

# Mentoring Skills and Practices: Perceptions of Mentors and Mentees of Nursing Colleges

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## Abstract:

**Introduction:** Mentors are thought to be the torchbearers in the academic journey of students and mentoring is a meaningful commitment, which influences the personal, psychosocial, and academic progress of students. Skilled mentors are critical to teaching-learning activities. Little is known about the skills and mentoring practices. **Methodology:** A descriptive cross-sectional design was found most appropriate to assess the perceptions of mentoring competencies and feedback on ongoing mentorship practices. 223 nursing students (Mentees) and 20 teaching faculty (Mentors) participated. A structured questionnaire for feedback, Mentor Competency Assessment (MCA) skill inventory, and Mentee Motivation Scale was used. Ethical procedures were followed for data collection. **Results:** 90% of mentees were females with a mean age of  $22.0 \pm SD2.6$ . Though most mentees found the mentoring sessions motivating, there were 3 to 7% who never found it motivating. 86.55% communicate face-to-face to their mentors in the faculty office while 69% do during the clinical postings. Though most mentees found mentoring sessions motivating, there were 3 to 7% who were never motivated. 95% of mentors were females. 70% aged up to 40 years and 30% between 41 to 50 years. 80% were Post Graduate and 20% with PhD their as highest qualification. Mentoring competency overall mean scores of mentees ranged from 4.64 – 4.75 while mentors self-rated themselves higher with a mean score of 5.05 – 5.87 on a 7-point rating scale for six core competencies. The mean scores from both mentors and mentees were found between 4 - 6 which is interpreted as mentors moderately skilled **Conclusion:** Mentoring students contribute to the enhancement of personal and professional development. Strengthening the competency of mentors can definitely improve the perception, motivation, and satisfaction of mentors as well as mentees for the mentorship practices.

**Keywords:** Mentor, Mentee, Mentor Competencies, Mentorship, Mentoring, Mentee Motivation

## Introduction

Mentoring is a meaningful commitment, designed to have an influence on personal, psychosocial development, and academic performance of the students. Mentoring entails informal communication, usually face-to-face, during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé)<sup>1</sup>. The primary function of such a relationship is to develop the protégé's learning capacity by transmitting knowledge, organizational culture, wisdom, and experiences<sup>2</sup>.

Mentoring programs are often seen as crucial teaching and learning methods in higher education institutions. It emphasizes not only imparting academic knowledge and a range of activities for socialization in the discipline selected by the students but also involves efforts in improving the confidence of students. The teachers in higher educational institutions are assigned an additional role as a mentor at a 1:10 ratio,

with an intention to meaningfully support and guide the students. However, the definitions of a mentor in the literature are not consistent<sup>3</sup>.

The entry of a student to a health science professional education program exposes him/her to numerous challenges like adjustment to a new curriculum, scheduled clinical postings, and fulfilling the professional requirements in a rapidly changing healthcare environment. At this point in time, the students need a mentor who provides emotional and moral support through encouragement, counseling, and guidance.

An effective mentoring program positively impacts personal, educational, and professional outcomes which include overall personal well-being, workplace-based learning, career decisions, and success. Job satisfaction and productivity have also been demonstrated to be beneficially affected by mentoring<sup>4</sup>.

A systematic review of qualitative research identified that the mentoring functions provided psychosocial and career-related support. The mentors helped mentees to flourish in the challenging environment of academic medicine by offering them emotional and moral support, working to build their personal and professional abilities, and providing them with backing and protection in their academic institutions. Personal inadequacies and relational problems were identified as the main barriers to mentoring, but structural constraints such as lack of time or incentives sometimes hindered the development of functional mentoring relationships. Evidence support that effective mentorship contributes to the improvement of a certain quality of care outcomes<sup>5</sup>. Mentors are expected to carefully understand the strengths, weaknesses, and career goals of mentees and provide suitable guidance<sup>6</sup>.

In higher education institutions the mentors may also work as teachers, supervisors, or examiners. Fulfillment of multiple roles by mentors could result in role confusion or even role conflicts, both of which may affect mentoring process and outcomes. Though teaching faculty (mentors) are assigned students (mentees) every year with a minimum 1:10 ratio, the mentors focus on completing the mentorship activity as a task, some might have goals/objectives while others do not. There are no standardized guidelines and no formal training of faculty for the conduct of mentorship programs. This study may help in preparing the institutional protocols and guidelines for a successful mentoring program.

## Methodology

### *Research Design*

A descriptive cross-sectional design was found most appropriate to assess the perceptions of nursing students (Mentees) and their teaching faculty (Mentors) on mentoring competencies and feedback on ongoing mentorship practices.

