recent delivery I just did*. **(MSEM 11)**

4.1.5.4 Confidence

Almost all participants confirmed gaining confidence due to the relationship. They did this by saying:

> *I am more confident now and I enjoy going to the ward to help patients anytime I am free.* **(MSEM 4)**

Another said:

> *Okay, it also helped me to be confident. I wasn't really the open type but when I had a mentor, she was encouraging me to open up and I was able to become so confident and not the so introvert type. So, I was able to air my views and decisions in any gathering. I think it is cool.* **(MSEM 6)**

This participant said:

> *I have gained a lot from my mentor, even academically. She always encourages me to ask questions is I do not understand anything so now I ask questions in class. I used to be shy but now I am not.* **(MSEM 8)**

A participant who believes she could perform deliveries by herself said:

> *She has helped me so much that now I can do deliveries alone. She gave me the opportunity to do hand-on and I was always ready to do it. Now I don't run away from any procedure when I go to the ward. I am very confident.* **(MSEM 10)**

4.1.6 Organisational outcomes

Participants are of the view that, if mentoring is done properly there would be enormous positive outcomes.

4.1.6.1 Understanding clients and trends

Understanding clients and trends are vital in sustaining clients and bringing satisfaction to self and the organisation in general. Participants narrate situations which they believe has given them insight into client behaviour. Here are some narrations:

> *Sometimes, some midwives react to comments or reactions from the patient. They get angry, but I've never seen her (Mentor) angry. She will just laugh over it and then tell you plainly that "I will pretend I didn't hear what you just said" and then continue with her normal activities. She will tell you that you have to listen to everything that the person will say then you pick the important ones.* **(MSEM 11)**

This participant who had lots of experiences to share continued:

> *Yes, so when I worked with her, we were supposed to do a VE (Vagina Examination) and then the patient told her that, "ɔmma akoraa te sɛ ɔno mmɛ deliver no" (I won't allow a child like you to deliver me). She should just stand somewhere and then I (mentee) will come and do it. Hheehehe (laughs) and I told the woman that, "ɛnɛ wo bɛ da ha akyɛ" (today you will lie here for a long time) hhehehe (laughs), because she is my boss and*

you are telling her that, "ɔno nngyina nkyɛn" (she should step aside). The patient did not take it, she said eeehh. She was there and then like they were not minding her. The patient continued, "oye akoraa, onnim hwee" (she is a child, she doesn't know anything). She should go and sit down so that the older people will come and do it for her because she the patient has had an experience where they allowed a child to do, and then she asked her that, how did you know that the one who did the delivery was a child. **(MSEM 11)**

Another participant had this to say:

My mentor always says some patients come to the hospital to tempt us and others when they are very ill, cannot even say what they want so it is up to the midwife to figure out what the patients' needs are in such situations. She made me understand that midwifery is difficult but when I get to know how to handle the patients, I will enjoy it and I am very grateful for what she taught me because I am beginning to see it.

(MSEM 6)

4.1.6.2 Organisational learning

Some of the participants who believe they have experienced organizational learning said:

When we learn in class, we try to imagine the things but because she opens up and really teaches you the real thing on the ward, it had made me know a lot of things and be able to practice them. **(MSEM 9)**

Another participant said:

Mine, she schooled here but she works in a different hospital, and then sometimes what we are being taught here, like I would understand it but

> *maybe I will go to the practical sector and then there will be one or two things I will not understand and I would like to find out from her how, maybe she will conduct a delivery or something but sometimes, what she will tell me will be a little different from what we were taught but I understand it could be according to their hospital's protocol that is why they are doing that*. **(MSEM 10)**

This student who believes being corrected by a mentor or a senior colleague is all part of the learning process narrated:

> *You go to the ward and you do something wrong, and your mentor or ward-in-charge corrects you or tells you, we don't this, you don't have to be upset. You just have to allow yourself to be corrected. As a student, you have to take someone as a mentor, because if you don't have a mentor, it's like you don't have an aim, because those mentors they help you to, like they direct you, because you try to errmm imitate them and do what they do, not the negative aspect but the positive ones that you see that this one if I do it, it will help or it'll build my career or it'll help me in a positive way. Yes, so you have to take the corrections so that you know about the work.* **(MSEM 3)**

4.1.6.3 Talent management

Succession planning is a vital component of successful organizations. It helps maintain staff strength and capabilities. Mentoring is a way of talent management. The strengths of mentees are known and can be replaced when the need arises.

4.1.6.4 Recruiting and Retention

Mentorship helps in the recruiting and retention of staff. When junior staff receive mentorship from the organization, they become conversant with the organization's way of doing things. Participants in this study believed that:

> *Maybe when it is done well, the stress on the midwives will reduce because we will be available to help since we have been trained.* **(MSEM 3)**

Another participant said:

> *If you get good mentors which students are looking up to, it means that good aspect of them will still be maintained, will still be in the system even if they are out of service. That aspect of them will still be in the system because a lot of people will be looking up to them and then they'll be picking those qualities like those characteristics and then it will still be in the system.* **(MSEM 11)**

4.1.7 Challenges of Mentees

Mentees had issues that they felt needed to be addressed which are mainly challenges the mentees faced in the clinical are setting.

