UNIVERSITY OF CAPE COAST

CLINICAL MENTORSHIP PROGRAMME AND THE PERCEPTIONS OF STUDENT NURSES AT THE NURSING AND MIDWIFERY TRAINING COLLEGE, CAPE COAST

ERNEST SARFO-GYAN

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BY

ERNEST SARFO-GYAN

Thesis submitted to the Institute for Educational Planning and Administration, of the College of Education Studies, University of Cape Coast, in partial fulfilment of the requirements for the award of Masters of Philosophy in Administration in Higher Education

SEPTEMBER 2022

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……

Candidate's Name: Ernest Sarfo-Gyan

Supervisors' Declaration

We 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.

Principal Supervisor's Signature…… Date.....

Name: Prof. Hope Pius Nudzor

Co-supervisor's Signature……. Date…….....

Name: Dr. Edward Akomaning

ABSTRACT

The purpose of the study was to explore the perceptions of student nurses and midwives at the Cape Coast Nursing and Midwifery Training College (CCNMTC) on their clinical mentorship programme. The study employed the exploratory design and sampled 280 student nurses and midwives from CCNMTC. The study's data was gathered by a questionnaire and descriptively analysed using mean weight, standard deviation, frequency counts, and percentages. According to the findings of the study, student nurses and midwives at CCNMTC get some type of informal orientation before beginning their practical mentoring programme. As a result, providing orientation was seen as an important aspect of clinical mentoring practise since it aids in the acquisition of sufficient knowledge prior to the clinical mentorship programme. Furthermore, it was revealed that adequate mentors required for the mentorship programme while beginning the clinical mentorship programme was a difficulty and it had an impact on the student nurses and midwives' experience at CCNMTC. The study concluded that clinical mentorship is not a new phenomenon to student nurses at CCNMTC. However, the CCNMTC do not have adequate resources and systems to ensure the successful smooth running of the programme. As a result, CCNMTC administration should focus on formalising orientation sessions for their students prior to clinical practise in order to improve their experience. Again, the college management should officially engage more clinical professionals with well-motivated term of reference so they could have more mentors during the clinical practice to improve on the relationship between the mentees and commitment of their clinical mentors.

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Finally, I want to express my gratitude to everyone at the Institute for Educational Planning and Administration who helped me complete this thesis in whatever way.

DEDICATION

To my cherished wife, Lady Mabel, the cornerstone family and to all students of the Cape Coast Nursing and Midwifery Training College (CCNMTC)

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CHAPTER ONE

INTRODUCTION

Nurse and midwifery education is crucial to improving Healthcare delivery in every country. Clinical practise is regarded as one of the most valuable training resources for student nurses and midwives in nursing and midwifery education (Wolpaw, Wolpaw & Papp, 2003). This is because it assists individuals in gaining practical information and skills in order to practise their career. The intricacy of applied technology is growing, as well as the dramatic influence of new information in health, has substantially raised the challenge of healthcare, placing unexpected demands and responsibility on Healthcare providers all around the world (Fitzgerald, Gibson, & Gunn, 2010). As a result, health practitioners must focus on efficiency, quality, and effectiveness when providing care. Consequently, this study seeks to explore views nurse and midwives regarding student mentorship

Background to the Study

Education in the nursing profession has a duty to equip student nurses to practise in a diversity of Healthcare backgrounds safely, accurately, and compassionately (Berragan, 2014). Healthcare is a major concern all around the world. This is because proper Healthcare is one of every individual's core human rights. Quality health was included in the eight (8) Millennium Development Goals, which is now the third aim of the Sustainable Development Goals, due to its importance (Wieland, Altmiller, Dorr, & Wolf, 2007).

Nurse and midwifery education is crucial to improving Healthcare delivery in every country. Clinical practise is regarded as one of the most

valuable training resources for student nurses and midwives in nursing and midwifery education (Wolpaw, Wolpaw & Papp, 2003). This is because it assists individuals in gaining practical information and skills in order to practise their career. The intricacy of applied technology is growing, as well as the dramatic influence of new information in health, has substantially raised the challenge of healthcare, placing unexpected demands and responsibility on Healthcare providers all around the world (Fitzgerald, Gibson, & Gunn, 2010). As a result, health practitioners must focus on efficiency, quality, and effectiveness when providing care. Clinical mentorship becomes extremely important in the training of nurses and midwives at this point.

WHO (2005) defines clinical mentorship as the practise of hands-on instruction that supports constant professional development in order to create optimal clinical results. Clinical mentorship allows student nurses and midwives to obtain direction, coaching, and enough support from a more experienced and educated people to help them learn in a clinical context (Holmlundm, Lindgreen, & Athlin, 2010). Clinical mentorship is an important part of work-based learning in nursing and midwifery school, according to Rhodes and DuBois (2006). Clinical mentorship, according to Rhodes and DuBois, helps student nurses achieve the necessary ability to fit into their professional practise by expanding their theoretical knowledge of how to offer high-quality Healthcare to their patients.

According to Haigh and Johnson (2007), the practice of healthcare requires adequate support, mentorship and supervision. They also emphasised the importance of providing adequate management and backing for student nurses during clinical placement, which has long been stressed by

international organisations such as the International Confederation of Midwives (ICM), the United Nations Population Fund (UNFPA), and the World Health Organization (WHO) (Hughes and Fraser, 2011). Mentorship in clinical settings has long been thought to be an effective way of providing guidance and supervision to student nurses and midwives during clinical practise in order to aid them improve their professional competency and keep up with current skills and knowledge in the health field (Myall, Levett-Jones, and Lathlean, 2008).

Myrick, Caplan, Smitten and Rus (2011) asserts that clinical mentorship in nursing and midwifery is the provision of backing from a more veteran nurse or midwife to a fewer experienced nurses or midwife. This mentorship support can be either formally or informally. Formal mentoring denotes the mentor and mentee's formal and official interactions, whereas informal mentoring is impromptu and happens when the mentor and mentee are contented with each other (Jones, 2013). Informal mentoring, on the other hand, is frequently created on the mentees' willingness to work with or learn from a precise mentor. The organisation designs the programme and how it should be run with formal mentoring (Hunter, 2015), but casual mentoring wants any purpose in its abilities (Bruce, Klopper, & Mellish, 2011). Vinales (2015) supports that trainee nurses and midwives benefitted from both formal and informal mentorship during their clinical practice. He further reveals that novice nurses and midwives often receive a numerous support from both formal and informal mentorship that aid their professional experience.

Clinical mentorship is a strategy of aiding students in clinical practise that has been embraced by most nations (for example, the United Kingdom,

Cyprus, and Sweden) (Knowles, 2005). Isaacson and Stacy (2008) and Holmlundm, Lindgreen and Athlin (2010), studies on student midwives' mentorship expertise in the United Kingdom found that a mentor has a significant impact on a student midwife. Senior nurses and midwives functioned as role models for junior nurses and midwives in China, America, and Belgium, according to studies on clinical mentorship among nurses and midwives. This helped as an aspect of incentive for trainee nurses and midwives (Cawood & Wood, 2014; Chen, 2013). Mentorship is advised in the learning of skills for midwifery students, according to other research conducted in eleven European Union and non-European Union countries (Ajeani et al., 2017; Muleya, Marshall and Ashwin, 2015; West, Homer & Dawson, 2015). Students were also well supported by their midwifery mentors in Australia, according to studies, who had solid interpersonal interactions and showed true interest in their study (Carter, Wilkes, Gamble, Sidebotham & Creedy, 2015).

Mentorship research in Ghana has primarily focused on education and business. Chang and Yu (2010), for example, approve the powerful impact mentoring may have on the lives of Ghanaian schoolchildren who are threatened or at-risk. Mentoring is the ideal solution for staff development because of its wide-ranging benefits (Donkor, & Andrews, 2011). There appears to be a scarcity of material on the perspectives of student nurses and midwives in Ghana, particularly in the Central area, on the clinical mentorship programme.

Nurses and midwives in Ghana are required to partake in a clinical attachment every semester as part of their professional training (Ajani &

Moez, 2011). Lecturers, as well as professional nurses and midwives, provide clinical education in the clinical setting. Due to a dearth of professional nurses and midwives in clinical practise to serve as mentors, the lecturers undertake the majority of the clinical facilitation (Ajani & Moez, 2011). Mentors (in this instance, lecturers and professional nurses and midwives) are supposed to foster a supportive learning environment and make assessments regarding students' competence and achievement of clinical skills, according to Ali and Panther (2008). This is however lacking in most nursing training colleges in the country. The absence of a supportive leaning environment for student nurses and midwives has greatly affected students from sharing their experiences on the clinical mentorship programme they engage in.

More so, the absence of a well-structured clinical mentorship programmes mostly does not afford student nurses and midwives to share their experiences and feedbacks on the mentorship programmes organised for them by the various institutions. In nursing practice, there is widespread agreement that mentorship is a vital part of teaching and learning. This supports the notion that mentorship programmes in Healthcare training in Ghana must be well-established (Olayemi, 2014). As a result, it's critical to conduct research to learn about the perspectives of student nurses and midwives enrolled in the Cape Coast Nurses and Midwifery Training College (CCNMTC) on the clinical mentorship programme in order to improve future professional nurses' clinical learning experiences.

Statement of the Problem

Mentoring nursing students during their clinical practices provides the student nurses and midwives with some amount of knowledge and skills

needed to enhance their performance as professionals. Rendering to Lloyd and Bristol (2006), mentorship opportunities available for student nurses and midwives serve as a means of socialization and a supportive teaching- learning strategy in their new practice.

In Ghana, clinical mentorship programmes are undertaken by student nurses and midwives as a requirement for the professional career. However, in a situation where there appears to be an absence of a supportive learning environment and well-structured clinical mentorship programme, student nurses and midwives are often not able share their experiences and feedbacks on the mentorship programmes organised for them by the various institutions.

Thus, a study is required to explore the perceptions of student nurses and midwives on the clinical mentorship programmes and to find out whether or not the mentorship programme is helping student nurses improve their professional practice. This study is therefore was conducted to fill this gap in knowledge on the perceptions of student nurse and midwives at the Cape Coast Nursing and Midwifery Training College (CCNMTC) embarking on clinical mentorship programme at designated health facilities in the Cape Coast metropolis.

Purpose of the Study

The purposes of the study was to discover the perceptions of student nurses at the Cape Coast Nursing and Midwifery Training College in the Cape Coast metropolis regarding their clinical mentorship programme. Specifically, the study aims to assess whether or not clinical mentorship programme is helping student nurses and midwives as far as their training is concerned.

Research Questions

1. What are the expectations of the student nurses and midwives before they embark on the clinical mentorship programmes?
2. What orientations are given to the student nurses and midwives at the CCNMTC before embarking upon their clinical mentorship programme.
3. What are the experiences of the student nurses and midwives during the mentorship programmes?
4. What challenges are student nurses and midwives confronted with during their mentorship programme?
5. In what ways, in the views of student nurses and midwives, can their learning experiences be enhanced to support the professional learning?

Significance of the Study

Mentorship has been found as a successful method of improving learning in healthcare institutions around the world. It is envisaged the Nursing and Midwifery Council in Ghana will apply te findings of this study to combine and design well-structured mentorship programs in midwifery school to aid students build their capability before graduation and evolution to practice. The findings of the study will help policymakers make decisions about mentorship training and funding for midwifery educational programmes, especially during clinical practises.

The findings of the study will be used as a help for Heads of Midwifery Training Institutions in recognizing and implementing mentoring backing systems to improve student experiential learning in the clinical setting. Stakeholders such as the Ministry of Health (MoH), the Christian Health Association of Ghana (CHAG), and Teaching Hospitals may use the

research results to develop initiatives to boost retention and improve competences of practising nurses and midwives. Mentorship for nursing and midwifery students in high-income nations is well documented in the literature. Nevertheless, there is a scarcity of literature in Ghana on the mentorship of midwifery students. In this line, the data gathered will be used to inform future researchers about the importance of conducting studies on mentorship with nursing and midwifery students.

The study's findings will be published in journals and presented at a conference hosted by the College of Nursing And Midwifery. More specifically, all mentors in the clinical mentorship programme in nursing training colleges would be made aware of the findings of this study.

Delimitation

The study was restricted to the Cape Coast Nurses and Midwifery Training College (CCNMTC), located in the Cape Coast metropolis. More so, the study was delimited to only second and third year student nurses. This is because, these group of students have been on the college campus for more than a year and have acquired more experience in the clinical mentorship programmes.

Limitations

Methodologically, despite the numerous advantages of the descriptive design used, there will still be some problems with the use of the design. The use of the questionnaire, predetermined questions could potentially restrict participants from including information in their responses that would be relevant to the study. The use of an in-depth questioning using an interview

would have provided an in-depth knowledge relevant to the central phenomenon.

Operational Definition of Terms

A student nurse or midwife is an individual who has been accepted into the Nurses and Midwifery Training College and has been approved by the Nursing and Midwifery Council to undertake a three-year diploma programme.

Experiences are actual knowledge, skill, or practises gained via direct observation of or involvement in events or activities.

Mentorship is an interpersonal interaction among an experienced nurse or midwife and a student nurse or midwife that aims to improve the student midwife's professional knowledge and skills.

A mentee is a nurse or midwifery student who is being mentored.

Student nurse or midwife: During mentorship, a senior nurse or midwife teaches, guides, or trains a student nurse or midwife

Registered Nurse: A registered nurse is a nurse who has finally finished nursing school and met the state licencing board's requirements for obtaining a nursing licence to practise.

Organisation of the Study

There are five chapters in this research. The study's background, statement of the problem, research questions, purpose, significance, delimitation, limitation, and organisation are all presented in the first chapter. The review of literature related to the subject under consideration is also presented in the study's second chapter. It establishes the study's theoretical and conceptual framework. In addition, the chapter includes a discussion and review of other empirical studies connected to the topic at hand, as well as a

general overview of the chapter. The procedures used by the researcher to conduct the study are detailed in Chapter Three. This section describes the study's research methodologies. The study area, research design, population, sample and sampling technique, research instrument, validity and reliability of research instruments, and data collection procedure are all covered in Chapter 3. This chapter also goes into how the data was acquired and analysed. The fourth chapter is devoted to the presentation and discussion of the findings. The primary outcomes, as well as the primary findings that came from the study in relation to the research questions, are discussed in this chapter, as well as a general overview of the chapter. Finally, in Chapter 5, the study's summary, results, and suggestions were discussed.

CHAPTER TWO

LITERATURE REVIEW

This chapter analyses literature relating to the definitions by different studies on impact of clinical mentorship on the performance of trainee nurses. The results of the literature review are reported in the following parts.

Theoretical Framework

The study is underpinned by the Benner's (1982) Theory of Novice. This theory sought to explore the differences between the novice and expert nurse. The theory was derived from the Dreyfus model of skill acquisition (Dreyfus & Dreyfus, 1980), which stated that a person will pass through five stages of skill development based on experience and education: novice, advanced beginner, competent, proficient, and expert (Benner). Benner used the Dreyfus paradigm to the field of nursing. The rookie nurse is defined as a nurse who uses unbiased indications learned in school to detect distinct scenarios, such as weight, intake and productivity, and blood pressure. The new nurse lacks personal experience with which to recognise practise scenarios. For a generic practise environment, interventions were based on concrete norms and standards. The newbie nurse has little experience with own judgement or critical thinking (Benner, 1982).

