

**EVALUATING MENTORSHIP PRACTICES AMONG NURSING  
STUDENTS IN SELECTED KENYAN UNIVERSITIES.**

**BY  
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H56/71276/07**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF  
REQUIREMENTS FOR THE DEGREE OF MASTERS OF SCIENCE IN  
NURSING OF THE UNIVERSITY OF NAIROBI**

**SEPTEMBER 2009**

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## Declaration

I declare that this is my original work and has not been submitted to another institution for an award of degree or any other certificate.

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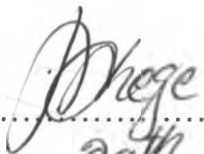
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## **Dedication**

To all mentors

After the work is done, hard times are turned into times of pride.

## **Acknowledgement.**

I thank God for every achievement in my project. I would like to acknowledge my supervisors Prof. Anna Karani and Dr. Margaret Chege for their timely inspirational instruction and guidance throughout the project. I also appreciate my former supervisor Mr. Peter Waithaka for his support and guidance in writing the research proposal.

I acknowledge my employer Ministry of Health for the study leave without which I would not have completed this work. I also thank the Ministry of Higher Education, Science and technology for the authority to conduct the research. My appreciation also goes to Research and Ethics committee K.N.H for granting me authority to conduct research and also for their instruction and guidance in my research proposal.

I wish to express my gratitude towards K.E.M.U and U.O.N administration for granting me permission to conduct research in their institutions. I am grateful to the lecturers in nursing department in U.O.N and K.E.M.U for making it possible for me to meet the students during data collection. I also appreciate Mr. Lawrence Muthami for his assistance in data analysis. My special appreciation goes to the study subjects who willingly participated in the study. I feel greatly indebted to all my classmates for their support and guidance, in particular Grace Wangechi who has been close to me throughout this work.

To all my friends and family who supported and encouraged me throughout the project, may God bless you. My special appreciation to my son Dennis who has been a source of joy and encouragement throughout this work. Finally I appreciate other people not mentioned above whom in one way or another played a role in making this work a success.

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## **List of abbreviations and acronyms.**

App	Appendix.
B.S.N	Bachelor of Science in Nursing.
I.C.N	International Council of Nurses.
K.E.M.U	Kenya Methodist University.
K.N.H	Kenyatta National Hospital.
KRCHN	Kenya Registered Community Health Nurse.
M.O.E.S.T	Ministry of Education, Science & technology.
S.O.Ns	School of Nursing Sciences.
S.P.S.S	Statistical Package for Social Sciences.
U.O.N	University of Nairobi.

## **Definition of terms.**

Knowledge	Expertise and skills acquired by a person through experience or education, the theoretical or practical understanding of a subject.
Mentee	Someone seeking guidance in developing specific competencies.
Mentor	A person who provides model performance, guidance and support, shares skills and experience to another.
Mentorship	A supportive relationship established between two individuals where knowledge, skills and experience are shared with provision of model performance.
Practice	The act or process of doing something.
Protégé	In this study protégé and mentee will have the same meaning.(see mentee )

## **Abstract.**

Mentorship programs are offered to support students in program completion, confidence building and transitioning to further education or the work force. However mentoring relationships have been faced by challenges such as inadequate knowledge and skills, lack of clear policies and negative attitude. This study aimed at evaluating the mentorship practises among the nursing students in Kenyan universities and determining their satisfaction with the mentoring relationships and challenges faced.

The study was a descriptive cross sectional survey that used both qualitative and quantitative methods to gather information from the study population. The study participants were students from University of Nairobi (U.O.N) and Kenya Methodist University (K.E.M.U). A sample of 188 students was selected from a total population of 403 in both universities. Pre-testing of the study tool was done, informed consent and confidentiality maintained.

The data were coded, entered and analyzed using statistical package for social sciences (SPSS). Presentation of data was done in form of descriptive statistics, frequency distribution and graphs. Pearsons chi square tests were used to compare the two groups. The tests level of significance was set at 5%. Results showed that there was a significance difference between mentorship programmes in the two institutions ( $\chi^2 = 17.02$ , d.f=1,  $p < 0.001$ ). Students in K.E.M.U were more likely to have mentors and to participate in mentoring ( $\chi^2 = 58.136$ , d.f=1,  $p < 0.001$ ). Fourty four (72%) of the students at K.E.M.U felt that the program had positive impact on students' development while only 26(21%) at the U.O.N had similar attitude. At K.E.M.U 22(62.1 %) of the students who had been mentored felt that the mentoring relationship met their expectations, while at U.O.N 8(88.9%) felt so.

To maximize on the benefits of mentorship for both institutions, clear policies and guidelines should be put in place. Evaluation of the mentorship programs and their impact on students' development should be done regularly. Further studies on ways to improve mentorship practices are recommended.

# CHAPTER 1

## 1.0 INTRODUCTION.

Mentorship is a supportive relationship established between two individuals where knowledge, skills and experience are shared. The mentee or protégé is someone seeking guidance in developing specific competencies, self awareness and skills in early intervention. The mentor is a person who has expertise in the areas of need identified by the mentee and is able to share the wisdom in a nurturing way (Alliance for excellent education, 2005). Mentorship can also be referred to as the provision of model performance by persons with wisdom from whom advice and guidance can be sought (European Region of world conference for physical therapy, 2003). It is also considered as pairing students with adult volunteers or older students who provide friendship, guidance and support as student navigate new and ever more challenging circumstances (Val, 1994).

The mentoring process itself takes on a variety of forms. In some cases, formal programs are administered in which students are assigned to mentors (Campbell & Campbell, 1997). Formal mentoring is where by relationships are assigned in relation with an organizational mentoring programmes (Mentorship, 2007). Most learning institutions practice formal mentoring and also encourage the students to search for an additional mentor of their choice. In others, students and mentors develop relationships "naturally" with no formal structure or support from the administration ( Dietz & Dettlaff, 1997). In these relationships, both parties develop their own partners. In context of higher education mentoring is often incorporated into the induction process of the institution and students are formally introduced to mentorship (Knight & Trowler, 1999).

Mentorship benefits both the mentee and the mentor (Klasen & Clutterbuck, 1999). The mentee becomes more self confident and competent in his/her integration and application of knowledge and skills gained through mentorship. Participants in mentoring programmes develop a sense of personal transformation and empowerment.

Mentoring is considered as an investment for the future. It is fast becoming an efficient and cost effective way of delivering organization outcomes and growth. Organizations are using mentors to develop and sustain professional growth.

### **Mentoring in nursing.**

Mentorship programmes are offered to support students in programme completion, confidence building and transitioning to further education or the work force. For students in need of career direction, mentoring programmes pair them with professionals who can familiarize them with the profession, serve as role models and boost confidence (Val & Richard 1994).

Mentorship is pivotal to students' clinical experiences and is instrumental in preparing them for their role as confident nurse practitioners. Clinical teaching is one of the most important aspects of nursing profession. However clinical knowledge sometimes does not correspond with theoretical knowledge that students acquire in the classroom. According to Thoebald,(2002) this gap leads to some of the problems experienced by Nursing students as they assume the graduate nurse roles .Effective mentoring programmes are developed to fill the discrepancy that often exist between theory and application of that knowledge in clinical practice.

Mentorship in Nursing benefits in the following ways; bridge the gap between theory and nursing practices, provide guidance for transformational leadership, enhance critical thinking and career development, increase self esteem, job enrichment and willingness to take risks.

## 1.1 BACKGROUND INFORMATION.

### **The mentoring relationship.**

Kram (1985) identifies four phases through which the mentoring relationship passes namely; initiation, cultivation, separation and redefinition. Initiation is normally the first six to twelve months where individuals process strong positive thoughts that encourages development of a significant relationship. An important element of the mentoring relationship is setting and facilitating clearly defined learning objectives. The process may begin with a first meeting where both parties can discuss their expectations. More detailed objectives can be defined and adopted as the relationship evolves. At the first meeting, start up issues, expectations, initial goals should be addressed (Mentorship, 2007). In this phase both the mentor and the mentee get to know each other and build trust. The interaction which occurs at this stage will lay the foundation for a strong beneficial relationship.

The cultivation phase is also known as the working phase of the relationship. The individual discovers the real value of the relationship. According to Kram, (1985) the relationship begins to draw apart after a year or two. It is important at this stage that the mentor, step back from formal relationship to discuss together with the mentee how they want to continue with the relationship. The mentor and the mentee enter a new phase where both parties can regard one another as equals. They continue to have some form of interaction, although it is now on a more casual basis. This phase is known as separation phase (Kram, 1985). Finally in the redefinition phase the relationship either terminates or takes new form such as friendship.

Rogers (1986) discussed five roles of a mentor. These includes *teacher*- role in which the mentor develops mentees intellectual and technical skills, the *sponsor* role, in which the mentor eases mentees entry and advancement into work. *Host or guide* role involves welcoming the mentee into the profession. In *exemplar or role model* the mentor models a way of life and professional advancement. Finally in the *Counselor* role the mentor provides advise, constructive criticism, moral support and affirmation of the mentees aspirations (Rogers , 1986). Responsibilities of a mentor includes to listen and question, build confidence, act as a role model, provide counsel and support, give constructive feedback, offer career advice, assist on self evaluation and finally act as a friend and co-learner (Sally,2007). Responsibilities of mentee are to accept constructive

criticism, communicate and act professionally, maintain confidentiality, appreciate mentor, be open to new ideas and take action on information provided by mentor so as to make the mentoring relationship successful (Sally, 2007).

## **1.2 Problem statement.**

Research confirms that many students enter their undergraduate programs with little understanding of the complexity of higher education or how different programs drive expectations for academic excellence and ideal career pathways. In fact, many students initially are unsure of their career choice and what they will do with the degree awarded after course completion (Bettina Woodford, 2005). In addition university students in Kenya are faced with issues of peer pressure, sexuality, personal health, declining academic standards, career choice and progression among others (Mutula, 2002).

The universities in Kenya have developed mentorship programmes to assist the students in programme completion, confidence building and transitioning to further education or the profession. However, evaluation of the mentorship programs and their impact on students' development has not been carried out in these universities. Therefore little is known about the current state of the programs and their impact on students.

Mentoring is often time consuming and complex to introduce and there is often a gap between policy initiatives and the actual mentoring (Mckinn et al 2003). Sometimes the mentoring relationships are strained by lack of a clear guidelines, role expectations, negative attitude and lack of support from the top management among others. This leads to poor mentoring relationship and therefore the students may not benefit fully from the mentorship. With lack of proper mentorship student would continue to struggle with social and academic issues resulting to graduates who are not fully empowered in their personal and professional life.



