

## Evaluation of some factors that determine the knowledge of mentoring among nurses in selected Teaching Hospital in South East Nigeria.

Ndie E.C<sup>1</sup>, Mbah N.G<sup>2</sup>, Okafor C<sup>3</sup> and Idam C<sup>4</sup>

Ebonyi State University Abakiliki, Dept of Nursing Science

University of Nigeria Teaching Hospital Enugu, Dept of Nursing Science, Nnamdi Azikiwe

Accepted 30<sup>th</sup> October, 2014

### ABSTRACT

The study aimed at evaluating effect of designation, level of education and years of experience of nurses on their knowledge of the concept of mentoring in Nursing. A descriptive survey research design was used. A convenient sampling technique was used to select a total of 740 nurses as follows (NAUTH Nnewi 230, UNTH Enugu 288 and FETHA Abakiliki 222). The instrument for data collection was questionnaire that was administered by the researchers themselves. The results show that only 30.1% of nurses know what mentoring men. The results also show that years of experience and level of education do not have significant effect ( $p>0.05$ ) on the knowledge of nurses about mentoring in nursing. The results also show that designation (carder) having heard of mentoring and having been involved in mentoring have significant effect ( $p<0.05$ ) on nurses knowledge of mentoring. It was concluded that nurses do not have the correct knowledge of mentoring. It was recommended that mentoring should be introduced in the curriculum of nursing training institutions.

### KEYWORDS:

### Introduction

The concept of mentoring was first highlighted in ancient Greek mythology when king Odysseus entrusted his son Telemachus to his friend to mentor while he was away to participate with siege of troy. He came back 10 years later to find his son Telemachus in his rightful place in Greek society as a result of mentoring by his good friend (Bunsen and Engrebretson 2008). The mentor-mentee pairs in history include Socrates and Plato, Aristotle and Alexander the great, Benjamin Mays and Martin Luther King Jr etc (Simonsen 2004). The first mentor-mentee pair in nursing was Florence Nightingale and Rachael Williams. Nightingale mentored William by sharing her vision of nursing profession, counseled and taught her the skills in nursing (Lorentzen and Brown 2003).

In 1959 Niagara College of Nursing adopted mentoring programme using their alumni to mentor the students (Niagara 2007). In 2002 the Australian National Rural Health Alliance adopted mentoring as a way to support rural nurses in achieving professional excellence. The rural and remote nurses who participated in the forum made their first priority the establishment of mentoring programme (National Rural Health Alliance 2004).

In 2003 in Georgia, it was reported that thirteen of Georgia's nineteen health district were experiencing a severe nursing

shortage. In fiscal year 2003, the state turnover rate for Georgia public Health nursing was 18.3%. Many district in Georgia reported that 50% of their current workforce would retire within the five to ten years. The loss of the workforce posed a significant problem. The division of public health office of nursing therefore developed a mentoring program to assist in retaining and recruiting public health nurses to provide community and individual care, thereby ensuring a competent and professional nursing workforce for the citizens of Georgia (Public Health Information, 2005).

Today a lot of countries like USA, Canada and Sweden have adopted mentoring programmes in their baccalaureate programmes (Wright, 2000). Ram (2000) reported that lack of agreement concerning the definition of mentoring is the major obstacle to look at mentoring in New-Zealand nursing. Christine and Shakespare (2008) in their study concluded that communication is a key skill in the proficiencies of nursing and mentors must be good communicators.

The purpose of the study was to determine nurses' awareness and perception in selected teaching hospitals in South East of Nigeria and the effect of designation, years of examine, and level of education on the concept of mentoring in Nursing. This study is very important this time we are talking of internship for graduate nurses in Nigeria.

### METHODOLOGY:

A descriptive survey research design was adopted in the study that was carried out at Nnamdi Azikiwe University Teaching Hospital Nnewi, (NAUTH), University of Nigeria Teaching Hospital Ituku-Ozalla, Enugu (UNTH) and Federal Teaching Hospital, Abakiliki (FETHA).