4.1.7.1 Lack of confidence in mentees

Participants were of the view that some of the midwives do not allow them to do the hands-on practicals because they do not have confidence in them. A participant said:

> *So I think in the skills aspect, I think the clinicians on the ward should have a little confidence in us and they should just supervise us to do it well because if we're doing and they're like "stand aside", or watch and learn, we are always watching but we don't get to practice, yeah, so they should have a little confidence in us and I think if our mentors are around, maybe they can put in a word for us.* **(MSEM 8)**

Another participant said:

> *Sometimes they are impatient when they are teaching you something. They'll be like you don't know this, as, at this time, you don't know, as at this time you don't that, and sometimes, it's quite unpleasant. Sometimes when you are doing the thing, they don't have even a little confidence in us, so they just like, stand aside, then they'll just do it.* **(MSEM 10)**

A participant who felt the midwives are not patient had this to say:

> *A midwife who shouts at students will always scare them away. The fact that we are not doing things their way doesn't mean they should be shouting at us. They should have a little confidence in us and be patient and teach us.* **(MSEM 3)**

4.1.7.2 Negative attitude of senior colleagues

Most of the participants complained about the negative attitude of some of the midwives. They had these to say:

> *But sometimes too in Korle-Bu when other students come, they expect you the Korle-Bu students because you've been there, you should know better than the rest, which is not so. For all you know, the person who is from outside has experience in such a thing which the Korle-Bu student does not have and when you're not able to do it then they begin to shout at you and say unpleasant things to you which is not nice. It brings down the morale of the student. Screaming and shouting at the student for any mistake. They should be patient.* **(MSEM 2)**

A similar narration from another participant is:

> *You see, nowadays when you go to the ward, I don't know the kind of perception but now they grade us based on the institution you attend and that affects a lot of us because sometimes, they're expecting you, maybe you're from a high institution, they're expecting you to do certain things that for all you know, the student doesn't know and when you're not able to do it, they begin to shout at you and it affects the student's performance and it makes the students feel like, the person doesn't want them to do it but I think if they see us as being at the same level despite the school you're attending and teach us as such, it will help us to improve ourselves and it will motivate us to also to try to do more when we go to the practical field.* **(MSEM 11)**

Another participant was of the view that:

> *They don't really know we are coming to learn and not to actually help because we are students. I think education is also a factor. They should be educated on the reason for the clinicals. We come there to learn and to help, not only sending us to-and-fro for stuff.* **(MSEM 6)**

This participant did not hide her feelings. She said:

> *Sometimes they are too rude to the students. I don't know honestly but sometimes it's that bad. It makes you feel a bit down when you're working which is not a good thing because they are supposed to be there to guide you and help you because you are not at their level yet. So, they are supposed to boost your morale. Sometimes, it's bad. But besides that, we manage.* **(MSEM 1)**

Another participant who believes some of the midwives are not abreast with information on the field had this to say:

> *Most of the time when you go to the ward, most of the midwives don't really have, most of them don't really appreciate knowing some of the conditions and read about it. It is mostly for the doctors.* **(MSEM 8)**

This participant who was not happy with how the midwives treat the students on the ward had this to say:

> *They don't really know we are coming to learn and not to actually help because we are students. I think education is also a factor. They should be educated on the reason for the clinicals. We come there to learn and to help, not only sending us to-and-fro for stuff.* **(MSEM 7)**

Another participant said:

> *Some of the midwives are not open at all. They should also be nice to students and understand that we are still learning. I am not sure that they knew everything before they completed school so it is the same with us.* **(MSEM 11)**

4.1.7.3 Resource constraints

All participants complained of a lack of resources to work with when they go to the wards. They said this made learning difficult because in the classroom, they are taught with all the right items but they do not see same on the wards which make learning difficult. Participants narrated:

> *The midwives on the ward should be open and willing to help students and also students should have separate equipment for work on the ward. When you go to the ward, you always have to improvise*

or not do something properly so it discourages us. **(MSEM 5)**

This participant was very emotional when talking about student constraints during the clinical practicum. She said:

There is one thing that really bothers me. In our skills lab, we have items that we use for practical sessions but when we go to the ward we see different things. If you ask the midwives, they will tell you they do not have so manage with what is available. At times common gloves are not available on the ward. It makes life difficult. **(MSEM 6)**

Another participant had this to say:

As for me, I think they should let us take our own instruments and disposables when going to the ward because it will help. If we rely on the ward for our practical skills, we will only be learning improvised stuff. Some of the midwives are very hard working but become frustrated at times when they do not get the things to work with. **(MSEM 8)**

A participant narrated her experience and added there were a few others like her. She said:

My mentor is not in Korle-Bu. I met her when we went to work in her facility. She is a very nice person and very helpful to students. Anytime I want to learn something, I go to her facility. They have the instruments and the disposables which makes learning a lot easier. The midwives at Korle-Bu here are too busy and they do not have the items to work with. My only problem is transportation and the inconvenience. **(MSEM 4)**

4.1.7.4 Time challenges

Participants complained about not having time to practice midwifery. Some said they were always on the general wards. Those who went to the MCH units complained the midwives did not have time for them. They said:

> *Maybe on a whole day, just some 30mins with all the students to go thru like maybe what is on the ward, and then the conditions. Like, an interaction between us and them about what it is we have learnt so far, the new things it is we have come to see, how it is we have worked there. Not that someone taking me personally but just the whole group, it would help, because maybe there's something you've seen but don't know and sometimes you really don't ask which it is a bad thing. So, it will give you the opportunity for those who don't know how to ask or go about it, like to be able to get to know the things they've seen but don't know about*. **(MSEM 1)**

This participant said:

> *Sometimes too when we are being told to go to or have our external clinicals outside of Korle Bu, with that one if you go and you tell them that you are a midwifery student, they will ask you, "have you been taught this or that?" and they realise you have not been taught much about the midwifery, they will not take you to the labour ward. So, I think we are being made to concentrate more on the general nursing rather than the midwifery because sometimes even in the third year, we still have not been to the maternity ward. Up till now, I know of a friend who has never been to a labour ward. Then she went recently to do her practical exams and after that, she hasn't been sent there but she has been always going to the general wards. I think we should spend*

more time with the midwifery rather than the general. **(MSEM 4)**

This participant narrated her experience:

You see, when you to the clinicals, you are so many on the ward, so they don't get the time to come to us and we do not get the opportunity to practice. I think they should do something about us going to the ward. Even the academic work is so much that we do not have time on our own to practice. **(MSEM 7)**