The progressive novice nurse has only a few hours of practise under her belt. This knowledge is combined with unbiased metrics to recognize situations and carry out interventions. For instance, a nurse in this phase can recognise when a patient is open to teaching centred on how they acted in this setting against how they acted in alike situations in the past. The experienced

novice, on the other hand, is still unable to concentrate on the entire problem and select which components are the most important to handle.

Nurses typically progressed to the competent level after two to three years on the career. A nurse who is capable of developing a patient care plan and setting long-term objectives marks this level. A skilled nurse can establish a nursing care routine for the day. Institutions encourage competent nursing because of this routine and standardisation. Healthcare businesses consider it simpler to substitute a capable level nurse than an experienced nurse due to high attrition rates In-service training is frequently focused on maintaining a competent level of nursing (Benner, 1982).

Nursing at the proficient stage builds on the preceding levels. An experienced nurse can see the big picture, plan long-term care and goals, and carry out mediations faster and more efficiently than an experienced nurse. Upper levels of expertise enable a skilled nurse to predict what will happen in specific scenarios, as well as which aspects of a condition are more important, and change the treatment plan accordingly. A skilled nurse's mental process and critical thinking skills are more fluid. Learning is best performed with case studies, in which a skilled nurse can examine the entire circumstance and use previous experience to personalise the patient's care recommendations (Benner, 1982).

As a final point, the professional nurse guides known clinical situations using intuition refined over a lifetime of expertise. The expert nurse's repertoire no longer includes firm context-free norms and recommendations. Because of the intuitive nature of the expert nurse's thought process, researchers frequently find it difficult to describe it. The nurse simply "trusts"

the assessments and interventions because they "feel" proper (Benner, 1982, p 406). When confronted with novel conditions or when expected occurrences do not happen, the experience nurse will return to the analytical, real problem-solving techniques used at minor skill levels.

The goal of this study was to see how clinical mentorship affected the professional experience of student nurses and midwives who were doing clinical practise at the Cape Coast Teaching Hospital (CCTH) in Cape Coast, Ghana. Shokati, Hassani, Manoochehri,, Esmaili, and Vardanjani,. (2012) study was replicated using Benner's (1982) theory, which can be extended to mentoring and aids as the theoretical underpinning for this repetition. In relation to the study, mentorship for novice student nurses and midwives plays a vital role in their professional development and clinical practise. Student nurses and midwives will be able to comprehensively manage a patient condition, adjust swiftly to modify in the patient scenario, and operate more efficiently as a result of the skills they have learnt.

Defining the Mentor/ Mentee Relationship

A mentor is a knowledgeable person who can help a mentee advance in their career. A mentor has two key purposes for the mentee. The mentor's professional role is that of a coach who offers guidance to assist the mentee enhance their professional performance and improvement. The mentor aids as a role model and backing system for the mentee through the psychosocial function. Both roles offer clear and implicit lessons on professional progress as well as work–life balance in general.

It is critical to distinguish between the words protégé and mentee for the intention of this study. The term "protégé" has a long history in mentoring

research, and it refers to people who are involved in senior–mentor and junior–protégé connections inside an organisation, where protégés are explicitly designated as being "under the wing" of a mentor and are safeguarded and cultivated over time. The term "mentee" refers to a wide spectrum of people who may play the role of "learner" in mentoring interactions, independent of the mentor and mentee's age or position. Mentored individuals have often been verified to be more gratified and devoted to their careers than non-mentored persons, according to research (Wanberg, Welsh, & Hezlett, 2003). Mentored persons also tend to receive better performance reviews, greater compensation, and faster advancement in their careers than non-mentored individuals do. Mentors might feel fulfilled by assisting in the development of the next generation of leaders, feel revitalized in their own professional progress, acquaint yourself with new technologies, or become conscious of concerns, techniques, or perspectives that are vital to their field by participating in a successful mentoring relationship.

Phases of Mentoring

Two people form a mentoring relationship at the introduction phase. The matching process for informal mentoring happens through professional or social connections among possible mentors and mentees. Prospective mentees look for accomplished, experienced persons who they appreciate and see as ideal role models.

Mentors look for talented individuals that are "coachable." This phase is defined by mentoring research as a time when a potential mentee demonstrates that he or she is deserving of a mentor's devotion. Both parties want a constructive, pleasant connection that will defend the additional time

and effort that mentoring requires. Instead of learning, these associations on their own, formal mentorship programmes oversee the matching process. Good matching programmes take into account both demographic factors and shared professional interests. Across formal mentoring programmes, the task of a mentee to a mentor varies substantially. Mentors can choose their mentees after reviewing mentee profiles, or programme administrators can pair mentors and mentees. A strong formal mentoring programme would encourage both parties to pursue the connection and appraise the suitability of the mentor–mentee match, regardless of the approach.

The cultivation phase is the first step in the learning and development process. The mentee learns from the mentor during the cultivation stage, if the initiation step was effective. During this time, two extensive mentoring purposes are at their apex. When the mentor educates the mentee on how to perform adequately and productive the career-related purpose regularly comes first. When a mentor gives demanding projects to the mentee, optimises the mentee's introduction and clarity in the business, and vigorously endorses the mentee through elevations and identification, coaching may be vigorous in the mentee's organisation. Mentors from outside the mentee's company can also offer helpful advice on how to grow and last, even if they lack the organisational capacity to intervene directly on the mentee's behalf. After the mentor and mentee have formed an interpersonal link, the psychosocial function emerges. The mentor embraces and affirms the mentee's professional distinctiveness in this role, and the connection develops into a deep friendship.

Both the mentor and the mentee benefit from the cultivation stage. The mentor imparts to the mentee valuable lessons gleaned from his or her own

expertise and knowledge. The mentee may also be able to teach the mentor significant lessons in the profession, such as new technology, approaches, and developing difficulties.

The conclusion of a mentoring relationship is referred to as the separation stage. For a variety of reasons, a relationship may end. There may be nothing more to learn, the mentee may want to build an autonomous personality, or the mentor may send the mentee off on his or her own in the same way as a parent sends an adult kid off on his or her own. This period can be unpleasant if one side refuses to accept the loss and both parties do not accept the termination of the relationship. When only one person wishes to end the mentoring connection, problems occur between the mentor and the mentee. If mentees believe the separation is early, they may feel rejected, misled, or unprepared. If the mentee no longer seeks their advice or backing, mentors may feel misled or used.

Both mentor and mentee acknowledge that their connection can perpetuate, but it will not be equal as their mentoring connection during the redefining phase. If both parties are able to successfully navigate the separation stage, the connection can progress to a collegial or social friendship. Dissimilar the nurturing stage, the relationships focus is no longer on the mentee's professional progress. The former mentor may establish mentoring relationships with new mentees. Similarly, a former mentee may become a mentor to others.

Types/ Forms Mentoring

The mentoring connection is fundamentally flexible, and its form and function can vary greatly. A mentoring connection exists between one person

who requires developmental advice and another person who is both capable and willing to offer it. Furthermore, because it promotes and helps the mentee's professional development, the mentoring connection is a crucial developmental relationship for the mentee. Given the wide diversity of mentoring interactions, they are characterised as formal or informal (Chao, Walz, & Gardner, 1992) centred on how the relationship advanced.

Informal Mentoring

Informal mentoring connections emerge naturally and are not supervised or recognised as such within a bigger company. A mentee (or vice versa) is approached by a mentor, and a connection is formed that helps the mentee's professional development. Because of the casual nature of these connections, they depend on the participants having something in similar and feeling at ease with one another right away. The mentee's specific need for direction, backing, or advice concerning a task or issue may lead to the formation of the connection. The mentee is most likely to initiate the contact because he or she requires assistance with a specific assignment. This kind of relationship can also arise when a well-known professional requires the assistance of an initial career professional to fulfil specific tasks in the office or on a project.

Formal Mentoring

Formal mentoring connections emerge within organisational frameworks that are meant to make the formation and upkeep of such partnerships easier. Wanberg, Welsh, and Hezlett (2003) identified six primary features of formal mentoring programmes that can have a direct effect on the program's effectiveness: (a) programme objectives, (b) participant selection,

(c) mentor-mentee matching, (d) mentor-mentee training, (e) meeting frequency guidelines, and (f) a goal-setting process. The goals of a programme might range from integrating freshers into an organisation to providing intensive career development to a particular audience (e.g., high potential people, women, ethnic minorities). These goals will influence the mentoring's scope and will guide goal-setting and training objectives. Mentors who willingly join (rather than being drafted or pressured) and are basically driven to aid mentees are more effective in formal mentoring programmes (Baugh & Fagenson-Eland, in press).

Formal mentoring programmes differ greatly in how they connect mentors and mentees, as well as how they prepare people to mentor. Mentorships are more likely to begin when programs ask both parties for crucial matching criteria. Professional interests, demographics, geographic location, human interest elements (e.g., hobbies, lifestyles), trait, values, and learning orientation are all possible matching criteria.

Mentors and mentees can benefit from orientation or training programmes that assist both parties build a mental contract for the connection. Clear communication of relationship expectations, goal-setting procedures, conflict resolution abilities, and the general framework of the mentoring programme are examples of training objectives.

Moreover, these programmes frequently provide guiding principle for meeting regularly. Ragins, Cotton, and Miller (2000) found that these standards were associated with more regular interactions and mentorship. Typical recommendations recommend one or two interaction per month and name the mentee as the one in charge of setting them up. Lastly, a goal-setting

procedure gives the partnership structure. Specific, quantifiable, realistic, relevant, and time-bound goals are the best.

Potential Challenges in Mentor Interactions

Even though mentoring is often distinct as a partnership that benefits both the mentee and the mentor, issues in the connection can stymie either person's career advancement. A mentee may become unduly reliant on a mentor if the boundaries of the relationship are unclear, requesting micromanagement rather than career guidance and counsel. A mentee may also demand personal favours from the mentor, as well as participation and credit for the mentor's efforts. Such a connection would not assist the mentee in establishing his or her own autonomy and would exacerbate separation troubles. Mentors should not manipulate or use their mentees, and they should not take credit for their work. They may object to the separation stage and demand a say in the mentee's job choices. Serious interpersonal issues in the partnership may harm many mentorship lessons.

When a mentoring relationship transitions from a professional to a personal level, the most evident interpersonal issue arises. Sexual relationships have been noted as a potential issue in cross-gender mentorship research (Young, Cady, & Foxon, 2006). Despite the fact that sexual connections are not limited to cross-gender mentoring, there has been no research on sexual interactions in similar-gender mentoring to date. Kram (1985) shows how observers regard a mentee who is involved in a individual connection with the mentor as having unfair benefits. If the personal relationships are confirmed in a single organisation, the organisation will usually end any formal

relationships among the two people and may even end one or both of their jobs.

Mentors and mentees may struggle with performance concerns in addition to challenge inside the interraction. When their mentees outperform them, mentors may become envious. Moreover, one spouse may find it difficult as a consequence of the other's mistakes. A mentee's reputation, for example, could be harmed if his or her mentor engages in unethical behaviour. A mentor's performance may also be evaluated adversely if his or her mentee's performance falls short of anticipations. The mentor's judgement in choosing an excellent mentee, as well as the value of the mentor's guidance and advise, may be called into doubt.

Mentoring issues can be avoided if both sides have clear anticipations about what the professional connection can and cannot do. Formal mentorship programmes frequently include training so that both participants are aware of the requirements. The substance of these training programmes varies depending on the type of mentoring and the mentoring program's goal.

In general, both the mentor and the mentee should reflect on the mentor relationship before beginning it and throughout its duration to ensure a strong, growth-oriented partnership. Finally, both the mentor and the mentee are human beings trying to fulfil their own wants and objectives in a challenging environment, which is often overlooked. Everyone has terrible days, and forbearance and patience will help you overcome what may seem to be roadblocks in your mentorship.

Clinical Mentorship

Clinical mentoring is a face-to-face teaching and learning interaction among a registered nurse (RN) or midwife (RM) and a nursing midwifery student in which the RN serves as an icon for the student and provides feedback on learning goals (Singer, & Couper, 2017).

A clinical mentor is a working nurse who is equally a clinical teacher and a practising nurse. He or she helps nursing students learn how to use theoretical knowledge to practise. In the education and socialisation of nursing students, a mentor is essential (Ousey, 2009). The mentorship concept connects the classroom with the clinical setting where professional nursing is performed (Flynn & Stack, 2006).

Clinical mentors are certified nurses and midwives who have completed a teaching assessment to prepare them for their role in management, teaching, appraisal, and continual comment (Pianta & Hamre, 2011). Mentorship can also be defined as professional care for a learner (McCarthy & Murphy, 2008). Students are expected to learn in a secure, supportive, and instructive atmosphere by working with clinical experts (Benner, 1994). A maximum of two (2) students are assigned to each Clinical mentor, who provides specialised direction, management, backing, and examination for the students' learning expertise (Croxon & Magginis, 2009).

Practical mentorship's relevance in promoting pleasant clinical expertises for nursing students has been broadly recognised in the literature (Charleston &Happell, 2005). Effective mentors must be willing to share their expertise and abilities, have an upright communication skill, be reassuring, helpful, and friendly, and provide positive comment (A Bord Altranais [ABA],

2003). Good mentors care deeply about their pupils as individuals and eagerly accept their responsibilities (Gray & Smith, 2000).

Clinical Mentoring Instructor

Clinical instruction of nursing students has been acknowledged as a critical element of nursing schooling since Florence Nightingale's time (Brown, Nolan, Davies, Nolan, & Keady, 2008; Tanda & Denham, 2009). Nursing students' understanding of what they learn and how they learn it has altered through time, from an understudy to a labourer learning about nursing activities to a teacher-led expertise where students are anticipated to learn how to be analytical scholars in quickly altering clinical settings (Gillespie & McFetridge, 2006; Carr, 2007; Bell-Scriber & Morton2009; Tanda & Denham, 2009; Phillips & Vinten, 2010).

A clinical mentorship trainer is an academic or expert practitioner who educates, manages, and appraises student nurses in a hospital or simulation lab (Gillespie & McFetridge, 2009). A clinical trainer must have a Bachelor's degree and hold a current nursing licence. A clinical mentor/trainer could be a part-time or full-time practitioner or teacher who makes a significant contribution to nursing schooling and practise (Kelly, 2007).

As a full-time faculty member, he will be able to teach in both classrooms and clinical settings, as well as take on responsibilities like counselling students, sitting on committees, and keeping an individual note down of scholarship. They work in nursing schools and universities all around the United States. Clinical instruction is a dynamic process that takes place in a range of socio-cultural contexts, and clinical instructors /mentors' behaviour has a significant impact on students' learning. According to Ousey (2009), there

should be no more than one Clinical trainer/mentor for every twelve (12) students in order to offer proper management during the course of the clinical practicum.

