

ASSESSMENT OF THE PRACTICES AND EXPERIENCES ON MENTORSHIP AND
MENTORING OF NURSE EDUCATORS IN THE SCHOOL OF NURSING,
UNIVERSITY OF NAMIBIA.

A THESIS SUBMITTED IN FULFILMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
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BY

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ABSTRACT

Mentoring in nursing academia is receiving more attention as many senior academics are retiring and new nurse educators are joining nursing education. Mentoring is an important tool for clinical practice, nursing education, administration, and research that contributes to the competencies of many new nurse educators, who are recruited with a clinical background and little or no experience in an academic environment. It is expected for an expert nurse to become a novice in a new environment or role and needs mentoring to become an expert nurse educator. Despite the emphasis on the mentoring relationship among nursing academics, there is no established standard practice and nurse educators experience difficulty in their new role in the absence of mentoring.

This study aimed to assess and describe the practices and experiences of nurse educators in the School of Nursing¹ at the University of Namibia on mentorship and mentoring. The study adopted a comparative descriptive convergent parallel mixed method where quantitative and qualitative data were collected at the same time, analyzed separately, and merging occurred by comparing the two data sets and representing the merging results in a narrative discussion. The target population was nurse educators who were registered nurses by profession, teaching at the four campuses of the University of Namibia where the School of Nursing was established among the 12 campuses. The researcher opted for the same individuals in both quantitative and qualitative objectives that help to minimize threats during data collection and allowed the results to be compared. Likewise, both strands focused on the same study concepts of mentorship and mentoring to allow interpretation and comparison.

For objective one, which was quantitative and focused on the practices, due to small population of nurse educators employed in the School of Nursing the total target population of 74 was included in the study as it was small and feasible for the researcher to contact everyone using a self-administered questionnaire. The target population was stratified as per campus and various teaching ranks. The mentees were nurse educators who were registered nurses by profession who had worked for less than five years at the School of Nursing while mentors should have worked for five years or more at the same

¹ The study was conducted before restructuring of the School of Nursing to School of Nursing & Public Health in June 2021, hence this study refers to School of Nursing.

school. The response rate for the quantitative strand was 82% (n= 40 questionnaires received out of 49 for the mentees and 96 % for the mentors (n=24 questionnaires received out of 25). Purposive sampling was done for objective two, which was qualitative to select the participants who participated in the semi-structured interviews at each campus as per respective study groups. For the qualitative strand, data saturation was determined per campus due to the different settings and heterogenous teaching ranks that had different experiences. A total of 36 mentees and 16 mentors participated across the different campuses. The interpretation of data sets shows convergent and discordant results in the quantitative data between the mentees and mentors in mentorship and mentoring practices. Likewise, similar four main themes emerged from both groups, with some variants of unique sub-themes across the groups. The quantitative results show that mentees and mentors agreed on mentorship practices but had discordant results on mentoring aspects as mentees disagreed with mentors' positive ratings. Variables with significant *p*-values were identified and compared first within each group of mentees and mentors first and then finally with the finding from the qualitative data set.

Equally, the qualitative results also had convergent and discordant results between mentees and mentors as well within each group supported by various sub-themes. The common approach of primary data analysis integration procedure was used. The representation of merging integration results was done by a side-by-side comparison of significant *p*- values of quantitative and main themes and sub-themes of the qualitative results through a narrative discussion.

The discussion narrated how qualitative themes and sub-themes either confirm, disconfirm, or complemented the quantitative results or vice versa. This study concluded that mentoring and mentorship practices were described differently by mentors and mentees as well that positive and negative experiences emerged in both groups.

Recommendations included the facilitation of good relationships as well as establishing trust, respect, and healthy communication between mentors and mentees. It was also recommended for the School of Nursing to have a school-specific orientation for nurse educators and develop a formal mentoring programme. Finally, there was a need to revisit the workload of nurse educators and develop a guideline for virtual mentoring of mentees.

