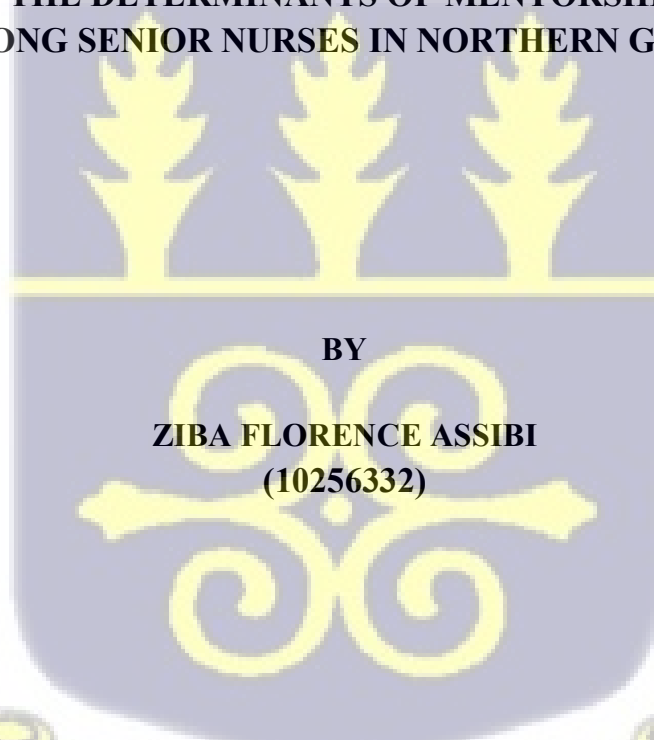


**UNIVERSITY OF GHANA, LEGON
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING**



**EXPLORING THE DETERMINANTS OF MENTORSHIP IN NURSING
AMONG SENIOR NURSES IN NORTHERN GHANA**



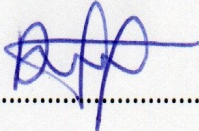
**BY
ZIBA FLORENCE ASSIBI
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**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON
IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD
OF MASTER OF PHILOSOPHY IN NURSING DEGREE**

JANUARY, 2023

DECLARATION

I, Ziba Florence Assibi hereby declare that this thesis is the result of my original research. With the exception of published works and books which have been duly acknowledged, this work has never been partly or wholly submitted to any institution.

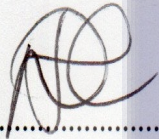


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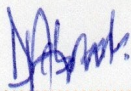


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DEDICATION

I dedicate this thesis to my family whose support have made it possible for me to go through the course.



ACKNOWLEDGEMENT

I thank the Almighty God for his love and care throughout this study. My deepest appreciation goes to Professor Florence Naab for the emotional support, guidance and expertise that made this study a success. To all the Lecturers and staffs of the School of Nursing for their various contributions that made it possible for me go through this programme.

I also appreciate all the nurses who spent their valuable time to participate in this study. I am very grateful to the authorities of the Bolgatanga Regional and the Tamale Teaching hospitals for permitting me to carry out the study in their facilities.

Finally, my gratitude goes to my family, friends and colleagues whose encouragement and support has brought me this far. I am seriously indebted to my Dean, School of Nursing and Midwifery of University for Development Studies, Dr Vida Nyagre Yakong for the enormous support I received from her throughout this programme. God bless you abundantly.

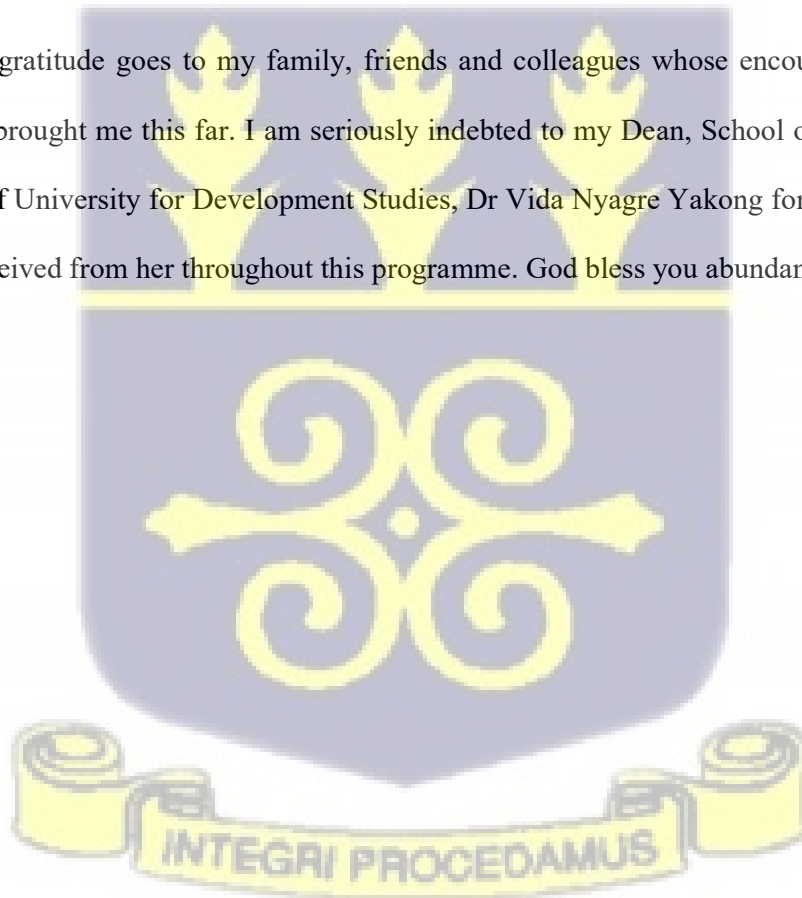


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LIST OF ABBREVIATIONS

DDNS	Deputy Director of Nursing Services
NO	Nursing Officer
PNO	Principal Nursing Officer
RHB	Regional Hospital, Bolgatanga
SNO	Senior Nursing Officer
TTH	Tamale Teaching Hospital



ABSTRACT

Mentorship is the backbone of successful career development and pivotal in the support of newly qualified professionals with regards to the new roles, interactions and transition in practice. Mentorship is necessary in every profession and at every level whether as a new entrant of a profession or an experienced professional assuming a new role or a new setting. In nursing, there is evidence of the positive effect of mentorship on nursing practice in relation to quality improvement, self-confidence and professionalism. This study sought to explore the determinants of mentorship in nursing among senior nurses in northern Ghana. The Bronfenbrenner's socioecological model was used as the theoretical framework for this work. This study employed an exploratory descriptive qualitative design using nurses from two hospitals in Northern Ghana. Convenient sampling was used to select participants of the study. Fourteen senior nurses from the rank of Senior Nursing Officer and above participated in the study. Data was collected by face-to-face in-depth interview of participant on the subject matter using a semi structured interview guide. Data was analysed using thematic content analysis.

Overall, five theoretical themes and three emerged themes were generated. The findings of the study revealed personal factors that influence mentorship in nursing, micro system factors that influence mentorship in nursing, meso system factors that influence mentorship in nursing, the exo system factors that influence mentorship in nursing as well as the macro system factors that influence mentorship in nursing. Also, the barriers to mentorship in nursing, benefits of mentorship in nursing as well as the recommendations necessary for success in mentorship in nursing.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Nursing as a profession has evolved over the years from the “master-apprentice” relationship to a recommendation of a mentor-mentee relationship with the concentration shifting from just clinical teaching of nursing students in the clinical setting to nursing administration, nursing education, and nursing clinical practice (Jacobson & Sherrod, 2016). Mentorship in nursing can be dated back to the time of Florence Nightingale, when she used this as a tool to effect her reforms in various hospitals using the numerous matrons she mentored. Compared with modern mentorship, the style may differ but the principles are the same, having the mentee’s interest at heart. Florence Nightingale equated mentorship to motherly care (Jacobs, 2018; Luis, 2020). The concept of mentorship started in the United States of America in large private companies as a means to assist junior staff develop in the 1970s with Krams publication on “Phases of Mentor Relationship” being the first scientific work on mentorship in the 1980s. However, the term only found its place in the medical fields in the 1990s with nursing being the first profession to adopt it (Frei et al., 2010; Zauchner-studnicka, 2017).

Mentorship is a relationship between two people in which one person with the greater experience, and/or expertise teaches, counsels, guides, and helps others to develop both professionally and personally (Matin, 2017). It is a relationship that involves trust and circumscribed with a defined purpose of personal or professional growth (Ambler et al., 2016; Leise, 2017). According to Leise, (2017), effective mentoring should result in a mentee moving from unclear development goals to independence in self-growth. Mentorship involves the transfer of knowledge, skills and experience between an experienced individual and the less experienced in a particular context (Burgess, et al., 2018). Hence, a mentor is an

accomplished, more experienced professional who extends a help to a young, aspiring person (mentee), within the context of a one-to-one relationship, advise, teaching, sponsorship, guidance and assistance toward her establishment in her chosen profession (Arnesson & Albinsson, 2017). It is an entire life process that begins from birth to death with mothers being the first mentors (Paterno et al., 2018). Mentorship is an intentional, supportive, nurturing and insightful process (Agger et al., 2017; Ajeani et al., 2017). Though mentorship is defined by many authors, the commonly accepted and cited definition is one by Oxley in 1998; “A process whereby an experienced, highly regarded, empathetic person (the mentor) guides another (usually younger) individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development” (skjevik et al, 2020). What defines a mentor is the level of experience and not the biological age (Zinn, 2017). In recent literature, the term reverse mentoring is used to refer to a case of younger individual being the experienced person as a result of being the mentor (Breck et al., 2018; Clarke et al., 2019). Mentorship can be formal or informal depending on the structure of the relationship with the formal form being preferred (Oluchina & Amayi, 2016). It can also take many forms ranging from face to face, small groups and large groups (Jones et al., 2016). Also, after evaluation of seventeen mentorship programmes from seven countries, Skjevik et al., (2020) considered group mentored as the preferred method for maximum benefit in medical educations. However, in a systematic review of 34 articles describing 30 mentorship programs in academic nursing, Nowell,et al., (2017) concluded that there was no empirical evidence of one model being effective than others. Central to the relationship in mentorship are trust, commitment, respect and values (Sowell, 2017; Ssemata et al., 2017). However, according to Read et al., (2020), it is possible for a mentee to be committed to the mentor and not the mentoring process and this can be mistaken as commitment to the process which might not yield the desired outcome.

Though it is established that mentorship is between an experienced and less experienced individual, peer mentorship has also been found to produce positive effects. In a systematic review of peer mentoring in medical residency education, Pethrick et al., (2020) alluded to the positive influence of peer mentorship to the development of essential professional skills and coping mechanism in medical residency education.

Ample evidence exists on the importance of mentorship to the growth of almost all aspects of life; personal, business, academics, professional and organizational (Chopra et al., 2018; Nowell, et al., 2017). Olaolorunpo, (2019) in a concept analysis of mentorship, linked mentorship to improved performance, efficiency and easy integration of new nurses. He also concluded that the future of the nursing profession is determined by the quality of mentorship. Mentorship will ensure the production of better nurses for the future and easy handing over of the profession to subsequent generations. Mentorship is the backbone of successful career development and pivotal in the support of newly qualified professionals with regards to the new roles, interactions and transition in practice (Bucknor et al., 2019). Mentorship is necessary in every profession and at every level whether as a new entrant of a profession or an experienced professional assuming a new role or a new setting (Raines, 2019). In nursing there is a correlation between mentorship and success in nursing practice in relation to quality improvement, self-confidence and professionalism (Skela-Savič & Kiger, 2015). Anyone who has ever succeeded has had a mentor or mentors (Yang et al., 2019). According to Daloz (1986) mentors “lead us along the journey of our lives they cast light on the way ahead, interpret arcane signs, warn us of lurking dangers, and point out unexpected delights along the way”. In a mixed methods systematic review to critically examine the evidence for mentorship in nursing academia, Nowell et al., (2017) concluded that mentorship had positive effects on behavioural, attitudinal, relational, motivational, and career outcomes of nurses working in academic settings. Due to its importance, the world

health organization recommends that mentorship should be seen as part of the continuum of education required to create competent healthcare providers and an integral part of the continuing education process taking place at the facilities where health care workers manage patients. Mentorship starts at the point where the initial formal training ends (Stoeger et al., 2021). In a systematic review, Frei et al, (2010) agreed with these positives of mentorship but argued that, these positives are only possible when mentorship is goal directed, thoroughly evaluated for these impacts on the parties involved in the relation (both mentor and mentee) and properly documented for it to be appreciated.

Despite the positive influence of mentorship to professional growth, studies have identified certain barriers and facilitators related to the effective mentorship (Morgan et al., 2018; Ogdie et al., 2019). These factors are multi factorial and can also be classified as personal or individual, interpersonal, facility or policy related. Some of the individual factors such as the personality traits of either the mentor or mentee plays an important role in the outcome of the mentorship relationship. Having a mentor who is knowledgeable and skillful results in positive outcomes in mentorship relationship. A mentor with wrong attitude may influence the mentee along that line unless the mentee is determined not to. The interpersonal relationship between the mentor and mentee as well as other individuals in the health care system is crucial in the mentorship process. In the facility or society level, factors such as administrative support for mentorship, limited human resource, unavailability of time, cultural norms and resistance to change are identified to have an influence on the process and outcome of mentorship. Institutional support in the form of training, motivation of mentors and provision of resources is key to the success of any mentorship program (Karanja, 2021; Khunou, 2018).

In Ghana, studies in mentorship in various fields especially in education and business have emphasised the positive effects of mentorship. In a study conducted by Kumi-Boateng,

(2014) among university lecturers in a public university in Ghana, concluded that there exists a policy document for mentorship in public universities and all newly recruited lecturers had mentors. In this study, mentees reported positive impact of the mentorship programme. However, this impact was more academic and did not include other areas of the mentees live. She, recommended formal evaluation of the impact of the mentorship programme and regular review of the policy document. In the teacher training institutions, trainee teachers are assigned mentors, however, these mentors seem not to know what is expected of them (Bukari & Kuyini, 2015). Also, in the medical field whiles the Ghana college of surgeons and physicians have a policy document on mentorship for residents, not all units adhere to it (Olayemi, 2012). It is therefore evident that even though other professions in Ghana have incorporated mentorship into their practice, implementation is a challenge. However, there is no any formal policy on mentorship in nursing in Ghana. This study therefore seeks to explore the determinants of mentorship in nursing among senior nurses in northern Ghana.

1.2 Problem Statement

Globally, nurses and midwives constitute almost half of the total health workforce. The duties of these professionals include, promoting health, preventing disease, and delivering care at all levels of the health structure. Hence the quality of health care is determined by the quality of the individuals that make up this workforce (WHO, 2020).

Mentorship is regarded as a vital tool for all professions including nursing. It might not be the panacea to all the challenges faced by these professions but research has provided enough evidences on its positive impact on the success of all professions. It facilitates professional growth, transfer of knowledge and leadership skills development among others leading to the maintenance or improvement in standards (Barker & Kelley, 2020; Nowell, 2019). In nursing, it is considered an important process that enable experienced nurses assist the less

experience ones to put into practice what they have learned in the theory through guiding, teaching, deliberate actions that inspire and leading (Lin et al., 2018; Nowell, et al., 2017).

Mentorship in nursing appears to be a concept well understood and accepted by the developed countries with most of the literature coming from these countries. Especially the United States of America and United Kingdom. Over the years, there has been well documented, implemented and evaluated mentorship programs in nursing in these countries (Brook et al., 2019; Tiew et al., 2017). In a scoping review of over 69 articles on mentoring the working nurse from 11 countries, 46 of these articles were from high income countries with the rest from middle- and low-income countries (Hoover et al., 2020). The quality of nursing care in the developed countries may be high due to the impact of the mentorship programmes.

Africa is not only saddled with the issue of inadequate number of nurses but also the lack of effective strategies to build the skills, knowledge and systems needed to enable these professionals deliver quality health care in the health facilities (Asamani et al., 2019; Bvumbwe, 2018). Mentorship is found to be one of the effective strategies to build these skills necessary for the delivery of quality care (Manzi et al., 2017). However, the practice of mentorship is not formally implemented with documented guidelines in the African context including Ghana. Where it exists, it is more of informal or established by the developed countries and implemented for research purposes (Oduro-arhin, 2018). One of such projects which was funded through the Doris Duke Charitable Foundation's African Health Initiative, was implemented and evaluated in five African countries including Ghana. The findings of the study revealed that, despite the fact that these projects were designed to be country specific, they all indicated improvements in quality of clinical care, data-driven decision making, leadership and accountability, and staff satisfaction (Manzi et al., 2017).

Despite the positive impact of mentorship, there is currently no formal or informal mentorship programme for nursing in Ghana. Also, there is dearth of studies to inform context-specific planning of mentorship programme in nursing in Ghana. This study therefore seeks to explore the determinants of mentorship in nursing in the three regional hospitals of northern Ghana. The northern part of Ghana is resourced constrained with most of the experienced human resources found in the south. Mentorship will therefore allow the existing experienced nurses to help build the skills and knowledge of the younger ones

1.3 Purposes of the Study

The purpose of this study is to explore the determinants of mentorship in nursing in two hospitals of northern Ghana (a Regional Hospital and a Teaching Hospital).

1.4 Specific Objectives

The specific objectives of the study were derived from the constructs of the theoretical model guiding the study. These specific objectives are to include;

1. Explore the personal factors influencing mentorship in nursing
2. Ascertain the micro system factors influencing mentorship in nursing
3. Investigate the meso system factors influencing the outcome of mentorship in nursing
4. Explore the exo system factors influencing mentorship in nursing
5. Ascertain the macro system that influencing mentorship in nursing

1.5 Research Questions

Based on the specific objectives stated above, the following research questions were addressed;

1. What are the personal factors that can influence mentorship in nursing?
2. What are the micro system factors that affect mentorship in nursing?

3. What are the meso system factors that influence the outcome of mentorship in nursing?
4. What are the exo system factors that influence mentorship in nursing?
5. What are the macro system factors that affect mentorship in nursing?

1.6 Significance of the Study

Mentorship is identified as a vital tool to ensure continuum quality and knowledge in all professions including nursing. Findings from this study will help policy making bodies such as the nursing division of the Ghana Health Service and ministry of health and the regulatory body of nursing and midwifery (Nursing and Midwifery council of Ghana), to formulate policies that will facilitate effective mentorship in nursing. The results will also serve as reference for nurses in the hospitals and training schools who are interested in mentoring others less experienced nurses. Furthermore, this study will contribute to knowledge on mentorship and form the basis for further research on mentorship in nursing in Ghana.

1.7 Operational Definition of Terms

Mentorship: The interpersonal relationship between an experienced nurse and a less experienced nurse which enhances learning and improvement in the less experience nurses.

Mentee: A less experience nurse who is in a mentorship relationship.

Mentor: An experienced nurse who teaches, guides or trains a less experienced nurse during mentorship.



CHAPTER TWO

LITERATURE REVIEW

This chapter seeks to describe the theoretical framework used for this study and the scholarly literature that examines the factors that influence mentorship in nursing.

2.1 Theoretical Framework and Literature Review

Literature review is a comprehensive reading, a critical analysis and writing a synthesis of existing scholarly material on a particular topic (Garrard, 2020 P.3.). It helps to identify the gaps in literature about the topic (Norin & Mike, 2015).

2.2 Search for Theoretical Framework

In a search for an appropriate theoretical model to be used for this study, four models were studied and analyzed; the five-factor model for mentoring (Hudson, 2004), the five-phase mentoring relationship model (Cooper & Wheeler, 2007), the conceptual Framework for Formal and Traditional Mentoring Relationships (Wanberg et al., 2003) and the ecological model of human development (Bronfenbrenner, 1979).

The five-factor model for mentoring was developed by Hudson, (2004). It was developed for the mentoring of trainee teachers to develop the skill of teaching. This model identified five factors that can influence skill acquisition namely; personal attributes, system requirements, pedagogical knowledge, modelling and feedback. However, this model emphasizes more on the mentor with little or no consideration for the mentee's role and expectation in the mentorship relationship in which the researcher is interested. Hence it was not appropriate for this intended study.

The five-phase mentoring relationship model by Cooper & Wheeler, (2007) was also considered. This model explores the five phases essential for a successful mentoring outcome. These phases include; Purpose, Engagement, Planning, Emergence and

Completion. This model is an elaborate and practical one. However, it emphasizes the process of mentoring without any examination of other factors outside the mentor and mentee that can influence the process. This made it inappropriate to be used for this study.

The Conceptual Framework for Formal and Traditional Mentoring Relationships by Wanberg et al., (2003) describes the characteristics that both the mentor and mentee bring individually into the mentoring relations that can influence the process of mentorship. This influence can be either positive or negative. There was less premium placed on the role of other factors such as the environment and organizations making it also not suitable for this study.

2.2.1 The Ecological Model of Human Development

The ecological model of human development was developed by Bronfenbrenner, (1979) as a model for child development and it is considered appropriate for this study. It proposed the interplay of factors that influence the development of every child. His experiment investigated the progressive accommodation between the growing human organism and its environment through a systematic contrast between two or more environmental systems or their structural components, with a careful attempt to control other sources of influence either by random assignment (planned experiment) or by matching (natural experiment). The ecological model, therefore, examines the influences of all these systems on the developing individual. The main constructs of the model are; the individual, the microsystem (interpersonal factors), mesosystem (organization factors), exosystem (community factors) and Macrosystem (national policies).

2.2.1.1 The personal

The personal factors refer to the biological or behavioural characteristics associated with the person such as age, gender, health among others (Krug, et al, 2002)

2.2.1.2 The microsystem

According to Bronfenbrenner (1979), a microsystem is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics. In this definition, the emphasis is setting and experiences. The setting refers to any place individuals can engage in face-to-face interaction which can be the home, schools, playgrounds among others. Experience on the other hand refers to “the scientifically relevant features of any environment include not only its objective properties but also how these properties are perceived by the persons in that environment”. The building blocks of the microsystem involves activity, role, and interpersonal relation.

2.2.1.3 The mesosystem

The mesosystem comprises the interrelations among two or more settings in which the developing person actively participates (such as, for a child, the relations among home, school, and neighbourhood peer group; for an adult, among family, work, and social life) (Bronfenbrenner, 1979). It is considered as “a system of the microsystem”. It is formed or extended whenever the developing person moves into a new setting. “Besides this primary link, interconnections may take several additional forms: other persons who participate actively in both settings, intermediate links in a social network, formal and informal communications among settings, and, again clearly in the phenomenological domain, the extent and nature of knowledge and attitudes existing in one setting about the other”.

2.2.1.4 The exosystem

An exosystem refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that effect, or are affected by, what happens in the setting containing the developing person (Bronfenbrenner, 1979). In a developing child, it may include the parent's place of work and network of friends, a school class attended by an

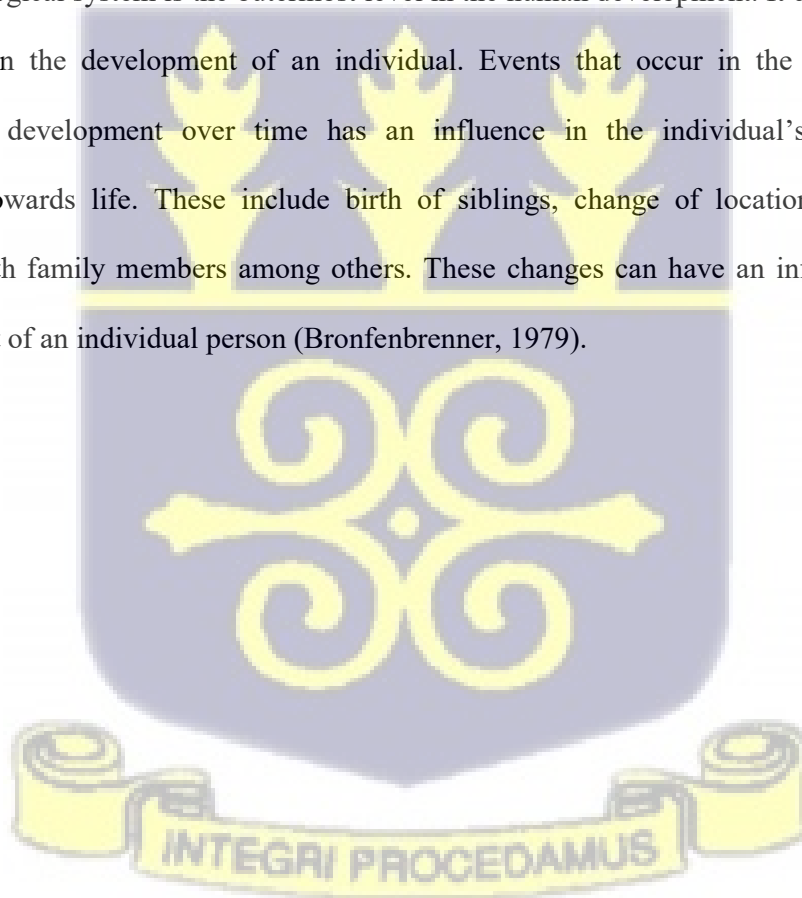
older sibling, the activities of the local school board among others. Also, governmental and political systems, economic systems as well as religious systems are part of the exosystem.

2.2.1.5 The macrosystem

The macrosystem refers to consistencies, in the form and content of lower-order systems (micro-, meso-, and exo-) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies. Stanger, (2017) refers to this system as “the earth”.

2.2.1.6 The Chronosystem

The chronological system is the outermost level in the human development. It depicts the role time plays in the development of an individual. Events that occur in the course of the individual’s development over time has an influence in the individual’s attitude and behaviour towards life. These include birth of siblings, change of locations, divorce of parents, death family members among others. These changes can have an influence on the development of an individual person (Bronfenbrenner, 1979).