### *Research Site and Study Participants*

The study was carried out at a Nursing College offering undergraduate and post-graduate programs. 223 nursing students (Mentees) and 20 teaching faculty (mentors) who had at least one-year mentorship experience. The sample selection was through the convenience sampling method. The study was approved by the Ethical Committee at MGM Institute of Health Sciences.

### *Instruments*

The data was collected through structured questionnaires from mentees and mentors.

#### *Mentee*

- 1) The structured feedback questionnaire on mentorship practices consisted of a) Demographic Profile and b) eleven questions on the ongoing mentorship program.

- 2) The Mentor Competency Assessment (MCA)<sup>7</sup> is a skill inventory that enables mentors and mentees to evaluate six core competencies of mentors (i). Maintaining effective communication, (ii). Aligning expectations (iii) Assessing understanding, (iv) Fostering independence (v) Addressing diversity (vi) Promoting professional development which included 26 total statements to rate. The competency assessment items were based on a 7-point Likert scale ranging from 0-3 'Not at all Skilled' 4-6 "Moderately skilled" and 7 'Extremely Skilled' with the option to select "Not Applicable." - This tool was administered to mentees to rate the skills of their mentors.
- 3) Mentee Motivation Scale was used to assess the motivation of the mentee on four points, ranging from 0 – 3 (0=Never, 1= Sometimes, 2=Usually, and 3= Always) filled by the mentee questionnaire.

#### *Mentors*

The Mentoring Competency Assessment (MCA) inventory was administered to mentors for self-reflection on their mentoring competencies. The tool used for mentors included four sections a) Demographics b) Professional Background c) Mentoring Experience & Training d) Mentoring Competencies Assessment questionnaire.

#### *Procedures*

The faculty (Mentors) and students (Mentees) were informed about the purpose of the study and invited to participate as per the inclusion and exclusion criteria and those who had at least one year of recent mentoring experience in the same institute were included in the study. Informed consent was obtained. The study was registered with Clinical Trial Registry, India (CTRI) prior to data collection.

#### *Inclusion Criteria*

- Mentee - First to Final Year B.Sc. Nursing Students who are mentored at least for one year
- Mentor – Full-time teaching faculty, who is working in the institute for more than one year and is involved in mentoring the students.

#### *Exclusion Criteria*

- Students who are not regular in their attendance, faculty on long leave

During the course of data collection, all required procedures were followed. The data was collected through structured tools. The mentors and mentees were allotted time and a Google link for data collection to make it cost-effective and time-saving. A research associate coordinated to ensure that all students and faculty submitted the duly filled questionnaires.

#### **Data Analysis**

The quantitative data collected from mentees and mentors was analyzed using frequency, percentage, mean, and standard deviation and illustrated in the tables and graphs.

### **Results of the study:**

#### *Demographic Characteristics*

The data was collected from students (mentees) pursuing undergraduate and post graduate nursing programs. 90% of participants were females with 42% in age 18 – 20 years, 39% between 21 – 22 years, and 19% above 24 – 27 years with mean age  $22.0 \pm SD=2.6$ .

**Table 1: Distribution of Mentees based on their demographic characteristics**  
n = 223

Variables	f	%
<b>Age in Years</b>		
18 – 20	94	42
21 – 22	87	39
23 – 24	24	11
Above 24	18	8
<b>Gender</b>		
Male	22	10
Female	201	90
<b>Mentored for Program Enrolled</b>		
UG Program	207	93
PG Program	16	07
<b>Mentored by my mentor during my year of study (year prior to current)</b>		
Second	127	57
Third	62	28
Fourth	34	15
<b>Number of Years you have been mentored in this institute</b>		
One	79	35
Two	62	28
Three	74	33
Not mentored at all	8	4

Most of the mentees were enrolled in undergraduate (UG) programs and most of them were mentored for more than one year. 96% reported that they have been mentored in this institute while 4% informed that they were not mentored at all. (Table 1))

***Feedback on mentoring practices:***

86.55% of the mentees communicated with their mentors through face-to-face contact in the faculty office while 69% communicated during the clinical posting. 70.40% responded that communication between the mentor and mentee was very effective whereas 19.28% were informed as sufficient in view of the busy working schedule of the mentor. About 50% of mentees met their mentors one to two times and 50% more than two times. The mentees were most impressed by the dedication of their mentors toward their profession (35.87%), clinical knowledge (47.09%), career advices (33.18%), and caring and helpful nature (34.53%) of their mentor. (Table 2)