The target population was all nurses working in these three teaching hospitals. There were three hundred and fifty working at NAUTH, six hundred and thirty nurses working at UNTH while there were about three hundred and sixty nurses working at FETHA as at the time of study in (2012). A total of 740 nurses were used as sample size. The population was stratified according to their carder and convenient sampling was used to select proportionality from each stratus because nurses run shift duties and those available and willing to comply were used to comply as sample in each stratum. The instrument for data collection was questionnaire. The drafted questionnaire was given to experience researchers for face validity before it was used

**Corresponding Author: Ndie E.C**

Ebonyi State University Abakiliki, Dept of Nursing Science

Email address: chubike05@yahoo.com

for a pilot study at ESUT Teaching Hospital Enugu. The questionnaire was administered directly to the respondents by the researchers themselves. The data collected and analyzed using SPSS package for mean, percentage and ANOVA.

## RESULTS

The effect of level of education of nurses on the knowledge of mentoring in nurses is shown on Table 1. The results show that 26.7%, 34.8% and 32.6% of nurses with RN/RM as highest qualification from NAUTH, UNTH and FETHA respectively define mentoring as experienced Nurses developing less experienced ones, 33.3%, 39.5% and 19% of nurses with other post basic nursing certificates from NAUTH, UNTH and FETHA defined mentoring as experienced nurses developing less experienced ones and 42.9%, 41.2% and 32.2% of nurses with degree in nursing from NAUTH, UNTH and FETHA also defined mentoring as experienced nurses developing less experienced ones. The results show that 32.2% of all the nurses defined mentoring as the experienced nurses developing less experienced ones.

The ANOVA results in Table 6 show that educational qualification has no significant effect ( $P > 0.05$ ) on nurses knowledge of mentoring. The effects of years of experience on the knowledge of mentoring by Nursing in the three selected Teaching Hospitals are shown on Table 2. The results show that 31.3%, 36.7% and 40.9% of Nurses with years of experience less than 10 years at NAUTH, UNTH and FETHA respectively, 36.4%, 31.9% and 36.1% of Nurses with years of experience 11-21 years at NAUTH, UNTH and FETHA respectively and 39.3%, 41.7% and 41.7% of Nurses with 21 years and above experience define mentoring as experience nurse developing less experienced ones. The rest of the nurses either defined mentoring as experience nurses helping, ordinary, advising or teaching less experienced ones. Only 36.6% of the nurses in these hospitals defined mentoring as experienced nurses developing less experienced ones.

The ANOVA results in Table 6 show that there years of experience has no significant difference ( $p > 0.5$ ) on knowledge of Nurses about mentoring in nursing.

Table 3 The effect of designation of Nurses (cadre) on the knowledge of mentoring in Nursing is shown on Table 3 . The results show that only 30.1% defined mentoring as experienced Nurses developing less experienced ones. 14.3% defined it as experience nurses helping less experienced ones, 1.8% defined mentoring as experienced Nurses ordering less experienced ones 21.4% defined mentoring as experienced nurses advising less experienced ones while 29.7% defined mentoring as experienced nurses teaching less experienced ones.

The results show that 39.3%, 31.6% and 11.3% of cadre of nurses from Nursing officer II - Senior Nursing Officers, at NAUTH, UNTH and FETHA respectively, 28.3%, 26.9% and 32.4% of cadre of Nurses from principal Nursing officer - Assistant Chief Nursing Officer of NAUTH, UNTH, FETHA respectively as well as 37.5%, 40% and 20% of Chief Nursing Officer - Directors of Nursing services at NAUTH, UNTH and FETHA respectively hospitals defined mentoring correctly as experienced nurses developing less experienced ones.

The ANOVA results in Table 6 show that cadre has significant effect ( $p < 0.05$ ) on nurses knowledge of mentoring in nursing. The results of the response of Nurses to having heard about mentoring in Nursing is shown on Table 4. The results show that 37%, 30.3% and 30.9% of respondents from NAUTH, UNTH and FETHA respectively who answered yes defined mentoring as experienced nurse developing less experienced ones. 16.9%, 20.2% and 20.6% of respondents from NAUTH, UNTH and FETHA respectively who answered yes defined mentoring as experienced nurses helping less experienced ones, while 29.1%, 33.3% and 26.1% from NAUTH, UNTH, and FETHA who also answered yes defined mentoring as experienced Nurses teaching less experienced ones.