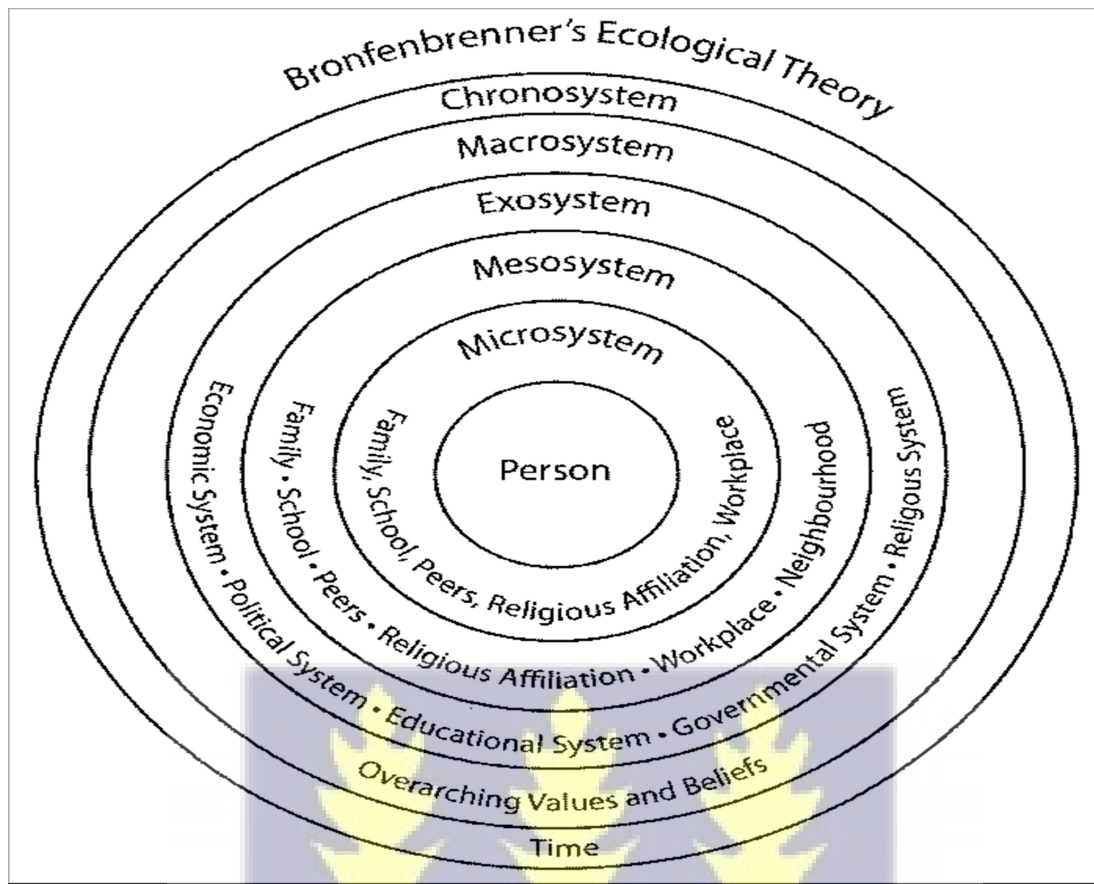


Figure 2.1: The Bronfenbrenner's Ecological Theory (1979)

2.3 Theory Application and Justification

The ecological model by Bronfenbrenner will be used for this study because mentorship relationship results in growth or development in a specific area of the individuals involved. This model, therefore, allows for the examination of the various factors that can influence that development or growth. The ecological model has been used in health promotions research which successfully identified the factors that can influence the outcome of health promotion activities (Golden & Earp, 2012; Mcleroy et al., 1988). In other studies, the ecological model was also used in the study of broader environmental milieu in which mentoring occurs and the ways that environmental factors may affect the process and outcomes of mentor (Sambunjak, 2015) and the review of literature on the determinants of

mentorship (Chandler et al., 2011). Both studies revealed the influence of all the constructs on the quality mentoring outcomes and mentorship programs.

This implies that if this theory is used in this study, it will help the researcher to explore all the factors in both the mentor and the mentee that will enhance effective mentoring. The individual factors will be examined by exploring the mentors and mentee related factors that can influence the mentoring process in nursing. Micro systems factors are considered in this study as the interpersonal factors that can influence mentorship. This study will examine the influence of the interpersonal relationship between the nurse mentor and mentee as well as other individuals relevant (nurses' mentor and colleagues as well as the nurse manager) to the process of mentorship. The organizational factors such as the hospital or institutional related factors that can influence mentorship will be explored under the meso system factors. Finally, macro system factors in this study will refer to the national policy directions in relation to mentorship in nursing.

2.4 Review of Related Literature

This literature review was conducted using the theoretical framework as a guide. A comprehensive literature search was done using multiple database such as Google scholar, CINAHL, PubMed, Scopus, JSTOR, SAGE, Science Direct and Medline. The search of literature was done using a combination of words and the major constructs of the ecological model. Search terms such as 'mentorship', 'mentorship in Nursing', 'experiences of mentorship', 'mentee experiences', 'Nursing mentorship', 'mentoring in healthcare', 'mentee characteristics', 'mentor characteristics', 'relationship characteristics', 'mentor-mentee relationship', 'mentoring functions', 'mentor outcomes', 'mentee outcomes', 'successful mentoring', 'failed mentoring', 'benefits of mentoring', 'organizational outcome of

mentoring', Barriers to successful mentorship'. The scope of the literature was from the years 2016-2022. However, some older studies deemed to be relevant to the study were included

2.4.1 The Concept of Mentorship

A mentor is an individual with expertise who can help develop the career of a less experienced person (mentee). The role of the mentor is focused on advancing the career and professional development of the mentee. The mentor-mentee relation is not a one-way relationship but one built on mutual respect and shared responsibility (Clarke et al., 2019;Hudson, 2016). Mentoring is concerned with helping less experienced individuals to develop more effectively and build their professional capacity (Burgess, et al., 2018). Hence in the nursing profession mentoring plays an important role in developing the students and new graduate nurses to gain the required experience. The process of mentoring is goal-directed and a bound in which the mentee aspires to gain skills and experience through a series of interaction, guidance from the mentor, and learning activities (Branden, 2016; Ray & Violanti, 2018).

The concept of mentorship dates back to ancient Greek during the reign of King Odysseus. Odysseus was going for a war when he entrusted the Kingdom and the care of his son Telemachus to mentor. The advisor (mentor) had the responsibility of preparing Telemachus to succeed as the future king of the Ithaca kingdom (Irby & Boswell, 2016; Mainczyk, 2017). Although the practice of mentorship was used in ancient Greek, it was not known till 1699 that a French author, Fénelon coined and used the term mentor in literary works 'Les Aventures de Télémaque'(Garvey, 2014). Subsequently, the term has been used in other literary works and fictional tales such as Louis Antonine de Caraccioli's Veritable le Mentor ou l'education de la noblesse in 1759, Ann Murry's Mentoria: The Young Ladies Instructor in 1778, Honoria's "The Female Mentor" in 1793 and 1796 and Levinson's "The Seasons of a Man's Life" in 1978 (Irby & Boswell, 2016). Many authors have continued to publish on

the subject until the late 20th century that the concept of mentoring found its place in professional circles and the business world (Anderson & Shannon, 1988). The concept began to penetrate the nursing profession towards the end of the 20th century (Vance & Olsen, 1998). The gendered nature of the nursing profession along with the historical evolution of nursing as a 'master-apprentice made the concept of mentorship resonate well with several domains of nursing practice including Nursing clinical practice, nursing administration, and nursing education (Jacobson & Sherrod, 2016). Over the years the mentorship programmes continue to influence and shape the professional and career development of new graduate nurses. Moreover, the changing demographics in nursing, retirement, and widening practice-theory gap call for a more robust mentorship program to ensure the younger generation of nurses and midwives are prepared to take a leadership role for ideal and sustainable nursing practice and future health care practice (Asamani et al., 2019; Gualarte-Rinaldo, et al., 2020). In the Ghanaian context, nursing students after graduation from school are expected to undergo a mandatory internship usually under the guidance of experienced nurses to sharpen their skills. The internship is a mentoring process for the new graduate to become safe professionals.

Depending on the nature of the relationship, the mentorship process can be formal or informal and may involve face-to-face interaction between the mentor and mentee or a mentor and a small or large group of mentees (Oluchina & Amayi, 2016). While many have argued for a more formal mentoring relationship, others are of the view that the outcome of the mentoring process should be the basis for assessing the effectiveness of the relationship (Illies & Reiter-Palmon, 2018; Jupri & Rudiyanto, 2017). The success of a mentoring relationship is guided by mutuality, respect, trust, and commitment toward a collective good for the mentor, mentee, the nursing profession, the recipients of care, and health institutions and organizations (Wagner & Seymour, 2007). As it pertains to all human relationship,

mentorship can be complex and it is therefore important to understand the concept mentoring, how the process works, and what factors may positively or negatively influence the process (Hill et al., 2022).

2.4.2 Mentoring in Nursing in the Ghanaian Context

The nursing sector in Ghana for close to a decade has had some unpleasant recruitment challenges. The sector has been plagued with delayed recruitment into active services due to challenges of financial clearance (Asamani et al., 2020). This has resulted in many newly trained nurses sitting idle in the house for close to two and three years while awaiting employment. Considering the number of years of non-service, most of these nurses including prospective ones to the northern regions would grow stale and hence will most likely not perform to their optimum best. For this reason, mentorship becomes the tool to rekindle and reinvigorate their knowledge, skills and expertise. Asamani et al., (2020) reported in a study conducted in Ghana that a concern that appears to be ignored is the likely skills loss that might have arisen during the long waiting period (of unemployment) which could compromise the value of care if these nurses and midwives are employed without proper mentorship.

Mentoring of nurses after this relatively long period would be done by fellow nurses and health workers with enough competencies and skills. In other instances, newly recruited nurses who do not even spend time at home need to be given orientation at their new post and after this mentorship follows (Kingma, 2007). This is not only a problem for newly qualified nurses in Ghana but also affects senior nurses taking leadership positions as reported (Adatara et al., (2018). Adatara et al., (2018) in a study conducted at the Volta Region of Ghana reported that there is a need for mentoring programmes to help strengthen nurses' and midwives' leadership and managerial skills to enable them to provide high-quality care to their clients.

In addition, a study by Agalga & Thompson, (2016), findings revealed that the primary function of a mentoring relationship is to further the career of the mentee. The benefits of mentoring are not only limited to increasing inefficient work output but help in knowledge transfers from mentor to mentee (Agalga & Thompson, 2016). Mentoring is therefore seen as a powerful personal development and empowerment tool as its potential is being more realised. The mentee benefits from mentorship if there is a good relationship which will enable the mentee to acquire knowledge, skills and boost their confidence (Oduro-Arhin, 2018). Despite the importance of mentoring as discussed above, very few facilities in the rural areas of Ghana have access to active or formal mentoring or routine supervision (Kwansah et al., 2012).

2.4.3 Personal Factors That Influence Mentorship

According to the ecological model, the individual factors include the intrapersonal and interpersonal factors.

Individual factors refer to the characteristic of a person or individuals that are capable of influencing the person's action or inactions (the-definition.com). There is a great deal of evidence on the influence of individual factors on all aspects of life (Akintunde, 2017; Wang et al., 2016). In business and marketing, individual factors of consumers influence their buying habits (Roy et al., 2016). Also, academic achievement and grades of students as well as effectiveness at work are closely linked to their personal factors (Bakker & van Woerkom, 2017). Even decisions about important subjects such as health choices are dependent on personal factors (O'Brien et al., 2017; Spinks et al., 2021). This implies that the behavior of individuals can only best be understood when their individual factors are well understood.

Mentorship involve a relationship between two individuals (mentor and mentee). Hence, the individual factors are categorized into mentor related factors and mentee related factors (Sambunjak, 2015). In an integrative literature review, on the influences of sociocultural

factors and individual differences on mentoring functions and outcomes, Banerjee-Batist et al., (2019), identified nine broad themes that were related to the individual factors that influence mentorship. These themes include; cognitive styles, personality, locus of control, attachment styles, interpersonal orientation, organizational orientation, learning goal orientation, social judgment capacity, and achievement and avoidance orientation (Banerjee-Batist et al., 2019). Personality of the individual was the most discussed among all the papers reviewed. Also, out of these nine themes, five are related to the personal factors, making it the most important to understanding human behavior.

Mentor related factors: For successful mentoring to occur, mentors have to possess the right expertise. Without the right knowledge, skill and attitude of mentors, they will fail to provide focus and guidance to the mentees (Felstead & Springett, 2016). In a qualitative study exploring the mentor- student relation and its impact on student's raising concern on clinical placement using 14 students and 16 mentors, Brown et al., (2020) reported that both mentors and students agreed that mentor related individual factors such being friendly, approachable, humble and supportive were very key to a successful mentorship in the clinical area. However, there must be a balanced between being friendly and professionalism. In the nursing profession, the impact of mentorship depends mostly on the mentor's expertise and skills (Fong et al., 2021; Oluchina & Gitonga, 2016). In Malaysia, newly appointed nurses engaged in formal mentorship indicated that mentors will be effective if they have adequate knowledge and practical skills, know teaching and learning approaches, good time management skills, soft skill in interpersonal working relationships, the ability in creating a supportive learning environment and skills to do evidence-based practices (Fong et al., 2021). Being knowledgeable and posing the requisite skills as a mentor is important because, it makes the mentor confident and able to help the mentee to meet their desired goals (Bailey et al., 2016; Nolan & Molla, 2017). Oluchina & Amayi (2016) reported that in mentoring

nursing students it will be necessary for the mentors to have good personality traits and effective communication skills. Also, other authors (Li et al., 2018; Toh et al., 2018). Also, other studies have identified qualities of an effective mentor such as being passionate, committed to mentoring, “paying it forward” and motivation (Toh et al., 2018). These attributes of a mentor make it easier for a student to be able to approach their mentors when necessary and results in successful mentorship. Mentees also feel confident that what they discussed will be taken seriously. According to Oluchina and Gitonga, (2016), the mentor’s ability to be aware of self, how the mentee is responding to the mentorship interaction as well as how the mentors guides the learning process is important for effective mentoring to occur. Other personal attributes a mentor should possess include; easy to talk to, chatty, open and understandable (Mantzourani et al., 2021). A mentor being humble and caring, makes mentees less anxious in meeting with them (Garcia-Melgar et al., 2021). Nursing students attest to the challenges faced by mentors such as increased workload, an inadequate number of mentors, and lack of institutional support (Oluchina and Gitonga, 2016; Wachira, 2019). The commitment results in their willingness and availability for the mentoring process and period (Burgess, et al., 2018). This makes it clear that being a mentor requires a certain set of attitude or skills and unless an individual is ready to learn or inculcate those attributes, he/she will not succeed being a mentor. According Li et al., (2018), committed mentors had regular meetings with their mentees increasing the mentees chances of learning. The ability of a mentor to design or structure the mentoring process or program to cater for the specific needs of the individual mentee is crucial to the effectiveness of the process. Gender is also identified as an important factor in mentoring. In an integrative literature review of sociocultural factors and individual differences, on mentoring functioning and outcomes, (Nabolsi et al., 2012; Banerjee-Batist et al., 2019) Jordanian nursing students preferred older people as their mentors because they have acquired adequate experience to

guide them in their development of professional skills (Nabolsi et al., 2012). Banerjee-Batist et al., (2019), identified gender, ethnicity, culture, and age as some of the factors that affect the outcomes of mentorship. According to them, many women are unable to progress in their professions and careers because of various biases that are against them. More men progress in their career than women because women tend to have more competing duties such as house and care responsibilities than men. Other social norms and discriminations then to favour men than women. As a result many women would general not consider career advancement as one of their priority goals (Beaudry & Larivière, 2016; Jappelli et al., 2017). Mentoring is therefore identified as the effective tool to help these women make a progress. It is an effective tool for addressing the gender gap in many professions. However, the challenge of inadequate number of their female counterparts as mentors make it difficult for some of them to have a successful mentoring (Banwell et al., 2019). Carapinha et al., (2016) in a Cross-sectional survey used data from 3,100 women faculty U.S. medical schools in 2012 for a study. This study was to investigate which mentor-similarity characteristics women faculty in academic medicine rate most important. It was also to determine whether this importance differs among women faculty on the basis of current and prior mentoring, demographic, personal factors, and career factors. Some of the participants preferred to be mentored by same gender and race or ethnicity. However, those who have ever been in a mentoring relation did not consider gender and race as an important factor in influencing the outcome of mentoring. Similarly, Athanasiou et al., (2016) and Schenk et al., (2020), did not find any significant difference in the mentoring skills and perception between males and female mentors. However, they admitted that mentorship is more needed by women than their male counterparts as they tend to underperform when they are not given any support in their assigned roles. Gender issues are more likely to be mentor related than mentee related. Also, supportive relationship is easier to form with same gender dyad as compared to the cross-

gender dyad (Kogovšek & Ograjenšek, 2019). This preference is due to the fact that in same gender mentor-mentee pairing, the mentors tend to understand and be able to predict the factors that can hinder or facilitate the learning process and can provide appropriate assistance (Li et al., 2018).

The expertise and skills of a mentor are key to the success of the mentoring process and must be considered when choosing a mentor (Williams & Scott, 2018). According to Mains & MacLean, (2017), these are vital than even the rank of the mentor. A study among nursing students drawn from the UK, USA and Jordan revealed that the most important quality required of a mentor is the relevant knowledge and skills (Al-Hamdan et al., 2014). The mentor is expected or seen as an expert in the particular area that mentoring is required while the mentee is the novice. Therefore, there is the need for the nurse mentor to bring to bear the professional knowledge to assist the mentee. This calls for the need for the mentor to be knowledgeable in his/her area or expertise (Olander et al., 2018; West et al., 2017). These Knowledge, skills and experience are necessary for teaching and providing guidance for the mentee. Mentors are central to helping mentees understand how theory knowledge is applied in practice in context (Schatz-Oppenheimer, 2017). An experienced mentor is not only important for the learning experience of the mentee, but is key in helping introduce the mentee to the professional world as well as building the social network of the mentee and giving direction to the career progression of the mentee (Hart & Veldkamp, 2019). Hence, in mentoring, team mentoring is proven to be effective because of the multiple expertise that are at the disposal of the mentee (Goldstein et al., 2019; Guise et al., 2018). Where mentors lack the required skills or experience the mentorship outcomes are most likely not to be favorable (Ssemata et al., 2017). Even when mentors have adequate profession experience and skills but these skills are not the mentoring specific skills, the outcome of the process is still likely to be negatively affected. As results, Gjedra & Gardinier, (2018), recommends the need for

continuous professional training for mentors and mentoring specific training before the mentoring interaction starts. However, according to Hagqvist et al., (2020) it may not be necessary for a mentors to possess all these qualities before they can engage in mentorship, but their willingness to be engaged and learn through the process is also key (Menges, 2016).

Mentee related factors: Some authors of mentoring opined that, the outcome of the mentoring process is more dependent on the mentee (Jingting et al., 2016; Wesley et al., 2017). These authors, identified goals of the mentee in a mentoring process, mentee's intrinsic motivation, experience and readiness to learn as some of the factors that are necessary for a successful outcome of a relationship. In Malaysia, nurse mentors are of the view that for an effective mentoring relationship to exist the mentee should make effort to give adequate feedback, show commitment and self-motivation in engaging in the mentoring process (Fong et al., 2021).

Personality trait influence an individuals' thoughts, feelings, and behaviours (Soto, 2018). In relation to mentorship, some of the attributes required by a mentee's for effective mentorship include, proactivity, willingness to learn and learning goal orientation, self-monitoring and autonomy, locus of control as well self-esteem (Piper, 2017). The necessary skills a mentee needs to possess also include, good performance, high potential (Gisbert-Trejo et al., 2020).

Mentees' gender, proactivity, similarity to the mentor, openness to advice and feedback, willingness to learn and learning goal orientation, self-monitoring and autonomy and Locus of control were the most mentioned in the articles reviewed (Gisbert-Trejo et al., 2020; Hassouna, 2017). This makes the personality trait of mentees and their demographic factors most important factors to consider in mentoring (Kupersmidt et al., 2017; Lowery et al., 2016). In a study of 219 mentees and a further longitudinal follow-up for 106 of these mentees, St-Jean and Tremblay, (2020) on long-term effect of mentoring on self-efficacy of novice entrepreneurs found a positive relationship between learning goal oriented and

entrepreneur self-efficacy. Hence, they alluded to the fact that entrepreneurs with stronger learning goal oriented are more likely to benefit from many learning situations which offer them more opportunities for self-efficacy development. Self-efficacy declines when mentoring declines (Ayoobzadeh & Boies, 2020; Craig, 2018). As a result, only mentees with strong learning goals orientation are able to maintain the self-efficacy even after the termination of mentoring relationship. However, mentees with low goal oriented, the self-efficacy gradually erode with the termination of the mentoring process.

On the contrary Ting et al., (2017) in their study of the effect of entrepreneur mentoring and its determinants in the Chinese context using data from 172 young entrepreneurs which had been supported by Youth Business China, Mianyang Office since 2008 concluded that mentee related factors do not significantly affect mentoring relationship and outcomes.

The effectiveness of mentorship is more dependent on the personal factors than any of the factors. Individuals attitude towards learning, the enthusiasm to learn and the methods to learning (Kern et al, 2019). According to Rylance, et al (2017), nurse mentors suggested that mentoring become easier when the mentee possess certain qualities such as student who are keen, enthusiastic and interested the mentoring process and learning.

2.4.4 Micro System Factors That Influence Mentorship

The microsystem refers to the close interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics. An interpersonal relationship is an connection between two or more people that may range from brief to lasting one (Velmurugan, 2016). Microsystem factors therefore refer to agents or forces (such as other individuals or groups) within an individual's sphere of activity or life-space that exert conforming influences on him or her (Umra, 2018). Healthy interpersonal relationship is vital for the effectiveness or success of any interaction involving other individuals or groups in every aspect of life (Won & Choi, 2017). Mentee nurses are of

the view that nurse mentors who are warm, approachable and supportive bring out the best in the mentee (Brown et al., 2020). As people interact with others their behavior is most likely to be altered (Bliton & Pincus, 2020). Hence, understanding what affects interpersonal relationship in every interaction is imperative for good outcomes in these interactions (Mirabelli et al., 2020). The need to understand the factors that affect interpersonal relationships cannot be over-emphasized. When mentorship relationship fails, it results in several negative implications; emotional, behavioral and academic (Hillier et al., 2018). According to Toh et al., (2018), mentorship programs can fail right from their initial stages due to lack of personal ties between mentor and mentee. This relationship should always be based on shared interest, trust and respect (Hudson, 2016; Lin et al., 2018; Martin et al., 2016). While there are numerous factors necessary for successful mentorship relations, trust and respect are core (Geraci & Thigpen, 2017). It is therefore important that mentors win the trust of their mentees (Hund et al., 2018) and the responsibility of the mentees to respect their mentors (Ayyala et al., 2019). After a review of mentoring programs in medicine, surgery and nursing, Wahab et al., (2016) concluded that the success of mentorship programs, is largely dependent on effective fostering and maintenance of mentorship relationships.

The success of any mentorship relationship is measured by the outcome as in how far the mentee's goals for the relationship are met (Pfund, et al, 2016). "Successful mentoring relationships are built on strong relational ties between mentees and mentors" (Wahab et al., 2016). It is therefore important to understand the mentoring relationship and its dynamics as it has the potentials to influence the career path of younger individuals (Gee & Popper, 2017). Also, there is the need to consider this when selecting mentors and pairing mentors and mentees. Similarly, Ting et al., (2017) alluded that, the kind of relationship that exist between the mentor and the mentee has an influence on the mentoring outcomes. Therefore, there must be clear professional and personal goals by both mentee and mentor to direct the

mentoring relationship (Mains & MacLean, 2017). In an integrative review of commentaries, editorials, and perspectives papers, Lin et al., (2018) established that, an effective mentorship relation is one that supports, coaches, sponsors, nurtures and empowers the mentee to achieve specific goals. As a result, it is encouraged that mentees direct the learning process, after mentors have successfully initiated the interaction. Also scheduling meeting to share experience, reflection and feedback is necessary to maximize the mentoring outcome (Mains & MacLean, 2017; Prasad et al., 2019) .

Despite the importance of interpersonal relationship to the success of the mentorship process, there are certain challenges that hinder the development of healthy interpersonal relationship in mentoring. In kenya, nurse mentors and mentees reported challenges such as external interruptions, increased workload, communication difficulties and negative personality traits as barriers to the mentoring relationship (Oluchina & Amayi, 2016; Soto, 2018). Also, the inability to build rapport, taking mentees failure personally, incompatibility of mentee and mentor (poorly matched or mismatched mentor-mentee) (DeMeyer & DeMeyer, 2018). Mentor's incompetence, maladaptive traits of the mentees, disregard for boundaries and conflicts also have a negative impact on mentor-mentee interpersonal relationship (Dickerson et al., 2016; Hillier et al., 2018). The processes leading to the matching of mentees and their mentors is crucial. As a result, Ssemata et al., (2017) recommend that mentees be allowed to choose their mentors instead as this more likely to result in authentic, reciprocal and shared interests relationship. The differences in mentor and mentee can pose a challenge to a successful mentoring relationship. These can be difference in personality, type of mentoring style preferred, the rank of the individuals involved in the mentoring relationship, their demographics backgrounds and well as aged difference between mentor and mentee and the socioeconomic status of the individuals (Jackson et al., 2020; Kyei, 2013; Vaughan-Johnston et al., 2021). These factors are likely to affect the “click” needed for successful mentorship

to occur (Prasad et al., 2019). However, though socioeconomic status may not directly influence the process and outcome of mentorship, its influence has been with the access to mentors (Baier et al., 2016). Some authors have reported the challenges mentees with low socioeconomic status face in accessing a mentor (Christensen et al., 2021; Kearney et al., 2020). The level of power and authority an individual possess plays an important role on how they are able to influence or alter the behavior of others (Bliton & Pincus, 2020).

Athanasidou et al., (2016) justifies the demographic bit citing the fact that, for younger mentees, the quality of the mentoring relationship partially determines the outcome of mentorship. Faucett et al., (2017) in their study to explore how access to mentors and organizational support affects career choices among medical students, observed that same gender mentoring dyad had positive mentorship outcomes. Similarly, Boahen, (2021) in a study among the military in Ghana alluded to the role of gender in mentorship outcome. This may be due to fact that they would understand the needs specific to that gender and address them appropriately. However, in a youth mentorship program in the Netherlands, gender did not have significant influence on the outcome of the mentorship programme (Schenk et al., 2020). Also, Kern et al., (2019), argued that demographics are not significant in determining the quality of mentoring relationship but the relevance of the topics (to both mentee and mentor) discussed in each meeting session as well as the frequency of meetings were. Whether the mentor and mentee are from the same institution or otherwise as well as where the mentoring takes place is key to the dynamics of the mentoring relationship outcomes (Welsh & Dixon, 2016). Mentees learning goal oriented determines the form the mentoring relationship should take (Rekha & Ganesh, 2019). Mentees with low learning goal oriented seeks motivation in terms of reassurance of their abilities or skills and guidance on what they can achieve more (St-Jean et al., 2018). However, those with high Learning Goal Oriented will prefer a relationship that allows them to learn from the experience of their mentors in

order to improve (St-Jean & Tremblay, 2020). Mentees past relationship with significant persons in their lives is closely related to the quality of relationship they will develop with their mentors. According to Williamson et al., (2020), having had a quality relationship with one's mothers most likely translates into quality relationship with their mentors especially female mentees.