Clinical mentorship teachers have the ability to have a noteworthy influence on the learning experiences of students who will go on to graduate and shape nursing practise. To support optimal clinical learning, clinical instructors/mentors must possess successful teaching features such as professional knowledge, role modelling, and clinical competence, as well as communication skills. Scholars have discovered that clinical practise and interactions with clinical instructors/mentors have a significant impact on students' professional ideals (Gillespie, 2002; Addis & Karadag, 2003; Tanner, 2005; Haigh & Johnson, 2007). Despite the fact that students and faculty have varying perspectives on the most and least critical aspects of good clinical trainers/mentors, they all believe that the finest clinical teachers have good interpersonal skills, are good at offering comments, are clinically capable, and knowledge to educate successfully (Lee, Cholowski & Williams, 2002; Barnett & Matthews, 2009). In accumulation to the basic responsibilities listed above, clinical instructors and mentors have comparable responsibilities to ensure that clinical learning is as effective as possible. Mentors and clinical instructors/mentors play a variety of tasks, including teaching, preparation and planning, evaluation, additional training needed, collaborative roles, and providing feedback.

Role of Teaching in Mentorship

Irrespective of whether a "sink or swim" strategy is adopted, a variety of modified structural methods must be applied. For all levels of learners,

varieties of unique teaching strategies are beneficial. Modelling is a powerful educational tool (Irby, 1995). This strategy allows students to see how what they have learned in class is applied to real-life patients. The clinical instructors and the student can discuss thoughts, go through cases together, and create differential diagnoses through observation and modelling. Modeling and observation, on the other hand, are largely passive; in order to perfect a skill, learners must put it into practise (Luhanga, Yonge & Myrick, 2008).

The student's competence to obtain critical histories, report pertinent physical findings, produce trustworthy differential diagnoses, and advance supervision and follow-up plans is demonstrated through case presentations. Discussing cases allows the mentor to examine the student's level of knowledge in coping with a variety of patients and determine if the student is able to assimilate previous expertise and schemata into new clinical scenarios (Wolpaw, Wolpaw & Papp, 2003) Another teaching approach that might assist develop critical thinking abilities is direct questioning (Isaacson & Stacy, 2008).

Preparation and Planning in Clinical Mentorship

Moreover, the individual traits of the mentor that have been described, some authors have stated that preparation and planning are critical components of a good expertisefor all students (Smith & Irby, 1997; Fay, Feldt, Greenberg, Vezina, Flaherty & Ryan, 2001). The goal is to offer environments and opportunities for learning that cause the least amount of interruption to agency operations and patient desires and anticipations. Again, understanding the school's as well as the kids' individual objectives is critical. Prior to the students'

advent on the wards, it is critical to communicate with professors and discuss goals with them before clinical activities commence.

Evaluation

This is a crucial aspect of the mentor and clinical trainer's roles. By verifying that those who finally complete from nursing programmes have acquired the necessary skills and are harmless to practise, evaluation aids in the preservation of professional standards and the safety of the public (Goldenberg & Dietech, 2002).

The framework of the evaluation must adhere to the institution's curriculum, particular clinical experiences, and the appraisal tool that the school needs at the end of the posting. It is critical to have an appraisal session halfway through the term and at the finish of the shaft. Students should be cheered to appraise themselves as well as obtain feedback from clinical mentorship professors. The mentor's assessment must be communicated with the faculty member in charge of grading the student's performance.

Despite the fact that numerous nurses have good clinical skills, their teaching duties are lower developed. As a result, having a nurse mentorship programme that strengthens their teaching abilities is critical (Punyathorn, 2009).

Needs for Supplementary Training in Mentorship

In addition to instructing students, nursing mentors and clinical mentors have a variety of responsibilities in their workplace. It is well acknowledged that while they educate during student nurses' clinical practise, their didactic abilities must be enhanced. Mentoring nursing students is both difficult and time-consuming (McCarthy & Higgins, 2003). It's been regarded as time-

consuming and difficult, but it also adds variety, excitement, and richness to the therapeutic setting (Goldenberg & Dietech, 2002). As a result, all nurse mentors and mentors must be equipped for this job, as stated by the National Council for the Professional Development of Nursing and Midwifery (2004) and a Bord Altranais [ABA] (2003).

Clinical mentors, or "teachers" who work with students in the clinic, must be skilled in both clinical and instructional techniques. Clinical mentors must model professional behaviour in order to help students learn more effectively. Clinical mentors are described as needed to be outstanding instructors as well as great therapists, according to Bell- Scriber and Morton (2009). Nevertheless, they frequently overlook formal education and professional progress advantage relevant to their duty, and must rely on their personal and professional know-hows to direct their teaching in order to satisfy the anxieties of both clinical and academic environments while working full-time. As a result, Ironside, Diekelmann, and Hirschmann (2005) argue that clinical mentors should get ongoing educational support in order to improve their teaching abilities. Being a successful teacher necessitates clinical experience, but it is not adequate in and of itself. All teachers must realise this and learn the particular skills required for success, which can be achieved through both formal schooling and faculty development programmes.

Nursing institutions and universities offer interdisciplinary or inter-professional lectures, seminars, or workshops for faculty. These may be fantastic experiences, providing not just excellent advice on how to improve your teaching skills, but also a link of helpful colleagues from many fields of

study throughout campus, which is a vital product in academia. Bellack (2003; Bellack, 2003). Varieties of regional and national conferences are dedicated to developing teaching quality in nursing professors, in addition to school-specific courses. The American Association of Colleges of Nursing (AACN) hosts yearly conferences for faculty in a variety of programs, including Baccalaureate, Master's, and Doctoral Education Conferences, as well as the annual Faculty Development Conference for nurse teachers and clinical trainers (2008).

Collaboration Needs for Clinical Mentorship

Clinical postings that meet the aims and results of the nursing schooling programme are equally accountable by the Nursing Education Institution (nursing colleges) and the Clinical Postings Officers (hospitals). They are in charge of guaranteeing and sustaining clinical education standards. To ensure teamwork among clinical postings workers and educational institutions, the Singapore Nursing Board (SNB) (2015) established the subsequent norms and requirements. It is the obligation of the Education Institution to seek out competent Clinical Posting Providers who meet the clinical learning results of their courses. The Clinical Posting Provider and the Education Institution have a formal and written treaty (s). As a Clinical Program Facilitator, the Education Institution must assign a named member of the nursing education team. The Clinical Program Facilitator organises, prepares, and creates clinical education activities in order to meet learning objectives.

A named registered nurse or midwife shall be provided by the Clinical Placement Provider to act as a Clinical Posting Facilitator, liaising with the Instruction Institution to support clinical schooling for nursing students. This

Clinical Posting Facilitator manages the clinical posting's schedule and offers resources and backing for students' clinical learning. Together with the Clinical Placement Coordinator, the Clinical Programme Facilitator supervises and organizes the students' overall clinical schooling in order to meet their learning objectives.

To confirm a positive working relationship, the Clinical Program Facilitator keeps the Clinical Placement Provider informed of any changes to the nursing curriculum, assertion methods, or clinical grading standards. This is to verify that the variations made are followed. Effective evaluation of learning outcomes is enhanced by collaboration between mentors and clinical mentors (Korean Accreditation Board of Nursing, 2010).

Professional development programmes in enhancing professional practice of nurses and midwives

Continuous Professional Development (CPD) is divided into three types according to Lieberman (1996): direct instruction (such as courses, workshops, and so on); learning on-the-job (such as peer coaching, critical friendships, mentoring, action research, and task-related planning teams); and off-the-job learning (such as peer coaching, critical friendships, mentoring, action research, and task-related planning teams) (such as learning networks, visits to other health centres, hospital partnerships and so on). Kennedy (as stated in Spouse, 2001).) endorsed what Lieberman (1996) described as well as nine kinds of CPD, including skill-based training with professional conveyance and limited practical application. The second model on the list is award-giving, which is normally associated with an upper schooling

institution. This puts the disturbing debate about academia's irrelevance to the fore.

Third, deficiency, which focuses on fixing deficiencies in a single nurse or midwife; it is usually personalised to the individual, but it may not be beneficial for confidence or the progress of a combined knowledge core within the school. Moreover, while cascade is low-cost in terms of resources, there are concerns about the setback of a collective component in the initial learning. The next paradigm is standards-based, which undertakes that there is an effective teaching framework in place and is not adaptable in terms of learning amid nurses and midwives. It can be beneficial in terms of building a common language, but it can also be restrictive. Also, instruction / mentoring, which entails the formation of a non-threatening connection and can reassure conversation, but an instructor or mentor must have excellent communication skills. Another paradigm that may stifle active and creative practise innovation is the community of practise, which has the potential to work successfully by pooling members' knowledge bases. Another type is action research, which is pertinent to hospitals and wards and allows nurses and midwives to try out new techniques, particularly if the action study is done in a group setting. Finally, the transformative model combines multiple distinct sorts of prior models with a firm understanding and regulate of whose goal is being tackled.

The first four, rendering to Kennedy, are basically transmission mechanisms, with little chance for nurses and midwives to take control of their own learning. Professional autonomy grows as a result of standard-based, community-of-practice instruction and mentoring, with participatory research

and transformative models, instructors will be able to exercise even more professional autonomy and determine their personal learning paths.

Direct teaching or training, which is the traditional perception of CPD, is typically seen as a top-down delivery approach of CPD, in which data on ways is given on to the persons receiving CPD for them to execute. Nurses and midwives, who like more energetic and hands-on learning methods, have shown unhappiness with lecture-style education. (Gidman, McIntosh, Melling, & Smith, 2011).). According to Gidman et al. (2011), such top-down delivery can perpetuate the concept of the nurse as a practitioner who blindly follows outwardly forced policies. Gidman et al. (2011), reject the idea of a "guru culture," in which nurses are told how to offer their services by people in upmost authority, and in its place recommend that nurses and midwives view themselves as resources, they will use their own experiences and backgrounds to create critical and reflective practice throughout their careers. With calls for nurses and midwives to be more inventive in their methods to their personal professional progress and eschew more traditional transmission-based techniques, there is a growing mindfulness of less formal and traditional kinds of CPD (Gidman et al., 2011). The OECD (2005) also identified the subsequent as several CPD models.

Pre-service training

Pre-service training is provided before professionals are hired, according to the OECD (2005). Professional activity usually necessitates pre-service training. It aims to further the careers of health professionals, such as nurses and midwives in this situation. Pre-service training is designed and delivered in such a way that it fosters in them a good attitude toward education

and self-improvement in terms of bettering and improving service offered (OECD, 2005).

In-service training

All initiatives that add to a worker's professional progress and credentials are classified as in-service schooling and training, such as attending workshops, seminars, conferences, and visits to educational institutions. These activities provide the worker with a feel of safety and self-confidence while discharging his or her monotonous health worker duties, resulting in improved professional competence. According to the OECD (2005), in-service training is a continuous process that continues all through a health professional's educational career. Nurses and midwives do not finish their education once they have graduated or begun working. Training health professionals allows them to gain experience and grow through time. This knowledge is the result of years of practise as well as studying other professionals with more experience. Continuous training is essential to satisfy the altering desires of time and to stay current with recent developments in the health industry, which necessitates in-service training. With the quick advancement of human knowledge, new techniques, new approaches of handling patients, and new opportunities for nurses and midwives to investigate other zones of the health division are being initiated. Nurses and midwives who do not keep up with these changes will be seen as inefficient and unproductive. In order to achieve this goal, in-service education opportunities for nurses and midwives in all aspects of their job must be made available.

A report published by the Government of New Zealand in 2000 highlighted various methods of in-service training for lecturers in educational institutions. These strategies are discussed as part of in-service training for nurses and midwives, which aims to improve their professional knowledge and skills in their particular settings.

First and foremost, refresher classes. As the name suggests, a refresher is used to boost the efficacy and production of an already hired expert. These courses are extremely beneficial for achieving the following goals: familiarising nurses and midwives with new situations and providing them with present treatment options.

Workshops, according to the New Zealand government (2000), are phases of conversation and applied work on a certain theme/subject during which groups of individuals share their knowledge and know-hows. Members of the workshop discussed and exchanged ideas on issues, according to the report. Depending on the severity of the problem, the workshop could last anywhere from one to ten days.

Seminars are also a vital component of in-service training. Seminars bring together a minor group of individuals to debate a theme, with each partaker gaining knowledge and expertise(Government of New Zealand, 2000). Conferences are gatherings for the purpose of debating or exchanging ideas. Typically, a conference of nurses, midwives, health assistants, and health superintendents can widen their professional horizons and foster a professional team spirit among the participants (Government of New Zealand, 2000).

Lectures and study circles, in addition to the aforementioned, are two further types of in-service training programmes. Lecture is an oral activity that is used for in-service schooling and nurse re-orientation courses in the simplest of ways. The lecture format is particularly well suited to knowledge transmission (Zilembo, & Monterosso, 2008). Study groups It is one of the most preferred in-service schooling strategies. In this strategy, the nurses on a specific ward gather and debate, among other things, how to treat some problematic patients.

Correspondence courses, according to the New Zealand Government (2000), are a very effective tool for in-service schooling. Nurses and midwives can increase their understanding of their field by taking these courses. Club gatherings are also useful in-service teaching strategies for the lecturers who attend. These clubs provide teaching to nurses and midwives in order to improve their understanding and volume to mentor nursing trainees (New Zealand Government, 2000). The New Zealand Government has proposed that publications be placed next on the list (2000). According to the paper, nurses and midwives may write on topics of broad interest to nurses and midwives, and by doing so, they can share their personal experiences. The material or abstract of certain useful studies may be published by health authorities for the advantage of all health workers. Presentation are planned ahead of time for the group's viewing pleasure. A skilled specialist in the topic being demonstrated is usually the demonstrator. Artificiality should be avoided by making every effort to make the display authentic and natural. Demonstration can be used in a workshop or in any other class where information and skills are being

improved. A follow-up should be made after the demonstration (New Zealand Government, 2000).

Other types of in-service training include panel presentations, debates, symposiums, and informal panels. Panel presentation, rendering to the Government of New Zealand (2000), is a style in which two people talk on the same issue. Films can also be used as a kind of presentation. Discussion is an organised form of the board in which the emphasis is placed on truths and ideas, and the audience may be huge. A symposium is a series of brief lectures given to a group by a number of people, whereas an informal panel is distinguished by its spontaneity. In an informal panel, a variety of speakers discuss the issue.

Other method like the ward check-up by nurse and midwives to learn various events on other wards inside the hospital, as well as self-reading by the nurse or midwife, can be applied. Traditional CPD methods, such as formal courses or one-time seminars, have been criticised for failing to train nurses for the new duty of knowledge coordinator rather than information transmitter (Darling-Hammond, 1998). As nurses use less conventional transmission-based strategies and are more innovative in their methods to their personal professional growth, there is a rising mindfulness of not as much of formal and traditional kinds of CPD (Muijs et al, 2004). It can be derived that a country's health-care delivery quality is determined by the professional qualifications of its health-care personnel.

The primary goal of CPD promotion is to create skilled, continually learning labour that can be relied upon to offer quality healthcare. In order to provide healthcare and supervise nursing students, nurses are crucial

resources, thus their education and use must be carefully considered. This is a result of the evolving expectations placed on nurses' modern-day jobs. Therefore, in order to be prosperous in the effective delivery of health services, health workers—including nurses—need a variety of instruments. All of the models developed by several authors specify that there are a variety of CPD programmes accessible, and that all of the CPD programmes assist nurses and midwives in improving their skills so that they can be capable in the hospital and provide better and enhanced Healthcare services to clients.