**Table 2 : Overall responses of mentees for–the going Mentorship Program**

n = 223

Items	f	%
<b>Mode of communication with my mentor; (Multiple Answers)</b>		
Face-to-face in the Faculty Office	193	86.55
Clinical Posting area while working	69	30.94
Not communicated at all	02	0.90
<b>Communication between my mentor and myself;</b>		
Very good and effective	157	70.40
Sufficient, in view of the busy working schedule of my mentor	43	19.28
<b>Number of times I met my mentor during the previous year;</b>		
One to two	108	48.43
More than two	112	50.22
No contacts	03	26.91
<b>I am most impressed by my mentor for his/her (Multiple Answers)</b>		
Dedication towards his/her profession	80	35.87
Clinical experience/ nursing knowledge	105	47.09
Career advices	74	33.18
Caring and helpful nature	77	34.53
<b>Benefited most from the mentorship program is/are; (Multiple Answers)</b>		
Communication skills	96	43.05
Clinical development	98	43.95
Personal attitude towards learning and working	97	43.50
Self-confidence	94	42.15

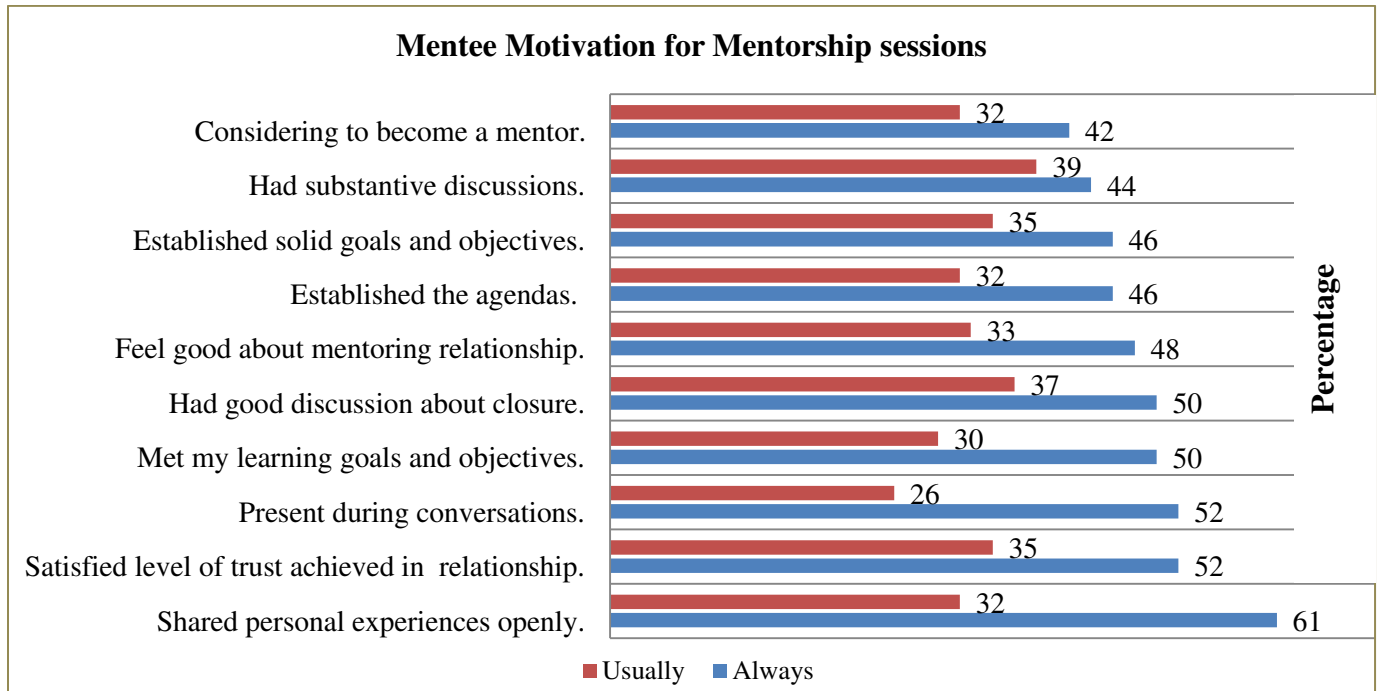
**Mentee motivation on mentoring sessions:**

The assessment of the motivation of mentees for mentorship sessions was conducted by using the mentee motivation scale. 42 – 61% of mentees responded as “Always” motivated while 32 to 39 % responded as “Usually” motivated to all the items. Though most students found mentoring sessions motivating, there were 3 to 7% of students who never found it motivating. (Table 3)