Emotional intelligence is also a key factor in every successful relationship. In mentorship, many authors have maintained that emotional intelligence is necessary for a positive mentor-mentee relationship and a subsequently positive outcome of the mentorship process. As a result, it is recommended in recruiting mentors, persons with high emotional should be given priority (Flores-Caballero, 2021; Johnson et al., 2020) or where mentors are recruited without this skill of emotional intelligence, there should an organized training on emotional intelligence as part of the preparation phase of mentors. (Crumpton, 2019)

2.4.5 Meso System Factors That Influence the Outcome of Mentorship

The meso system refers to the interrelations among two or more settings in which the developing person actively participates (in other words, the community or organization). According to Hernandez et al., (2017), because mentorship is about the relationship between the mentor and mentee(s), the concentration has been on the personal and interpersonal factors that influence mentorship with less attention paid to the influence of organizations/institutions. However, it is important to take into consideration the institutional factors that can influence mentorship and provide the necessary support for the success of mentorship relationship. Rankhumise, (2015) conducted a qualitative study in public hospitals in three provinces in south Africa on the effect of mentoring on the success of mentees. The study considered the challenges and imperatives. The study concluded that, the success of mentorship is dependent on institutions level of commitment to the process of mentoring in the hospitals. It is also necessary that institutions formalized mentorship, make

programmes context specific with structures to effectively support those programmes (Ssemata et al., 2017). The role of the institutions in enhancing the effectiveness of mentorship in nursing has been reported in Kenya (Oluchina & Amayi, 2016; Wachira, 2019).

Formalizing mentorship allows mentors to be able to structure and schedule the meetings with mentees effectively and institutions to train the right numbers of mentors to meet their specific needs. Again, formalizing mentorship ensures higher possibility of mentors and mentees being from the same organization, a phenomenon most authors allude to as one that result in good outcomes of mentorship (Kern et al., 2019). Similarly, after a survey of the U.S public affairs programs on mentorship, Fountain & Newcomer, (2016), indicated various institutional factors that influence the outcome of mentorship. In Kenya, a study on mentoring in nursing revealed that institutional factors such as workload and lack of recognition of mentors hinder the effectiveness of mentorship (Oluchina & Gitonga, 2016). In order of priority, Fountain and Newcomer (2016), identified factors such as leadership commitment and support to mentorship, clear mentoring program guidelines, adequate training as well as reward for mentors and the need for regulations for formal mentoring as factors necessary for good mentorship outcome. According to Carapinha et al (2016), institutional support is especially important for females. Many individuals will be willing to serve as mentors in institutions where these institutions reward being a mentor. These rewards may take many forms such as making mentoring a part of the annual review, tenure and promotions (Morales et al., 2021). Institutions that mentorship is formalized and adequately supported, the resultant effect had been positive such as staff retentions and skilled personnel as well as boosting the confidence of mentors (Potash, 2019; Douglas et al., 2016). Institutionalizing mentorship does not only result in institutions taking responsibilities of the mentorship programmes and ensuring sustainability, but also results in cost

effectiveness and appropriate workforce (World Health Organization, 2022; Koon et al., 2020)

Health institutions or organizations need to understand the inevitability of mentorship in nursing in the health institution and make the necessary move to harness the benefits that come with mentorship such as a safer health care system and improved patient care (Horner, 2020; Douglas et al., 2016). As a result, many authors on mentorship has advocated institutional support for mentorship to harness the benefits (Dirks, 2021). When health institutions support mentorship programmes in nursing, it results in the programme being designed to meet the needs of the health institution and resources are channeled to the right course (Warshawsky, 2020). Also, the mentorship programme receive the needed funding, becomes effective and meeting the needs of minority groups in such as the male gender (McBride et al., 2017). Institutions having clear direction in mentorship also help in the matching of mentor-mentee to meet the goals of the institution (Swanson et al., 2017). Though nurse mentors may enjoy their role because they see it as an opportunity to impact a younger generation of nurse by way of knowledge and skills transfer, certain institutional factors are a source of disincentive to them. It is unclear if institutions have any value for the role nurses as mentors. this due to the fact that, some nurse mentors feel their roles as mentors are not appreciated by the institutions (Ughasoro et al., 2022). Hence, mentor's performance in their roles is dependent on the individual attributes of mentors and the appreciation they receive from their mentees rather than the role of the institutions (Jack, et al, 2018; Merga et al., 2020). Therefore, it is necessary that institutions provide training for mentors to make them effective in their role (Rohatinsky et al., 2017; Kachaturoff et al.,2020). This because, the mentorship is a skills that should be acquired (Abbott-Anderson et al., 2016)

Time constraints and work overload have been identified as some of the factors that hinder effective mentorship in nursing (Attenborough et al., 2019). This workload is mostly due to shortage of staff in health facilities (Morgan et al., 2018; Oluchina & Amayi, 2016). According to Peiser et al., (2018) work burden of nurses and other competing obligations of nurse mentors, poses a challenge to nurse mentors to appropriately delegate where necessary in order to serve adequately in all these roles. This workload results in some nurse mentors not being able to take up this additional role of mentoring and also result in scheduling limitation (Zhang et al., 2016). Schuler et al., (2020), identified the lack of time by individuals who are chosen to serve as mentors in a mentorship program in northeast United States as one of the main barriers to the success of the programs. However, Saint & Chopra, (2018), suggest several ways these busy mentors can mitigate this such as having effective but shorter meeting times and also findings alternatives to face to face meetings. Though Cooke et al., (2021), maintained that a good mentee is one whose interest align with that of the organization, there are times these mentees' interest conflict with the organization which can also serve as a barrier to the effectiveness of the mentorship (Burgess et al., 2018). Also, favoritism is one of the factors that hinder the success of a mentorship program. According to Hungerford et al., (2016), when there are limited opportunities in a work place, it serves as a fertile ground for favouritism. This favouritism can be a barrier to successful mentorship in nursing (Bunin et al., 2020). Almost all the factors that serve as facilitators to mentorship in nursing such as effectiveness of the mentor- mentee relation, the availability of a strong mentoring relationship, frequent meetings, timely feedback, support and guidance can only be possible when health institutions create conducive environment, ensure policy formulation and guidelines to facilitate the process of mentorship (Foolchand et al., 2018; Tuomikoski et al., 2020) .

2.4.6 Exosystem System Factors that Affects Mentorship

According to Paquette & Ryan, (2001), an exosystem refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect or are affected by what happens in the setting containing the developing person. This may include the leadership style and policies of the organization (Fyall et al., 2020). Fyall et al., (2020) in their study to explore the mentoring experiences of three beginning teachers and their mentors, within their respective schools, in relation to the national mentoring and induction policy guidelines of New Zealand, discovered that, though there was a national policy on mentorship, each of the institutions interpreted it differently. To ensure effective mentorship in nursing, there is the need to update the skills of the mentors through a continuous professional programmes (Oluchina and Gitonga, 2016; Wachira, 2019). Institutions need to have clear and standardised guidelines for mentorship to make the process of mentoring easier and evaluation of the outcomes possible. This is only possible when mentorship is made a mandatory process in the institutions (Mulcahey et al., 2018).

The outcomes of mentorship programmes is dependent on the caliber of persons used as mentors. When institutions use individuals, who are experienced and knowledgeable and also emotionally supportive, conduct democratic learning conversations that are based on evidence and inquiry pedagogy, the outcome of mentorship is positive (Fyall et al., 2020).

Professional organizations such the professional union and regulatory bodies also have an important role to play to ensure that mentorship in nursing happens at the health institutions.

According to Liga & Grinfelde, (2018), professional organization has the responsibility of supporting their members to reduce the anxiety and uncertainty of novice members. This is done through the provision of opportunities for mentorship and continuous education which results in growth overtime (Goolsby & DuBois, 2017). The regulatory bodies are responsible for training and practice (Health Professions Regulatory bodies Act, 2016). As a result, to

ensure that mentorship in nursing is practiced, mentorship can be a part of the curriculum of training of nurses and midwives (Sibiya et al., 2018) and demanding that all nurse leaders get involved in mentoring the younger and inexperienced nurses (Rasheed et al., 2020; Mulcahey et al., 2018).

2.4.7 Macro System Factors that Affects Mentorship

Macrosystem is to the overarching beliefs, ideologies, opinions, norms, and rules that influence a cultural group within the society. It is the dominating cultural, social, political, and economic states within the society (Banwell et al., 2021; Bronfenbrenner, 1979). According to Orrock & Clark, (2018), macrosystem messages are transmitted through media and other media at national, regional, state, and local levels. This is due to the fact it is mainly about national policies on specific important issues. Policies provide guidance, consistency, accountability, efficiency and clarity on how an organization operates (CMHC, 2018)

When the issues around mentorship are not clarified at the macro system level there is a ripple effect to all other levels of the system (Castanheira, 2016). Peiser et al., (2018), conducted a literature review to explore the influence of policy, professional and theoretical conceptualisations of the mentor's role, and structural factors influencing the mentor's contribution to professional knowledge across four professions (nursing, paramedicine, social work and teaching). The review revealed that, policy guidance, training and selection and respective traditions are determinants to mentors' contributions to professional knowledge development across all the professions. Policy frameworks help to articulate clearly the responsibilities and training needed to accomplish specific task. However, where there is no clear policy, mentors tend to rely on workplace context. This makes it difficult to differentiate mentorship from other traditional roles such as supervision.

Despite the fact that there are numerous policies on various issues in institutions, there seems to be little when it comes to mentorship. Banwell et al., (2021) conducted a study to understand the benefits of mentorship for advancing women in coaching. They reported that, participants did not make reference to any gender equity policies even though there are numerous calls for policies that promoted the institution and enforcement of gender equality which include mentorship to advanced women coaching and other leadership position in sport. These participants worked in institutions with gender equity policies. However, it might be that mentorship is not included in these policies. As a result, it is necessary that mentorship programmes should always be linked to the policies of the specific organizations (Burgess, et al., 2018). According to Turale & Kunaviktikul (2019), it is important that nurses get involved in policy formulation in order to make demands for the need of the profession such as a policy on mentorship in nursing.

Though the involvement of the macrosystem in mentorship may not yield the intended results overnight, it provides a strong support and motivation for implementation and the sustenance and evaluation of the mentorship programme. However, the challenge is, macrosystems are context specific and requires that the implementor are adequately knowledgeable with these context specific issues (Wolfe et al., 2018). A national policy on mentorship with the right training and support do not only allow individuals and institutions to implement it, but also create room for innovation to meet context specific needs (Fyall et al., 2020). This results in these institutions and individuals reaping the full benefits that come with mentorship. Hence, mentors are referred to as policy solutions (Willis et al., 2019).

In nursing mentorship, the influence of the macrosystem cannot be overlooked. According to Terblanche & Cilliers, (2021), the difference in culture between the academic and clinical environment creates anxiety in nursing students making it difficult for conscious reflection.

As a result, student nurses resorted to various mechanisms such as depersonalisation, denial of feelings and detachment from personal experiences and authenticity to be able to cope with the direct opposite cultures they were faced with. Terblanche and Clilliers in their study to describe the unconscious role identity of nursing students during their preceptorship from a systems psychodynamic stance, concluded that, the power of the macro system eradicated the students' knowledge about person-centeredness, personal choice, self-preservation and self-actualisation. This implies that to achieve successful outcomes of mentorship, it is not enough for mentors to know only their roles and responsibilities, but they must also be aware of these factors and mitigate against their negative influence on mentorship outcomes. Also, macro system factors such as availability of job opportunities is an important determinant of nursing students choices of career progression and by extension the type of mentor to choice (van Iersel et al., 2016).

When there is a policy direction for mentorship in nursing by regulatory bodies, it facilitates the need to in cooperate mentorship into the role of professional nurse as a compulsory one (Kemp et al., 2018). Peiser et al., (2018) conducted a literature review to investigate the contribution of mentors to professional knowledge development in nursing, paramedicine, social work and teaching. This review also explored the influence of policy, professional and theoretical conceptualisations of the mentor role, and structural factors influencing the mentor's contribution to professional knowledge. Peiser and colleagues argued that though mentorship in nursing is to ensure that mentors help mentees breach the gap between theory and practice, this becomes a challenge where there is no clear policy direction on mentorship that mandates nurses to serve as mentors. The lack of policy directions results in teaching of issues becoming context based and not comprehensive enough to link theory and practice. Where there is no formal policy on mentorship but mentors are persuaded to do so, the relationship may only result in toxic mentoring (Cleary et al., 2017;Peiser et al., 2018). This

toxic mentoring results in negative consequences such as emotional exhaustion in nurses (Labrague et al., 2020). Also, where there is a clear discrepancy between theory and practice, nurse mentees level of anxiety and confusion increases (Mlaba & Emmamally, 2018). Organizations therefore has the responsibility of creating the right culture and supportive interventions such training for mentors to mitigate this negative outcomes of mentorship (Gandhi & Johnson, 2017)

A survey developed by the National Program Office of the Robert Wood Johnson Foundation Nurse Faculty Scholars (NFS) Program using 51 mentors between 2014 and 2015. The survey reported that when mentorship is formal, mentors experience joy and meaning in their duty as mentors and also have access to national network opportunities. Mentees also get important feedback and access to national leaders (Swanson et al., 2017). According to Hunt et al., (2016), nurse mentors feel confident performing their duties as mentors if they feel secured. This security is provided when there is policy support for mentorship. However, in nursing, policy makers' main concern is the patient making nurses who wish to mentor effective rely on other alternative form of support to do so. Having a national policy on mentorship results in the mentees have access to network of opportunities to positively affect their career advancement. Mentorship and networking are central to becoming a successful nurse scientist (McBride et al., 2017)

As part of the macrosystem factors, culture, religion and ethnicity are essential factors that influence mentorship positively or otherwise. According to Pfund et al., (2016), mentoring is culturally informed. as a result, there is the need for culturally based mentoring programmes because, culture congruence is a strong predictor of the success of a mentorship programme (Henry-noel et al., 2019). According to Lunsford et al., (2017) and Vickers et al., (2017), mentees will most often prefer to be mentored by a mentor of similar cultural and religious orientations. Also, it is important to take into consideration ethnicity when pairing dyads in

mentorship programs. This is because many mentees will always prefer a mentor of their same ethnic origin (Lim et al., 2017; Valentin-Welch, 2016).

2.5 Benefits of Mentorship in Nursing

Many authors have alluded to the benefits of mentorship to the mentee, mentor and organizations across various disciplines (Banwell et al., 2021; Burgess, et al., 2018). A study on the value of mentoring in nursing revealed that effective mentoring can lead to the expansion of professional networks, career development opportunities, increased confidence and competence at problem-solving, and higher levels of resilience which result in improved quality of health care (Davey et al., 2020; Manzi et al., 2017; Saletnik, 2018).

Effective mentorship helps to reduce the anxiety of mentees, making them less pressured to learn, resulting in positive learning outcomes and building their confidence (Cornine, 2020). Professional confidence is an integral part of professional identity and self-confidence (Vabo et al., 2021). Confidence is key in rendering effective and quality nursing care. Hence nurse educators must endeavor to inculcate this in their students. Mentorship is an effective tool to boost the confidence of mentees (Banwell et al., 2019; Rohatinsky et al., 2017). However, Rohatinsky et al., (2017) argues that not only mentees benefit for the positive effect of mentorship on their confidence level, but the mentors too.

Skills development is one of the reasons for employing mentorship in many professions including nursing (Banwell et al., 2021). Skills are generally divided into hard and soft skills (Cimatti, 2016; Patacsil & Tablatin, 2017). Hard skills are explicit behavior and skills and produce visible and direct results while soft skills are knowledge in the human mind and very personal and is developed through interactions with others (Sopa et al., 2020). While hard skills may be easy to teach, soft skills are not (Cimatti, 2016).

In a literature review on nursing students peer mentorship, Rohatinsky et al., (2017), revealed that mentorship enhanced various skills of the mentee such as their leadership, mentoring,

study, communication and professional skills. These skills are both hard and soft skills. This implies that, mentorship is an effective tool to develop the two main kind of skills needed by nurses. Effective communication skill is central to the profession of nursing and must be learnt by all professional nurses in order to be able to render optimal patient care (Chater & Courtenay, 2018; Jubraj et al., 2016). Many others have alluded to the effectiveness of mentorship to leadership skills development (Turner-moffatt, 2019). Though not all persons may need mentorship to sharpen their leadership skills, it is proven to be effective to get whatever leadership skills that is needed by individuals.

Again, effective mentorship results in professional growth and development, job satisfaction and networking for both nurse mentors and mentees (Banwell et al., 2021; Cooke et al., 2021). In a comprehensive literature review to analyse the evolution of mentorship in nursing from the 1940 to the present, Jacobs, (2018) identified four challenges facing the nursing profession; mentorship as a professional responsibility, projected nursing shortages, communication in nursing, and the development of critical thinking skills. According to Jacobs, mentorship is the effective means by which these challenges can be adequately addressed.

Overall, organizations are the main benefactor of the rippling effects of mentorship. Many authors have alluded to the benefits organization gain when mentorship is properly carried out in them (Glaze', 2019; Rohatinsky & Jahner, 2016). Some of these benefits include, retention of employees, effective talent management, high productivity, successful handing overing of leadership and maintenance of standards (Zhang et al., 2016).

2.6 Summary of Literature Reviewed

This chapter entailed a reviewed of literature on mentorship in nursing using the ecological model of human development by Urie Bronfenbrenner the literature review included all peer

reviewed published articles from all countries. These included quantitative and qualitative studies as well as other reviews. Overall, there was a great deal of literature on the subject matter especially from the developed countries. However, there was dearth of literature from Ghana on mentorship in nursing.

This reviewed indicated there are lots of benefits associated with mentorship in nursing that the profession can exploit if used appropriately. That notwithstanding, there are certain barriers that can hamper these positives of mentorship. As a result, it is important to identify and address these barriers in the implementation of mentorship programmes.



CHAPTER THREE

METHODOLOGY

This chapter presents the strategies that were used in conducting the study. This includes the research design, research setting, study population, sampling technique and sample size, inclusion and exclusion criteria, data collection tool, pretesting, procedure for data collection and data management. Also, data processing and analysis, methodological rigour and ethical considerations will be described.

3.1 Research Design

According to Akhtar, (2016), research design is a plan of a proposed research work and is considered the structure of the research. It is the “Glue” that holds all of the elements in a research project together. Qualitative research methodology is based on the idea that reality is subjective. It helps to study subjective realities and truths about the meaning and expressions of participants (Cropley, 2021). This study employed an exploratory descriptive qualitative design using nurses from two hospitals in Northern Ghana. Explorative method is used when little is known about the area of study or when an area has not been thoroughly investigated. As a result, it has no predefined structure and allows for in-depth enquiry (Žukauskas et al., 2018; Swedberg, 2018). This design enables the researcher to explore the participants’ perspective on mentorship.

3.2 Research Setting

The Upper East Regional Hospital and the Tamale Teaching hospital are both located in the Northern part of Ghana, in the Bolgatanga Municipality (Upper East Region) and Tamale Metropolitan Assembly (Northern Region) respectively. Northern Ghana is made up of five regions namely; the Northern, North-East, Savana, Upper East and Upper West Regions. The study settings are located in two of these regions; the Upper East and Northern Regions. The

upper East Regional Hospital is located in the Bolgatanga Municipality. It is the largest and main referral health facility of the upper East Region, part of the North-East Region and part of Burkinafaso. It has a bed capacity of two hundred and Six (206) and total of one hundred and eighty nurses. It serves as the main clinical placement setting for nursing students of the four nursing (Bolgatanga nursing training college, Bolgatanga Midwifery Training College, Zuarungu Nursing Training college and the Navrongo Community Health Nurses Training College) training institutions in the region and the Nalerigu Nursing and midwifery training institution of the North East Region. The Bolgatanga Municipality is one of the fifteen Municipalities and Districts of the Upper East Region and the capital of the region. The Municipality was established in 2004 by Legislative Instrument (LI) 1797 (2004). Located in the centre of the Upper East Region, approximately, between latitudes 10°30' and 10°50' North and longitudes 0°30' and 1°00' West. Bolgatanga Municipality is bordered to the north by the Bongo District, south and east by the Talensi and Nabdam Districts, and to the west by the Kassena-Nankana Municipality. It covers a total land area of 729 square kilometers. It was the first of three municipalities to be established in the Upper East Region (the others are Bawku and Kasena-Nankana Municipalities). According the 2010 Population and Housing Census, the Municipality has a total population of 131,550 accounting for 12.6 percent of the population of the Upper East Region (Ghana Statistical Service, 2014).

The Tamale Teaching Hospital is located in the Tamale Metropolitan Northern Region of Ghana. It is one of the five teaching hospitals of Ghana. The third after Korle Bu Teaching Hospital and the Komfo Anokye Teaching Hospital. It serves as a tertiary referral facility for the five northern regions, part of Brong Ahafo region, togo and Burkina Faso. In collaboration with University for Development, the hospital offers undergraduate and graduate programs in medicine, nursing and nutrition. It has a bed capacity of eight hundred (800) and a total number of one thousand five hundred and eighty-four (1584) nurses. The

hospital was established in 1974 as a regional hospital to serve the northern part of Ghana and subsequently upgraded to a teaching hospital in 2005.

3.3 Target Population

A study population refers to a chosen subset usually representative of a wider population and the focus is to select a suitable population for the study (Whitehead & Lopez, 2016). In qualitative research, participants are purposively selected based on their unique knowledge and experiences related to the study topic (Willis et al., 2016). The target population for this study consisted of nurses who are at the rank of senior officer and above in the northern Ghana. This category of nurses has worked in the nursing profession for a considerable number of years and have amassed some experience to enable them share light on the study of interest.

3.4 Inclusion Criteria

The criteria for one to be included in this study was nurses working in the Upper East Regional Hospital and Tamale Teaching Hospital who were at the rank of Senior Nursing Office or above. This is because, this category of nurses have the experience to serve as mentors if they are willing to do so.

3.5 Exclusion Criteria

All nurses who were not up to the rank of Senior Nursing Officer as well as those who were within the inclusion criteria but were not willing to participate in the study. Nurses who did not work in the two selected hospitals and Senior Nurses who were not in active service were not included in this study. Also, nurses who met the inclusion criteria but were not willing to participate in the study were excluded.

3.6 Sample Size and Sampling Technique

Sampling refers to the process through which a sample is extracted from a population (Alvi, 2016). In qualitative research, the sampling is usually non-probability sampling. Unlike probability sampling used in quantitative research which requires researchers to recruit the population with characteristics that represent a larger population. In non-probability sampling the researchers recruit only specific populations to investigate a specific topic with consideration for the total population (Ilker & Kabiru, 2017).

In this study, convenience sampling was used. Convenience sampling technique was used to select the participants because of the availability of nurses at the rank of senior nursing officers and above. The main concern of qualitative research is, the quality of the information obtained from the participants rather than how large the sample size is (Gray et al., 2017). The sample size for this study largely depended on data saturation. This is because, according to Saunders et al., (2018), specifying a priori number of participants in explorative designs in its essence is illogical. Data saturation is said to be achieved when there is no any new information or opinion generated from participants during the process of interview or data collection. A point there is no need for further data collection (Saunders et al., 2018).

3.7 Data Collection Tool

Data was collected using a semi-structured interview guide which was developed based on the objectives of the study. The guiding questions were supplemented with probing questions as well as field notes that was taken during the interview. The interview guide was in two sections. Section A mainly sought to collect data on the socio-demographic of the participants. Section B questions sought to gather data on the personal factors, micro factors, meso factors, exo factors as well as the macro factors that influence mentorship in nursing. Examples of the main questions in this section are seen in the interview guide attached in appendix

3.8 Pre-testing of the Interview Guide

The interview guide was pre-tested using three nurses of similar ranks in the Tamale Central Hospital which is the second largest hospital in the Tamale Metropolitan assembly. The aim of the pretesting was to ascertain if the interview guide was suitable enough to collect the desired data for the study. This helped to make any amendments where necessary, before it was used for the main study. The pretesting helped in making amendments to the questions to ensure clarity. The pretesting also helped in estimating the duration the interviews will last so to explain to the participants when seeking their consent.

3.9 Procedure for Data Collection

With an introductory letter from the School of Nursing, University of Ghana, Legon, permission was sought from the authorities of the two hospitals where the study was conducted. In the two hospitals, the researcher interacted with the nurse managers of these hospitals by way of self-introduction and explanation of the purpose of the study before recruiting the participants. Nurses who met the inclusion criteria and willing to participant in the study, were asked to sign a consent form before the interview. The interviews were done by face to face and recorded with all covid-19 protocols being adhered to strictly.

3.10 Data Processing and Analysis

The data was analysed using thematic content analysis. Thematic analysis is considered a flexible approach that can be modified to provide a rich and detailed account of participants qualitative data (Braun & Clarke, 2006). In thematic analysis the views of different research participants can be examined highlighting similarities and differences culminating in an organized final report (King, 2004).

The data analysis was performed concurrently with data collection. The transcription of data was done by typing out the audio recordings verbatim. Other information such as the field

notes and the non-verbal actions of the participants were noted in the transcription. The audio recordings were played multiple times and compare with the transcripts to fill in any gaps. In this study, the six steps of thematic analysis outline by Braun & Clarke (2006) were applied.

Familiarisation: In order to understand the data and generate the right themes, the transcripts were read through multiple times to understand the meaning of the sentences and phrases including contextual, professional and cultural meanings.

Generating Initial Codes: Coding: The researcher then read each transcript line by line highlighting key areas that represented the voice of the participants and labelling them with keywords or phrases. The keywords or phrases were the initial codes. All the transcripts were subjected to this process of initial coding and new codes that emerged were added.

Searching for Themes: The initial coding resulted in the generation of several codes across the transcribed data. In this step, the researcher sorted and collated all the potentially relevant coded data extracts into themes.

Reviewing the Themes: In this phase, the researcher reviewed the coded data extracts for each theme to consider whether they appear to form a coherent pattern. This process involved an inductive reasoning which allowed for identifying inadequacies in the initial coding and formation of themes. Overlapping codes and those that were considered not relevant to the themes were removed at this stage.

