



Mentees' Perspectives on the Factors that Influence the Choice of Mentors in the Medical Profession

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Abstract

Introduction: Mentorship is an age-long act in most fields of learning. It plays a pivotal role in medical education. The strength of any mentorship relationship could have a direct bearing on the character traits of the mentor. We aimed to determine factors which influence the choice of mentors among potential mentees in a formal mentorship relationship among medical doctors in Rivers State, Nigeria.

Methods: This was a cross-sectional survey from randomly selected potential mentees. A semi-structured questionnaire was distributed via a monkey survey. The tool had sections which addressed mentees' expectations, perceived factors that influence the choice of mentors and ways to improve the mentors-mentees relationship answerable using a 5-point Likert scale. Data were analyzed.

Results: Of the 162 mentees recruited, 95 (58.6%) were females. The predominant age group was 31-40 years (40.1%). Majority, 137 (84.6%), practised in public hospitals, and 102 (63%) were non-specialist doctors. The most common factor that influences the choice of mentors as cited by 156 (96.3%) was "mentors should be able to help mentees advance in their fields and connect them to opportunities they may not have access to". The two most commonly cited areas of interest for mentorship were leadership in health organizations and research. Over 90% of mentees agreed some roles of effective mentors are discussing possible solutions to difficult issues, identifying opportunities and sharing personal experiences.

Conclusions: Mentorship enables targeted development of mentees. When developing mentoring programs and evaluating mentors, it is important to consider mentees' opinions on the factors that impact their choice of mentors.

Keywords: Mentor; Mentee; Mentorship; Doctors; Nigeria

Introduction

Mentorship is the transfer of knowledge, skills and attitudes from one person (a mentor: with more of the stated virtues) to another person (a mentee: requiring these virtues). Mentorship is an age-long act in most fields of learning. It plays a pivotal role in medical education. The word mentor itself was inspired by the character of Mentor in Homer's *Odyssey*. It was reported that Odysseus left for the Trojan War, requesting his elderly friend, Mentor, to serve as a counsellor to his son Telemachus. Thus, Mentor's name gained entrance into the lexicon as a term for "a wise and trusted teacher or counsellor".

The mentor in today's world may not necessarily be a sage but certainly a more knowledgeable and skilful person who is willing to transfer such positive traits to a mentee. While the numerous benefits of mentorship relationship to both the mentor and the mentee have been well reported [1-4], there is however no consensus on who qualifies to be a mentor and the traits that determine the choice of mentors. The strength of any mentorship relationship could have a direct bearing on the character traits of the mentor [5]. Such positive virtues as empathy, a clear interest in the relationship, good teaching skills as well as friendliness may boost the mentorship relationship, develop more mentors within the field and improve the outcome of the relationship. Negative traits can do the exact opposite [6].

Medical mentoring has been documented in few studies in Nigeria but suggests informal mentoring is largely being practiced and mentoring programmes have been unsatisfactory [7-11]. In a study by Buowari and Ebirim conducted among 142 multidisciplinary resident doctors in Port Harcourt, it was revealed that only 36.5% had mentors but most respondents 89.6% deemed it needful for a formal mentoring programme. Another study by Ughasoro and colleagues [7] which sought to identify the barriers and solutions to effective mentoring in health research and training institutions among mentors and mentees found that the most frequently cited mentor challenges were failure to understand the mentorship process and limited capacity for mentoring, whereas the most frequently cited mentee challenges were mentor preference, lack of free expression and lack of formal relationships. The authors concluded by suggesting that for the aforementioned viewpoints, the most common technique to overcome obstacles was the mentoring process and relationship training.

Most of the Nigerian studies that particularly surveyed mentees' opinions with regards to the mentoring relationship revealed that more than seven out of ten respondents cited they would like to choose their mentor than being assigned one [7,8]. While the mentoring has been on-going in Nigeria, it has been poorly implemented in the medical profession. Thus, institutionalizing an effective/formal physician mentoring programme, beginning with mentees' perspectives on the choice of mentors may be a needful step to bring about a systematic approach to finding and implementing appropriate solutions to aid the mentoring process and mentee-mentor relationship. This was the reason for this study among medical doctors in Rivers state.