Conceptual Framework

Clinical experiences uncover students to the reality of nursing, which may be both demoralising and enlightening, according to research (Clare, Edwards, Brown & White 2002; Lockwood- Rayermann, 2003) Mentoring or clinical mentoring interactions were thought to ‘make or break' the practical know-how. As a result, the connection that develops among the mentor or clinical mentor and the student is critical in determining the student's experience.

The synergy model, which emphasises patient care, leadership, and nursing mentorship as interconnected factors that contribute to the clinical expertise of the learner, is also critical. A mentor or clinical mentors might provide leadership, but this strategy relied on the mentor (Zilembo & Monterosso, 2008). Curley (1998) proposed the synergy model as a patient care model, which fixates on the communications that occur in and around the multi-faceted student/mentor connection. Synergy is defined as "an evolving phenomenon that occurs when individuals work together in mutually enhancing ways towards a common goal."

When the synergy model is employed, it establishes the good outcomes for the preceptor (student nurse), mentor, and organisation or system. The model tries to connect the notions of leadership, mentorship, learning, and the learning atmosphere, demonstrating that leadership is an exclusive phenomenon characterised solely by its context. The primary premise of this model is that nursing students will have a favourable clinical experience if their nurse mentor displays desirable nurse mentor characteristics such as leadership. Other basic concepts of the model emphasise that individual traits and situations differ, requiring the nurse mentor to take a unique approach in order to create a constructive learning atmosphere through clinical leadership abilities. According to the model, nurse mentors who demonstrate leadership qualities that student's value in terms of improving their clinical expertise help students and mentors achieve positive personal and professional outcomes. As a result, favourable results for patients, nursing schooling, and the organisation are achieved (healthcare suppliers). Nursing students (preceptees) ranked capability as a desired leadership attribute highly in a prior study (Stanley, 2005). When a preceptee is paired with a nurse mentor who shows acceptable leadership behaviours, the student gains immediately from his or her disclosure to learning advantages, socialisation, and orientation to the nursing culture, as well as mentoring.

Learning from a veteran and skilled nurse reveal the student to excellent clinical techniques that boost the student's confidence and competence (Spouse, 2001; Zilembo, 2007). In terms of intangible advantages, such as teaching advantages and expanding one's knowledge base, nurse mentors profit from engaging in the mentorship experience. According to

research, nurse mentors who relish and are buttressed in their role have upper job gratification (Nash, 2001). The synergistic connections between nurse mentors and nursing students help healthcare practitioners as well, resulting in higher staff retention.

Finally, the conceptual model posits that nurse mentors who demonstrate strong leadership qualities promote beneficial outcomes for themselves, their students, patients, healthcare agencies, and nursing schooling providers (systems). These conclusions eventually contribute to higher workforce resilience and lower defections from pre-registration schooling programmes.

Empirical Review

A research done in the United Kingdom by Berragan (2014) looked at the obstacles experienced by fresh qualified operate nurses. The evolution from student nurse to operate nurse, according to newly qualified nurses, was exceedingly stressful, and the public view of fresh nurses' ability was low. Due to a lack of staff, experienced nurses were finding it challenging to devote time to mentoring new nurses.

The goal of this study was to designate the whole evolution to practise experience from the perspective of nurses. "What are newly qualified staff nurses' impressions of the career transition from student nurse to qualified staff nurse?" was another research question. (Berragan, 2014).

The study comprised freshly capable operate nurses with less than one year of experience who worked for the National Health Service of the United Kingdom (NHS). The convenience sample included six nurses who were familiar to the researcher. The participants, on average, had been working for

8.9 months and were 23 years old. All of the nurses were employed by the same NHS trust, and all but one had received their training there (Whitehead, 2001).

Data was gathered through semi-structured interviews. Participants were asked five preset questions but were invited to speak freely. (a) How did you feel about becoming a staff nurse in the years leading up to your qualification? (b) How were these expectations met? (b) How did you feel over the first six months of your practise? (d) What was it that caused you to feel this way? (e) In your new role, how much help did you believe you received?. (Berragan, 2014).

Unpredictability, accountability and obligation, assistance, planning and training, expertise and self-assurance, and administration resulted from the data analysis. Fear and worry about beginning on the unit or which unit to jerk on were identified as uncertainty. Taking on the responsibilities of a qualified nurse, legal concerns, and uncertain skill confidence were among the responsibilities and obligations. Support referred to concerns with a lack of support caused mostly by personnel shortages rather than senior employees' desire to assist. Lack of preparation and the sensation of never being totally ready to shift from student to professional nurse were among the issues with preparation and training.

The preceding two topics of support and preparation and training were linked to knowledge and confidence. Feelings of inadequacy arose because of the initial stress. A large sum of tasks was perceived as overwhelming. Finally, time management, patient load management, and learning to cope with change were all aspects of management (Berragan, 2014). New nurses described the

shift to professional practise adversely. New nurses were insecure, ill-prepared, and insufficient. Dissatisfaction and high attrition rates are a result of the themes outlined, exacerbating the challenges of nursing shortages and growing healthcare expenditures. To modify new nurse perspectives of moving to the workforce, strategies such as nurse mentoring programmes must be introduced. Pinkerton (2003) detailed a mentoring programme at the Good Samaritan Regional Medical Center in Phoenix, Arizona. The goal was to promote nursing excellence by increasing professionalism, retention, and job satisfaction.

The mentoring programme emphasised the distinction between precepting and mentoring. Precepting was defined as all incoming staff members receiving a general unit orientation. Mentoring was a secondary phase in achieving professional and psychosocial objectives. After introducing a new employee to the unit's general operations, a mentor may become the new nurse's mentor. The veteran nurse would act as a mentor, assisting the beginner in developing clinical competence, providing counselling, and continuing to be a role model (Pinkerton, 2003).

Initiation, nurturing, separation, and redefinition were the four stages of mentoring. During the initiation point, informally assigned mentee/mentor dyads were more likely to pair up with traits that were comparable, resulting in stronger bonds. The nurturing phase saw the development of stronger relationships as well as the achievement of career and psychosocial objectives. The redefining point involved the transformation of the mentoring connection into a different form or the termination of the connection (Pinkerton, 2003).

There were five stages to the programme. A programme committee interviewed mentors in the first round. The objectives, anticipations, and qualities of a good mentor were discussed. Mentors who were chosen signed 18-month contracts to be a part of the programme. Mentees chose mentors and signed 18-month agreements in the second stage. Stages three through five were separated by six months. Each level has certain objectives and activities to complete (Pinkerton, 2003).

Improving Nurses' and Midwives' Experience on Clinical Mentorship Programme

Anderson (2011) in an article titled 'An educational tool for practical practice of efficient mentoring', revealed that, notwithstanding prior attempts to enhance and promote the student mentorship program prior to student nurses and midwives completed their period of study. More so, they suggested some recommendations that could be taken into considering to enhance their experience on the mentorship programme. These recommendations are discussed in the following paragraphs.

Orientation of Mentee (Student Nurses and Midwives)

It is important to note that mentors and mentees' understanding of their roles, duties, and programme consequences may be overlooked. The time of orientation, the stated intended outcomes for mentees, and the initiation of mentors to mentees should all be given more consideration. Mentees suggested that critical-care unit mentors be trained initial in the year, and that mentees be informed about what is anticipated of them, such as their area of practise and clinical results. In addition, sufficient time should be set aside for mentors and mentees to bond and for mentees to be briefed on relevant issues.

Mentors must get together beforehand to go through what the mentees will learn and to make clear what is anticipated of them.

Distribution of Mentee (Student Nurses and Midwives)

According to the findings, a well allocation of mentors and mentees in terms of quantity, duration, and time is required. More than one student could be accompanied by the mentors. Mentors stated that they would prefer to accompany no more than three students each month and per course. The mentees, on the other hand, were of a different mind, stating that there should be "two mentors for each mentee in case one is not available" and that the sum of mentees per mentor should be kept to a minimum, with one-on-one mentoring. The mentees were also dissatisfied with the length of their assignments, and their suggestion that they be given a week of full-time mentoring would be seriously explored. The timing of postings was crucial, and one of the most essential recommendations was that mentees be placed sooner.

The research also revealed that substantially more effort was required when engaging with critical-care unit workers on a daily basis. The tendency to use mentees and mentors for day-to-day tasks caused issues with the program's outcome. According to reports, the mentorship programme coordinator's job is to notify the matrons in charge of training. The mentees presumed that [m]atrons should be informed that you are enrolled in a mentoring program and assigned to a mentor.

Multidisciplinary approach

It is challenging to facilitate and coordinate the participation of a multidisciplinary team in nurse training. However, as the mentors mentioned,

the potential of including other members of a multidisciplinary team in an SMP should be looked into. Mentoring should include people from different specialties, according to the mentors.

Opportunities and outcomes

The mentees thought about the learning advantages and decided that clinical results were crucial. Mentors ought to define the distinctions and communication between laboratory and diagnostic data, for example, they recommended that learning opportunities be practical. It was also suggested that the number of advantages (learning advantages relevant to critical-care patient care) be expanded. The necessity of the objectives having to be understood by the mentors was also mentioned.

Selection

The mentees urged that the selection process be given more attention. Mentoring should be voluntary, according to the group, as some nurses do not want to be mentors. The mentees urged that mentors be selected with caution.

Challenges Faced by Nursing Students in Mentorship

According to many research, there are multiple hurdles that affect the mentorship relationship. Some of these challenges are discussed in the following paragraphs.

First and most, the challenge of inadequate time allocation for clinical mentorship programmes affect the experiences of student nurses and midwives embarking on the clinical mentorship programme. Mentors' availability to students may be limited due to competing demands on their time. The most frequently mentioned hindrance to effective mentorship, according to Van (2006), is not having enough time to spend with mentees. According to

Oluchina and Gitonga (2016), 63 percent and 35 percent of mentees who participated in informal and formal mentorship programmes, correspondingly, said that they often ran out of time for mentorship programmes. According to Gichigi (2009), time is a barrier to effective mentorship for 67 percent of UON students and 51 percent of KEMU students.

Another issue that affects the practical mentorship experience of student nurses and midwives is a lack of trained mentors. According to a report published by the Ministry of Health in 2012, staff shortages are a regular concern in Kenyan hospitals. According to a study on the variables that hampered formal and informal nursing mentorship programmes in Kenya, the majority of mentees in informal mentorship programmes (86.7 percent) and formal mentorship programmes (68 percent) complained about a lack of staff. Nurses who had not completed their training and not concerned in mentoring responsibilities were asked to mentor owing to a staff lacking, according to 85 percent of mentees (Oluchina and Gitonga, 2016). One of the impediments to mentoring relationships, according to Gichigi (2009), is the lack of mentors.

Another issue that affects the practical mentorship experience of student nurses and midwives is the issue of role misunderstanding. There appears to be considerable misunderstanding about the role of assessment in the mentorship responsibility. Bray and Nettleton (2007) looked into this job ambiguity and discovered that nurse mentors did manifest their dual duty as an appraiser and mentor, with 14 percent saying the appraiser function was problematic to accomplish. Gichigi (2009) also identified a prevalent hurdle as a lack of clear knowledge of the students' and mentor's roles, with 56 percent

and 51 percent of students from UON and KEMU, correspondingly, supporting this.

Lack of backing from mentors and institutions is another issue that student nurses and midwives face as they begin their clinical mentoring programme. According to Nettleton and Bray (2008), a lack of institutional backing for both mentors and mentees is a barricade to productive mentorship relationships. According to Oluchina and Gitonga (2016), a lack of backing from mentors and institutions is an obstacle to mentorship programmes for 65 percent of mentees. Another 75% of mentees said they did not get enough feedback and evaluation from their mentors.

The clinical mentorship program's student nurses and midwives face a number of challenges, including a lack of mentor training and updates. Nurses may not always be available or have the opportunity to attend mentoring courses or updates, according to several research. An absence of training was highlighted by 10% of defendant in a study done by Hurley and Snowden (2008) that evaluated barricades to nurses completing the mentor role, with 14.5 percent noting an absence of advantage for mentors to inform their knowledge and skills of monitoring and evaluation. According to a research by Duffy et al. (2000), 68 percent of mentors had not had any mentorship training in the previous decade.

Unfit mentor-mentee mismatch and ratio, in addition to the aforementioned, is a challenge. "Mentor-mentee mismatch was minimised when mentors and mentees opinions were taken during matching," according to Bozeman and Feeney (2008). Mentor–mentee mismatch was noted as a prevalent concern by 75 percent and 87 percent of mentees in official and

informal mentorship programmes, respectively, according to Oluchina and Gitonga (2016). "I am not comfortable with the mentor I am assigned to," one male mentee from Kenyatta University remarked, "therefore most of the time I prefer to perform tasks alone without involving her."

Student nurses and midwives on the mentorship programme face the issue of having a negative disposition. According to a study done by UON and MMUST, 80 percent of mentees felt that unfavourable personality traits had a detrimental impact on their mentorship relationships. Non-welcoming, impatience, rudeness, pride, laziness, irresponsible, unwillingness to take risks, and absence of inventiveness were among the personality traits identified (Oluchina and Gitonga, 2016). Katherine (2003) found similar findings, stating that "almost 95% of mentees rated incorrect personality qualities as an impediment to the smooth operation of mentorship programmes."

The problem of age and gender can also be difficult for student nurses and midwives to deal with. In a study on student nurses' perceptions of a good mentor among Jordanian nursing students, age and gender were identified as crucial factors in excellent mentoring. While Waters et al (2003) validated this conclusion; it was not unanimously seen as significant. Jordanian students regard their instructor as an icon and supporter, according to Nablsi et al (2012), demonstrating a priority for older mentors with more expertise and experience. Wilson et al. (2002) concurred with this choice, stating that a difference in the mentor and mentee's ages, as well as the same gender, would lead to the formation of a partnership connection. Waters et al. (2003), on the

other hand, discovered that age and gender are not as relevant as other attributes in an effective mentor (AlHamdan, 2014).

Another issue that can affect the experience of nurses and midwives participating in mentorship programmes is a lack of enthusiasm to mentor. The fact that mentors are assigned to mentorship rather than doing it willingly could be a barrier to mentoring. Many nurses do not want to assess or instruct pupils, which is an issue. Even if a person is a skilled nurse and a good role model in the nursing sector, a lack of enthusiasm in mentoring might lead to them becoming a lousy mentor (Vinales, 2015).

Summary

Following professional ethics in the health profession is vital in clinical nursing practise, as evidenced by the discussion above. The literature shows that ethics was not a priority in nursing practise; but, as nursing responsibilities have grown and roles have become more diverse, there has been a need for a thorough streamlining of the profession to ensure consistency in how nurses approach patients and react to events.

