



KNOWLEDGE AND OPINION OF NURSE LEADERS ON THE PRACTICE OF CLINICAL MENTORSHIP IN A TERTIARY HOSPITAL IN NIGERIA

Dr. Patricia Obiajulu Onianwa*, Nkom Alice Taiwo, Ajama Judith Aderinmola,
Olaleye Abigail Chukwudumebi, Igonor Bola Tunrayo, Gbenro-Ayodeji Adesola,
and Ladun-Oluroye Olubukola Omotola

Clinical Nursing Department, University College Hospital, Ibadan, Nigeria.

*Corresponding Email: patoboni@yahoo.com

Cite this article: Patricia O.O., Nkom A.T., Ajama J.A., Olaleye A.C., Igonor B.T., Gbenro-Ayodeji A., Ladun-Oluroye O.O. (2021), Knowledge and Opinion of Nurse Leaders on the Practice of Clinical Mentorship in a Tertiary Hospital in Nigeria. African Journal of Health, Nursing and Midwifery 4(2), 1-13. DOI: 10.52589/AJHNM_Q050T41M.

Manuscript History

Received: 15 Feb 2021

Accepted: 16 March 2021

Published: 21 April 2021

Copyright © 2020 The Author(s). This is an Open Access article distributed under the terms of Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0), which permits anyone to share, use, reproduce and redistribute in any medium, provided the original author

ABSTRACT: *Introduction:* Mentoring is an important strategy to support the development of a transformational leader. It involves the nurturing of a personal career, intellectual growth/development, as well as improving corporate knowledge, and making employees feel valued. *Aim:* This study aims at exploring the knowledge and opinions of nurse leaders on clinical mentoring using pre-test and post-test evaluations. *Methods:* It is a pre-test and post-test single-subject design among 135 Chief Nursing Officers (CNO) that attended the Nurse Leaders' Summit. Data were analyzed using SPSS 22.0, and probability value $p < 0.05$ was used to determine the significance of the descriptive and inferential statistics. *Results:* The study revealed that 56.3% of the respondents had adequate knowledge of mentoring at pre-, and 74.1% at post-evaluation; 91.1% claimed to be mentors; 57% were not assigned to a mentee; while 64.4% of them had a good opinion of mentorship and were willing to practice clinically based mentoring. *Conclusions:* Mentoring is an effective intervention to build the capacity of nurses and improve the quality of healthcare delivery.

KEYWORDS: Mentoring, Knowledge, Opinion, Nurse Leader, Practice.



INTRODUCTION

Globally, it is evident that mentoring systems are of utmost importance due to various problems that face clinical practice. Mentorship connotes a process in which a more experienced person assists a less experienced person through their career growth and progression (Ahmed et al., 2018). In clinical practice, mentoring is a continuum of education required for leadership, development, and training of competent health care providers (WHO, 2020), as it offers a means of enhancing workforce performance and engagement, promotes learning opportunities, and encourages multidisciplinary collaboration (Burgess, Van Diggele, Mellis, 2018). Mentoring facilitates better clinical practices, and personal and professional growth for both the mentor and mentee (Metcalf, 2010). It was reported by a group of researchers that the mentorship approach has improved competencies and responsiveness to emergencies in healthcare practices (Burgess et al. 2018: Ajeani et al., 2017: Scherdtle and Morphet, Hall, 2017).

Clinical mentorship gives relevant experience and a fundamental strategy that is needed in the health care system to aid career satisfaction/development, build future leaders, retain workers, and contribute to the improvement of standards of care (Mariani 2012: Nick et al., 2012: Nowell et al., 2016). Clinical nursing is a system that involves practical/onsite training, diagnostic consultation on complex cases, high level of problem solving, and decision making that fosters ongoing professional development to yield high-quality clinical care outcomes (Vasan et al., 2017). Despite global efforts to increase the health workforce capacity through training and guidelines, challenges remain in addressing health system deficiencies, as well as bridging the gap in clinical knowledge among health workers. Healthcare organizations must rely upon effective knowledge transfer to sustain a competitive healthcare system, by ensuring a paradigm shift from the traditional didactic training to an innovative and result-oriented approach (Ajeani et al., 2017). Looking at today's complex, dynamic, and fast-paced healthcare environment, the role of building talent and specifically developing committed employees is crucial to the success of the healthcare industry. The prior statement emphasizes the need for clinical mentorship in order to provide unique opportunities for health personnel, to influence the next generation of professionals and for the development of their specific specialty. Nurse leaders have the responsibility to mentor those who come after them (Institute of Medicine of the National Academics, 2011), as nurses constitute the largest health care workforce in most countries, with an estimated 35 million nurses forming the largest part of the global health workforce (Shariff, 2014). At least 50% of health services are provided by the nurses and even in some countries, 80% of health affairs are done by the nurses (Mousazadeh et al., 2019).