Aim

This study aimed at determining the factors that influence the choice of mentors among mentees in a formal physician mentorship relationship among medical doctors in Rivers State, Nigeria.

Methodology

This was a descriptive cross-sectional survey of responses from mentee medical doctors. Respondents were at various levels of training across several fields of the medical profession. The study tool which was an electronically generated questionnaire was distributed to respondents who willingly participated in the study. The respondents were registered participants of a mentorship webinar organized by the Rivers state branch of the Nigerian Medical Association with the aim of enlightening physicians on the principles, practice and the benefits of formal mentorship. The study took place in June 2021 and involved 162 physicians across various fields of medicine. Data obtained was analyzed using Statistical Package for Social Sciences version 24. Results were presented in tables and charts.

Study location

This study was carried out among medical doctors who live and practice in Port Harcourt, the capital of Rivers State, Nigeria. Port Harcourt is located in the southern part of Nigeria with a population of 7,303,900 Population 2016 National Population projection figures [12]. It has two tertiary health facilities with several secondary and primary health facilities.

Study instrument

The study tool was an electronically generated semi-structured questionnaire on mentorship. The tool had several sections

addressing mentees’ expectations, mentors’ level of training, mentees’ perception of choice of mentors and close-ended suggestions on how to improve the relationship between mentors and mentees answerable using a 5-point Likert scale. Content validation was done by the authors.

Study details and data analysis

Semi-structured electronically-generated questionnaires containing relevant variables on mentorship were randomly distributed amongst medical doctors in Port Harcourt, Rivers State who gave consent to participate in the study. The participants voluntarily gave consent, filled out and submitted the questionnaires electronically. Data collated were analyzed using the Statistical Package for Social Sciences (SPSS) version 21. Frequencies, tables and bar charts were used to present the results. They were expressed as proportions, means and standard deviations.

Ethical consideration

Permission was granted by the Rivers state Nigerian Medical Association to carry out this survey and confidentiality was maintained as respondents had no means of identification and the information obtained was solely for research purposes.

Results

Socio-demographics of mentees

One hundred and sixty-two medical doctors participated in the study. Sixty-seven (41.4%) were males, while 95 (58.6%) were females giving a male-to-female ratio of 1: 1.4. The predominant age group was 31-40 years (40.1%). One hundred and thirty-seven (84.6%) doctors, who participated in the study practice in public hospitals, while 25 (15.4%) were in the private sector. These are shown in table 1.

Variables	Frequency	Percentage
Age category		
≤30 years	31	19.1
31 - 40 years	65	40.1
41 - 50 years	43	26.5
51 - 60 years	13	8.0
61 - 70 years	7	4.3
>70 years	3	1.9

Sex		
Male	67	41.4
Female	95	58.6
Years of practice		
0 - 5 years	42	25.9
6 - 10 years	30	18.5
11 - 15 years	47	29.0
16 - 20 years	12	7.4
21 - 25 years	9	5.6
26 - 30 years	3	1.9
31 - 35 years	10	6.2
>35 years	9	5.6
Institution		
Public	137	84.6
Private	25	15.4

Table 1: Socio-demographic characteristics of respondents.

Rank of respondents interested in mentorship

Most respondents 102 (63%) interested in mentorship were doctors within the junior and middle cadre and included house officers, medical officers and resident doctors. Directors of private hospitals were the least represented group as shown in figure 1.