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LIST OF ABBREVIATIONS AND ACRONYMS

CITL.....	Centre for Innovation in Teaching and Learning
FHS.....	Faculty of Health Science
MOHSS	Ministry of Health and Social Services
PMS.....	Performance Management System
PVCAA.....	Pro- Vice Chancellor of Academic Affairs
SON.....	School of Nursing
UNAM.....	University of Namibia
VC.....	Vice- Chancellor
WHO.....	World Health Organization

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DEDICATION

I dedicated this thesis to my Heavenly Father, who made it possible during a difficult and testing season of my life. Thank you for revealing my hidden potential and tenacity to face mountains by trusting in You. Thank you, Lord Jesus, for your faithfulness.

I also dedicate this to myself for not giving up on a dream that God gave me despite the challenges I encountered during this journey.

DECLARATION

I, Ingenesia Popii Vekuminina Tjiurutue, hereby declare that this study is my own work and is a true reflection of my research and this work, or any part thereof has not been submitted for a degree at any other institution.

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Ingenesia Popii Vekuminina Tjiurutue



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CHAPTER ONE

1.1 INTRODUCTION

According to Fletcher and Mullen (2012) mentoring involved the support of a novice or a less experienced person (mentee) by a more experienced person (mentor). Mentoring is viewed as reciprocal and collaborative learning, that occurs between two or more persons who have mutual accountability and responsibility. Mentoring aims to assist with the development of expertise in the mentee. Mentoring also helps with the facilitation of teaching and induction into the teaching culture whether in school or at college. Nick et al. (2012) elucidated that mentoring goals should be set up at an early stage to give direction and defined the responsibilities. This study will focus on both the mentees and mentors as described in the following chapters.

This chapter presents the orientation of the study, the background, the problem statement, the aim, and the research objectives of the study. In addition, it will look at the limitation, the delimitation, the paradigm, the theoretical basis of the study, and definitions of concepts used, and conclude with the outline of the thesis.

1.2 BACKGROUND OF THE STUDY

The Mentorship Policy of the University of Namibia (UNAM) (2013) considered mentoring as an effective and efficient method to transfer specific skills, knowledge, and norms, as well as a component of the mentee's induction. Mentorship is regarded as a professional and personal developmental relationship existing between a mentor and a mentee that is aimed at developing specific skills and knowledge in the mentee. The mentor is regarded as an experienced and/or knowledgeable person who can assist and guide the less experienced and/or less knowledgeable person (mentee). Ambler et al.,

(2016) further extend the UNAM Mentorship Policy (UNAM, 2013) by stating that mentoring that occurs within a mentorship relationship allows for both mentees and their mentors to learn through the process.

Mentoring in nursing education can therefore be considered an important strategy that helps smoothen the transition of a nurse clinician who is taking up a new role as a nurse educator (Specht, 2013). Additionally, mentorship in nursing education and research helps to nurture growth in professional, scholarly, and personal areas for both the mentor and the mentee (Krause-Parello et al.,2013). This concurs with the Benner Framework (1982) which supports the mentorship and mentoring of new nurse educators who are transitioning into stages from being a novice to becoming an expert in their new role as educators. During the novice stage, they encounter several unknown situations in education and only become an advanced beginner after gaining some experience in teaching. They reach competency after two to three years in the new environment, but takes three to five years to become proficient when they depend on critical thinking. They reach the final stage of expertise when they can rely on their intuition and with little guidance (Benner framework, 1982 as cited by Brown, 2015). This is echoed by Heinrich and Oberleitner (2012), that the transition period can take up to five years or more to internalize and to develop a scholarly identity.

The above is supported by Seekoe, (2015a), who stated that mentoring ensures that guidance happens and that it helps reduce anxiety and frustration among the newly appointed nurse in the academic environment. Having an experienced mentor who acts as a sponsor, acculturator, guide and educator will increase productivity and commitment that could increase retention of the mentees. In addition, Saad and Haron (2013), echoed

that mentors plays a role in sharing knowledge which improve performance and activity among academics as well profession.