### **1.3 Justification of the study.**

Little is known about the state of mentorship activities in nursing schools in Kenya. There were no previous studies available on mentorship among the nursing students. This study will therefore obtain data on the current the student practices in mentorship. Evaluation of mentorship practices among nursing students will assist the institutions in assessing the impact of the program on the students. The students responses can be used by mentors to improve on the mentoring relationships and by the institutions to improve the mentorship programmes.

By strengthening the mentorship programmes in the Universities, the gap between theory and practice would be bridged. It would also provide guidance for transformational leadership. The students would be better equipped to serve the society as professional nurses, role models and mentors of future students. The results of this study can be used as a guide on further studies in mentorship.

### **1.4 Study objectives.**

Broad objective.

To determine the availability of policies or guidelines on mentorship, assess attitude and practices of nursing students on mentorship in selected Kenyan universities.

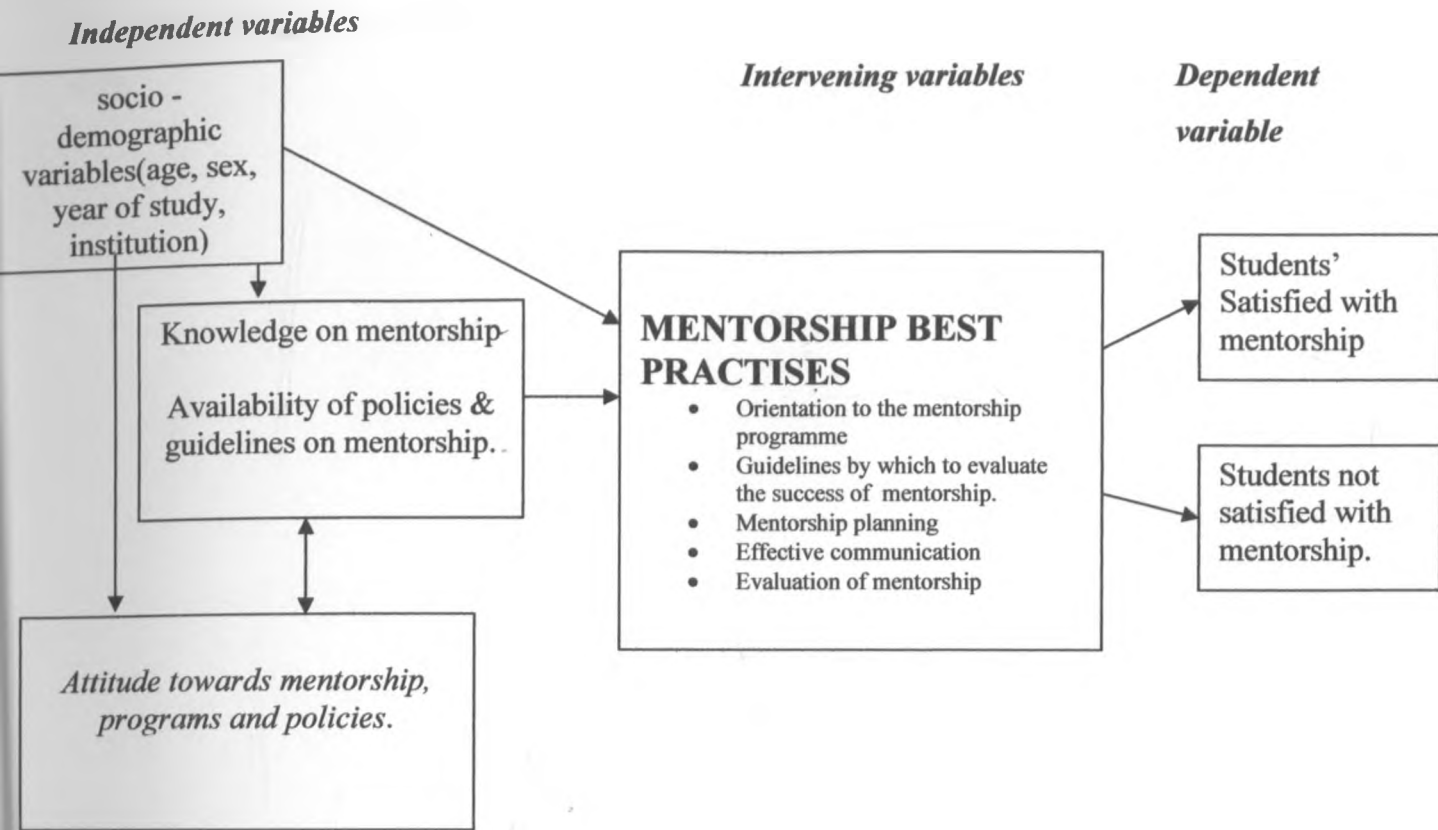
Specific objectives.

1. To determine the respondents' awareness on existing policies (if any) and mentorship programs in the institutions.
2. To assess the respondents' attitude towards mentorship and the mentoring relationships.
3. To determine the respondents' practices on mentorship.
4. To determine challenges faced by the respondents' in mentorship.

### **1.5 Research questions.**

1. Are there policies or guidelines on mentorship?
2. What is the nursing students' attitude towards the mentorship programmes?
3. What are the nursing students' practices on mentorship?
4. What are some of the problems/issues faced by the students' in mentorship?

Fig 1 Conceptual framework.



(Concept adopted from mentorship best practices by international association of mentors, 2003. Modified by Gichigi, 2009)

Independent variables are age, sex, year of study, policies & guidelines, knowledge and attitude towards mentorship and the type of institution.

Intervening variables are the mentorship practices. Dependent variable is satisfaction with the mentorship relationship.

Mentorship practices are influenced by the attitude and knowledge of both the mentor and student. Attitude towards mentorship can be influenced by personal characteristic and other variables e.g. age, years of experience (independent variables) which in turn may influence how one behaves in a mentoring relationship.

Mentorship best practices include development of a mentorship plan at the beginning of a mentoring relationship, working through the phases and evaluation. This should follow the

guidelines set by the institution. If there are clear policies and guidelines and participants are well informed, mentorship practices would be good. When there are mentorship best practices, the student will have personal satisfaction and improvement in both personal and professional skills.

## CHAPTER 2

### LITERATURE REVIEW.

#### 2.1 Programs and guidelines on mentorship.

Research on formal mentoring programmes has shown mixed results but there is evidence that successful formal mentoring programmes add value to the organization and the lives of the mentor and protégé. If the mentoring programme is successful, benefits to the organization include retention of high performers and improved productivity (Samier, 2000)

A good mentorship program should address the design, management, operations and evaluation of the program. Several key points should be considered when instituting a formal mentoring system: determine who will be mentored; decide on a matching method; insure the voluntary participation of the mentors; minimize the rules; maximize the mentor's personal freedom within the relationship(Ragins and Cotton1999). Formal mentoring programmes if effectively implemented will ensure that talent is identified, successful behaviours are reinforced, cultures and norms are instilled within protégés and change becomes planned (Dinsdale, 1998). *Elements of effective practice* are guidelines that reflects the latest in quality mentoring research policies and practices (Mentor,2003)The guidelines are based on solid research that affirms the importance of accountability in meeting young people's needs. These guidelines are adapted by institutions in planning and management of mentoring programs.

A study done in Mexico to evaluate a mentorship program for beginning teachers countrywide indicated that there were various interpretations of rules and program parameters. Some programs lacked structure and there was no system in place for program evaluation. In response to what they considered to be a successful program they indicated communication of program, networking with other mentoring programs and administrative support among others (Synergy group, 2003).

## **2.2 Knowledge and attitude on mentorship.**

Mentoring undergraduate students is a complex and skilled activity that requires educational preparation and skills (Sue, 1995). The mentor can acquire knowledge and skills on mentorship through formal training, reading books and other literature sources, internet searches, conferences and meetings and also through a mentor. Studies show that there has not been a systematic training of mentors. In an evaluation by David, (2000), on evaluation of faculty mentoring program, 86% of mentors had not received formal training on mentorship.

In a study by Sobia et al, (2008) to identify mentoring views and experiences of psychiatrists worldwide, 26% viewed a mentor as a guide, 7% as an advisor, 5% as a supervisor and 3% as a role model. On the familiarity with the importance and role of mentoring, there were no significant differences found between mentors in the developed and developing countries.

Attitudes are expected by some researchers to correlate with knowledge, there is also a greater agreement that attitudes correlate with behavior (Kraus, (1995) as cited in Pavol, (2007). Therefore the attitude of the students can greatly influence the mentoring relationship. In a study on students' view of mentorship, analysis of data suggested that the students found mentorship to be a valid means of support particularly in the early stages of their training (Earnshaw,1995). In similar study by David (1999), 74% of the students felt that they were benefiting from the mentorship program.

In evaluation of a year long mentorship programme, mentors perceived their role as valuable to students' education and development (Val, 2003). However in a similar study aimed at evaluating a mentorship programme, there were mixed feelings. When participants were asked how they believed mentoring programmes had impacted the students on their learning, 44% agreed that it had some impact, 26% felt it had no impact while 15% were uncertain. 15% of the participants did not respond to the question. Other comments included that there were no actual data or criteria to prove direct relationship to students' achievements. Others felt that the program was too young (about 3yrs) for such a conclusion to be made (Synergy group, 2003).

### **2.3 Practices on mentorship.**

Mentorship practices are greatly influenced by the design of the mentorship program and policies and guidelines. A successful relationship between a mentor and a mentee requires adequate time for the connection to grow through face to face meetings on a regular basis (Beecroft, 2006). In some institutions certain days of the week and times are set aside for teachers to work on mentorship. According to Jean (2002), relationship and a sense of bonding occur over time therefore the duration and consistency of a mentoring relationship is very important.

In formal mentoring, the organisation directs the matching of mentor and protégé (Amos and Pearse, 2002) and the *entire* relationship may last only a year (Forret, 1996). Generally in formal mentoring, all phases are of much shorter duration and the individual phases are not as clear. This shorter duration may reduce the opportunity for the mentor to influence the protégé's career and work attitudes (Ragins, Cotton and Miller, 2000). It is evident that the initiation occurs when the relationship begins and separation occurs when the relationship comes to an end, yet there is no study on how the formal relationship evolves between those two stages.