Defining and Naming the themes: Braun & Clarke (2006) suggested that researchers determine what aspect of the data each theme captures and identify what is of interest about them.

In this data analysis, themes were labelled using constructs of the ecological model depending on particular construct a theme reflected.

Producing the Report: In this step, a write-up was provided to give a concise, coherent, logical, non- repetitive, and interesting account of the data within the themes. Verbatim quotes from the participants were used to backed the narrations.

3.11 Data Management

The data was transcribed by the researcher herself in a quiet and suitable environment using earphones to ensure the recordings were not heard by other persons. The transcripts were stored in the researcher's personal computer and other external drives as well the google drive of the researcher. However, the data was protected with a code which was known to only the research and the supervisor.

The printed-out transcripts, the field notes and audio recorder used for data collection were kept in a safe place and locked with the key accessible to the researcher and supervisors for audit trail purposes. Whatever data was collected, will be kept for 5 years as prescribed by data protection Act.

3.12 Methodological Rigour of the Study

According to Gray et al., (2017. Pp.68), "Rigour of a qualitative study is the extent to which the identified meanings represent the perspectives of the participants accurately". It also refers to the quality of being exact, careful or with strict precisions or the quality of be thorough and accurate (Cypress, 2017). Without rigour, the research conducted become fiction and worthless and loses its relevance (Morse et al., 2018). According to Morse, (2018), the criteria for establishing rigour are credibility, transferability, dependability, and confirmability.

Credibility: The purpose of credibility is to establish the confidence that the results of the research are true credible and believable. Making the reader to understand about the extent to which the researcher has produced results that reflects the participants view (Forero et al.,

2018). To ensure the research credibility of this study, the researcher read wide on the topic in order to have an in-depth knowledge on the subject of study. The researcher also conducted the interview using open ended questions to allow the participants to express themselves free and not being limited on the response. All transcripts were also verbatim from the audio recordings and taking into consideration the field notes and none verbal actions. Member checking was done by tracing participants who need to be traced to confirm the accuracy of their transcribed data.

Transferability: According to Forero et al., (2018), transferability refers to the extend to which the results can be generalized or transferred to other contexts or settings. To ensure this, purposive sampling technique was used. Interview of participants continued until data saturation was obtained. A detailed description of the methodology; the procedure for participant selection, research setting and design were provided

Dependability: This implies that the same results will be obtained if the study is conducted with the same participants and using the same method (Forero et al., 2018). This was achieved by preparing a detailed draft of the study protocol of the study. A detailed track record of the data collection process was developed. Coding accuracy and reliability was measured by asking other persons with the expertise in qualitative research to cross check with the transcripts. The printed transcripts, codes and emerging themes and the tape recordings were made available to the supervisors.

Confirmability: This refers to the extend that the confidence that the results would be confirmed or corroborated by other researchers (Forero et al., 2018). To ensure this, the researcher kept an audit trail comprising of field notes, audio recordings, analysis notes and coding details. Several triangulation techniques such as methodological, data source,

investigators and theoretical were applied. Also, the final draft of the study was perused by the supervisor for her approval.

3.13 Ethical Considerations

Ethical clearance was obtained from the Ghana Health Service Ethics Review Committee before carrying out the study. An introductory letter from the School of Nursing was taken for the purposes of seeking permission from the authorities of the Upper East Regional Hospital and the Tamale Teaching Hospital where the study participants were drawn.

The ethical principles of research involving human subjects which essentially centers on respect for human dignity, beneficence and justice (Polit & Beck, 2014) were maintained.

The ethical principles include the following;

Anonymity: Participants were given Pseudo names and their information stored with those pseudo names. This ensured their identities were kept confidential. Every information related to the study stored in any device was saved with a password only known to the researcher. This kept other individuals from having access to the information. Participants were also told to feel free to stop the researcher or refuse to response at any point in the interview process participants felt their privacy was invaded by such questions.

Respect for Human Dignity: Before being recruited to be part of the study, participants were made to know that participation is purely voluntary and participants could withdraw at any point in the study. Each participant was given a consent form which contained the general information on the study to read and understand everything about the study to inform their decision making. For those who accepted to participate in the study, a voluntary informed consent form was given to them to sign. This included the permission for audio taping, transcribing, note taking and final reporting of the findings of the study. The interviews were conducted at the convenience of the participants in terms of venue and time.

Beneficence: The participants were informed of the benefits of the study. They were made aware that the benefits will not be directly personal to them individually but their responses will help the research make recommendation that will be used for the wider benefit of the profession of nursing in Ghana.

Justice: The inclusion, exclusion criteria and willingness to participant were the only basis for the selection of participants. All participants were treated equally and given the right to choose to or not respond to any question.



CHAPTER FOUR

FINDINGS

4.1 Introduction

This chapter presents findings gathered from interviews that were conducted using the interview guide. The chapter contains socio-demographic characteristics of participants followed by findings which are grouped under eight main themes with subthemes under each. The subthemes are supported with verbatim quotes from the interviews.

4.2 Socio-Demographic Characteristics of Participants

The study involved fourteen (14) participants who are all nurses working in the hospital with the minimum number of years of work experience to be five (5) and the maximum of twenty-four (24) year. The participants were made up of seven (7) each from the Tamale Teaching Hospital in the Northern Region and the Upper East Regional Hospital in Bolgatanga. Five (5) of the participants were at the rank of Senior Nursing Officer (SNO), four (4) Nursing Officers (NO), three (3) principal Nursing Officers (PNO) and two (2) Deputy Director of Nursing Services (DDNS). Majority (Nine) of the participants had a first degree in nursing and the rest had a master's degree. Their ages ranged from 30 years to 52 years. They comprised of five (5) males and nine (9) females.

4.3 Organisation of Themes

The thematic findings of the study are organized according to the constructs of the socioecological model of development and objectives of the study. The study made use of all the constructs of the socio-ecological model except the chronosystem. Hence, five main themes as well as three emerged themes with their corresponding subthemes were generated as presented in the table below.

Table 4.1: Thematic Content Analysis Structure for Mentorship in Nursing

	THEMES		Sub-Themes	Code
	Theoretical	Emerged		
1.	Personal factors that influence mentorship in nursing		<ul style="list-style-type: none"> • Age difference between the mentor and mentee • Gender difference the mentor and mentee • Experience level of the mentor • Interest and Commitment of the mentor and mentee • Socioeconomic status of the mentor • Knowledge and skill of the mentor • Personality and attitude of the mentor and mentee 	PF
2.	Micro system factors that influence mentorship in nursing		<ul style="list-style-type: none"> • Mutual trust and respect between mentor and mentee • Power balance between mentor and mentee • Emotional intelligence balance of mentor 	MSF
3.	Meso systems factors that influence mentorship in nursing		<ul style="list-style-type: none"> • Conducive environment for mentorship • Capacity building/Professional development of mentors • The influence of a 	MESF

			national policy on mentorship in nursing	
4.	Exo system Factors that influence mentorship in nursing		<ul style="list-style-type: none"> • Nursing and Midwifery Council • Ghana Registered Nurses and Midwives Association • National Policy on mentorship in nursing 	ESF
5.	Macro system factors that influence mentorship in nursing		<ul style="list-style-type: none"> • The influence of Cultural and religion on mentorship in nursing • The influence of tribe and ethnicity on mentorship in nursing 	MASF
6.		Benefits of mentorship to nursing	<ul style="list-style-type: none"> • Improved professional standards of practices • Improved interpersonal relationship with colleagues and clients • Guidance for Career Progression of mentees • Reduced Workload on nurses • Improved Professional image of nursing 	BOMN
7.		Barriers to mentorship in nursing	<ul style="list-style-type: none"> • Favoritism • Workload of mentor and mentee • Conflicting interest between the hospital and staff 	BMN
8.		Recommendation for effective	<ul style="list-style-type: none"> • Institutionalization of mentorship in nursing 	REMN

	mentorship in nursing	<ul style="list-style-type: none"> • Institutional support for mentorship in nursing • Training of individuals to serve as mentors 	
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4.3.1 Personal Factors Influencing Mentorship in Nursing

The participants explained that, for the process of mentorship in nursing to be effective, there are certain personal factors that must be taken into consideration. These factors can be mentee or mentor related. Personal factors influencing mentorship in nursing were described in seven categories as narrated below;

4.3.1.1 Age difference between Mentor and Mentee

Age was considered as an important personal factor that determines the success or failure of the mentorship process. The influence of age on mentorship can be either positive or negative depending what happens and the context.

Some of the participants stated that in the setting where the study was conducted, there is a culture of respect for age. As a result, when the mentors are older than the mentee, the process is likely to have a good outcome.

A thirty-eight year old John with eight years of nursing experience believes the outcome of the mentorship process is likely to be positive when the mentor is older than the mentee.

“Age will have an influence on the mentorship process especially if the mentor is older than the mentee. That influence will be positive. It will be more like guiding the younger one to climb up.” (John)

Other participants explained that, age can influence mentorship because of the respect for age in the research setting.

“I believe age has an influence on the mentorship process, because in our northern setting, there is a lot of respect for age.” (Kwarteng).

“In Africa or especially the Northern Region Ghana, there is a value attached to age. People value age so much and this applies to mentorship too. If the mentor is older than the mentee, the process will end well with little challenges. (Kwame)

Sarah believes that if the mentor is older than the mentee, it provides a natural bonding between the mentor and mentee.

“Age can influence mentorship both positively and negatively. I remember coming up as young nurses, most of the nursing positions were occupied by the elderly. Automatically, you saw this parent figure in them and if that senior also saw you as a daughter or son, the relationship naturally went well and you felt comfortable discussing everything with the person.” (Sarah)

A thirty-two-year-old Serwaa, a Nursing Officer with eleven years nursing experience also stated that, age comes with experience and respect which goes a long way to influence the mentorship process

“In our setting we all know that respect is given to people older than us, and experience comes with age in your career. Age influences the relationship in the sense that, it also indicates the number of years you have worked to gain a lot of experiences” (Serwaa).

However, Nancy a thirty-two years senior Nursing Officer with seven years' work experience argues that despite the advantage of the mentor being older than the mentee, it can sometimes result in the mentee being misled if the mentor is not right.

“The positive aspect of the mentor being older is that, the mentee already sees the mentor as a superior because of our African setting, an adult is always right. So wherever, it goes. But in the negative aspect too, even if the mentor may not be on the right path the mentee still follows because he or she feels this is right.” (Nancy)

Kwarteng, a nursing officer with eleven years of work experience also shared that effective communication between mentor and mentee can be affected by the age difference between them.

“So even if you have to communicate with an elderly person, there are limitations as to how you communicate with the elderly. So is it too, if you are engaging the person in anything at all that you do. You certainly have barriers, because of our culture setting. It delimits us to being so expressive. I think It plays a part” (Kwarteng).

Other participants alluded to the fact that when the mentee is older than the mentor, there may be the challenge of not taking instructions from in the mentorship process.

“Age is also another thing. If the mentee is older than the mentor at times you see there will be some friction. The mentee is likely to not take instructions from the mentor just because the mentee feels the mentor is too young to instruct him/her around. When this one happens in nursing at times it becomes difficult for the mentorship to run smoothly.” (Amanda)

So, when it comes to mentorship unless of course mentee humbles him/herself so well. Especially so, if it happens that the mentee is older than the mentor, due to the value

attached to age, you will see that friction between the two of them. So, at the end of the day, the desire results you intended to achieved may not be achieved” (Kwame)

“Where the mentee is older than the mentor, yes so that is where there will be a problem. The mentee might not respect that knowledge that the person has but may be more concern about how older the person is, the mentee might not take the guidance of the mentor simply he/she (mentee) is older than the mentor.” (John)

A thirty four years old Senior Nursing Officer Kojo, with thirteen years’ experience as a nurse argues that it can be intimidating for some mentors when they realize their mentee is older

“Also, some mentors upon getting to know the age of their mentees, they become uncomfortable impacting knowledge on them or mentoring them. Especially so, when the self-esteem is not there, not confident at the end of the day the positive outcomes will not be realized” (Kojo).

On the other hand, others thought that age should not have any influence on the mentorship process at all. This is because, there are other factors can also ensure the success of mentorship and not just age.

“I think that, to the best of my knowledge, age should not influence in any way, for example, I am forty years of age. And I am a clinical coordinator. But I am able to even sit down with senior colleagues who are about going on retirement to talk about certain mentorship programmes. And they accept me in that regard. So, to this extent, I can confidently say that age cannot have some adverse effects on mentorship process or in a way influence mentorship process. It is about your knowledge, your resourceful and experience in the profession.” (Nartey)

“No. I don’t think age should be a factor. Because you are mentoring the person based on the profession and the knowledge that you have about the profession. What you want the person to be. It doesn’t it have anything to do with your age. Is about your knowledge. You can be as old as methuselah but if you don’t have the knowledge in what you are doing, I don’t think that should be a factor.” (Ajoah)

Some participants were however ambivalent about the role of age in the success or otherwise of mentorship in nursing.

“I will say yes and no. So yes, some people are not comfortable relating with some people of a particular age level. Naturally, some people find it easy to mentored by people they think are older, because the assumption is that you know it all and so you have better experience to tell them what they need to know. However, I think age is just a number. There are people who are younger and can still mentor people who are older. It all has to do with the experience.” (Mable)

Age? Well I should say yes and no? yes because if I am older, they say if you are older, you are wiser. But sometimes somebody will be older, but the things that that person has seen, probably me being the junior one I have seen something that the person have not seen before. So, the age. Yes and no (Ama)

4.3.1.2 Gender difference between Mentor and Mentee

Gender was identified as one of the individual factors that can influence the effectiveness of the mentorship process. Whiles some of the participants believed gender should not affect the process, others believe gender can influence the process.

Some of the participants mentioned that gender differences in mentorship might result in the process faced with some challenges.

John, a male nurse with eight years work experience believes same gender dyad pairing in mentorship have the potentials to yield the desired outcome

“Gender can influence the mentorship process especial if the mentor is a male and the mentee is a female the mentor might take things in another perspective and then the relationship will be abused and you might not be able to mentor the person. o for instance I am a male and my in charge is also a male, if I take him as a mentor and he is guiding me in my career, there wouldn’t be any barrier. I can visit him; I can have a close relationship with him that one, things will flow well and you are likely to achieve your aim without any barrier. As for a female, off work, you might not be comfortable to go to the person’s place probably the person is even married and have kids. There will be a barrier a natural barrier that limits how you relate with the person”. **(John)**

The participants were of the view that gender difference could negatively impact on the mentorship process where the mentor makes some demands. Male mentors were those implicated as those who were most likely to make questionable demands.

“To some extent, I think gender can be a challenge. There is always the issue of opposite gender having intimidations or demanding certain favours from the mentee before their needs are met. So, if this is the case with the mentor and mentee, it can also hamper their relationship. I think male gender as a mentor and female mentee will result in this phenomenon and affect the mentorship process negatively”
(Kwarteng).

Similarly, other participants stated the sexual demands by male mentors were most likely to cause problems in the mentorship process.

Thirty-two years Serwaa with eleven years of work experience believes it a male is mentoring the opposite sex, it could result in the mentor demanding sex.

“If a man is mentoring a female, it could lead to later on the man demanding for sexual relationship with the lady which probably will not give them a favourable

condition to get to the end of the mentorship. So that becomes a difficulty in the mentoring processes with the gender” (Serwaa).

Participants also stated that gender is more likely to influence mentorship due to the cultural reasons.

“Just like I mentioned about religion, the northern culture doesn’t favour a woman being a leader. So, in mentoring, if the mentor is a female and mentee (s) are males from this background it will be a challenge to mentor because in the northern culture you the woman shouldn’t be leading.” (Amanda)

“Gender too has some impact and a practical example is in the ward level which happens that when the mentors are females and a lot of the mentees are males. There will be friction, in our society, the males by defaults must be leaders. So, when a lady becomes a leader and even if the lady confidence is high and the self-esteem is there, we tag those people as arrogant especially so if they belong to the feminine gender. So, at the end of the day, the outcome will not positive or as expected. and also, if the mentors are males and a majority of the mentees are females at times the outcome is not positive. Unless there is a mix, so that one cohort are going in line, the others will be whipped in line. So, when majority are a particular gender, it has an effect on mentorship” (Kojo).

“In a neutral environment mostly the friction or the negatives is lesser. But in an environment where there is a lot of male ego, the males normally see the female as you are supposed to be in the submissive way so why are you the one directing me? So, I have personally had encounters with the two groups where the males follow the females religiously and then everything is done well and I have had experience with another setting where that is not done because you are a female.” (Nancy).

On the other hand, Sarah believes females mentors may feel intimidated mentoring their males' mentees.

“Gender can influence the mentorship process. For instance, we all heard the little history about the male midwives. The kind of reception some of them had when they got to the clinical settings was not right. These male midwifery trainees were supposed the female mentors. However, most of these female mentors were not willing to do so because, they felt the men were coming to take over their positions.”

(Sarah)

However, some participants were of the view that gender should not be a factor that influence the mentorship process

“Gender for me shouldn't be any issues because in our profession, we don't have a female and then male. Whatever comes, you handle it as it is. So, if I am a male and my mentor is a female, I don't see the difference. We can all learn from each other.”

(Ama)

Similarly, Nartey a forty years old male nurse also agrees that gender difference should not be able to affect the process except the mentorship is in an area that is typically female inclined.

“Because, if you are talking about mentorship in general, I will confidently say that gender will have no effects. But when we are speaking in terms of respective context, for example, take midwifery for example, I am a male nurse. And then we have...if I have to mentor a female nurse, If I have to mentor a female nurse that has to do midwifery aspect, It means that there's going to be certain barriers.” (Nartey)

“I will rate it as the negative is about 15%. Because personally I have had a mentor who was a male and the positives were more than the negatives. The professionalism

is almost excellent. The person is more focus, not adding emotions and always focus on what he wants you to know on the field. But the negatives I didn't see much. And observing too, I have realized especially when a male is a team leader or a mentor, the mentees who are females mostly focus because they see the male image as a leader. So, they easily follow.” (Nancy)

4.3.1.3 Experience level of the Mentor

Experience of the mentor was seen as vital in the mentorship process. Participants believed without the appropriate experience, the ability of mentors to influence their mentees will be a mirage.

According to John, experience is necessary because, it helps the mentor to apply real situation in the mentoring and not just book knowledge.

“The level of experience is key. If you have a lot to offer, then the moment you even start bringing the person up, coaching the person, telling the person what the person should do to climb up, it will even be more interesting and make the person more committed because you are telling him/her things that is true and the person as you are saying it because they factual, and because you are experienced, they person might even be experiencing the some of them along the way and the person will be committed to the process. So, the level experience is important.” (John)

Some of the participants explained that, experience means knowledge and will also engender confidence in the mentor

Sarah, a principal nursing officer with seventeen years work experience states that when a mentor is experienced, s/he is confident to guide the mentees through the process of mentoring.

“If you have mentees in place a where the mentor is very experienced in the field of practice, the mentor will be confident and will have the needed knowledge to guide the mentees. As a result, the mentees even coming will be willing to avail themselves for mentorship.” (Sarah)

A Fifty-two years old Mercy, a Deputy Direct of Nursing Service with twenty-four years work experiences believe it is impossible to give out what you do not have.

“The experience level of the mentor is very important. Because if you are doing something that you yourself have no experience, you can never impact you positively. you can't give what you don't have. That one is basic because if you say you are a mentor and you don't know anything, what will you communicate to your mentee?”

(Mercy)

According to Serwaa, without the requisite experience, it will be challenging for the mentor to achieve the desired goals of the mentee.

“So, if you are not experienced yourself, if you haven't gained this knowledge, if you haven't gained the skills, you will not be able to give what the mentee needs to advance in his or her career, because you equally you are lacking in certain aspects so you must be advanced in knowledge and skills and this comes with the experience you've got. If you are not experienced, you might not be able to achieve what the mentee is expected to achieve” (Serwaa).

Similarly, another participant added that, when a mentor is experienced, it ensures positive outcome in the mentorship process.

“Yes, I think experience also counts, because before someone picks you as a mentor, he or she might have seen some attributes in you the person wants to emulate. So the mentor with experience will in a way have positive outcome as compare the one with least experience” (Kojo).

However, some of the participants stated that experience should not be equated to the numbers of years one has practiced nursing but rather the skills and knowledge of the person has. As such, people should not be given the role just because they have experience without the needed skills and knowledge.

“Yes, experience matters, but you know, it shouldn’t be a reason why some people should not be mentors. The skills and knowledge should of priority.” (Mabel)

“Normally the basic thing is the knowledge. How knowledgeable is the mentor? How much is he ready to teach the one he is mentoring? What is the person looking at in you? So, experience, you can be old in the system without knowing what you are about. So, it depends on the what you know and not what you do.” (Ajoah)

“Experience means skills not just number of years in practice. If you are a mentor and you are skillful, it contributes a lot to mentorship. If you are skillful, it means that you will be able to take through the mentee through all that the mentee is expected to learn from you, the mentor” (Nartey).

4.3.1.4 Commitment and interest of Mentor and Mentee

Mentorship is a process and involves individuals working together to achieve a particular goal. As a result, the participants mentioned that commitment to the process from both the mentor and mentee is necessary for the success of the mentorship process.

Kwarteng, a Nursing Officer with eleven years nursing experience explained that, without commitment from the parties involved in the mentorship, it can affect the meeting schedules for the mentorship.

“So, if one is not committed, maybe you arrange to meet in this particular place at this particular time. And If the mentor or the mentee comes to sit and the other does not show up, so the next time the person will also feel so reluctant.” (Kwarteng)

Forty-six years old Ajoah, a Principal Nursing Officer explained that, mentorship requires certain sacrifices from the individuals involved. Hence, it takes the parties involved in the mentorship process to be committed and interested in the process of mentoring.

“If both the mentor and mentee are not committed to the process, I don’t think it will go well. Mentorship has a whole lot of; sacrifice, your time, patience among other that you need commitment to be able to go through the process. Also, without commitment there will be frustration, there will be anger. In human relationship, there is always misunderstanding but with commitment, no matter what come through, the process can still go on and you will be able to deliver whatever you want to deliver.” (Ajoah)

Some of the participants believed that, the commitment is more required of the mentee than even the mentor.

“Sometime, as a mentee you think you are in your comfort zone, but your mentor thinks that, if you take this path, it will help you. So, you should be committed to be able to take some instructions sometimes against your own self.” (Mabel)

“A lot of the time, mentors are always available to impact on people. Because they have a feeling that by the end of the day when I am gone people should continue with my leadership. But if the mentee is not committed, the mentor’s commitment may die off. I think the commitment of the mentee should be more than then mentor because you are the one who need a lot of resources from this experience person.” (Kojo)

“If you are mentoring someone and the person is not committed to the process, you can’t get the end result. Because it’s a two-way affair. So, if this person is not putting

enough effort to gain what you've all set to achieve, then is not going to be possible with the mentor even doing all the work.” (Serwaa).

According to some of the participants, commitment to the process by both the mentee and mentor is the panacea for the success of the mentorship process.

“If the mentee is ready to learn, no matter the defining differences, the process will be smooth” (Kojo).

“So, commitment, yes, is very important for you to achieve whatever, goal you have in the whole process. The mentee should to be committed to say that if your mentor says we have to meet and talk about this at this particular time to discuss this issue... we need to discuss this issue. Make time and make yourself available or be committed to go through the process.” (Mabel)

Similarly, other participants added that

“Yes, where the mentee is committed and the mentor is not, it will still affect the mentorship process. Because the mentee is trying to learn from the mentor so if the mentor is not available or unready to help this mentee gain the skills and the experiences to tap from this experience, definitely it will affect the process.” (Serwaa)

“Commitment mostly can only be exhibited when the whole thing is goal oriented. I see a lot of commitment when the whole mentorship process is goal oriented. But the situation where they don't know where you are directing them to, the commitment is not seen. Is when you the mentor exposes yourself to be someone who is focus and goal oriented. They know they are going towards somewhere, so they follow you religiously. so, when both of you are committed, the mentee and the mentor there will be positive results.” (Nancy)

It was also noticed that the success of the mentorship process depends on whether the mentor and mentee have any interest for the mentorship process.

Participants explained that, lack of interest in the process by both or either the mentor or mentee, can affect the mentorship process negatively.

“Sometimes, they can assign a mentee to you, the mentor. But if the person is not interested in the mentorship or the mentorship style that you are using, obviously it will affect the process.” (Nartey)

“If the mentee is not ready to be mentored, if he/she doesn’t think he/she needs somebody to watch over him/her and direct him/her, it will not go well. So, I think that basically these are the things that we can look at.” (Mable).

Also, the mentor’s interest to mentor is vital to ensure the mentorship success.

“The mentor’s personal interest, if the interest and dedication to do it is not there, you will not find it necessary even if you are roped into it. But I think when it comes to mentorship, it should be something that is self-motivated, self-driven. Is not imposed on you, so it looks like someone is watching you to do it, no, because you know... I mean mentorship is intangible.” (Mable)

“And the other part is the interest. Yes, after going for degree we heard about mentorship, the benefits of mentorship. Then I come back and looking at may be the team to which I am working with is something that doesn’t push me to mentor anybody. So, if already as mentor, I don’t get the interest in mentoring, of course I won’t mentor. And I don’t know whether it will come as an individual factor. So, if already as mentor, I don’t get the interest in mentoring, of course I won’t mentor.”

(Sarah)

The mentees being available themselves communicating openly with the mentor was also identified as an important factor

“The positive ones I have observed and think is helping us is the mentees availing themselves and exposing their weakness. When that is done the mentor gets the upper hand in directing them in the right path and I think basically that is all.” (Nancy)

4.3.1.5 Socioeconomic status of the Mentor

The socioeconomic status of the mentor was identified as one of the personal factors that affect the mentorship process. They explained that, regardless of the other qualities or factors, some mentees will consider certain socio-economic factors of the mentor such as financial status and social relevance before they can pay attention in the process.

Kojo, a Senior Nursing Officer with thirteen years nursing experience explained that:

“I think our society is tilting towards a situation where people are judged by the socioeconomic status. So, when you are assigned to a mentor, a lot of the times this young ones look at what the person has to offer in terms of monetary. people judge success on money, so they say he/she is not able to make it how does s/he impacts on me? Right from the onset, you see the person failing. so, socio economic status is very important”. Some people will have said that man is a failure by the fact that he had no money and would say how can I associate myself with failure? Meanwhile people you think that have fail, have experience.” (Kojo)

A forty-six years old Ajaoh, a Principal Nursing Officer also admitted that socioeconomic status of a mentor is necessary.