This result also show that 14.3%, 51.4% and 31.6% from NAUTH, UNTH and FETHA who answered "No" also defined mentoring as experienced nurses developing less experienced ones. The ANOVA results on Table 6 show that there is a significant difference ( $P < 0.05$ ) in the response of Nurses in the three hospitals to having heard of mentoring in Nursing. The response of Nurses to whether they have been involved in mentoring in nursing is shown on Table 5.

The results show that 30.9%, 31.5% and 38.8% of Nurses from NAUTH, UNTH and FETHA respectively who responded yes defined mentoring as experienced nurse developing less experienced nurse while 35.6%, 23.9% and 26.7% of nurses from NAUTH, UNTH and FETHA who responded "Yes" defined mentoring as experienced Nurses teaching less experienced ones. The result also show that 16.7%, 46.1% and 31.6% of nurses from NAUTH, UNTH and FETHA respectively who responded "No" also defined mentoring as experienced Nurses developing less experienced ones.

Results from the ANOVA TABLE 6 show that there is a significant difference ( $p < 0.05$ ) in the response of Nurses to being involved in mentoring in the three selected Hospitals.

## DISCUSSION

The result revealed that only few nurses defined mentoring in nursing as experience nurses taking an active role in the professional and personal development of less experienced ones irrespective of the cadre. The results show that most of the cadres either define mentoring as experienced nurses helping, ordering, advising or teaching the less experienced ones.

The results show that designation (cadre) has no significant effect on the concept of mentoring in Nursing in the three teaching hospitals studied. This means that nurses do not understand the role of mentoring as highlighted by Roemers (2002) who stated mentoring means the mentor helping to develop the mentee by providing professional assistance and access to opportunity that shape the professional identity of the mentee.

It show that cadre do not affect the knowledge of nurses about mentoring in nursing. The result revealed that those with less than 10 years at NAUTH, UNTH, and FETHA had 31.3%, 31.9% and 36.1% respectively while those with 21 and above years of experience at NAUTH, UNTH and FETHA respectively defined developing less experienced ones. It could be inferred from this result that years of experience

has no significant effect on the nurses' knowledge about mentoring in nursing. In other words mentoring is not acquired through experience in practice but by a formal training. It indicates that mentoring as defined by Bunsen and Engeberton (2007) as a process by which person of rank, achievement and prestige, instructs, counsels, guides and facilitate the development of the mentee is something that must be formally taught as this result has shown that it is not acquired with experience over the years of experience.

The results show that level of education has no significant effect on the knowledge of Nurses about mentoring. A close look at the data in table 3 reveals that most of Nurses in the practice in the three selected hospitals have RN/RM as their highest qualification and only few had first degree in Nursing. So it may be right to state that the number of first degree holders in nursing working in the clinical practices were still insignificant that their effect on the practice may not yet be felt. However this can still be investigated. The results show that even those who said that they have heard about mentoring in nurse when asked to define mentoring only few were able to define mentoring as experienced ones developing less experienced ones. Even those who answered "No" some of them still defined mentoring correctly. This may be due to the fact that the term mentoring is commonly used without the understanding the meaning.

For those who agreed that they have been involved in mentoring Nursing only few were able to define mentoring as experienced nurses developing less experienced nurses. Here again even those who said that they were never involved in mentoring even defined mentoring correct. From this study one can state that nurses do not understand what mentoring is all about because they do not practice it.

## CONCLUSION

Nurses from the teaching hospitals in South Eastern Nigeria do not understand what mentoring means and most of them were not involved in mentoring in their practice. It can also be concluded that designation, years of experience, level of education have no significant effect on the nurses' knowledge of the concept of mentoring in Nursing.

## RECOMMENDATION

The researchers based on these findings recommended that mentoring should be included in the curricular of nursing training institutions. Seminars should be organized for all nurses in teaching hospital so that mentoring can be adopted especially this time we are planning to start internship for graduate Nurses in Nigeria.