### **2.4 Benefits of mentorship.**

The increased use of mentoring reflects a widespread recognition that formal classroom based teaching and training has large limitations due to the fact that people forget about one third of what they have learnt before they leave the classroom, within a month more than three-quarters of the learning is forgotten and very little learning is remembered or transferred in the long run (Klasen and Clutterbuck, 2002). Mentoring on the other hand is seen as a very effective way of developing people and formal mentoring programmes have been introduced so that the organisation can reap some of the rewards of these benefits. Hansford *et al.*, (2002) investigated 151 studies on formal mentoring and found that 67.5% yielded positive outcomes as a result of mentoring and 24.5% reported mixed positive and negative outcomes. Together, more than 90% of the studies showed that mentoring had at least some positive effect on the protégé, mentor or organisation.

Participants in mentoring programs develop a sense of personal transformation and empowerment. Formal mentoring also provides a structure whereby the organizational culture

can be transferred and encourages individual learning which contributes to organisational learning (Klasen and Clutterbuck, 2002). Benefits to the protégé are career satisfaction, motivation, advice and promotion (Hansfor et al, 2002).

Research shows that benefits to the mentor are relatively fewer than for the protégé but the relationship is mutually beneficial (Klasen and Clutterbuck, 2002). Mentors benefit in that they achieve a sense of fulfillment, receive an opportunity to influence thinking within the company and receive an opportunity to clarify their own thinking (Cook and Adonisi, 1994).

An effective mentor takes pride in the growth and accomplishment of the mentee, garners respect from others as a result of working with them and will bask in the accomplishments along with the mentee (Katherine, 2003). In a paper presented to I.C.N in 2007, Prof Anna Karani, An associate Professor in the University of Nairobi, school of Nursing sciences noted that mentorship had sharpened her interpersonal skills. She had also gained satisfaction and fulfillment from helping colleagues. Where mentoring is going on, it is not only individuals and institutions who benefit but also the citizens and the international community (Karani, 2007).

In evaluation of a year long mentorship programme, mentors perceived their role as valuable to students' education and development. Mentors acknowledged benefits to themselves in terms of personal and professional growth. Their vision and commitment to nursing was also evident in the perceived benefits of the program for the profession (Van, 2006)

In a study on students' view of mentorship, analysis of data suggested that the students found mentorship to be a valid means of support particularly in the early stages of their training. Mentors were seen as fulfilling a socializing role as they passes on the norms of behavior and ward routines (Earnshaw,1995). Mentorship can also facilitate behavior changes that may contribute to academic success for at-risk nursing students. Participants in a mentorship program felt that the mentor knew them as a student and a person, their meetings with the mentors increased motivation which had a positive effect on their academic success (Macgann, 2008).



## 2.5 Challenges in mentorship.

Despite the recognition of the importance of mentorship for the career development, little is known about the current state of mentorship activities in nursing schools. There has been a consensus that mentorship is an important aspect of learning. However there has been no critical appraisal of literature for its research base (Maggs C, 1994). More particularly mentors in schools do not know how to do the job because it is not only a demanding one but also quite different from anything done before (Donald, 1994). In a study done to evaluate new graduate nurses' perceptions of mentoring, Inadequacy of both the mentor and mentee in their roles was apparent especially in the area of socialization and career (Beecroft, 2006). This raises a need for a systematic training program for mentors.

The stumbling block in many mentoring relationships is in defining exactly what mentorship means to the individuals involved. The interpretation of mentorship is largely subjective, so the process and contents of this activity need to be defined at its inception for it to be effective for both parties. If there is no open communication between mentors and pupils, expectations could be set unrealistically on both sides of the relationship, so that frustrations will mount, performance will be affected and inevitably, many of the relationships will dissolve unnecessarily (John, 2003).

Competing demands for mentors' time can limit their availability to students. According to Van, (2006), the most frequently cited barrier to effective mentorship was having sufficient time to spend with mentees (Roberts, 2005). Unless faculty has protected time for mentorship activities it can be difficult to justify the time concept of mentorship (Kupfer, 2002). These issues can be clearly addressed in the program policy. In some institutions certain days are set aside for teachers to work on mentorship.

Mentoring undergraduate Nursing students is a complex and skilled activity requiring educational preparation, support and recognition (Sue & Anne, 1995). The mentors need to be supported by their leaders for effective performance. In an article entitled "*Current mentorship schemes might be doing our students disservice*", data suggested that nurse mentors are struggling to fulfill their role with minimal formal support from their work environment, in

contrast to other professions (Nettleton & Bray, 2008). This statement agrees with findings in a study by Turnbull and Roberts. In the study, the burden of teaching and administrative overload were described as major disincentives to mentoring (Turnbull, 2005)

Watson, (2000) as cited in Van et al, (2006) surveyed nurses from clinical areas. Overall respondents reported more negative experiences than positive. Mentors reported being inadequately prepared, time with students conflicted with patient care and they had insufficient time to devote to students.

## **CHAPTER 3**

### **METHODOLOGY.**

#### **3.1 Study design**

The study was a descriptive cross sectional survey that used both qualitative and quantitative methods of data collection to gather information from the study population. A cross sectional study design is a research design where subjects are assessed at a single time in their lives. This study can be thought of as providing a "snapshot" of the frequency and characteristics of mentorship activities in the population at a particular point in time. This design was applicable to the study in consideration to study time, variables, relationships under study and total costs of the study.

#### **3.2 Study area and population**

This study was carried out in Kenyan Universities; University of Nairobi (U.O.N) and Kenya Methodist University (K.E.M.U). The selection of the two universities was purposeful. U.O.N was the first university in Kenya and has the highest number of students undertaking a degree in nursing sciences and K.E.M.U is a private university with both preservice and upgrading students.

The University of Nairobi is the pioneer institution of University education in Kenya and the region. It is a public university and has six campuses. Main campus is situated within the city centre while the school of nursing sciences where this study was carried out is in the college of health sciences situated near Kenyatta National Hospital (K.N.H) which is about 5 Kilometers from the city center. The School of Nursing Sciences was established in January 2006 as one of the four schools in the College of Health Sciences of the University of Nairobi. Training of nursing degree students started in 1991. It had 273 students undertaking Bachelor of Science in nursing (B.S.N) degree programme at the time of study. Almost all the students started the program after completion of secondary education. The university has a formal mentorship program that was started in 2006.

Kenya Methodist University (KEMU) is a private University founded by the Methodist Church in Kenya. It is situated within attractive woodland on the North Eastern slopes of Mount Kenya,

five kilometers from Meru Town. The evolution of KEMU is based on the 1906 Methodist Church education policy that resulted in the development of schools, industrial institutes and colleges. During the study period there were 130 regular students who are undertaking Bachelor of Science degree in nursing. Some of the students were pre-service (entered the program directly after completion of secondary education). Other students were upgrading from KCHRN which is diploma level nurse. The university does not have a formal mentorship program but has a students' academic advisory program.

The study population comprised of regular students who were undertaking Bachelor of Science In nursing programs in the respective institutions. The students were the main study participants while program coordinators served as key informants.

**3.3 Variables under study.**

3.3.1. Dependent variable- Satisfaction with mentorship

3.3.2. Independent variables-

Age ,sex, year of study, knowledge and attitude towards mentorship.  
type of institution, availability of institution policies & guidelines.

3.3.3. Intervening variables- Mentorship practices

**3.4 Inclusion and exclusion criteria**

3.4.1 Inclusion criteria

1. KEMU AND UON nursing students
2. Students who were in the University within the study period.
3. Students who had been at the University for 3 months or longer.

3.4.2. Exclusion criteria.

1. Students who do not consent to participate in the research.
2. Students who have been in the University for less than 3 months.
3. Distance learners.

### 3.5 Sampling and sample size.

The sampling frame included all the nursing students attending regular undergraduate classes in Nairobi University and Kenya Methodist University.

The number of the students in undergraduate nursing programmes in U.O.N and K.E.M.U at the time of study was 403. Using the formula to calculate sample size (Conchran, 1963); a number of 188 students were selected.

$$\text{Formula } n = z^2 p(1-p)/e^2$$

Where

n is the sample size.

z is the value corresponding to 95% confidence level(1.96)

p is the prevalence of mentorship(36 % was used in this study).

e is the level of precision(in this study 0.05 was used).

Therefore

$$n = 1.96^2 * 0.36(1-0.36)/0.05^2$$

$$= 354$$

Conchran (1977) correction formula was used to adjust the sample size.

$$n = no/(1+no/N)$$

where

No is the calculated sample size above ( 354).

N is the population size (403).

Therefore

$$n = 354/1+354/403 = 354/1.878 = 188$$

Therefore the sample size was 188 and was allocated proportionately( Table 1).

**Table 1 Sample size allocation.**

		year of study				Total
		1st year	2nd year	3rd year	4th year	
Institution	K.E.M.U	18	20	19	4	61
	U.O.N	45	35	29	18	127
Total		63	55	48	22	188

**3.6 Sample selection.**

A list of the students in the selected universities was obtained and numbers were allocated.

Participants were selected using simple random sampling. The number of participants in each class was proportionate to the size of the class.

**3.7 Data collection procedure.**

Data was collected through the use of structured questionnaire (Appendix 2), an interview guide (Appendix 3) and face to face discussion with the fourth year students. The questionnaire was developed based on elements of effective practice that reflects the latest in quality mentoring, research, policy and practices. It addressed the attitude, knowledge and practices of students on mentorship. The questionnaire was divided into 3 main parts. The first section of the questionnaire addressed the socio-demographic information. This included age, gender and year of study. Part one of the questionnaire addressed definition of mentorship, roles of a mentor and benefits of mentorship in nursing. Statements that describe mentorship, roles of a mentor and benefits of nursing were given. A five likert scale which ranged from strongly disagree (1) to strongly agree (5) was used for the respondents to select the responses. Part two addressed the mentoring relationship and practices. This included orientation to mentorship, mentorship plan and other aspects of the mentoring relationship. The third part of the questionnaire addressed the overall attitude of students towards the mentorship program and their recommendations.

There was a structured interview for the in-charges of the mentorship programmes or their representatives in the Universities under study. This mainly addressed the mentorship program and availability of guidelines in the institutions. An open discussion was held with the fourth year nursing students at the U.O.N. This was to determine their general views on

mentorship program in the university since they were the final year students who have been in the institutions for the longest period. A discussion were not held with the fourth year students in K.E.M.U since they were outside the institution on teaching practice at the time of data collection.

Pretesting of the study tools was done with Baraton University nursing students. This was to ensure validity and reliability of the study tool. Data quality control was done by use of structured questionnaire and supervision of data collection to ensure completeness of questionnaire.