“This time if a mentor is not financially sound, what is he mentoring me for? Also, your education level. Maybe I am a doing a degree and my mentor is just a diploma general nurse. I may not value the mentor.” (Ajoah)

4.3.1.6 Personality and Attitude of the Mentor and Mentee

Some participants mentioned the personality of the mentor or mentee as a factor that can also influence mentorship in nursing. The participants were of the view that knowing the mentee’s personality was vital in enabling the mentor to adjust for a successful mentorship process.

Ama, a Principal Nursing Officer with thirteen years nursing experience believed mentoring people require specific approaches according to the personality of the mentee. As a result, mentors need to understand the personality type of their mentee in order to choose the right approach for the mentorship.

“Personality comes in because to be able to handle somebody, you have to know the person’s personality. So that you can also adjust yourself as a mentor to support the person. Because there are people who are reserved and maybe I am the mentor and I am not the reserved type. So, if I am going to mentor somebody who is reserved, I have to learn how to handle somebody who is reserved. So that we will all flow together. So, personality is one of the individual factors.” (Ama)

Another participant explained that the mentor being approachable and using a decorous language could make mentee more interested in learning.

“Also, as a mentor, if I don't also make myself readily available, if I'm the type who is not approachable, definitely the younger ones would be afraid to get close to me. The tone of my voice, when it comes to correcting somebody or teaching somebody will let others far away come closer or shy away from me.” (Mercy)

Nancy states that being confident and assertive are key to effective mentorship.

“Mostly it boils down to the mentor not being too assertive, not being able to expose him/herself in confidence. So, the person may not ... let me make it more personal, I may not be able to see myself as a good mentor when I don't have the confidence to see what is going on and at least direct the mentees on the right path.”

(Nancy)

Participants also explained that, a positive attitude by both the mentor and mentee is necessary for the mentorship outcome to be good. For the mentor, participants mentioned qualities such as assertiveness, proficiency, be a discipline among others.

“As a mentor, you must be a disciplinarian. whatever rules you set and expect the mentee to abide by, the mentee should see that you as a mentor are doing it yourself.”

(Ama)

“We know that when we step on the wrong way we know how to answer and how to correct that rather than you coiling back. Quite apart from you being proficient, you should be tolerant. You should be tolerant, because they would come with all manner of pressures. But because your desire is to teach the person, is to give the person counselling, is to coach the person, you need to have patience. “Then concentrating on the mentee, personally what I have encountered especially the negative factors are; some of them see themselves as they know more than whoever is mentoring them are not willing to learn.” **(Nancy)**

“The attitude of the mentee is key. because when you want to, uh, impart knowledge to somebody and the person is not ready, the person is not willing, you cannot force the person. And now I don't know where we have gone wrong as a profession. Many are times basic things, you teach or try to correct a mentee and the person takes it as

an offense, no matter how polite you put it. So, I think that a lot of arrogance.”

(Mercy)

Nartey, a senior nursing officer with fourteen years work experience and the officer in charge of in-service training of one of the hospitals believed until mentees are active participants in the mentorship process, it affects the outcome of the process.

“We could look at over reliance. What do I mean by over reliance, especially on the part of the mentee? The mentor is always willing at all times or at all cost to put up his or her best for the mentee to be able to learn something from the mentor. But sometimes, the mentee tends to think that the mentor is the one that is supposed to do everything for him or her. In that case, it obviously becomes a factor that would hamper how best the mentee...sorry how best the mentor can mentor the mentee. So, we always expect that yes this could help in a way, but you the one that is being mentored should understand that you should not over depend on the mentor.”

(Nartey)

Ama believes without honesty by both or either mentor or mentee, the mentorship process will not end well.

“The mentor needs to be honest with the mentee with regards to what he/she expects from the mentee as the go through the process of mentoring. For the mentee, if the mentor discovers that the mentee is not truthful and honest, it will be difficult to continue the process. So, the both the mentor and mentee must be honest.” **(Ama)**

According Mercy, a Deputy Director of Nursing Services with twenty-four years of work experience, the wrong attitude from mentee should not be an excuse not mentor.

“Though the right attitude is needed by mentee before the mentorship process can be successful. However, without it, one can still mentor because they say there are so many ways of killing a cat as a mentor, you have to all the time gauge the mood of the mentee. So, I personally will not, uh, let the person's attitude. I will find a way of getting to you because the one I mentoring one day, they are the future of the profession. Whether we like it or not as for the attitudes, they are there, but you have to find a nice way and as a mentor too, you don't allow your own ego to be a barrier. Because truth be told, this generation of nurses that we have, some of them are very snobbish. They only pretend to respect, but they don't.” (Mercy)

4.3.1.7 Knowledge and Skills of the Mentor

The participants stated that mentors need to be knowledgeable in the area they are required to mentor as well as knowing what is required of them in the mentorship process.

Forty-six years Ajaoh, a Principal Nursing Officer with eighteen-year of work experience believes the level of knowledge of the mentor is key for the success of the mentorship process.

“It boils down to knowledge of the mentor. How much and well does the mentor know about what he is doing? Do you have a know-how on what you are mentoring the person for? Then the person you are mentoring, does she even know what you are doing?” (Ajoah)

“I think Knowledge deficit is one thing we should talk about. Until now, many nurses did not subscribe to higher education. As a result, they may hear of mentorship and want to mentor but obviously, they won't have the requisite knowledge to do so appropriately.” (Sarah)

However, Sarah also believes it is not the mentor alone that needs to be knowledgeable, but the mentee too needs to be aware of his/her need for a mentor.

“for the mentee also, I will talk about the knowledge deficit there. Because for instance, If I start work as a staff nurse and I am not aware that I need to be mentored, I will not look for a mentor. However, if I am aware of the need to be mentored and the benefits that come with it, I will look for a mentor at all course.

(Sarah)

The skills of the mentor was mentioned as one of the qualities needed for a successful mentorship. Participants explained that, without the required skills, it will be a challenge to mentor successfully as a mentor.

“And another point is the level of the skills or exposure to the nursing field especially when the mentor has not really had an exposure in some particular procedures or nursing skills. He or she may think he won't be able to mentor others.” **(Nancy)**

“By resourcefulness, I am talking about the knowledge level of the mentor. I am also not only talking knowledge, because knowledge is about information. You, the mentor should first of all have information. Knowledge is just about information. Aside the knowledge, the mentor should be proficient. Proficiency is very important, aside just having knowledge.” **(Nartey)**

4.3.2 Micro system factors that influence mentorship in nursing

Interpersonal factors were also identified as one of the factors that can influence mentorship in nursing. The participants alluded to the fact that mentorship involved people relating in the process. Hence, the interpersonal relationship that will exist between the parties involved is important to ensure the success or otherwise of the mentorship process. These interpersonal factors were explained in three levels as described below.

4.3.2.1 Mutual trust and respect between mentor and mentee

The participants indicated that, mutual trust and respect between the mentor and mentee is very important in relationship building and is one of the ingredients needed to ensure the relationship between the mentor and mentee yields the desired results. The participants explained that trust and respect borders on the confidentiality needed in a relationship to ensure the smoothness of the process.

John, a 38 years old Nursing Officer explained that trust is important because, in mentorship, other personal information is shared which must be kept private.

“Trust also plays a key part. In the sense that there is certain privileged information you will hear about me or as the mentee that nobody should hear. So, If I am giving you my weakness and before I realise another third party is having the information it means that I have to just withdraw myself and be alone or find another person who I think I can trust.so trust also facilitate.” (John).

Similarly, forty years old Sarah, a Principal Nursing Officer believes that mentees will never confide in the mentors, if they do not trust them.

“I think trust plays a very significant role such that every individual will be happy to confide in somebody you trust. That is this person is able to keep secrets. So, if I am a mentee in the hands of a mentor and for one experience or the other, I get to realise that no this mentor dieerrr when you come and discuss something with him or her, before you even leave the information is at another office. Mentorship is all about you strengthening people’s weakness. So, as a mentee, I will know that I have the weakness but I don’t trust you, my mentor. So is better I keep it than sell my weakness to the highest level. Something that is supposed to be known within me alone, it will be known within the majority. So, trust is really very important” (Sarah)

Ama also a Principal Nursing Officer, believes there cannot be any mentee-mentor relationship without trust.

“Trust in the sense that once somebody has taken you to mentor you, or I have taken you as a mentor. Is like we are going to share issues. We are going to share problems. Then you will help me solve the problem. So, if I come to tell you my problems and then the next morning, I hear it from somebody else. I mean I won’t be comfortable to come close to you again. Without trust, there will be no mentee-mentor relationship.”

(Ama)

According to Mercy, trust is important because, when there is trust in the relationship, the mentee is likely to open up to the mentor on other personal challenges not just the professional issues.

“Trust is very key. I think trust is key because like I said, these days, you have nurses who are into all kinds of things. This hospital, we are battling with nurses who are drug addicts. So, when the person has a problem, and cannot trust you the mentor that becomes a challenge. The person will be struggling at his or her corner. But if the person knows that there's a shoulder, I can cry on and knowing that it'll be between me and the person, the person will be willing to, to voice out.” **(Mercy)**

Kojo, a thirty-four-year-old Senior Nursing Officer, also explained when the mentor trusts the mentee s/he is likely to open up to the mentee which will help the outcome of the mentorship process.

“Yes, if your mentor trusts you, they open up on things and the outcome is going to be positive, but if they do not trust you, they will not open from day one” **(Kojo)**

Other participants also explained that when the mentor trust the mentee s/he will go the extra mile to ensure the outcome of the mentorship is positive.

“So as a mentor if I know I trust this mentee a lot, I’m able to teach even beyond what our target would be, because I know in the absence of me, I have someone I can rely on to do certain things I’ve taught the person, so if I don’t trust you that much what I will give to you probably will not be the same as if I trust you that well to mentor you. So, the mentor trusting the mentee too is very necessary in the relationship” (Serwaa)

“If the mentor trust that the skill or knowledge I am to impact on you, you will use it well, definitely.... But if the person realises that this person, I am going to mentor is not serious, he will not like to.” (Ama)

According John, if the mentee does not trust his/her mentor, will affect how the mentor will relate with the mentee

“I am the mentor and I am prescribing something or directing you to do something that will help you, before I realise you are rather talking ill of me with other people so it means that you don’t trust what I am trying to tell you or coach or bring you up so it will also affect how I will relate with you.” (John)

Ama a principal Nursing Officer with thirteen years of nursing experience believes trust is fundamental and no relationship can thrive without trust.

“If someone doesn’t trust you, hardly will the person mentor you. Because if you don’t build trust, they won’t be any relationship. For any relationship to stand, there must be trust. So, the one to be mentored has to build trust and the one mentoring the mentee has to also have trust. If not, it will impact negatively.” (Ama)

According to Ajoah, Principal Nursing Officer with eighteen years nursing experience indicated that trust was a major factor that influences the mentoring process. Mentees were likely to have a good relationship with mentors who were trusted.

“If you are mentoring me, and whatever you say if I don’t trust you, there is nothing I will pick from it. It raises my doubts. Anything you say something, I want to verify if it is true? To be able to establish a good relationship, you need to get your mentee to believe in you? mentee trusting the mentor is a bigger issue. you already have been identified as somebody with an idea you need to impact on somebody. So, you should be trusted more. The mentor should be trusted more rather the mentee.” (Ajoah)

Forty years old Nartey with fourteen years nursing experience explained that trust ensures compatibility between mentor and mentee in the relationship

“Compatibility is very important. Now what influences compatibility is basic trust. Basic trust, if that basic trust is not there between the mentor and the mentee, obviously that relationship that we are talking about mentorship, counselling, teaching, coaching, educating, etc, obviously will all be affected.” (Nartey)

Kojo added that trust was important and the mentor need to trust the mentee.

“Yes, trust is important. Trust has a lot of issues. If there is no trust it will affect the process. Trust needs to be built every day. The moment the mentors realize he cannot rely on the other person (mentee) then the mentorship process will definitely go down” (Kojo)

Participants admitted it is important that the individuals involved in the mentorship have regards for each other. Respect is key for the success of any relationship and that includes the mentorship relationship. However, this respect should be reciprocal.

The participants indicated that respect should be reciprocal and that the mentors should not force their ideas on the mentees.

“There should be mutual respect. The respect should be mutual. As a mentor, I should not lord it over my mentee, because I think the person needs something from me.”

(Mercy).

“I will always want to take it from the mentor’s point of view. I am a mentor and I don’t respect my mentees, I don’t think my mentees will also respect me. So is a reverse thing. You respect me, I also respect you. So is necessary that both sides respect one another. If there is respect, whatever I will say because you carry me with high value, you will listen and do it.” **(Ama)**

“Respect is reciprocal. If the mentor respects the mentee, the mentee will equally respect back. But if you see yourself as I am the mentor, I know it all, you don’t listen to the mentee. You feel like since. But if you just feel like since I am the mentor, I know it all. I don’t think that will work well. If there is no respect, I think the two of you might be deceiving yourselves.” **(Ajoah)**

Nartey a Senior Nursing Officer and a in-service training coordinator of a hospital stated that it is difficult to work in an environment without respect.

“For better outcomes in the mentorship, you expect that. Of course, we cannot live in an environment where there is no respect. There must be respect for one another, especially from the mentor to the mentee and then from the mentee to the mentor.”

(Nartey)

However, thirty-two years Serwaa, a Nursing Officer with eleven years nursing experience, explained that, the mentor ensuring the respect is reciprocal, is also a form of mentorship. By this, the mentee will also learn the attitude of respecting others.

“If the person is learning from you in a way, so if you are respecting the fellow as a mentee, it is an indication that if the mentee also grows, and pick up the skills and mentoring others, he or she should apply that respect to another mentee as well. So, to me, respect is very important.” (Serwaa)

However, some of the participants maintained that if the mentee does not to respect the mentor, the mentor is not likely to teach the mentee.

“Respect too is another key thing. For you to get knowledge from someone, you have to show respect. If you don’t respect the person, definitely the person will also not teach you what he or she knows”. (Ama)

“Respect is also key in mentorship. Why? Because, assuming I take you for a mentor and you schedule a meeting even per your busy schedule, you are able to allocate some time for me. However, when I come, the manners I show to you are not so good erh... in terms of respect. I think you...you would be offended by my actions or my mannerism. So, if that goes along for some number of times, you see that the commitment level of the mentor will not be so..” (Kwarteng)

A thirty-four years old Senior Nursing Officer, Kojo stated that, the mentee is the one who stands to lose if there is no respect in the mentorship relationship.

“Yes, it is equally very important mentor respects the mentee but by the end of the day the one who stands to lose more is the mentee if he does not respect. The mentor is someone with a pool of knowledge and experience, you are coming to tap from him. so, even if he is not respectful you have to accept his term and learn under them. So, the mentee losses more than the mentor.” (Kojo)

Nancy pointed out that disrespect from the mentor will affect the outcome of the mentoring process.

“Yes, if the mentee disrespects the mentor, it sometimes affects the outcome because if the mentor is the person who is not more focus professionally, may bring emotions into it. This can lead to somethings being omitted in the process. The mentee stands to loss in this instance.” (Nancy)

According to Kojo, a Senior Nursing Officer, the culture of the research setting demands that the younger person respect the older persons.

“Respect even in our culture is something that we attach so much importance to. So, if you see a mentor and the respect and humility is not in you, it is going to affect the mentorship greatly. Respect is very important and they judge you even by how humble you are. so, if the respect and humility is there, form day the mentor come to realize that you do not respect or arrogant person, the process will be very difficult and it would not be positive” (Kojo)

4.3.2.1 Power balance between Mentor and Mentee

Participants were of the view that, for a good relationship to exist between the mentor and mentee, there should be power balance between them. This will result in learning taking place.

Ama believes power balance between the mentor and mentee, make it easier for the mentor to learn from even the mentee when necessary. Afterall, the mentor does not know it all.

“For me I think there should be power balance. And if there is power balance, the mentee will think that even though she is of this calibre but whenever I go to her, she on the same level with me. If there is power balance, even you the mentor feels

comfortable to learn from the mentee without any challenge. After all you the mentor don't know it all.” (Ama)

According to Ajoah there should be power balance because, the duty of the mentor is just to guide the mentee.

“If you see the mentee as somebody with much potentials, your duty is just to nurture. To me, the mentor and the mentee, they all have a responsibility. Your duty is only to guide the person. The mistakes you made; you shouldn't allow somebody to repeat those mistakes. so is about sharing knowledge and nurturing the potentials you see.”

(Ajoah)

Nancy a Nursing Officer with seven years of work experience also maintained that without power balance, the mentorship process will not end as desired.

“Yes, it will not entirely but it will. Basically, along the line it will affect it with other factors. Because if the person is power drunk, disrespect will come in. The person will feel like I am in control and will disrespect the mentees. And in the process the whole thing will not go well.” (Nancy)

However, some participants believed that power balance is not necessary in the mentorship process.

Sarah a Principal Nursing Officer with seventeen years' experience believes power disparity is necessary for the mentorship process to be successful.

“Even if there is power balance, for me there won't be mentorship. There have to be variation in power for mentorship to be achieved. (Sarah)

A thirty-eight-year John with eight years work experience believe the mentor and the mentee cannot have the same power.

“Power balance? Well to some extent I will say it can affect. Mentor and mentee can’t have the same power. Definitely! If the mentee thinks they should have same level of power, it is not possible. The mentee is there to learn and must concentrate on that.” (John)

Other participants explained that the mentor’s power is one to give help to the mentee and not to abuse it.

“To ensure power balance, is based on the mentor knowing that, you have power but the power is to help. To teach and not to abuse. I think as a mentor, every mentor is supposed to know how to distribute or exhibit his or her power without abuse.”

(Nancy)

“Mentor have to be flexible. So that even if you want to assign, it is important to know the mentee’s time and schedules. The mentor should not also think that he is okay so the mentee is also okay. People are facing a lot of mental issues there are instance you have to ask.” (Kojo)

In order to ensure power balance between the mentor and mentee, some participants made some suggestions.

“The mentor will have to give a level ground where he or she would meet the mentee halfway. So that the mentee does not feel overly bullied. Ah aa so I think there have to be some compromise that.” (Kwarteng)

“So, to ensure power balance, you don’t have to see yourself as the ultimate. You should see yourself as one of them and then you will be on the same page.” (Ama)

4.3.2.2 Emotional intelligence

Emotional intelligence was identified as one of the factors that can influence the interpersonal relationship in the mentorship process. Participants explained that this emotional intelligence is more required of the mentor in the relationship.

Nartey explained that every mentor needs to learn and have emotional intelligence because, without it, the mentor is likely to misjudge your mentee some times.

“Quite apart from that, we can also say that if the mentor lacks some amount of what I term emotional intelligence the relationship will not work. You know as nurse managers, we are all expected to learn about this because, especially with the younger nurses that are coming into the system sometimes if you look at their conduct, the attitude sometimes, it hurts so much. Sometimes for all you know, it is not that they intended saying or doing what they have done. So, if the mentor at that moment lacks that emotional intelligence, then that relationship is going to, what, to become sour. So gradually, gradually either the mentee will start dissociating him/herself from the mentor or the mentor will dissociate him/herself from the mentee, so that can actually affect mentorship.” (Nartey)

Fifty-two years Mercy, a Deputy Director of Nursing Service with twenty-four years nursing experience maintained emotional intelligence of the mentors will the mentor to deal with issues in their proper context without transfer of emotions.

“You, the mentor being able to master your own emotional intelligence is very important. I've always told my nurses that, when I'm coming to the hospital and I get to the gate, I leave my house problems at the gate. And then I wear the work clothes proper mentally so that I don't mix my issues in the house with what I do here.” (Mercy)

However, Nancy, a Senior Nursing Officer cautions against becoming so emotionally involved in the process or relationship.

“The negative is when there is too much emotions, too much personal relationship involved in the whole process, the mentee kind of losses focus and focuses on the fact that the person has a personal relationship with the mentor. So, things are not done the way they are supposed to be.” (Nancy)

4.3.3 Mesosystem factors that influence mentorship in nursing

Mentorship in nursing most of the times happens in institutions. Institutions play important roles in making things easier or difficult for the individuals they are responsible for. Two areas of influence were identified.

4.3.3.1 Conducive environment for mentorship

The conducive environment necessary for mentorship in nursing to occur is key. According to the participants, the lack of this, can be a hindrance to the effective mentorship process. The conducive environment can take various forms ranging from office space and logistics, putting the right structure in place for mentorship and staff motivation.

Some participants intimated that there is the need to have an environment suitable for meeting with mentee. Mentors have no office space to meet with their mentees.

“The environment where you work, do you have an office, let’s say you are mentoring somebody and the person comes to you, are you just going to work on the corridor and then you start talking to the person? There should make rooms. Maybe this is a mentor, this is a corner. You should be able to create a conducive environment for mentorship.” (Ajoah)

“So let me bring it down to my immediate facility. There is this new portfolio that is being created by our DDMS. We have new head of departments. But the challenging

part of it is that, they don't really have offices to sit in. So, even if you need them to engage them, you either need to do that on phone or just abruptly chance them and lay your issue. I think if offices are in place for the mentors, they have a point of call, that will also help the mentees. And the relationship will build proper”” (Kwarteng)

“The mentees have to learn something. As mentors, we have to mentor them. No logistics to work with and no appropriate space to have meetings with them. How do you impact the knowledge you are expected to?” (Amanda)

Other participants also stated that institutions need to put the necessary structures in place to facilitate mentorship in nursing

Nancy explained that the right personnel should be assigned the role of mentorship and the appoint should be made official that, the individuals will feel responsible and honoured to carry on their duties.

“I think it is time stakeholders should sit down and restructure and put people at the right places and let them know that this person is responsible for this, this person is responsible for this and maybe make some appointments official. With that a lot of respect and honour will be attached to it and mentorship and supervisions and all those things in the hospital will be at a honourable level.” (Nancy)

According Mabel, having people appointed officially to serve as mentors also serves as a check on those individuals serving as mentors

“I think over time, people have been doing things, you know, in secret. So, let's say in this hospital, we have mentors. This is their role, well defined. People know that you are a mentor. That alone can serve as check” (Mabel)

A forty years old Sarah, a Principal Nursing Officer explained that institutions need to create the culture of mentorship.

“If the institution itself create a culture of mentorship it will help. For instance, the medical director, the management team as well as the nursing leadership are all thinking about mentorship. And in the units the senior is also talking about mentorship. That is the level to which I want to see the role culture can play in making mentorship happens or not happens. If the institutions are able to create the culture of mentorship, it will go well.” (Sarah)

Staff motivation was also identified by some participants as one the factors necessary for mentorship in nursing to be effective. Therefore, institutions will need to motivate the staff who express interest in being mentors.

According to forty years old Nartey, if institutions do not motivate mentors, the mentors will feel demoralize.

“Quite apart from that, in a situation where the institution fails to appreciate mentors for their hard work, for the values they inculcate in these young ones, the mentors feel demoralized. I think that high premium is not place on their hard work and effort for which reason they relax and this will ultimately can affect mentorship” (Nartey)

Similarly, Serwaa, a Nursing Officer with eleven years nursing experience explained that motivating mentor is necessary for the mentors to put up their best to improve the institutions.

“I think the institutions should equally motivate mentors in the sense that, this is something not everyone would be willing to do and as an institution you are looking at your client satisfaction because the mentees are coming in and then if they come in without the experience, without the skills, will they be able to meet up the expectations of your client to improve your facility or your institution. So, to me, they should

motivate the mentors to be able to come out to do this in order to be able to improve their own institutions.” (Serwaa)

Participants intimated that when mentors are not motivated, the process will not be effective.

“We can talk about motivation level. If people are not motivated well, it can affect mentorship negatively” (Kojo)

“If you have a well-defined institution, if you have an institution that recognises that mentorship plays a role and acknowledges the work of the mentor, many more will be motivated to mentor. But if you have an institution where the leadership or the management doesn't see the significances of some of these things, and is all about maximising profit and not spending on people to yield results, it can affect the mentorship.” (Sarah)

However, some of the participants explained that motivation does not necessarily mean financial benefits. It can take any form from promotion to scholarship for short courses.

“They also need to motivate the mentors. Sometimes to motivate, some people will quickly look at financially. But let's say you give them some incentives to encourage them. Motivation in terms of promotion. You recommend the person for promotion and then maybe refresher courses you take them somewhere to learn these things is a way of motivating them.” (Mike)

“Yes, I think incentives should come in. Is a way of motivation though. Sometimes people see recognition to be either praise verbal or written or something small like lunch is enough to put a lot of vim in the nurse to go on. So, as you have all the workload in addition to your mentorship, you will focus on all of them and at the end of the day the work is done.” (Nancy)

4.3.3.2 Capacity building/Professional development of mentors

The participants explained that, it is the responsibility of the institutions to update and improve the skills and capacity of staff for effective delivery of service and care. Therefore, this is necessary for effective mentorship to occur.

“The institutions have the responsibility to build the capacity of the mentors. They have the responsibility to train whosoever they want to be a mentor to be able to mentor others. They can organise workshops, training sessions for mentorship. Maybe leadership trainings. So many things. Workshops, on the job training just to train you on some of these things so that you make up. You can’t do that on your own.” (Ajoah)

“They should train these experienced peoples. Though you are experienced you still need to know the processes involved in mentoring someone so they should be able to train these peoples and they will be able to do this mentoring cause if they are training regularly, it means that if the mentor is even leaving or out, they will be someone to replace and take charge of this process.” (Serwaa)

However, some of the participants explained that, the training must be directed at specific needs of the mentor to be effective.

“Of course, there must be capacity building. The hospital should find out which area do you training as the mentor and provide that training so that you can efficient as a mentor.” (Mabel)

“If a mentee has to choose you as a mentor, it will depend on what the mentee is interested in. So, if it is related to the technical abilities of the mentor, it means that the facility has to put in measures that will always uplift the technicalities of the mentors. So that they will constantly upgrade themselves. That will serve as a

motivation to the mentees. Ah ha so if the facility is able to provide this medium that therr...the upper class are able to upgrade themselves and add more knowledge or skills to themselves. That will be a motivation.” (Serwaa)

4.3.4 Exo system factors that influence mentorship in nursing

The exo system comprises the interrelations among two or more settings in which the developing person actively participates. Participants identified the Nursing and Midwifery Council of Ghana (NMC), the Ghana Registered Nurses and Midwives Association (GRNMA), Ministry of Health (MoH) and the Ghana Health Service (GHS) as the exo system of nursing.