Another participant had a similar issue. She said:

Most of us don't go for clinicals because it is not a pleasant experience and often no one checks. All because we are a lot and the midwives think we are wasting their time, so we also use our time for what we want. It is not the best but that is what exists. If our clinical times will be done in such a way that we all do not go at the same time, it will help. **(MSEM 10)**

One participant who felt the midwives were too busy had this to say:

One of the things I noticed especially on our wards is that the sisters don't have time. Even when they have time, they do not interact with us. It is just one in a million that really would have the time. So far, on campus, I have been to two different units that the sisters are interactive. We were able to learn more about certain conditions during that session because they were interactive with us. At other places, we virtually learn nothing because they are busy and expect you to know everything. **(MSEM 2)**

A participant shared the views of other colleagues who were not part of the study. She said:

I know some few people who say that their mentors do not have time, yes. They are always busy so maybe once during her busy schedule, she will get time for you, so you also have to be available and then

you have to ask. When you get her during that time, you have to ask her most of the things you want to know. **(MSEM 9)**

4.2 Summary of Study Findings

The findings of this study unveil the diverse experiences of midwifery students about mentorship at the KBTH. The findings revealed that both mentee and mentor have characteristics that can enhance student mentorship. Some of the mentee characteristics are humility, willingness to learn, discipline and respect while mentor characteristics that emerged are hard work, skills and patience. Also, the person is knowledgeable, teacher and coach. These characteristics enhance the mentoring process. There are other characteristics of the mentor which does not enhance mentorship such as being rude and shouting at mentees.

Also, elements in the mentorship relationship which are interaction frequency and interpersonal comfort and trust can affect mentorship positively or negatively. A few participants did not have frequent interactions with their mentors because the mentors did not know about their role. The few who had some interactions with their mentors found it beneficial. Others also mentioned being comfortable with their mentors. Participants were of the view that mentors getting to know that they were mentoring them would be of immense benefit to them.

Mentorship functions such as coaching, teaching, giving challenging assignments, giving exposure, counselling or just motivating the mentee were mainly used by mentors to improve mentorship outcomes. Participants had good memories of some of their experiences where the mentor exhibited these functions. Participants reiterated that the performance of these functions brought about positive outcomes such as being able to socialize, getting to know what real midwifery is all about and acquiring skill that will help them in their practice. They were of the view that, midwives needed to have frequent in-

service education to build on their knowledge and improve on the attitude. Midwives also need to be aware of the essence of their clinical practicum which is to learn and not just help them. Participants believe that if mentorship is done well, it will bring enormous benefits to the organisation as well.

Mentor outcomes were primarily explained that, it was not the focus of the study. Apart from that, the Conceptual model of formal and traditional mentoring used as the organizing framework for this study revealed that findings are mostly consistent with the model. This means that, findings from the midwifery students' experiences of mentorship at the KBTH fits the constructs of the conceptual model chosen for the study. Conclusions were therefore made based on the midwifery students' views. Notwithstanding, it is evident that mentorship is a useful tool for midwifery students.

CHAPTER FIVE

DISCUSSION OF FINDINGS

This chapter discusses the findings of the study in relation to the available literature on experiences of mentorship. The study sought to explore the experiences of midwifery students by specifically ascertaining the midwifery students' understanding of mentorship, determining the mentee and mentor characteristics that influence student mentorship, examining the elements in the mentorship relationship which affect mentorship and explaining the mentorship functions that are used by mentors to improve mentorship outcomes. The findings confirm that mentee and mentor characteristics, relationship characteristics and mentoring functions do have effect on mentoring outcomes. The themes and sub-themes provide the premise for discussion. Overall, the midwifery students' experiences of mentorship were positive.

5.0 Mentor Characteristics

The results from analysis of data revealed that there are definite characteristics of the mentor that the mentees sought for. The major characteristics that the mentees sought were the person being skilful, hardworking, motivating, knowledgeable, honest, truthful, welcoming and also a coach among others. Experience, personality and position are sub-themes under mentor characteristics in the construct of the model. Not all the characteristics identified by the participants fall under this theme. An understanding of personality is necessary for organisations and in mentoring. This gives a better perception of people's behaviour (Kahle-Piasecki, 2011).

In a systematic review conducted by Chen and Lou, (2014), they acknowledged that in their search for literature, not all studies selected described the characteristics of mentors.

Seniority was the basic criteria for choosing a mentor. They, however, suggested future research consider the characteristics of mentors.

Participants did not consider the mentors' age except one person who stated that communication was not flowing between her and her mentor because of the age difference which was more than 20 years. Preferably, once they found the attributes they wanted, they held on to the relationship. Searching through the literature, age was not mentioned as a definite requirement for a mentor (Sheehan et al., 2016).

Gender issues did not appear in the data by virtue of the fact that midwifery students were females and their mentors were also females. In the literature on mentorship, while DeCastro, Griffith, Ubel, Stewart, and Jagsi (2014), Dickinson (2016) and Kumar (2018) are of the view that gender does not really matter, Brewer (2016) and Kao, Rogers, Spitzmueller, Lin, and Lin (2014) believe gender does matter. According to studies by Kao et al. (2014), the gender make-up of the two may impact the ease of communication and openness and this could be positive when both are of the same sex. In a related study, participants suggested that mentees should be matched with their mentors according to gender (Cheah et al., 2015). Kanchewa, Rhodes, Schwartz, and Olsho (2014) however, proposed in their study that there is no difference in the quality of the mentee and mentor relationship based on gender parity.