Many organizations emphasize the implementation of mentoring programmes as a strategy to build the capacity of their staff members through training and development (Korantwi-Barimah et al., 2014). This is supported by Cody and Bingham (2016) who indicate that mentoring has been successfully adopted by many professions as a tool to support their new employees during the time of transition in their new roles. Likewise, the need for a culture of mentoring at the university was echoed to help build the mentoring program. Akin, Mariani (2012) reported that mentoring is important in clinical practice, nursing education, administration, and research to help novices contribute to the nursing profession. This is linked to the satisfaction and success of the professional nurse's experiences in mentoring. According to Bryant et al. (2015), mentoring in nursing academia is receiving more attention as many senior academics are retiring, which creates a need to mentor the new educators who are joining nursing education. This is more important for the new educators who are recruited with less teaching experience, a minimal scholarly introduction, and educational preparation as they need to deal with the expectations of their new role (Martin & Hodges, 2011 as cited in Heinrich & Orberleitner, 2012). This expectation includes key areas of performance in teaching, conducting research, and rendering services to the community (UNAM, n.d)

In support of mentoring, Van Schyndel, et. al (2019) reviewed 29 articles across nursing and other health professions, that identified mentoring as a critical strategy to help develop the scholarly skills that are successful for novice and junior nurse educators. Mentoring was suggested also to help nurse educators who feel that they don't have enough time or

skills for scholarly activities, especially among educators who are teaching in the clinical settings and classroom or who are involved in the scholarly development of the nursing discipline. This sentiment is supported by Heinrich et al (2009) (as cited in Heinrich & Orberleitner, 2012) who were of the opinion that the new educator does not always have the preparation needed in education and can lack proper introduction to the new role of being a scholar.

Likewise, the University of Namibia emphasized the importance of mentoring and mentorship to allow staff-to-staff mentoring where an experienced staff member can act as a mentor to a less experienced staff member which is considered to be part of the voluntary community service (UNAM, 2013). Similarly, Hulton and Sawin (2016) point out the need for formal mentoring to help the new educators who are recruited as experts from the clinical field, but have limited to no experience in the academic world. What is currently known by the researcher as an insider researcher at the School of Nursing, is that the University of Namibia has a mentorship policy in place and that the institution encourages academics including the new nurse educators, to attend the induction workshop conducted by the university. However, what is not known, is the mentorship and mentoring practices and experiences of mentoring in the School of Nursing [SON] among the nurse educators.

1.3 PROBLEM STATEMENT

The concern is that, despite many references to the importance of mentoring relationships among nursing academics, there is no established standard for the practice of mentorship (Nowell, White, Mrklas, & Norris, 2015). Equally, the registered nurses who became nurse educators reported that they would have adjusted to their new role with great

difficulty had they not been mentored. These included knowing how to grow in their career, carry out research, engage in governance, and provide the service expected from them. Also, the limited feedback, guidance, and direction received from the senior educators, further created feelings of isolation, loneliness, and frustration. Some even express fear when it came to giving lectures (McDermid et al.,2016).

New nurse educators experience situational challenges and organizational transitioning when they move as professional nurses to teaching in higher education which is different from what they know. They now have to interact with students, clients, and other health professionals in clinical settings, as well as, collaborate with other academics, administrators, and other staff members in higher education. Hence, improving the mentorship of new nurse educators is needed to help them during the transition (Cody & Bingham, 2016).

Despite much emphasis placed on the importance of mentorship and mentoring at the University of Namibia in the institution's Mentorship Policy (2013), it appears that no prior study has examined the practices and experiences among the nurse educator's mentors and mentees on mentorship and mentoring in the School of Nursing under the Faculty of Health Sciences. The researcher also has observed and experienced that not all new nurse educators had mentors allocated to them and some struggled because they were expert nurses but had little or no experience with learning & teaching and research in the academic setting. In some instances, the mentees had to rely on others for support and guidance.

1.4 AIM OF THE STUDY

The aim of the study was to assess and describe the practices and experiences of nurse educators in the School of Nursing at the University of Namibia on mentorship and mentoring.

1.5 RESEARCH OBJECTIVES

The objectives of the study were to:

- Assess and describe the practices on mentorship and mentoring among the nurse educator's mentors and mentees in School of Nursing, at the University of Namibia.
- Explore and describe the experiences with regard to mentorship and mentoring of nurse educator's mentors and mentees in School of Nursing, at the University of Namibia.