International organizations and professional nursing bodies have prioritized in their discourse, the need for the professional development of a highly motivated and skilled nursing workforce, for the delivery of quality care through effective clinical mentoring (Nursing and Midwifery council 2017: WHO, 2016). Also, it has been proven that mentorship can help to develop and sustain the leadership in nursing, as well as influence the organizational success and quality of health care delivery services that have been rendered (Academic Partnership, 2016). Besides, a report from a systematic review revealed that mentorship has a significant influence on the behavior, attitude, relation, motivation, and career outcomes of nurses working in the academic setting (Nowell, 2016).

Exploratory literature searches revealed that very few published studies address the knowledge and opinions of nurse leaders on clinical mentoring. However, a survey carried out in the



Northern part of Nigeria to evaluate the knowledge of health workers on clinical mentoring, revealed inadequate knowledge during pre-evaluation, with a significant increase in the score of post-exposure to clinical mentoring training (Okereke et al., 2015). A related study in Sub-Saharan African medical school reports that majority of the faculty members are less knowledgeable on mentorship regardless of seniority (Mubuuke et al., 2020). In contrast to the above, a study done in Rwanda among the registered nurses shows adequate knowledge of clinical mentorship, and 90% claimed to be familiar with clinical mentorship (Kagabo, 2017). The nurse managers opined in a study that all employees should be responsible for mentoring new individuals, regardless of their occupation, and they believed cross-professional mentoring enables the staff to understand team member roles and established collaborative work environments (Rohatinsky and Ferguson, 2013).

In the institution of study, there has not been an existing formal structure for clinical-based mentoring among the health care providers. The norm and common approach used is basically on intuition and perceived responsibility as a nurse leader or supervisor. This strategy is considered not effective in building accessible, qualified, and responsive human resources/personnel that determines a well-functioning health care system, thus improving the health of the population. The purpose of this study was to explore the knowledge and opinions of nurse leaders on clinical mentoring, and to generate formative baseline data that can inform the establishment of the more effective approaches to sustaining a clinical mentorship program in the healthcare system. A good understanding of the concept and the process of clinical mentoring is obligatory as a viable workforce development strategy, for making decisions focused on nursing service practice settings.

METHODOLOGY

The study is a pre-test and post-test single group designed to assess the opinions of nurse leaders on mentoring practice as well as their knowledge. One hundred and thirty-five (135) Chief Nursing Officers (CNO) that participated in the Nurse Leaders Summit organized by Continuing Education Unit of the study setting were purposely selected for the study. The study setting is a tertiary institution with a goal for research, training, and practice. The hospital has 1340 nurses with 300 of them at the managerial level. Data were collected using a 30 item self-administered structured questionnaire, developed using the training manual on mentoring and extensive literature review. The instrument consists of three parts—the first part assessed the demographic data of the participants; the second part consists of 16 items that evaluated nurses' knowledge on mentorship; while the last part of the questionnaire consists of 7 items that evaluated their opinions on the practice of mentorship. The content of the instrument was validated by experts in hospital management. Data were entered into IBM SPSS version 22.0 software; descriptive and inferential statistics were employed in analyzing the significance level at $p < 0.05$. The relationship and differences between variables were determined using a paired Student t-test at a significance level of $p < 0.05$. Questions on knowledge were scored and dichotomized into adequate and inadequate, using the mean score as a yardstick for categorization. Also, the respondents' opinions on mentorship was determined by awarding scores to each item, and the mean score was used to categorize their opinions into good and bad. Informed consent was obtained from all the participants; the confidentiality, autonomy, respect, and dignity of all the participants were strictly observed. Participants were also assured



of their rights to decline to participate in the study. A code number was assigned to each participant to maintain anonymity.