### **3.8 Data processing and analysis**

The data was transformed into codes that had been developed during preparation of the questionnaire. It was entered and analyzed using statistical package for social sciences(SPSS). Responses that were in five likert scale were transformed into 2 or 3 categories as appropriate. Frequencies of the variables was generated and used to tabulate data. Pearsons chi square test was used to test relationships between variables. The level of significance was set at 5%. Presentation of descriptive data was done in form of descriptive statistics, frequency distribution and graphics.

### **3.9 Study limitations.**

Little or no studies have been done on mentorship in developing countries in particular studies on mentorship in Kenyan Universities. Most of the reviewed literature was from the developed countries. Literature proposed no formal evaluation model on mentorship practices therefore one was adopted from elements of mentorship best practices by International mentoring association. The structuring of the questionnaires was based on these elements of effective practice. These practices were developed by the association of mentors in developed countries. This may pose a problem in application of the information in our settings in the developing countries since the study environments are not similar. However adjustments were made to fit the questionnaire to the characteristics of the study population. Selection of study institutions was purposive. The study findings can therefore not be generalized to all Kenyan universities.

### **3.10 Ethical considerations.**

The proposal was presented to the K.N.H Research and Ethics committee for approval.

Authority to conduct the study was sought from The Ministry of Higher Education, Science and Technology.

Permission to carry out research in the respective institutions was obtained from the head of nursing department and director of the nursing school in K.E.M.U and U.O.N respectively.

Informed consent to participate in the research was given by the participants.

Confidentiality was sought; no names was used or indicated on the questionnaire.



## CHAPTER 4

### RESULTS

#### 4.1.0 Introduction

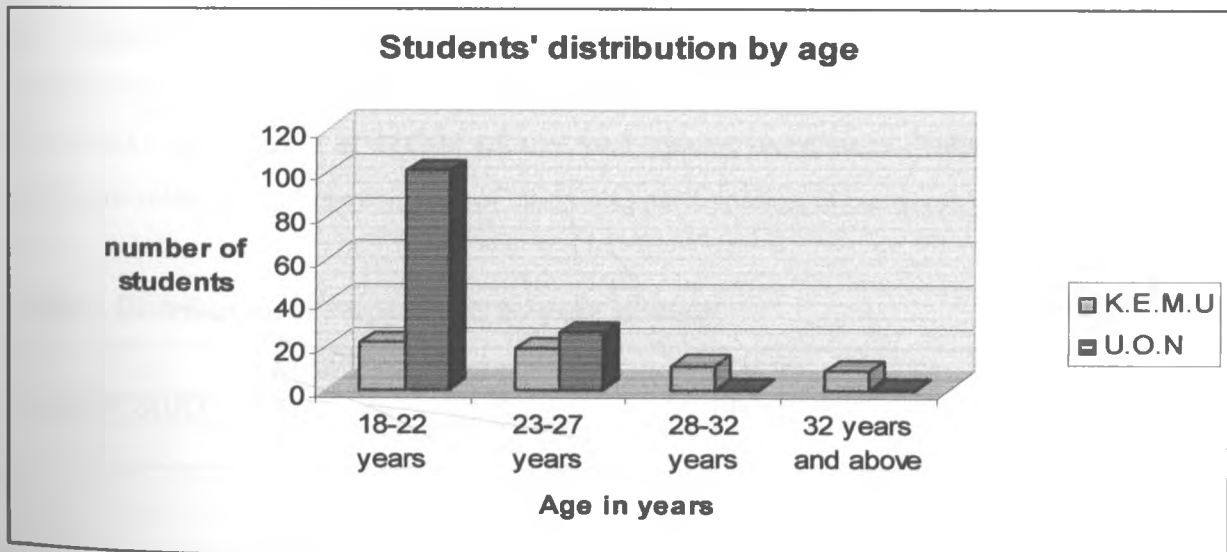
This chapter reports on the characteristics and views of the students that were collected using a semi-structured questionnaire and a face to face discussion held with 10 of the fourth year students. An interview was also conducted on representatives of the coordinators of mentorship programme in both institutions. A sample of 188 was obtained from a total population of 403 students. In K.E.M.U 61 students were sampled out 130 and in U.O.N 127 students were sampled from a population of 273.

#### 4.2.0 Socio-demographic characteristics of the sample.

##### 4.2.1 Students distribution by age

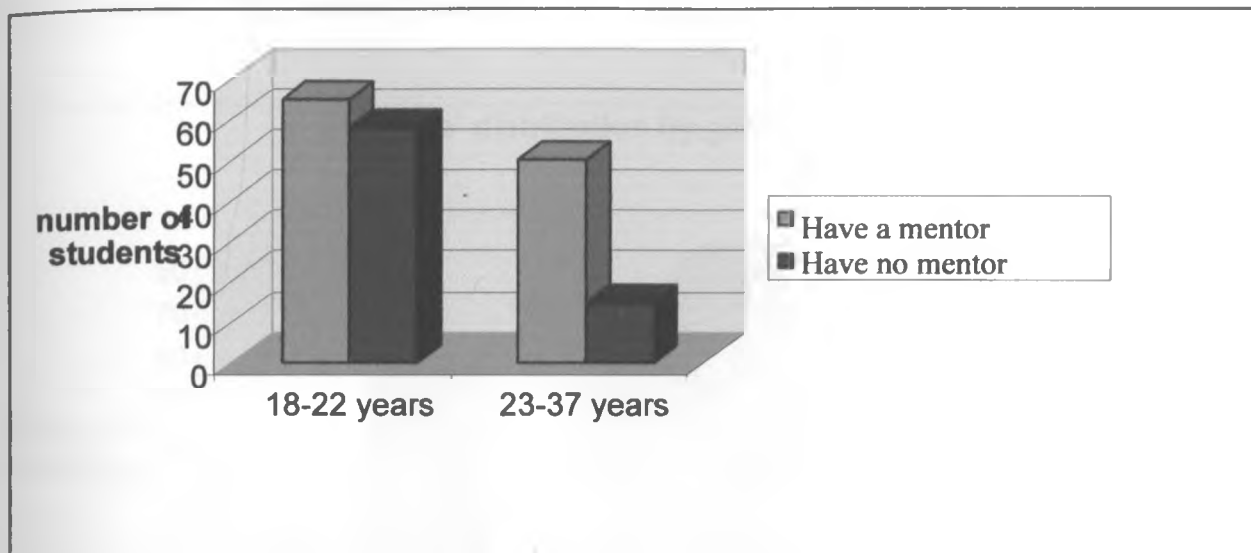
In general, majority 123(65.4 %) of the students were aged between 18 to 22 years .The mean age ( $\pm$  standard deviation) for students in K.E.M.U was 26 ( $\pm$ 5.3) while for U.O.N it was 21( $\pm$ 2.0) years (Fig 2).

Fig 2. The distribution of students by age in each university.



Results showed that there was a significant relationship between having a mentor and the age of students. Students at the ages of 18 to 22 were more likely to have a mentor than those aged above 23 years ( $\chi^2 = 9.391$ ,  $df=1$   $p < 0.002$ ). However, results also showed that students over 23 years were more likely to have had a meeting with their lecturer ( $\chi^2 = 13.882$ ,  $df=1$ ,  $p < 0.001$ ).

**Fig 3 Proportion of students with mentors according to age**



#### 4.2.2 Distribution of students by the year of study.

Analysis of the data by year of study showed that the first year group constituted a ratio of 2 to 5 at K.E.M.U and 2 to 9 at U.O.N of the total student enrolment (Table 2). There was no significant relationship between year of study and participation in mentorship.

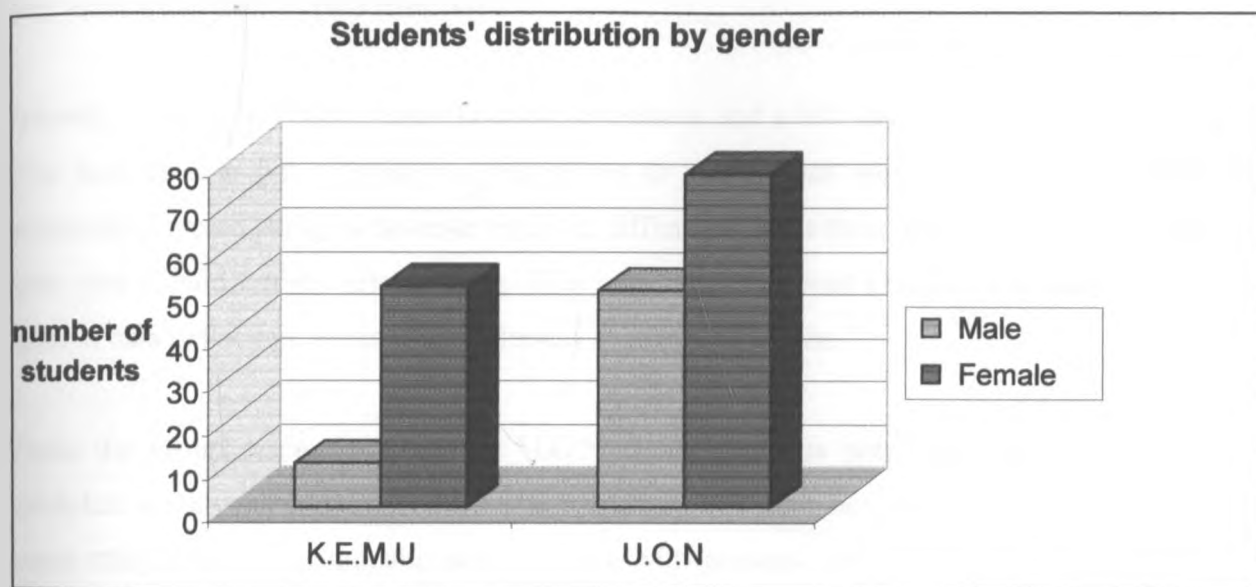
**Table 2: Distribution of respondents by year of study.**

YEAR OF STUDY	KEMU		UON	
	freq	%	Freq	%
1	18	29.5	45	35.4
2	29	32.8	35	27.8
3	19	31.1	29	22.8
4	4	6.6	18	14.2

### 4.2.3 Students' distribution by gender

Overall there were more female respondents than male in both universities. The ratio of male to female was 5.3 to 1 at K.E.M.U and 3.2 to 2 at the U.O.N. (Fig 4) .Chi square tests showed that there was no statistically significant relationship between the students with mentors and their gender.

**Fig 4. Students' distribution by gender**



### 4.3.0 Availability of guidelines and policies on mentorship.

At the time of study there was no formal mentorship program in K.E.M.U. An interview with the coordinator of students' advisory in nursing revealed the student academic advisory program had some mentorship practices. The academic advisory program had been in place for a period of 5 years. There were guidelines on academic advisory program as part of the university policy. However, these guidelines were not easily available to students. The objectives of the academic advisory program were to: Guide students through their academic work, help the student in choice of courses and identify student issues and address them appropriately.