Position in this study refers to the mentors rank or position at work. Almost all participants did not take position into consideration before choosing a mentor. This implied that the mentor's position was not of grave concern to the participants. Experience is one variable that run through the data. Participants were concerned about the mentors' experiences and they expressed these by saying their mentors were experienced, skilful and knowledgeable. Cummins (2016) opined in their study that, the new graduate midwives valued mentors who were knowledgeable and skilful. Similarly, a study conducted in South

Africa propounded that, competencies and skills should be considered in selecting a mentor. Participants mentioned that they admired how their mentors went about their work to the extent that some doctors ask for their views when taking decisions. This is consistent with a study report which established that midwives reported that the mentors they experienced were knowledgeable as they were eloquent in issues pertaining to midwifery care (Mwiinga, Maimbolwa, and Muleya, 2017).

5.1 Mentee Characteristics

The individual's distinctive characteristics were mentioned in the conceptual framework guiding this work as being important for the mentoring relationship. Mentees in this study had varied views about themselves. Discipline, humility and eagerness to learn were some of the characteristics the mentees mentioned that they had. A study affirming the sub-theme on age acknowledged that the outcome of mentoring appears to be influenced by the mentee's age (Iversen, Eady, and Wessely, 2014). Participants in this study were quite young. Two (2) were aged 21 years, four (4) were 22 years, four (4) were 23 years and one (1) was 27 years. Most mentees were below the age of 23 years. This is because midwifery education is now a direct entry programme.

The mentees eagerness to learn as mentioned by the mentees in this study is consistent with Alisic, Boet, Sutherland, and Bould (2016) and Abdullah, Higuchi, Ploeg, and Stacey (2018) who posited that mentees eagerness to learn was a characteristic that enhanced mentorship. In another study that focused on mentorship concerning students in healthcare, mentees were expected to be open to feedback, honest, patient, non-judgemental, respect meeting times and take responsibility for propelling the relationship (Burgess et al., 2018). Also, the mentee's commitment to the relationship in terms of respect helped make it a much more fulfilling arrangement for the mentor (Burgess et al., 2018; Hawker et al., 2013). The data revealed that most of the participants were respectful.

5.2 Relationship Characteristics

Relationship characteristics in this study referred to interactional frequency, interpersonal comfort and trust. Some participants experienced inadequate relationship characteristics. Interactional frequency with their mentors was limited mainly because mentees were not courageous enough to approach the mentors. A participant stated that anytime she saw her mentor, she was busy. This is in accordance with research on teaching mentor-mentee relationships in Canada where it was evident that quality mentor and mentee relationships could be difficult to manage and maintain due to the busy work schedules of each individual (Adamson et al., 2018; Sheehan et al., 2016). The busy schedule of the mentor can be attributed to staff shortage which has a negative effect on midwifery training. Chen and Lou (2014) identified an insufficient number of mentors in most healthcare institutions as a result of the decrease in human resource and this decrease exerts pressure on the mentors.

In another study, mentors recognised not having enough time for their mentees due to busy schedules. They further agreed that interactions between mentor and mentee should increase (Cheah et al., 2015). According to research, frequent interaction is important for mentoring to be effective (Valentin-Welch, 2016). Iversen et al. (2014) posit that the frequency and duration of meetings and the quality of the mentee-mentor interaction were variables associated with reported positive career impact. The quality of relationship with a mentor was anticipated substantially to be of academic and overall adjustment to a greater degree to the mentee (Lenz, 2014).

Participants reported being comfortable with their mentors and this yielded positive outcomes. Positive relationships reduce stress and anxiety on the mentee (Brody et al., 2016). This could be because of the mentees choosing their own mentors therefore comfortable with them. In a related study, the new graduate midwives cherished their

relationship with their mentors where they could call the mentor and ask questions, seek advice and assistance and sometimes the mentors being available when the mentees conduct their deliveries (Cummins et al., 2017). Nonetheless, some mentees found it difficult locating mentors. This was confirmed by other studies where students stated finding it difficult identifying mentors (Peiser, Ambrose, Burke, and Davenport, 2018; Valentin-Welch, 2016).

Trust was important to the participants and this should be a two (2) way affair; the mentor should trust mentee and mentee should also trust the mentor. The mentor needs to have an open and honest communication with the mentee concerning professional practices in order to form trust in the relationship (Hudson, 2016). In the literature, a trusting mentoring relationship was found to be of high importance and of high satisfaction (Gentry, 2017; Tunkara-Bah, 2016). This suggestion was further enhanced by Dale et al. (2013) with their study evidence which posits mutual respect and trust is an attribute which is vital for the mentoring process (Dale, Leland, and Dale, 2013). Participants were not enthused in a relationship where this was lacking. Some participants reported the unpleasant attitude of mentors which is consistent with another study where students experienced negative mentoring relationships, causing eventual termination of the relationship (Alisic et al., 2016). In this study, however, participants did not mention matters related to terminating the relationship.

Communication in any form is vital, especially in mentoring relationships. It fosters trust when both parties are able to talk about their feelings. Participants in this study confirmed having positive communication between them and their mentors. Mentees said they were able to talk to their mentors face-to-face and also on phone and they were free to talk about any aspect of their lives, not necessarily their career. Research evidence shows that communication between the mentor and the mentee is essential and the mentee should

communicate effectively since inadequate communication hinders the mentoring process (Ali, 2018; Chen and Lou, 2014).

5.3 Mentor Functions

This refers to any activity of the mentor that brings progress to the mentee. According to the model adapted for the study, carrier and psychological support and role modelling fall under mentor functions. Mentees in this study affirmed having experienced all these functions. A systematic review conducted on clinical medicine in Baghdad concluded that mentoring has a positive correlation with all the mentoring functions mentioned (Ali, 2018). Mentoring type and style emerged from the data.

Respondents in the study were all in the informal type of mentorship where they chose their mentors themselves. In a related study conducted at the University of Toronto, researchers found that most participants engaged in the informal mentoring relationship (Stubbs et al., 2016). Another study in Ghana among resident doctors signified that informal mentoring is beneficial to the junior doctors (Olayemi, 2014). Other studies revealed that informal mentorship where students chose their own mentors was beneficial (Cheah et al., 2015; Coates, 2012; Sheehan et al., 2016).