RESULTS

The one hundred and thirty-five (135) nurse leaders who participated in the Nurse Leaders' Conference were all recruited for the study. Table 1 showed the social characteristics of the participants, with the age range majorly between 41 and 50 years (70.4%), predominantly female (88.1%), and the majority having 11-20 years of experience (37%). The study identified the following as nurses' sources of knowledge of mentoring: senior colleagues, 68.1%; personal experience, 61.5%; seminar/conferences, 49.6%; formal educational institution, 35.6%; peer discussion, 28.1%; and through the internet was 24.4%. Slightly above eighty-five percent (85.2%) believe mentoring is meant for student nurses in training; 81.5% of the nurse leaders correctly understand that mentoring is achieved when a mentee discusses personal and professional goals with his/her mentor; 83.0% said mentoring is achieved when a mentee talks to a more experienced nurse (mentor) about a variety of issues; while 85.2% incorrectly said mentoring is meant for student nurses in training. The pre-test evaluation findings show inadequate knowledge of mentorship with only 56.3% scoring above the mean score of 10.5. Also, the post-intervention training evaluation shows 74.1% of the respondents scored above the mean score of 11.2 (Figure 1). Respondents identified correctly the categories of nurses that need mentoring—71.9%, special nurses with high potential; 81.5%, nurses with personal problems; and 62.2%, nurses who are lagging or underperforming nurses. Also, the role of a mentor was agreed as follows: 92.6%, a teacher; 82.2%, a friend; 63.0%, a chancellor; 62.2%, sponsor; and 60.7%, a cheerleader. In Table 2, 57.0% of the nurse leaders have a mentee at the workplace and 35.1% of them have never scheduled a meeting with their mentee. Only 36% of the respondents claimed to have formal training to be mentors, and 55% of them had no training at all. The nurse leaders' opinions on mentoring were **categorized into good and poor using the mean score of ≥ 6** . Figure 2 reveals the opinions of the respondents on mentorship—64.4% with a good opinion, while 35.6% had a bad opinion; 90.4% agreed that further education or training on mentoring would assist them to be more effective in practice, and 88.9% accepted the adoption of mentorship in clinical practice.

Almost half of the participants, 47.4% claimed a mentor is a colleague; 47%, older professional; 45.2%, professionally inclined person; 20%, teachers; and 17.8% agreed that a mentor should be from another profession. In addition to all the aforementioned findings, 91.1% of the nurse leaders considered themselves as mentors while 83.7% claimed to be ready to have a mentee. As part of the advancement in the study findings, the inferential statistics were carried out using the chi-square test for the analysis of the association between categorical variables and paired-test for the quantitative variables. It was revealed that the year of experience of nurse leaders was neither significantly associated ($=1.97$, $df = 3$, $p = 0.58$) with their opinion towards mentoring nor significantly associated ($=2.84$, $df = 3$, $p = 0.46$) with knowledge of mentoring as shown in table 3. Finally, the finding revealed that the education/training significantly ($p= 0.002$) improved the knowledge of nurse leaders on mentoring as shown in Table 4.



DISCUSSION

This study is a pre-test and post-test quantitative study conducted to assess the knowledge and opinions of nurse leaders in the clinical practice of mentorship.

The findings show an improvement in the knowledge of participants on clinical mentoring as the mean percentage score increased significantly from 56.3% to 74.1%. A study in the Northern part of the country was used to authenticate the above, where the healthcare workers' knowledge of clinical mentoring increased significantly during post-evaluation compared to the pre-assessment (Okereke et al., 2015). Also, in another study conducted in Rwanda, the respondents had a good understanding of clinical mentoring, which is a clear evidence of their familiarity with the practice (Kagabo, 2017). It was observed from the study that there was no formal structure for practicing clinical mentoring, and most of the respondents from this study claimed their sources of information from seminars/conferences, observation of senior colleagues, and personal experiences. This is related to the findings from the studies carried out, where some of the participants who knew mentorship reported having obtained it from short meetings, conferences, reading, and discussions (Mubuke et al., 2020; Kagabo, 2017).

The aforementioned findings brought about the need to regularly organize and intensify training on clinical mentorship, as work-based training has been identified as a modality to effectively transfer knowledge and clinical skills among healthcare workers (Matovu et al., 2013). This will encourage and sustain the transition from novice to expert, according to Patricia Benner's theory (1984), which states that clinical expertise is necessary for the advancement of nursing practice.