**Table 3 : Mentee motivation for mentorship sessions.**

n - 223

Items	Always f (%)	Usually f (%)	Sometimes f (%)	Never f (%)
I was truly present during our conversations.	135 (61)	58 (26)	19 (09)	11 (05)
I am considering becoming a mentor.	116 (52)	72 (32)	29 (13)	16 (07)
I feel good about the mentoring relationship.	115 (52)	73(33)	22 (10)	13 (06)
I was satisfied with the level of trust we achieved in our relationship.	111 (50)	77 (35)	23 (10)	12 (05)
I met my learning goals and objectives.	111 (50)	68 (30)	34 (15)	10 (04)
We had a good discussion about closure.	108 (48)	83 (37)	18 (08)	14 (06)
I made myself available regularly, established the agendas and followed through on any assignments	102 (46)	72 (32)	32 (14)	11 (05)
I shared personal experiences and information openly.	102 (46)	72 (32)	37 (17)	12 (05)
I established solid goals and objectives.	100 (44)	77 (35)	23 (10)	12 (05)
Our discussions were substantive.	93 (42)	88 (39)	35 (16)	07 (03)



**Figure 1 Responses as “Always” and “Usually” by the mentees**

The highest (61%) number of mentee responded that they were truly present during the conversation, 52% felt good about the mentoring relationship and considering to become a mentor in future. Similarly, 32 -39 % responded that the mentoring sessions always met the learning goals and objectives and they achieved satisfied level of trust in mentor relationship. (Figure 1)

Table 4: Demographic Characteristics of Mentors

n=20

Variables		f	%
Age in Years	31 – 35	7	35
	36 – 40	7	35
	41 – 45	2	10
	46 - 50	4	20
Gender	Male	1	5
	Female	19	95
Job Title	Professor	2	10
	Associate Professor	5	25
	Assistant Professor	6	30
	Tutor	7	35
Highest Educational Qualification	PhD	4	20
	Post Graduate	16	80
Trainees currently mentoring	Undergraduate students	16	80
	Postgraduate students	2	10
	PhD Scholars	1	5
	Junior Faculty	1	5
Years of experience as a formal mentor	1 – 4 years	11	55
	>4 – 7 years	5	25
	>7 – 12 years	2	10
	>12 – 20 years	2	10
Participated in formal Mentor training	Yes	3	15
	No	17	85

Table 4 illustrates the demographic profile of the mentors. The mentor group consisted of 95% females with 70% in the age less than 40 years while 30% up to 50 years. 80% mentors were with Post Graduate qualification and 20% with PhD as highest qualification. All the mentors were involved in mentoring either undergraduate or Post graduate students. Only 15% had participated in any formal mentoring training.

Table 5 : Item wise Mean Perception Scores of Mentors and Mentees

Variables		Mentee(n= 223)		Mentor (n= 20)	
		Mean	SD	Mean	SD
<b>I</b>	<b>Maintaining Effective Communication</b>				
1.1	Active listening	4.74	2.2	5.90	1.4
1.2	Providing constructive feedback	4.68	2.1	5.35	1.4
1.3	Establishing a relationship based on trust	4.69	2.1	5.50	1.3
1.4	Identifying and accommodating different communication styles	4.65	2.0	5.25	1.5
1.5	Employing strategies to improve communication with mentees	4.66	2.1	5.25	1.5
1.6	Coordinating effectively with your mentee to set clear expectations of the mentoring relationship	4.69	2.1	5.25	1.5
<b>II</b>	<b>Aligning Expectations</b>				
2.1	Working with mentees to set clear expectations of the mentoring relationship	4.61	2.0	5.40	1.4
2.2	Aligning your expectations with your mentees'	4.58	2.0	5.35	1.4
2.3	Considering how personal and professional differences may impact expectations	4.66	2.1	5.30	1.4
2.4	Working with mentees to set research goals	4.66	2.1	5.65	1.3
2.5	Helping mentees develop strategies to meet goals	4.74	2.0	5.10	1.4
<b>III</b>	<b>Assessing Understanding</b>				
3.1	Accurately estimating your mentees' level of scientific knowledge	4.66	2.0	5.65	1.3
3.2	Accurately estimating your mentees' ability to conduct research	4.63	2.0	5.45	1.0
3.3	Employing strategies to enhance your mentees' knowledge and abilities	4.70	2.0	5.55	1.1
<b>IV</b>	<b>Fostering independence</b>				
4.1	Motivating your mentees	4.47	2.2	6.10	0.9
4.2	Building mentees' confidence	4.65	2.2	6.00	0.9
4.3	Stimulating your mentees' creativity	4.72	2.1	5.80	1.2
4.4	Acknowledging your mentees' professional contributions	4.70	2.1	5.85	0.9
4.5	Negotiating a path to professional independence with your mentees	4.66	2.1	5.60	1.1
<b>V</b>	<b>Addressing diversity</b>				
5.1	Taking into account the biases and prejudices you bring to the mentor/mentee relationship	4.57	2.1	4.75	1.4
5.2	Working effectively with mentees whose personal background is different from your own (age, race, gender, class, region, culture, religion, family composition etc.)	4.80	2.0	5.35	1.6
<b>VI</b>	<b>Promoting professional development</b>				
6.1	Helping your mentees network effectively	4.67	2.0	5.45	1.4
6.2	Helping your mentees set career goals	4.76	2.1	5.85	0.9
6.3	Helping your mentees balance work with their personal life	4.77	2.1	5.95	0.9
6.4	Understanding your impact as a role model	4.79	2.0	5.95	0.9
6.5	Helping your mentees acquire resources (e.g. grants, etc.)	4.75	2.0	4.70	2.0