Results from studies by Tunkara-Bah (2016) and Jyoti and Sharma, (2015) revealed that mentoring functions are positively and significantly related to career development. Career and psychological support were vastly reported in this study, the findings of which support a study by Baltrinic et al. (2018) and extend the work of Wanberg, Welsh, and Hezlett (2003). Participants in this study reported having increased confidence with the support of a mentor. This is similar to a study on midwifery students where participants revealed increased confidence with the assistance of a mentor (Cummins et al., 2017). In most cases, when mentoring is mentioned it is the mentoring functions being referred to.

One such study on e-mentoring conducted in the United States disclosed that participants in the study rated their experiences of mentoring as positive (Pietsch, 2012).

Participants confirmed that their mentors teach them on the field. Some of the mentors allow them to do the hands-on practicals to develop their skills and build up their confidence. Evidence from the data concluded that participants preferred mentors who allowed them to have hands-on practice to those who just taught them the theory (Duffy, 2015; Muleya et al., 2015). In another study on newborn resuscitation, the midwives admitted that hands-on training allowed them to acquire the skills (Mildenberger, Ellis, and Lee, 2017). Motivation and encouragement were factors that emerged from the data and which falls under psychological support. Participants were pleased with the motivation and encouragement they got from their mentors and confirmed same urged them on to do better.

Role modelling which is a mentoring function proposed by the framework was mentioned my almost all participant. They defined a mentor as someone whom they see as a role model (Mitchell, Eby, and Ragins, 2015). Albert Bandura proposed that role modelling which is observational learning consists of four (4) phases. It begins with the learner paying attention to the person they want to model after. Secondly, the learner repeats the actions or behaviours of interest by practicing or mental rehearsal in order to remember. Next is production where the learner tries to perfect the action or behaviour by repeating it. The last phase is motivation. Here, the learner needs motivation to sustain the behaviour or action (Bandura, 1971). If role modelling is a mentoring function and participants see their mentors as role models, then the mentors are exhibiting the functions without knowing it. Participants in this study are at the various levels proposed by Bandura. Role modelling was identified in past studies to be one of the things the students wanted their mentors to be and also an important factor for practice-based context and for all health professional students

(Eller, Lev, and Feurer, 2014; Foster, Ooms, and Marks-Maran, 2015; Thistlethwaite, 2013).

5.4 Mentee Outcomes

Relational learning, content and technical knowledge and skills and social capital are outcomes expected from the mentee in the relationship. Participants in this study confirmed having gained content and technical knowledge and skills. Knowledge and skills that the majority confirmed having gained are that of labour and delivery procedure. They confirmed the mentors guided them on the field to gain the skills. This was corroborated by Abdullah et al. (2018) that participants in their study found that mentoring improved mentees' professional development generally but particularly career development and skills acquisition. A study in Rwanda on implementing an in-service mentoring programme by the Ministry of Health revealed that there was a remarkable reduction in the episiotomy rate (Ndayambaje, Anderson, Yoder, Ewing, and Thomson, 2017). Mentees were of the view that, good mentoring processes could enhance the output of maternal and child health. This assertion was affirmed in another work where researchers stated that mentor and mentee collaboration would help narrow the prevailing practice-theory gap and the hospitals should make sure that, they provide enough resources for a successful mentoring relationship (Setati and Nkosi, 2017).

Participants in this study also confirmed learning how to deal with clients and colleagues and learning about how to conduct themselves as professionals, the lack of which would have enormous implications for the organisation as students may be graduating without the necessary social capital for organisational outcomes.

Gaining confidence is another positive attribute revealed by the data. Almost all the midwifery students confirmed gaining confidence in the field and also off the field. This is

congruent with a systematic review which opined that students felt confident when mentors demonstrated and allowed them to practice (Muleya et al., 2015).

5.5 Organisational Outcomes

Sub-themes such as understanding clients and trends and organisational learning were confirmed by Tunkara-Bah (2016) to be cardinal to the progress of the organisation. Participants confirmed learning from their mentors how to be patient and understand their clients. They narrated how some clients kept infuriating the mentors and the way the mentors handled the situation which gave them an insight into understanding clients for the benefit of the organisation. Some participants got to understand that there are instances that the institution's protocol had to be followed.

The midwifery students commented that when mentorship is done properly it will help the organisation. In a related study, researchers stated that with mentorship, it was less likely for employees to leave the organisation (Park et al., 2015). A study by Jakubik et al. (2011) advocates that when excellent mentoring is practiced, it has a positive effect on the length of stay of nurses in an organisation. In a study conducted in Malawi, mentoring was identified to have both short-term and long-term effect on knowledge and skills retention thereby improving organisational outcomes (Tang et al., 2016). In a review of literature on succession planning in nursing conducted in the USA, mentoring was identified as a successful means of talent management in healthcare (Griffith, 2012). In related studies, effective mentoring was identified to improve retention, promote professional development and recruitment (Catton, 2017; Race and Skees, 2010). A study conducted in Rwanda affirms that mentorship is a model which is used to respond to the challenges in the health care system in deprived areas (Ndayisaba et al., 2017).

A systematic review on mentorship in nursing academia revealed that recruitment and retention, commitment to the organisation and decreased administrative costs were all benefits gained through mentorship (Nowell, White, Mrklas, and Norris, 2015).

5.6 Challenges of Mentees

Mentees in this study enumerated their encounters with senior colleagues which they wanted to be addressed. Participants believe that their mentors and other senior colleagues in the clinical setting need some form of education that prepares them to help the mentees during the clinical practicum. This was asserted to in other studies emphasising that the mentor needs education and support to prepare adequately (Frederick, 2014; Olander, Rayment, Bryar, and Brook, 2018; West, Dawson, and Homer, 2017). Some students felt that they were being used as helping hands by the staff to accomplish their objectives instead of teaching them, a finding supported by a study in the UK conducted by Morrell and Ridgway, (2014) where nursing students had similar views of being used instead of being assisted to learn. There are however challenges in mentoring relationships. To reduce these challenges, both mentors and mentees need to have some training to point out what is expected in the mentoring relationship (Green and Jackson, 2014).