4.3.4.1 Nursing and Midwifery Council

The nursing and midwifery council of Ghana is the regulatory body for all nursing and midwifery related activities from education to practice. Participants were of the view that, the council has a role to play to ensure that mentorship in nursing happens in Ghana. The influence of the council was identified in three different levels; curriculum or?? NOT CLEAR training, professional identification renewal and supervision.

As part of the roles that the Nursing and Midwifery Council can play to ensure that mentorship happens in nursing is training. Participants were of the view that, since the council has the oversight responsibility of training of nurses in the country, mentorship should be part of the curriculum for training. They explained, if this is taught from the training, nurses will know about it and will more likely practice it in the practice setting.

According to some participants, for mentorship in nursing to be effective, the concept of mentorship should be part of the curriculum used in training nurses.

“So, if they want nurse leaders to really mentor, at our various institutions, it should even be part of our course modules. Whether as a major course module or it should be added under something where people will really know what mentorship is, how do you mentor, what are the benefits of mentorship. Okay so once they come out with this knowledge in the area and they are given the roles or position to play, they will be able to mentor. Even the younger nurses will also be aware that they need a mentor.”

(Sarah)

“So, I think even in their curriculum or their syllabus or whatever, there should be programs like mentorship instilled there. so that we will now have it at the back of our minds that there is something called mentorship. I have to make sure I get a mentor to mentor me.” **(Amanda)**

“Yeah NMC have a role to play. Nursing is a profession. Anytime you meet our old nurses they will be like nursing of those days is not like today. They feel like nursing is breaking down because we don't have discipline. So, I think if they maybe create room for mentorship in nursing as part of the training. You training nurses in the nursing institutions. If they make mentorship as part of the training, I think they will always look up to what was happening in the olden days. So, I think our institutions should make it a priority to make it as part of the training, in training our nurses. It will go a long way to help. In training, NMC has a role there.” **(Ajoah)**

John believes that, the training may not even require a curriculum reform, but can be in a form of workshops organized by the council.

“NMC for instance can use or organise workshops and then talk about the importance. The reasons why mentorship should be encouraged in nursing. And then

maybe get focal persons to always come around and then see whether actually the mentorship is ongoing.” (John)

However, Nancy, a Senior Nursing Officer believes NMC is already doing some training just that most nurses are not aware because it is online. As a result, if the council can find ways of creating awareness and adding modules on mentorship, it will be of help.

“I will recommend NMC for the recent app we have. The trainings we have been doing online is very good but I am sure that some of the nurses, most of the nurse have not had access to it. With that, for it to affect us really well, we have to promote it well so that it will also help us to have more knowledge. Also, modules on mentorship can be added this training so that if anyone is asked to mentor, the person has the confidence and mentor well. We don’t want to have a mentor who lacks knowledge. That mentor will just lead everyone astray.” (Nancy)

Participants further explained that, the council’s role in the renewal of professional identification numbers (PIN) of nurses is a great opportunity to get nurses involved in mentorship. They explained that the council should not only be interested in only workshop but must create room for mentorship as part of the requirement for one’s PIN to be renewed.

Some participants stated that, the council can use the yearly renewal of nurses PIN as an opportunity to demand the inclusion of mentoring activities.

“And if they also even come out that every nurse manager before the end of year or your next PIN approval, account for the number of staff you have been able to mentor. Mandatory whether we like or not we will all take it. So, by the end of the year, I will want to project the number of nurses that I have mentored. So, they have the power to get people doing it.” (Sarah)

“They could organize workshops around mentorship and make it a requirement for PIN renewal. This will make everyone to go through the mentorship and institutions will also push their staff to get involved in the workshop” (Kojo)

Similarly, other participants believe the council creating a column in the logbook to account for the number of nurses an individual mentors is necessary.

“I think the NMC have a role to ensure mentorship happens in nursing. It should not be about I am a nurse; I have gone for a workshop and my PIN has to be renewed. At the end of the day like I said earlier on they should be able to create a column in our logbook that tells you who and who you have been able to mentor. Is just not about workshop. Whatever that you have learned should have an impact in the nursing field which I think this mentorship issue shouldn't be left out. It should be part and parcel of our logbooks” (Amanda)

“If NMC takes a keen interest in this one, and then and make a commitment that they will training people on mentorship, it will do us a lot of good. For instance, if I am going to renew my and I am a mentor, you expect me to come with a logbook that I have gone for a workshop for two days. No! how many people have I mentored? Because you trained men and what are the things that I have added to the person. They can train us and give us what they are expecting from us. And if you do it, this how it will be used to get your license renewed.” (Ama)

“If NMC brings a regulation that yes, as your regulatory body mentorship should be part whether you are in the classroom, you have a role as a mentor, and the ward you have a role as a mentor. I think first of all, that should be made known before, because if you look at the log book, there's.....I'm not sure there is any portion in it that talks about mentorship.” (Mabel)

Moreover, participants also believe that the nursing and midwifery council of Ghana has to ensure mentorship in nursing happens by active supervision of health facilities.

According to Kwarteng, a Nursing Officer with eleven years' nursing experience, it appears the regulations are on paper but are not felt by the nurses because of the lack of supervision.

“But it seems not to be the case. It is so appalling that I go to renew my PIN with the NMC. But in the whole year of my practice, I don't see any official of the NMC coming to see how my work is going. How do I apply the skills I have learnt and professional standards, how am I doing that? It is just like I only have an engagement with them, if I need to renew my PIN. And we don't see the physicality of their regulation on the field” (Kwarteng)

“NMC don't play any role in mentorship in nursing. eh, because after the students pass their licensing exams and they're brought to the ward first of all to do national service, that's all, NMC ends everything with them. Uh, that is what I know. Yes. But I think that shouldn't have been the case. NMC could have done better. They could have done better. They could have leased with institutions to kind of formalize or institutionalized mentorship in nursing. So that it'll be something like a program or a lay down something for, and they would even have mentors in various wards to help in mentoring, incoming nurses.” (Mercy)

4.3.4.2 Ghana Registered Nurses and Midwives Association

Participants pointed out that the Ghana Registered Nurses and Midwives Association has a vital role to play as far as mentorship in nursing is concerned. Their role was described in three levels; collaborative/liaise with institutions, the reward system in a form of mentorship training and the executives serving as mentors themselves.

The participants indicated that the association can collaborate with health facilities and the regulatory body for nurses, to ensure that mentorship in nursing is institutionalized. Though the executives of this union are experienced and can serve as mentors, they can also identify other equally experienced nurses for the role of mentors. They can liaise with the institutions for this to happen.

“Because most of those that are holding the leadership positions in this unions they are of vast experience in the field and they themselves are mentors in one way or the other to members. So, once that is the case with them, having been mentors to the members, they are supposed to also see to it that not only they that are... in the leadership positions have the experience. There are equally some people who have same or even more than they do. So, they are supposed to liaise with the regulatory bodies to see to it that those that equally possess either same or even more as they do are better positioned to mentor the younger ones.” (Kwarteng)

“They can collaborate with facilitators at the regional level and then sponsor to ensure that mentorship training is done in various facilities. Because when comes to the government hospitals, sometimes when you give proposal on some of these, they want to do but the money. But they as an association, they can also contribute a little to send people into the outskirts to see how they can mentor or some kind of supporting supervision which is also a way of mentoring. So, for me they can do it. They have a role to play.” (Sarah)

The union does not have to liaise with the health institutions alone but also, with regulatory body of nurse, (NMC) and the ministry of health as narrated below.

“GRNMA can also liaise with the facilities and regulatory body to see how they can institutionalize mentorship.” (Kojo)

“And by that, they are expected to ensure that, at the end of it all, nurses are better taken care of, nurses are better motivated. Sometimes they are expected to go to the extent of making sure that government institutes certain policies that goes in favour of the nursing profession.” (Kwarteng)

Participants also explained that, the union has annually awarded nurses who have distinguished themselves in various areas from the various regions. As part of this award, these nurses can be given a mentorship training for them to replicate in their various regions. Kojo believes these distinguished nurses could even be attached to nurses who have excelled in the profession for them to be mentored

“The GRMN organize annual award scheme to recognize outstanding nurses. Awards are not only material things; they can decide to award someone by mapping him to someone for mentorship. For instance, the best nurse in Tamale Metro can be awarded by sending the person to someone outside the country for a period of mentorship” (Kojo)

Ama, a Principal Nursing Officer further explained that, the reward can also be in a form of salary increment for nurses who are involved as mentors. This is because, the union have a bargaining certificate with the government.

“Our union? GRNMA? You know because they have the bargaining power, you see to get people to get involved now people’s minds are skewed to what extra will I get to this extra work that I am doing. So if NMC is able to in cooperate as our regulatory body and then make sure that at least people are being pinned down to do mentorship programs and to be able to mentor the students, they can also have another form of, these people are mentors so if you can add one cedi to their salaries.” (Ama)

Furthermore, participants alluded to the factor that, many of the executives have a wealth of experience and can serve as mentors to the junior nurses. As a result, they can even establish offices in the various districts and regions for the purpose of mentorship.

“So, I think GRNMA, maybe I think they have a very strong executive. So, they should add the mentorship. They have offices all over all over. So, there should be somebody that in an office, somebody that other young nurses can comfortably contact. Somebody that mentor them from that office. Maybe with this person there, I want to be like this person. Or this person is there he has the ideas; he has an ideal life as a nurse. He is a good role model as a nurse people can come to. You just don’t put anybody in the office because of political this thing.” (Ajoah)

“Maybe they can set up an office so that people who need to be mentored can reach out to them give their concerns and they can take it up from there.” (John)

“GRNMA executives can serve as mentors. Because they also started at a certain level in nursing and now, they are at the top, then so it is expected that the knowledge that they have acquired: the skills that they have acquired, they should be able to translate that into mentoring the younger ones.” (Nartey)

Nancy believes they will be in the best position to do this because, they are always in touch with the nurses.

“GRNMA, I see them as closer to us because they have their regional and district offices. So maybe they can also help in training. Because not any senior nurse or nurse manager knows about mentorship. So, they should help in training to know about mentorship. What it entails, the direction we all have to go and we should also always be prepared to mentor others.” (Nancy)

4.3.4.3 National Policy on mentorship in nursing

Having a national policy on mentorship in nursing is important to ensure that implementation of mentorship in nursing is successful as narrated by the participants. According to the participants, having a national policy on mentorship in nursing, will ensure that mentorship is made mandatory. This will also allow for a general framework to be in place for the mentorship and probably link mentorship to promotion making it attractive for those who will desire to serve as mentors.

Serwaa, a Nursing Officer with eleven years' nursing experience intimated that, it is necessary to have a national policy on mentorship in nursing because, it will make mentorship in nursing mandatory. As a result, institutions will be committed to train nurses to be able to mentor.

“So, if there is a national policy telling us that we should include mentorship in nursing, it means that everyone will be up to the task. If it's something formal it means that's all-institutional heads would put efforts in training people, in allocating these mentors to be able to train the mentees” (Serwaa)

Some of the participants also were of the view that having a national policy on mentorship in nursing will ensure there is a lay down framework which will provide uniformity on how the mentorship will be carried out across the country.

“And so if there is a national policy that would guide how mentorship should be done, it will help us. This is because, every mentor will be given training on how mentorship should be done as against the level where whatever the individual has learnt, that is what the person is impacting that is termed mentorship. So, it means that there will be what I term as uniformity in mentorship.” (Nartey)

Now things go with policies. So, if there no policy, there is no anything to abide by, there will always be chaotic (Ajoah).

Having a national policy may also result in linking mentorship in nursing to promotion of nurses which will attract experienced nurses to mentor.

“In the Ghana health service, you’re required to do certain number of years before you can be promoted. Maybe they can do it that before you’re promoted, you need to undergo certain number of trainings on mentorship at the facility level before. This will even put people on their toes not just to undergo the training but to practicalize it.” (Kojo)

“In order to motivate people to mentor, there can be a national policy that links this mentorship to promotion If we have a national policy.” (Amanda)

However, according to a thirty-six years old Ama, a Principal Nursing Officer explained that, due to the importance of mentorship in nursing, it does not have to take policy makers to initiate that. Nurse themselves can start the process.

“Nurses don’t have to wait for the Ministry of Health to do that. We have to initiate the discussion so we can have national policy support for it.” (Ama)

Sarah believes policy makers only need to add the mentorship role to the already existing job description of the nurse.

“For me it will be a shame yes it will be a shame if the nursing fraternity is advocated such. That they should make it a national policy before people get mentorship or people appreciate mentorship. Because mentorship is a key area in nursing that we don’t even need policy makers to make it a policy before we all sit up. We are taking mentorship to be nursing supervision. But if policy makers look at the job description and only add mentorship.” (Sarah)

However, Kojo, a Senior Nursing Officer argues that though having a national policy is good but it is enough without strict enforcement.

“Having a national policy on nursing mentorship will help but if there’s no strictly enforcement, the policy will not work.” (Kojo)

4.3.5 Macro system factor influencing mentorship in nursing

Participants alluded to the influence of the social system mentorship in nursing. The influence is identified in two levels as culture or religion and ethnicity or tribe.

4.3.5.1 The influences of culture and religion on mentorship in nursing

According to the participants, culture can influence mentorship in nursing. Depending on the cultural beliefs of the mentor and mentee, the process will either go on successful or otherwise.

“Culture or religion somehow negatively affect mentorship. Especially when the mentee holds on to particular religion or culture stance and the mentee doesn’t really focus on the professional matters, the mentee will belittle the mentor if they not have the same religious ideology. This will disrupt the whole process because the mentee may not be a good follower in observing the right thing to be done. Culturally, let’s say in the African setting the male is seen as the head. (Nancy)

Nartey recounted an incident when a male student refused to perform a particular procedure in an examination due to religious reasons.

“I remember a nurse was asked to pass a female catheter during the fasting season. The gentleman in question said... he told the examiner that God will punish her. And the simple reason was that he was fasting; the examiner knows very well that it is fasting season and is given him a female patient to pass a catheter. So, look at the person’s conception, understanding, misconception about religion against his professional practice and ethics.” (Nartey)

Some of the participants admitted that even the ability of the mentee to express his/her needs during the process can be influenced by culture.

“Because erh in our culture here in the north, we are timid growing up. But when you compare us to our colleagues in the southern belt, they are able to express themselves better when you meet. So, in that manner, if even I have a mentor. Sometimes I have a need, but how I express it becomes a challenge. so, my need is not registered properly to be addressed. So, I think the culture also has some” (Kwarteng)

“Culture has influence because in some cultures they might tell you that a lady should not be a leader or mentor someone.” (Kojo)

Mercy explained that culture should not have been an issue to consider in mentorship in nursing but not in Northern Ghana.

“Uh, northern Ghana, it's in a way, I don't think culture should have been a problem. But in northern Ghana it is sometimes. Okay. I don't think it should be a problem because a nurse is a nurse whether blue or black. a nurse is a nurse that is why I as much as possible I shy from in religious argument.” (Mercy)

Similarly, Mabel, a senior nursing officer with twelve years of experience believes the influence of culture and religion on mentorship depends on the context of the mentorship.

“Yes, religious and culture difference can influence the mentorship process but depending on the context. It will not be an issue if it is professional issues. However, mentorship goes beyond professional issues to personal. if I am to assist the mentee with personal issues, it will be easier if we have the same religion and culture. Where that is not the case, the mentor may not be able to adequately help the mentee.”

(Mabel)

However, Ajoah a principal nursing officer explained that, culture and religion should not be an issue because we are nurses and these should not be barriers to whatever we want to do.

“They say irrespective of your culture, your background, your political status or whatever. Culture individually is I do this; I don’t do that. When comes to nursing, irrespective of your culture, treat everybody equally. So, in treating everybody equally, I don’t think culture should have an influence in mentoring somebody. So, if we look at mentorship in the aspect of nursing, culture should not have an influence”
(Ajoah).

4.3.5.2 The influence of tribe /ethnicity on mentorship in nursing

Participants of the study identified ethnicity and tribe as another factor that can influence mentorship in nursing. They were of the view ethnic difference between mentor and mentee can affect mentorship process negatively.

“Tribal issues which is part of culture also have an influence. For instance, we have some people who believe that some tribes are not supposed to rule them. For instance, the northern-southern issues. A northerner is not seen worthy of a leader. So, if it happens that way and I am a northerner and was supposed to be a leader of an institution and mentor people, a southerner who I’m supposed to mentor may not see me worthy and it’s going to make things difficult if he holds on to that culture.”
(Kojo)

Fifty-two years Mercy, a deputy director of nursing explained that in a mentorship dyad when the mentor is from the “inferior” ethnic group and the mentee from the “superior” ethnic group, the mentor will need extra effort for a positive outcome.

“The issues of ethnicity should not have been an issue at all but my sister it is unfortunate it is. A typical example is the south- north thin in our country. If you come

to even the north, some tribes see themselves as superior to all other northern tribes. It will be a challenge if you the mentor is from the supposed “inferior” tribes and the mentee is from the ‘superior’” tribe. You will need to prove yourself really hard as a mentor to win the mentees cooperation for the process to be successful.” (Mercy).

Kwarteng, a thirty-five-year-old male nursing officer explained that not everyone is able to able ignore the ethnicity factor when mentoring a person of a different ethnic group.

I don’t like to say this but I will not mind the ethnic group of my mentee but if I am to be mentored, I will prefer to be mentored by a colleague northerner. The issue is whether we like it or not, unless you have an influential background, many southern will not want to mentor you. They prefer to mentor their own. (Kwarteng)

However, some of the participants stated that ethnic and tribal differences between a mentor and mentee should not be a challenge if only the individuals understand the concept of mentorship and there is a clear guide on how to mentor as narrated below.

“This ethnic and tribal thing hmm I don’t think should be an issue at all. Why? If we all understand that this just a learning process and each of us know our boundaries, it should not prevent us from achieving the desired results in mentorship at all.”

(Sarah)

Fifty-five years Amanda, a deputy director of nursing service believes emotional intelligence of the mentor is necessary to overcome the challenge tribal and ethnic differences.

“If the mentor has a high level of emotional intelligence, it will not matter what tribe or ethnic group the mentee belongs too, you will still be able to mentor successfully.”

(Amanda)

4.3.6 Benefits of Mentorship in nursing

There are a lot of benefits attributed to mentorship in nursing. These benefits have a positive impact on the professional and patient care. according to this study, these benefits are in five areas; improved professional standards, improved interpersonal relationship, career progression, reduced workload and improved professional image.

4.3.6.1 Improved professional standards

One of the benefits of mentorship in nursing was identified as improved professional standards. Some of the participants alluded to this as they explained as follows.

“It will also affect our standard of care. I don’t think anybody wants to mentor any negative attitude from anybody. So, if you choose me as a mentor, then there is something peculiar in me that you think that you need. If I am able to influence somebody with that attitude. If I am able to influence somebody with that idea. The way I talk to my clients or handle them. The way I treat them. It will go a long way to help recovery is our target, is our objective. So, mentorship is a good tool and can go a long way to affect our patient. Mentorship ensures our standards are kept to ensure quality. it improves our standards.” (Ajoah)

“Mentorship in nursing will also lift the standards of nursing up. Because I am learning from you. You hold the profession to the highest esteem. everywhere you go you hear people say the standards are following down, the standards are falling down. But for us to make it stand as it was, we have to do a good job with the mentorship as a matter of urgency” (Ama)

“We are not growing in terms of standards because there’s no mentorship. We all complain that professional standards are falling, but we are doing nothing about it, if they were a proper mentorship program upcoming nurses would have been moulded in line with high standard.” (Kojo)

Serwaa explained that mentors in nursing help the experienced nurses to leave behind the skills and experience to the younger nurses.

“So, as you’ve experienced or advanced in the field, you gain certain skills and knowledge, that you need to leave behind to the junior ones to be able to pick up the task. So, mentorship becomes very important in that aspect.” (Serwaa)

According to Nartey, any nurse who is not mentored, is a professional hazard.

“A nurse, if you not mentored, you become a professional hazard to the profession of nursing and so we should encourage that all nurses be well mentored.” (Nartey)

A forty-three years old Ama explained that mentorship in nursing will create the opportunity for re-teaching in nursing.

“Previously nurses studied hard to pass their professional exams and they valued what they came in for. In recent years we are told they now write objectives only. They graduate and coming nursing the patients with objectives and people are now complaining of our fallen standard. In fact, only mentorship can cure that objective nursing that they are doing. That means re-teaching them on the job.” (Ama)

Mercy, a fifty-two-year-old Deputy Director of Nursing stated that proper mentorship will help to ensure that wrongs persons found in the profession are corrected

We are battling with the case where nursing admission is highly protocol admission. These candidates come in with their bad attitudes and the public is complaining about nursing now. So only proper mentorship can correct the wrong people they are bringing that are affecting our profession (Mercy)

4.3.6.2 Improved interpersonal relationship among nurses and their patients

Mentorship in nursing results in the development of good interpersonal relationship among nurses and their clients.

“The nursing profession deals with human beings who have emotions and respect. This can only be gotten through proper mentorship” (Kojo)

“One other benefit I can say is that mentorship always leads to unity amongst nurses. Because with mentorship, we have spoken about cultural difference; we have spoken about religious differences. We are able to iron out all these, because bearing in mind that our focus of being nurses is the safety of our patients, is the wellbeing of our patients and we will come to that common understanding as mentors.” (Nartey)

According to Nartey, mentorship builds trust between the mentor and mentee.

“I can also confidently say that it builds that congenial relationship between the mentee and mentor at work and therefore, it strengthens that basic trust that we all need as human beings. Because, once I have your trust, I am always hundred percent sure that I can put up my best at any time.” (Nartey)

4.2.6.3 Provide guidance for career progression of mentees

Career progression was one of the subthemes that emerged from the participants' interviews. Many younger nurses are either stacked or taken the wrong course in their career progressions. Mentorship is the medium by which this can be appropriately addressed.

“When you come out as a general nurse what next for you? Are you trying to specialize, will you do pediatric, will you do midwifery, will you do any other thing so you need someone who can mentor you based on your interest to be able to select your career path that will benefit you at the end.” (Serwaa)

“It helps the mentee to be aware of what is ahead, preparing yourself maybe financially, emotionally, then I mean what is up there for the mentee. It will give you wide range of information because the mentor is always serving as a body where you can ask questions and then he can also guide you on certain things.” (John)

“Sometimes, the younger nurses make a lot of mistakes. Choices that are not supposed to have been made, they go on to make them. At the end of the day, they even obtain certificates in their profession that they do not need. Or better still, they want to further with those certificates and it then becomes a challenge. So, in this regard, mentorship plays a very significant role in nursing practice” (Nartey)

According Mabel, knowing that somebody cares about you alone is even exciting.

“Then for the mentee to know that somebody cares about my profession, my career progression, wants to ensure that I do the right thing. Then see that you doing what more exciting than this one” (Mabel)

4.3.6.4 Reduced workload on Mentors

According to the participants if mentorship is properly done, it lessens the workload on nurses because, there will be many more who are equally good just like the mentors.

“I can give a little testimony to that. In our little way, we try to mentor the people we are working with. I got to realize that it makes your work so easy for you as a manager. And now we are seeing the results where they will say that you are only good leader when in your absence, things are working well. But if in your absence, things are not working then you have to check your leadership style. People have been mentored to the level that whether with nurse manager or no nurse manager, things will work. So, for me mentorship is power.” (Sarah)

“Like I said day in and day out we hear people dragging nurses to court. All because we don't pay attention to things like this mentorship which is very key. So, when I pick you right from the start, I will be able to mentor you to make sure that the right thing is done. If I start from A-Z and I make sure that you follow the same foot path. At the end of the day, if I am not even around, I know the right thing is being done there even in my absence. So is key” (Amanda)

“Even if I am not at post as a mentor, and then my mentee is at post, I believe that whatever I would have done for my patients, even if I am not there, I have mentored you well enough to be able to continue with the job. We always say that a very good mentor or a very good nurse manager is that individual when in his or her absence, work goes on well without any problem.” (Nartey)

4.3.6.5 Improved professional image of nursing

In current times some members of the public hold a negative perception of the nursing profession. Participants explained that mentorship in nursing will ensure that the image of the nursing is improved.

“If you should practice the formal way of mentoring people, Yeah. I think nursing will be seen in a good light in the eyes of the public than what we've see now. somebody was telling me that when you go to the advanced country, there are certain procedures it is the seniors they do it with the doctors, or they do it with the specialists. But in the part of our world, the moment you attain a setting rank come and sit in the office.” (mercy)

“So, I think it will go a long way to help us and carry away the disrespect in nursing and nursing is now appalling and what and what. The negative talks about nursing.” (Ajoah)

“Mentorship will make younger nurses become interested in the field that of nursing.” (Ama)

4.3.7 Barriers to mentorship in nursing

Despite the importance of mentorship in nursing, many factors serve as barriers to the mentorship process. Three main barriers were identified in this study.

4.3.7.1 Favouritism

Participants mentioned that favouritism by hospital management is one of the hindrances to the success of mentorship in nursing. This favouritism can be exhibited in the choice of who should serve as a mentor.

“When it comes selecting mentors, the managements most often will choose their favourites without any consideration for their competence. There might persons who are capable of performing the task well, but once they are not the favourites of whoever has the responsibility to select, the person will not be given this opportunity.” (Ama)

“The institutions have the role of identifying you to be able to mentor. So, it is possible for the institution identify the wrong people because of relationship. So instead of me picking you because you are the best. You may have the ideas but because a nurse manager, I have a misunderstanding with you, I can choose the person I love meanwhile the person doesn't have the patience. Even the ability to mentor somebody. Maybe you will be the best but maybe they won't give you that chance. They can pick the wrong persons.” (Ajoah)

Sarah, a Principal Nursing Office with seventeen years of nursing experience, explained that favouritism can even result in some mentees being denied the opportunity to be mentored.

“And then the other thing could also be limited opportunities which can also have a mentee being denied the opportunity to be mentored. Besides saying general mentorship, there might be speciality areas you need to be mentored on but, then is like when such opportunities come is for some other persons, you are not involved. So, the mentee is not given the opportunity to be part of those to be mentored. So, you can also miss that part of mentorship.” (Sarah)

4.3.7.2 Workload of Mentor and mentee

Another challenge identified was the workload that nurses are faced with daily. This poses a challenge to mentorship in nursing.