\* Not at all skilled – 0-3. Moderately Skilled – 4-6, Extremely Skilled 7

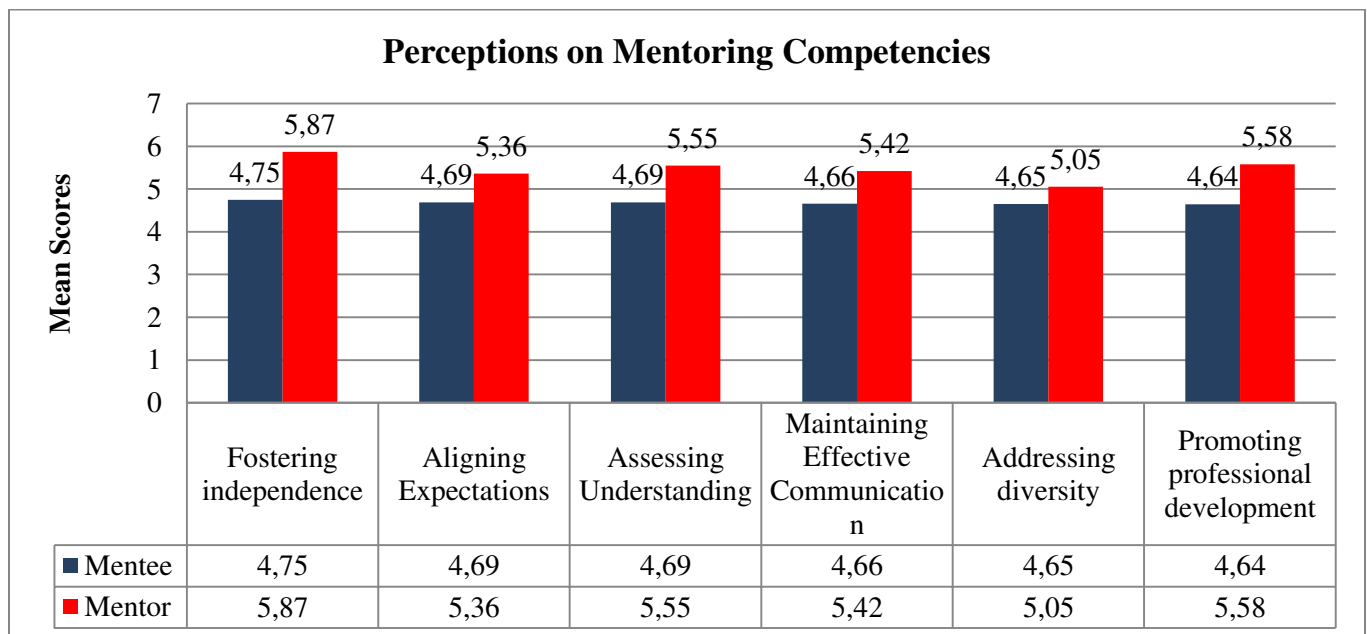


**Table 6 : Mean Scores of Six Core Mentor Competencies**

Variables	Mentee n-223		Mentor n-20	
	Mean	SD	Mean	SD
Maintaining Effective Communication	4.69	2.1	5.58	1.2
Aligning Expectations	4.65	2.0	5.42	1.4
Assessing Understanding	4.66	2.0	5.05	1.5
Fostering independence	4.64	2.1	5.55	1.1
Addressing diversity	4.69	2.1	5.36	1.4
Promoting professional development	4.75	2.0	5.87	1.0
<b>Overall</b>	<b>4.68</b>	<b>2.10</b>	<b>5.47</b>	<b>1.3</b>