The more the nurse leaders are exposed to training and retraining programs on mentorship, the more they progress to the level of competency. Mentoring supports the novice's need to feel satisfied and successful as a professional nurse and offers the experienced nurse an opportunity to contribute to the profession (Mariani, 2012).

Four-fifth of the respondents claimed mentoring is meant for student nurses in training. This further emphasizes their poor knowledge of clinical mentorship, which can also be attributed to the fact that there is no structured and institutionalized periodic formal clinical mentorship training program in place. All nurses at the level of leadership should be formally trained on the importance of developing both formal and informal mentoring relationships with their mentees, and also develop a positive attitude about themselves to lead, while mentees grow to become mentors. They should aspire to safeguard the profession by making essential contributions to leadership preparation, and also ensure the achievement, success, and satisfaction of aspiring professionals. Approximately 91.1% of the nurse leaders who participated in the study perceived themselves as mentors, but only 57.0% have a mentee. The inferential statistics revealed that there was no significant association between their years of experience and knowledge—as well as their opinions—on clinical mentorship. This is supported by a finding which shows that being a senior personnel does not necessarily make one a good mentor, without formal training in mentorship (Dobie, Smith, Robins, 2010). This finding can be ascribed to the fact that most nurses assume the post of nurse leaders, rising through the ladder of promotion—coupled with experience which makes them automatically leaders—without fully realizing their roles as mentors. This can be established from a survey that participants assume their current mentorship roles customarily and automatically (McCloughen, O'Brienband, Jackson, 2013).



The study revealed that a few out of the participants who claimed to have a mentee did not meet regularly with them. This is close to the finding where 70% of the mentees indicated that the assigned number of days for the meetings is inadequate to meet their demands (Okereke et al., 2015), while contrary to this finding is the study conducted in the U.S. among new graduate nurses, where more than half of the mentors had regular contact with their mentee. The result of this study emphasizes the need to train more clinical mentors to carry out more clinical mentoring activities. A successful relationship between mentors and mentees requires adequate time for the connection to grow, through face-to-face meetings regularly.

According to clinical mentorship guidelines for integrated care and treatment, key skills required for a clinical mentor include: clinical proficiency; capacity to make a decision; willingness to mentor others; capacity and desire to motivate the mentee to perform well; familiarity and ability to use the clinical standard to teach and assess the mentee's skills, gather and analyze information; and the ability to communicate clearly and effectively (District Health Management Teams, 2011). However, this study identified years of experience, readiness/willingness, goals, and educational/professional quality as some of the key factors to be considered in matching a mentee with a mentor. Besides, the study also revealed that more than half of the nurses have a good opinion of mentoring, are ready for training, and are willing to practice mentee-mentor relationships. Some study findings back up the aforementioned report, where the majority of the respondents showed readiness to practice clinical mentorship if instituted (Mariani 2012; Mubuke et al., 2020; Rohatinsky et al 2013).

At the outset of employment, all nurses must have an assigned mentor for continuity of learning, acquisition of skills, and improvement of knowledge for delivery of sustainable high-quality evidence-based clinical care. Incongruent to this, there is potential value in targeting mentorship development at nurses earlier in their careers, so that their identity as nurses can be broadened to encompass being a nurse and a mentor (McCloughen, 2013). The healthcare institution should consider strategies for matching mentees and mentors, as well as forming committees to assess and evaluate the standard practice of clinical mentoring.

Implication to Nursing

In a profession as complex as nursing, which involves the coordination and delivery of physical, emotional, and existential care, it is important that in this day and age, nurses should adopt evidence-based practices that champion professional development. Clinical mentoring has become an innovative tool to address the challenges in clinical practice, which include inadequate training of healthcare workers, lack of formal and developmental opportunities for the health work force, and a skilled-mixed imbalance with high patient ratio (Martins, 2017). Also, mentoring is a means of addressing prevailing gaps in theory and practice as well as supporting nurses individually. (Arnesson & Albinsson, 2017). It is not a common practice in resource-limited developing countries as seen from our findings, and if it is a practice at all, it will often be informal and infrequent. In a systematic qualitative review, by Peake and Kelly (2016), it was reported that mentoring should facilitate the professional integration of students within their clinical placement, provide the right experience, and instill professional attitudes.