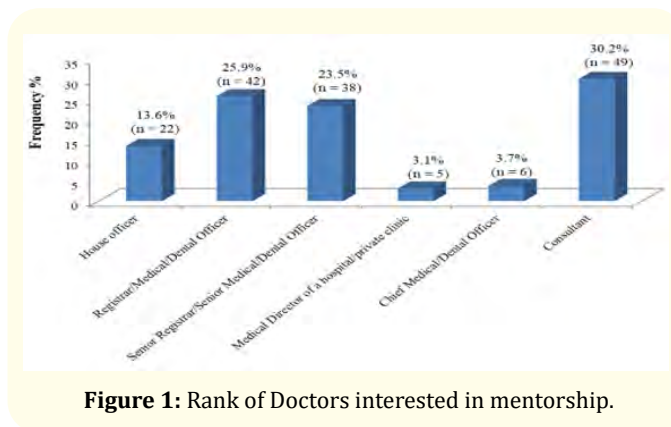


Figure 1: Rank of Doctors interested in mentorship.

Areas of interest for mentorship

The areas of interest for mentorship identified by the doctors who took part in the study include the practice of medicine/surgery/dentistry, leadership in a health organization, research,

teaching/medical education, medical business, medical politics, and national politics among others (figure 2). Leadership in health organization- 103 (63.6%) was the predominant area of interest, while intra-professional wellbeing 1 (0.6%) was the least.

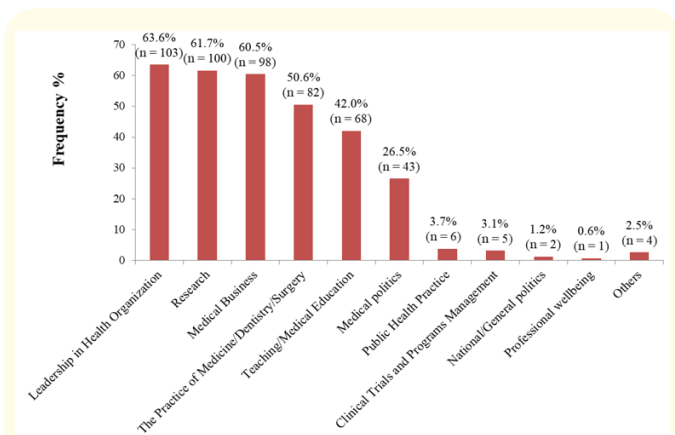


Figure 2: Areas of interest for mentorship as specified by Doctors.

Distribution of others include: Arts Medicine - 1 (0.6%), Communication with policymakers - 1 (0.6%), Management of disposable income - 1 (0.6%), Successful combination of professional and social.

Factors which influence the choice of mentors

Figure 3 displays the factors which influence the choice of mentors among mentees. The most common factor that was either agreed or strongly agreed to influence the choice of mentors as cited by the majority 156 (96.3%) of mentees was “mentors should be persons who help mentees advance in their fields and connect them to opportunities they may not have access to”. The second most common factor that was either agreed or strongly agreed to influence the choice of mentors as cited by 143 (88.3%) of mentees was “mentors should have more experience/knowledge and connection than mentees”. On the other hand, the two most common factors cited as ‘either disagreed or strongly disagreed’ by mentees to influence the choice of mentors were institution-based, 101 (62.3%) and gender-related factors, 82 (50.6%) respectively.

Mentees' perspectives on effective mentors

Table 2 displays the functions of effective mentors identified by mentees as well as the extent to which they agree or disagree.

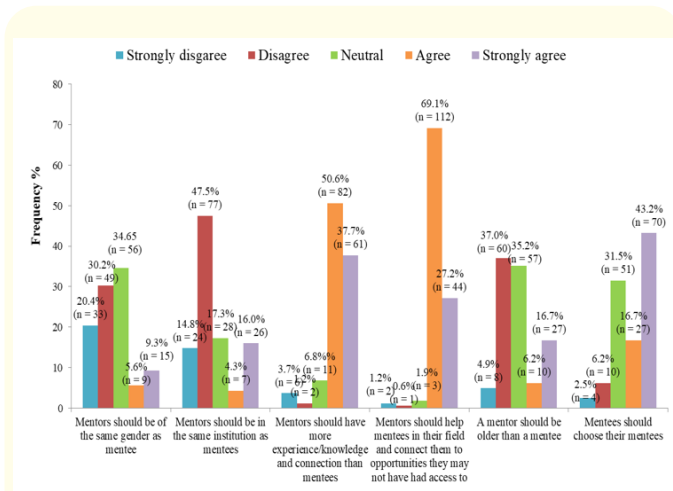


Figure 3: Factors that influence the choice of mentors as perceived by doctors.