Group discussions with students were not held at K.E.M.U since the students were on attachment outside the institution. However from the questionnaires students expressed the concern that they were not sure if their academic advisors were actually mentors.

University of Nairobi had a formal mentorship program. The program was started in 2006. It aimed at developing professional skills and attitude to students and in order to bridge the lecturer – student gap. It also offered students the opportunity to open up on other social issues affecting their lives and academics. There were no clear guidelines on mentorship available to students of any form at the time of data collection.

Initially students in U.O.N were allocated to mentors and a list was put up on the notice board. The lectures also put a notice on their doors to show times which they were available for mentorship. Some students however found it difficult to meet their mentors since they were not sure who should initiate first meeting. This issue was discussed among the mentors and at the time of data collection, plans were underway to make it feasible.

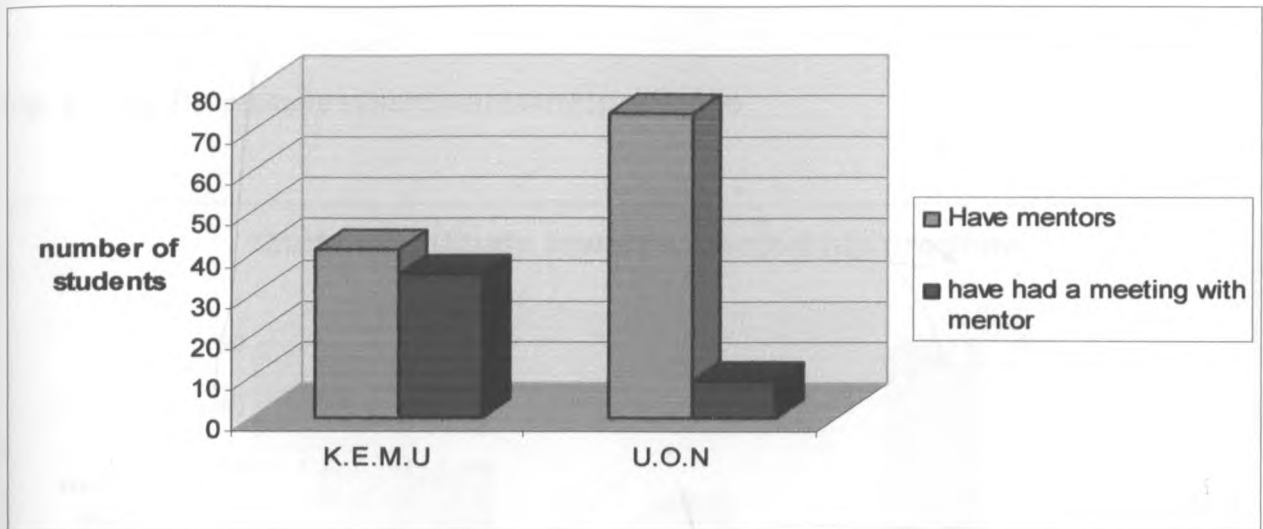
From the group discussion with the U.O.N students it was noted that there were no clear guidance on mentorship in U.O.N. The students were also not sure of who should receive mentorship, whether mentorship was for those with personal issues that needed guidance all it was meant for everyone. The general impression was that students were mainly interested in getting assistance with academic matters. 31 (68%) of students at the U.O.N. and 86(51%) at K.E.M.U were not aware of any existing guidelines or policies on mentorship in their respective universities. However, there was a significance difference in the level of awareness on mentorship programmes between the two institutions ( $\chi^2 = 17.02, df=1, p < 0.001$ ).

#### **4.4.0 Prevalence of mentorship in the two universities.**

Results showed that the prevalence of mentorship was at 7.1% in U.O.N and 57.2% at K.E.M.U. This was obtained from the number of students who had mentors in each university and had managed to hold at least one meeting with the mentor. There was no statistical significance in having a mentor and the institution of study. However studies showed that there was a significant

relationship between the year of study and having a mentor ( $\chi^2=23.652$ ,  $df=3$ ,  $p < 0.001$ ) with the first and second year students being more likely to have a mentor.

**Fig 5 Students who had mentors and those who had a meeting with mentor.**



A face to face discussion with the fourth year students from the U.O.N revealed that they had not been mentored despite the fact that it had been indicated that they had mentors. This study finding is significant because the students ought to have been imparted by the mentorship program at most since they were at the final year of study. This indicated that there was a major gap to be filled as regarding to the mentorship program in this institution. The discussion revealed that the source of their information was from a list on the notice board that showed who their mentors were though no action had been taken. They expected the mentors to call them to schedule for the meetings with them. Some students felt that their mentors were not easy to approach. Others expressed the feeling that mentorship couldn't help them in their academic life.

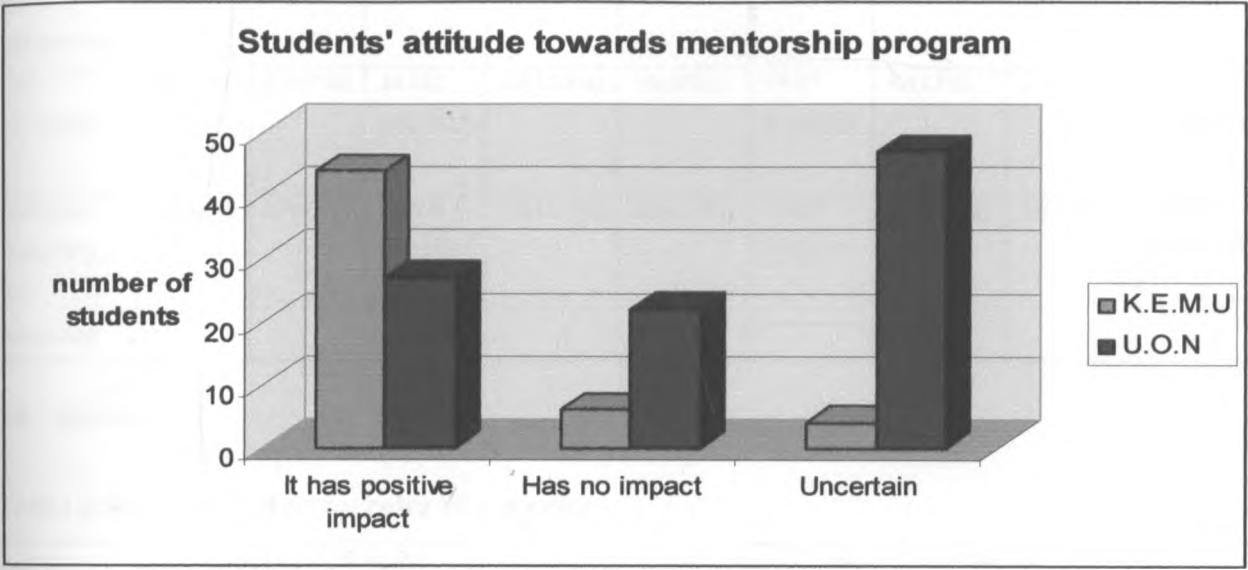
#### **4.5.0 Students' knowledge and attitude towards mentorship.**

##### **4.5.1 Students' attitude towards mentorship**

The overall attitude towards the program in the two institutions varied (Table) The first years were more likely to have a positive attitude towards mentorship ( $\chi^2 = 20.508$ ,  $df=9$ ,  $p = 0.015$ ). There was a statistical significance in the students attitude towards mentorship and their

participation in mentorship ( $\chi^2 = 33.12, df=3, p < 0.001$ ). Majority 29(46%) of those mentored felt that mentorship has a positive impact on a students life. There was no significant relationship between gender and students attitude towards mentorship. Results showed that students in K.E.M.U were more likely to have a positive attitude towards mentorship programme ( $\chi^2 = 2.97, df=3, P < 0.001$ )

**Fig. 6 Students' attitude towards mentorship program**



**4.5.2 Students' views on mentorship definitions and roles of a mentor.**

The respondents gave varying views on the definitions of mentorship. The results showed that there were significant differences in their views on mentorship as: A supportive relationship established between two individuals; Pairing students with adult volunteers or older students who provide friendship, guidance and support (peer mentorship) and inclusion of coaching, counseling and sponsoring in mentorship (Table 3). Relationship between students' views on roles of a mentor and the institution of study were tested. Tests of significance were also done on their views on these roles and participation in mentorship ( Table 4).

**Table 3 Students' views on mentorship definitions**

Statements that describe mentorship	Institution			Participation in mentorship			Attitude towards mentorship		
	KEMU	UON	$\chi^2$	yes	no	$\chi^2$	positive	No impact	$\chi^2$
A supportive relationship.	52(85%)	80(63%)	9.759 P=0.008*	38(20.2%)	94(50%)	7.17 P=0.027*	58(30.9%)	17(9.0%)	10.82 P=0.094
The provision of model performance.	52(85%)	80(63%)	1.728 P = 0.42	37(19.7%)	81(43%)	5.35 P=0.068	38(20.2%)	18(9.6%)	2.3 P=0.884
Peer mentorship	31(51%)	87(67%)	16.882 p<0.001*	24(12.8%)	94(50%)	14.95 P=0.006*	32(17%)	22(11.7%)	14.35 P=0.026*
Coaching, counseling and sponsoring	33(54%)	87(67%)	12.606 P=0.002*	22(11.7%)	22(11.7%)	11.68 P=0.003*	37(19.7%)	14(7.5%)	13.65 P=0.034*

NB. \* significant

**Table 4 Students' views on roles of a mentor**

	Roles	INSTITUTION			MENTORED STUDENTS		
		K.E.M.U	U.O.N	$\chi^2$	Yes	No	$\chi^2$
1	Teacher	50(82%)	78(61%)	9.34 p=0.009*	35(18.6%)	93(49.5%)	4.44 p=0.108
2	Sponsor	34(56%)	67(53%)	1.08 p= 0.58	24(12.8%)	77(41%)	0.043 p=0.978
3	Host or guide	38(78%)	76(60%)	0.28 p=0.86	29(12.8%)	8.5(45.2%)	0.991 p=0.61
4	Exampler or role model	48(77%)	83(66%)	6.87 P=0.032*	37(20%)	94(50%)	6.512 p=0.034*
	Counselor	44(72%)	86(68%)	0.51	32(17%)	94(50%)	0.618 p=0.174

NB. \* significant

### 4.5.3 Students' views on benefits of mentorship in nursing

Majority of the students (51(84%) and 86(68%) at K.E.M.U and U.O.N respectively, agreed that mentorship enhances critical thinking and career development (Table 5).