Therefore, a successful clinical mentoring practice is expected to produce increase in job satisfaction, improve teaching skills, promote collegiality and team building, as well as improve clinical performance.



CONCLUSION

Findings revealed that there is an improvement in the nurse leaders' knowledge of mentoring after the educational program. Therefore, there is a need for the management to encourage an enabling environment that allows nurse leaders to adequately allot or create time with their designated mentee(s). A successful relationship between a nurse mentor and a nurse mentee requires adequate time for the connection to grow, through face-to-face meetings regularly. All nurse administrators should encourage each nurse leader to adopt a focused mentoring relationship, which tailors on mentoring and guiding a professional subordinate. The integration of clinical mentoring into practice by experienced and skilled nurses will further develop, enhance, and bring about clinical effectiveness in practice for total quality improvement.

Acknowledgement: All nurses that participated in the training programme as well as the University College Hospital Management, for the enabling environment to promote continuing professional learning.

Conflict of Interest: The authors have no conflict of interest.

REFERENCE

- [1] Ahmed, O., Nugent, M., Cahill, R., & Mulsow, J. (2018). Attitudes to trainee-led surgical mentoring. *Irish Journal of Medical Science*, 187: 821–826. <https://doi.org/10.1007/s11845-017-1703-z>.
- [2] World Health Organization. (2006). WHO recommendations for clinical mentoring to support scale-up of HIV care, antiretroviral therapy and prevention in resource-constrained settings. Retrieved from: <https://www.who.int/hiv/pub/guidelines/clinicalmentoring.pdf>.
- [3] Burgess, A., Van Diggele, C., & Mellis, C. (2018). Mentorship in the health profession: a review. *The Clinical Teacher*, 15(3):197-202. <https://doi.org/10.1111/tct.12756>.
- [4] Metcalfe, S. (2010). Educational innovation: Collaborative mentoring for future nursing leaders. *Creative Nursing*, 16(4):167–170. <https://doi:10.1891/1078-4535.16.4.167>.
- [5] Ajeani, J., Ayiasi, R.M., Tetui, M., Ekirapa-Kiracho, E., Namazzi, G., & Kananura, R.M. (2017). A cascade model of mentorship for frontline health workers in rural health facilities in Eastern Uganda: Processes achievements and lessons. *Global Health Action*, 10(4):1377402. <https://doi: 10.1080/16549716.2017.1345497>.
- [6] Schwerdtle, P., Morphet, J., & Hall, H. (2017). A scoping review of mentorship of health personnel to improve the quality of health care in low and middle-income countries. *Global Health*, 3(13):77. <https://doi.org/10.1186/s12992-017-0301-1>.
- [7] Mariani, B.(2012). The Effect of Mentoring on Career Satisfaction of Registered Nurses and Intent to Stay in the Nursing Profession. *Nursing Research and Practice*, (9). <https://doi.org/10.1155/2012/168278>.