1.6 SIGNIFICANCE OF THE STUDY

The findings of the study have the potential to add to the scholarly literature on mentorship and mentoring as it discusses the experiences and practices of nurse educators from another context that was not studied before. The findings could further inform the management of the School of Nursing of the existing gaps in the mentorship and mentoring practices among nurse educators. It could also indicate where the system could be improved, which in turn helps to develop the necessary competencies in the new nurse educators. This is important given the current situation where the University of Namibia had launched and rolled out the Performance Management System (PMS) to improve organizational performance (K.M. Matengu, Vice Chancellor (VC), UNAM, personal communication, 25 April 2022; Namesho, 2022).

1.7 LIMITATION OF THE STUDY

The findings of the qualitative strand of the study cannot be generalized to the entire population at the School of Nursing as the sample size was determined by data saturation. The educators from the Allied Health department in the School of Nursing and educators from other schools or faculties at the University of Namibia, who are teaching nursing students were excluded due to the nature of the nursing profession, hence why the results cannot be generalized to them.

1.8 DELIMITATION

This study focused only on the practices and experiences of nurse educators (registered nurses) who are employed as nurse educators in the School of Nursing at the University of Namibia. The study included all nurse educators across the four campuses where the School of Nursing is present. The campuses referred to are; Oshakati (Northern), Main (Windhoek) Southern (Keetmanshoop), and Rundu campus as illustrated in chapter 3.

1.9 PARADIGM

A scientific paradigm refers to a whole set of thinking that is made up of the basic assumptions, significant questions that need to be answered, the research technique to be used, and an example of what good research is like (Neuman, 2014). The paradigm addresses the elements of epistemological, ontological, theoretical, and methodological questions, where the researcher needs to decide what assumptions are acceptable and appropriate for the topic of interest. This is important to make sure that the chosen method is consistent with the specific paradigm (Punch & Oancea, 2014; Brink et al., 2018)

A quantitative paradigm is based on positivism which requires the researcher to be objective, excluding personal values, feelings, and personal perception when measuring

reality (Creswell, 2014a; Grove et al, 2015). On the other hand, the qualitative paradigm has a philosophical base of being interpretive, humanistic, and naturalistic which is based on subjectivism and interpretivism. It is conducted to understand human experiences and situations and to develop theories that help to describe these experiences and situations (Grove et al., 2015). However, a mixed approach has emerged based on the integrated views of quantitative and qualitative paradigms (Maarouf, 2019). Creswell and Plano Clark (2018) agree that the pragmatic approach allows for the combination of deductive and inductive thinking when the researcher combines both quantitative and qualitative data.

Additionally, the combination of the three elements of the researcher's axiological, ontological, and epistemological beliefs, about particular research, helps to identify the specific paradigm to be used. Paradigms are characterized in terms of how they respond to basic philosophical questions and the research method is determined by a combination of philosophical assumptions. These assumptions are basic principles believed to be true without proof or verification (Terrel, 2016; Polit & Beck, 2018). For this study a pragmatist paradigm was selected to guide the study.

1.9. 1 The pragmatism paradigm

The pragmatism paradigm allowed the researcher not to commit to any particular system of philosophy and reality but to what worked at the time. This helped the researcher look at what and how to conduct the study, as well as, to meet the needs based on the intended result or purpose. It is thus, oriented toward solving a practical research problem (Creswell, 2014b; Maarouf, 2019). Additionally, pragmatism was suitable for this study's convergent parallel design, which avoids the issues regarding philosophical assumptions

behind the research but rather combines the different paradigms. It gave an umbrella paradigm to the research study and its assumptions were appropriate for the convergent parallel design of the mixed method, as the researcher could combine the two approaches to get a bigger understanding (Creswell & Plano Clark, 2018). Hence, as the focus of this study was to assess and describe the practices and experiences of nurse educators, which could be obtained by being objective (practices) and subjective (experiences), pragmatism seemed to be the best option for this study (Shannon-Baker, 2015).

1.10 PHILOSOPHICAL FOUNDATION OF PRAGMATISM PARADIGM

The researcher needs to understand the assumptions he or she makes on how to gain knowledge during their study. These assumptions guide the research process and how the study is carried out, and the researchers need to recognize and explain any assumptions they bring to the research (Creswell & Plano Clark, 2018).