Regulatory bodies in the nursing profession have created codes of ethics for all health workers to follow, as evidenced by the literature review. The Nurses and Midwives Council of Ghana clearly specifies numerous tasks and roles that are expected of their workers in their professional codes of conduct. It clearly demonstrates how nurses and midwives should act when caring for patients, interacting with colleagues in the course of their professional work, and interacting with relatives of patients under their care (NMC, 2006). These guidelines are intended to encourage and remind nurses to carry out their duty of providing high-quality Healthcare services in a

professional manner. They'll also make sure that nurses know exactly what to do at any given time. Finally, the discussions in this part demonstrate that adherence to professional ethics has a significant impact on nurses' clinical nursing practises.

CHAPTER THREE

RESEARCH METHODS

This chapter describes the methods used to guarantee that the study's conclusions are well supported by the evidence gathered. The research method is the researcher's methodical approach to doing the study (Sapsford & Jupp, 2006). It describes and analyses methods, defines their restrictions and available tools, explains their underlying presumptions and consequences, and links their potency to the liminal space at the threshold of knowledge (Leedy & Omrod, 2010). The research methodologies are organised into main themes in this chapter for ease of presentation: research design, study area, study population, sampling processes, data collection instruments, data collection procedure, and data processing and analysis.

Research Design

Every effective researcher must select a research design that is suitable for the kind of research being initiated. A set guideline to be followed in tackling the research challenge has been termed as research design (Leedy & Omrod, 2010). It also acts as a strategy for conducting a study with the most level of control over variables that can influence the accuracy of the results (Burns & Grove, 2003). Because of the nature of the scientific inquiry that underpins this study, an explanatory research design was used. Tacq (2010) argues for causal studies if things and events have causal capacities and, as a result of their properties, have the ability to cause other events or situations. Thus examining the viewpoints of student nurses and midwives on the clinical mentorship programme, taking into consideration their experience and how the programme contributes to their professional training.

Explanatory design studies are carried out to determine the scope and kind of cause-and-effect interactions, rendering to Zikmund, Babin, Carr, and Griffin (2012), due to the fact that these studies analyse a situation or a precise issue to describe the structures of correlations among factors (Creswell, 2014). Explanatory research's primary objectives are to identify the causes of events and predict what will occur next (Maxwell, 2012). The assumption that the information is quantifiable and almost always requires the use of a statistical test to confirm the accuracy of the correlations also informs the decision to approach the subject quantitatively.

Study Area

The area of study is Cape Coast Nursing and Midwifery Training College (CCNMTC). CCNMTC is the only government training college designated to training nurses and midwives in the Cape Coast metropolis. There are two main programmes at the CCNMTC, namely the Registered General Nursing (RGN) programme and the Registered Midwifery (RM) programme. The subjects under the RGN programme include the following; Medical-Surgical Nursing, Public Health Nursing, Obstetric Nursing, Pediatric Nursing, Psychiatric Nursing and Nursing Affiliation. The RM programme has the following subject areas; Medical Surgical, Obstetric Anatomy, Neonatal Pediatrics, Family Planning, Pregnancy, Labour, Puerperium and Midwifery Affiliation.

Population

Rendering to Leedy and Ormrod (2010), the target group for which the researcher is seeking data and generating conclusions is the population. Chaudhury (as cited in Asiamah, Mensah, and Oteng-Abayie, 2017) also

described research as a group of people about whom some information must be gathered. Robson (2002) went on to say that population does not just refer to people, but also to the potential interviewing circumstances, times, and locations. The study included 975 second and third year (second and third year) student nurses and midwives from the Cape Coast Nursing and Midwifery College (CCNMTC) who were on practical mentorship at the Cape Coast Teaching Hospital (CCTH Nursing Administration, 2019). The student nurses and midwives on clinical mentorship attachment have been categorized into Registered General Nurses (RGN) and Registered Midwives (RM). The justification for choice of population is that student nurses and midwives in their second and third years are required to undertake clinical attachment as part of their study. Thus, these group of students have adequate knowledge on the demands of the clinical mentoring programme at the CCTH.

The population of 2nd and 3rd year student nurses and midwives currently on clinical mentorship attachment at the CCTH are grouped into fifteen (15) ward/units consisting of 520 Registered General Nurse and 455 Registered Midwives. The distribution of student nurses in the Cape Coast Nursing and Midwifery College (CCNMTC) on the clinical attachment at the CCTH across the various levels and units are illustrated in Table 1 and 2

Table 1: Distribution of the population of student nursing at CCNMTC across the various the level

Level of Student	Registered General Nurses	Registered Midwives	Total
Second Year	235	241	476
Third Year	295	204	499
Total	530	445	975

Source: CCNMTC administration, (2019)

Table 2: Distribution of the population across units at CCTH

Department	Registered General Nurses		Registered Midwives	
	2nd Year	3rd Year	2nd Year	3rd Year
OPD	25	39	23	35
Delivery Suite	-	-	30	39
Obs. & Gynae	-	-	32	35
ETAT	-	-	14	28
Female Medical	38	31	-	-
Male Medical	20	23	-	-
ICU	15	12	-	-
Dialysis/ Exec. Suite	9	20	-	-
Paediatrics	10	12	27	32
NICU	3	5	29	24
Surgical suite	4	17	18	22
Surg. Suite Recovery	16	27	19	28
Delivery Suite Theatre	9	15	29	27
Delivery Suite Recovery	2	17	18	14
Accident & Emergency	12	33	22	25
TOTAL	164	251	261	299

Source: CCTH Nursing Administration, (2019).

Sampling Procedure

A subset of a population is referred to as a sample (Creswell 2016). The sample possesses properties that are representative of the entire. Likewise, Mugo (2002) delineates a sample as a fraction of the population chosen for examination. Sampling, on the other hand, is the act, process, or procedure of choosing a proper sample, or a representative part of a population, for the purpose of defining the population's parameters or features (Mugo, 2002). The concept of sample and sampling strategies in research is critical since it aids to confine a study to a smaller percentage of the population and dictates how respondents of a study are chosen over whom the study's findings pertain and are generalised.

There were a total of 280 persons that took part in the study. Krejcie and Morgan's table for defining sample size was used to calculate the sample

size for this investigation (1970). Krejcie and Morgan (1970) randomly selected 270 people from a total population of 1000. However, in order to confirm the study's reliability, the researcher opted to increase the sample size from 270 to 280 respondents to account for the possibility that some respondents might not complete the questionnaire.

A stratified sampling strategy was used in this research. Stratified sampling is a sort of simple random sampling in which the population is separated into roughly identical groups named strata, with each stratum receiving a simple random sample (Rodriguez, 2020). Because the respondents were divided into year groups, the stratified sampling approach was adopted. As a result, the year groups were referred to as strata. Additionally, stratified sampling was employed to ensure that student nurses and midwives from the CCNMTC on clinical attachment at the CCTH were fairly represented among the 15 units. The stratification of participants for a research guarantees that the sample correctly portrays the population based on the parameters employed for stratification, however random sampling assures that each affiliate of the mark population has an equivalent and autonomous likelihood of being picked.

Similarly, the required sample size for student nurses and midwives from each and every level was determined using a simple random sampling procedure. A probability sampling method in which the population is alienated into a sum of strata and a sample is chosen from each strata is known as simple random sampling. Random sampling ensures a high level of sample reliability and representativeness, as well as the capacity to generalize study findings (Babbie & Mutton, 2011). Because the population was vast and

homogeneous in the features under study, a simple random sampling strategy was adopted to make selecting a representative group of the population easier.

The lottery method was employed to choose responders from each programme and level of student nurses and midwives as means of giving each respondent the chance to be selected. The researcher created a sampling frame for the lottery approach that entailed of an alphabetical list of names of respondents in each program with their associated level. The names on the sampling frame were replaced with numbers on folded paper, so that the numbers on the folder papers corresponded to the names of either a student nurse or a student midwife in a class. The folded papers were placed in a container and thoroughly mixed before being taken one by one at random without being replaced. The number on any folded papers was recorded to match to the name of a nurse or midwife. This approach was repeated until each class had the required number of respondents. The approach was used to select the 280 student nurses and midwives in both classes. This strategy was used to confirm that every nurse and midwife in each of the selected classes had an equivalent and autonomous chance of getting chosen. This is shown in Table 3: Distribution of sample of respondent on mentorship in numerous units at CCTH.

Table 3: Distribution of sample of respondents across the various programme and level

Level of Student	Registered General Nurses	Registered Midwives	Total
Second Year	68	69	137
Third Year	85	58	143
Total	153	127	280

Source: Field Survey (2019).

Table 3.1

Table for Determining Sample Size of a Known Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

Figure 1: Table of Sample Determination by Krejcie and Morgan (1970).

Data Collection Instruments

In this study, the main primary data assembling instrument was a structured questionnaire. Closed-ended questions are included in the survey. A questionnaire is a set of questions designed to elicit data from respondents (Singer & Couper, 2017; Malhotra & Birks, 2007). Surveys utilizing questionnaires are likely the most extensively used information-gathering method in research, according to Young and Javalgi (2007), and can be used to measure topics that are critical to the administration and progress of enterprises (Malhotra & Birks, 2007).

Both closed-ended and open-ended questions were used in the questioning strategy. The closed-ended items consisted of different possibilities from which respondents could choose, but the open-ended questions included space(s) for respondents to provide their own replies. Despite the fact that closed-ended items do not allow respondents to express

themselves, respondents took less effort to respond. Respondents were given the opportunity to express themselves freely on a variety of topics using open-ended questions. Because of the variance in length, open-ended questions are difficult to analyse, but they do help to highlight crucial concerns that may not have been addressed in the questionnaire (Blanche et al., 2006).

Closed ended questions ask responders to elect from a collection of options and to consider each option independently of the others. Closed-ended items included a checklist (a list of the behaviors, features, or other things that the researcher is looking into), a Likert scale (which is more beneficial when a behavior, attitude, or other occurrence of interest desires to be assessed in a continuous manner), dichotomous questions, and multiple-choice questions (Trigueros, 2017; Leedy & Ormrod, 2010).

In general, McColl (2005) asserts that employing questionnaires as opposed to interviews has clear benefits. When structured questions are utilized for initial information collection, information analysis is simplified and made clearer. In addition, a simple questionnaire decreases assessment error and the chance that a study participant won't respond (Singer & Couper, 2017; Mutepfa & Tapera, 2018).

The questionnaire was made up of six units. Section “A” measured the demographic information of the respondents surveyed. It had three variables and an entire of six items. These items were ascertained on a close-ended structure. Section “B” examined the expectations of student nurses and midwives during the clinical mentorship programme. The clinical attachment expectations of the respondents were measured on a 4-point Likert scale where respondents were told to rank their responses from *1=Strongly Disagree to*

4=Strongly Disagree. Section "B" had six items which sought to examine the expectations of the student nurses and midwives embarking on the clinical mentorship programme.

Section "C" also measured the types of orientations given to student nurses and midwives before embarking on the clinical mentorship programme. The respondents were first asked to specify whether or not they were given some form of orientation before the commencement of the clinical mentorship programme. More so, the respondents were questioned to designate which form of orientation they received. Consequently, the respondents were questioned to rank their views on a 4-point Likert Scale rated from *1=Strongly Disagree to 4=Strongly Disagree* on the details of orientation available to them prior to the commencement of their clinical mentorship programme.

Section D, touched on the experiences of student nurses and midwives during the clinical mentorship programme. This section had seven items. Respondents were asked to rank their views on a 4-point Likert Scale rated from *1=Strongly Disagree to 4=Strongly Disagree*. Section E was based on the challenges of student nurses and midwives on the clinical mentorship programme. The final section touched on how the mentorship experiences of student nurses and midwives can be enhanced.

Validity and Reliability of Instrument

Validity define as measure that accurately reflects the subject being measured (Pallant, 2001). Validity is also distinct by Mugenda and Mugenda (2003) as the exactness and connotation of conclusions drawn from research findings. My managers were engaged to read through the questions to see if the items in the questionnaires would assess the planned topic to ensure

content validity. This backs with what Gay (1992) mentioned regarding an instrument's content validity being enhanced through skilled judgment.

Reliability, on the other side, relates to the extent of measurement stability or steadiness. Rendering to Bless and Higson-Smith (2006), dependability is focused with the instrument's constancy, and an instrument is said to have high dependability if it can be relied upon to offer a precise and continual estimation of an immutable value, as well as to guide respondents to finish the questionnaire as precisely as possible.

Pretesting

The instrument was put through a series of tests to see if it was reliable and legitimate. To do this, thirty (30) questionnaires were pilot tested at the Komfo Anokye Nursing and Midwifery Training (KNMTC) in Kumasi, allowing the researcher to identify any flaws or obscurities in the instrument and make the necessary changes. The reason for choosing KNMTC is that the institution offers similar programmes and has similar clinical practice experiences as just the CCNMTC. Consequently, the student thirty (30) nurses and midwives in their second and third years were picked for the sake of expediting the pretesting process. After that, the completed questionnaires were gathered, corrected for completeness, coded, and examined using the Statistical Package for Social Sciences (SPSS Version 21.0). This was done in order to get the Cronbach Alpha Reliability Coefficient for each questionnaire item. Croncbach's alpha (α) is a means to quantify a psychometric instrument's reliability or internal consistency, rendering to Mohen and Dennick (2001).

The Croncbach's alpha (α) values for sections B, C, D, E, and F in this research were 0.756, 0.788, 0.758, 0.801, and 0.740, respectively. As a result,

all of the sections had an alpha value higher than 0.7. This meant that the test items were more consistent internally. However, the total dependability score for all Likert scale items was 0.850, which suggested that the alpha value was better than 0.7. This indicates that the test items are more internally consistent. The results implied that the instrument was trustworthy. Because Cohen, Manion (2001), and Morrison (2007) suggested that such dependability co-efficient are deemed high and therefore appropriate, the alpha value for this study was regarded as an appropriate metric of assessing the reliability of an instrument for research purposes.

Data Collection Procedure

Primary data were hired in the study to give precise and dependable information in order to answer the research objectives. The key information was gathered from the CCNMTC's student nurses and midwives via self-administered questionnaires.

Prior to administering the instrument, the researcher presented the hospital management of CCNMTC and CCTH with a preliminary letter (see Appendix A) from the Director of IEPA, UCC, requesting permission to administer the questionnaire to the respondents. During their break, duplicates of the questionnaire were physically circulated to responders. Respondents were 60 minutes to respondent to the questions on the questionnaire. The researcher ensured that that the questionnaires were completed and collected the same day. In all 250 questionnaires were received out of a total of 280 questionnaires distributed, thus the return rate for the questionnaires was 89.3%.

Ethical Considerations

Conforming to accepted standards and following agreed-upon moral principles is what ethics entails (De Vos, Strydom, Fouche, & Delport, 2005). To begin, a preliminary letter was received from the University of Cape Coast's Institute for Educational Planning and Management and sent to the CCTH's administration. Before selecting respondents for data collection, they were given the opportunity to give their informed consent. This is accomplished by describing the study's goal and providing them with a notified acceptance form to finish. The aim is to confirm that respondents are eager to take part in the research. Respondents were alerted that the data they offered would be retained secret and would not be shared with individuals or groups who were not projected to have admittance to it. Without their permission, respondents' names and other demographic details, such as year group or courses, which identify them individually, were not revealed to any third party.