- [8] Nick, J.M., Delahoyde, T.M., Prato, D.D., Mitchell, C., Ortiz, J., Ottley, C., Young, P., Cannon, S.B., Lasater, K., Reising, D., & Siktberg, L. (2012). Best practices in academic mentoring: A model for excellence. *Nursing Research and Practice*. <https://doi.org/10.1155/2012/937906>.
- [9] Nowell, L.S, Norris, J.M, Mrklas, K., & White, D.E. (2016). Mixed methods systematic review exploring mentorship outcome in nursing academia. *Journal of Advanced Nursing*, 73(3): 527-544. <https://doi.org/10.1111/jan.13152>.
- [10] Vasan, A., Mabey, D.C., Chaudhri, S., Brown Epstein, H.A., & Lawn, S.D. (2017). Support and performance improvement for primary health care workers in low- and middle-income countries: a scoping review of intervention design and methods. *Health Policy Plan*, 32(3):437-452. <https://doi:10.1093/heapol/czw144>.
- [11] Akpan, J.W., Owhor, A.G., & Nsikan, E.J. (2012). Workplace Mentoring Strategies and Sustainable Commitment of University Teaching Hospital Staff in South-South Region of Nigeria. *Global Journal of Medical Research*.17(7):26-34. Retrieved from: <https://medicalresearchjournal.org/index.php/GJMR/article/view/1432>.
- [12] Institute of medicine of the national academics. (2011). *The Future of Nursing: Leading Change, Advancing Health*. The National Academies Press, Washington DC. <https://doi.org/10.17226/12956>.
- [13] Shariff, N. (2014). Factors that act as facilitators and barriers to nurse leaders' participation in health policy development. *BMC Nursing*, 13(1):20. <https://doi.org/10.1186/1472-6955-13-20>.
- [14] Mousazadeh, S., Yektatalab, S., Momennasab, M., & Parvizy, S. (2019). Job Satisfaction Challenges of Nurses In The Intensive Care Unit: A Qualitative Study. *Risk Management and Health Policy*, 12:233-242. <https://doi.org/10.2147/RMHP.S218112>.
- [15] Nursing and Midwifery Council. (2017). *The NMC Register 2012/13–2016/17*, 1-10. Retrieved at www.nmc.org.uk.
- [16] World Health Organization. (2016). *Global Strategy on Human Resources for Health: Workforce 2030*, Retrieved at: https://www.who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf?ua=1.
- [17] Academic Partnership. (2016). *Importance of Nursing Mentorship*. Retrieved at: <https://academicpartnerships.uta.edu/articles/healthcare/importance-of-nursing-mentorship.aspx>.
- [18] Okereke, E., Tukur, J., Oginni, A.B., & Obonyo, B. (2015). Evaluating Health Workers' Knowledge Following the Introduction of Clinical Mentoring in Jigawa State, Northern Nigeria. *African Journal of Reproductive Health*, 19(3):118-25.
- [19] Mubuuke, A.G., Mbalinda, S.N., Munabi, I.G., Kateete, D., Opoka, R.B., & Kiguli, S. (2020). Knowledge, attitudes and practices of faculty on mentorship: an exploratory interpretivist study at a sub-Saharan African medical school. *BMC Medical Education*, 20:192. <https://doi.org/10.1186/s12909-020-02101-9>.



- [20] Kagabo, I. (2017). Assessing knowledge, attitude and challenges faced by registered nurses in clinical mentoring of nursing students at Kigali Teaching University Hospital in Rwanda, available at: <http://hdl.handle.net/123456789/284>.
- [21] Rohatinsky, N., & Ferguson, L. (2013). Mentorship in Rural Healthcare Organizations: Challenges and Opportunities. *Rural Nurse Organizations*, 13(2):149-172. <https://doi.org/10.14574/ojrnhc.v13i2.273>.
- [22] Matovu, J.K., Wanyenze, R.K., Mawemuko, S., Okui, O., Bazeyo, W., & Serwadda, D. (2013). Strengthening health workforce capacity through work-based training. *BMC International Health and Human Rights*. 13 (8). <https://doi.org/10.1186/1472-698X-13-8>.
- [23] Dobie, S., Smith, S., & Robins, L. (2010). How Assigned Faculty Mentors View their Mentoring Relationships: An Interview Study of Mentors in Medical Education. *Mentoring & Tutoring: Partnership in Learning*, 18(4):337-359. <https://doi.org/10.1080/13611267.2010.511842>.
- [24] McCloughen, A., O'Brienband, L., & Jackson, D. (2013). Journey to become a nurse leader mentor: Past, present and future influences. *Nursing Inquiry*, 21(4): 301-310. <http://doi:10.1111/nin.12053>.
- [25] Beecroft, P.C, Santner, S., Lacy, M.L, Kunzman, L., & Dorey, F. (2006). New Graduate Nurses' Perceptions of Mentoring: six-year programme evaluation. *Journal of Advanced Nursing*, 55(6):736-47. <http://doi:10.1111/j.1365-2648.2006.03964.x>.
- [26] District Health Management Teams. (2011). Clinical Mentorship Manual for Intergrated Services. Department of health, Republic of South Africa. Retrieved at: <https://sahivsoc.org/Files/clinical%20mentorship%202011.pdf>.
- [27] Matin, A.S. (2017). Unde rstanding effective mentoring in nursing education: The relational reliant concept. *JOJ Nursing Healthcare*, 2(5)1-3. <http://doi:10.19080/JOJNHC.2017.02.555596>.
- [28] Arnesson, K., & Albisson, G. (2017). Mentorship is a pedagogical method for integration of theory and practice in higher education. *Nordic Journal of studies in Educational policy*, 3(3):202-217. <http://doi:10.1080/20020317.2017.1379346>.
- [29] Peake, C., & Kelly, M. (2016). Views of mental health nurses on mentoring. *Nursing times*, 41(42):16-19.