Participants also revealed resource constraints in terms of instruments and disposables. According to the mentees, it is not easy learning in the classroom and going to the clinical area only to improvise. The students believe this will hinder their progress of skill acquisition. In a related study in Uganda, the midwives chronicled the lack of materials to work with (Mildenberger et al., 2017). This suggestion is further enhanced by studies conducted in Malawi and Zambia which stated that students were unable to practice according to specified guidelines because of an inadequate supply of resources at the labour ward (Mwiinga et al., 2017).

Participants in this study complained of spending a lot of time on the general wards rather than the MCH related areas. This they say has a negative effect on them since they do not get to see or practice what they are being taught in the classroom. In a related study in Uganda, the midwives reported being sent to other clinical settings rather than MCH facilities (Mildenberger, Ellis, and Lee, 2017). The mentees mainly emphasised that this misplacement does not help in skills acquisition. Time is also a challenge for mentees. Participants mentioned that their mentors were always busy. This is consistent with a study in the Gambia which stated that time constraints and busy work schedules on the part of both mentor and mentee often makes it inconvenient to manage and maintain the relationship (Tunkara-Bah, 2016).

An extra theme emerged which was not consistent with the constructs of the model guiding the study but relevant to all the six constructs /relevant to mentoring relationships. Majority of the variables mentioned by the participants fell within the sub-themes of the construct. This suggests that midwifery mentorship at the Korle-Bu Teaching Hospital is mostly in line with mentorship as outlined in the literature hence its benefits not well achieved.

CHAPTER SIX

SUMMARY AND CONCLUSION

This concluding chapter presents the summary of the study. It also includes implications for practice, future research, limitations, recommendations and conclusion of the study.

6.0 Summary of the Study

In this study, the researcher sought to explore midwifery students' experiences about mentorship during clinical practicum at the Korle-Bu Teaching Hospital. Korle-Bu Teaching Hospital is the largest Teaching Hospital in the country and the third largest hospital in Africa. The hospital is also a tertiary level hospital that admits referrals from all over the country and beyond. The qualitative explorative approach was used. The study was based on the Wanberg et al. (2003) conceptual framework of mentoring. The main constructs of the framework were in consonance with the specific objectives of the study. Data collection began after ethical approval was given by the Institutional Review Board at the Noguchi Memorial Institute for Medical Research, University of Ghana. The researcher sought approval at the KBTH through the Head of the HTI at MOH. In all, eleven (11) midwives were recruited for the study. Interviews were conducted between January 2018 and March 2018 at the participants' facilities mostly in a quiet empty classroom and two at the reception of the students' hostel. All the interviews were audio recorded and transcribed verbatim.

Wanberg et al. (2003) conceptual framework guided the development of research objectives. Data analysis was concurrent with data collection using thematic and content analysis. Seven (7) themes and thirty (30) sub-themes emerged from the study. The main

themes were mentor and mentee characteristics, relationship characteristics, mentoring functions, mentee and organisational outcomes and challenges faced by mentees.

6.1 Implications for Midwifery

6.1.1 Practice

The results of the study indicate that midwifery students know what mentorship entails, but their experience is limited. This means that the students engage in the three years programme, pass the final exams but potentially have issues with skills acquisition for safe practice as a frontline health worker, thereby improving maternal and child health. Managers of the various units could facilitate the relationship by letting the students have access to their mentors during clinical practicum and also making sure that the staff on duty engage the students when the mentors are off duty.

6.1.2 Education

Mentors need to be educated on mentorship and how it is expected to be implemented. Since the theory is learnt in the classroom and actual practical is done on the field, it is important for educators and practitioners to collaborate for effective skills acquisition. It was also evident that students did not spend much time at the maternal units with each. Continuous education of midwives on current issues and trends to be able to impart the right information and skills to the student midwife is important. Students should also have mentorship lessons from the time of entry into the programme to prepare them for the relationship.

6.1.3 Administration

From this study, it is evident that the nursing and midwifery bodies need to ensure that midwifery students have adequate mentoring to enable them to acquire the necessary knowledge and skills to be able to give mothers and their newborn quality care. It is also necessary that resources and equipment are made available for the students during their

practicum sessions. Mentorship protocols need to be developed to help the students get to their mentors as soon as the person enters the midwifery programme. This will help the student sharpen her skills throughout the programme until they become perfect. There could also be a unit mentor on duty anytime the students are due for clinical practicum to take care of the students in the absence of their particular mentors.

6.1.4 Research

This study examined the experiences of midwifery students about mentorship at the KBTH. Further studies could include the mentors to obtain their perspective on student mentorship to help put in place measures that the students could take for a successful mentorship relationship such as mentor training on student needs and reducing the workload on mentors to enhance student teaching. Another study could extend to the major hospitals in the capital city and urban facilities where midwifery students are usually placed for their clinical practicum. Barriers to mentorship could also be explored from the perspective of both the mentor and mentee. This could help address mentorship issues that negatively impact student learning and practice and might not be known.

6.1.5 Policy

It is evident from the study that all the participants are final year students who have had a form of mentorship ~~been in the mentorship programme~~ for at least two years but did not have any formal procedure for selecting their mentors. This means the students identified the mentors themselves. From the data, it was also evident that not all the students could approach a midwife or establish the mentorship relationship, therefore, do not experience mentorship. Some of the midwifery students who have been able to conduct successful deliveries did so with the help of their mentors. Mentorship is, therefore, a vital part of midwifery. This demands that policies are put in place by stakeholders to enable

midwifery students have sustained mentorship from the first to the final year of their training.