\* Not at all skilled – 0-3. Moderately Skilled – 4-6, Extremely Skilled 7

Mentee perception on six mentor competencies was measured by analyzing the mean scores and standard deviations (SD) of 26 items of Mentor Competency Assessment tool rated as ((Not at all skilled – 0-3. Moderately Skilled – 4-6, Extremely Skilled 7) by the mentees. The perceived mentor competencies rated by mentees were found between 4.64 - 4.75 with lowest competency in fostering independence and highest in promoting professional development. The Mentor rated their own mentoring skills in the Mentor Competency Assessment tool higher than the mentees. The mean scores were found between 5.05 and 5.87. It indicates that Mean Scores of both mentees and mentors ranged between 4 to 6 which is interpreted as Moderately Skilled. (Table No –5 & 6, Figure No. 2)



\* Not at all skilled – 0-3. Moderately Skilled – 4-6, Extremely Skilled 7

**Figure 2: Perception of mentee on mentoring competencies of their mentor**

## Discussion

The data was collected from nursing students pursuing undergraduate and post graduate education. 90% were females with 42% in the age 18 – 20 years, 39% between 21 – 22 years and 19% above 24 – 27 years with mean age 22 (SD.2.6). The students participated in the study by Rusnani AL et al<sup>6</sup>. were with mean age at 21.9 (SD=1.96) which ranged from 20-22 years old 32(69.6%) and 23- 25 years was 14(30.4%). The students belonged to Year Two Semester (I) 22(47.8%) and 24(52.2%) from semester II. In the present study most of the students were enrolled in the undergraduate (UG) program and most of them were mentored for more than one year. 96% students reported that they have been mentored in this institute while 4% reporting not mentored at all.

The feedback from mentees revealed that 86.55% communicated face to face with their mentors in the faculty office while 69% communicated during the clinical posting. 70.40% responded that communication between the mentor and mentee was very effective whereas 19.28% informed as sufficient in view off the busy working schedule of the mentor. Rusnani (2021)<sup>6</sup> reported regarding the communication between mentoring (lecturers) delivers information to mentee (trainees) through explanation, discussion and sharing knowledge on non-academic and academic matters. The highest percentage of agreement to item “Useful information can be delivered through face to face communication”, about 29 (63.0%) were agree and 13 (28.3%) were totally agree while lowest percentage of agreement was identified to item “open communication in mentoring program can help me to think critically”. Eller LS et al. 2014<sup>8</sup>. The results of qualitative study described the responses of mentees as, “Mentors should be accessible beyond office hours via email and phone.” and “The mentor should be willing to make time even when he’s busy.” Shilpa M (2021)<sup>5</sup> A study conducted to identify the expectations of mentees identified that most of the students preferred direct contact with the mentors and one-to-one mentoring meeting more effective than frequent meetings, preferably after each internals<sup>4</sup>

In the present study all the mentees met their mentors at least once throughout the year while others had mentoring sessions more than twice. They were impressed by the dedication of their mentors toward profession, clinical knowledge career advices, caring and helpful nature. White A (2010)<sup>9</sup> Nurse educator mentors noted that “reciprocal relationships” were essential for successful mentoring, while nurse educator protégés discussed “meaningful relationships” The study by Bhatia et al. (2013)<sup>10</sup> titled Mentoring for first year medical students: humanizing medical education evaluated the experiences of students and faculty enrolled in a new mentoring programme. After needs analysis of students and faculty, a small-group mentoring programme for new medical students was initiated. Fifty-five volunteer faculty mentors were allocated two-three students each. At year-end, feedback using an open-ended questionnaire revealed that there was no contact in one-third of the cases; the commonest reasons cited were lack of mentee initiative, time and commitment. Supportive mentors were appreciated. Over 95% of respondents believed that mentoring was a good idea; many believed the mentee benefitted; mentors also reported improved communication and affective skills; 60(77.0%) mentees wanted to mentor new students the following year. Thus, mentoring of first-year students by faculty was effective, when contact occurred, In making the mentee feel supported.