APPENDIX

FIGURES

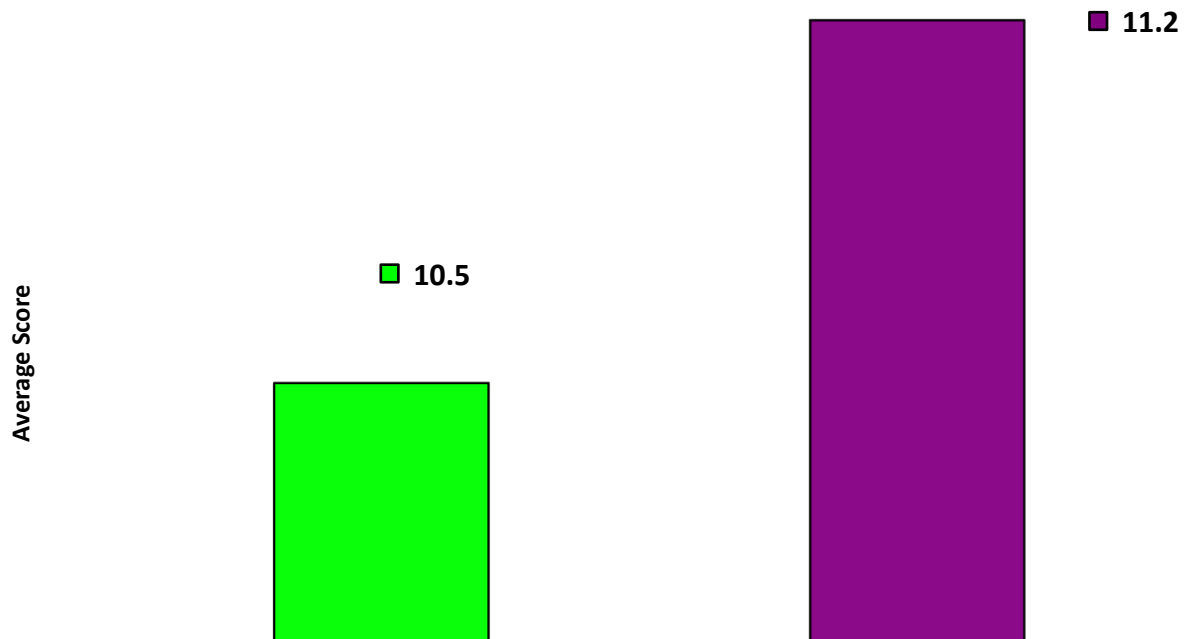


Figure 1: Respondents' Pre-Post Average Knowledge Score

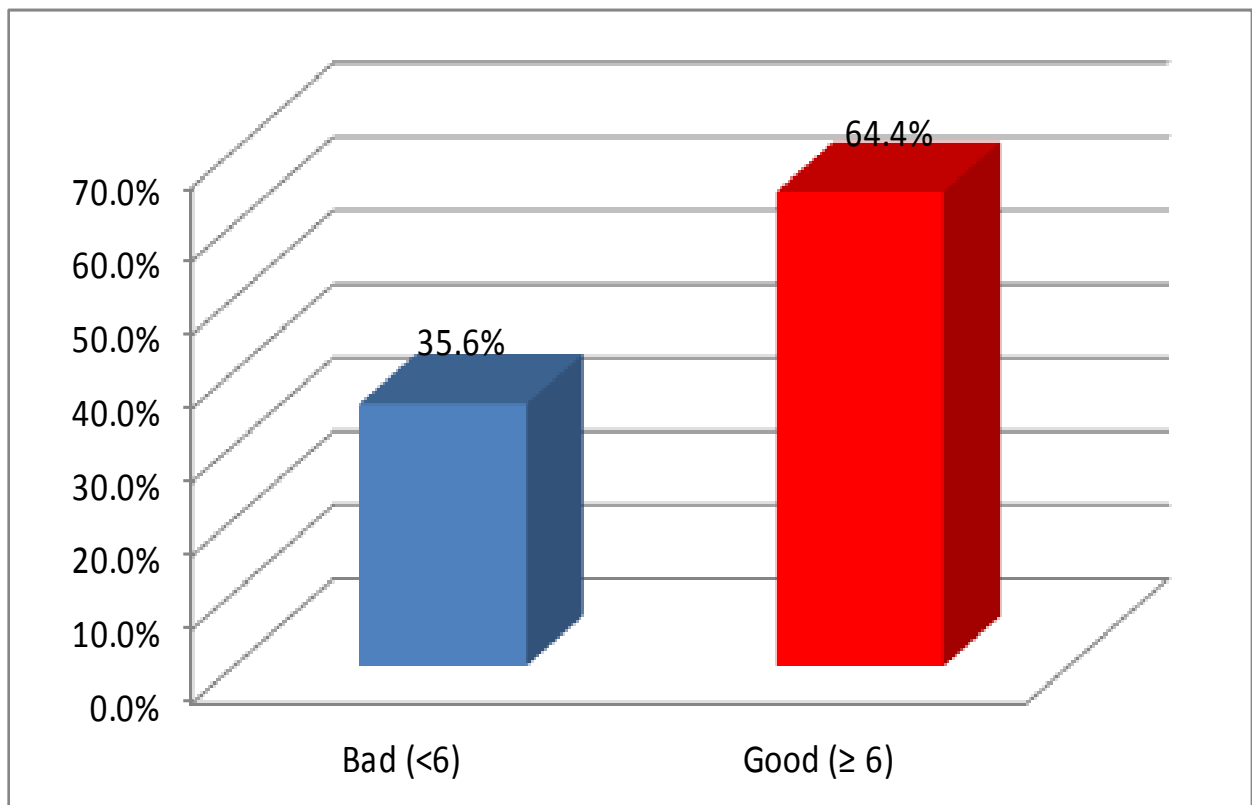


Figure 2: Respondents' Opinion towards mentoring

**TABLES****Table 1: Socio-demographic Characteristics of the Respondents**

Variable	Response	Frequency	Percentage (%)
Age group (years)	31 – 40	6	4.4
	41 – 50	95	70.4
	51 and above	33	24.4
	No response	1	0.7
Gender	Male	1	0.7
	Female	119	88.1
	No response	15	11.1
Years of experience	5 – 10	22	16.3
	11 – 20	50	37.0
	21 – 30	49	36.3
	31 and above	7	5.2
	No response	7	5.2
Marital status	Married	120	89.9
	Single	7	5.2
	Divorced	1	0.7
	Widowed	1	0.7
	Separated	3	2.2
	No response	3	2.2
Tribe	Yoruba	97	71.9
	Igbo	18	13.3
	Hausa	4	3.0
	Others	12	8.9
	No response	4	3.0
Level of Education	RN	4	3.0
	RN/RM	60	44.4
	BNSc	41	30.4
	MSc Nursing	6	4.4
	Others	19	14.1
	No response	5	3.7
Area of Practice	Obs & Gynae	34	25.2
	Medicine	17	12.6