Data Processing and Analysis

Adèr (2008) contend that data analysis is the act of erasure, cleaning, transforming, and modeling data with the aim of showcasing relevant data, offering suggestions, drawing conclusions, and helping in decision-making. For the analysis, the questionnaire responses were amended, coded, and placed into the Statistical Package for Social Science (SPSS version 22.0). On the main SPSS program, the SPSS process macro was set up. The moderation analysis was made much easier as a result of this. This statistical program is suggested for us in social science research (Zickmund, 2000). The data was analyzed and

interpreted using descriptive statistics like mean, standard deviation, frequency count, and percentage (Leedy & Ormrod, 2010).

According to Malhotra (1999), responses given by the respondents is required to go through the process of examination, editing, coding, categorizing, transliterating, and information cleansing before being used. As a result, the questionnaires underwent editing, coding, data cleaning, reporting, and analysis. Responses were evaluated during the editing process to ensure that they were accurate and precise. This is done to avoid any unfinished responses. Responses or data were coded and then entered into the software after the editing (Statistical Package and Service Solution [SPSS], Version 21.0). The coding was done in order to put replies into a format that the researcher could use more easily (SPSS Version 21.0). Because it allows for the use of a range of up-to-date statistical methods for analysis, as well as good editing, labeling, and the ability to publish outcomes in both account and table formats, the SPSS software was chosen (Pallant, 2001). Table 4 illustrate the information analysis matrix.

Summary

This chapter deliberated the research approaches employed to ensure that the findings of this study were well-supported by existing literature. A descriptive survey design was used in the study to acquire quantitative data. The study included 975 student nurses and midwives as the population. This study used a multi-staged sampling procedure to choose a sample of 280 respondents. Finally, the information was analysed with the use of frequencies, proportional means and standard deviation.

Table 4- Summary of Data Processing and Analysis

Research Questions	Kinds of Question	Analysis Done
1. What are the expectations of the student nurses and midwives before they embark on the clinical mentorship programmes?	Likert type scale	The SPSS software was used to calculate percentages, frequency counts, mean weight, and standard deviations.
2. What orientations are given to the student nurses and midwives at the Cape Coast Nursing and Midwifery Training College (CCNMTC) before embarking upon their clinical mentorship programme.	Closed-ended & Likert type scale	The SPSS software was used to compute percentages, frequency counts, mean weight, and standard deviations.
3. What are the experiences of the student nurses and midwives during the mentorship programmes?	Likert type scale	The SPSS software was cast-off to calculate percentages, frequency counts, mean weight, and standard deviations.
4. What challenges are student nurses and midwives confronted with during their mentorship programme?	Likert type scale	The SPSS software was cast-off to compute frequency tallies, means, and standard deviations.
5. In what ways, in the views of student nurses and midwives, can their learning experiences be enhanced to support the professional learning	Likert type scale	The SPSS software was cast-off to compute frequency tallies, means, and standard deviations.

Field survey, Sarfo-Gyan (2019).

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents the results and discussions of the research findings. The study sought to explore the experiences of student nurses at the nursing training college at the Cape Coast Nursing and Midwifery Training Colleges (CCNMTC) regarding their clinical mentorship programme. Specifically, the study aims to assess whether or not clinical mentorship programme is helping student nurses to improve their nursing practice.

The data presented and analysed in this section was collected by means of the 250 questionnaires completed and submitted by the respondents out of a sample population of 280, thus the return rate for the questionnaires was 89.3%. The research findings are obtainable rendering to the research questions posed. The chapter presented the findings and demographic and discussion of the key findings of the study

Demographic Characteristics of the Respondents

This chapter focuses on the data gathered on the respondents' backgrounds, which in the case of the study, are the students in their second and third year of study at the CCNMTC. The features of the respondents discussed in this chapter include the gender, age, and programme of study of respondents involved in this study. Table 5 presents the background information of the respondents.

Table 5- Background Information Respondents

Variable	Sub-scale	N	%
Gender	Male	120	48.0
	Female	130	52.0
	Total	250	100.0
Level	200	104	41.6
	300	146	58.4
	Total	250	100.0
Programme	General Nursing	103	41.2
	Midwifery	147	58.8
	Total	250	100.0

Source: Field survey, (2020)

Table 5 designates that there were 130 female respondents, representing the majority (52.0%) while 120 male respondents representing 48.0%. This suggests that more females partook in the study than the males. This is a reflection of the gender distribution of student nurses and midwives in most Nursing and Midwifed Training Colleges in Ghana. So too, the findings could also affirm the perception that females are mostly tagged with the nursing profession. For this purpose, they are those who openly expressed their desire and passion to pursue the nursing profession.

Additionally, Table 5 reveals that the larger portion (58.4%) of the respondents were their third year of study. Respondents in second year who took part of the study constituted 41.6%. The implication of this findings is that mainstream of the respondents of the study were student nurses and midwives in their third year. Consequently, the more than 2 years' experience of the third year student nurses and midwives on the clinical mentorship programme contributed greatly to the study

The final item on Table 4 was the findings on the programme of study of the respondents, it is evident from Table 4 that there were more respondents offering midwifery programme (N= 147, 58.8%) than general nursing programme (N= 103, 41.2%).

Expectations of student nurses and midwives prior to their clinical mentorship programme: Research Question One

This research question pursued to discover out the expectations of student nurses and midwives prior to their clinical mentorship programme. To do this, respondents were asked whether they agreed or disagreed (using a scale of 1-4, where 1= Strongly Disagree, 2= Disagree, 3= Agree, and 4= Strongly Agree) with some items depicting the expectations student nurses and midwives are looking forward to before embarking on their clinical mentorship programme. Thus, no respondent was given chance to stay neutral or to remain uncertain. Everybody was made to state his/her position clearly on whether he/she agreed or disagreed with the statements. To facilitate examination of the offered items, the items' mean and standard deviation were computed. A mean ranging from 1.4 and below signified Strongly Disagree, 1.5-2.4 signified Disagree, 2.5-3.4 signified Agree, and 3.5-4.0 signified Strongly Agree. For the purpose of accurate and easy reporting, Strongly Disagree and Disagree were combined and termed as 'Disagreement' with mean range 2.4 and below, whilst Strongly Agree and Agree were merged and termed 'Agreement' with mean range of 2.5-4.0. With respect to the standard deviation values, a SD with the range of 1.0 or greater signified that the responses differed much from each other whereas a SD less than 1.0 signified

that the responses did not differ much from each other. The findings from respondents are presented in Table 6.

Table 6: Expectations of students embarking on the Clinical mentorship programme

Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Deviation	Decision
I want to gain practical knowledge about the nursing profession	178 (71.2)	60 (24.0)	7 (2.8)	5 (2.0)	3.51	.464	Strongly Agree
I want to get to know my mentor before the beginning of the mentorship programme	161 (64.4)	56 (22.4)	23 (9.2)	10 (4.0)	2.96	1.163	Agree
I want to have a cordial relationship with my mentor and other staff of the hospital	129 (51.6)	87 (34.8)	20 (8.0)	14 (5.6)	2.85	1.208	Agree
I want to have a better understanding of the objective of the programme before the commencement of it	127 (50.8)	79 (31.6)	35 (14.0)	9 (3.6)	2.76	1.074	Agree
To learn new things that will improve my professional skills on the mentorship programme	105 (42.0)	106 (42.4)	26 (10.4)	14 (5.6)	2.73	1.028	Agree

***SA=Strongly Agree; A= Agree; D= Disagree; SD= Strongly Disagree.
Source: Field survey, (2020)

The results from the respondents presented in Table 6 show that generally, the respondents were in total agreement with all five (5) statements that sought to find out their expectations prior to their clinical mentorship programme. From the table (Table 6), 238 respondents constituting the majority (95.2%; M= 3.51, SD= 0.464) the agreed with the statement that they

have an expectation to gain practical knowledge about the nursing profession as they embark on the clinical mentorship programme. Conversely, 4.8% disagreed to this statement. More so, 129 respondents (representing 86.4%) agreed with the statement that they are expecting to have to a cordial relationship with their mentors and other staff of the hospital they have been posted to before embarking on the mentorship programme (M= 2.85, SD= 1.208). Furthermore, 206 out of a total of 250 respondents (representing 82.4%) agreed with the statement that they expect to have a better comprehension of the objective of the clinical mentorship programme before commencing it (M= 2.76, SD =1.074). Likewise, 211 respondents (representing 84.4%) agreed with the statement that they are expecting to learn new things that will improve their professional skills during the mentorship programme (M= 2.73, SD= 1.028).

Having these expectations and many others as revealed in the findings of this study is vital in enhancing the experiences of students nurses and midwives who embark on clinical mentorship practice as recommended and reported by a theorist like Benner (1982). The Benner's theory of novice, which sought to explore the differences between the novice and expert nurse, argued that, a person's skill progression will progress through five phases centred on their experience and education. These phases are the novice, advanced beginner, competent, proficient, and expert. Furthermore, he stated that trainee nurses enter each of these stages with an expectation. Thus, the expectation of students at each stage of their training may differ. The findings of the study to a greater extent support this assertion by Benner in the face that the student nurse or midwife as a novice embarking on professional training is

required to have some expectations that shape his/her experience. These expectations are likely to help them meet all the demands of their clinical practice.

Furthermore, it can be noted that student nurse and midwives who embark on the clinical mentorship programme have an expectation of establishing a cordial relationship with their mentors and other staff of the hospital they have been sent for clinical practice. Ensuring a cordial mentor/mentee relationship is important in meeting the goals of the clinical mentorship programme. This is in line with Canadian studies on mentor-mentee interactions in education, which showed that good mentor and mentee interactions could enhance the experience of student nurses and midwives undergoing clinical practice (Adamson et al., 2018; Sheehan et al., 2016). It was therefore not surprising that the respondents were in agreement to all the items that touched on their expectations.

Research Question Two: Orientations are given to the student nurses at the Cape Coast Nursing and Midwifery Training College (CCNMTC) before embarking upon their clinical mentorship programme.

This research question sough to explore the forms of orientations given to nurses at the CCNMTC before embarking upon their clinical mentorship programme. In responding this research question, the respondents were first and foremost asked to indicate whether or not they are given any form of orientation before the commencement of the clinical mentorship programme. Furthermore, the respondents were asked to specify which form of mentorship they were given. The findings gathered from this question are presented in Figure 1.

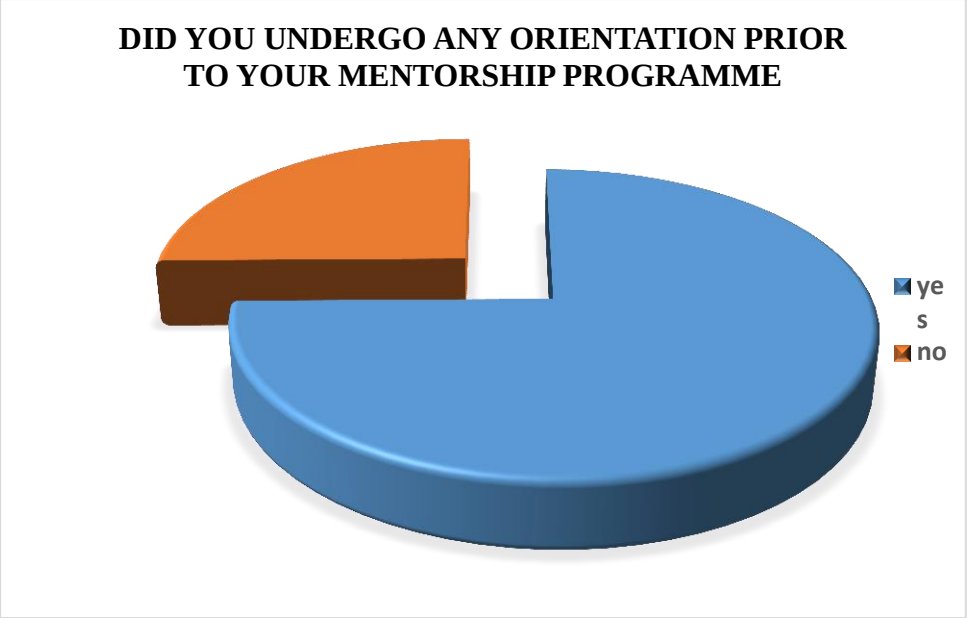

Figure 2: Distribution on Orientation participation for student on Clinical Mentorship Programme
Source: Field survey, (2020)

In the light of the views expressed by the respondents on the whether or not they were taken through an orientation prior to their clinical practice, Figure I shows that 75% of the respondents (n=187) respondents "Yes" whereas 25% responded "No. Forthwith, we can say that majority of the respondents are of the views that they are taken through orientation before embarking on the clinical mentorship programme. Thus, the findings of the study support the fact that before the start of the mentorship programme, students are given some form of orientation. This orientation as revealed in literature is to expose the student nurse to the things expected from them during the clinical mentorship programme. Hence, we can speculate based on these findings that, student nurses and midwives regard all the assistance and guidance given to them by their tutors preceding to their clinical practice as a form of orientation. The reason that may account for some respondents (25%) answering "No" could probably be attributed to the fact that these respondents

could be looking forward to a formal and well-structured orientation. The absence of such form of orientation to tem may mean that they were no orientation at all.

The researcher, in a quest to probe further on the type of orientation given to the respondents, they were asked to express their views on what form if orientation they received. The respondents on whether or not trainee nurses and midwives are given orientation, the respondents were asked to specify which form of orientation they engaged in. The responses given to this question are presented in Figure 3.

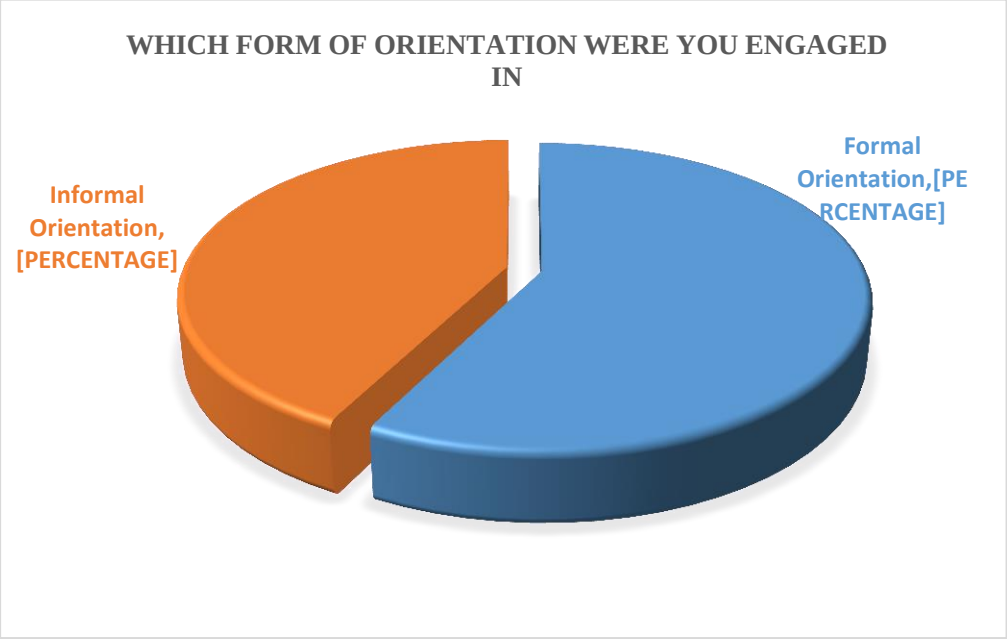

Figure 3: Forms of Orientation Student Engage in.
Source: Field survey, (2020)

Findings in Figure 3 showed that 144 respondents representing 58% indicated that they were engaged in a formal orientation. 106 (422%) respondents on the other hand indicated that they were made to undergo an informal orientation. This finding suggests that nursing and midwifery students at the CCNMTC are given some sort of formal orientation before the

commencement of their clinical mentorship programme. A review of the procedure for conducting the clinical mentorship programme at the CCTH revealed that students on internship from the nursing training institutions are welcomed in a group by the hospital clinical nursing coordinator. The main purpose of such a meeting is to review the clinical mentoring programme objectives of the trainee nurses and midwives. The students on clinical practice are further attached to the various wards and in-charges for a formal orientation according to their objectives in the clinical mentorship programme.