**Table 5: Students' view on benefits of mentorship in nursing**

	Benefits of mentorship in nursing	K.E.M.U		U.O.N		$\chi^2$	P value
		n	%	n	%		
1	Bridge the gap between theory and nursing practices.	41	67	62	49	6.32	0.04*
2	Provide guidance for transformational leadership.	38	62	82	65	0.34	0.84
3	Enhance critical thinking and career development.	51	84	86	68	5.28	0.07
4	Increase self esteem and willingness to take risks.	42	69	83	65	1.557	0.46
	N	61		127			

**NB. \* significant**

### 4.5.4 Frequency of meetings.

Results showed that students at K.E.M.U were more likely to have had a meeting with their mentors than at the U.O.N ( $\chi^2=58.136$ ,  $df=1$ ,  $P < 0.001$ ). Twenty seven (63%) of the students used the terms "when necessary" and "rarely" to describe the frequency of meetings. Eighteen (41%) of the students met their mentors about 8 times in an year. Zero % of the 4<sup>th</sup> year students at U.O.N had held a meeting with their mentors (Table 6).



**Table 6 Frequency of meetings with the mentors**

	Frequency of meetings	Respondents in U.O.N		Respondents in K.E.M.U	
		n	%	n	%
1	Twice a month	1	11	0	0
2	monthly	1	11	2	6
3	Once a trimester	0	0	14	40
4	When necessary	4	44	20	57
5	Rarely	3	33	0	0

**4.5.6 Mentorship practices among the mentored students.**

Relationship between the mentorship practices among those who were mentored and their satisfaction with the mentoring relationship was tested (Table 7)

**Table 7 The distribution of mentorship practices among those who were mentored.**

No	Mentorship practices	Institution		Satisfaction with mentorship			
		KEMU Freq(%)	UON Freq(%)	Yes	No	$\chi^2$	P value
1	Students given an orientation towards mentorship	15(34%)	5(11.4%)	11(25.6%)	9(20.9%)	3.75	0.052
2	Established written plan on goals to be met.	10(22.7%)	0(0%)	8(18.6%)	2(4.7%)	6.082	0.047*
3	Established guidelines by which to evaluate their success	12(34.8%)	6(13.6%)	14(32.6%)	4(9.3%)	6.58	0.04*
4	Satisfied with	17(38.6%)	1(2.3%)	11(25.6%)	6(14.0%)	1.803	0.771

	Frequency of meetings						
5	Have current mentorship plan with mentor	6(13.6%)	2(4.5%)	6(14.6%)	2(4.7)	5.3	0.07
6	Progress documented	1(2.3%)	0(0%)	1(2.3%)	0(0%)	–	–
7	Mentor easy to approach and talk with	29(65.9%)	9(20.5%)	28(65%)	9(20.9%)	7.35	0.12
8	Mentor facilitated student's participation in professional activities outside the institution?	25(56.8%)	49(13.6%)	22(51.2%)	11(30.2)	3.86	0.144
9	Mentor connected the student to other lecturers who could "fill in the gaps"	27(61.4%)	6(13.6%)	22(51.2%)	11(25.6%)	11.89	0.018*
10	Mentor provided constructive criticism.	32(72.7%)	7(15.9%)	16(37.2%)	13(30.2%)	3.804	0.43
11	Mentoring relationships that met student's expectations	22(50%)	8(18.2%)	–	–	–	–

NB. \* significant

#### 4.6.0 Barriers encountered in mentoring relationship.

Forty one (44 %) of those who had been mentored reported to have encountered the some barriers in their mentoring relationship. Six (67%) at the U.O.N and 18(51 %) at K.E.MU mentioned the most common barrier to be inadequate time to meet with mentors. The coordinators of both agreed that it's the greatest challenge faced by the programs. The advisors in K.E.M.U had too many students to take care for. There was also too much workload for both students and academic advisors.

Lack of clear understanding of the students' and mentors' role was found to be the second frequent barrier in the mentoring relationships (Table 8)

**Table 8 Identified barriers on mentoring relationship.**

No	Barriers encountered	K.E.M.U frequency	% of those mentored in K.E.M.U	U.O.N frequency	% of those mentored in U.O.N
1	Inadequate time to meet mentors	18	51	6	67
2	Roles of the mentor not clear to student	18	51	5	56
3	Lack of clear understanding of the student's role in mentorship	14	40	3	33
4	Unavailability of mentors	7	20	3	33
5	Lack of support from mentor	1	3	1	11
6	Lack of guidelines on mentorship	5	14	5	55

#### 4.7.0 Desired changes in mentorship programs.

Fifty-nine percent of students at UON and 44.3% at KEMU suggested there to be a new approach to orientation towards mentorship. There should also be clear guidelines on mentorship to be made available; this was mentioned by 43.3% at U.O.N and 52.5 % at K.E.M.U ( Table 9 ).

**Table 9. Desired changes in mentorship programs**

No	Desired changes	K.E.M.U (n)	%	U.O.N (n)	%
1	Orientation towards mentorship to be done to all students	27	44.3	75	59.1
2	Clear guidelines on mentorship to be made available	32	52.5	55	43.3
3	Students to be allowed to choose mentors	17	27.9	53	41.7
4	Students to be allowed to have more than one mentor	11	18.0	27	21.3
5	No changes	1	1.6	0	0

#### 4.8.0 Institutions' evaluation of mentorship programs.

No formal evaluation had been done previously in both universities. Ongoing informal evaluations carried out by the academic advisor was shared during departmental meetings. Students are observed on performance, attendance of classes and any social issues. The concerned lecturer forwards the issue to the academic advisor who calls the student for a meeting. If there is need for referral, the academic advisor refers the student to students the counseling centre. No documentations were available on the evaluations at the time of this study. The academic advisors were recognized by being given credit hours.

An interview with coordinator of the mentorship program at the U.O.N revealed that mentorship program had not taken off effectively at the time of data collection. Time allocation was a major challenge to both the students and lecturers. Some mentors felt that the students did not fully appreciate the importance of mentorship and therefore did not avail themselves for scheduled sessions. K.E.M.U 22(63%) of students who had been mentored felt that the mentoring relationship met their expectations while at U.O.N 8(89%) felt so (Table 7).

## CHAPTER 5

### DISCUSSION.

#### 5.0 Introduction

This chapter presents a discussion of the study findings. This includes student' views on mentorship definitions, benefits of mentorship and challenges faced during mentorship.

#### 5.1 Socio demographic characteristics of the sample

Majority (65.4 %) of the students sampled were from the ages of 18 to 22 years. This was expected since most of the students join the university after eight years of primary school and four years secondary education. The preschool ages range from 3-6 years. However in K.E.M.U the mean age was 26 ( $\pm 5.3$ ) while for U.O.N it was 21 ( $\pm 2.0$ ) years. This was because there were students who were upgrading from diploma level nurse to degree level. These students had taken 3 years to complete a diploma in nursing and some had a few years work experiences after the course.

Although the study showed that younger students( less than 23 years) were more likely to have a mentor, students over 23 years were more likely to have had a meeting with their lecturer. This findings agree with the concept of adult learners. According to Dirkx and Lavin, (1995) and Pelavin (The Adult Learner) as cited by Nebraska institute for the study of adult learning, adult learner is practical and focus on what he/she expects to be of benefit and is meaningful to his or her life situation. The adult learner is also autonomous and self directed. Therefore the participation of K.E.M.U students in mentorship may have been influenced by their past experiences and expected benefits of mentorship.

Overall there were more female than male respondents. This was expected since nursing has been dominated by females for a long time. However the results indicated that there was no significant relationship between students'gender and participation in mentorship. This results are similar to those of previous research which showed that women and men had equal access to mentors and received same amount of mentorship (O'neil et al as cited by Harret et al, 2001).

## **5.2 Programs and guidelines on mentorship.**

At the time of study U.O.N mentorship program had been in place for 3 years and K.E.M.U had no formal mentorship program, however, there was a student advisory program. Guidelines on mentorship were not available to students in both institutions. While mentoring can be effective, clear guidelines are necessary for the best results to be achieved. Mentoring is complex and varies from one situation to another. It is also interpreted in different ways by different people. Therefore it is important that the purpose and intentions of mentoring in a particular context are explicit. Since guidelines were not available to the students, they were more likely to view mentorship in different ways.

Students in both U.O.N and K.E.M.U were assigned to mentors and academic advisors respectively. In U.O.N a list of students and their mentors was put up. However it was not clear to the students about who was to initiate the first contact, the student or the mentor. In K.E.M.U students were assigned to academic advisors and were expected to meet them at the beginning of their training. An interview with the program coordinator in K.E.M.U revealed that academic advisory included not only academic guidance, but also nurturing of the student's personal and professional development. Therefore depending on the individual student's views and interaction with the academic advisor, students would (not) have referred the academic advisors as mentors. In general, although some mentoring and advising activities are similar, not all mentors are advisors and not all advisors are mentors.

Results showed that the prevalence of mentorship was at 7.1% in U.O.N and 57.2% at K.E.M.U. The percentages of students in U.O.N who were mentored were lower than those of a previous study at the University of California at San Francisco (UCSF) that described medical students' mentoring relationships and determined characteristics associated with having mentors, 232/302 (77%) of third- and fourth-year medical students were surveyed. Twenty-six percent of third-year and 45% of fourth-year students had mentors (Eva and Karen (2003). In another study that focused on the prevalence of mentorship at the undergraduate level, 36% of the third- and fourth-year medical students reported having a mentor ( Aagaard and Hauer , 2003).

Results also showed that students in K.E.M.U were more likely to have had a meeting with their mentors than in U.O.N. This study findings show that the program was taken more seriously in K.E.M.U than in U.O.N. however further studies on the program structure would give a clear insight in the discrepancy. One of the reasons would be that program evaluation is taken more seriously in private institution than in private institutions (Micah C. et al, (2006)). Students evaluate their lecturers who are also their mentors. This gives them feedback and an opportunity to improve in their relationships.

Fourty seven (37 %) of the students in U.O.N were uncertain if the program had any impact on students' development. This shows that the impact of the mentorship program has not been adequately felt despite the program being in place for 3 years. These could be due to the kind of relationship they had with the mentors . A survey done by Suen & Chow (2001) found out that students positive perceptions were associated with the level of satisfaction with their mentors. Therefore the uncertainty on the impact of mentorship program in U.O.N may have been due to the fact that most students had not been mentored. These findings can be compared with those of a study at Qazvin Medical School where 7.1% thought of mentorship as a time consuming program. (Asefzadeh et al, 2004). In these studies the student had not realized any benefits or positive outcome from the mentorship program both to themselves and other students.