Pragmatism starts with the research question to determine the research framework rather than questioning its ontology and epistemology. It believes that objectivist and subjectivist views are not mutually exclusive as ontology, epistemology, and axiology can be combined to understand the phenomena. The emphasis is on what works best to address the research problem at hand and to prefer using both quantitative and qualitative data to understand the social reality (Wahyuni, 2012). From this, it can be seen that pragmatic research is intersubjective as both objective, subjective and simultaneously (Maarouf, 2019). This is supported by Creswell (2014b), who is of the opinion that pragmatism is not tied to a particular system of philosophy and reality. As the result can apply to mixed methods research, where the researcher can pull from both the quantitative and qualitative

assumptions. These allowed the researcher the freedom to select the best methods, techniques, and procedures of research to address the needs and the aim of the study.

Similar to post-positivist, constructivist, and participatory worldviews, the pragmatism paradigm has common elements in epistemology, ontology, axiology, methodology, and rhetoric. However, the ontology (nature of reality), epistemology (how we gain knowledge of what we know), axiology (the roles played by values in research), methodology (the process of research), and rhetoric (the language of research) are viewed differently by various paradigms (Creswell & Plano Clark, 2018). The view of the pragmatism paradigm on the above elements and how they were used in this study, are explained below.

1.10.1 Ontology

Ontology is the philosophical study of the nature of reality whereby the researcher's viewpoint on ontology begins to influence the decision on the applicable methodology of the study. It is noteworthy that ontology in the pragmatism approach is unclear and has not gotten much attention. The complexity of ontology in pragmatism is in the shift between subjectivity and objectivity and the ontology stand is therefore not well defined (Maarouf, 2019).

The viewpoint taken by the researcher determined whether the quantitative approach is fit for a study that is objective and measurable or a qualitative approach that is subjective and interpretive or adopts a mixed method approach (Jackson, 2013). Therefore, the ontological perspective of the researcher closely relates to the decision the researcher takes on how to collect data and intimately relate to the ground upon how the researcher knows something to be true (Oliver, 2010, as cited in Jackson, 2013).

The focus of this study was guided by the researcher's objectives, which were to know the practices and experiences of the nurse educators on mentorship and mentoring. Therefore, rather than thinking about the methods, it was more about what works to answer the research objectives. To understand the nurse educator's practices and to obtain the experiences of the nurse educators on mentorship and mentoring, the researcher used theories and models.

1.10.2 Epistemology

According to Kivunja and Kuyini (2017), epistemology derives from the Greek word 'episteme' which in research means how we come to know something, how we know the truth or reality (p.27). The methodology determines how the researcher will obtain that knowledge, hence there is a link between methodology and the strength of the claim of the new knowledge (Jackson, 2013). The pragmatism paradigm gives freedom to the researcher to choose the methods to use to answer the research objectives (Mertens, 2010 as cited in Revez & Borges, 2018). The focus of this study was on the practices and experiences of the nurse educators, hence the researcher needed to be practical about the data to be collected that would help address the research objectives. Articulating the epistemological stand in this study was important to inform the methodology and decision made by the researcher on how this study will be able to contribute to new knowledge on mentorship and mentoring (Jackson, 2013). In chapter 3, the methodology undertaken in this study will be discussed in detail.

1.10.3 Axiology

Axiology is concerned with how the researcher views the role of values in research and is referred to as the necessary bias principle, which requires a pragmatic researcher to be

biased to the degree needed to enhance the research and aid to provide an answer to the research questions (Creswell & Plano Clark, 2018; Saunders et al., 2019; Maarouf, 2019). Axiology examines the researcher's beliefs on what is ethical and valuable. It requires the researcher to be aware of the role her value plays during all stages of the research process to ensure credible results. The researcher's values are reflected in the choice of the research topic, philosophical approach, and data collection techniques. When the researcher is honest about his/her values, he or she will be aware of value judgment when concluding the research data. Clarity on one's value position as a researcher helps to decide what is ethically appropriate and helps the researcher to argue her position if there is an inquiry about the decision taken (Saunders et al., 2019).