**Table 1:** Effect of Level of Education on the knowledge of mentoring in Nursing

Mentoring means							
Hospital	Designation	Experienced nurse developing less experience nurse	Experienced nurse helping less experienced nurse	Experience nurse ordering less experience nurse	Experienced nursed advising less experienced nurse	Experienced nurse teaching less experienced nurse	Total
NAUTH NNEWI	RN/RM	48(26.7%)	6(3.3%)	6 (3.3%)	39(26.7%)	8(45%)	180
	Other post Basic	12 (33.3%)	5(13.9%)	1(2.8%)	7(19.4%)	11(30.6%)	36
	BNSc and above	6(42.9%)	1(7.1%)	0(0%)	3(21.4%)	4(28.6%)	14
UNTH ITUKU OZALLA	RN/RM	81(34.8%)		9(3.9%)	35(15%)	60(25.8%)	233
	Other post Basics	15(39.5%)	5(13.2%)	0(0%)	6(15.8%)	12(31.6%)	38
	B.NSc and above	7(41.2%)	3(17.6%)	0(0%)	4(23.550)	3(17.6%)	17
FATH ABAKALIKI	RN/RM	61(32.6%)	19(10.2%)	6(3.2%)	47(25.1%)	54(28.7%)	187
	Other post Basics	4(19%)	5(23.8%)	0(0%)	6(28.6%)	6(28.6%)	21
		238(32.4%)	95(12.8%)	22(2%)	140(18.9%)	236(31.9%)	

**Table 2:** Effect of years of Experience on the knowledge of nurses on mentoring in Nursing.

Mentoring means							
Hospital	Years of Experience	Experienced nurse developing less experience nurse	Experienced nurse helping less experienced nurse	Experience nurse ordering less experience nurse	Experienced nursed advising less experienced nurse	Experienced nurse teaching less experienced nurse	Total
NAUTH	<10 years	46(31.3%)	24(16.3%)	3(2%)	28(19%)	46(31.3%)	147
	11-20yrs	20(36.4%)	8(14.5%)	3(5.5%)	6(10.9%)	18(32.7%)	55
NNEWI	21≤	11(39.3%)	0(0%)	0(0%)	7(25%)	10(35.7%)	28
UNTH ITUKU- OZALA	<10yrs	59(36.7%)	36(22.8%)	3(1.0%)	28(17.3%)	32(20.8%)	158
	11-20yrs	30(31.9%)	8(8.5%)	2(2.1%)	27(28.7%)	27(28.7%)	94
	21≤	15(41.7%)	7(19.4%)	0(0%)	6(16.7%)	8(22.2%)	36
							288
FETHA	<10 yrs	56(40.9%)	16(11.7%)	0(0%)	37(27%)	28(20.4%)	137
	11-21yrs	22(36.1%)	10(16.4%)	0(0%)	16(26.2%)	13(21.3%)	61
ABAKALIKI	21≤	10(41.7%)	0(0%)	0(0%)	7(29.2%)	7(29.2%)	24
							222
Total		269(36.6%)	109(14.7%)	1191.45	162(21.9%)	189(25.5%)	

**Table 3:** Effect of Designation on the knowledge of mentoring in nursing

Mentoring means							
Hospital	Designation	Experienced nurse developing less experience nurse	Experienced nurse helping less experienced nurse	Experience nurse ordering less experience nurse	Experienced nursed advising less experienced nurse	Experienced nurse teaching less experienced nurse	Total
NAUTH	NOII-SNO	48(39.3%)	10(8.2%)	0(0%)	16(13.1%)	48(39.3%)	122
	PNO-ACNO	26(28.3%)	12(13%)	2(2.2%)	20(21.7%)	32(34.8%)	92
NNEWI	CNO-DNS	62(37.5%)	4(25.1%)	0(0.0%)	2(12.5%)	4(25.7%)	16
	TOTAL						230
UNTH	NOII-SNO	44(31.65%)	14(10.4%)	3(2.2%)	28(20.1%)	50(36%)	139
	PNO-ACNO	36(26.9%)	26(19.4%)	6(4.5%)	32(23.9%)	34(25.4%)	134
ITUKU- OZALA	CNO-DNS	6(40%)	2(13.3%)	0(0%)	3(20%)	4(26.7%)	
	TOTAL						288
FETHA	NOII-SNO	30(11.3%)	21(18.6%)	0(0%)	33(29.2%)	29(26.7%)	113
	PNO-ACNO	24(32.4%)	14(18.9%)	2(2.7%)	20(27%)	14(18.9%)	74
ABAKALIKI	CNO-DNS	3(20%)	3(20%)	0(0%)	4(26.7%)	5(33.3%)	15
Total							222
Grand Total		223(30.1%)	106(14.3%)	13(1.8%)	158(21.4%)	220(29.7%)	740