The mentee motivation scale was used for data collection. The mentees reported that mentorship sessions conducted by their mentors were motivating which encouraged them to be truly present during the conversation. The mentorship sessions always met the learning goals and objectives and they achieved satisfied level of trust in mentor relationship. The mentee shared personal experiences and information openly to the mentors. The discussions and closure was good. Oluchina, S (2016)<sup>11</sup> most mentees 93% and 56% in formal and informal mentorship program respectively considered they had a good relationship with the mentors. Rusnani A et al (2021)<sup>6</sup> The highest agreeing percentage was found to the item “my mentor motivates me to improve my interpersonal communication skills” another item “my mentor always gives me positive comments”. The lowest percentage was found for the item “my mentor always listens to my problems” However the overall agree

percentage for motivation was 65.21%. According to Eller (2014)<sup>8</sup>, communication practices in the mentoring programmer are able to enhance their confidence, skills and motivate the mentee to do their own development.

In this study the mentees felt that their mentors provided feedback in a positive manner and actively participated in mentorship program. The relationship between the mentor and mentee was develop well and wish to have the same mentor during the next year. Yedam et al. (2017)<sup>12</sup> study indicated that higher the number of meetings, the higher was the satisfaction level. The success of mentoring highly depends on the mentor-mentee relationship which indicates the importance of the trust between them.

The present study consisted of 95% female mentors out of which 70% were in the age less than 40 years while 30% up to 50 years. 80% had Post Graduate qualification while 20% with PhD as highest qualification. All the mentors were involved in mentoring either undergraduate or Post graduate students. Only 15% had participated in any formal mentoring training. The review article Awasthi S (2017)<sup>13</sup> describes that lack of training for formal mentoring, contributed in its own unmeasurable way to poor acquisition of clinical skills in graduates and post graduates in India. Hence, leading and established medical institutions have to reflect and start or rejuvenate mentorship programs in different stages of medical graduate and post graduate program in India.

Mentee perception on six mentor competencies was measured by analyzing the mean scores and standard deviations (SD) rated by the mentees on MCA tool from 0 -7 scale where 0 =Not at all skilled to 7 as Extremely Skilled. The results of the present study found that there was a considerable variation in the mean scores for mentor skills assessed on the MCA, as rated by the mentors themselves and by their mentees. The mentors' ratings of their own skills were consistently higher than their mentees' ratings of the mentors' skills. The overall self-reported mean scores of mentors' scores were 5.47 for six core competencies; with highest score for Promoting professional development (5.87), maintaining effective communication (5.58), Fostering Independence (5.55), Aligning expectations (5.42) and Addressing Diversity (5.36). The lowest scored skill was Assessing understanding with mean score at 5.05.

Though the overall mentees mean scores were lower (4.68), the mentee rated mentor skills from highest to lowest as Promoting Professional Development with mean score 4.75, Addressing diversity and maintaining effective communication was rated equally (4.69), while Assessing understanding (4.66) Aligning expectations(4.65) and fostering independence (4.64) at lower level. The mean scores ranged between 4.64 - 4.75 which is interpreted that the mentors are identified by the mentees as Moderately Skilled. In contrast in the study by Fleming, M (2013)<sup>7</sup> mentees mean scores were higher than 6 to six items: accounting for different backgrounds of mentors and mentees (6.32), developing a trusting relationship (6.17), acknowledging mentees' professional contributions (6.16), providing constructive feedback (6.12), setting research goals (6.09), and helping mentees acquire resources (6.01). Rose ES (2022)<sup>14</sup> study also indicated mentees' ratings of mentors higher than the mentors' self-ratings while in the current study mentors rated themselves higher.

Ismail et al (2016)<sup>15</sup> revealed that the capability of mentors and mentees to implement effective communication in mentoring program may have a significant impact on mentees' outcomes, especially study performance. Sawari et al. (2016)<sup>16</sup> highlighted that the interpersonal of communication is essential for the higher education students especially when originated from a different cultural background. A systematic review by Jokelainen et al (2011)<sup>17</sup> of mentoring students in clinical practice, showed that mentorship facilitates students learning by creating a supportive learning environment and enabling students attain their learning outcomes in the clinical setting. Huybrecht (2011)<sup>18</sup> Two common problems reported by both mentors and protégés are mentors' lack of time, and mentor-protégé mismatch in personality or professional expertise

Mentorship also empowers the development of professional attributes and competency. A study by Lau C et al. (2016)<sup>19</sup> conducted at Department of Psychiatry and Behaviour all Neuro sciences, Mc Master University investigates the impact of a half day interactive mentor training workshop on mentoring competency in faculty, staff, and trainees. Overall, participants' self-reported mentoring competency mean scores were significantly higher post-workshop compared to pre-workshop ratings [mean = 4.48 vs. 5.02 pre- and post-workshop, respectively;  $F(1, 31) = 18.386, P < 0.001, \eta^2 = 0.37$ ]. Survey respondents gave positive feedback and reported greater understanding of mentorship and specific mentoring changes they planned to apply after attending the workshop<sup>13</sup>.

