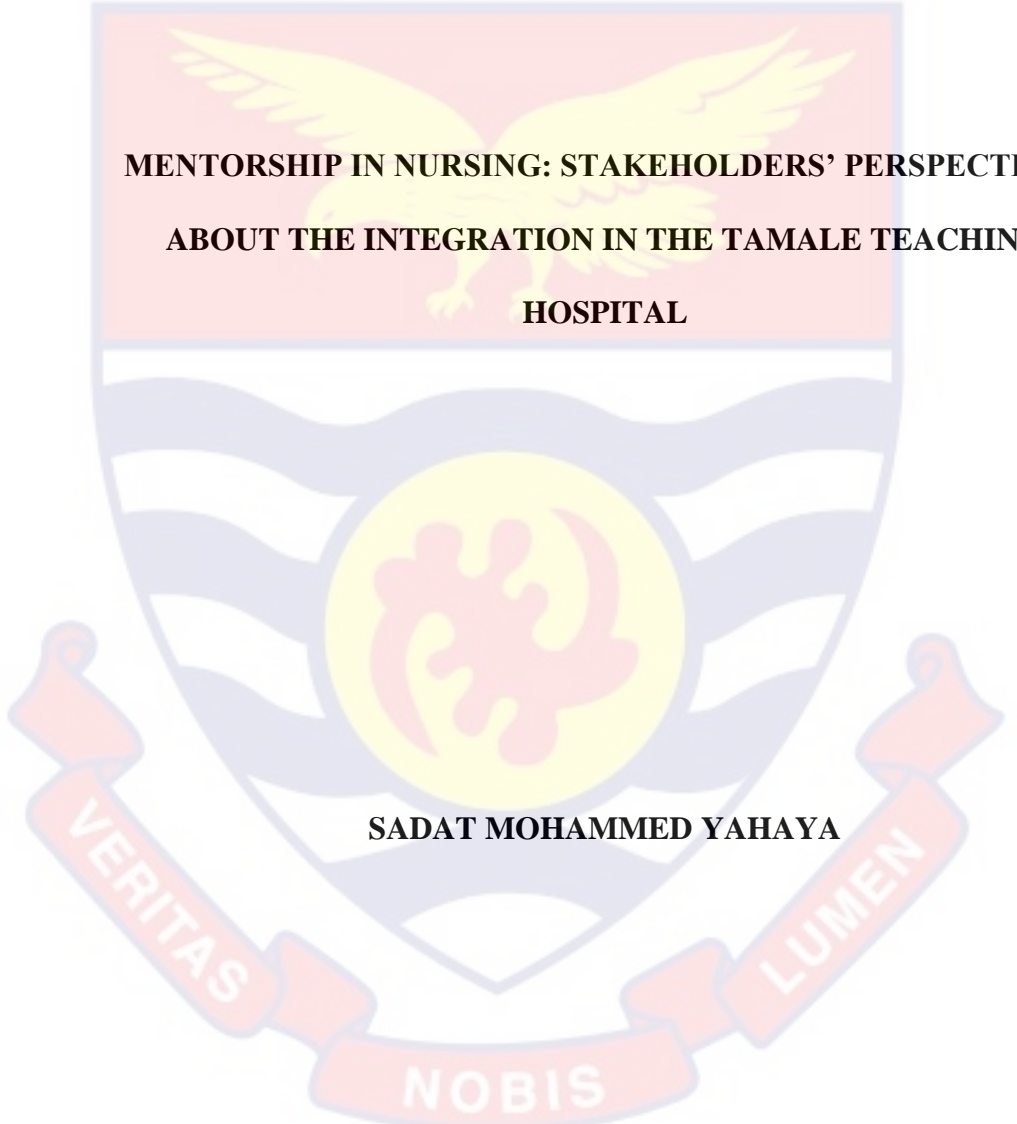


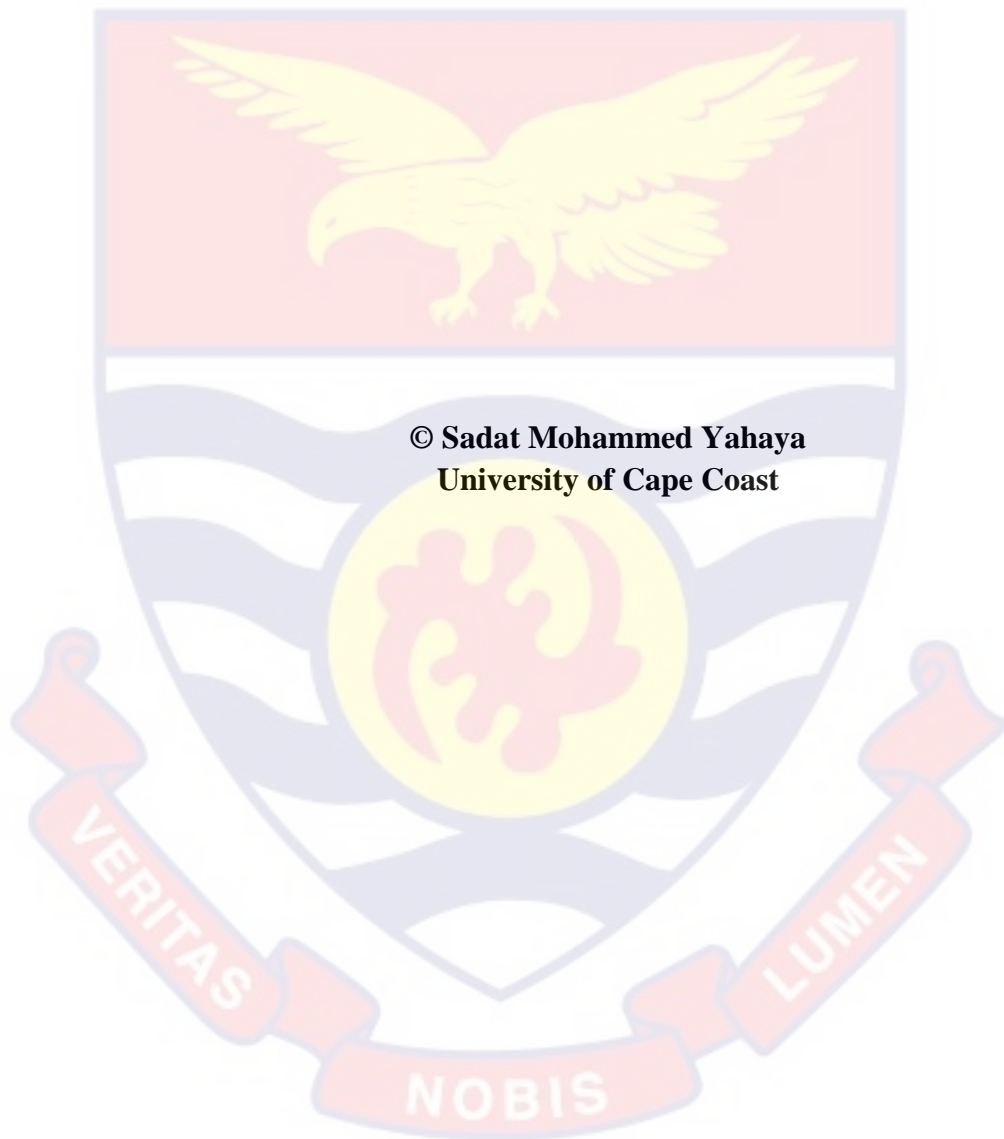
UNIVERSITY OF CAPE COAST



**MENTORSHIP IN NURSING: STAKEHOLDERS' PERSPECTIVES  
ABOUT THE INTEGRATION IN THE TAMALE TEACHING  
HOSPITAL**

**SADAT MOHAMMED YAHAYA**

2024



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UNIVERSITY OF CAPE COAST

**MENTORSHIP IN NURSING: STAKEHOLDERS' PERSPECTIVES**

**ABOUT THE INTEGRATION**

**BY**

**SADAT MOHAMMED YAHAYA**

**This thesis submitted to the School of Nursing and Midwifery of the College of Health and Allied Sciences, University of Cape Coast, in partial fulfilment of the requirement for the award of Master of Nursing**

**FEBRUARY 2024**

## DECLARATION

### Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature ..... Date .....

Name: SADAT MOHAMMED YAHAYA

### Supervisor's Declaration

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Supervisor's Signature ..... Date .....

Name: DR. NANCY I. EBU ENYAN

## ABSTRACT

Mentorship is known to address the challenges Newly Registered Nurses are likely to face during their transition into independent nursing practice and provide a smooth sail towards the attainment of professional growth and development. This study sought to explore stakeholders' views about the integration of mentorship into new nurses' transition into nursing practice. A qualitative-exploratory-descriptive design was used in this study. In all, 15 participants (6 nurse managers, 8 newly registered nurses, and 1 regional officer of the NMCG) were purposively selected. Data was collected using a structured interview guide, and analysed by means of thematic analysis. The study found the following: First, experienced nurses mentor new nurses by teaching, guiding, and providing career support to them. Second, training programme for experienced nurses, motivating experienced nurses, and formulating a policy to guide mentorship facilitate mentoring practices. Third, lack of knowledge, lack of motivation for experienced nurses, lack of time, work pressure and poor attitude of newly qualified nurses were considered barriers to mentorship. Fourth, friendly mentor-mentee relationship, effective assignment of mentees to mentors, awareness creation, formulating and implementing a mentorship policy may guarantee the integration of a mentorship program into nursing profession of Ghana. Essentially, the study findings provide valuable information on experienced nurses' mentoring activities, the facilitators and barriers to mentorship, as well as the strategies for incorporating mentorship into the profession of nursing in Ghana, which could lead to the integration of mentorship into newly registered nurses' transition into independent nursing practice in Ghana.

## KEY WORDS

Experienced nurses

Independent nursing practice

Mentorship

New nurses

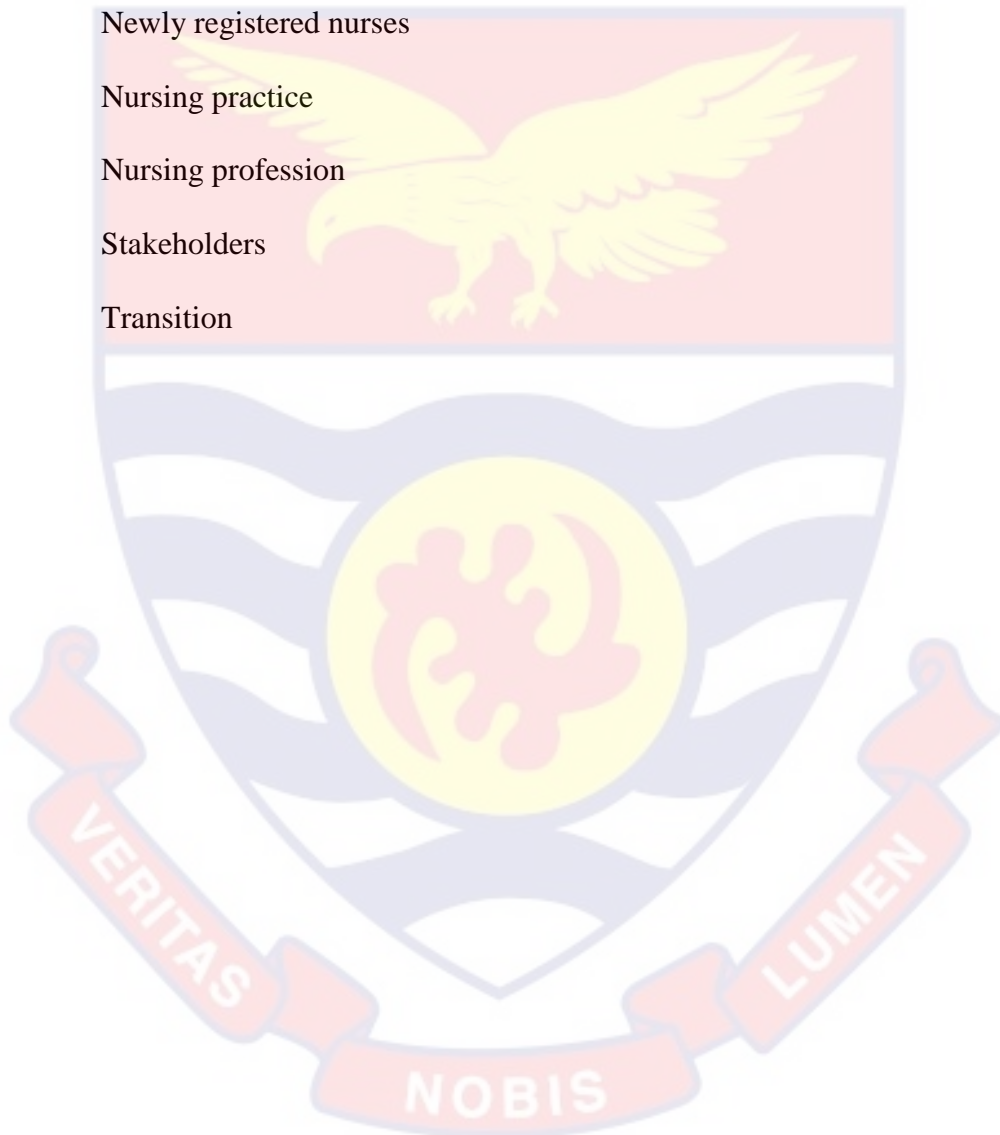
Newly registered nurses

Nursing practice

Nursing profession

Stakeholders

Transition



## ACKNOWLEDGEMENTS

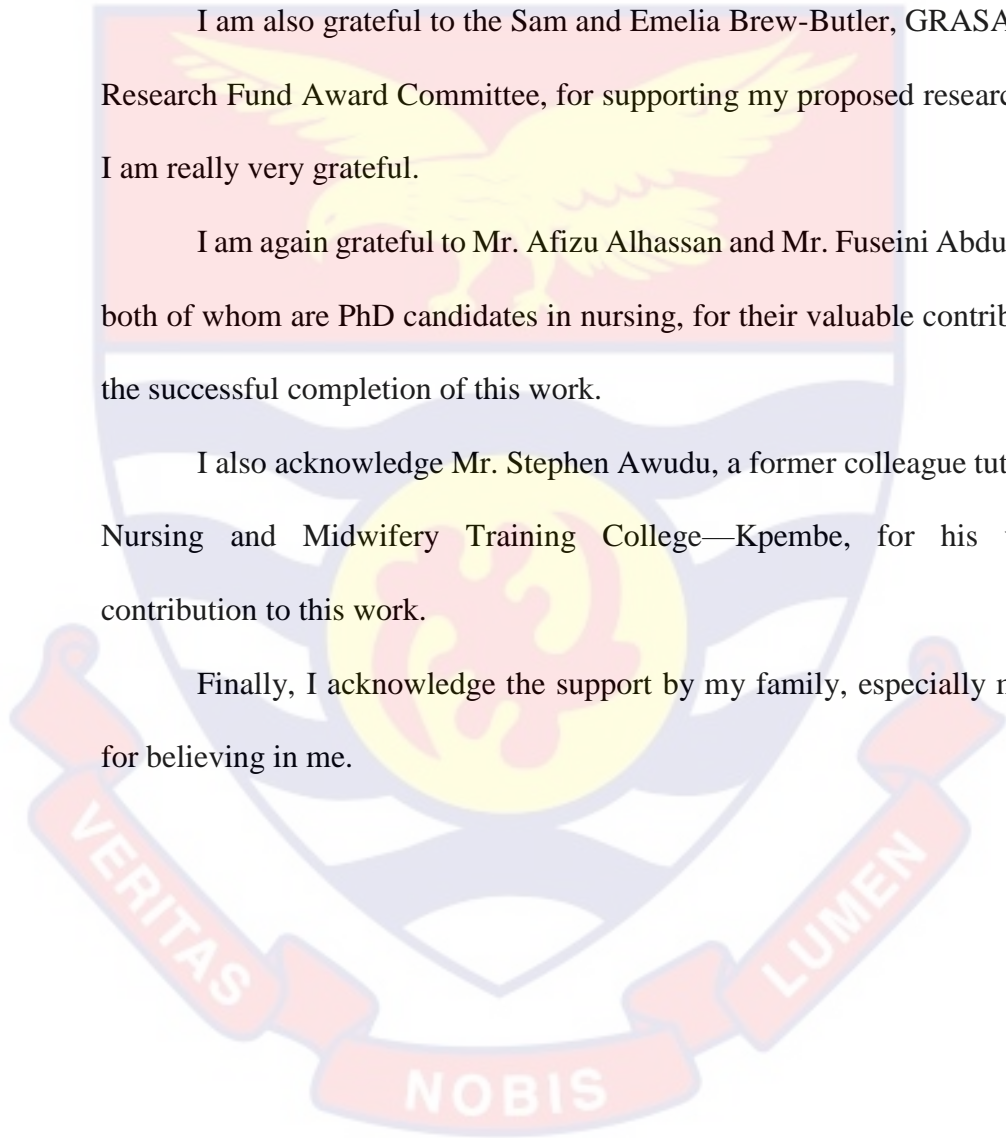
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## DEDICATION