The Nursing and Midwifery Council and the bodies involved in training can utilise this study findings to design feasible attainable guidelines for mentorship. This can help improve on maternal and child morbidity and mortality thereby helping achieve Sustainable Development Goal 3 (SDG 3) targets one (1) and two (2) which aims at reducing global maternal mortality ratio to less than 70 per 100,000 live births and ending preventable deaths of newborns and children under 5 years of age, all by the year 2030 (World Health Organisation, 2016).

6.2 Recommendations

The study findings suggest the following recommendations to help midwifery students have adequate and effective mentorship experience.

6.2.1 Ministry of Health, Ghana

i. There should be training programmes for midwives who will mentor the students
ii. The Ministry should make mentorship programmes in the health sector mandatory.
iii. The ministry should make resources available at the clinical areas to facilitate student learning during clinical practicum.
iv. Opportunities should be given to healthcare personnel who are interested in taking up the mentorship programmes.

6.2.2 Nursing and Midwifery Council of Ghana

i. Mentorship should be included in the midwifery curriculum beginning from entry into the programme.
ii. There should be workshops or in-service education for both tutors and clinicians on the mentorship relationship to enable the midwives to mentor the students effectively.

6.2.3 Heads of Midwifery Training Institutions

i. Midwifery students should be taught about mentorship and its benefits.
ii. The students should be supported to have a mentor at the beginning of the clinical placement.
iii. Midwifery tutors should be abreast with the mentee-mentor relationship
iv. Tutors should encourage the students to take advantage of the relationship and make sure each student is in the mentoring relationship.

6.2.4 Hospitals, Clinics and MCH facilities

i. Resources should be made available for use by the midwifery students during clinical practicum.
ii. Managers of these institutions should reduce the workload on the mentors so that they have enough time for the mentees.
iii. There should be refresher courses for midwives to update them on current issues
iv. Mentors should have scheduled training on mentor-mentee relationships and how to positively impact the students.

6.3 Limitations of the Study

The study is limited in context as it concentrated on only one Training College. Other Midwifery Training Schools could have been included in the study to give a broader view of midwifery mentorship. Also, the study explored mentorship from the students' perspectives. The data provided gives a one-sided view of mentorship from the perspectives of the students.

6.4 Conclusion

This study focuses on midwifery students' experiences of mentorship at the Nursing and Midwifery Training College, Korle-Bu Teaching Hospital. The emphasis on midwifery mentorship is driven by the fact that major gaps exist in student midwives' training.

According to the midwifery students, mentorship is a process that will impact positively on their skills acquisition hence the need for it to be incorporated into their supervised practicum. This study has brought more insight into issues of mentorship and midwifery training in general. The findings of this study have laid bare the need for mentorship. The characteristics of both the mentor and mentee were found to have an influence on student mentorship. The midwifery students were of the view that the relationship between mentor and mentee greatly affect the mentee's experiences. Mentoring functions emerged from the data as improving outcomes for the student and the organisation. The research established that informal mentorship is in midwifery students' training. Although the midwifery students shared negative experiences about their clinical practicum, the mentorship experiences were generally beneficial to the midwifery students.

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APPENDICES

APPENDIX A: Interview Guide

- Age/Year of birth
- Class/level
- Ethnicity
- Permanent house location
- Professional background

1. How would you describe the type/style of mentorship you have with your mentor?
2. Tell me about your experiences with mentorship
   a. Has she been practicing for long?
3. Tell me about your relationship with your mentor.
4. How would you describe the interaction when you and your mentor get together?
5. Tell me about some of the characteristics of your mentor that made you choose her?
6. What are some benefits you received from being a mentee?
7. What are some of the characteristics that have helped maintain the relationship as a mentee?
8. What changes do you see in yourself and in the way you approach your work as a result of mentorship?
9. How do you think mentorship is helping your institution?
10. How do you think midwifery students can be helped to improve on their skills?
11. Is there anything else you will like to share with me concerning your experiences with mentorship that I have not asked?

APPENDIX B: Information sheet and consent form

INFORMED CONSENT FORM

Title: Midwifery students' experiences of mentorship at the Korle-Bu Teaching Hospital, Accra.

Principal Investigator: Ann Jose Oduro-Arhin

Address:

Department of Maternal and Child Health

School of Nursing and Midwifery

College of Health Sciences

University of Ghana

P. O. Box LG 43

Legon.

Telephone number: 0209635082

E-mail: annoduro@gmail.com

General Information about Research

The research is an academic requirement in the fulfilment of Master of Philosophy in Nursing degree. The study seeks to explore midwifery students' experiences of mentorship during clinical practicum at the Korle-Bu teaching hospital. An information sheet will be given with information about the study and a consent form given to you to sign indicating your agreement to participate in the study. You will be required to provide information through an interview on demographic data, type and style of mentorship being used, characteristics of mentor and mentee that influence the relationship, elements in the mentorship relationship that afect midwifery students' experiences of mentorship and mentorship functions that are used by the mentor to improve outcomes of mentee and

organisation. An appropriate time will be arranged for the interview based on your schedule or convenience. The interview will last for about forty-five minutes to one hour. The interview will be audiotaped with your permission and later typed out.

Possible Risks and Discomfort

I do not expect that you will be harmed either physically, socially or psychologically by being in this study. However, if during the talk about your experiences an aspect upsets you, a psychologist will assist you to obtain the help you need.

Possible Benefits

Your participation will help improve mentorship to future midwifery students during clinical practicum thereby improving professional skills and career development. The outcome of the study will serve as a basis for the Nursing and Midwifery Council to integrate and establish mentorship programmes in midwifery education. It will also add to the limited literature on mentorship with midwifery students and inform further research.