## Conclusion

Mentoring enhances the personal and professional development of students. Strengthening the competency of mentors can definitely improve the perception, motivation and satisfaction of mentors as well as mentees for the mentorship. A feedback system can provide greater understanding of mentoring specific practices and accordingly the modifications required. This survey was conducted to identify the gap in mentoring practices and to develop a structured mentorship framework to benefit both the mentors as well as mentees.

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## Declarations

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*Ethical approval:* Approved by Ethics Committee of MGM Institute of Health Sciences

## References

1. Bozeman, B., Feeney, M.K. (2007). Toward a useful theory of mentoring: A conceptual analysis and critique. *Administrative and society*, 39 (6), 719 – 739
2. Stenfors-Hayes T., Hult H & Dahlgren L.O. (2011) What does it mean to be a mentor in medical education?, *Medical Teacher*, 33:8, e423-e428
3. Sambunjak D, Straus SE, Marusic A (2010) Systematic Review of Qualitative Research on the Meaning and Characteristics of Mentoring in Academic Medicine. *J Gen Intern Med.* 25(1): 72–78.
4. Shilpa M ,Raghunandana R , Shilpa M , Narayana K. (2021). Expectation of mentees toward mentoring in medical education – An observational study. *National Journal of Physiology, Pharmacy and Pharmacology*. 11(3); 334-346.
5. Rusnani AL, Wan Ismahanisa I, Siti Munirah AW, Muhammad Amin AZ, Mazriyana MK, Norasma B. (2021) Nursing Students' Perception on Mentoring Program in Improving Students' Academic Achievement. *International Journal of Academic Research in Business and Social Sciences* Vol. 11, No. 10.
6. Fleming, M, House SMA , Hanson V., Shewakramani MS., Yu, Lan Garbut , McGee R., Kroenke, K., Abedin, Z., Rubio D. (2013) The Mentoring Competency Assessment: Validation of a New Instrument to Evaluate Skills of Research Mentors *Academic Medicine* 88(7):p 1002-1008. .

7. Eller LS, Lev EL, and Feurer A. (2014) Key components of an effective mentoring relationship: a qualitative study. *Nurse Educ Today*. 34(5): 815–820.
8. White A, Brannan J, Wilson CB. (2010). A mentor-protégé program for new faculty, part I: Stories of protégés. *Journal of Nursing Education*. 49(11):601–607.
9. Bhatia A., Singh N., Dhaliwal U. (2013) Indian Mentoring for first year medical students: humanizing medical education *Journal of Medical Ethics*. Vol X No (2) 100-103
10. Oluchina, S. and Gitonga, L.K. (2016). Factors Hindering Formal and Informal Nursing Mentorship Programs in Kenya Public Universities. *American Journal of Health Research*. Volume 4, No. 2, Page 23-29
11. Yedam Ho, Oh Young Kwon, So Youn Park and Tai Young Yoon (2017). A study of satisfaction of medical students on their mentoring programs at one medical school in Korea. *Korean J Med Educ*. 29(4): 253-262.
12. Rose ES, Gavarkavich D, Nzala SH et al. (2022). Elevating Mentorship Competency for Sustained Impact through the University of Zambia Mentor Training Program.
13. Ismail, A., Abdullah, N.A., Zaiedy, N.I., AbGhani, A., & Omar, N. (2015). Mentoring Program as an Instrument of Enhancing Mentees' Self Efficacy. *Acta Universitatis Danubius*, 9(1), 14-32. Management, 6(2), 131-139.
16. Sawari, A. Q., Wahab, M. N. A., & Aziz, N. A. A. (2016). Evaluation of the characteristics of Interpersonal communication among postgraduate students at a Malaysian public university. *Journal of Language and Communication*, 3(1), 13-21.
17. Jokelainen M, Turunen H, Tossavainen K, Jamookeah D, Coco K. (2011) A systematic review of mentoring nursing students in clinical placements. *ClinNurs*. 20(19-20):2854-67.
18. Huybrecht S, Loeckx W, Quaeyschaegens Y, De Tobel D, Mistiaen W. (2011). Mentoring in nursing education: Perceived characteristics of mentors and the consequences of mentorship. *Nurse Education Today*. 31(3):274–278.
19. Lau C., Ford J., VanLieshout RJ., Saperson K, McConnell M, McCabe R. (2016). Developing Mentoring Competency: Does a One Session Training Workshop Have Impact? *Acad Psychiatry*. 40(3):429-33.