To my supervisor, Dr. Nancy I. Ebu Enyan





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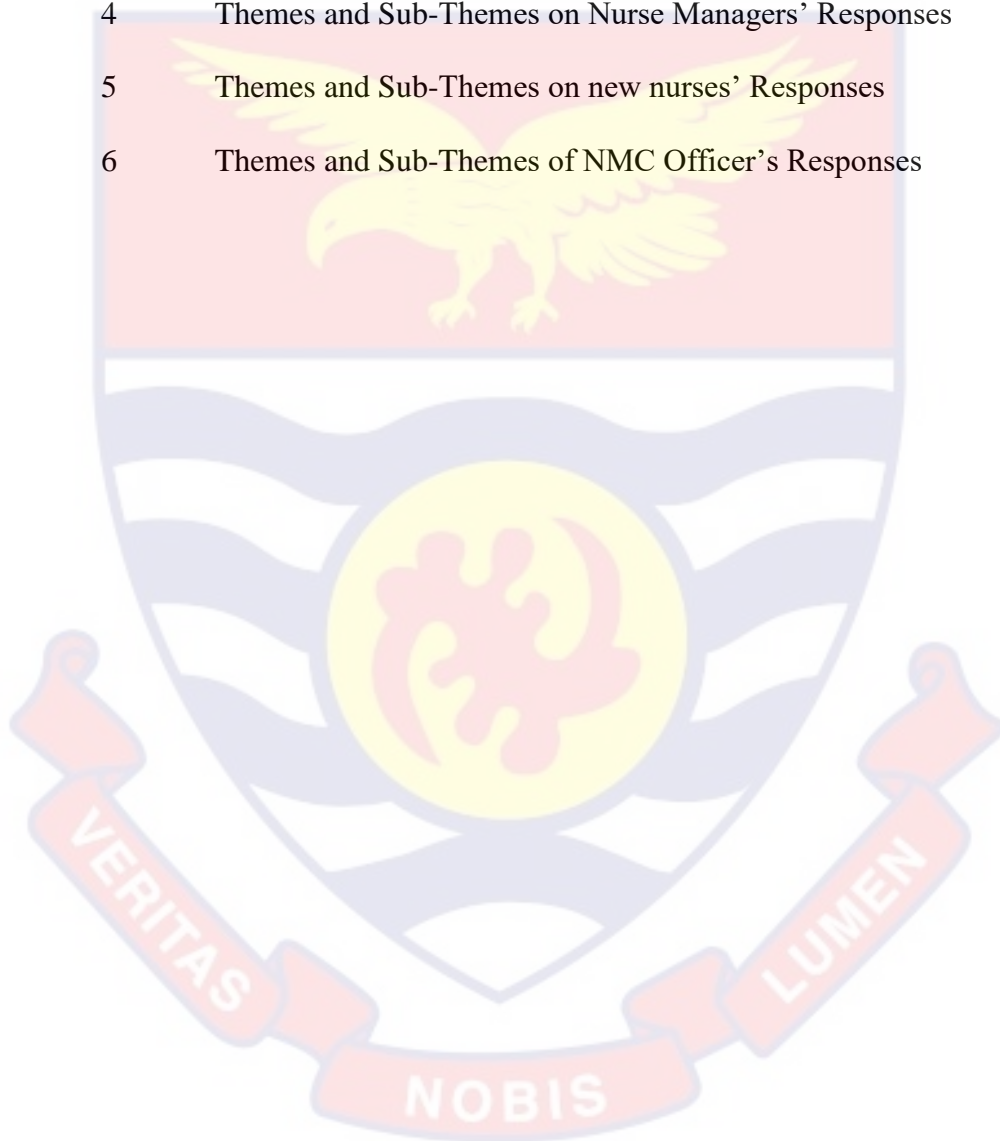
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## LIST OF ABBREVIATIONS

NMCG	Nursing and Midwifery Council, Ghana
NO	Nursing Officer
PNO	Principal Nursing Officer
SN	Staff Nurse
TTH	Tamale Teaching Hospital



## CHAPTER ONE

### INTRODUCTION

#### Background of Study

The transition of new nurses into the practice field is characterized by numerous challenges (Hofler & Thomas, 2016). It is widely known that nurses experience tension and exhaustion as they transition into the practice field. Nurses are responsible for handling patients, managing relationships with providers and patient relatives, and leading the interprofessional team. When not equipped with supportive relationships, inexperienced nurses who take care of complicated patients often feel stressed and tired, and may suffer from extreme anxiety, which may contribute to attrition (Hofler & Thomas, 2016).

It is widely captured in the literature that the concept of mentorship is rooted in Greek mythology, in which Odysseus, a king, while fighting in the Trojan War, entrusted the care and guidance of his son, Telemachus, to a trusted friend, Mentor (Barkun, 2006; Carroll, 2004; Hayes et al., 2005). It does appear from the myth that Mentor, or Athena, as he is known in some related literature, was an elderly and experienced person who possessed the ability to guide and raise Telemachus to become a worthy, responsible, confident, and competent person. Several descriptions abound for the mentorship concept, and cut through different disciplines, including business, education, medicine, and nursing. In a general sense, mentorship or mentoring involves an expert individual, a mentor, who is capable of assisting another individual, a mentee, to develop their career (American Psychological Association, 2006). Barker (2006) is of the view that the purpose of mentoring is to fill the disturbing gap that exists between what happens in the classroom and the practice world.

Quite a number of published studies on mentorship have identified two types of mentorship—formal and informal. While formal mentorship occurs in a formalized and organized programme in which either the mentee is assigned to the mentor or the mentor is assigned to the mentee for the purpose of establishing a mentoring relationship that lasts for a specified amount of time, informal mentorship occurs spontaneously and involves a one-on-one relationship, that is based on some open or tacit agreement, between the people involved (Poronsky, 2012). Laske (2019) also asserted that a formal mentorship program is clearly defined with a specified time period and an aspect for evaluation, and that the entire relationship could be dictated by a laid down itinerary. Informal mentorship, according to Laske (2019), is usually a supportive and a learning relationship and takes place between experienced, competent nurses and neophyte nurses.

In the profession of nursing, mentors are nurses who are knowledgeable, skillful, and competent; who are able to promote nursing students' learning in order to prepare them for clinical practice (Newton et al., 2016). Mentors, therefore, can be said to have a crucial and essential role in guiding the nursing profession, as well as assisting to improve the status of the profession.

The transition of neophyte nurses into professional nursing practice is associated with apprehension, confusion, and lack of confidence (Ferguson, 2011). This challenging situation is of grave concern, since it makes it difficult for neophyte nurses to effectively adjust during their period of transition (Lavoie-tremblay & Sanzone, 2020). Moreover, novice nurses feel overwhelmed by these transitional stressors, which consequently informs their decision to leave the nursing profession (Lavoie-tremblay & Sanzone, 2020).

However, it has been said that an important intervention for moderating such transitional challenges is mentorship (Ferguson, 2011; Lavoie-tremblay & Sanzone, 2020). The integration of mentorship into the discipline of nursing is thought to be very important in ensuring that professionalism in nursing is achieved (McCloughen & Brien, 2005).

Mentorship as a means of retaining new nurse faculty has also been researched, and the literature is replete with findings of such research (White et al., 2010). For instance, mentorship is found to be essential not only for the engagement and retention of competent nurse educators, but also for their career progression and leadership development (Nick et al., 2012). The literature abounds with several positive outcomes of mentorship to the new nurse educator. For example, neophyte nurse educators who have had formal mentorship relationship with very knowledgeable and successful academics are found to be more effective and capable of easily assuming complete academic role. Further, mentored neophyte nurse educators are said to have improved professional identity, elevated self-confidence, and smooth transition from the practice environment to the academic one (Nick et al., 2012).

Further review of the literature revealed that mentorship has enormous benefits to both nursing practice and nursing education. For example, Komararat and Oumtanee (2009) asserted that mentorship significantly improves the competence of newly qualified nurses with regards to patient care, interpersonal interaction and communication, and clinical decision-making and problem-solving. They also reported a significant increase in the competence of newly qualified nurses for leadership roles, following a mentorship experience. Cicco (2008) contends that mentorship is beneficial to the mentee, the mentor,

the profession of nursing, as well as the organization in which it takes place. With effective mentorship, the mentee is able to transition smoothly into the nursing profession, decrease time required to act independently, and assist in the development of clinical reasoning, judgment, and skills. For the mentor, effective mentorship relationship leads to increased self-esteem and confidence; facilitates individual and professional growth; prepares one for future leadership responsibilities. Also, the profession of nursing benefits from mentorship, as mentorship creates a practice setting that is conducive and leads to the retention of very qualified, skilled, and competent work force.

In Ghana, there are no explicit formal mentorship programmes for both newly qualified nurses and student nurses. Nursing students who pass the licensure examination are supposed to do a one-year mandatory national service (formerly called 'rotation'). The students are expected to, within this one year period, develop clinical skills that put them in a position to render high quality nursing care (Mensah, 2013). Unfortunately, these service-nurses do not always have the benefit of having senior and experienced nurses assigned to them for purposes of mentoring them. This claim agrees with the opinion of Mensah (2013) that no formal, learning, and supportive programme has been put in place to ensure effective national service/rotation for newly qualified nurses and to provide them the needed support during the period of transition. Thus, some of these service-nurses move into the field of professional nursing practice feeling inadequately prepared (Atakro et al., 2019). Aside from the national service/rotation newly qualified nurses do, student nurses in some nursing schools are exposed to a somewhat dysfunctional preceptorship schemes, during their clinical placement. Enyan et al. (2021) stated that there are well-developed



preceptorship schemes in countries like Botswana and South Africa, and that the same cannot be said about Ghana, since preceptors are poorly prepared for their role, with no clear stipulations about their responsibilities towards students. An ideal model for preceptorship has a preceptor/student ratio of 1:1, and so what we have in Ghana cannot be said to be ideal, since a preceptor can be assigned to as many as five students or more (Asirifi et al., 2017). Also, some nurses and midwives do not want to take part in facilitating students' learning, although the Nursing and Midwifery Council of Ghana (NMCG) expects all professional nurses and midwives to serve as preceptors for student nurses (Enyan, Amoo, et al., 2021). In addition, preceptors are usually not many and may be pressured by competing workloads. This creates a situation where students either have inadequate contact or no contact at all with preceptors, which may have far reaching consequences for the professional advancement of the students (Enyan, Amoo, et al., 2021).

### **Statement of the Problem**

In Ghana, explicit formal mentorship programs for nurses, especially newly graduated nurses who have been employed, are lacking. This view seems to be supported by Asamani et al. (2019) who, based on the findings of their study (Nurses and midwives demographic shift in Ghana—the policy implications of a looming crisis) proposed the establishment of mentorship programmes for nurses and midwives to enhance the quality of patient care, since there are no mentorship programs. The situation in Ghana confirms the finding of Manzi et al. (2017) that there are no robust capacity building programs that ensure improved quality health care in low income countries.

In a study examining the factors militating against new nurses transition into professional life, Opoku et al. (2020) supported the claim by previous researchers that the transition of new nurses into the clinical environment is full of stress. The authors also reported that new nurses feel anxious and stressed when they are unable to decisively handle emergency situations or when they interact with other health workers or when they are overwhelmed by heavy workload.

The role of mentorship in moderating the challenges new nurses face during the transition period has been reported in the literature (Ferguson, 2011). Theobald and Mitchell (2002) reported that a mentorship program is useful in ensuring the integration of final year nursing students as they transition into the sophisticated field of nursing practice. There is evidence in the literature that transition schemes, such as mentorship, leads to increased retention of staff and decreased attrition (Opoku et al., 2020).

In an integrative review on mentoring to build midwifery and nursing capacity in Africa, Niles et al. (2017) asserted that a mentorship scheme promises to be a solution to the serious staff shortages and attrition the health sector is faced with in low and middle income countries. They also contended that mentorship, as a capacity building strategy for nurses and midwives in Africa, provides professional development opportunities that promote the retention of staff.

In spite of the enormous benefits of a mentorship program to the transition of newly qualified nurses into mainstream professional practice, as espoused in the discourse above, the training of nurses in Ghana still lacks a standardized mentorship program that addresses the numerous challenges of



newly qualified nurses during this critical period of transition. Therefore, this study seeks to explore stakeholders' perceptions about the integration of a mentorship programme into newly graduated nurses' transition into nursing practice. An understanding of stakeholders' views on this critical phenomenon will help inform policy formulation and also, assist in the design of a tailor-made mentorship programme for newly graduated nurses during their transition into nursing practice.

### **Purpose of the Study**

The purpose of the study was to explore stakeholders' perspectives about the integration of mentorship into new nurses' transition into nursing practice in the Tamale Teaching Hospital.

### **Objectives of the Study**

1. To explore stakeholders' perspectives about how Newly Registered Nurses are mentored.
2. To describe stakeholders' perspectives about the factors that enhance effective mentorship practices that ease Newly Registered Nurses transition into practice.
3. To examine stakeholders' perspectives about barriers to effective mentoring of newly Registered Nurses.
4. To describe stakeholders' perspectives on how mentorship can be incorporated into the profession of nursing in Ghana.

### **Research Questions**

1. What are the perspectives of stakeholders about how Newly Registered Nurses are mentored?
2. What are the perspectives of stakeholders about the factors that enhance effective mentorship practices that ease Newly Registered Nurses transition into practice?
3. What are the perspectives of stakeholders about barriers to effective mentoring of Newly Registered Nurses?
4. What are the perspectives of stakeholders on how mentorship can be incorporated into the profession of nursing in Ghana?

### **Significance of the Study**

The findings of this study will help in facilitating the smooth transition of newly registered nurses into nursing practice, and as a result lead to improved quality nursing care of patients. The findings will also serve as valuable data to policy makers, nurse educators, nurse managers, and the Nursing and Midwifery Council—Ghana for the development of mentorship schemes for new nurses transitioning into practice in Ghana, since there are no explicit mentorship schemes for new nurses. Finally, the findings will serve as the basis for future research on mentorship and the transition of new nurses into nursing practice.

### **Delimitation**

The study focused, only, on the integration of mentorship into newly registered nurses' transition into practice. Also, considering the huge stature of the Tamale Teaching Hospital, compared to the other hospitals in the Tamale Metropolis, with a considerable number of all categories of healthcare

professionals, the study was delimited to the Tamale Teaching Hospital. In addition, the qualitative-exploratory-descriptive design used for the study was delimited to exploring and describing the perceptions of participants with considerable knowledge of the topic, including newly registered nurses who have practiced for 6 months or more, but not more than 12 months.

### **Limitations**

The small number of study participants means that the findings of this study may have limited applicability. Also, the familiarity of the concept “mentorship” was low among the population. Thus, many people did not want to participate in the study, which limited the amount of data collected from the participants. In addition, the weakness of the designed used is potential for multiple interpretation of results. This means that different researchers could interpret the results of this study differently.

### **Definition of Terms**

**Stakeholders:** they are people whose actions and inactions affect (positively or negatively) the practice of nursing and the nursing profession in general.

**Transition:** the process of moving from one level of skills or competence to another.

**Transition Period:** the period in which a person transforms from one competent state to another.

**Newly Registered Nurses:** a registered nurse, with a diploma or degree in nursing, who has less than one-year clinical experience after national service.

**Experienced Nurse:** one who has a minimum of five years clinical experience.

**Nurse Manager:** A Senior Nursing Officer (SNO) or a nurse with a higher rank who is charged with the responsibility of supervising and directing nursing care in any hospital unit.

### **Organization of the Study**

This thesis report is presented in five chapters. Chapter one comprised background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, delimitation, limitations, definition of terms and the organization of the study. Chapter two dealt with literature review and theoretical framework. Chapter covered the research methods. This includes the research design, study area, population, inclusion and exclusion criteria, sampling procedure, instruments used in the data collection, data collection procedure, data processing and analysis, and methodological rigor. Chapter four covered the presentation of results and discussion of the results. Finally, the last chapter, chapter five, dealt with the summary, conclusion, and recommendations.