Confidentiality

This will be ensured by making sure that interviews are conducted in privacy and documented information stored under lock and key at the Supervisor's office at School of Nursing and Midwifery, University of Ghana, Legon. Electronic data will be password protected. Your name and institution will not be noted during the interview instead pseudonyms will be used throughout the study. The data will be made available only to the researcher, supervisors and possibly authorities of the Institutional Review Board if required. The data will be kept for five years and destroyed if there's no need for it.

Compensation

The interview process may take your time, therefore, snack and water will be provided for your time and engagement in the study.

Voluntary Participation and Right to Leave the Research

You do not have to be in this study if you do not wish to be. You may refuse to answer any questions asked that you are not comfortable with. You may leave the study at any time by informing the researcher.

Contacts for Additional Information

If you have concerns, you can contact the following person.

Ann Jose Oduro-Arhin

Department of Maternal and Child Health

School of Nursing and Midwifery

College of Health Sciences

University of Ghana

P. O. Box LG 43

Legon.

Telephone number: 0209635082

E-mail: annoduro@gmail.com

Dr. (Mrs.) Mary Ani-Amponsah (Research Supervisor)

Department of Maternal and Child Health

School of Nursing and Midwifery

University of Ghana

Legon

Telephone number: 0244368205

Email: mani-amponsah@ug.edu.gh

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant, you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.ug.edu.gh

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title (Midwifery Students' experiences of mentorship at the Korle-Bu Teaching Hospital, Accra) has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

_____ _____

Date Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

_____ _____

Date Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____ _____

Date Name Signature of Person Who Obtained Consent

APPENDIX C: Introductory letter to Ethical Review Board

Department of Maternal and Child Health
School of Nursing and Midwifery
College of Health Sciences
University of Ghana
Legon
13th October 2017

The Chairperson
Institutional Review Board
Noguchi Memorial Institute for Medical Research
Legon

Dear Chairperson

Application for Ethical Approval

Protocol Name: Midwifery Students' Experiences of Mentorship at the Korle-bu Teaching Hospital, Accra

I wish to submit to you the above-named protocol and essential documents for approval by your committee.

I look forward to receiving any comments that you may have in relation to the above.

Thank you for your co-operation.

Yours sincerely

(Ann Jose Oduro-Arhin)
MPhil Nursing Student

Enclosed:

1. Letter of Introduction from Department
2. Initial Submission Form A
3. Patient Information sheet and Informed Consent Form – English Version
4. Interview Guide
5. CV of Principal Investigator
6. CV of supervisor

APPENDIX D: Ethical Clearance from the Institutional Review Board

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH
Established 1979 *A Constituent of the College of Health Sciences*
University of Ghana

INSTITUTIONAL REVIEW BOARD

Phone: +233-302-916438 (Direct)
+233-289-522574
Fax: +233-302-502182/513202
E-mail: nirb@noguchi.ug.edu.gh
Telex No: 2556 UGL GH

Post Office Box LG 581
Legon, Accra
Ghana

My Ref. No: DF.22
Your Ref. No:

13th November, 2017

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824 **IRB 00001276**

NMIMR-IRB CPN 041/17-18 **IORG 0000908**

On 13th November, 2017, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:

TITLE OF PROTOCOL : **Midwifery Students' experiences of Mentorship at the Korle-bu Teaching hospital**

PRINCIPAL INVESTIGATOR : **Ann Jose Oduro-Arhin M.Phil Cand.**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 12th November, 2018. You are to submit annual reports for continuing review.

Signature of Chair: .....
Mrs. Chris Dadzie
(NMIMR – IRB, Chair)

APPENDIX E: Introductory letter to Health Training Institute - Ministry of Health

UNIVERSITY OF GHANA
SCHOOL OF NURSING

Ref. No.: SONM/F.11 October 27, 2017

The Ag. Head
Health Training Institute
Ministry of Health
P.O. Box M 44
Accra.

Dear Sir/Madam,

INTRODUCTORY LETTER

I write to introduce to you Ann Jose Oduro-Arhin, an M.Phil Year II student of the School of Nursing and Midwifery, College of Health Sciences, University of Ghana, Legon. She is seeking your permission to collect data for her research on the topic **"Midwifery Students' Experiences of Mentorship at the Korle – Bu Teaching Hospital."**

I should be most grateful if you could kindly assist her with the information that she may require.

Thank you.

Yours faithfully,

Dr. Mrs. Mary Ani-Amponsah
SUPERVISOR

COLLEGE OF HEALTH SCIENCES
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• Tel: +233 (0) 302 513 250 / 0289 531 213 • Email: son@chs.ug.edu.gh • Website: www.nursing.ug.edu.gh

APPENDIX F: Introductory letter to Korle-Bu Nursing and Midwifery Training College

In case of reply the number and the date of this letter should be quoted

Our Ref: ***MOH/HTI/A/27/017***
Serial No :17-027-HM-HR-HTI
Your Ref :

Republic of Ghana

MINISTRY OF HEALTH
P.O. BOX M-44
ACCRA
TELEFAX +233-0302-684250
www.ghanahrhobservatory.org
info@ghanahrhobservatory.org
Date: 21ST NOVEMBER, 2017

ANN JOSE ODURO-ARHIN

RE: INTRODUCTORY LETTER

We refer to your letter with reference number SONM/F.11 dated 27th October, 2017, seeking permission for Ms. Ann Jose Oduro- Arhin, an M.Phil Year II student of the School of Nursing and Midwifery, College of Health Sciences, University of Ghana, Legon to collect data on a research she is conducting.

Permission is hereby granted for collection of data at the Nursing and Midwifery Training College, Korle Bu

Thank you.

KWESI ASABIR (PhD)
ACTING HEAD, HEALTH TRAINING INSTITUTIONS
For: MINISTER FOR HEALTH

Cc: The Honourable Minister

The Honourable Deputy Minister

The Chief Director

The Principal, Nursing and Midwifery Training College, Korle Bu