One hundred and fifty-one (93.2%) either agreed or strongly agreed that effective mentors should clarify to mentees what their roles should be, while almost all respondents (99.4%) either agreed or strongly agreed that effective mentors should discuss possible solutions to difficult issues. Other perspectives agreed by over nine-tenths of mentees on effective mentors include; identifying opportunities for mentees, sharing stories from their own experience, helping reduce risks that may threaten mentees' reputation, helping mentees see problems from a different perspective, asking mentees difficult questions, can be trusted not to disclose information about mentees and help mentees identify their strengths and weaknesses.

Variables	Frequency	Percentage
Clarify mentees' understanding of what their role entails		
Strongly disagree	1	0.6
Disagree	1	0.6
Neutral	9	5.6
Agree	100	61.7
Strongly agree	51	31.5
Discuss possible solutions to difficult issues		
Strongly disagree	0	0.0
Disagree	1	0.6

Neutral	0	0.0
Agree	80	49.4
Strongly agree	81	50.0
Identify opportunities for mentees		
Strongly disagree	0	0.0
Disagree	1	0.6
Neutral	3	1.9
Agree	82	50.6
Strongly agree	76	46.9
Let mentees know how they are performing relative to others		
Strongly disagree	1	0.6
Disagree	8	4.9
Neutral	16	9.9
Agree	94	58.0
Strongly agree	43	26.5
Share stories from their own experience		
Strongly disagree	0	0.0
Disagree	0	0.0
Neutral	7	4.3
Agree	71	43.8
Strongly agree	84	51.9
Help reduce risks that may threaten mentees’ reputation		
Strongly disagree	0	0.0
Disagree	2	1.2
Neutral	13	8.0
Agree	82	50.6
Strongly agree	65	40.1
Help mentees see problems from a different perspective		
Strongly disagree	1	0.6
Disagree	0	0.0
Neutral	5	3.1
Agree	92	56.8
Strongly agree	64	39.5
Ask mentees difficult questions		
Strongly disagree	0	0.0

Disagree	0	0.0
Neutral	4	2.5
Agree	77	47.5
Strongly agree	81	50.0
Can be trusted not to disclose information about mentees		
Strongly disagree	1	0.6
Disagree	0	0.0
Neutral	7	4.3
Agree	83	51.2
Strongly agree	71	43.8
Help mentees identify their strengths and weaknesses		
Strongly disagree	1	0.6
Disagree	4	2.5
Neutral	26	16.0
Agree	94	58.0
Strongly agree	37	22.8
Provide a space to talk in confidence		
Strongly disagree	3	1.9
Disagree	6	3.7
Neutral	47	29.0
Agree	60	37.0
Strongly agree	46	28.4
Suggest how mentees should act in certain situations		
Strongly disagree	1	0.6
Disagree	2	1.2
Neutral	23	14.2
Agree	89	54.9
Strongly agree	47	29.0
Become friends with mentees		
Strongly disagree	2	1.2
Disagree	5	3.1
Neutral	27	16.7
Agree	83	51.2
Strongly agree	45	27.8
If necessary, intervene on the mentee’s behalf		

Strongly disagree	0	0.0
Disagree	0	0.0
Neutral	5	3.1
Agree	59	36.4
Strongly agree	98	60.5
Shield mentees from potentially harmful situations or people		
Strongly disagree	21	13.0
Disagree	46	28.4
Neutral	60	37.0
Agree	25	15.4
Strongly agree	10	6.2

Table 2: Distribution of mentees’ perspectives on roles of Effective Mentors.