## CHAPTER TWO

### LITERATURE REVIEW

The chapter presents the relevant literature on mentorship in nursing. First, the review focused on the concept of mentorship, in order to help situate the study within the confines of the broader understanding of the concept. The rest of the review followed the study objectives, starting from how Newly Registered Nurses are mentored through to the facilitators and barriers of mentorship to the strategies for incorporating mentorship into nursing.

The literature was accessed electronically through searching databases such as PubMed, Google Scholar, and Hinari. Although peer-reviewed articles were sought and used, some of the articles dated more than 10 years back in time, due to the scarcity of literature related to mentorship and new nurses' transition into nursing practice.

The search plan “Experienced nurses” OR “Old nurses” OR “Nurse Managers” AND views OR perceptions OR perspectives AND integration OR incorporation AND mentorship was used to retrieve relevant data from the various databases. Also, supplementary searches were made, with the study objectives used as guide.

#### **The Concept of Mentorship**

Mentorship is widely known to originate from a Greek mythology. Many authors have narrated that a king called Odysseus, while fighting in the Trojan War, sought the assistance of his trusted friend, Mentor, to look after his son, Telemachus. The role assumed by Mentor required him to become Telemachus's guardian, teacher, adviser, supporter, protector, counsellor, and friend (Barker, 2006; Berk et al., 2005; Goran, 2001; Hayes et al., 2005;



Kuwabara & Johnson, 2009; Mccloughen et al., 2006). Reading contemporary literature on mentorship or mentoring, it would seem that the specific roles Mentor played, in raising Telemachus to a confident, competent, and responsible person, have become an integral and inseparable part of the art of mentoring, and recent definitions of mentoring have consistently reflected either some or all of these specific roles. Foolchand et al. (2018) described mentorship as largely involving the teaching, guiding, counselling, and the sharing of experiences with mentees. Lavoie-tremblay and Sanzone (2020) also view mentoring as a relationship between an experienced person (and in this case, an experienced nurse) and an inexperienced nurse, with the experienced nurse acting as a role model, teacher, and counsellor to new or inexperienced nurses. Although the definitions of mentorship above reflect what mentors do, several other definitions focus on the object of mentoring. Mentorship is associated with a person's professional and personal growth and development (Hayes et al., 2005; Mccloughen et al., 2006; Tiew et al., 2017; Wagner & Seymour, 2007). The literature shows that no one definition of mentorship encapsulates all of its aspects. However, Berk et al. (2005) identified five fundamental, but unifying, elements of mentorship—that a mentoring relationship concentrates on knowledge acquisition; entails emotional and psychological support, directs assistance with career and professional development, and role modeling; is reciprocal, with both mentor and mentee deriving emotional or palpable benefits; is personal in nature, involving direct interaction; and highlights the mentor's superior experience, influence, and achievement within a particular arena.

Mentoring relationships are either formal or informal. A formal mentoring relationship occurs in a formalized programme in which the mentor and the mentee are assigned to each other. The relationship is usually clearly defined, in terms of what course the relationship should take and how long it should last. Unlike a formal mentoring relationship, informal mentoring relationship comes about voluntarily, with the people involved in the relationship agreeing, tacitly or openly, to commit to the relationship (Laske, 2019; Poronsky, 2012). In nursing, the literature on mentorship is heavily tilted towards formal mentorship programmes, as they are associated with better outcomes. In a study to explore and describe the experiences of qualified nurses regarding the clinical mentoring of nursing students in Mauritius, the authors, Foolchand et al. (2018), found informal mentoring practices, without clearly defined outcomes, as problematic for effective mentoring in the Mauritian context, suggesting that formal mentorship schemes, which usually have clearly defined goals, could lead to better outcomes. The authors also revealed that formal mentoring was mostly preferred by mentees, since formal mentoring favoured effective learning and the building of confidence. In a different study, Elmer (2019) claimed that newly registered nurses are more likely to transition successfully into practice, when they are formally assigned mentors.

Whether formal or informal mentorship, the relationship undergoes a number of stages (Barker, 2006; Hayes et al., 2005; Komaratat & Oumtanee, 2009; Wagner & Seymour, 2007). Most literature describe four stages: initiation, cultivation, separation, and redefinition (Barker, 2006; Hayes et al., 2005; Wagner & Seymour, 2007), although Komaratat and Oumtanee (2009) identified three stages of initiation phase, working phase, and termination phase.



It is worth noting that the difference in the number of stages identified is only in nomenclature, rather than in meaning or function. During the initiation phase, the mentor and the mentee get to know each other and set objectives for the relationship (Wagner & Seymour, 2007). This is followed by the cultivation or working phase where the actual mentoring takes place (Komaratat & Oumtanee, 2009; Wagner & Seymour, 2007). A successful second phase of cultivation leads to the third stage of separation. In this third phase, the relationship comes to a formal end, with the mentor allowing the mentee to function independently (Komaratat & Oumtanee, 2009). Also, this phase could take up to 6 to 24 months to end, and both the mentor and the mentee may become emotionally stressed, as either one of them perceive the break-up with anxiety (Chao, 1997). Sometimes, the relationship may go beyond the third stage and transmutes into a fourth stage of a friendly relationship—a stage called redefinition (Barker, 2006; Chao, 1997; Hayes et al., 2005).

Mentorship has been known to the nursing profession, since the era of Florence Nightingale (Jacobs, 2018), and quite a number of research findings have linked mentoring to newly registered nurses transition into nursing practice and job satisfaction and attrition among nurses (Ferguson, 2011; Komaratat & Oumtanee, 2009; Lavoie-tremblay & Sanzone, 2020). For instance, in a qualitative study conducted in two Canadian provinces, the researcher, Ferguson (2011), found that out of the 25 registered nurses who participated, about half of them said they were mentored, but those who were not mentored thought that what could have supported their transition into practice was mentorship. The study also revealed that having a mentor in the early years of practice did not only smoothen the transition of new nurses, but also enhanced

the effectiveness of their clinical learning. In a different study to describe the impact of a university-based mentorship programme designed to prepare student nurses for transition to practice during their last year in school, Lavoie-tremblay and Sanzone (2020) concluded that the mentorship programme proved successful in addressing the challenges of student nurses and helping them to become adequately prepared for clinical practice. Although the mentorship programme was designed for final year nursing students, it is assumed that a similar mentorship program for newly registered nurses would address their transitional challenges, since the clinical challenges final-year nursing students face are likely to be similar to those faced by newly registered nurses. Findings of a quasi-experimental study also showed that the competency of newly graduated nurses significantly increased after they had been mentored compared to when they had not been mentored (Komaratat & Oumtanee, 2009). Mentorship is known to be a catalyst in the integration of novice nurses into the practice milieu, as well as an important factor in the retention of novice nurses (Ferguson, 2011).

A closely related formal transitional programme for newly registered nurses sighted in the literature is preceptorship. Preceptorship programmes, like mentorship programmes, have proven beneficial to nurses making transition to practice (Kuwabara & Johnson, 2009; Lavoie-tremblay & Sanzone, 2020). However, there are some differences between the two. For example, Barker (2006) observed that the difference between the two is in the purpose. That while mentorship focuses on the career advancement of the novice, preceptorship focuses on practical skill acquisition. Lavoie-tremblay and Sanzone (2020) also noted that what distinguishes the two transitional

programmes is the teaching component that characterized preceptorship. Further, preceptorship usually does not last for a long time (Barker, 2006; Ferguson, 2011), compared to mentorship which usually involves long-term relationships, spanning up 2 years (Goran, 2001; Jacobs, 2018).

### **How Experienced Nurses Mentor Newly Registered Nurses**

Experienced nurses play a crucial role in helping newly registered nurses transition into nursing practice without facing much difficulties (Shellenbarger, 2016). One way by which experienced nurses help newly registered nurses is through mentorship. As stated early on, mentoring involves a more experienced person serving as a teacher, a guardian, a supporter, a counsellor, a protector, and an advisor to a less experienced person (Barker, 2006; Berk et al., 2005; Goran, 2001; Mccloughen et al., 2006). Mentoring is known to have enormous benefits for the newly registered nurse, and it is imperative that experienced nurses are deliberate and conscious about the choices they make, as well as the activities they undertake in mentoring these novice nurses (Shellenbarger, 2016).

The literature showed that mentoring functions are a lot and there are no clear-cut boundaries to the activities of mentors. Gibson and Heartfield (2005) observed that the problem with mentoring was the lack of agreement on the roles and activities of mentors, although the mentoring functions of mentors could involve the career and psychosocial functions. Huang et al. (2016) also noted that mentoring roles basically involved career functions, psychosocial functions, and role modelling. What is clear is that mentoring activities that are aimed at providing career and psychosocial support to mentees are significantly accepted by researchers as part of the mentoring activities of mentors (Gibson

& Heartfield, 2005; Huang et al., 2016; Weng et al., 2010). Being friendly to the mentee, providing counselling to the mentee, accepting the mentee, and role modelling the mentee led to psychosocial benefits for the mentee, while providing sponsorship to the mentee, protecting the mentee, providing opportunities for exposure of the mentee, coaching the mentee, and challenging the mentee with task led to the career development of the mentee (Gibson & Heartfield, 2005; Weng et al., 2010).

Darling, an American nurse educator, who first introduced the idea of mentoring into nursing (Earnshaw, 1995) described fourteen (14) roles of the mentor. Of the fourteen (14) roles, three (3) have been considered as prerequisite for a successful mentoring relationship to occur. These three are the supporter, the inspirer, and the investor, with the investor role involving challenging the mentees and bringing out their abilities (Earnshaw, 1995).

Mentor activities frequently mentioned in the literature are guiding, supporting, and teaching. Mentors frequently act by providing guidance to mentees, supporting mentees, and teaching mentees (Beecroft et al., 2006; Chen et al., 2014; Earnshaw, 1995; Huang et al., 2016; Sanzero et al., 2014; Weng et al., 2010). Sanzero et al. (2014) reported of the findings of a study conducted in England, involving nurse mentors and mentees. While the mentors thought that the most important roles mentors played at the clinical area were teaching, supporting, and role modelling, the mentees mentioned teaching and supporting as the most important roles mentors played. In a study investigating the impact of mentoring functions on job satisfaction and organizational commitment of new staff nurses, the researchers found that for the period of the study, the new nurses received clinical guidance and support from mentors for almost four



months (Weng et al., 2010). Also, a study conducted by Beecroft et al. (2006) found that 80-90% of newly registered nurses who took part in the study said that their mentors provided support and guidance.

### **Factors that Enhance Mentorship Practices**

Mentors serve as linchpin to any mentoring relationship, offering guidance and support which lead to the attainment of set objectives (Hale, 2018). Thus, mentors must have qualities and characteristics that enable them to act to bring about positive mentoring outcomes. Essential characteristics of mentors that engender positive relational outcomes have been documented, extensively, in the literature. Mentor characteristics such as patience, erudition, honesty, respect, enthusiasm, availability, approachability, and integrity are needed for effective mentoring (Berk et al., 2005; Joukna, 2002). Mentors should also be friendly, have a good sense of humour, and demonstrate capacity for professional growth and development (Panveer & Wendy, 2008). Aside from these, mentors ought to demonstrate a high capacity for imagination and a desire to motivate and support mentees; functioning in ways that do not only open the eyes of mentees to the profession, but also open doors for mentees to realise their aspirations (Mccloughen et al., 2006). Further, Fong et al. (2021) hold the view that mentors should have a genuine desire and be ready, at all times, to help mentees develop. On top of that, mentors should exhibit a good knowledge of how their organisations function, including the networks and processes of how things happen, and feel a responsibility of working for the success of the organisation.

Notwithstanding the relevance of these mentor characteristics to a successful mentoring relationship, mentors need to assume leadership at the

start of the relationship: setting boundaries and ensuring that roles and responsibilities expected of the parties are clearly delineated, so that everyone knows what exactly to do to bring about positive relational outcomes (Wilkes, 2006).

Mentees want to be mentored by mentors with certain characteristics. In a qualitative study to describe the characteristics of effective mentors from the view point of nurses who were mentored, Ferguson (2011) found that newly registered nurses wanted to be mentored by mentors whose practice of nursing they deemed good, and who were in a position to help them develop their critical thinking, decision making, evidence-based practice, and comprehensive nursing care skills. Also, new nurses preferred mentors who demonstrated profound knowledge base for practice, and who were capable of functioning effectively in crisis situations. In addition, newly registered nurses wanted mentors whom they could ask questions, and who were willing to answer their questions and provide more information to help them avoid potential pitfalls.

An important component of the mentoring process that contributes to successful mentoring relationship is mentor-mentee matching. Mentor-mentee matching is the process of pairing the mentor and the mentee. Cox (2005) argued that the quality of matching between the mentor and the mentee has the potential for greater benefits. That where the mentor and mentee are compatible, there is the potential for speedy professional growth and development. Conversely, a matching process that lacks quality will lead to dysfunctional mentoring relationship, in which the mentor and the mentee do not get along (Cox, 2005).



It is worth noting that the success of any mentoring relationship depends on both the mentor and the mentee. The relationship requires all the parties to commit themselves to it and contribute to its success. Like that of the mentor, some mentee characteristics that facilitate mentoring have been documented in the literature. In reviewing literature on mentorship, Mccloughen et al. (2006) stated that being ready to receiving assistance, trusting in the guidance provided by the mentor, understanding one's strengths and weaknesses, having a personal vision, and being self-motivated are characteristics of mentees involved in a mentoring relationship. Similarly, mentees need to, among other things, have a burning desire to learn and be challenged by new learning experiences; be open to praise and criticisms from the mentor; be able to appreciate the view point of other people; have regard for fidelity, and be thankful for the assistance of the mentor (Hassan, 2012).

A mentoring relationship is successful if both the mentor and the mentee are able to commit adequate time to the relationship. There should be regular one-on-one meetings between the mentor and the mentee to bring about the growth of the relationship, as well as the realization of its objectives (Beecroft et al., 2006). Zhang et al. (2015), in a systematic review on the effectiveness and implementation of mentoring programme for new nurses, confirmed that frequent meetings (monthly or quarterly) between mentors and mentees could lead to new nurses' smooth transition into practice.

The role of motivation in facilitating experienced nurses mentoring of new nurses cannot be overlooked. Motivation refers to a person's natural and thoughtful mechanism that brings about a change in behaviour of a person in a mentorship programme (Liao et al., 2020). Motivation can be both intrinsic and

extrinsic, and either of the two types is noted to have positive influence on the mentoring activities of mentors. The kind of mentoring a mentee receives from the mentor depends on the type motivation the mentor has (Yuliawati et al., 2023). Being recognized or praised for mentoring others is one form of external motivation that brings about a positive impact on mentoring (Yuliawati et al., 2023). Also, recognizing and acknowledging the mentoring roles experienced nurses play is a demonstration that their efforts are appreciated (Henderson & Eaton, 2013). To sustain the interests of experienced nurses in mentoring, there ought to be a regular, repeated acknowledgement and recognition of the efforts of experienced nurses. Simple pronouncements like “thank you for your effort, “wow! You are doing great” are enough to keep the interest of experienced nurses alive (Henderson & Eaton, 2013). Finally, motivation serves as the tool for overcoming the bottlenecks that threaten the successful implementation of a mentorship programme (Bally, 2007).

### **Barriers to Effective Mentoring of Newly Registered Nurses**

Quite a number of authors have reported on the barriers to mentoring newly registered nurses and student nurses (Beecroft et al., 2006; Erickson, 2015; Zhang et al., 2015). The findings of studies that considered the challenges or barriers to mentoring have largely been overlapping or crisscrossing from one study to the other. In a rapid evidence assessment of newly registered nurse mentorship programmes, Erickson (2015) synthesized the findings of other studies and found that lack of mentor and mentee training and preparation, unavailability of mentors, and mentor-mentee mismatch were barriers to mentoring new nurses. In a different study evaluating barriers of formal and informal nursing mentorship programmes in Kenyan public universities, the

researchers found that mentor-mentee mismatch, work pressure, unavailability of a pool of qualified potential mentors, and lack of institutional support for mentorship programmes were found to be barriers. Also, lack of mentor accountability and rewards for mentors, as well as the non-recognition of mentors were found to be barriers (Oluchina & Gitonga, 2016). In assessing nurse managers' perceptions about barriers to mentoring new nurses in some Australian hospitals, Merga et al. (2020) found that the issues nurse managers perceived as barriers were related to workload and time, personal idiosyncrasies, mentor training, and resources. The Authors noted that competing demands for time by different work schedules, interpersonal conflicts due to generational and attitudinal differences, and lack of training for mentors were barriers to mentoring.