No formal evaluation had been done previously in both universities. In K.E.M.U ongoing informal evaluations carried out by the academic advisor were shared during departmental meetings. According to Dubois et al, (2005) mentorship matches that are monitored and supported have more satisfying and successful relationships. Therefore lack of evaluation of mentorship in U.O.N may have played a role in the success of the program.

### **5.3 Knowledge and attitude towards mentorship.**

Views on definition of mentorship and roles of a mentor were varied. The study showed that over 60 % were in favour of the definition of mentorship as a supportive relationship established between two individuals, the provision of model performance by persons with wisdom. Although most people understand what is implied by the term 'mentor,' there is no standard definition (John, 2003). The lack of a standard definition makes it more difficult to compare published studies on mentorship.

The results of this study showed that over 60 % felt that mentorship in nursing bridged the gap between theory and nursing practices and enhanced critical thinking and career development. These responses were favourable since the students are expected to be more active in programs that would help them in their career. These findings agree with those of a similar study by Spouse, (2001), which indicated that effective mentors provided more opportunities to bring theory and practice together. According to the study, promotion of students' intergration of theory and practice is dependent on learning environment and resources.

These views are also similar to those of a study done by Gary (2004), in which students expressed that the guidance and support provided by their mentors enhanced their professional development and the mentoring experience promoted reflection on their practice which had contributed to improvement in their performance. This shows that indeed mentoring benefits the mentees in their study and also in future after completion of studies.

The results of this study showed there was a statistically significant relationship between the students attitude towards mentorship and their participation in mentorship. Literature suggests that students' attitude towards mentorship plays a role in their participation in program activities. Attitude of both the mentee and the mentor plays a role in the success of mentorship and its impact to the student's life. According to Sarnoff (1960) attitudes are developed according to what is perceived as satisfying or frustrating. When a person has a strong need to achieve and consciously accepts this internal need, the person will develop favorable attitudes towards the event (Sarnoff, 1960). Therefore students attitude towards mentorship could be related to an internal need to be mentored.



Attitudes are also expected by some researchers to correlate with knowledge (Thompson & Mintzes as cited in Pavol and Sue, 2007), but there is greater agreement that attitude correlates with behaviour (Kraus, 1995 as cited in Pavol and Sue, 2007). This study found out that students who viewed a mentor as an exemplar or role model were more likely to participate in mentorship. Role modeling is an accepted strategy for transmitting professional attitudes and behaviours from nursing instructors to students (Bidwell and Brasler, 2007). According to social learning theories (Social learning theories base, 2009), people learn through observing others' behaviour, attitudes and outcomes. Social learning theories argue that both direct and observational learning is used to acquire behavioral patterns and strengthen specific expectations. In the context of mentorship, the students' views of a mentor as a role model may have served as a motivator and had an influence on their participation in mentorship.

#### **5.4 Mentorship practices.**

The study findings showed that in U.O.N only 3.9 % of the respondents were given orientation towards mentorship while in K.E.M.U it was 24.6 %. Lack of orientation towards the program may result in poor uptake and participation as evidenced in the study findings more so in U.O.N.

Successful initiation to mentorship affects the perceived success of the relationship. In a study by Claudia and Joan, (1988) mentors who initiated contact with their protégés as soon as possible and had face-to-face mentoring meetings appeared to contribute to the success of the relationship. This signifies that the success of mentoring relationship in U.O.N was greatly affected by lack of proper initiation or orientation towards mentorship.

After the initial contact, regular structured interaction between the mentors and students would support an effective mentoring relationship. In this study, majority (63%) of the students used the terms "when necessary" and "rarely" to describe the frequency of meetings with their mentors. This made it difficult to analyze the average number of meetings each student had in an year. Eighteen (41%) of the students met their mentors about 8 times in an year in both U.ON and K.E.M.U. The frequency of meetings with the mentors were less compared to those in a study by Matt and Fred., (2006) on *Attributes of Effective Mentoring Relationships*, where, 69% met "at least once a week" and 20% "at least once a month". This translates to about once a month

and is in agreement with most guidelines on mentorship. According to the mentor, (2009) the mentoring pairs should meet twice per month for the first month, then monthly thereafter.

According to Beecroft, (2006), a successful relationship between a mentor and a mentee requires adequate time for the connection to grow through face to face meetings on a regular basis. The mentees and mentors are encouraged to meet regularly so as to enhance the mentoring relationship. Crockett & Smink,(1991) as cited by Corib & Fager (1998), indicated that regular, frequent meetings help students and mentors develop the trust and friendship necessary for successful mentoring relationships . The frequencies of meetings in the current study were also less when compared to the study findings of a study by David E. Campbell (2000) in which students showed very good agreement in reporting the frequency of their meetings. When students estimated the number of meetings per year with their mentor, the mean was 11.4 (SD = 8.5). This shows that the students in the current study had less contact with their mentors and may not have benefited fully from the mentoring relationships. Most mentorship programs suggest at least one meeting every month but the more frequent the better.

Only 18(41%) of the students were satisfied with the duration and frequency of meetings. These results suggest that the frequency and duration of the meetings were not adequate. Zimmer and .Smith (1992) found that the more time mentors and their protégés spent together, the greater the perceived success. The findings indicated that the interaction needed to be frequent even if not exclusively face-to-face. In some institutions, certain days of the week and times are set aside for teachers to work on mentorship. In U.O.N mentors had indicated on the office doors days and times which they were available for mentorship. However in K.E.M.U most students often met their advisors at the beginning or end of the semester but it wasn't indicated on the office doors.

There was a significant relationship between mentoring relationships which had established a written plan on goals to be met and the students' satisfaction with the mentoring relationships. According to Carroll (1977) the author of "Human emotions", goals provide direction for the behaviour which is terminated upon achievement of a goal. Behaviour may be followed by rewards and the rewards lead to satisfaction. In these study goals on mentorship provided the direction for the students' behaviour and the rewards e.g emotional satisfaction, competencies

and sense of appreciation may have led to the satisfaction with the mentoring relationship. According to Spencer as cited by the mentor, (2009), mentees frequently report not knowing what is expected in a mentoring relationship. Therefore it is important to have clear goals and expectations failure to which may result to an earlier than expected end of relationship.

Documentation of the progress of the mentoring relation was done in 1(2%) of the mentoring relationships. According to Indian institute student mentor programme (2007) ,documentation should not be seen only as a way of providing evidence that mentoring has taken place. It should form the basis of a reflective dialogue between the mentor and mentee and provide a useful record for everyone to refer back to. Therefore in the study the institutions did not have a record that mentorship had actually taken place.

#### **5.6 Challenges in mentorship and desired changes.**

Out of the students mentored in the two universities (n= 44), 41 reported to have encountered the some barriers in their mentoring relationship. The most common barrier in the two universities was inadequate time to meet mentors with 67% in U.O.N and 51 % in K.E.MU. Lack of time is a major factor that can negatively impact the quality of the mentoring relationship and can determine, in some cases, whether or not the relationship will be a success or failure. In previous studies data indicated that the single most important factor that caused repeated problems for mentoring teams was the lack of time. In a study by David E. Campbell (2000) 37 % of students reported that time was a barrier in their mentoring relationships.If mentoring teams are not given sufficient time to carry out the mentoring conversations that are so important to developing relationships, the mentoring experience may be seen as nothing more than a token gesture (Ganser et al. 1998; Guyton & McIntyre, 1990) as cited by Gary, (2004).

Lack of clear understanding of the students' and mentors' role was found to be the second frequent barrier in the mentoring relationships with 56 % and 51 % in U.O.N and K.E.M.U respectively. These barriers were listed by those who had at least one meeting with their mentors. Understanding of ones role in mentorship is one of the necessities in a mentoring relationship. If the students do not understand their roles, they wouldn't be effective in mentorship practices.

Unavailability of mentors was cited as one of the barriers that affected the mentoring relations. According to Ron 2006, in *mentoring in higher education*, mentoring is generally not included in faculty or schools role expectations, considered in load computations, or tracked in faculty or promotion reviews. Sometimes lectures are too busy with other priorities and, without the reinforcement offered. The lecturers who are still the mentors gravitate toward those duties for which they are compensated and reviewed (Ron,2006).

Orientation towards mentorship was the change that was highly recommended by both institutions with 59.1 % of U.O.N students and 44.3 % of K.E.M.U students in favour. According to the International Association of Mentors in elements of effective practices on mentorship, highly effective mentoring programs don't just assign mentors and then hope quality relationships, effective learning, and performance improvement will happen. According to elements of effective practices in mentorship, the most effective programs create structures and strategies to ensure their desired results will occur. This shows that more emphasis should be put on orientating all students to the mentorship program. .

Clear guidelines on mentorship to be made available was recommended by 43.3% in U.O.N and 52.5 % in K.E.M.U. Most of the students had expressed that lack of clear guidelines was one of the barriers encountered during mentorship hence the recommendation. The guidelines would make clear the roles of both the students and the mentors and address other issues in mentorship. Availability of guidelines would be expected to increase participation in mentorship and improve on the existing relationships.

## **5.2 CONCLUSION**

The findings of this study indicated that:

1. Guidelines for mentorship were not available for students in both universities.
2. Students in K.E.M.U were more likely to participate in mentorship and be satisfied with their mentoring relationships though there is no formal mentorship program.
3. Inadequate time and lack of clear understanding of roles in mentorship were cited as the most frequent barriers.

## **5.3 RECOMMENDATIONS.**

While organizational mentoring programs may take different structures, the following are critical steps that would improve mentorship in the universities.

### **1. Top management support and commendation.**

A formal mentorship program will succeed only if senior leadership supports the program and makes it part of the learning culture. Not only will the leaders pledge their support, they will also participate as mentors.

### **2.Orientation program.**

Orientation to mentorship should be done in order for matching pairs to get acquainted, establish a mentoring agreement and begin working on a mentoring action plan. The orientation can include a workshop or session on tools and techniques to begin and enhance a mentoring relationship.

### **3.Guidelines on mentorship.**

Guidelines on mentorship should be made available to both the students and mentors. The guidelines include; defining mentoring relationship, clear roles and expectations, list of competencies and skills for a successful mentoring relationship and present ideas to enhance the mentoring relationship.

#### **4. Mentoring agreement and action plan.**

The institutions should develop a mentoring agreement and action plan which should include goals and objectives, activities and desired outcomes.