“Work load will also affect it. The work load yes. And that one they have to get some more helping hands. So that we can also mentor our people. Because is like you come to work, work, work, work, work and then the nursing aspect that you are supposed to do, at the end of the day, is like you have done a little bit of the nursing. Because is like you collected another people’s work to add to your own. So, for me, management can employ more of the doctors, lab people and a lot of the other cadres that support the nursing. As a result, you don’t have the satisfaction that you need.” (Ama)

“No no if they are still carrying on their traditional work which is not giving them space to turn and do other things, taking that responsibility on them too might not, they will not be carrying it well. Maybe they will just be carrying the title but how to effectively do it. So institutionally they can reduce their traditional roles and give them that office to operate so that they can effectively organize and also carry out the roles of the mentorship to the mentees under them.” (John)

According Mabel, a thirty-six years old Senior Nursing Officer with twelve years nursing experience, experienced nurses will be ready to mentor if they realized, they can be relieved of other duties.

“If I get to know that ei instead of coming to work all these number of days in the week, I can get reduced number of days in the week, because the other hours of the week I am going to be mentoring someone. I will be willing to serve as a mentor”

(Mabel)

However, a thirty-four years Kojo, a Senior Nursing Officer believes, individuals who want to serve as mentors should delegate some of their activities. This will provide them some time to mentor.

“And then another way to do it too is through delegation. You shouldn’t do everything yourself. You can delegate some of the activities you think someone can help you do, you delegate and then they will do it. This can allow you sometime for mentor.”

(Kojo)

4.3.7.3 Conflicting interest between the hospital and staff

The participants also identified conflicting interest between the health facility and the mentee as one of the barriers to mentorship in nursing. They explained that every institution has its vision, mission and goals. As a result, decision that are made will usually be in line with these visions, missions and goals. Whiles the institution makes their decisions based on these, staff may have a different interest which is not in line with the vision, mission and goals of the institution. This results in conflicting interest.

Kwarteng, a Nursing Officer with eleven years of nursing practice explained when the interest of the institution conflicts with the individual, it poses a challenge for success of mentorship.

“I think when it comes to the development of personnel, human resources, the institutions always have erh a lot to do sometimes, but it depends on the staff in question. So, to talk of other factors that can hinder mentorship, if the institutions are interested in areas that the staff don’t have interest in. It will in one way, create a loophole between the staff and the institutional need. So, if that is the case, it means that we wouldn’t be having people who will fall into the spaces that the institutions want to fill. Once my interest and the facility’s conflict, there wouldn’t be that harmony. It will be difficult for the right mentorship to happen” **(Kwarteng)**

A fifty-two years Mercy, a Deputy Director of Nursing Service with twenty-four years nursing experience explained that, it also depends the interest or vision of the nurse manager at the particular time.

Another is it depend on the managers as well, so the managers vision for the institution will hinder the process as well because if the vision is not into mentorship, but into other aspects, it means that mentorship would be not looked at.” (Mercy)

4.3.8 Recommendations for mentorship in nursing

Despite the challenges faced with mentorship, some recommendations were made for the effectiveness of mentorship in nursing. These included the need to institutionalized mentorship, institutional support for mentorship and the trainings who are to serve as mentors.

4.3.8.1 Institutionalization of mentorship in nursing

Institutionalization of mentorship refers to the need for health facilities to incorporate mentorship into the normal routines of the facilities. By this, mentoring is made mandatory.

This will result in effectiveness of the process. Participants explained this as follows;

“You know, in this institution, mentorship in not institutionalized. You choose to mentor if you are interested in doing so. So currently what goes on is based on individuals’ interest. It is important for mentorship to be made formal. That will give individuals the clear guidelines and also make it mandatory to mentor” (Ajoah)

“Mentorship in nursing is not institutionalized in this hospital. And if they can do something about it, it will help us. It will do us a lot of good.” (Ama)

“Leadership and mentorship are something institutions don’t place much effort on. We only understand that the moment you are a senior, by virtue of that you’re supposed to be a mentor to the juniors. But the institutions don’t have formal

arrangements for mentorship. The letter that will indicate you're in charge does not indicate in it that you're supposed to provide mentorship to the juniors, so because of that some people will only do what is stated in the letter as their roles."

(Kojo)

4.3.8.2 Institutional support for mentorship in nursing

Institutional support for mentorship in nursing is necessary for the effectiveness of the mentorship process. Institutions can support mentorship in various ways.

Mabel, a Senior Nursing Officer with twelve years of nursing experience, explained that there is the need for commitment from management as a way of their support for mentorship in nursing.

"Commitment from leaders or management. If they think mentorship is important, then, they would show some support or dedication for it." **(Mabel).**

A forty years Sarah, a Principal nursing officer with seventeen year of nursing experience, management of health institutions need to get interested in mentorship to ensure the experienced nurses do not retire with their skills without passing them on to the younger generation.

"When I realized there was nothing like mentorship in our institution. I spoke with management and other senior colleagues. I expected that the senior people or managers of the unit should now ensure that mentors are actually doing their work, but it looks like the interest was not there. I have 17 years of work experience. Does management value that? What is management doing to ensure that they see "another me" in the hospital? What is management doing to ensure that I do not go away with my skills?" **(Sarah)**

Some participants stated that, institutions should have the responsibility of pairing the mentors and mentee with clear guidelines on the expected outcomes.

“So, I think if things are done very well and you are given ten nurses to mentor them within this period of time. Yeah. At the end of it, this is what you are expected to see. It will be better, but what We are doing now is largely the informal. Yes.” (Mercy)

“It will help very much if the institutions show some interest in mentorship. Let’s say the mentors are tasked by the institutions. When the mentors are tasked by the institutions and given a time line to have a report from the mentor not feedback to the mentor but a report from the mentor that this is what I have done and observing, I have seen it been done or such things are exhibited. I think the mentors will take it more seriously and this will go a long way to help us correct some of the little mistakes being done in the ward without even having a mega training or something like that.” (Nancy)

4.3.8.3 Training of individuals to serve as Mentors

As part of the recommendations for effective mentoring, the participants indicated the need for institutions to organize training for individuals who are to serve as mentor. The participants were of the view that capacity building will ensure that mentors are well equipped with the knowledge and skills to mentor effectively.

“They should organize programs to help you the mentor. Because this is a teaching hospital, we get all kinds of students coming. So, it's a duty of the institution to build your capacity by way of training. Yes. For you to be able to put up your best.” (mercy)

“We can talk of refresher training. We get people who are successful within the nursing fraternity to come and mentor any person who is to be picked as an in charge to transfer it to others. This is because, by virtue of the fact that you’re a leader, you have to mentor people under you. And this should be benefited by anyone in the

facility. This will create coherent relationship between the mentor and mentee.”

(Kojo)

“Capacity building is important. So, the institutions should just be organising training. Have on the job training and maybe sometimes unannounced visits to the units in a way help nurses. Though others may see it as negative. Because it keeps nurses on their toes.” (Nancy).



CHAPTER FIVE DISCUSSION OF FINDINGS

This chapter presents discussion of the findings of the study in relation to the literature that was reviewed on mentorship. The discussion is organized according to the main themes and subthemes that were presented in chapter four with an aim of achieving all the objectives that were set to guide the study. The areas discussed were socio-demographic characteristics of participants, personal factors that influence mentorship in nursing, micro system factors that influence mentorship in nursing, meso system factors that influence mentorship in nursing, exo system factors that influence mentorship in nursing and the macro system factors that influence mentorship in nursing. Also, the barriers to mentorship in nursing, benefits of mentorship in nursing as well as the recommendations for successful mentorship in nursing.

5.1 Socio-demographic characteristics of participants

The study involved fourteen (14) participants who are all nurses working in the hospital with the minimum number of years of work experience to be five (5) and the maximum of twenty-four (24) years. The participants were made up of seven (7) each from the Tamale Teaching Hospital in the Northern Region and the Upper East Regional Hospital in Bolgatanga. These findings is similar to the level of experience participants included in Tuomikoski et al., (2020) study on mentorship who were also drawn from two central hospitals and one university hospital. Five (5) of the participants were at the rank of Senior Nursing Officer (SNO), four (4) Nursing Officers (NO), three (3) principal Nursing Officers (PNO) and two (2) Deputy Director of Nursing Services (DDNS). Majority (Nine) of the participants had a first degree in nursing and the rest had a master's degree. This is similar to the participants in the study of Anna-maria et al., (2018). Their ages ranged from 30 years to 52 years. They comprised of five (5) males and nine (9) females. This age range is similar to Hale & Phillips, (2019) study participants.

5.2 Personal factors that influence mentorship in nursing

The study revealed various individual factors that can influence mentorship in nursing. These individual factors included, age, gender, experience of the mentor, commitment of both the mentor and mentee to the process, religious differences and socioeconomic status of the mentor. The rest of the individual factors identified in the study were, attitude, personality, knowledge, skill and interest.

The participants alluded to the fact that age difference between the mentor and the mentee is a factor that influence mentorship in nursing especially in the setting where this study was conducted. This finding is supported by other studies stating that tight cultures have lots of values and respect for age. This is because in these cultures it is assumed age is associated with broad knowledge and proficiency. As a result, it is most likely that leadership in these cultures will be according to age (Jackson et al., 2020; Vaughan-Johnston et al.,2021). A study in southern Ghana, Kyei, (2013), equated age to symbols of knowledge and profound experience.

However, some participants in this study argued that in the culture of respect for age, younger individuals are to be censored with their words when communicating with the elderly and this is likely to hinder effective communication between the mentee and his/her mentor. Communication is key in the success of every relationship including mentorship relationship. Effective communication between the mentor and mentee is a panacea to the success of the mentorship process because, it results in the building of trust between the individuals involved in the relationship (Oduro-Arhin, 2018). The elder is always right may not also be true in all situations and can be misleading.

The finding of this study may be due to the fact that, the culture of the people of northern Ghana places value on age in terms of respect for the elder. Age is equated to wealth of

knowledge. Hence, the older an individual is, the more likely that the person will be experienced. Also, in this culture, the older individual is a leader inevitably while the younger one is expected to only follow and take instructions. As a result, the mentorship process is likely to go well when the mentor is older than the mentee.

This study also established that the knowledge of the mentor is one of the important individual factors that influence mentorship in nursing. This finding is similar to those of Geraci & Thigpen, (2017), who reported in their study that mentees place much premium on the level of knowledge of their prospective mentor. Similarly, Mlaba (2016), in a study of student nurses' perceptions of peer mentorship in clinical settings, identified the need for the mentors to be competent in their area of study or speciality. These are important to help the mentee navigate the system and meet the desired goals (Hale & Phillips, 2019). Also, the confidence that comes as a result of mentor's level of knowledge, is an important professional attribute necessary for appropriate decision making and collaborative learning (Nolan & Molla, 2017; Bailey et al., 2016).

This particular finding is expected in the study because knowledge in one's area of work is thought to be associated with confidence, self-efficacy and builds the person's self-esteem hence the person is able to discharge his or her duties effectively and efficiently which in turn also builds the confidence of the mentee. This is supported by Williams & Scott, (2018) when they stated that one of the purposes of mentoring is to build the confidence of mentees. This implies that nurses who are interested in mentoring younger nurses but have inadequate knowledge of mentorship will not be effective. This is corroborated by a study among midwifery students in the Greater Accra Region of Ghana, where mentees revealed that their mentors needed education and preparation to be able to perform their role adequately (Oduro-Arhin, 2018). Other studies, also alluded to this assertion that mentors need to have

adequate knowledge on mentorship before they can effectively mentor (Olander et al., 2018; West et al., 2017)

This study also established that gender is another factor that influence mentorship in nursing. This is because mentoring the opposites gender may pose some challenges such mentor taking advantage of the mentee, intimidation and sexual demands especially where the mentor is a male and older than the mentee. Again, the cultures of northern Ghana require males to lead and this may make it difficult for female mentors paired with male mentees. This finding is in line with a study in Ghana among the military by Boahen, (2021), who stated that cross gender mentoring stifles the development of innate abilities and talents that could or might have been discovered by the mentor or the mentee because even onlookers have suspicions about the relations. Similarly, others studies have also established that many mentees will prefer to be mentored by same gender because, in this kind of paring, mentors are likely to understand the challenges of the mentees better (Li et al., 2018). Similarly, in an integrative review of mentoring functions and outcomes, Banerjee-Batist et al., (2019), though alluded to the challenges of cross gender mentoring, they argued that it depends on the gender dominances of the profession.

However, another part of the findings of this study also revealed that gender is not supposed to be a challenge because nurses are trained to be able to relate and interact with every individual regardless of their gender. This is corroborated with Schenk et al., (2020), in a study conducted in the Netherlands among participants of a youth mentoring program, who found that mentorship relationship is not significantly influenced by gender.

Furthermore, this study established that, some personal attributes of the mentor such as approachable, assertive, confident and accommodating influence mentorship. One's personality influences one's thoughts, behavior and willingness to get involved in anything

(Soto, 2018). The study revealed that the personality of the mentor as well as the mentee is important to determine the outcome of the mentorship process. The mentor may need to understand his/her personality as well as the mentee's to be able to determine the approach to use in the mentorship process and relationship. This finding is concord by Li et al., (2018) in a study among mentees of twelve award winning educational leadership professors in the Unites States, where mentees identified being approachable as one of the attributes they look for in their respective mentors. This approachability of the mentor is exhibited in the form of their commitment to the mentee's needs and willingness to support them achieve their goals as well as the humility of the mentor (Henry-noel et al., 2019). Mentors sometimes are faced with the challenge of having to deal with the personality differences between they and their mentees.

In addition, participants of this study were of the view that mentors need to possess certain attitude such as tolerance, proficiency, disciplinarian and patience. The mentees also, must be willing and humble to learn as some mentees would always think they already know somethings and do not need to learn from their mentor again. On the contrary, Hagqvist et al., (2020), argues that a mentor may not need to have these qualities before they can engage in mentorship. Their willingness to be mentors also serves as a medium of acquiring knowledge. Menges, (2016), on the other hand claim that, though many studies on formal mentorship do not examine personality in relation to the individuals (mentor and mentee) but the process, informal mentorship have identified the extroversion personality of both mentor and mentee to be associated with positive outcomes in the mentorship process. This finding is very important to this study because, adopting a positive attitude as mentioned will help the mentor to accept the mentees, have self-reflection, be confident and investing a great deal of efforts into the mentorship process to overcome challenges as reported by Won & Choi, (2017). According to Felstead & Springett, (2016), the attitude of the mentor is important

because mentee are more likely to learn by example. Also, the attitude of the mentor towards the process and the mentee is likely to determine how confident the mentor will be about the mentee learning potentials.

Furthermore, experience of the mentor was also identified in this study as an important factor that influence mentorship in nursing. This is in line with the findings of a systematic review by Zhang et al., (2016). In this review, the criteria for recruiting mentors included being an experienced nurse. Hence, the rank of the nurse is most likely to be one of the factors to influence their willingness to mentor or not (Beaudry & Larivière, 2016). This finding could be due to the fact that people believe that one might only be qualified and be effective to mentor if they have the requisite knowledge in the related area which comes with experience. Also, experience is assumed to come with knowledge and experience. As a result, nurses will be willing to mentor if they had enough experience.

Also, commitment and interest of both parties (mentor and mentee) was identified as one of the personal factors that can influence the success of the mentorship. This is because mentorship is seen as a process and not an event. Hence, it requires commitment from both mentor and mentee for a successful outcome. However, participants alluded to the fact that commitment is required more from the mentee compared to the mentor. Many studies have associated the commitment and interest from mentor and mentee to the success of mentorship (Burgess et al., 2018). Also, one's commitment to the process is influenced by whether the individual has any interest in mentorship. According to Read et al., (2020), it is possible for a mentee to be committed to the mentor and not the mentoring process and this can be mistaken as commitment to the process which might not yield the desired outcome.

Finally, in this study one of the personal factors that is identified to influence mentorship in nursing is socioeconomic status of the mentor. According to the participants, mentees are

likely to gravitate towards a mentor who is not only experienced in the nursing profession but who also has a certain socioeconomic status such being financially successful some mentees think nurses without that added status are considered failures. On the contrary, various studies have rather related the socioeconomic status of mentees as a factor that can influence the mentorship stating that mentee with low economic status or background a most likely to have a challenge accessing mentors when they need to (Christensen et al., 2021; Kearney et al., 2020). The difference in these findings may be attributed to the income levels of the countries where the studies were conducted. While this study is in the lower middle-income country, these other studies were conducted in the United States of America which is a high-income country. However, Baier et al., (2016), did not find socioeconomic status of university students to influence their access to mentors or mentorship relationship. Nevertheless, they explained that this was probably the case because, the university provided funding support for students with low economic backgrounds.

5.3 Microsystem factors that influence mentorship in nursing

As part of the factors that influence mentorship in nursing, the interpersonal relationship between the mentor and mentee is key to the successful outcome of the mentorship process. According Won & Choi, (2017), a weak or poor interpersonal relationship in mentorship process does not only affect the mentee but also results in mentors being frustrated. This study revealed various microsystem (interpersonal) that can influence mentorship in nursing. These factors included, trust, respect, Power balance and Emotional intelligence. These findings are in line with Hudson, (2016) who identified shared interest, trust and respect are the necessary factors that can positively influence the interpersonal relationship between the mentor and mentee

Participants of this study identified trust as an important factor can influence the success of the interpersonal relationship that should exist between the mentor and mentee for a successful outcome of the mentorship process. This is corroborated by various studies on mentorship (Geraci & Thigpen, 2017; Hudson, 2016). These studies have alluded to the importance of trust to a successful mentorship relationship. This finding is due to the fact that people will be ready to get involved in open discussion with individuals they can trust. Also, in the mentorship relationship, discussions may not only be limited to professional issues but may sometimes include certain personal and confidential issues. As a result, trust is very key to ensure the open sharing of information because they have to be sure that the information will be kept confidential. In addition, mentees are likely to be fully involved in the mentorship process and will take and work with every information or instructions their mentors give if these mentees trust their mentors. This is supported by Hudson, (2016), who identified respect and trust as central to the mentorship relationship. However, as previous studies have alluded; Hale & Phillips, (2019), participants of this study were of the view that, trust is earned and built over time as individuals prove their worth to be trusted as the interaction continues. Furthermore, in this study, participants revealed that, in a mentorship relationship where trust exist, mentors are likely to open up to their mentees and the vice versa. Many mentees may not share their personal struggles with theirs mentors if they realized their mentors are not likely keep their information confidential. Burgess et al., (2018) in a review of mentorship in health professions among other issues, identified confidentiality as one of the ethical issues likely to confront every mentorship relationship. Hence, they admonished that, in general conversations, what was said in confidence must be remembered. This will result in positive mentoring outcome.

Also, mentees are likely to be fully involved in the mentorship process and will take and work with every information or instructions their mentors give if these mentees trust their

mentors. This will result in a positive mentoring outcome. This finding is supported by Sowell, (2017). In a study to established the effective practices for mentoring new teachers from the perceptive of mentors, Sowell, (2017) revealed that, when mentee trust mentors it results in free flow of communication between the parties and acceptance of the mentorship. Similarly, Martin et al., (2016), also found that trusting the mentor resulted in mentees receiving feedback from their mentors graciously.

However, most studies on mentorship argue that, the trust is required from both parties equally, nevertheless, another important finding of this study is the fact that participants argued that, though the issue of trust is a necessary factor for both mentor and mentee, the mentee needs to be trusted more (Geraci & Thigpen, 2017; Hudson, 2016). On the contrary Oliver et al., (2020) argues that mentors wining the trust of their mentees is key to the success of the relationship. This contrary finding involved a study where black men were being mentored in medicine in the United States. This group is considered a minority and with the challenge racial discrimination which obviously a mistrust from their black mentees. This demands for a greater effort form the white mentors to win the trust of their mentees. Similarly, though not explicit, Hund et al., (2018), placed the task of building trust in a mentorship relationship more on the mentor than the mentee.

Almost all studies on mentorship have alluded to the centrality of trust and respect in the success of any mentorship relationship (Burgess et al., 2018; Geraci & Thigpen, 2017). In accordance with literature, participants alluded to the key role of respect in the success of mentorship. The respect must be mutual and reciprocal. However, some participants argue that the mentor need to show the way by respecting the mentee first in his or her actions. Hudson, (2016) supported this assertion in their study of mentoring of new teachers. Hudson stated that though the respect has to be mutual, the mentor exhibits it more in various ways such open discussion with mentee as well have expectations of the mentee. This is because

the mentor holds more power in this relationship and can misuse it if he or she does not openly exhibit respect for mentee. On the other hand, others also were of the view that, the culture of the study area/setting demands younger individuals respect the elderly. As a result, respect is most required from mentees if the mentorship relations will be successful. According to Ayyala et al., (2019). when mentees respect their mentors, it serves as a form of motivation for the mentors to go the extra mile for their mentees.

One of the important findings of this study is the need for power balance between mentor and mentee. Participants of this study were of the view that for a good relationship to exist between the parties, there must be power balance. The mentor needs to ensure that he or she does not lord it over the mentee. As a result, even though the mentor is the one with power, the mentor must be aware that it is a power for positive use to empower other. This is corroborated by Hudson, (2016), who stated that despite the fact that mentors possess a certain level of power, they need to use this positively to ensure a positive interaction in the mentor - mentee relationship. Similarly, Burgess et al., (2018) admit that the mentor has power and if care is taken, the power can be abused by intimidating the mentee or refusing to support the mentee circumnavigate the organizational challenges. Also, Chopra et al., (2018) stated that good mentoring should be of a parenting relationship rather than a boss-subordinate one between the mentor and mentee. However, some of the participants argued that without the display of power by the mentor, there will not be any mentorship. The mentor need exhibit some level of power because the mentor and the mentee cannot possess the same level of power. This is supported by Bliton & Pincus, (2020), who maintained that the level of power and authority an individual possess plays an important role on how they are able to influence or alter the behavior of others. Mentorship is all about the mentors influencing the mentees behavior, career, personality among others specific areas. To ensure power balance,

participants suggested that the mentor should always involve the mentee in open discussion regards every activity of the process.

The roles of the mentor and or mentee is another factor that can influence the interpersonal factors relationship of the mentorship process. This study reveals that, when any of the parties involved in the mentorship relationship has other roles competing for their time and commitment, then this can have a negative effect on the outcome of the mentorship process. For the inexperience mentee, this can be stressful to handle. In Malaysia, university students involved in a study to evaluated their mentorship program complained of the difficulties in meeting with their mentors because they are busy Kamarudin et al., (2021). According to Renbarger & Davis, (2019), having a mentor who is busy and absent does not the course of the mentorship process.

However, some of the participants of this argued that it is possible to still have process of mentorship move on well if the activities of the mentorship are well planned out by the mentor and mentee. Schuler et al., (2020), in using mentorship as a tool to cultivate evidence-based practice among nurses in northeast United States identified their lack of time as a barrier. They therefore modified and structured the program to mitigate that and subsequently the program was successful. Similarly, Saint & Chopra, (2018), proposed various means to mitigate this for busy mentors such as have having effective but shorter meeting times and also findings alternatives to face to face meetings.

Saint & Chopra, (2018), in their studies reported that, a busy mentor is a the one to be desired by mentees because, good mentors are busy. It is an indication of how successful they have been in their specialty area and more likely to produce their kind.

In addition, emotional intelligence is also identified as one of the factors necessary for a successful mentoring relationship in this study. This is because mentors' ability to manage their own emotions appropriately and also understanding certain attitudes of the mentee is

key the process of mentoring. This supported by many studies on mentorship. These studies have recommended recruiting mentors with high emotional intelligence when considering mentorship as a tool a to development less experience individuals (Crumpton, 2019). As a result, Crumpton, (2019) recommended that, in formal mentoring programmes training on emotional intelligence should be part of the preparation phase of mentors. This is because mentors with high emotional intelligence are successful in their chosen professions and also trusted by their mentees (Flores-Caballero, 2021).

5.4 Meso system factors influencing mentorship in nursing

Mentorship in nursing most often than not occurs in health institutions. The finding of this study revealed that these institutions have vital roles to play to ensure the success of mentorship in nursing. That is giving their support to mentorship in two main ways; by creating the conducive environment necessary for mentorship and by ensuring the capacity building or Professional development of mentors. Many authors on mentorship, alluded to the need for institutional support for the success of mentorship (Abbott-Anderson et al., 2016). Nowell et al., (2017), in their systematic review, defined institutional and administrative support as a supportive environment, allocated resources, and planned mentoring goals and activities. However, the findings of this study revealed that institutions can give their support to mentorship in two main ways; by creating the conducive environment necessary for mentorship and by ensuring the capacity building or Professional development of mentors.

The conducive environment herein referred to in this study can take various forms ranging from office space and logistics to put the right structure in place for mentorship and motivation of staff who accept to serve as mentors. This is corroborated by some authors who indicated that institutional support in the form of motivations such as a reward for mentors,

acknowledging effective mentors, and providing the necessary resources for mentoring is important to the success of mentorship in nursing (Karanja, 2021).

According to the participants of this study, staff motivation does not have to be financial benefits only but anything that makes the individual feel recognized for his or her role as a mentor such as promotions and scholarships among others. This is in line with Karanja, (2021), who reported that mentors would appreciate financial or career advancement incentives as motivation for mentoring students. On the contrary, some authors found that the decision to serve as a mentor was driven by the intrinsic motivation of the mentor such as the individuals who see mentorship as means for self-development and a means to develop others. Extrinsic motivation such as additional remunerations had little influence on the propensity to mentor (Morales et al., 2021).

Another important finding of this study revealed that providing office space for mentors to be able to meet with their mentees as well as the logistics necessary for mentorship is vital for the success of mentorship in nursing. This is supported by Khunou, (2018), who stated that institutional support by way of the provision of resources for the mentoring program or process is key to improving the mentoring environment. Similarly, Foolchand et al., (2020), revealed that a conducive environment for mentorship and clear mentoring goals are the vehicles for positive mentoring results. This finding is valuable because mentors who have no office space to meet their mentees, accessibility of mentors becomes a challenge as well as having scheduled meetings to ensure a positive evaluations and outcome. McBride et al (2017), alluded to this difficulty in accessing mentors as the major challenge in mentorship programs.