As stated earlier, a lot of the studies looking at barriers to mentoring have similar findings. The findings that seem recurrent include lack of time for mentoring, unavailability of mentors, work pressure, lack of training and preparation for mentors, and mentor-mentee mismatch. Beecroft et al. (2006) and Oluchina and Gitonga (2016) both found, in their respective studies, the lack of time as a barrier to mentorship. Also, Erickson (2015) and Oluchina and Gitonga (2016) both found unavailability of mentors as a barrier to mentorship.

The findings of one study showed that of all the barriers of mentorship, the ones mentors mostly experienced are work pressure, lack of rewards and inadequate support from the facilities in which mentoring takes place. Mentees, on the other hand, mostly experienced problems arising from mentor-mentee mismatch, lack of accountability from mentors, inadequate number of qualified

nurses to serve as mentors, and lack of support from mentors (Oluchina & Gitonga, 2016).

Lafleur and White (2010) reported from the findings of their study that the lack of time was the most frequently experienced barrier by mentors. This somehow contradicts the findings of Oluchina and Gitonga (2016) that work pressure, lack of rewards and inadequate support from the facilities in which mentoring takes place were the most frequently experienced barriers by mentors. Their findings did not include the lack of time as one of the most experienced barriers.

Frøiland et al. (2021) also reported that the barriers to mentoring could include, among others, the lack of institutional support and protected time for mentoring activities, as well as the absence of well-demarcated mentorship roles. In addition, the mentor's feeling of inadequacy about his/her ability to mentor is a negative experience that can adversely affect the mentoring relationship. Frøiland et al. (2021) reported about some nurse mentors expressing concerns about their lack of knowledge and competence to mentor first year nursing students in the clinical area.

### **How Mentoring Practices Are Improved**

Improving the mentoring practices of experienced nurses means directing efforts at overcoming the challenges to successful mentoring. These challenges, the moderation of which brings about improved mentoring practices, have been reported extensively in the literature (Beecroft et al., 2006; Erickson, 2015; Merga et al., 2020; Oluchina & Gitonga, 2016; Zhang et al., 2015). Similarly, numerous authors have reported on what strategies or measures can result in improved mentoring practices (Beecroft et al., 2006;



Dirks, 2021; Kusumaningsih et al., 2019). For mentoring practices by experienced nurses to improve, attention must be paid to finding will-be nurse-mentors who are willing and committed to putting time in their busy schedules for the mentoring of younger nurses. Also, it is important that both the mentor and the mentee meet at the beginning of the mentoring relationship to fashion out the relationship, in order to avoid pitfalls (Beecroft et al., 2006). The literature also shows that training of mentors to improve their competence in mentoring is yet another way by which mentoring practices can be improved. Mentors, and perhaps mentees, need to be provided with specific information on what mentoring is, so that they can effectively assist in the mentoring process to bring about improved mentoring practices, and that this could come about through adequate training of both mentees and mentors (Beecroft et al., 2006). Also, mentorship-training programmes must be targeted at mentors who have the ability to transfer relevant knowledge, skills, and sound professional values to new nurses (Clark & Casey, 2016). In a study exploring the perspectives of both mentors and mentees on mentoring skills necessary for assisting novice nurses, the authors

### **Incorporating Mentorship into the Profession of Nursing**

Mentorship programmes in nursing enhance new nurses' ability to put to use what they have learnt in the classroom at the clinical site and reduce the pressures put on them by the demands of real-time clinical practice (Chen et al., 2014). Designing and implementing mentorship programmes that are successful improve the nursing competence and job satisfaction of new nurses by removing the hurdles on the way of their transition into nursing practice (Chen et al., 2014). Quite a number of mentorship programmes have been designed and



implemented in nursing. Key components of these mentorship programmes will be looked at ....

In a systematic review on the effectiveness and application of mentorship programmes for new nurses, Chen et al., (2014) suggested that a course for a mentorship programme could concentrate on the professional abilities and development of the mentee, as well as the acquisition of resources. They opined that the initial aspect of the mentoring relationship should aim at building the mentee's nursing competence, basic skills, and problem-solving techniques, while the latter part of the relationship should focus on advancing the mentee's basic skills and infusing the essence of nursing practice into the mentee. Tiew et al. (2017) reported on a 3-year mentorship programme designed to assist graduate nurses to transition smoothly into practice. In the first year of the programme, the newly registered nurse is settled in the profession and attached to a more experienced person who provides clinical guidance to advance the newly registered nurse's clinical skills. In the second year of the programme, the new nurse goes through a formal mentoring relationship with a mentor who assists her to grow professionally and to realise her professional identity. In the final year, the new nurse is expected to consolidate her clinical skills and to become prepared to specialize in the profession.

Some strategies when adopted could contribute to the integration of mentorship. For instance, registered nurses may assist with the integration by developing a mission statement that drives mentoring, resulting in the language of mentoring becoming commonplace (Bally, 2007). Awareness creation about mentorship is crucial. It is important that a clear communication about the objectives of mentorship in the healthcare organization is developed to not only

guide others, but to inspire them about mentorship (Bally, 2007). Aside the creation of awareness about mentorship, having a policy that guides mentorship is a good thing to have. A mentorship policy seeks to formalize mentorship and address the problems associated with traditional or informal mentorship (Ehrich, 1995).

### **Theoretical Framework**

Berner's From Novice to Expert Model, a modification of the Skill Acquisition Model by Professor Stuart Dreyfus and Professor Hubert Dreyfus, has five stages: Novice, Advanced beginner, Competent, Proficient, and Expert (Ozdemir, 2019).

The new nurse fits into the advanced beginner level of the Benner's From Novice to Expert Model. The advanced beginner nurse is someone who has some clinical experience and is able to identify relevant aspects of a clinical situation (Benner, 1982). Notwithstanding that a nurse at the advanced beginner level is able to accomplish basic tasks, such as the identification of relevant aspects of a clinical situation, they still need support and guidance from a mentor (Murray et al., 2019).

The advanced beginner nurse, like the novice nurse, religiously sticks to taught principles and rules. They are not able to decipher when a particular rule or principle should be broken, giving a particular challenging clinical situation. Setting priorities for patient care is a challenging endeavour for the advanced beginner nurse, since their practice is largely informed by strict guidelines and they are only starting to appreciate repeated relevant patterns in their nursing practice (Benner, 1982). Thus, mentors (experienced nurses) need to support the

advanced beginner nurses at the clinical area, as they grope their way toward becoming competent, proficient, and expert nurses.

Mentors need to ensure a safe and an enabling learning environment for novice nurses to motivate them to ask questions about certain areas of nursing practice they need to know. Again, mentors need to offer direction on fundamental areas of nursing practice to enable the novice nurses transition from the novice level to the advanced beginner level. At the advanced beginner level, nurse mentors can facilitate new nurses' transition to the competent level by giving constructive and reasoned feedback on particular nursing action, facilitating the development of critical thinking skills, and helping with the prioritization of tasks. Once new nurses reach the competent level, nurse mentors can help them transition to the next level by helping them refine their clinical reasoning, improve on their ability to prioritize patient care, and master everyday nursing activities. Also, nurse mentors may introduce competent nurses to challenging clinical situations which will propel them from being competent nurses to becoming proficient nurses. At proficient nurse level, nurse managers can help proficient nurses develop a comprehensive and thorough understanding of various clinical care situations. In addition, nurse mentors can help to refine the critical thinking capacities of proficient nurses, and encourage them to approach patient care with a holistic mindset. Finally, the role of mentorship at the expert nurse level is focused on helping the proficient nurse build leadership skills and become a mentor for the others, and nurse mentors can function to bring about that.

In conclusion, the envisaged integration of mentorship into the profession of nursing in Ghana will ensure that newly registered nurses are supported at every stage of their professional growth and development. Such a support will lead to the smooth transition of newly registered nurses from one level of nursing practice to the other, as theorized by Patricia Berner,



## CHAPTER THREE

### RESEARCH METHODS

#### Introduction

This chapter describes the research methods used to explore the perspectives of stakeholders on the integration of mentorship into professional nursing practice. The chapter provides a description of the research design, research setting, population, sampling procedure, data collection instrument and procedure, data processing and analysis, and trustworthiness of the study.

#### Research Design

This study used a qualitative-exploratory-descriptive design to explore the perception of stakeholders on the integration of mentorship into newly registered nurses' transition into nursing practice. A number of reasons informed the choice of a qualitative methodology. First, qualitative design is flexible and leans toward a comprehensive assessment of participants' behaviours, experiences, and perceptions (Hashmi et al., 2017). Second, the design yields large amount of varied ideas and opinions about a subject, and tries to fill in gaps that have not been filled by survey research (Hashmi et al., 2017). Third, a qualitative design ensures that a researcher understands the details of the experiences of another person (Austin & Sutton, 2014). Also, exploratory-descriptive design because the study explored and described stakeholders' perceptions about the integration of mentorship into the transition of newly registered nurses into nursing practice.

Notwithstanding the advantages of the research design used, there are also weaknesses. One of the queries associated with qualitative research design is that it is highly subjective, as the researcher generates themes that are largely



based on the researcher's interpretation of the data collected. In addition, the use of small sample sizes with qualitative designs presents a problem of generalizability of the research findings (Mwita, 2022).

### **Study Area**

The Tamale Teaching Hospital (TTH) is found in Tamale, the capital town of Northern Region. It is one of the teaching hospitals in Ghana, and being a teaching hospital, it serves as a clinical learning site for both medical and nursing students (Wuni et al., 2021). The hospital is a very big one with a bed capacity of 820 (Policy Planning and Evaluation Unit, 2023). The TTH, apart from being a major health care delivery center for the vast majority of the people living in Tamale and its immediate surroundings, also serves as a tertiary or referral facility for the people living in the Savannah, the North-East, the Upper East, and the Upper West Regions of Ghana (Acquah et al., 2013).

The hospital has over 2000 staff, with over 838 being nurses and midwives (Osman et al., 2021). Different categories of nurses, including midwives, are recruited by the TTH to provide one form of nursing service or the other. Of the different categories, the majority of them are registered general nurses (RGN).

### **Population**

The target population of the study comprised nurse managers, Newly Registered Nurses, and regional officers of the Nursing and Midwifery Council—Ghana (N&MCG). For the nurse managers, eligible participants comprised those with considerable familiarity with the mentorship concept. This is because such nurse managers are more likely to give relevant and valid information about the topic of study, compared to those nurse managers who

have no or negligible familiarity of the mentorship concept. All newly registered nurses who have worked for more than six (6) months but not more than one (1) year were also eligible for the study. The idea is that these newly registered nurses would have experienced enough mentoring to be able to narrate rich and valuable information about mentorship that goes on in the hospital wards.

Finally, all heads of nursing regulatory institutions, including those who are not heads but have rich information on the topic, were considered eligible for the study, since the officials of nursing regulatory institutions, like the NMC, are likely to have rare and deep insights on mentorship and how it can impact the profession of nursing in Ghana.

Nurse Managers who were not familiar with the concept of mentorship were excluded from the study, since they were prone to giving out inadequate and abstract information. For the Newly Registered Nurses, those who were doing their mandatory national service were excluded. This is because the definition of who is a newly registered nurse, according to this very study, did not include them.

### **Sampling Procedure**

The sample size for the study (15 participants, comprising 6 nurse managers, 8 newly registered nurses, and 1 regional officer of the N&MCG) was determined by data saturation. Data saturation refers to the collection of qualitative data to the point where a sense of closure is achieved as new data generates redundant information (Moser & Korstjens, 2018). Guest et al. (2020) claimed that the conceptual standard for estimating and examining qualitative sample sizes is data saturation.

Purposive sampling method was used to select the participants (comprising 6 nurse managers, 8 newly registered nurses, and 1 regional officer of the N&MCG) for this study. Purposive sampling method focuses on selecting information-rich participants, from whom the researcher can learn about the details of a phenomenon that are relevant to the purpose of the research study (Coyne, 2018). Aside focusing on participants with knowledge and experience about the phenomenon of interest, purposive sampling method also considers participant's availability and willingness to take part in the study, as well as their ability to share experiences and opinions in a clear, expressive, and reflective way (Palinkas et al., 2016).

Considering that different stakeholders, with different characteristics, are involved in the study, the type of purposive sampling method required is maximum variation sampling (heterogeneous sampling). With this method of purposive sampling, a broad range of individuals, groups, or settings is deliberately selected in a manner that all or most types of individuals; groups or settings are selected for the study. This allows for different perspectives of individuals to be presented that represent the complexity of the world (Omona, 2013). Also, it focuses on identifying and describing the key themes or main outcomes that cut across a great deal of heterogeneous participants (Emmel, 2014).

### **Data Collection Instrument**

The study used a semi-structured interview guide to conduct a face-to-face interview in exploring the perceptions of stakeholders on the integration of mentorship into newly registered nurses' transition into nursing practice.

The instrument was made up of open-ended and probing questions to elicit in-depth responses from participants. Section A of the instrument requires participants to provide demographic data, while section B of the instrument contains the main questions that reflect the study objectives. The main questions include:

1. How do experienced nurses' mentor newly qualified registered nurses?
2. What factors do you think bring about effective mentoring practice?
3. Tell me about the barriers to effective mentoring.
4. How can mentoring of newly qualified registered nurses be incorporated into the nursing profession in Ghana?
5. What specific strategies should the Nursing and Midwifery Council of Ghana adopt to bring about the incorporation of mentorship into the nursing profession of Ghana?

The interview guide was piloted using two newly registered nurses and two nurse managers. Feedback from the pilot study was used to improve and enhance the data collection instrument before the actual data collection started.

#### **Data Collection Procedure**

Before data collection started, ethical clearance was obtained from the Institutional Review Board of the University of Cape Coast. Informed consent was sought from the participants, that is, verbally and in written form. The interviews were conducted in English, since all the participants speak the English language. Before the interview started, rapport was established with the participants by introducing one's self and emphasizing the purpose of the interaction. This was useful in decreasing their anxiety, making them comfortable in expressing their views, and building a trusting relationship. The



interviews were conducted in noise free and conducive settings where participants spoke without interferences. Probing questions were used to follow up on open-ended questions to stimulate further and better particulars on important topics.

The interviews were audio-recorded, after seeking permission from the participants. This helped in eliminating biases, resulting from poor note-taking. Field note was taken on all non-verbal behaviours of the participants. The interview lasted between 30 minutes to 50 minutes. The audio-recordings were played backed to the participants (comprising 6 nurse managers, 8 newly registered nurses, and 1 regional officer of the NMCG) for corrections they wish to make.

### **Data Processing and Analysis**

Data was analysed using thematic analysis. Thematic analysis is the process of identifying patterns or themes from qualitative data (Maguire & Delahunt, 2017). The process of thematic analysis involves becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and writing the report (Braun & Clarke, 2006). The researcher transcribed every interview, familiarized himself with the data by reading the transcript severally. The data was then coded, with the objectives of the study in mind. The themes had been predetermined to be the objectives of the study. The themes were then reviewed by modifying and developing the themes, as well as collating all the data relevant to each theme. Once this was done, the themes were defined, as it was useful in finding out the essence or meaning of each theme. The themes were examined to determine how they related to one



another. This final process was repeated until it was suitable to present findings based on the objectives of the study.

### **Methodological Rigor (Trustworthiness)**

In qualitative research study, trustworthiness of the study is established through four criteria: credibility, dependability, transferability, and confirmability (Forero et al., 2018). These constructs (credibility, dependability, transferability, and confirmability) are, respectively, likened to internal validity, reliability, external validity, and objectivity used in quantitative research studies (Shenton, 2016).

In this very study on mentorship, establishing trustworthiness is of great importance, as it brings about the quality, reliability and credibility of the study. For this reason, the researcher detailed how each of the elements (i.e. credibility, dependability, transferability, and confirmability) of trustworthiness was achieved, as outlined below.

#### **Credibility**

Credibility refers to the confidence that the results of a qualitative research are true, believable, and credible (Forero et al., 2018). It establishes whether the research findings represent valid data drawn from the participants' perspectives and is an accurate interpretation of the actual perspectives of the participants (Korstjens & Moser, 2018).