In this study, the right to privacy, confidentiality, and anonymity was ensured during the research process as discussed in chapter 3.

1.10.4 Methodology

The researcher's axiology, ontology, and epistemological assumptions serve as the foundation for the choice of methodology. Hence, the methodology is viewed as the approach that the researcher adopts to answer the research questions or test hypotheses (Terrel, 2016).

A pragmatic approach with a mixed method design was used in this study which allowed the combination of qualitative and quantitative research and data in a single study. A convergent parallel mixed method was adopted to provide a comprehensive overview of mentoring and mentorship among nurse educators. Both qualitative and quantitative data were collected independently at the same time and only brought together after interpretation. The convergent parallel design allowed the researcher to obtain different

but complementary data on mentoring and mentorship, which were the practices and experiences among nurse educators. The statistical results from the quantitative strand and the themes and subthemes that emerged from the qualitative finding were compared to obtain a more complete picture of mentoring and mentorship. Also, the mixed method draws different strengths and nonoverlapping weaknesses of quantitative methods together with qualitative methods, which allows large sample size and generalization from the quantitative strand and same time small sample, details, and depths from the qualitative strand (Creswell, 2014b; Patton 1990 as cited in Creswell & Plano Clark, 2018; Creswell & Plano Clark, 2018).

1.10.5 Rhetoric

Rhetoric is concerned with the language of research, and both formal and informal languages which are compatible with the pragmatism paradigm were used in the study (Creswell & Plano Clark, 2018). This is evident in chapters 4 and 5 where the results of both objectives are presented and discussed as such.

1.11 THEORETICAL FRAMEWORK OF THE STUDY

According to Grove et al. (2015), the framework of the study relates to the theory which is used as the basis of the study that includes the main concepts or ideas of the study and also gives a brief description of the theory or its parts which the researcher aims to test. The framework helps the researcher to link the findings of the study to the existing body of knowledge. This is supported by Saunders et al. (2019) that a theory can help the researcher to familiarize himself or herself with the area of interest, as well as, to assist with the formulation of the research question and research objectives. Furthermore, the theory helps to explain how and why variables or concepts are related.

The theoretical framework for this study was informed by;

- 1) Benner Novice to Expert Theory
- 2) Kram Mentor Relation Theory
- 3) Schoening Nurse Educator Transition Theory
- 4) World Health Organization Core Competencies of Nurse Educators
- 5) Nick Model for Excellence; Best Practice in Mentoring
- 6) University of Namibia Mentorship Policy
- 7) University of Namibia Procedures and Guidelines on annual academic staff appraisal

A complete and comprehensive discussion of these framework elements follows in Chapter 2.

1.12 THEORETICAL AND OPERATIONAL DEFINITIONS

The presentation of the definitions below is offered in a sequence of importance rather than chronological order.

1.12.1 Nurse educator

According to the World Health Organization, a qualified nurse educator should hold a nursing qualification and have active links or registration, or another type of legal recognition to practice nursing. The nurse educators should have completed a recognized nursing education programme that include both theoretical and practical components. Nurse educators should have at least two years of full-time clinical experience that varies across the scope of practice over the last five years. Furthermore, before or after working, one was needed to complete a formal teaching program (World Health Organisation, 2016). The Nursing Council of Namibia (Government of Namibia, 2017) requires nurse educators (registered nurses/midwives) to have a postgraduate qualification in nursing

education in addition to being registered nurses/midwives in Namibia, where the study was conducted. However, at the time of data collection, education or experience in teaching were not required for employment at UNAM. It is worth noting that with the updated policy, previous teaching experience is now required, and the school encourages academic staff to pursue a Postgraduate Diploma in Higher Education (PDHE) (UNAM, 2021; UNAM, 2020). As a result, in this study, a nurse educator is defined as any registered nurse or midwife hired by the School of Nursing with the responsibility of teaching nursing students theoretical and/or practical components. Hence, the term nurse educator is used generically in this study to refer to both mentors and mentees who are distinguished by years of service in the School of Nursing but not necessarily by teaching rank or previous years of teaching prior to employment at UNAM.