To further reinforce the views of the respondents, they were asked whether they agreed or disagreed (using a scale of 1-4, where 1= Strongly Disagree, 2= Disagree, 3= Agree, and 4= Strongly Agree) with some items depicting details of orientation programmes available to student nurses and midwives from CCNMTC undergoing clinical mentorship at the CCTH. Thus, no respondent was given chance to stay neutral or to remain uncertain. Everybody was made to state his/her position clearly on whether he/she agreed or disagreed with the statements. To facilitate examination of the offered items, the items' mean and standard deviation were computed. A mean ranging from 1.4 and below signified Strongly Disagree, 1.5-2.4 signified Disagree, 2.5-3.4 signified Agree, and 3.5-4.0 signified Strongly Agree. For the purpose of accurate and easy reporting, Strongly Disagree and Disagree were combined and termed as 'Disagreement' with mean range 2.4 and below, whilst Strongly Agree and Agree were merged and termed 'Agreement' with mean range of 2.5-4.0. With respect to the standard deviation values, a SD with the range of 1.0 or greater signified that the responses differed much from each other whereas a SD less than 1.0 signified that the responses did not

differ much from each other. The findings from respondents are presented in Table 6.

Table 7: Details of Orientations Available to CCNMTC Students on the Clinical Mentorship Programme

Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Deviation	Decision
I established contact with my mentor before commencement of the clinical mentorship programme	118 (47.2)	108 (43.2)	14 (5.6)	10 (4.0)	3.17	.824	Agree
I was satisfied with the level of orientation given to me before the start of my mentorship programme	98 (39.2)	122 (48.8)	25 (10.0)	5 (2.0)	2.80	1.013	Agree
I have adequate knowledge about my roles and duties before commencing the mentorship programme	97 (38.8)	118 (47.2)	26 (10.4)	9 (3.6)	2.75	.853	Agree
I was introduced to other staff of the hospital before I began my mentorship programme	93 (37.2)	20 (8.0)	133 (53.2	4 (1.6)	2.27	.980	Disagree
I had time to familiarize with the facilities in the hospital before I began my mentorship programme	65 (26.0%)	36 (14.6)	116 (46.4)	33 (13.2)	1.89	.852	Disagree

***SA=Strongly Agree; A= Agree; D= Disagree; SD= Strongly Disagree.
Source: Field survey, (2020)

It is clear from the finding displayed in Table 7 that 90.4% of the respondents (n= 226) affirmed the statement that they established contact with their mentor before commencement of the clinical mentorship programme (M= 3.17, SD=.824) whereas 9.6% (n=24) disagreed to the statement. Furthermore, the findings revealed that 215 respondents representing 86% agreed to the statement that they were provided with adequate knowledge

about their roles and duties before commencing the mentorship programme (M= 2.75, SD= .853).

Additionally, 54.8% (n=137) of the respondents, on the other hand, disagreed to the statement that they were introduced to other staff of the hospital where they were to have their mentorship programme before they commenced the programme. (M= 2.27, SD= .980). More so, 59.6% (n=149) of the respondents further disagreed to the statement that they had time to familiarize with the facilities in the hospital before beginning the mentorship programme (M= 1.89, SD=.852). When asked to indicate whether they were satisfied to the orientation given to students before embarking on the mentorship programme, 88.0% (n=220) revealed that they were satisfied with the kind of orientation they received (M= 2.80, SD= 1.013).

Supporting the findings of the study, the areas under "orientation of students" include building a connection, creating a friendly environment, and introducing the students to tools and processes, introducing student nurses and midwives to the hospital environment and staff among others. This implies that cultivating a positive environment so that the trainee nurses and midwives interact well; an environment that makes it cool for the students to go to a mentor with his/her difficulties which forms part of the roles of the mentors. Evidence from literature again suggests that providing mentees with a prior content and technical knowledge outcomes expected every mentor/mentee relationship. Literature concurs that orientation affords mentees the opportunity to be guided by their mentors on the arena to achieve the needed professional skills. This was verified by Abdullah et al. (2018) that partakers in their study found that organising some form of orientation for mentees

improved shapes their expectations for mentorship programmes. It can be deduced from the ongoing discussions that the available of orientation programme for student nurses and midwives helps in shaping their professional expectations and also enhances their experience.

Research Question 3: What are the experiences of the student nurses during the clinical mentorship programmes?

This research question sought to look into the experience of student nurses during the mentorship programme. To do this, respondents were asked whether they agreed or disagreed (using a scale of 1-4, where 1= Strongly Disagree, 2= Disagree, 3= Agree, and 4= Strongly Agree) with some items depicting details the experiences of student nurses and midwives during their clinical mentorship programmes. Thus, no defendant was given chance to stay neutral or to remain uncertain. Everybody was made to state his/her position clearly on whether he/she agreed or disagreed with the statements. To facilitate examination of the offered items, the items' mean and standard deviation were computed. The findings from respondents are presented in Table 7.

Table 8: Experience of student nurses and midwives on the clinical mentorship programme

Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Deviation	Decision
It was advantageous because I gained practical knowledge and experience in handling a variety of healthcare difficulties.	118 (47.2)	108 (43.2)	14 (5.6)	10 (4.0)	3.65	1.504	Agree
It has been beneficial since, when we are in the clinical setting, they guide and instruct us on issues surrounding drug management.	97 (38.8)	118 (47.2)	26 (10.4)	9 (3.6)	3.44	.739	Agree
The contact is positive because mentors are empathetic, helpful, and have a positive attitude.	98 (39.2)	122 (48.8)	25 (10.0)	5 (2.0)	3.20	.938	Agree
It was quite beneficial because they helped us improve in our practical skills and corrected us when we made mistakes.	93 (37.2)	133 (53.2)	20 (80)	4 (1.6)	2.80	1.015	Agree
My contacts with my mentors have been so instructive that while they correct me on certain techniques, I usually end up learning from them.	85 (34.0)	116 (46.4)	36 (14.4)	13 (5.2)	2.75	1.052	Agree
I have gained more knowledge about my roles as a health worker and how to deal with our clients	78 (31.2)	124 (49.6)	34 (13.6)	14 (5.6)	2.67	1.227	Agree
Some mentors are harsh and abusive toward me especially when I commit the slightest mistakes.	77 (30.8)	121 (48.4)	34 (13.6)	18 (7.2)	2.64	1.061	Agree

***SA=Strongly Agree; A= Agree; D= Disagree; SD= Strongly Disagree.
Source: Field survey, (2020)

From Table 7, the respondents generally agreed that 90.4% (n= 226) of the respondents affirmed that an experience they have gained from the clinical

mentorship programme is that the programme has been good because they direct and educate us on matters involving drug administration while in the clinical area (M= 3.44, SD .739). Additionally, 92.4% of the respondents supported the statement that an experience student has gain from the mentorship programme is the fact that the interaction is good because mentors are very cooperative, display good attitude and are understanding (M= 3.20, SD=.938). In the same vain, 90.4% (n=226) of the respondents approved to the statement that the mentorship programme has been quite good because they make us perfect on the practical areas and also correct us when we are going wrong (M= 2.80, SD= 1.015). 80.8% of the respondents also indicated as revealed by the findings presented in Table 7, that they have gained more knowledge about their roles as a health worker and how to deal with our clients (M=2.67, SD= 1.227).

The study's findings corroborate the literature's description of a mentor's role. A mentor is essential, according to the Royal College of Nursing, (2007), to provide support and advice to the student in the practice area. By applying theory, appraising, and giving positive critique, as well as by encouraging reflection on practice, performance, and experiences, a mentor should be able to assist students in making sense of their work. Sobia et al. (2008) conducted a study on students' perceptions of mentorship and found that mentors were perceived as socializing students through passing on ward norms and routines.

Furthermore, in supporting the findings that mentorship help trainee nurses and midwives acquires on the job professional skills that help them enhance their academic success. Mentorship, according to Macgann (2008),

can help people improve their behaviour and achieve academic success. Mentorship program participants also seemed that the mentor knew them on a personal level, and that their interactions with the mentors enhanced enthusiasm, which helped them achieve academic achievement. As a result, Higgins and McCarthy (2005) revealed mental health nursing students' perspectives of having a mentor throughout their first clinical posting experience during a three-year diploma program in Ireland. The study's findings revealed that clinical mentorship plays an essential role in their learning. The study also discovered that the interaction is beneficial since mentors are very cooperative, have a positive attitude, and are understanding. This is clear in the literature, which suggests that a friendly, helpful, yet professional relationship aided the student-mentor relationship's effectiveness.

Research Questions Four: What challenges confront student nurse during their mentorship programme?

The fourth research question sought to explore some of the challenges that confronts the student's nurses and midwives during the mentorship programme. Similar to the second and third research questions, respondents were asked to strongly agree, agree, disagree or strongly disagree to statements regarding the challenges of student nurses and midwives during the clinical mentorship programme. To facilitate examination of the offered items, the items' mean and standard deviation were computed. The same processes used in computing the mean weight and standard deviation in research question one was employed in this section. The findings from respondents are presented in Table 8.

Table 9: Challenges student nurses and midwives face during their clinical mentorship programme

Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Deviation	Decision
Mentors required for the mentorship programme are not adequate.	78 (31.2)	124 (49.6)	34 (13.6)	14 (5.6)	2.94	1.114	Agree
Some mentors are not committed and willing to mentor others.	77 (30.8)	121 (48.4)	34 (13.6)	18 (7.2)	2.61	1.202	Agree
I don't receive the required support from my mentors during the mentorship programme.	75 (30.0)	114 (57.6)	44 (17.6)	17 (6.8)	2.56	1.060	Agree
My mentors do not have adequate time for me during the mentorship programme due to excessive workload.	70 (28.0)	47 (18.8)	104 (41.6)	29 (11.6)	2.11	1.101	Disagree
The relationship between my mentor and me is very poor.	56 (22.4)	52 (20.8)	109 (43.6)	33 (13.2)	1.74	.943	Disagree
Some mentees do not co cooperate with their mentors.	46 (18.4)	66 (26.4)	114 (45.6)	40 (16.0)	1.23	.554	Strongly Disagree

***SA=Strongly Agree; A= Agree; D= Disagree; SD= Strongly Disagree.
Source: Field survey, (2020)

It is seen from Table 9 that 80.0% of the respondents were agreement to the statement that the inadequate mentors required for the mentorship programme was one of the challenges students faced while embarking on the clinical mentorship programme (M= 2.94, SD= 1.114). More so, the findings revealed that 79.2% (n=198) agreed that some mentors are not committed and willing to mentor the student's nurses and midwives assigned to them (M= 2.61, SD=1.202). The respondents on the other hand opposed to the statement that their mentors do not have adequate time for them during the mentorship

programme due to excessive workload (M= 2.11, SD= 1.101). Similarly, the 53.2% of the respondents however disagreed that the poor relationship between student mentees and their mentors was a challenge they faced during the clinical mentorship programme (M= 2.11, SD= .101).

The findings of the study revealed that inadequate mentors for the clinical mentorship programme and the lack of willing on the part of the mentors to engage student nurses and midwives on the clinical mentorship programme are challenges nurses and midwives face on their mentorship programme. This is supported by literature. Vinales (2015) asserted that the fact that mentorship is appointed rather than undertaken willingly may operate as an obstacle to mentoring. He further states that the problem is that many nurses and midwives who do not want to assess or teach students nurses and midwives. Despite being an excellent nurse and a strong role model in the area of nursing, someone who lacks enthusiasm in mentoring may end up being a lousy mentor.

More so, the findings of the study revealed that trainee nurses and midwives expressed disagreement in their views that mentors assigned to them during the clinical mentorship programme do not have adequate time for them due to several work overload. This is findings is not in consonance with literature. Van (2006) expressed the view that most frequently cited barrier to effective mentorship is having sufficient time to spend with mentees due to workover load. It is therefore surprising that student nurses and midwives at the CCNMTC do not see this as a challenge in embarking on the clinical mentorship. The nature of the work schedule of the mentors assigned for the clinical mentorship programme results in competing demands for mentor's

time can limit their availability to students. A study done by Oluchina and Gitonga (2016), on the mentees who practiced in informal and formal mentorship programs correspondingly stated that they regularly encountered insufficient time for mentorship programme.

Absence of backing from mentors and institutions also pose as a challenge to student nurses and midwives embarking on the clinical mentorship programme. According to Nettleton and Bray (2008), a lack of institutional support for both mentors and mentees is a barrier to productive mentorship relationships. According to Oluchina and Gitonga (2016), a lack of support from mentors and institutions is a barricade to mentorship programs for 65 percent of mentees. This supports the opinions expressed by CCNMTC students, nurses, and midwives in the study's conclusions.

Research Question Five: How can the experience of the student nurses be enhanced to support their professional learning before during and after the clinical mentorship performance?

The final research question sought to explore how the experience of the student nurses and midwives be enhanced to support their professional learning before during and after the clinical mentorship performance. Respondents were asked to strongly agree, agree, disagree or strongly disagree to statements regarding how the experience of the student nurses and midwives be enhanced to support their professional learning before during and after the clinical mentorship performance. Percentage, mean and standard deviation of the items were computed using the same process as in the previous sections to aid in the analysis and the presentation of the items. The findings from respondents are presented in Table 9.

Table 10- Enhancing the experience of the student nurses and midwives to support their professional learning before during and after the clinical mentorship performance

Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Deviation	Decision
Mentees must be provided with a platform to provide feedback on their mentorship experience	56 (22.4)	147 (58.8)	36 (14.4)	11 (4.4)	2.94	1.114	Agree
Mentors must be provided with regular continuous training to keep them abreast with modern trends in clinical mentorship	56 (22.4)	137 (54.8)	47 (18.8)	10 (4.0)	2.56	1.060	Agree
Nurses must be allowed to choose their own nursing mentors	38 (15.2)	76 (30.4)	127 (50.8)	11 (4.4)	2.11	1.101	Disagree
Nursing students must be allowed to change their nursing mentors	25 (10.0)	69 (27.6)	136 (54.4)	20 (8.0)	1.74	.943	Disagree

***SA=Strongly Agree; A= Agree; D= Disagree; SD= Strongly Disagree.
Source: Field survey, (2020)

It can be seen from Table 9 that, 203 respondents representing 81.2% of the total sampled population agreed to the statement that mentees must be provided with a platform to provide feedback on their mentorship experience as a means of enhancing the mentees' experience during the clinical mentorship programme. (M= 2.94, SD=1.114). In a similar manner, 77.2% of the respondents also agreed that providing mentors with the regular continuous training to keep them abreast with modern trends in clinical mentorship was another way of enhancing the experience of the student nurses and midwives before and during their clinical mentorship programme (M= 2.56, SD=1.060). The 55.2% of respondents however disagreed that to the statement the nurses

and midwives on the mentorship programme should be allowed to choose their own programmes (M= 2.11, SD= 1.101).