For this study, credibility was ensured through prolong engagement, member checks, and triangulation of data sources. Prolong engagement was achieved by asking good questions, as well as follow-up questions, about the topic that stimulated participants' engagement. Also, participants were visited before the day of data collection. This visit was helpful in establishing rapport

with participants, which resulted in building of trust between the researcher and the participants. Member checks, which Guba and Lincoln consider as the single most important way of ensuring a study's credibility (Gunawan, 2020), was ensured by giving the participants the opportunity to read the transcripts of the interviews. The purpose was for the participants to tell whether what had been transcribed matches their actual intentions. Finally, triangulation through data sources was achieved by collecting data from participants with different backgrounds and characteristics. This allowed for the verification of individual perspectives and experiences against that of other people, which consequently resulted in the creation of a rich picture of a particular phenomenon, based on the contributions of a range of people. Triangulation is important because, by collecting data from different sources, understanding of the topic is broadened, and a stronger account of the study is made (Henry, 2015).

In conclusion, by detailing how the credibility of this very study was established, the validity of the study is highlighted. In addition, it could lead to winning the confidence of the people, relative to the findings of the study, who might be reading the study report.

### **Dependability**

Dependability refers to the stability of research results over time, and involves the evaluation of the findings, interpretation and recommendations which ensures that all are supported by the data as collected from participants of the study (Korstjens & Moser, 2018). Shenton (2016) argues that to decisively deal with the issue of dependability, the methods used in a study should be stated in detail, so that a future researcher can repeat the work, without necessarily getting the same results. Shenton (2016) further argues that an in-

depth report of the methods allows the reader to assess the extent to which sound research practices have been followed.

To ensure dependability in this study, the researcher described, in detail, the steps and decisions taken from the beginning of the research work to the development and reporting of the results. Specifically, the researcher reported, in detail, the research design and its implementation, the operational details of data collection, and data management.

### **Transferability**

Transferability refers to results that may be applied to other settings or groups (Casey & Murphy, 2009). Transferability, in a qualitative study, is achieved if the results are meaningful to individuals and readers who are not involved in the study, but who can associate the results with their own experiences (Casey & Murphy, 2009). To achieve this criterion, the researcher provided detailed description of the research setting and context, characteristic of the participants, and the methodology.

### **Confirmability**

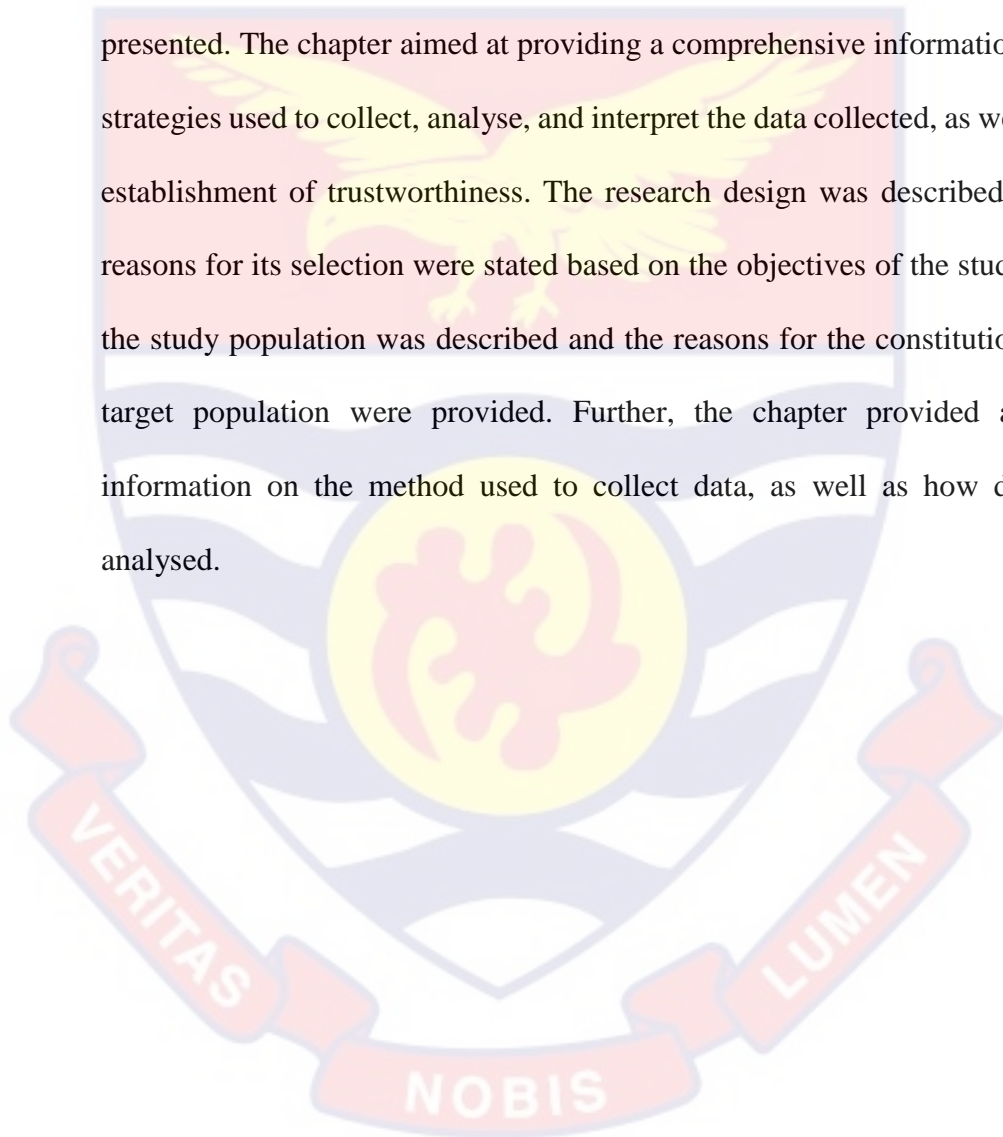
Confirmability refers to the extent to which the results of a research work could be confirmed or corroborated by other researchers (Anney, 2014). It is concerned with establishing that the data and the interpretation of the findings are not the researcher's figment of imagination, but are clearly derived from the data (Anney, 2014).

For this study, confirmability was achieved by transcribing audio-recordings of interviews verbatim. Audio-recordings were played back to the participants to evaluate their satisfaction about the data elicited. Also, the researcher kept an audit trail of the decisions and activities that showed how

data will be gathered, recorded, and analysed. Finally, a reflexive journal containing all occurrences and personal reflections relating to the research work was kept.

### **Chapter Summary**

In this very important chapter, the methodology for the study is carefully presented. The chapter aimed at providing a comprehensive information on the strategies used to collect, analyse, and interpret the data collected, as well as the establishment of trustworthiness. The research design was described and the reasons for its selection were stated based on the objectives of the study. Also, the study population was described and the reasons for the constitution of the target population were provided. Further, the chapter provided adequate information on the method used to collect data, as well as how data was analysed.



## CHAPTER FOUR

### RESULTS AND DISCUSSION

This chapter presents the results of the study, including the discussion of key findings of the study. The study sought to explore stakeholders' views about the integration of mentorship into the profession of nursing in Ghana.

Thematic analysis was used in analysing the data collected from the stakeholders (experienced nurses, new nurses, and an officer of the Nursing and Midwifery Council, Ghana—Tamale Office) and the study findings are presented according to the objectives of the study. The findings are presented in two parts. Part one presents the demographic characteristics of the participants, while part two presents findings from the analysis of the data collected from the participants (stakeholders).

#### **Part One: Demographic Characteristics of the Participants**

##### **Demographic Characteristics of Participants**

###### *Demographic Characteristics of the Experienced Nurses (Nurse Managers)*

Six (6) nurse managers participated in the study. Three (50%) of them were males and the remaining three (50%) were females. The participants' ages range from 37 years to 41 years, with majority (4 nurse managers) being in their 40s. In terms of years of work experience, the participants' years of work experience range from 13 years to 16 years, majority of them (4 nurse managers) had worked for 15 years or more. For rank, all the participants were PNOs (Principal Nursing Officers). Table 1 below shows the demographic characteristics of the nurse managers.



**Table 1: Demographic Characteristics of Nurse Managers**

Participants	Gender	Age (years)	Years of Work Experience (yrs)	Rank
Nurse Manager 1	Male	40	15	PNO
Nurse Manager 2	Male	37	16	PNO
Nurse Manager 3	Female	37	14	PNO
Nurse Manager 4	Female	41	15	PNO
Nurse Manager 5	Female	40	16	PNO
Nurse Manager 6	Male	40	13	PNO

Source: Field survey (2022)

### *Demographic Characteristics of the New Nurses*

Eight (8) new nurses participated in the study. Four (50%) of them were males and the remaining four (50%) were females. The participants ages ranged from 24 years to 31 years, with majority of them (4 new nurses) being 27 years and above. The participants had years of work experience ranging from 6 months to 11 months. Five (5) new nurses, representing 62.5% of the participants, had 11 months of work experience, and only 1 new nurse, representing 12% of the participants, had 6 months' work experience. In respect of rank, only 2 of the new nurses, representing 25%, were nursing officers. The remaining 6 new nurses, representing 75%, were staff nurses. Table 2 below shows the demographic characteristics of the new nurses.

**Table 2: Demographic Characteristics of New Nurses**

Participants	Gender	Age (years)	Months of Work Experience	Rank
New nurse 1	Male	29	11	SN
New nurse 2	Female	24	6	SN
New nurse 3	Male	27	11	SN
New nurse 4	Female	27	10	SN
New nurse 5	Female	31	11	NO
New nurse 6	Male	29	10	SN
New nurse 7	Male	26	11	SN
New nurse 8	Female	25	11	NO

Source: Field survey (2022)

**Demographic Characteristics of the NMCG Regional Officer**

She is a 36-year-old female nurse, and working with the NMCG as a Principal Operations Officer. She started working as a nurse in the year 2011—11 years now. Table 3 below shows the demographic characteristics of the NMCG regional officer.

**Table 3: Demographic Characteristics of the N&MCG Regional Officer**

Participant	Gender	Age (years)	Years of work experience	Rank
NMC regional officer	female	36	11	Principal Operations Officer

Source: Field survey (2022)

**Themes and Sub-Themes**

The themes and sub-themes are presented in respect of the different groups that constituted the participants of the study. In respect of the Nurse Managers’ responses, five (5) themes, with fourteen (14) sub-themes, are presented. For the new nurses, four (4) themes, with thirteen (13) sub-themes are presented. Finally, in respect of the regional NMC officer’s responses, a total of four (4) themes and six (6) sub-themes are presented.

**Table 4: Themes and Sub-Themes on Nurse Managers’ Responses**

Themes	Sub-Themes
Mentoring activities of experienced nurses	Guiding new nurses Teaching new nurses Career support Training experienced nurses
Factors facilitating experienced nurses’ mentoring activities	Motivating experienced nurses Mentorship policy Lack of knowledge on mentorship
Barriers to effective mentoring	Lack of motivation of experienced nurses Lack of time and work pressure Attitude of new nurses
Improving experienced nurses’ mentoring practices	Mentor availability Introducing mentorship into the nursing curriculum
Incorporating mentorship into nursing	Policy making the mentoring of new nurses compulsory Launching campaigns for mentorship

Field survey (2022)

**Table 5: Themes and Sub-Themes on new nurses’ Responses**

Themes	Sub-Themes
Mentoring activities of experienced nurses	Teaching Guiding
Factors facilitating experienced nurses’ mentoring activities	Attitude of both experienced nurses and new nurses Assigning mentors to mentees Mentorship programmes Rewarding experienced nurses Attitude of both experienced nurses and new nurses
Barriers to effective mentoring	Lack of knowledge on mentorship Lack of mentorship policy Poor communication skills Creating awareness
Incorporating mentorship into nursing	Introducing mentorship into the curriculum Establishing compulsory mentorship programme

Field survey (2022)

**Table 6: Themes and Sub-Themes of NMC Officer’s Responses**

Themes	Sub-Themes
Mentoring activities of experienced nurses	Guiding Teaching
Factors facilitating experienced nurses’ mentoring activities	Respect for experienced nurses New nurses’ desire to learn
Barriers to effective mentoring	Attitude of newly registered nurses
Incorporating mentorship into nursing	Introducing mentorship into the curriculum

Field survey (2022)

**Part Two: Findings from the Analysis of Data Collected from the Stakeholders**

**Findings from the Analysis of Data Collected from the Nurse Managers**

*Experienced Nurses Mentoring Activities*

From the participants’ responses, experienced nurses’ mentoring activities could be grouped into three: guidance, teaching, and career support.

### ***Giving Guidance to New Nurses***

Analysis of the data showed that experienced nurses frequently guided new nurses to improve their nursing practices. Aside that, experienced nurses guided new nurses to develop new skills that advance their nursing practice. For instance, one of the experienced nurses had this to say:

*“Basically, experienced nurses provide guidance to new nurses to help them with their nursing practice.” P5*

Another experienced nurse had this to say:

*“... we also give them guidance when they are faced with some difficult issues related to practice” P3*

Another experienced nurse also had this to say:

*“In most cases, they are guided by the experienced nurses, and in time, they become better than when they came” P4*

### ***Teaching New Nurses***

Teaching appears to be the commonest mentoring activity among experienced nurses. Almost all participants related teaching experience with a new nurse.

An experienced nurse had to say this:

*“you know, teaching is something we also do a lot. The new nurses come in not knowing some of the things we do here, some of the machines, unless they are taught how to use them, they can't. So, we the experienced ones have to teach them before they can function well” P5*

Another experienced nurse also had this to say:

*“You see, we teach them a lot of things they didn't know initially, once they come in as new staff” P3*



Another experienced nurse also had this to say:

*“Again, in my ward we do organize clinical meetings; you can even see on the board, we do organize clinical meetings just to teach and guide the new ones coming in” P2*

### ***Giving Career Support***

The participants shared experiences of supporting new nurses pursue their professional career dreams. In many instances, experienced nurses had to assist new nurses in making decision as to which career line to tow. One experience nurse, for instance, had this to say:

*“Currently somebody was confused. He says senior, So, what do I do? I want to do oncology. I want to do paediatric nursing. I want to do emergency nursing. So now I’m confused. I said which of them is your passion? Which area do you actually think that you can do better? Which of them that when you get the opportunity ... okay, I prefer the oncology to the pediatric nursing. I said fine, if that is the case, that is it” P1*

Another experienced nurse also said:

*“... I have given a lot of young nurses advices that I believe have helped their career. For example, I know someone who is currently doing a master’s program in nursing because of the the advice I gave him. And I can talk about several other nurses who are in school to get a bachelor’s degree because of my advice.” P3*



## **Factors facilitating Experienced Nurses Mentoring Activities**

In the view of the nurse managers who took part in the study, certain factors lead to effective mentoring activities by experienced nurses. Three sub-themes emerged from the data. These are training programmes for experienced nurses, motivating experienced nurses, and a mentorship policy.

### ***Training Programmes for Experienced Nurses***

The participants noted a certain lack of knowledge in the area of mentorship, and expressed views about the need for training experienced nurses to equip them with the skill of effectively mentoring new nurses. This is what one of the experienced nurses had to say:

*“... experienced nurses need to be supported to effectively play the role. By support, I mean they need to be trained on how to mentor, they need to be equipped with the skill of mentoring, so that they can effectively mentor the young nurses” P3*

Another experienced nurse had this to say:

*“I also think we can ensure effective mentorship by putting in place mentorship training programmes. Mentors, and in this case, experienced nurses need to be trained on how to mentor before they can provide effective mentorship to new nurses” P4*

### ***Motivating Experienced Nurses***

The role of motivation in enhancing experienced nurses mentoring activities was expressed by the participants. In the view of the experienced nurses, there was the need to reward those of them who were assisting and mentoring the new nurses to serve as encouragement for them to continue to do so and to put in more effort. On what constituted reward, the experienced nurses

wanted recognition through citations and certification. For instance, one experienced nurse had this to say on motivation:

*“first of all, I will say motivation. I think experienced nurses ought to be rewarded for helping the young ones take their place in our profession. ... I believe once these experienced nurses are acknowledged, they will do more to live up to the acknowledgement” P4*

Of all the experienced nurses who were interviewed, only two of them taught internal, rather than external, motivation was a driving force for mentoring new nurses. One of the two experienced nurses had this to say:

*“Yh, I think the first factor I can actually pinpoint here will be self-motivation. ... are you getting me? Yh, you motivate yourself first, then you try to impart something onto others ...” P2*

On what constituted reward, one experienced nurse had this to say:

*“I also think that recognizing the efforts of nurses who are doing well in helping our young nurses to become better nurses will also help. And here, I am talking about rewards, rewarding such people for what they do. ... citations could be given. The NMC could also step in to see how certificates can be given to such experienced nurses for the role they play” P3*

### ***Mentorship policy***

A mentorship policy, in the view of the experienced nurses was needed to facilitate and enhance experienced nurses’ mentoring activities. The experienced nurses thought that a mentorship policy could provide guidance and harmonized the mentoring activities of experienced nurses. One experienced nurse had this to say:

*“Errm, errm, one other important thing is a policy. You see, we really don’t have enough knowledge on mentorship. But if there is a policy, it will tell us exactly what is expected of us, and the end result will be that all of us will be doing the same thing” P5*

One of the experienced nurses did not think that a policy alone was enough. Individual commitment and love for the job were equally important.