#### **5. Evaluation of mentorship.**

Evaluations should be done at least once in an year. This aids the program by capturing relevant information such as interaction, activities and satisfaction level of both the students and their mentors.

#### **6. Further research**

Further research on ways to improve mentorship in the universities should be done. Other ways of mentoring e.g. e-mentoring( use of electronics e.g. email, phone e.t.c) should be explored. The researcher also recommends that K.E.M.U should find ways to incorporate mentorship program into the student advisory program for the students to benefit more.

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**Appendix 1-Consent form**

**Date.....**

My name is Esther Gichigi. I am a student in the University of Nairobi, school of nursing sciences. I am carrying out a study on “Evaluating mentorship practices among the bachelor of science in nursing students in selected Kenyan universities” as part of the academic work. The aim of this study is to determine the availability of mentorship policies or guidelines in the institutions, the attitude, knowledge and practices of students on mentorship. The information obtained in this study will be used to strengthen or improve mentorship programs and for library use.

In order to obtain the information, I have developed a questionnaire. I am kindly requesting you to participate in the study by filling in the questionnaire. Participation is voluntary and there is no penalty for declining to participate. There are no risks involved. The information you provide will be treated with total confidentiality as permitted by law. You are not required to write your name or any other identification number on the questionnaire. You are free to withdraw from the study at any stage without fear of victimization.

I have read and understood the nature of study and I hereby do give an informed and voluntary consent to participate in the study.

Name..... Signature.....Date.....

Research assistant

Name..... Signature.....Date.....

**Appendix 2. Questionnaire for students.**

Interviewer..... Name of the institution.....  
 Date..... Serial number.....

**Instructions:**

1. The purpose of this questionnaire is to obtain information on mentorship practices among the Bachelor of Science in nursing students. Your responses will be held in total confidence.
2. Do not write your name or any other identification anywhere on the questionnaire.
3. Complete all the sections and hand over the questionnaire to the researcher or the research assistant.

**Social demographic information.**

**Instructions-put a tick ( ) against your response in the brackets provided.**

Age: (1) 18-22 (2) 23-27 (3) 28-32 (4) 33-37 years  
 Sex: (1)Male (2) Female  
 Year of study: (1) (2) (3) (4)

**Part 1**

1. Is there a formal mentorship program in your college? (1)Yes (2) No (3)Don't know
2. Does your institution have a policy or guidelines for mentorship?  
 (1)Yes (2) No (3)Don't know
3. Do you have a mentor from your institution? (1)Yes (2) No

For questions 4-16 please put a tick at the end of each statement on the level that best describes your response using the following key:

**1-Strongly disagree 2-Disagree 3-Uncertain 4-Agree 5-Strongly agree**

The following are statements that describe mentorship.

4	A supportive relationship established between two individuals.	1	2	3	4	5
5	The provision of model performance by persons with wisdom.	1	2	3	4	5
6	Pairing students with adult volunteers or older students who provide friendship, guidance and support.	1	2	3	4	5
7	Coaching, counseling and sponsoring are included in mentorship.	1	2	3	4	5

**Key**

**1-Strongly disagree 2-Disagree 3-Uncertain 4-Agree 5-Strongly agree**

The following are roles of a mentor.

8	<i>Teacher</i> - Develops mentees intellectual and technical skills.	1	2	3	4	5
9	<i>Sponsor</i> - Eases mentees entry and advancement into work.	1	2	3	4	5
10	<i>Host or guide</i> -Welcomes the mentee into the profession.	1	2	3	4	5
11	<i>Exemplar or role model</i> - Models a way of life and professional advancement.	1	2	3	4	5
12	<i>Counselor</i> - Provides advise, constructive criticism, moral support and affirmation of the mentees aspirations.	1	2	3	4	5

Mentorship in Nursing benefits in the following ways;

13	Bridge the gap between theory and nursing practices.	1	2	3	4	5
14	Provide guidance for transformational leadership.	1	2	3	4	5
15	Enhance critical thinking and career development.	1	2	3	4	5
16	Increase self esteem and willingness to take risks.	1	2	3	4	5

**Part 2.**

17. Have you had any mentoring session or meeting with your mentor? (1)Yes (2) No If

Yes proceed to question 18 if No go to question 30.

18. At the beginning of mentorship, were you given an orientation to the mentorship programme? (1)Yes (2) No

19. Did you establish a written plan on goals to be met? (1)Yes (2) No

20. Did you establish guidelines by which to evaluate your success? (1)Yes (2) No



21. How often do you meet with your mentor? (1) *Weekly* (2) *monthly*  
 (3) *Others (Specify)*.....
22. Are you satisfied with frequency and duration of the meetings? (1) Yes (2) No
23. Currently, do you have a mentorship plan with your mentor? (1) Yes (2) No  
 ii. If yes is the progress documented? (1) Yes (2) No

For this part, use the following key:

(1) **Never** (2) **Almost never** (3) **Acceptable** (4) **Almost always** (5) **Always**

24	Is your mentor easy to approach and talk with?	1	2	3	4	5
25	Does your mentor facilitate your participation in professional activities outside the institution?	1	2	3	4	5
26	Does your mentor connect you to other lectures or mentors who could “fill in the gaps” in areas where she/he could be less skilled?	1	2	3	4	5
27	Does your mentor provide constructive criticism on research, teaching, patient care or other situations?	1	2	3	4	5
28	To what extent does the mentoring relationship meet your expectations?	1	2	3	4	5

29. What barriers have you encountered in the mentoring relationship with your mentors? (Tick the statement(s) that fits your situation).

- (1) Lack of adequate time to meet my mentors.
- (2) Lack of clear understanding of my role in mentorship.
- (3) Unavailability of mentors.
- (4) Roles of the mentors not clear to me.
- (5) Lack of support from my mentors.
- (6) Any other (specify).

**Part 3. Put a tick within the brackets at the end of the statement(s) that you choose.**

30. Overall what is your attitude towards the mentorship program in the institution? (choose one statement only)

- (1) It has positive impact towards students development.
- (2) It has no impact.
- (3) Uncertain.
- (4) I don't know about the program.
- (5) Any other (specify)

31. What changes or measures (If any) would you wish to have in the mentorship program in your institution?

- (1) Clear guidelines on mentorship to be made available.
- (2) Orientation to mentorship to be done formally to all students.
- (3) Students to be allowed to choose their own mentors.
- (4) Students to have more than one mentor.
- (5) Others (specify).

**Interview guide for the program coordinators.**

Interviewer.....

Date.....

Name of the institution.....

Position of the respondent.....

**Questions.**

- 1.Is there a formal mentorship programme in the institution?
- 2.How long has mentorship been practised in this institution?
- 3.How are students introduced to the mentorship program and to their mentors?
- 4.Is there a policy on mentorship in the institution?
- 5.How is the policy communicated to staff and students?
- 6.Is evaluation of the mentorship program done? how often is it done?
- 7.Is there any documentation available on the evaluation carried out?( request to view the evaluation report if available.)
- 8.What are some of the benefits of mentorship program to the institution?
- 9.What are the current hindrances that the mentorship program is facing?
- 10.What should be done on 9 above?
- 11.Are there efforts made to recognize and appreciate mentors in the institution? What are some of the efforts?



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20<sup>th</sup> February 2009

Ref: KNH/UON-ERC/ A/155

Esther Gichigi  
Dept. of Nursing Sciences  
School of Medicine  
University of Nairobi

Dear Ms. Gichigi

**RESEARCH PROPOSAL: "EVALUATING MENTORSHIP PRACTICES AMONG NURSING STUDENTS  
IN SELECTED KENYAN UNIVERSITIES"  
(P30/02/2009)**

This is to inform you that the Kenyatta National Hospital Ethics and Research Committee has reviewed and **approved** your above cited research proposal for the period 20<sup>th</sup> February 2009 –19<sup>th</sup> February 2010.

You will be required to request for a renewal of the approval if you intend to continue with the study beyond the deadline given. Clearance for export of biological specimen must also be obtained from KNH-ERC for each batch.

On behalf of the Committee, I wish you fruitful research and look forward to receiving a summary of the research findings upon completion of the study.

This information will form part of database that will be consulted in future when processing related research study so as to minimize chances of study duplication.

Yours sincerely

**PROF. C. S. KIGONDU**  
**AG. SECRETARY, KNH/UON-ERC**

- c.c. The Chairperson, KNH/UON-ERC  
The Deputy Director CS, KNH  
The Dean, School of Medicine, UON  
The Chairman, Dept. of Nursing Sciences, UON  
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---

6<sup>th</sup> May, 2009

Esther W. Gichingi  
P.O Box 632400100  
Nairobi

Dear Madam,

Re: Request to Conduct Research

Your letter dated 29<sup>th</sup> March 2009 refers.

I am pleased to inform you that you have been authorized to carry out the research on "Evaluating Mentorship Practices among the BSc.N Students in our University.

You will need to communicate to us the specific period you wish to conduct the research.

On completion of the research, you will be requested to submit one copy of the report to Kenya Methodist University.

Best Wishes.

**Prof.R.G Gatere**  
CoD, Nursing Department



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Our Ref:

Date:

**NCST/5/002/R/255/4**

**11<sup>th</sup> May 2009**

**Ms. Gichigi Esther Waithira**  
University of Nairobi  
P.O.Box 30197  
NAIROBI

## RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on, *Evaluating Mentorship Practices among Nursing Students in Selected Kenyan Universities*

I am pleased to inform you that you have been authorized to carry out research in selected Kenyan Universities for a period ending 30<sup>th</sup> August 2009.

You are advised to report to the Vice-Chancellors of the Universities you intend to visit before embarking on your research.

On completion of your research, you are expected to submit two copies of your research report to this office.

  
**PROF. S. A. ABDULRAZAK Ph.D, MBS**  
**SECRETARY**

Copy to:

The Vice-Chancellors  
Public/Private Universities

THIS IS TO CERTIFY THAT:

Prof./Dr./Mr./Mrs./Miss GICHIGI ESTHER  
WAITHIRA

of (Address) UNIVERSITY OF NAIROBI  
P.O.BOX 30197 NAIROBI

has been permitted to conduct research in KENYAN UNIVERSITIES XXXXX  
Location

ALL District,  
ALL Province,

on the topic EVALUATING MENTORSHIP PRACTISES  
AMONG NURSING STUDENTS IN SELECTED  
KENYAN UNIVERSITIES

for a period ending 30TH AUGUST, 20<sup>09</sup>

Research Permit No. NCST/5/002/R/272

Date of issue 11.5.2009

Fee received SHS.1000.00



*[Handwritten Signature]*

Applicant's  
Signature

Secretary  
National Council for  
Science and Technology