**Table 4:** Respondent opinion to having heard of mentoring in Nursing

Mentoring means							
Hospital	Having you heard of mentoring in nursing	Experienced nurse developing less experience nurse	Experienced nurse helping less experienced nurse	Experience nurse ordering less experience nurse	Experienced nursed advising less experienced nurse	Experienced nurse teaching less experienced nurse	Total
NAUTH NNEWI	Yes	70(37%)	32(16.9%)	6(3.2%)	26(13.6%)	55(29.1%)	189
	No	6(14.3%)	10(23.8%)	0(0%)	14(33.3%)	12(28.6%)	42
UNTH ENUGU	Yes	66(30.3%)	44(20.2%)	5(2.3%)	37(17%)	66(33.3%)	218
	No	36(51.4%)	13(18.6%)	0(0%)	8(11.40%)	13(18.6%)	70
FETHA ABAKALIKI	Yes	51(30.9%)	34(20.6%)	3(1.8%)	34(20.6%)	43(26.1%)	165
	No	18(31.6%)	8(14%)	3(5.3%)	16(28%)	12(21.1%)	57

**Table 5:** Respondents opinion to having been involved in mentoring

Mentoring means							
Hospital	Having you being involved in mentoring as a nurse	Experienced nurse developing less experience nurse	Experienced nurse helping less experienced nurse	Experience nurse ordering less experience nurse	Experienced nursed advising less experienced nurse	Experienced nurse teaching less experienced nurse	Total
NAUTH NNEWI	Yes	60(30.9%)	20(10.3%)	7(3.6%)	38(19.6%)	69(35.6%)	194
	No	6(16.7%)	7(19.4%)	0(0%)	11(30.6%)	12(33.3%)	36
UNTH ENUGU	Yes	67(31.55)	50(23.5%)	9(4.2%)	36(16.9%)	51(23.9%)	213
	No	35(46.1%)	7(9.2%)	0(0%)	9(11.8%)	24(31.6%)	76
FETHA ABAKALIKI	Yes	45(30.8%)	18(12.3%)	6(4.1%)	38(20.6%)	39(26.7%)	146
	No	24(31.6%)	8(10.5%)	0(0%)	18(23.7%)	26(34.2%)	76

**REFERENCES**

1. Bunsen, N.H and Engebretson (2008); mentoring in Advanced Practice Nursing. The use of metaphor in concept exploration. The Internet Journal of Advanced Nursing practice vol. 2; 220-240.
2. Lorentzen L.M Brown F (2003) The influence of mentoring on Goal Allianment and role satisfaction. <http://www.ed.submit.etsu.edu/theses/available/etd>. Assessed as 16/7/13

3. National, Rural Health Alliance (2004); Current issue for Australia's Rural and Remote Health workforce. Canberra Australia project organization committee.
4. Niagara M (2000) mentorship in contemporary practice, the Experience Nursing students and practice mentors. Journal of Clinical Nursing vol 17 1834-1842
5. Roemers G.J (2002) mentoring: The students views. Nurse Education Today vol 15 274-279
6. Simunsen, P. (2004) promoting a Development culture in your organization: Using corer Development as a change Agent. California Davis-Black publishing.
7. Steward B.N and Krneger L.E (2006). An Evolutionary concept Analysis of mentoring in Nursing. Journal of professional Nursing vol 12 311-321
8. Wright, C. (2000) An innovation in a Diploma program: Nursing Education Today vol 10 353-359