This is what he had to say:

*“Like I said, the institution can have policies of that nature but it depends on the individual, are you getting it? It depends on the individual, it depends on your love for the job as well, are you getting it? They can put up policies like that in place and people wouldn’t be ready to do that, but with the love for the job, whether you are motivated to do it or not, whether you are encouraged to do it or not, or whether you are pushed to do it or not, you will be willing to do it” P2*

### **Barriers to Effective Mentoring**

From the analysis of the data, four **sub-themes** emerged. These are experienced nurses lack of knowledge on mentorship, lack of motivation for experienced nurse mentors, lack of time and work pressure, and the attitude of new nurses.

#### ***Experienced Nurses Lack of Knowledge on Mentorship***

A lot of experienced nurses do not have knowledge on mentorship and that is considered a barrier to mentoring new nurses. For instance, one of the experienced nurses said:

*“... I think the problem is the term “mentoring”, that is what a lot of experienced nurses don’t understand. Trust me, some of us don’t know what is actually involved in that, so it becomes difficult to practice it” P5*

Another experienced nurse also said:

*“I think one factor is that a lot of experienced nurses don’t have the knowledge and skill to mentor. So, if we really need to improve mentorship, we need to equip experienced nurses with the skills to do so” P3*

#### ***Lack of Motivation for Experienced-Nurse Mentors***

Some of the experienced nurses who were interviewed thought that motivation was lacking and that did not encourage experienced nurses to give mentoring of new nurses their best. The lack of motivation was considered a barrier. This is what one of the experienced nurses had to say:

*“Errm, let me add that the lack of motivation or acknowledgment does not also encourage people to spend their time and energy in mentoring anyone. ... People want to see that what they do is acknowledged and appreciated. So, where motivation is lacking, people are not willing to give out their best” P4*

A similar comment made by another experienced nurse is captured below:

*“And you see, motivation is another thing. It is not there. As I said earlier, we really don’t have the knowledge but we are doing our best and we need to be motivated, so that we can put in more effort to help the young nurses. But unfortunately, the motivation is not there” P3*

#### ***Lack of Time and Work Pressure***

The data showed that lack of time and work pressure were noted as barriers to effective mentoring of new nurses. Due to the pressure of work,



experienced nurses are not able to make time for the mentoring of new nurses. This is affirmed by the following statements made by some experienced nurses: *“Also, I think experienced nurses busy themselves so much with patient care and related issues, without actually making time to mentor the younger and inexperienced ones. But you see, you cannot blame them for doing so, because the pressure of work on them is not easy”* P4

Another experienced nurse had this to say:

*“so one key barrier in mentorship has to do with excessive time and energy commitments, because the individual thinks that if I want to impart positively on young nurses, it will call for me to spend a lot of time with them, it will call for me to always commit myself to doing so many things, you know it just has to be said that a mentor must be that individual who has knowledge, who has skills, who has proficiency, who is up to the task, so you cannot be a good mentor if you do not take the pain upon yourself to read to know ABC before you can be a mentor, so some mentors have this challenge.”* P6

#### ***Attitude of New Nurses***

The attitude of new nurses was seen as a barrier to effective mentoring of new nurses. New nurses' attitudes that served as barrier can be categorized into two—lack of interest for mentoring and poor interpersonal relationship with experienced nurses. The experienced nurses observed that some new nurses were simply not interested in being mentored. Also, disrespect for experienced nurses by new nurses was considered a reason why experienced nurses will not mentor disrespecting new nurses. For instance, one experienced nurse had this to say:



*“... Most of the young ones coming up, they don’t come into the profession to work, most of them come with the zeal or mind that they want to make money, so when they come and realise that what they anticipated, no, they are not getting that they begin not to put in their effort, so when you even try to mentor them, when you try to coach them to be able come out with their best, they are not willing to” P2*

Another experienced nurse had this to say:

*“...the young nurses themselves are not interested, sometimes, they tend to run away from you the one who wants to help them ... they think you are finding faults with everything they do” P3*

On the disrespect for experienced nurses, one experienced nurse said:

*“the attitude of some new nurses does not encourage experienced nurses to want to mentor them. Some of them are disrespectful towards their senior colleagues, and you will agree with me that that kind of attitude will definitely affect relations on the ward” P3*

### **Improving Experienced Nurses’ Mentoring Practices**

The experienced nurses’ views on how their mentoring practices could be improved were not substantially different from what they said about the factors facilitating their mentoring practices. However, one sub-theme, mentor availability, emerged as additional factor that could lead to the improvement of experienced nurses’ mentoring practices.

#### ***Mentor Availability***

The experienced nurses thought that the availability of mentors meant adequate mentoring for new nurses, since new nurses will have constant exposure to mentors. For instance, one experienced nurse had to say:

*“... the mentor must first be available, the one that is mentoring the mentee must first of all be available because if there is someone to be mentored, it means that there must be a mentor. If the mentee is available and the mentor is not there, then we can be sure that there cannot be ... so the mentee must be available, as well as the mentor. So, it means that at any time and place there should be somebody on the spot to give adequate mentorship to these young nurses we are talking about.” P6*

Another experienced nurse had this to say:

*“I think we need to have people whose duty it is to mentor these young nurses. There should be people available all the time, so that when the new nurses come, everybody knows who should help them to fit in” P3*

### **Incorporating Mentorship into the Profession of Nursing in Ghana**

The participants' views on how mentorship could be incorporated into the profession of nursing in Ghana were analysed. Three themes, reflecting participants' views on what strategies to adopt, emerged from the data. These themes are introducing mentorship into the curriculum for nursing students, establishing a compulsory mentorship programme, and creating awareness about mentorship.

### **Introducing Mentorship into the Curriculum for Nursing Students**

The participants' view was that a course in mentorship should be taught in the nursing training institutions. This is evidenced by a comment by P1:

*“I think that if this can start from the training level, it should be a whole thing on its own about mentorship, preceptorship, and all that, a topic on its own that should be treated” P1*

A similar comment made by P6 is captured below:

*“... when this whole idea, concept is well understood, I think that it will be welcome by all and for all and that it can be incorporated in our curriculum, sometimes in our various institutions, and that it will become part and parcel of our nursing practice” P6*

P4 also had this to say about teaching mentorship in the training institutions:

*“I also think that the NMC should infuse mentorship into the curriculum so that up-coming nurses can learn about its essence and benefits before qualifying as nurses” P4*

#### **Formulating a Policy that Makes Mentoring of New Nurses Compulsory**

The experienced nurses thought that mentorship could be incorporated into the profession of nursing, if the NMC formulated a policy that makes mentoring of new nurses compulsory. For instance, one experienced nurse had this to say:

*“I think the NMC needs to draft a policy in this regard. The NMC can have a policy that makes it compulsory for new nurses to be mentored.” P3*

Another experienced nurse made a similar comment, as captured below:  
*” Let us make mentorship compulsory in nursing. We need that policy, and I think everybody will welcome it.” P4*

#### **Launching Campaigns for Mentorship**

The experienced nurses expressed views about the need to talk to nurses about mentorship and its benefits. In their view, doing so could lead to the incorporation of mentorship into the profession of nursing in Ghana. This claim is evident in the statement made by one of the experienced nurses:

*“When we talk more and more about it, people will begin to see the need for it, and so we can have programmes that really work.” P4*

Another experienced nurse had this to say:

*“ ... we should be able to give presentations at public for a, even in our various institutions —either at the universities, nursing training institutions, even our teaching hospitals, our various hospitals, we should be able to make this information available for nurses to have a better understanding and appreciation of mentorship and what mentorship can do to our young nurses.”*

P6

### **Findings from the Analysis of Data collected from the New Nurses**

#### ***New Nurses’ Perspectives on Experienced Nurses’ Mentoring Activities***

The new nurses’ views on how experienced nurses mentor new nurses were analysed. Two themes (teaching newly registered nurses and giving guidance to newly registered nurses) emerged from the analysis of the data.

#### ***Teaching Newly Registered Nurses***

In the view of the new nurses that took part in the study, experienced nurses frequently supported them by teaching them the things they did not know about nursing practice. The analysis of the data showed that all the newly registered nurses who took part in the study mentioned teaching as a mentoring activity of experienced nurses, suggesting that teaching was the dominant mentoring activity carried out by experienced nurses. For instance, one new nurse had this to say:

*“... Almost everything done here is advanced nursing, so, whatever they do, they try to teach us. When you do it and you don’t do it the right way, they tell you do this, do that. By the grace of god I can say that we are picking up” P2*



Another new nurse also said:

*“... Those that I run shift with like I can say 70% of the seniors that I work with, they are very open, let me use the term they are extrovert, because they teach, most of them teach, sometimes you don't even ask them questions, especially when you are doing a procedure ...”*

Another new nurse who thought that teaching was an everyday activity of the experienced nurses also had this to say:

*“For me, I think the senior nurses are really doing well in helping us. You see, a lot of the things we know how to do now, it is because of them. Without they teaching us, we wouldn't be able to do some of the things for the patients to appreciate. So, for me, they teach us a lot, and that is what they do all the time”*

**P7**

### ***Giving Guidance to Newly Registered Nurses***

Giving guidance to new nurses also emerged from the analysis as one of the mentoring activities of experienced nurses. The new nurses shared experiences of experienced nurses guiding them toward safe, acceptable, and best nursing practices. One of the new nurses said:

*“Sometimes, they also try to advise you on what you should do and what you should not do, they provide guidance so that you don't go astray with your practice”* P6

Another new nurse also had this to say:

*“Sometimes, the experienced nurses, because they have worked for a long time and they have so much experience, they are able to guide us. When they see that you are doing something the wrong way or let me say, yes, they try to come in and guide you to do it better”* **P8**



## Factors facilitating Experienced Nurses Mentoring Activities

In the view of the new nurses, several factors facilitate the mentoring of new nurses. From the analysis of the data gathered from the new nurses, four sub-themes (attitude of both experienced nurses and new nurses, assigning mentors to mentees, mentorship programmes, and rewards for experienced nurses) emerged.

### *Attitude of both Experienced Nurses and New Nurses*

The new nurses thought that the attitude of experienced nurses, as well as new nurses, greatly influenced the mentoring relationship. On the part of the experienced nurses, the new nurses thought that being friendly and patient helped the relationship, as such attitudes attract new nurses to experienced ones. For instance, one new nurse had this to say:

*“I think that the experienced nurses should be friendly. When they are friendly, the junior nurses can always feel relaxed to ask them for help, and that way, they will have the opportunity of mentoring or teaching them.” P6*

Another new nurse said:

*“... our seniors should also be patient with us. Some of them are not patient at all. The little thing you do, the way they will talk to you alone will make you dislike them. And I don't think it is good.” P4*

For the new nurses, the new nurses thought that readiness to learn and respect for experienced nurses motivated experienced nurses to mentor new nurses. For example, one new nurse said:

*“Actually, with with my side, my ability to to to want to know more about the work ...” P1*

Another new nurse had this to say in support of new nurses' readiness to learn:

*"I also think that we the young nurses ought to show readiness to learn from the experienced nurses. What this means is that we must humble ourselves and not behave as if we know more than them, because the experience they have, we don't have it. Aside that, we need to do away with laziness, and that mean showing readiness to learn."* P6

On respect for experience nurses, one new nurse had this to say:

*"... Like we the juniors too, we also need to respect our seniors, ... so, we need to respect them, we should give them like like the ideal respect that they deserve, it will give them the zeal to also open up what they know to teach us."* P3

Another new nurse had this to say:

*"I also think that we, the young nurses who need to learn from the seniors should recognise them and respect them. I feel when the seniors feel respected, they will be more interested and committed to teach us. So, we need to respect our seniors"* P4

#### ***Assigning Mentors to Mentees***

In the view of the new nurses, attaching new nurses to particular or specific experienced nurses will greatly accelerate their learning, as they aspire to become proficient or expert nurses. They thought that doing so have the potential of harmonizing their learning. For instance, this is what one new nurse had to say:

*"... You see if it could happen that they can get one person and say, you, deal with, go with this staff, so your shift and everything will suit you and that person,*

*I think that one would have help, because the person will get the time to bring you up properly.” P2*

Another new nurse had this to say:

*“Also, I think if every new nurse is given to one particular person to teach, it will be better. Sometimes, because we learn from different people, we sometimes don’t get certain things well, because this person will tell you this, and another person will also tell you something else. You see?” P5*

### **Mentorship Programmes**

The new nurses thought that education on mentorship was one of the ways of facilitating mentoring. They believed that mentorship was not something that was too familiar and that could pose some difficulty about it, and that the mentoring relationship would become much easier, if the people involved were educated on mentorship. For instance, one new nurse had this to say:

*“I think that one way is education on on it. We need to know more about it. That way, it becomes easy for all of us, both the experienced nurses and we the new nurses.” P5*

Another new nurse said:

*“What I think is that there should be education on mentorship. Is like a lot of us don’t know of it. For me, I never even thought of it as important but after you explained to me the purpose of your ... your research, I now know it is important. So, I think people should be informed or educated on it. I think when people know about it, it will be easy” P4*

### ***Rewarding Experienced Nurses***

Rewarding experienced nurses was one of the factors the new nurses thought could facilitate mentorship. They believed that rewarding experienced nurses for their mentoring roles could spur them on to mentor more new nurses. This is what one new nurse had to say:

*“... If they motivate them per their effort and the work they do, you see, they will have the zeal to always try their best to explore the potentials they have in themselves, and in doing so, definitely they will have the spirit to also teach the juniors that are upcoming.” P3*

Another new nurse said:

*“... Sometimes people need to be acknowledged for what they do. Some of the senior nurses are really doing well and such people need to be rewarded to do more. So, certainly, rewarding experienced nurses definitely is a good thing.”*

Another new nurse also said that:

*“As for me, I have always believed that when somebody is doing something good and there is no reward from it, one day the person will stop. But if there is reward, the person will continue because he or she knows that something is coming. So, as for rewarding experienced nurses who have time for we the young nurses, it is very good” P8*

### **Barriers to Effective Mentoring**

The new nurses' views on what factors serve as barrier to effective mentoring of new nurses were analysed. The analysis shows that new nurses consider the attitude of both experienced nurses and new nurses (experienced nurses' lack of knowledge, lack of mentorship policy, and poor communication



skills of experienced nurses) as factors that negatively influenced the mentoring relationship.