Notably, the nurse educators in the School of Nursing includes assistant lecturers, lecturers, senior lecturers, associate and full professors who are distinguished by either a bachelor's, master's, or Ph.D. degree and the number of research publications. As note, the mentors and mentees were distinguished based on their years of teaching at UNAM. Preceptors and clinical instructors were included because they are also registered nurses/midwives with comparable qualifications to the previously listed levels and are engaged in the School of Nursing for clinical and theoretical education of students as needed (UNAM, 2021c)

1.12.2 Mentee

Mentee refers to less experienced and or less knowledgeable person who need mentoring (UNAM, 2013). In this study, a mentee is a nurse educator who has taught in SoN for less than five years, based on the assumption that it takes around five years to become an expert

in a new role (Peters, 2014; Brown, 2015; Seekoe, 2015b). The mentees in this study also include preceptors, clinical instructors, assistant lecturers, lecturers, senior lecturers, associate professors, and full professors who have taught at UNAM for fewer than five (5) years.

1.12.3 Mentor

A mentor is defined as an experienced and/or knowledgeable person who mentors a mentee for professional and personal growth (UNAM, 2013). Furthermore, according to the Benner Novice to Expert Theory, the mentor should have worked as a nurse educator for more than five years, making them the senior or experienced nurse educator (Benner, 1982 as cited in Brown, 2015). In this study, a mentor is a nurse educator who has taught in SoN for more than five years. The terms senior nurse educators and mentor are interchangeable in this study setting to reflect the concept mentor as understood by some.

1.12.4 University of Namibia (UNAM)

UNAM is the largest and the leading Higher Education Institution (HEI) in Namibia, established by Act 18 of 1992. The University has twelve (12) campuses and 30 000² students from around the world are registered (UNAM, 2022)

1.13 OUTLINE OF THE CHAPTERS

The study consists of five chapters, as outlined below.

Chapter 1: Focuses on the introduction, and background to the study, which introduced the topic under study. Together with the problem statement, this justifies the study. This

² This figure was based on 2022 which could change as per year.

chapter also indicates the significance, limitation, delimitation, paradigm, and theoretical basis of this study.

Chapter 2: Reviews the literature on the research problem. The purpose of this chapter is to show previous studies on the same topic, agreement, and disagreement and to identify research gaps on the topic, in this case, mentoring and mentorship.

Chapter 3: Represents the research methodology used in the study. This includes the study population, sample and sampling, data collection, validity and reliability, trustworthiness, and ethical consideration undertaken during the study.

Chapter 4: Describes the data interpretation of both quantitative and qualitative strands separately.

Chapter 5: Discusses the findings and the comparison of both strands and how it relates to mentorship and mentoring with an emphasis on how the two data sets are convergent, discordant, or explain one another.

Chapter 6: Discusses the conclusion, limitations, and recommendations. It summarises the research findings and how it links to various literature to answer the research objectives and make a recommendation based on research findings.

1.14 SUMMARY

This chapter discussed the orientation of the study on mentorship and mentoring. It defined relevant concepts of mentorship and mentoring, as well as, the various roles of a mentor play during the mentorship. It also reviewed the background on mentorship and mentoring broadly narrowing it down to the nursing academic settings and the importance of mentorship and mentoring for nurse educators. The problem statement of the study was

elucidated followed by the aim and objectives of the study. These were followed by the significance of the study and its delimitation.

The pragmatism paradigm of this study was critically discussed and motivated in terms of how it fits the research objectives. The philosophical assumptions were further aligned with the pragmatism paradigm within the convergent parallel design. The operational definitions were clarified and contextualized.

Chapter 2 presents the literature review with regards to the theoretical framework and the key focus of the study namely mentoring and mentorship.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter follows the general orientation of the study in Chapter 1. The literature review aimed to review the concept of mentorship and mentoring within the practices and experiences of nurse educators who joined the environment of teaching students in the School of Nursing at the University of Namibia. The reviewed literature includes both published and unpublished work in English from studies that particularly address the concepts of mentorship and mentoring for nurse educators across the globe. Although many were published on nurse educators, some reviews were focusing on mentoring and mentorship of academics and other health professions. The literature review also included articles on nurse educators from South African universities and nursing colleges due to Namibia's historical background as a colony of South Africa before its independence in 1990.