The implication of the findings of the study suggests that the provision of regular continuous training for mentors is one way to enhance the experience of student nurses and midwives who embark on the clinical mentorship programme. Mentors will be able to improve their nursing skills and competences as a result of this, allowing them to better train students placed in their care. Lieberman backed up the study's conclusions (1996). Continuous Professional Development (CPD) is divided into three categories by Lieberman: direct instruction (such as courses and workshops); on-the-job learning (such as peer coaching, critical friendships, mentorship, action research, and task-related planning teams); and off-the-job learning (such as learning networks, visits to other health centres, hospital partnerships and among others). Kennedy (as stated in Falk, 2001) endorsed what Lieberman (1996) outlined as well as nine kinds of CPD, including skill-based training with expert delivery and limited practical application. According to the evidence, CPD programs assist nurses and midwives in improving their abilities in order to be capable in the hospital, offering better Healthcare services to customers, and positioning them to transfer practical information to students' nurses and midwives under their supervision. This supports the idea that providing clinical practice mentors with CPD opportunities can help them improve their mentoring relationships with student nurses and midwives.

To further corroborate the findings of this study, Anderson (2011) revealed that organising a formal orientation for mentees as well as providing a proper mentor-mentee allocation will go a long way to enhance their

experience on the mentorship programme. These recommendations are discussed in the following paragraphs. He further added that in enhancing the experience of student nurses and midwives on the clinical mentorship programme, adequate time for mentees to learn about essential topics and for mentors and mentees to interact. Mentors must get together in advance to go over what the mentees will learn and to go over anticipations

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The data analysis and discussion of the research findings are presented in this section. The study sought to explore the experiences of student nurses at the nursing training college at the Cape Coast Nursing and Midwifery Training Colleges (CCNMTC) regarding their clinical mentorship programme. Specifically, the study aims to assess whether or not clinical mentorship programme is helping student nurses to improve their nursing practice.

This section of the research summarizes the research findings. The part also explains how the study's goal was attained. It also includes helpful advice for addressing the issues that student nurses and midwives participating in the clinical mentorship program at the CCNMTC face during the programme.

Summary of the Research Process

The study employed a descriptive cross-sectional survey design. The data presented and analysed in this section was collected by means of questionnaires completed by 250 student nurses and midwives in their second and third year of study at the CCNMTC out of an expected sample of 280.

The study tackles the following specific research questions:

1. What are the expectations of the student nurses before they embark on the clinical mentorship programmes?
2. What orientations are given to the student nurses at the Cape Coast Nursing and Midwifery Training College (CCNMTC) before embarking upon their clinical mentorship programme
3. What are the experiences of the student nurses during the mentorship programmes?

4. What are the challenges that confront the student nurse during the mentorship programme?
5. How can the experience of the student nurses be enhanced to support their professional learning before during and after the clinical mentorship performance?

Summary of Key Findings

The following are the key conclusions of this research:

The first research question sought to peruse the expectations of the student nurses before they embark on the clinical mentorship programmes. The findings of the study exposed that student nurses and midwives embark on the clinical mentorship programme with an expectation to gain practical knowledge about the nursing profession and to learn new things that will improve their professional skills when they start working.

The second research question sought to find out the orientations given to the student nurses at the Cape Coast Nursing and Midwifery Training College (CCNMTC) before embarking upon their clinical mentorship programme. The findings of the study revealed that majority of student nurses and midwives are made to undergo some form of orientation before the commencement of their mentorship programme. More so, the findings of the study revealed that student nurses and midwives are engaged in both formal and informal orientation, however, majority of the respondents indicated that they were engaged in formal orientation. Regarding the details of the orientations student nurses and midwives receive, the findings of the study revealed that majority of the students approved to the statement that they established contact with their mentor before commencement of the clinical

mentorship programme. The findings further revealed that student nurses and midwives agreed to the statement that they had adequate knowledge about their roles and duties before commencing the mentorship programme. The respondents nevertheless disapprove to the statement that they were introduced to other staff of the hospital where they were to have their mentorship programme before they commenced the programme. They also disagreed to the statement that they had time to familiarize with the facilities in the hospital before beginning the mentorship programme.

The third research question also sought to peruse the experiences of the student nurses during the clinical mentorship programmes. The findings of the study revealed that, the experience student nurses and midwives gain from the clinical mentorship programme is that they were directed and educated on matters involving drug administration while in the clinical area. Furthermore, the findings of the study revealed that another experience student nurses and midwives have gain from the mentorship programme is that they are able to build a good interaction with other health workers due to the cooperativeness and good attitude displayed by their mentors.

The fourth research question sought to find out the challenges that confront the student nurse during the mentorship programme. The findings of the study revealed that student nurses and midwives are faced with the challenge of inadequate mentors required for the mentorship programme was one of the challenges students faced whiles embarking on the clinical mentorship programme. Furthermore, they are also faced with the challenge of some mentors are not committed and willing to mentor the student's nurses and midwives assigned to them. The findings however revealed that students

nurse and midwives disagree that, their mentors do not have adequate time for them during the mentorship programme due to excessive workload. Poor relationship between student mentees and their mentors was a challenge they faced during the clinical mentorship programme.

The final research question focused on how can the experience of the student nurses be enhanced to support their professional learning before during and after the clinical mentorship performance. The findings of the study revealed that mentees (student nurses and midwives) must be provided with a platform to provide feedback on their mentorship experience as a means of enhancing the mentees' experience during the clinical mentorship programme. Furthermore, the study revealed that providing mentors with the regular continuous training to keep them abreast with modern trends in clinical mentorship was another way of enhancing the experience of the student nurses and midwives before and during their clinical mentorship programme. In addition, the findings revealed that the respondents however disagreed to the statement that nursing and midwifery students must be allowed to change their nursing mentors as a means of enhancing the clinical mentorship programme of students on the mentorship programme.

Conclusions

First and foremost, the findings of this investigation provide sufficient data to reach a conclusion that before the start of the mentorship programme, students are given some form of orientation. This orientation as revealed in literature is to expose the student nurse to the things expected from them during the clinical mentorship programme. Furthermore, it can be concluded that student nurses and midwives are most often engaged in formal orientation.

In addition, it can be concluded that orientations given to student nurses and midwives covers knowledge about their roles and responsibilities as well as establishing contact their mentor. Orientation given to student nurses and midwives from CCNMTC do not cover familiarizing themselves with the staff and facilities in the hospital they are to embark the mentorship programme.

Secondly, it can also be concluded that student nurses and midwives expect to acquire the new practical knowledge about the nursing profession that will improve their professional skills when they start working.

Thirdly, it can be concluded that student nurses and midwives acquire some experience from the clinical mentorship programme, these include how to administer drugs to patients and the ability to build a good interaction with other health workers due to the cooperativeness and good attitude displayed by their mentors.

Fourthly, based on the findings of the study it can be concluded that student nurse and midwives face the challenge of inadequate mentors required for the mentorship programme and poor committed and willing to mentor the student's nurses and midwives assigned to them.

Finally, the study concluded that in order to enhance the experience of student nurses and midwives who embark on clinical mentorship programme, they should be provided with the avenue must be provided with a platform to provide feedback on their mentorship experience. It can further be concluded that providing mentors with the regular continuous training to keep them abreast with modern trends in clinical mentorship can also enhance the experience of the student nurses and midwives before and during their clinical mentorship programme.

Recommendations

1. The researcher made the following recommendations based on the study's results and analysis:
2. Student nurses and midwives should be introduced to others staffs apart from their mentor (in-charge) before the commencement of the clinical practice and this will boost the confidence to practice with or without the presence of their assigned mentors.
3. Student nurses and midwives should be orientated to familiarize themselves to other important facilities in the hospital that may have an immediate connection to their clinical objectives such as laboratory, CT scan centre, MRI centre, Blood bank, pharmacy. This will help reduce the stress of the student's nurses and midwives especially in emergency situation when these facilities may be having almost need in patience care.
4. The college should officially engage more clinical mentors with well-motivated term of reference so they could have more mentors during the clinical practice to improve on the relationship between the mentees and commitment of their clinical mentors.
5. The college should collaborate with CCTH to organize training programmes for mentors to improve their capacity and enhance adequate clinical mentoring during their clinical practice.
6. The student nurses and midwives should have feedback platform that will give them the opportunity to discuss the progress of the programme and provide individualised pragmatic solution that may be needed to improve the experience of the student nurse and midwife during their clinical mentoring programme.

Recommendation for Further Research

From the findings, the researcher endorses that the study is replicated in other jurisdiction to get a broader picture of the experiences of student nurses and midwives on the clinical mentorship programme.

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APPENDICES

APPENDIX A

THE UNIVERSITY OF CAPE COAST

INSTITUTE FOR EDUCATIONAL PLANNING AND ADMINISTRATION (IEPA)

TOPIC: CLINICAL MENTORSHIP PROGRAMME AND THE PERCEPTIONS OF STUDENTS NURSES AT THE NURSING AND MIDWIFERY TRAINING COLLEGE, CAPE COAST.

QUESTIONNAIRE FOR NURSING TRAINEES

The study was is meant at perusing the experiences of nursing students at the nursing training college in the Cape Coast regarding their perceptions on the clinical mentorship programme. Please rest assured that any data you provide for this exercise will be kept private and used solely for research reasons. Mark the relevant box that fits the questions using the scales provided to each statement.

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender a. Male [ ] b. Female [ ]
2. Level a. 200 [ ] b. 300 [ ]
3. Programme a. General Nursing [ ] b. Midwifery [ ]

SECTION B: ORIENTATIONS TO NURSING STUDENTS BEFORE EMBARKING ON THEIR CLINICAL MENTORSHIP PROGRAMME

Please read the questions from 4– 5 and tick the suitable response that highlights the orientations given to nurses before they embark on the clinical mentorship programme.

4. Did you undergo an orientation prior to your clinical mentorship programme?

   a. Yes [ ] b. No [ ]

5. If your answer to question 4 is 'Yes', friendly indicate the form of orientation you were given.

   a. Formal [ ] b. Informal [ ]

Please identify your level of agreement or disagreement with the statement by selecting [] one of the options that best represents your viewpoint:

Strongly Disagree (SD), Disagree (D), Agree (A), and Strongly Agree (SA) (please select only one).

Statement	SD	D	A	SA
6. I have adequate knowledge about my roles and duties before commencing the mentorship programme				
7. I was Introduced to other staff of the hospital before I began my mentorship programme				
8. I had time to familiarize with the facilities in the hospital before I began my mentorship programme				
9. I established contact with my mentor before commencement of the clinical mentorship programme				
10. I was satisfied with the level of orientation given to me before the start of my mentorship programme				

SECTION C: EXPECTATIONS OF THE STUDENT NURSES BEFORE THEY EMBARK ON THE CLINICAL MENTORSHIP PROGRAMMES

Please identify your level of agreement or disagreement with the statement by selecting [] one of the options that best represents your viewpoint:

Strongly Disagree (SD), Disagree (D), Agree (A), and Strongly Agree (SA) (please select only one).

Statement	SD	D	A	SA
11. I want to gain practical knowledge about the nursing profession				
12. I want to have a better understanding of the objective of the programme before the commencement of it				
13. I want to get to know my mentor before the beginning of the mentorship programme				
14. To learn new things that will improve my professional skills on the mentorship programme				
15. I want to have a cordial relationship with my mentor and other staff of the hospital				

SECTION D: EXPERIENCES OF THE STUDENT NURSES DURING THE MENTORSHIP PROGRAMMES

Please identify your level of agreement or disagreement with the statement by selecting [] one of the options that best represents your viewpoint:

Strongly Disagree (SD), Disagree (D), Neutral (N) Agree (A), and Strongly Agree (SA) Strongly Disagree (SD), Disagree (D), Agree (A), and Strongly Agree (SA) (please select only one).

Statement	SD	D	A	SA
16. Some mentors are harsh and abusive toward me especially when I commit the slightest mistakes.				
17. I have gained more knowledge about my roles as a health worker and how to deal with our clients				
18. It's been beneficial since they instruct and educate us on drug management issues while we're in the clinical setting.				
19. It was beneficial since I gained experience and expertise in how to deal with specific clinical issues.				
20. Mentors are very cooperative, have a positive attitude, and are comprehensive, which makes for a positive engagement.				
21. It was beneficial since they developed our practical skills and corrected us when we made mistakes.				
22. My encounters with my mentors have been extremely instructive in that I usually learn from my blunders whenever they rectify me on certain techniques.				

SECTION E: CHALLENGES THAT CONFRONT THE STUDENT NURSE DURING THE MENTORSHIP PROGRAMME

Please identify your level of agreement or disagreement with the statement by selecting [] one of the options that best represents your viewpoint:

: **Strongly Disagree (SD), Disagree (D), Agree (A), and Strongly Agree (SA)** (please select only one).

Statement	SD	D	A	SA
23. I don't receive the required support from my mentors during the mentorship programme.				
24. My mentors do not have adequate time for me during the mentorship programme due to excessive workload.				
25. The relationship between me and my mentor is very poor.				
26. Mentors required for the mentorship programme are not adequate.				
27. Some mentors are not committed and willing to mentor others.				
28. Some mentees do not co cooperate with their mentors.				

SECTION F: EXPERIENCE OF THE STUDENT NURSES THAT CAN BE ENHANCED TO SUPPORT THEIR PROFESSIONAL LEARNING BEFORE DURING AND AFTER THE CLINICAL MENTORSHIP PERFORMANCE

Please identify your level of agreement or disagreement with the statement by selecting [] one of the options that best represents your viewpoint:

Strongly Disagree (SD), Disagree (D), Agree (A), and Strongly Agree (SA) (please select only one).

Statement	SD	D	A	SA
29. Mentees must be provided with a platform to provide feedback on their mentorship experience				
30. Mentors must be provided with regular continuous training to keep them abreast with modern trends in clinical mentorship				
31. Nurses must be allowed to choose their own nursing mentors				
32. Nurses must be allowed to change their clinical nursing mentors				

APPENDIX B

ANALYSIS

1. Cronbach's Alpha for items in Section B

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
0.756	5

2. Cronbach's Alpha for items in Section C

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
0.788	5

3. Cronbach's Alpha for items in Section D

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
0.758	7

4. Cronbach's Alpha for items in Section E

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
0.801	6

5. Cronbach's Alpha for items in Section F

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
0.740	**4**

6. Overall Cronbach's Alpha for all items

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
0.850	**27**