### *Attitude of Both Experienced Nurses and New Nurses*

In the view of the new nurses, factors that are attitudinal in nature have the potential of hampering mentorship. In respect of the new nurses, disrespect for experienced nurses, as well as laziness towards work, was considered a reason why experienced nurses may not be encouraged to teach new nurses. For instance, one new nurse had this to say:

*“...But if you present yourself disrespectfully, like you don't see them to be anything, you don't even low down yourself before them, definitely, they wouldn't insult you, they wouldn't mind you, you will just work with them, but what you need to know from them will be very difficult for you, that will take you a longer period of time, something that you could have learned within a shorter period of time ...” P3*

One new nurse who taught laziness was an issue had this to say:

*“I also think that some of us are also lazy. We don't like work, and that is why some of the senior nurses behave that way. You see, because of the laziness some of us don't like some senior nurses who will not allow you to lazy about, and because they avoid them, they end up learning nothing” P4*

Another new nurse said:

*“But let me also say that some of our colleagues are also lazy, they try to avoid work, they are selective about what thing they do, and because of that they are always quarrelling with some of the experienced nurses, and because of that they are not able to learn from them” P5*



In respect of the experienced nurses, the new nurses thought that some experienced nurses' lack of interest for mentoring and unfriendly attitude did not facilitate the mentoring relationship. For example, one new nurse said:

*"I also think that some experienced nurses are not interested in teaching and helping new nurses to learn."* P5

Another new nurse also said:

*"The lack of interest for mentoring is a barrier. Also, when experienced nurses are not friendly, it can affect mentoring. This is because the young nurses will not feel comfortable being with someone who is not friendly"* P6

#### ***Experienced nurses' Lack of Knowledge***

The analysis of the data also showed that experienced nurses' lack of knowledge on mentorship also affected their mentoring relationships with new nurses. The new nurses thought that the lack of proper knowledge and understanding made it difficult for experienced nurses to mentor the young ones. On the experienced nurses' lack of knowledge on mentorship, this is what one of the new nurses had to say:

*"I also think that the lack of knowledge on mentorship is a barrier. I feel that so many of our experienced nurses are not very familiar with it. What I mean is that they don't know much about it. So, it becomes difficult for them to practice it. You know that when you don't know much about something, you find it difficult to do it."* P6

One other new nurse had this to say:

*"The person will be there but lacks the knowledge. So, if such a person is ahead of you who is supposed to teach you and this particular person himself is lacking*

*of the knowledge he is expected to translate to you. Definitely, there is going to be a big barrier.” P3*

Another new nurse also said:

*“I already said it, that when people don’t have the information, it becomes difficult for them. So, it is a barrier.” P4*

#### ***Lack of mentorship policy***

From the analysis of the data collected, the new nurses thought that there was no policy on mentorship that directed how mentoring should be done. They believed that the absence of such a policy affected, negatively, the process of mentoring. For instance, one new nurse had this to say:

*“... Currently there is no policy on mentorship. Is like it is voluntary and people don’t really see the need for it. Is like I do it when I feel like doing, and it really doesn’t help.” P4*

Another new nurse said:

*“I also think that there is no guidelines or policy as to how it should be done. Do you just identify someone and say mentor me or the institution will assign you to such a person? If there is a policy, it will be clear and well-understood. Unfortunately, there is no policy, and i think it’s a barrier.” P5*

Another new nurse also had this to say:

*“we all know that this thing doesn’t work as it should. Ideally, there should be a policy that attaches young nurses to some specific experienced nurses to mentor them. currently, we don’t have that and we the young nurses learn from anybody who is available to provide assistance. And I think it is not good” P7*

### *Poor communication skills of experienced nurses*

In the view of the new nurses, poor communication style has the potential of affecting the teaching-learning relationship between experienced nurses and new nurses. The new nurses observed that some experienced nurses communicate in ways that drive new nurses away from them, an occurrence they believed closes the door to mentoring. This is what one new nurse said about the poor communication skills of experienced nurses:

*“First I will say, erm, lack of communication in the ward, yes. Because erm, actually some have communication issues. They they don’t know how to to talk to junior colleagues. Sometimes someone will do something, definitely maybe the person doesn’t know much about what his doing, instead of the senior or the the, yes, the senior in the ward to just make it speak politely to the person, the manner in which the person will speak to the junior colleague will even discourage the person to even want to go closer to him not to talk of him mentoring him” P1*

One other new nurse said:

*“The way some senior colleagues talk to we the juniors doesn’t encourage us to stay with them. Some of them seem to have communication issues. Something that requires simple explanation for the junior nurse to understand, someone will just be shouting about it without correcting the junior nurse.” P4*

### **How Mentorship can be incorporated into the Profession of Nursing**

The new nurses’ views on how mentorship could be incorporated into the nursing profession in Ghana were analysed. Three themes, reflecting the new nurses’ perspectives on what strategies to adopt, emerged from the data. These themes are creating awareness about mentorship, introducing mentorship

into the curriculum for nursing students, and establishing a compulsory mentorship programme.

### ***Creating Awareness about Mentorship***

The new nurses thought that creating awareness about mentorship could lead to the incorporation of mentorship into the profession of nursing. They believed that a lot of nurses (both new and experienced nurses) did not know about mentorship. For instance, one new nurse had to say that:

*“I think people have to become aware of it first. As I said before, it is like the knowledge of it is lacking and I like to think that it is because so many people don’t know much about it. So first, nurses should be informed about it first. I think when so many people become aware of it, the practice will be come easy and it will become part of the profession” P6*

Another new nurse said:

*“There should be frequent in-service training on mentorship in our various hospitals, so that a lot of people will become aware of it.” P4*

Also, P1 had this to say:

*“I think first of all, they should organize a symposium and seminars to educate workers more of the importance of mentorship.”*

### ***Introducing Mentorship into the Curriculum for Nursing Students***

Teaching mentorship as a course in the nursing training institutions was considered one of the ways by which mentorship could be incorporated into the profession of nursing. Almost all the new nurses thought that the nursing training curriculum should create room for mentorship to enable the teaching of mentorship to student nurses. Also, the new nurses thought that the Nursing and



Midwifery Council of Ghana could help to bring about the infusion of mentorship into the curriculum. This is what one new nurse said:

*“You know the nursing and midwifery council is a body that can also help in the introduction like I said, introducing it as a course and they should also aid in introducing it as a course that we can learn from the school level. When we pick, adopt it from the school, we can apply it at our facilities where we work.”*

**P3**

Another new nurse said that:

*“For the NMC, I think the NMC should work with the ministry to review the curriculum for the training of nurses in Ghana, so that it will be included in the training. So that even while the nurse is still in school, he or she is taught mentorship. That way it is seen as important to the nurse after completion”* **P6**

Also, another new nurse had this to say:

*“... I also think that we can make it a policy to be teaching it in the training schools. Currently, there is nothing like that, and I think that if we can do that it will help to make it part of the profession. Yes.”* **P5**

### ***Establishing a Compulsory Mentorship Programme***

The new nurses thought that putting in place a policy that makes mentoring of new nurses compulsory was one of the factors that could bring about the incorporation of mentorship into the profession of nursing. For instance, one new nurse had this to say:

*“I also think that the ministry of health can make it a policy. They can make it such that any new nurse who joins the profession is mentored on how to provide nursing care to patients.”* **P4**

Another new nurse said that:



*“I think a policy is needed. I already spoke about it a bit. If there is a policy, I think everyone will become interested in it. It will now be like compulsory to mentor young ones, and I think that way it will work.” P5*

P1 also had this to say:

*“... They should have a national program policy to facilitate mentorship in all institutions”*

### **Findings from the Analysis of Data Collected from the Official of the N&MCG**

#### ***Experienced Nurses’ Mentoring Activities***

The view of the official of the N&MCG on how experienced nurses mentor newly registered nurses was analysed. Two themes reflecting the officer’s perception on how experienced nurses mentor newly registered nurses emerged. These themes included guiding newly registered nurses and teaching newly registered nurses.

#### ***Guiding Newly Registered Nurses***

In the view of the officer, experienced nurses mentor new nurses by guiding them in their practice of nursing. This is what he had to say:

*“What I realised most times is during the shift system, they put us with the senior nurses on duty, so that they will guide us a lot ...”*

#### ***Teaching Newly Registered Nurses***

The analysis of the data showed that experienced nurses mentor newly registered nurses by teaching them to do things they have challenges with. For instance, the officer had this to say:

*“And the seniors too, once you are with them, and you have issues and you ask them, they will show you how to go about it, they don’t leave you on a shift”.*

## **Factors facilitating Experienced Nurses Mentoring Activities**

In the view of the officer, the new nurses' show of respect to the experienced nurses and the new nurses' desire to learn could facilitate experienced nurses' mentoring activities.

### ***Respect for Experienced Nurses***

Respect for experienced nurses could lead to experienced nurses wanting to mentor new nurses. In respect of respect, this is what the officer had to say:

*"...as a junior nurse, you need to respect the senior nurses. That one is key. And as the senior nurses are there, if you come and you don't respect them or you don't want to take authority from them and be doing your own thing, some will just build some resistance not to help anybody"*

### ***New Nurses' Desire to Learn***

The desire of newly registered nurses to learn could also be a reason why experienced nurses want to mentor newly registered. This is what the officer had to say:

*"...but if you keep seeing this particular student still pushing forward and want to learn, you will go ahead and teach her".*

## **Barriers to Effective Mentoring**

In the view of the officer, negative attitude of some newly registered nurses did not allow for effective mentoring.

### ***Negative Attitude of Newly Registered Nurses***

Newly registered nurses lack of willingness to accept their mistakes and receive correction, as well as their desire to be on their phones watching movies

serves as a barrier to mentorship. In respect of negative attitude, the officer had this to say:

*“Some don’t even want to accept errors, if you assign them, may be you say that this is what you did, you didn’t do it well, the person will not like to be directed.”*

The officer also had this to say:

*“Some too will come and they will be on their phones watching TV you talk to them they won’t mind you, what do you want the person to do?”*

### **How Mentorship Can Be Incorporated into the Profession of Nursing**

The officer’s view on how mentorship could be incorporated into the nursing profession in Ghana were analysed. One theme, reflecting the officer’s perspective on what strategies to adopt, emerged from the data. This theme is introducing mentorship into the curriculum for nursing students.

#### ***Introducing Mentorship into the Curriculum for Nursing Students***

Teaching mentorship as a course in the nursing training institutions was considered one of the ways by which mentorship could be incorporated into the profession of nursing. The officer said:

*“What I am thinking is that we should even start this kind of education from the school. ... we can put it in one of our curriculum, we can build something like mentorship in nursing.”*

### **Discussion of Key Findings**

This section presents the results of the study, including the discussion of key findings of the study. In this section, the views of the different groups that took part in the study will be integrated to comprehensively address each of the study objectives. The study sought to explore stakeholders’ views about the integration of mentorship into new nurses’ transition into nursing practice.

Findings were compared to existing literature in an effort to situate the phenomenon under study in context.

### **Stakeholder perspectives on how newly registered nurses are mentored.**

The views of stakeholders (experienced nurses, newly qualified nurses, and the official of the NMCG) were sought on how mentorship is conducted in the clinical area during this study. While the experienced nurses shared their views on mentoring, newly qualified nurses, as well as the official of the NMCG corroborated such views on mentoring.

This study found that experienced nurses used guidance as a technique to facilitate mentoring of newly qualified nurses. This technique has been adopted to either improve upon the skills of newly qualified nurses or help them learn new skills altogether while on the job.

This study finding is consistent with an important role associated with Mentor as in the Greek mythology (Barker, 2006). Similarly, this finding reflects contemporary roles of mentors as argued by Foolchand et al. (2018), and that of Tiew et al. (2017) who reported on a 3-year mentorship program designed to assist graduate nurses to transition smoothly into practice. Also, Beecroft et al. (2006) found that 80-90% of the new nurses who took part in their study said that they were guided and supported by a mentor. This supports the finding of this study that experienced nurses mentor new nurses by providing guidance. The experienced nurses could be using “guidance” as a mentoring activity probably because of their many years of practice in the clinical setting.

Additionally, guiding newly qualified nurses is a form of coaching on the job which is an important component in the implementation phase of



programs. Coaching allows for direct observation and immediate feedback (Tiew *et al*, 2017) and might help newly qualified nurses overcome their challenges. It is no surprise then that guidance is adopted by experienced nurses in the mentoring process at the clinical setting.

This study also found “teaching” as an important component of mentoring newly qualified nurses. The clinical teaching skills of mentors contribute to effective mentoring of newly registered nurses (Foolchand & Maritz, 2020). The finding is supported by the finding of a similar study conducted in England where both mentors and mentees, involved in the study, mentioned “teaching” as the most important activity mentors carried out (Sanzero *et al.*, 2014). Also, this study finding is probably so because teaching has been a quality of every professional nurse and has been adopted as one of the techniques to facilitate the mentoring of newly qualified nurses. This teaching approach is probably used to enable newly qualified nurses overcome the challenge with working with new machines and having to work in a new environment with local protocols (Lavoie-tremblay & Sanzone, 2020). Aside overcoming such challenges, teaching increases the confidence and competence of these newly qualified nurses. This study finding is supported by the regular clinical sessions held in the study setting as argued by one of the participants during the interview. During these sessions, newly qualified nurses are taught on specific procedures including protocols to help them adapt to the setting.

Another mentoring practice among experienced nurses was counselling newly qualified nurses on their career progression. Apparently, experienced nurses appreciate the confusion among newly qualified nurses regarding the choices they make on their future career. This confusion usually stems from the



myriad of nursing programs available to these newly qualified nurses. Therefore, any assistance to these new nurses in making an informed choice is of great service to their career progression. This intervention has the potential to occasion nurse retention in health facilities because individual nurses who make better decisions on their career will be more satisfied with their job (Ferguson, 2011). This finding strengthens the position by Tiew et al., (2017) who argued that mentorship is associated with professional growth.

This study found newly qualified nurses giving a corroborating support for the perspectives of experienced nurses on mentoring practices. In effect, newly qualified nurses received teaching, guidance and counselling on their career progression during their period of transition from their novice states to other levels of professional practice. This study finding is consistent with the finding reported in the Canadian study by Ferguson (2011) in which most newly qualified nurses admitted to being mentored.

The views of newly qualified nurses on how they are mentored did not differ from those of their experienced counterparts. First, this corroboration is suggestive of an existing mentorship program even though not structured. It could also be a measure of how willing all the experienced nurses and newly qualified nurses are in accepting responsibility associated with the mentoring process. What it means is that while experienced nurses are motivated to impart knowledge, newly qualified nurses are keen to learning from their senior professionals. This attitude could provide leverage for any deliberate future program on mentoring newly qualified nurses.

Similarly, this teacher-learning relationship between experienced nurses and newly qualified nurses increases the interaction between them and

reinforces the mentor's superior experience and influence over the mentee. The relationship also has implications for the nursing curriculum. This is because, the knowledge and skills acquired by nurses during their training and practice will eventually be imparted to younger generation nurses.

Also, the views of the regional officer of the NMCG on how experienced nurses mentor newly registered nurses did not differ from those of the experienced nurses and the newly registered nurses. Analysis of the views expressed by the regional officer of the NMCG showed that experienced nurses mentor newly qualified nurses through guidance and teaching. These findings, effectively, strengthen the views expressed earlier by the experienced nurses and the newly registered nurses on the mentoring practices of experienced nurses in the clinical setting.

#### **Stakeholder perspectives on factors that enhance effective mentoring of newly registered nurses for effective professional practice.**

Under this objective, three main views on factors that facilitate effective mentorship were shared by participants.

##### ***Training programs for experienced nurses as an effective mentoring condition***

In this study, participants reached a consensus on using a training program to facilitate an effective mentorship of newly qualified nurses. This finding corroborates the conclusion by Beecroft et al. (2006) that sufficient training of mentors on the nuances of mentoring was necessary for a successful mentoring relationship. Also, results of a systematic review conducted by Zhang et al. (2016) showed that training of experienced nurses or mentors was a necessary requirement for a successful mentorship programme. In a different

study, Nowell et al. (2017) found that a mentorship training was essential for implementing a successful mentorship programme. The author argued that considerable number of mentors did not have the know-how of mentoring, and only did what they deemed appropriate, since they had no training on the rubrics of mentorship. The call for a formal training of experienced nurses to facilitate effective mentorship of newly qualified nurses highlights the non-structured nature of mentorship at the study site. A training program which equips nurses with effective mentorship skills will increase mentorship coverage. This is because many more experienced nurses will receive training and certification in effective mentorship skills to be transferred to newly qualified nurses. This is particularly important considering the growing numbers in newly qualified nurses.

Additionally, those experienced nurses who receive this mentorship training could be motivated to mentor newly qualified nurses because they would have received adequate training and a boost in their confidence level (Fong et al. (2021). Such a training program for mentors could also increase accountability because such trained mentors would have been identified and mentees assigned to them for mentoring. The status quo where almost every nurse is a mentor has the potential to breed deficiencies in the mentoring process due in part the lack of accountability among experienced nurses.

However, the current emphasis on preceptorship could crowd out the interest and commitment to any training program for mentors. Such a training program might be considered a duplication of task by stakeholders and little or no attention will be given to such a program seeking to train mentors. It must also be noted that mentors need to demonstrate a good knowledge of in their

area of work and hence the need for this training program in mentorship for experienced nurses.