Another important role of the institution identified in this study is the need to ensure the capacity building or Professional development of mentors. The participants explained that it

is the responsibility of the institutions to update and improve the skills and capacity of staff for the effective delivery of their duties as mentors. However, this training or capacity building must be specific to the needs of the individual mentors. This finding is similar to that of Tuomikoski et al., (2020), who recommended the need for institutions to assist in building the competence of their mentors according to the individual needs of the mentors. Similarly, other authors alluded to the need for institutions to provide training for mentors to make them effective in their duties as mentors (Karanja, 2021; Tuomikoski et al., 2020). This finding may be explained that, it is the responsibility of the institutions to update and improve the skills and capacity of staff for the effective delivery of their duties as mentors. However, this training or capacity building must be specific to the needs of the individual mentors.

5.5 Exo system factors that influence mentorship in nursing

Findings of this study revealed that, having a national policy on mentorship in nursing is very important. This will ensure that mentorship is made mandatory. This will result in a general framework to be in place for the mentorship and probably link mentorship to promotion making it attractive for those who will desire to serve as mentors. This is supported by some authors who admit that, having a national policy on mentorship is key to the success of mentorship programmes because, it directs the vision, mission and goals of the mentorship programme as well as provides the guidelines for recruiting and training mentors and implementation of the programme (Jack et al., 2018). Making mentorship mandatory in America resulted in most of orthopaedic surgery residents being satisfied with the outcome of the mentorship program (Mulcahey et al., 2018). As a result, nurse leaders are encouraged to get involved in policy formulation to influence and demand what the profession need for progression or be successful (Turale & Kunaviktikul, 2019).

Another important finding of this study is that, the professional organization of nurses in Ghana (the Ghana Registered Nurses and Midwives Association) has a role to play to ensure mentorship in nursing happens by providing the opportunity for mentorship for nurses who need to be mentored and also liaising up with the health institution for the institutionalization of mentorship for nurses in these institutions. This finding is supported by Goolsby & DuBois, (2017), who intimated that professional organizations provide opportunity for mentorship, ongoing education and growth over time. Similarly, Liga & Grinfelde, (2018), maintained that, one of the supports that professional unions provide as support for their members is mentorship to reduce the anxiety and uncertainty of novice members.

Participants of this study also argued that the nursing and midwifery council of Ghana, the regulatory body for nurses and midwives in Ghana has a role in ensuring that mentorship in nursing happens in the country. In Canada, the nursing regulatory body mandated nurses to mentor as a professional responsibility (Jacobs, 2018). Similarly, according to Rasheed et al., (2020), nursing regulatory bodies can encourage nurse leaders to get involved in the mandatory mentoring of nursing students and junior nurses. Also, the participants alluded to the fact that the regulatory body is the body for the regulation of training and practice therefore, the body can ensure that mentorship is added to the curriculum for the training of nurses in the country. This is concurred by Sibiya et al., (2018), who explained that making mentoring a key component in the core competencies will ensure the effectiveness and guarantee the practicability of mentorship in nursing.

5.6 Macro system factors that affect mentorship in nursing

This study revealed that culture and religion can have influence on mentorship in nursing. When the cultural and religious beliefs of the mentor and mentee are similar mentorship is more likely to be successful than when the dyad have a conflicting culture or religion. This is

corroborated by Castellanos et al., (2016) who found cultural congruence or cultural fit as a strong predictor of life satisfaction of university students involved in mentorship program. Similarly, Henry-noel et al., (2019) emphasizes the need for culturally based mentoring programs for individuals because culture influences individuals' thoughts, values and practice. Mentoring is culturally informed (Pfund et al., 2016). As a result, mentees will most often prefer or be satisfied with a mentor of similar cultural and religious orientations (Vickers et al., 2017). This is not surprising because, the people of northern Ghana are made of different cultural and religious backgrounds. They also place so much value on these cultural and religious beliefs. Most action and decision of these people are culturally and religiously determined. Though there is so much religious tolerance in Ghana, a few individuals still take entrenched positions when it comes these due to perceived discrimination. As a result, they will resist any action that does not go in line with their religious beliefs.

Another important finding of this study is the influence of tribe or ethnicity on mentorship in nursing. This supported by other evidence on mentoring maintaining that ethnicity is vital when pairing mentors and mentee in a mentorship program because many mentees will always prefer a mentor of their same ethnic origin (Valentin-Welch, 2016). This may be due to the fact that, some ethnic groups to be perceive others are inferior and this may reflect in their dealings with these individuals.

5.7 Benefits of mentorship in nursing

Many authors have alluded to the benefits of mentorship in nursing. These benefits are in relation to institutions, patients, and nursing care outcomes (Banwell et al., 2021; Burgess, et al., 2018).

According to the findings of this study, one of the benefits of mentorship in nursing is improved professional standards and an improved professional image of nursing. This is supported by other authors who mentioned among other benefits that effective mentoring results in increased confidence and competence at problem-solving as well as higher levels of resilience. The ripple effect of these is an improved standard of care and professional image of the nurse (Cornine, 2020). Manzi et al., (2017) also stated that in cooperating mentorship in health systems results in improved quality of care and health systems mentorship. This finding is expected because the mentee will be taught the standard practice in nursing and when he or she put it in to practice, it will lead to better outcomes in care to their clients thereby increasing the professional standards which will in tend increase the image of the nurse.

Another important finding of this study is the fact that mentorship in nursing results in an improved interpersonal relationship between nurses and their patients. An effective interpersonal relationship is pivotal to the nursing profession. This finding is similar to that of Rohatinsky et al., (2017), who reported in their study that, mentorship enhanced various skills of the mentee such as leadership, mentoring, study, communication, and professional skills. One's ability to relate with others is influenced by their ability to communicate effectively. As a result, if the communication skills of the individual are improved, this is most likely to cause improvement in the interpersonal relationships of the person. Proper communication is also key to good patient outcomes (Chater & Courtenay, 2018; Jubraj et al., 2016).

Also, the finding of this study revealed that mentorship in nursing guides the career progression of mentees. This is corroborated by many authors who argue that effective mentorship results in professional growth and development and networking for both nurse mentors and mentees (Banwell et al., 2021; Cooke et al., 2021). This finding could be due to the fact that, effective mentoring might result in helping the mentee to identify his or her

interest area especially in the area of the mentor. This is because mentors are more likely to sharpen the skills of the mentees as well as replicate themselves in these mentees who can effectively function independently or with little supervision. Hence, this serves as a guide in their career progression. This is evidenced in a systematic literature review by Zhang et al., (2016), who revealed that effective mentoring results in self-efficacy, improved confidence, and decision-making of the mentee.

Again, this study revealed that one of the benefits of mentorship is to guide the career progression of the mentee. This assertion is supported by mentorship research because of the positive roles of mentorship in assisting the personal and professional growth of mentees (Burgess, et al., 2018).

5.8 Barriers to mentorship in nursing

Despite the benefits of mentorship to the mentor, mentee, and organization, there are various barriers to the success of mentorship. The findings of this study revealed that conflicting interests between the mentee and the organization can be one of the barriers to mentorship. This is corroborated by Burgess et al., (2018), who reported conflicting interests as one of the ethical issues of mentorship in health institutions. Cooke et al., (2021), maintained that the tenets of a good mentee are one that career align their career advancement goals in line with the institutions they work in. This finding is not surprising since most nurses in Ghana are employed after their basic training. As a result, they enter into the profession before identifying their area of interest which sometimes may not be in line with the needs of the organization at that particular moment.

Another barrier identified in this study is workload of mentors and mentees. This can hinder effective mentoring when the mentors have other competing roles making it difficult for them to find time to mentor effectively. This concurred with other studies on mentorship in nursing

which identified time constraints and scheduling limitations as some of the barriers to mentorship (Morgan et al., 2018). Similarly, in Kenya and New Zealand workload was identified as the main hindrance to mentorship in nursing (Crocket, 2019; Oluchina & Amayi, 2016). This workload is a result of staff shortages (Morgan et al., 2018; Oluchina & Amayi, 2016). Ghana currently is faced with an inadequate number of nurses in our health institutions though there has been an improvement over the last decade (Asamani et al., 2019).

This study also revealed the role of favouritism by managers of health institutions in the choice of persons who should serve as mentors without recourse to their ability to perform the task. This results in more competent individuals who are not the favourites of the management being left out. Also, some mentees may not have access to mentors for the same reasons. In the United States of America, favouritism and unfair opportunities were identified as the major complaints of mentees of a residency mentorship program which disintegrated the program (Bunin et al., 2020). Most managers admit to having favourites among their staff and all these managers will promote their favourite staff over the rest. This finding could be as a result of the limited number of mentors in the nursing profession in Ghana currently. As a result, the few mentors may tend to mentor those who are their favourites regards of the needs of the other less experience nurses. This was cited by Hungerford et al., (2016), that workplaces with limited opportunities are breeding grounds for favouritism.

5.9 Recommendation for effectiveness of mentorship in nursing

The participants of the study had recommendations necessary for the effectiveness of mentorship in nursing.

One of the recommendations provided by this study is the need to institutionalize mentorship in nursing. This is supported by Potash, (2019), who maintained that formal mentoring is not

common in low and middle income countries though there is a growing need of mentorship by their scientists. Potash encouraged the institutionalization of mentorship in these countries. In India Koon et al., (2020), argued that institutionalizing in service nurse mentoring is likely to result in cost effective and appropriate work force. Institutionalization of mentorship will result in institutions taking responsibility of the mentorship programs thereby, ensuring sustainability of the programs (World Health Organization; 2022)

Another important finding of this study is the need for Institutions to support mentorship in nursing in their facilities. This institutional support can be in the form of recruiting mentors, pairing mentors and mentee and providing the framework for mentorship. This is corroborated by many studies that institutional support is necessary for the success of any mentorship program (Dirks, 2021; Nowell, et al., 2017). In a review by Smeltzer et al., (2016) institutional support is directly linked to productivity. This is due to the fact that, mentors feel secured and confident when they realize they are being supported by the institutions (Douglas et al., 2016).

Also, participants of this study recommended the training of individuals who are to serve as Mentors before they can be assigned the task to mentor. This is concurred by many other studies recommending the need for training of mentors before their involvement in mentorship programmes (Dirks, 2021; Wachira, 2019). Nowell, et al., (2017), evaluated mentorship programmes in Canada among nursing schools and identified training of mentors as part of these program. However, the content of training was not uniform across all programmes. Similarly, Kachaturoff et al., (2020), found training of mentors as part of the mentorship programs included in their integrative literature review. However, there was no standardized time frame for the training across programmes. Each program allocated different time for the training of the mentors. The training of mentors is necessary for the success of a

mentorship programs because mentoring is a skill and needs to be acquired for effective implementation. According to Abbott-Anderson et al., (2016), the ability to mentor others successfully, is a skill needed for effective mentoring.



CHAPTER SIX SUMMARY, IMPLICATION, CONCLUSION AND RECOMMENDATION

6.1 Summary of the study

Mentorship is a vital tool for the development of less experience individuals especially in nursing. Mentorship in nursing improves job satisfactions, personal development and work life balance of nurses. It also results in improved confidence of nurses thereby reducing the anxiety of the nurses. This study therefore explored the determinants of mentorship in nursing in Northern Ghana. The ecological model by Urie Bronfenbrenner was use as the theoretical framework for this study. The objectives of the study as well as the literature review were formulated using this model as the guide.

A qualitative research method with the descriptive design was used for this study. Fourteen nurses from the rank of Senior Nursing Officer from two hospitals in Northern Ghana participated the study. Data was collected by a face-to-face interview with the participants using a semi structured interview guide and audio recorded. Each interview lasted between thirty to one hour. A verbatim transcription of the interviews was done and analysis was by thematic content analysis. The resulted in in five thematic themes and three emerged themes with a total of twenty-eight sub themes.

The ages of the Participants of the study ranged from thirty to fifty-two years comprising of five males and nine females. Majority (9) of the participants had first degree whiles the rest had a master's certificate. The minimum number of years of work experience was five (5) and the maximum of twenty-four (24) year. All the participants alluded to the importance of mentorship in nursing and the need for health institutions as well as other relevant bodies of nursing to take steps to ensure mentorship in nursing is practiced at every stage nursing from training to practice. The study revealed the personal, micro system, meso system, exo system and macro systems factors that influence mentorship in nursing. Also, the benefits of

mentorship in nursing, barriers to mentorship in nursing as well as the recommendations necessary for effective mentorship in nursing were identified.

Some of the benefits of mentorship in nursing identified in this study included; Improved Professional image of nursing, professional standards of practices and interpersonal relationship with colleagues and clients. Others are guidance for Career progression of mentees and reduced workload on nurses. However, participants noted some barriers that can hinder these positives from happening. These include favoritism by management of health institutions, workload on mentors and mentees as well as conflicting interest between staff and their institutions. Finally, the study offered some recommendation necessary for the success of mentorship in nursing. These recommendations included the institutionalization of mentorship, providing institutional support for mentorship in nursing and providing training for individuals tasked to serve as mentors.

6.2 Implication

The findings of the study have implication for nursing practice and research

6.2.1 For nursing practice

This study established that there is plethora of factors that influence the success of mentorship. These factors are personal, interpersonal, institutional, community and national related in nature. As a result, any nursing institution that intend to use mentorship for the numerous benefits that mentorship offers, then it is important to identify these factors as they pertain to each specific situation. The study has also revealed some barriers that need to be addressed for the success of any mentorship program in nursing in northern Ghana. As a result, these has to be considered for effective and positive outcomes of mentorship in nursing in Northern Ghana.

6.2.2 For nursing research

Nursing practice must be based on available research evidence. Therefore, due to the importance of mentorship to nursing, nurses must endeavor to get involved in continuous research on the subject matter in order to implement informed mentorship programs at every point in time. This will ensure the effectiveness and success of these programs. Also, continuous research on mentorship in nursing will ensure nurses understanding of the subject matter and implementation of the programs will be specific to the profession of nursing education and practice.

6.3 Conclusion

The benefits of mentorship in nursing as revealed in this study is an indication for the nursing fraternity to be motivated enough to practice mentorship. Also, the various factors that can serve as facilitators and barriers are extensively explored: the person, interpersonal, institutional, national and societal factor. This serves as a guide for health facilities that need to implement any mentorship programme for nurses. Mentorship in nursing is proven to be a necessary tool for quality nursing practice, education and administration. As a result, it is important that health facilities as well as the nursing fraternity in cooperate this into the nursing training and practice.

6.4 Limitation of the study

The study did not include the perspective of mentees. The perspectives of the mentees would have provided a larger picture and in depth understanding of the factors that influence the success or serve as barriers to mentorship in nursing. Also, the study suffers from general limitation of qualitative research

6.5 Recommendation

The recommendations based on the findings of this study are to the following institutions;

6.5.1 The Ministry of Health/Ghana Health Service

The ministry of health and the Ghana should;

- Ensure there a national policy on mentorship in nursing
- Facilitate the establishment of mentorship programs in the health facilities
- Include in the job description of nurses and midwives the duty of mentorship
- Reward nurses who agree to be involved in mentorship by way of promotion and extra allowances

6.5.2 The Nurses and Midwifery Council

The nurses and Midwifery Council of Ghana should;

- Include mentorship as part of the training curriculum for nurses and midwives
- Ensure mentorship starts in the training institutions making of part of the training that the nurses and midwives transition to the clinical field this knowledge already.
- Include mentorship as a mandatory requirement for Professional Identification Number renewal for nurses from the rank of Nursing Officer upwards
- Organize workshops on mentorships for nurse leaders

6.5.3 The Ghana Registered Nurse and Midwives Association

The Ghana Registered Nurses and Midwives Association should;

- Establish offices for mentorship for nurses across the regions as part of their regional offices
- Regional offices should organize workshops for nurses and midwives in their various regions on mentorship in nursing

- As part of their annual reward systems take the awardees to other renowned nursing institution for a period mentorship

6.5.4 Health Institutions

The Health Institutions should;

- Ensure there is an active mentorship program running in the institution for the inexperience nurses to be mentored
- Identify mentors and train them for this task
- Serve them with formal letters as a means of formal recognition of their role
- Reward nurses who accept to be mentors



APPENDICES

APPENDIX A: Ethical Approval

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

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



My Ref. GHS/RDD/ERC/Admin/App | 22-1080
Your Ref. No.

Research & Development Division
Ghana Health Service
P. O. Box MB 190
Accra
Digital Address: GA-050-3303
Mob: +233-50-3539896
Tel: +233-302-681109
Email: ethics.research@ghsmail.org
8th March, 2022

Florence Assibi Ziba
School Nursing and Midwifery, University of Ghana,
Box LG 43, Legon

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	GHS-ERC: 025/02/22
Study Title	Exploring the Determinants of Mentorship in Nursing Among Senior Nurses in Northern Ghana
Approval Date	8 th March, 2022
Expiry Date	7 th March, 2023
GHS-ERC Decision	Approved

This approval requires the following from the Principal Investigator

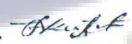
- Submission of a yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

You are kindly advised to adhere to the national guidelines or protocols on the prevention of COVID -19

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED... 
Dr. James Akazili
(Head, Ethics & Research Management Department)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

APPENDIX B: Participant Information Sheet

Title of Study: Exploring the determinants of mentorship in nursing among senior nurses in northern Ghana.

Introduction: I am Florence Assibi Ziba, a second Year Mphil Nursing Student at The School of Nursing and Midwifery, University of Ghana, email: aziba@uds.edu.gh

Tell: 0249585619

Background and Purpose of research: There is a correlation between mentorship and success in nursing practice in relation to quality improvement, self-confidence and professionalism. Despite the positive impact of mentorship, there is currently no formal or informal mentorship programme for nursing in Ghana. This study therefore seeks to explore the determinants of mentorship in nursing among senior nurses in northern Ghana.

Nature of research: This study is an exploratory descriptive qualitative design using an interview guide. The aim of this study is to explore the individual, the microsystem (interpersonal factors), mesosystem (organization factors), exosystem (community factors) and Macrosystem (national policies) factors that influence mentoring in nursing. The study will involve nurses from two hospitals in Northern Ghana.

Participants involvement:

- **Duration /what is involved:** The duration for the interview is approximately 45 to 60 minutes. Once you agree to take part in the study, you will sign a written consent form to signify your willingness to participate in the study.
- **Potential Risks:** No physical harm will be caused to you during this study. This is because you will only be asked to answer some questions. The questions that will be asked will not be causing any emotional or psychological discomfort. However, if you feel uncomfortable with any question you have the right to decline to answer. Also, where emotional and psychological discomfort is observed, you will be stopped from answering the

questions for you to recover and continue later or stopped altogether for some professional counselling.

- **Benefits:** This research results will serve as a guide for improving nursing mentorship.
- **Costs:** The study will not in any way be of financial cost to you as a participant, but your time will be required for the study.
- **Compensation:** You will not receive compensation for participating in the study
- **Confidentiality:** If you agree to participate in the study, the researcher will ensure that personal information such as names and residential addresses are not included in the interview guide. You are also assured that any information gathered from you in this study will be protected from third part. You are also assured that your identity will not be disclosed during presentation of the study finding in conference or during publication of the study. However, the data will be available to the researcher, supervisors and the ethics review committee. All confidential documents will be kept in a safe and locked for (5 years) and destroyed.
- **Voluntary participation/withdrawal:** Your participation in this study is voluntary, and you are not under any obligation to take part in the study. You have the right to opt out of the study at any time if you so wish without giving any reason to the researcher.
- **Outcome and Feedback:** It is expected that results from the study will inform how senior nurses will mentor junior nurses in Northern Ghana. The study findings will help potentially influence policymaking regards mentorship in nursing. Findings from the study will be presented to participants during staff meetings and at staff durbars upon completion.
- **Funding information:** The study will be sponsored by the researcher.
- **Sharing of participants Information/Data:** The information gathered will be owned solely by the researcher and will be made available to the supervisors upon request.

- **Provision of Information and Consent for participants:** You will be given hard copies of the information sheet and the consent form after you have signed.

- **Who to Contact for Further Clarification/Questions:**

Principal investigator: Ziba Assibi Florence, School of Nursing and Midwifery, College of Sciences, of Ghana, aziba@uds.edu.gh, Tell: 0249585619

Supervisor: Dr. Florence Naab, Lecture, Maternal and Child Health, School of Nursing and Midwifery, University of Ghana, Email: florencenaab@yahoo.com, [Tel:0204522332](tel:0204522332)

For information on your rights contact: Ghana Health Services Ethics Review Committee Administrator: Nana Abena Apatu, 0503539896.



APPENDIX C: Consent Form

STUDY TITLE: EXPLORING THE DETERMINANTS OF MENTORSHIP IN NURSING AMONG SENIOR NURSES IN NORTHERN GHANA.

PARTICIPANTS' STATEMENT

I acknowledge that I have read or have had the purpose and contents of the Participants' Information Sheet read and satisfactorily explained to me in a language I understand (English). I fully understand the contents and any potential implications as well as my right to withdraw from the research even after I have signed this form.

I voluntarily agree to be part of this research.

Participants' Signature

Date:

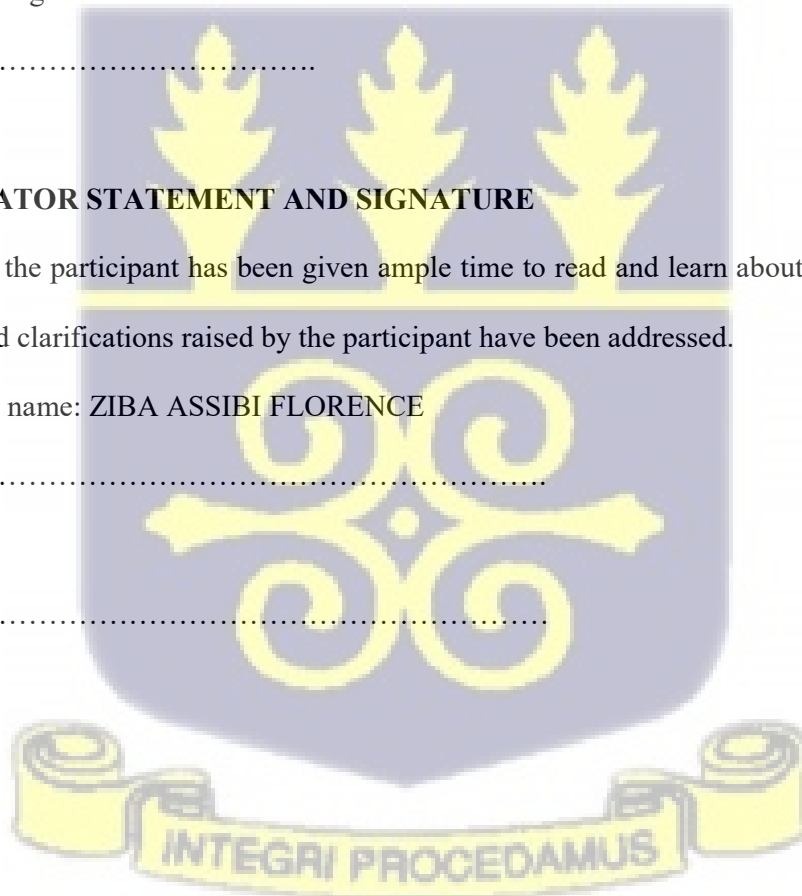
INVESTIGATOR STATEMENT AND SIGNATURE

I certify that the participant has been given ample time to read and learn about the study. All questions and clarifications raised by the participant have been addressed.

Researcher's name: ZIBA ASSIBI FLORENCE

Signature

Date:



APPENDIX D: Interview Guide

I am Florence Assibi Ziba, an MPhil nursing student with the School of Nursing and Midwifery; University of Ghana. I am conducting a study on mentorship in nursing in Northern Ghana among senior nurses. I wish to request that you participant in this study where I will interview you on the subject matter. The interview session will last approximately 45-60 minutes. The interview will take place at a venue and time convenient to you. You can decline to answer any question deemed inappropriate without any negative effect to you. Your name will not be mentioned in the interview. Also, the interview will be recorded but played to me and my supervisor alone.

Thank you.

SECTION A: Biographic data

Tell me about yourself? (probe)

SECTION B: Individual factors that influence mentorship in nursing

1. How does age difference between mentor and mentee influence mentorship outcomes? (Probe)
2. How does gender between the mentor and mentee influence mentoring process?
3. Does the experience level of the mentor affect the mentorship process? Explain
4. In your opinion, what is the influence of individual commitment to the mentorship process?
5. Are there any other factors that you think can affect the mentorship process?

SECTION C: Microsystem factors that influence mentorship in nursing

6. How do you think trust between the mentor and the mentee can influence the mentoring process?
7. What is the role of respect in the mentor mentee relationship? (Probe)
8. How do the roles of the mentor influence the mentorship process?

9. How does the roles of the mentee influence the mentorship process?
10. How can the mentor ensure power balance in the mentoring relationship? (probe)

SECTION D: Meso system factors that influence mentorship in nursing

11. What do you think your institution should do in terms of your workload to enable you be effective as a mentor?
12. What do you think are the institutional factors that can influence mentorship in nursing?
13. What do you think your institution should do to build your capacity to mentor?
14. What are factors in the institution do think hinder effective mentorship?

SECTIONS E: Exo system factors that influence mentorship in nursing

15. What role can the regulatory body (NMC) play in ensuring mentorship in nursing in Ghana? (Probe)
16. What role can the professional union (GRNMA) play in ensuring mentorship in nursing in Ghana?

SECTION F: The macro system factors that influence mentorship in nursing

17. What will be the influence of having a national policy on mentorship in nursing?
18. In your opinion, does culture have any impact on mentorship in nursing? Explain

SECTION G: Benefits of mentorship in nursing

19. What do think are the benefits of mentorship in nursing?
20. Is there anything you want to add?

Thank you for your time and response



APPENDIX E: Socio-Demographic characteristics of participants

Participant Number	Pseudonym	Gender	Years of Experience	Rank	Education Level	Age	Facility
P 1	Mercy	F	24	DDNS	Masters	52	TTH
P2	Amanda	F	25	DDNS	Masters	55	TTH
P3	Nartey	M	14	SNO	Bsc	40	TTH
P4	Mabel	F	12	SNO	Masters	35	TTH
P5	Ama	F	13	PNO	Masters	36	RHB
P6	Ajoah	F	18	PNO	BSC	46	RHB
P7	Sarah	F	17	PNO	Masters	40	RHB
P8	Ama	F	11	SNO	BSC	43	RHB
P9	Kojo	M	13	SNO	BSC	34	RHB
P10	Nancy	F	7	SNO	Bsc	32	RHB
P 11	John	M	8	NO	BSc	38	RHB
P12	Kwame	M	5	NO	BSc	30	TTH
P13	Kwarteng	M	11	NO	BSc	35	TTH
P14	Serwaa	F	11	NO	BSC	32	TTH



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