	Psychiatry	6	4.4
	Surgery	38	28.1
	Paediatric	21	15.6
	Nephrology	4	3.0
	Neuroscience	4	3.0



OPD	1	0.7
PHN	2	1.5
Emergency	3	2.2
Occupational Health	3	2.2
No response	2	1.5

Table 2: Practice of Mentoring

n =77	Frequency	Percentage (%)
Years of being allocated with the mentee:		
Below 1	31	40.3
1 – 2	9	11.7
3 – 4	19	24.7
Above 4	18	23.3
Number of schedules with mentee:		
None	27	35.1
One	10	13.0
Two	9	11.7
Three	6	7.8
Four	8	10.4
Five	7	9.1
Above five	10	13.0

Hypotheses Testing

Table 3: Test of Association

		Years of experience				Total	d.f	X ² Value	p-value	Remark
		5 – 10	11– 20	21 – 30	> 30					
Opinion	Bad	5	18	19	3	45	3	1.97	0.58	Not sign.
	Good	17	32	30	4	83				
Knowledge	Inadequate	3	15	14	1	33	3	2.84	0.46	Not sign.
	Adequate	19	35	35	6	95				

Table 4: Respondents' Knowledge Score Test- Statistics

Pre-Score		Post-Score		t-value	p-value	Remark
Mean	S.D	Mean	S.D			
10.49	2.41	11.24	2.05	3.08	0.002	Signature