***Motivating experienced nurses as a factor to effective mentoring***

Participants in this study intimated that rewarding the efforts of mentors was a condition that will facilitate effective mentorship for newly qualified nurses. They emphasized recognition by way of citations from employers and regulatory bodies. Motivation could serve as a factor facilitating effective mentoring activities because it whips up interest for the job. Again, this revelation on motivation as a factor that facilitates mentorship could serve as basis for program planning regarding mentorship. The argument is that if experienced staff are giving some form of recognition in the work they do, they may be encouraged to discharge their duties and this may eventually lead to a successful mentoring process. These views clearly agree with what is noted in the literature. For example, Henderson and Eaton (2013) posited that recognizing and acknowledging the mentoring roles experienced nurses play show that their efforts are appreciated, and that continues and repeated show of recognition and acknowledgement will keep the interest of experienced nurses alive. Yuliawati et al.,(2023) also observed that the type of motivation a mentor is given determines the type of mentoring relationship they develop with the mentee. In conclusion, motivating mentors does have a positive impact on any mentoring relationship or programme and addresses the problems associated with implementation of mentorship programme. As noted by Bally (2007), motivating mentors does not only ensure the smooth and successful implementation of a mentorship programme, but also helps to gain the commitment of employees. However, the emphasis on recognition is no surprise



because it is a widely noted phenomenon associated with the nursing profession where in some instances, people preach nurses reward to come from heaven.

***Mentorship policy as a factor facilitating effective mentorship for newly qualified nurses***

This study found the formulation and implementation of policy on mentorship as a factor that enhances effective mentorship. The argument has been that policy will ensure a more structured and consistent mentorship experience. The study finding is similar to the finding by Nowell et al. (2017) that essential to a mentorship programme is a well-established, deliberate guideline or policy that ensures stability and consistency. The authors argue that having policies in place will help to prevent practices that are based on a “hit or miss” mentality. Foolchand and Maritz (2020) conducted a qualitative exploratory descriptive study in Mauritius to explore and describe qualified nurses’ experiences about clinical mentoring of nursing students in a resource-limited area. They found that there were no effective mentoring practices going on, and that what could have led to the situation was a lack of policy directive. Clearly, this finding underscores the important role of mentorship policy to the successful implementation of a mentorship programme, as contemplated by the participants of this current study.

The role of mentorship program is recognized in producing positive outcomes in mentorship.

This happens when such programs are well designed and effectively implemented. Policy improves nursing competence and job satisfaction as asserted by (Chen et al., 2014).



*Friendly mentor-mentee relationship and assigning mentees to mentors*

It was found that a friendly relationship between experienced nurses and newly qualified nurses was a condition that could improve mentoring practices for the effective transitioning of newly qualified nurses into professional practice. While experienced nurses were expected to be friendly and approachable, newly qualified nurses were expected to be respectful to maintain the mentor and mentee relationship. Also, it was found that assigning mentee nurses to experienced nurses ensures effective mentoring practices. This intervention according to the participants harmonizes the mentoring activities and guarantees effective transitioning into professional practice. The finding that friendly relationship between the mentor and the mentee agrees with the assertion by Pa and W (2008) that mentors ought to be friendly, have a good sense of humour, and demonstrate capacity for professional growth and development. Berk et al. (2005) and Joukna (2002) also asserted that mentor characteristics such as patience, erudition, honesty, respect, enthusiasm, availability, approachability, and integrity are needed for effective mentoring. For the finding that matching mentors and mentees leads to effective mentoring, Cox (2005) had long argued that the quality of matching between the mentor and the mentee could lead to a speedy professional growth and development of the mentee.

**Stakeholder perspectives on barriers to effective mentoring of newly registered nurses for professional practice.**

A number of barriers to effective mentorship were identified among the participants. Notable among them were lack of knowledge, lack of motivation, lack of time, work pressure and poor attitudes of newly qualified nurses

***Lack of knowledge on mentorship among experienced nurses as a barrier to effective mentorship***

Participants in this study cited lack of knowledge on how to mentor newly qualified nurses as a challenge to an effective mentoring experience among experienced nurses. The participants may have cited lack of knowledge as a challenge probably due to the absence of a deliberate program on mentoring newly qualified nurses, as alluded to by Erickson (2015) that the lack of mentor-mentee training and preparation is a barrier to effective mentorship. This factor could serve as a barrier to effective mentoring for newly qualified nurses because those experienced nurses without the requisite knowledge may not have confidence to discharge their duties as mentors. Besides, knowledge is a requirement to impart anything meaningful to mentees. Moreover, mentee nurses may lose trust in those experienced nurses who act as their mentors if they feel such mentors are not knowledgeable. This may break the mentor-mentee relationship which will eventually affect the mentoring process in a negative way. This study finding is similar to the finding of a study by Frøiland et al. (2021), where nurse mentors mentoring first year nursing students in a nursing home admitted to not having sufficient knowledge and competence to mentor the students.

***Lack of motivation as a barrier to effective mentorship***

Lack of reward for work done was also identified as a barrier to effective mentorship. This finding is similar to the finding of an earlier study in which the lack of reward or motivation was found to be one of the barriers to effective mentoring frequently experienced by mentors (Oluchina & Gitonga, 2016). To the best of the researcher's knowledge, there was no formal reward for

experienced nurses who double as mentors. The expectation among experienced nurses has been that the leaders of the facilities where they discharge their additional duties as mentors should recognize their efforts. But, far from it, such efforts often go unnoticed and with time, mentors lose interest in the job.

The situation of lack of motivation for mentors to discharge their duties has very serious implications for the mentor-mentee relationship. First, experienced nurses may have very little time to guide, teach and counsel their mentees. Second, the condition may also decrease the frequency of interaction between the mentor and the mentee with the potential for reducing team work.

#### ***Lack of time and work pressure as barriers to effective mentorship***

Lack of time and complaints of workload have been identified in this study as factors that hinder effective mentoring of newly qualified nurses. This study finding is consistent with finding from a the Kenyan study (Oluchina & Gitonga, 2016). Work pressure has almost always been occasioned by lack of staff. The few experienced nurses who are available are therefore not able to perform their roles as mentors. The study finding is also consistent with the finding of Merga et al. (2020) that the issues nurse managers perceived as barriers were related to, among other things, workload and time. This situation has the tendency to deprive newly qualified staff of the needed teaching, coaching and counselling from experienced nurses. Lack of institutional support has worsened this issue of lack of time and work pressure.

#### ***Poor attitudes of newly qualified nurses as a barrier to mentorship***

According to the results of this study, the attitudes of newly qualified nurses has been noted to have a negative bearing on effective mentoring. According to the participants of this study, notable attitudes of newly qualified

nurses included lack of interest for mentoring and poor interpersonal relationship with experienced nurses. As stated earlier, both mentor and mentee nurses should have keen interest in the teaching and learning process associated with mentoring.

The mentor-mentee relationship has to be cordial to allow for an effective mentoring experience. Mentors by default are seniors to mentees in the profession and they may want to demonstrate their influence and superiority over novice nurses. Relationship may be strained by some circumstances leading to a disruption of the mentoring experience.

**Stakeholder perspectives on the incorporation of mentoring practices for effective transitioning of newly registered nurses into professional practice.**

This study found a number of measures that could guarantee the mainstreaming of mentorship for newly qualified nurses. Participants suggested potent strategies that may assist in the implementation of a fully functioning mentorship activities in this study.

Awareness creation on mentorship may cause mainstreaming of mentorship in the nursing profession. This awareness creation may probably whip up interest in mentorship among experienced nurses and other stakeholders such as the Nurses and Midwifery Counsel of Ghana. The participants suggested campaigns as a strategy to make the issue of mentorship popular among stakeholders. This intervention may even lead to the incorporation of mentorship into the nursing curriculum in our schools. This is because mentorship would be taught in nursing schools which could increase acceptability for the mentoring of nurses. The views of the participants align



with that of Bally (2007), who argues that letting people know about the goals of mentoring and sharing information about mentorship could lead to its acceptance.

Another strategy to incorporate mentorship into the nursing profession was to formulate and implement a deliberate policy on mentorship. However, there was a general agreement that such policy should be made compulsory. Participants argue that even though a policy on mentorship was needed, such a policy needed to be compulsory for maximum effect. This suggestion by the participants highlights the concern of possible non-compliance to policy implementation. Ehrich (1995) highlights the need for having a policy on mentorship that formalizes mentorship and eliminates the challenges associated with informal mentorship.

Finally, the participants proposed the launch of a campaign to further create awareness on the need to incorporate mentorship into the nursing profession. This suggestion is in line with the effective implementation strategies usually adopted by program managers. The launch will probably bring many stakeholders together and may lead to program acceptability among stakeholders.



## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### Summary of Main Findings

This study sought to explore the perspectives of stakeholders on mentoring which play a critical role in the transitioning of newly qualified nurses into professional practice.

First, stakeholder perspectives on how newly registered nurses are mentored included the use of teaching, guidance and counselling on career support. The perspectives of both experienced nurses and those of newly qualified nurses did not differ on mentoring practices in the study setting. Study findings were consistent with what was documented in literature.

Secondly, the perspectives of both experienced nurses and newly qualified nurses on those factors that enhance effective mentoring of newly qualified nurses were explored. Those factors with the potential to enhance mentorship practices included organizing a training program for experienced nurses to equip them with their mentoring duties, motivating these experienced nurses and developing a policy to regulate mentorship.

Additionally, barriers to effective mentorship were explored and the following factors were identified. Lack of knowledge and lack of motivation for experienced nurses were identified as factors that could challenge effective mentorship. Aside these factors, lack of time, work pressure and poor attitude of newly qualified nurses were also implicated as factors that make mentorship difficult.

Finally, participants' views on how to incorporate mentorship into the nursing profession were sought. Such measures such as a friendly mentor-

mentee relationship, effective assignment of mentees to mentors, awareness creation, formulating and implementing a mentorship policy may guarantee the mainstreaming of a mentorship program in the nursing profession.

### **Conclusion on Findings**

This study sought to explore the perspectives of stakeholders on mentoring which play a critical role in the transitioning of newly qualified nurses into professional practice. This study identified teaching, guidance and counselling support on career progression as the main mentoring practices adopted by experienced nurses. The perspectives of both experienced nurses and those of newly qualified nurses did not differ on mentoring practices in the study setting and such perspectives were consistent with findings of other authors.

Again, this study identified from the perspectives of both experienced nurses and newly qualified nurses, a number of factors with the potential to enhancing mentorship practices. Such factors as organizing a training program for experienced nurses to equip them with mentoring skills, motivating these experienced nurses and developing a policy to regulate mentorship were identified as having the potential for enhancing mentoring practices.

Barriers to effective mentorship as identified from the perspectives of experienced nurses were explored and the following factors were identified. This research identified lack of knowledge and lack of motivation for experienced nurses as factors that could challenge effective mentoring of newly qualified nurses. Lack of time including work pressure and poor attitude of newly qualified nurses were also identified as barriers to effective mentorship.

Finally, the perspectives of experienced nurses on how to incorporate mentorship into the nursing profession were explored. Strategies to mainstream mentorship into the nursing profession included awareness creation of mentorship, design and implementation of a mentorship policy may pave way for the incorporation of a mentorship program into professional nursing practice.

### **Recommendations**

Based on the findings of the study, the following recommendations are made. The recommendations made have implications for nursing practice, nursing education, and nursing administration. Therefore, the NMCG, the ministry of Health, and the Tamale Teaching Hospital have been targeted.

#### ***The NMCG***

1. The NMCG should work through the Ministry of health (MOH) to ensure that mentorship is incorporated into the curriculum of nursing education at all levels of nursing education in Ghana, since this study found that such an incorporation may lead to the incorporation of mentorship into the profession of nursing in Ghana.

#### ***The Ministry of Health***

1. The Ministry of Health through the Ghana Health Service (GHS) should design and implement a potent mentoring policy for mainstreaming into the nursing profession, since such a policy may bring about the effective mentoring of newly registered nurses (novice or advanced beginner nurses) who are able to provide quality nursing care to members of the general public.

### *The Tamale Teaching Hospital*

1. The nursing directorate, in collaboration with the hospital administration, should ensure that mentoring practices such as teaching, guidance and career support among experienced nurses are updated regularly through organized mentoring training programmes.
2. The hospital administration, working with the nursing directorate, should ensure that experienced nurses who serve as mentors are motivated through sustainable award schemes in the form of citations to boost their interest for the job.
3. Newly qualified nurses should be admonished by the directorate of nursing to relate well with their senior counterparts to establish and maintain a good mentor-mentee relationship.

### **Suggestions for Further Research**

This study explored the views of stakeholders (Nurse Managers, newly registered nurses, and the regional NMC officer) on the integration of mentorship into newly-registered-nurses transition into professional nursing practice. Future research on the topic could expand the stakeholders to include the MOH, the GRNMA, and the heads of the various nursing training institutions to find out how their views agree or disagree with the findings of this study.

Also, since this current research was conducted in the Tamale Teaching Hospital, further research could be conducted using all the regional hospitals in the country as study settings, which could provide some reasonable basis for some level of generalization of the research findings.



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## APPENDIX I

### ETHICAL CLEARANCE

# UNIVERSITY OF CAPE COAST

## INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0558093143 / 0508878309  
E-MAIL: [irb@ucc.edu.gh](mailto:irb@ucc.edu.gh)  
OUR REF: UCC/IRB/A/2016/1153  
YOUR REF:  
OMB NO: 0990-0279  
IORG #: IORG0009096



11<sup>TH</sup> NOVEMBER 2021

Mr. Yahaya Mohammed Sadat  
Department of Adult Health Nursing  
University of Cape Coast

Dear Mr. Sadat,

#### ETHICAL CLEARANCE – ID (UCCIRB/CHAS/2021/89)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted Provisional Approval for the implementation of your research titled **Mentorship in Nursing: Stakeholders' Perspectives in the Tamale Metropolis**. This approval is valid from 11<sup>th</sup> November 2021 to 10<sup>th</sup> November, 2022. You may apply for a renewal subject to submission of all the required documents that will be prescribed by the UCCIRB.

Please note that any modification to the project must be submitted to the UCCIRB for review and approval before its implementation. You are required to submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

Samuel Asiedu Owusu, PhD  
UCCIRB Administrator

ADMINISTRATOR  
INSTITUTIONAL REVIEW BOARD  
UNIVERSITY OF CAPE COAST

**APPENDIX II**  
**UNIVERSITY OF CAPE COAST**  
**SCHOOL OF NURSING**  
**INTERVIEW GUIDE**

**Introduction**

My name is Yahaya Mohammed Sadat, a Master of Nursing student at the University of Cape Coast. I am conducting a research to explore stakeholders' perspectives about the integration of mentorship into new nurses' transition into nursing practice, and I thought you could help me with some information on the topic. Earlier, you accepted to participate in the study. I want to know if you still want to participate. Please, you have the right not to respond to any question you feel uncomfortable with. Once more, thank you for accepting to take part in this study.

**Section A**

Gender:

Age:

Religion:

Rank:

Position:

Years of work experience:

**Section B**

**Perspectives about Mentoring Practices by Experienced Nurses**

1. How do experienced nurses mentor newly qualified registered nurses?

(Please tell me how experienced nurses mentor newly qualified nurses)

### **Probes**

- I. What specific mentoring activities do experienced nurses carry out?
- II. Please, share an experience of how you mentored a newly qualified registered nurse.
- III. How will you describe the nature of mentoring experienced nurses give to newly registered nurses?
- IV. What motivates experienced nurses to mentor new nurses?
- V. How competently do experienced nurses mentor new nurses?  
(please tell me, how competently do experienced nurses mentor new nurses?)

### **Perspectives about the Factors that enhance Effective Mentorship**

#### **Practices**

2. What factors do you think bring about effective mentoring practice?

#### **Probes**

- I. Mentorship training programmes for experienced nurses and new nurses.
- II. Rewarding experienced nurses for their mentoring roles
- III. Instituting mentorship schemes backed by policy

### **Perspectives about Barriers to Effective Mentoring**

3. Tell me about the barriers to effective mentoring

#### **Probes**

- I. Lack of experienced nurses' preparedness for mentoring.
- II. Lack of time for mentoring activities.
- III. Increased demands of patient care.
- IV. Mismatch between experienced nurses and new nurses



V. Lack of trained nurse mentors.

**Perspectives on how Mentoring Practices are Improved**

4. Tell me how mentoring practices by experienced nurses can be improved
5. How can mentoring of newly qualified registered nurses be incorporated into the nursing profession in Ghana
6. What specific strategies should the Nursing and Midwifery Council of Ghana adopt?