Discussion

Overall, this survey brings to fore the fact that irrespective of cadre/rank, sex, age and practice setting, medical doctors appreciate the need for a mentee-mentor relationship. Leadership in health organizations, research and health entrepreneurship were the leading areas of interest for mentees in this study. Our finding differed from reports in another study among Canadian anaesthesiology residents in which areas of interest were noted to be education, academic practice and critical care, respectively [13]. If mentoring-related concerns are addressed, the influence of strong mentorship in these areas cited by mentees in this present study, who work within an already weak healthcare system, provides optimism for better systems in the future. Connor, *et al.* [5] reported a positive impact on research and health leadership when senior doctors are trained to mentor younger ones. Our findings suggest that a well-structured mentoring program might potentially fill the subtle performance gaps in medical education and postgraduate training, by assisting in the development of more competent medical professionals. Indeed, as opined by Osaghae [14] lack of mentoring in the medical field will bring about intellectual shallowness, improper clinical protocol/etiquette, and a failure to transmit the profession’s ideals from one generation to the next, and this cannot be over-emphasized.

The leading factor that influenced the choice of mentors among mentees is the ability of mentors to help mentees advance in their

fields and connect them to opportunities they may not have had access to. This is similar to the findings in another study by Iloh and colleagues [9] conducted among a cohort of Post-graduate Medical College members and fellows in the Federal Medical Centre, Umuahia, Nigeria, were all cited that ‘personal and professional growth and development was the most important benefit of mentoring. This is simply a summary of the essence of mentorship, as it portrays the selflessness and genuine commitment mentors are expected to show towards the mentorship relationship. Christine, *et al.* [15] reported that the attributes of a good mentor should include a demonstration of good personal qualities, including enthusiasm, compassion, and selflessness.

More than four-fifths of the respondents also agreed that mentors should have more knowledge and experience than mentees. This is consistent with findings from several authors [4-6] and depicts the essence of mentorship. Increased duties, both clinical and non-clinical, may continue to be a challenge for some newly recruited doctors and those in lower cadres or early careers. This is where the Mentor’s expertise and experience come into play, to enable the mentee to be guided in areas of confusion, to counsel and direct as needed based on the mentee’s best interests.

Gender and institution-based variables scored the lowest in this study as preferences for mentors based on the same gender or the same institution were mostly unaccepted. Our findings contrast reports in other studies [13,16,17], where authors observed female mentees had preferences for female mentors. Also, our study revealed mentees’ strong disagreement in having mentee and mentor relationships existing within the same institution. Although the benefits of having a mentor from the same institutions as the mentee include prompt access to the mentors, closer monitoring of the mentorship relationship and the semi-formal setting created by such relationships; limitations may however arise when there are no sufficient mentors in the institution and when hierarchal relationships override mentorship bonds.

This study also found that mentees believe that effective mentors should above other roles be able to provide solutions to difficult problems and identify good opportunities for mentees. Holmes, *et al.* [18] in their work, proposed five basic competencies of mentors irrespective of the status of their mentees. They include knowledge, credibility, communication, altruism, and commitment.

They concluded that these competencies will help the future generation of medical professionals discover opportunities and chart new pathways in research and clinical practice.

Mentorship connections encourage mentees to come up with answers and to envision a clear, attainable, and foreseeable future. Mentors who concentrate on these elements will not only improve as mentors but will also produce more mentors in their areas. These findings may provide useful guides in the enrolment of mentors for formal mentorship programs in the medical profession. They may also aid in structuring training programmes and evaluation exercises for mentors.

Conclusion

Mentorship enables targeted development of mentees. When developing mentoring programs and evaluating mentors, it is important to consider mentees' opinions on the factors that impact their choice of mentors.

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