It was noted that despite many studies done on mentorship and mentoring of nurse educators globally, including in Africa, the researcher could not locate studies specifically on nurse educators in Namibia. Equally, the literature review included policies of the University of Namibia and orientation manuals of various nursing schools globally as well as other relevant documents from World Health Organisation (WHO), to enrich the findings.

The literature review was used as the rationale for content used in the questionnaire on mentorship and to give an overview of the mentorship relationship as explained by Kram

(1983). However, detailed literature reviews were used in chapter 5 as literature control for the convergent, discordant, and explanation of the quantitative data set and vice versa. The literature review outlines the theoretical framework and other relevant frameworks on which the study was based on. The review is further aligned with the aim of the study as expressed in Chapter 1 namely to assess and describe the practices and experiences of nurse educators on mentoring and mentorship. A discussion on the framework is discussed in no particular order however, a deductive approach was followed by presenting Namibian documents at the end of the discussion.

2.2 AN OVERVIEW OF THE CONCEPT OF MENTORING

The origin of the term mentoring was described by the Greek poet Homer as a loyal friend, advisor, trusted teacher, coach, counsellor, or protector where the mentor provided guidance and protection. Now, the mentoring concept has received attention in business, academic area, and other areas (Gee & Popper, 2017). The definition of mentoring and practice in literature is changing and expanding (Mullen, 2017, Fletcher & Mullen. 2012, Clutterbuck and Kochan & Lunsford, et al. 2017 as cited in Mullen & Klimaitis, 2019). However, despite various debates on the definition of mentoring, there is an agreement that mentoring is relational and developmental and it includes both career (instrumental) and psychosocial (relational) functions as discussed by Kram's theory (Kram, 1983; Fletcher, & Mullen. 2012; Mullen & Klimaitis, 2019).

For this study, the concepts of mentoring and mentorship were adapted from the University of Namibia Mentorship Policy (2013), Fletcher and Mullen (2012), and Kram (1983) who defined mentoring in the context of a less experienced person (mentee) as being supported by an experienced person (mentor) developing the expertise of the

mentee. The University of Namibia Mentorship Policy (2013), regards mentoring as part of the induction of the mentee that allows the mentor to transfer skills, knowledge, and norms to the mentee. Likewise, the professional and personal development relationship is regarded as mentorship in this study, which is supported by Kram's mentorship phases of initiation, cultivation, separation, and redefinition as discussed in 2.14.2 (Fletcher & Mullen, 2012; Schunk & Mullen, 2013; Burgess et al., 2018). Equally, the Benner Novice to Expert and Schoening Transition Model in 2.14.1 support mentoring of new nurse educators (Petiprin, 2016; Benner, 1984 as cited in Spencer, 2013; Spencer, 2013; Schoening, 2013). The mentoring function and phases will be discussed below.

2.3 CAREER MENTORING FUNCTIONS

To understand the role of a mentor during mentoring, the two major functions of a healthy developmental relationship namely psychosocial and career that cut across disciplines and perspectives were explored (Fletcher & Mullen, 2012). It is assumed that the career-related function enhances professional performance and improvement while the psychosocial-related function emphasizes the psychological issues relating to the social-environment (Kram, 1983; Schunk & Mullen, 2013; Fletcher & Mullen, 2012). According to the Kram Mentorship Theory, the career mentoring functions were designed to assist with learning roles and career advancement. These include exposure and visibility that create opportunities for the mentee to network with others. Secondly, it includes sponsorship which is characterized by active advocacy for the promotion and advancement of the mentee. The third career mentoring function is coaching which includes practical role responsibilities which are "showing the rope" and feedback. The next function under the career aspect is to create challenging work assignments

incorporated by giving appropriate guidance, and direction, and providing resources. Lastly, the career mentoring function is to protect the mentee from potentially damaging situations (Kram 1988, as cited in Greenwood, 2017). These functions can be seen in many literature sources and studies that exhibit the role and functions of a mentor.

2.4 PSYCHOSOCIAL MENTORING FUNCTIONS

According to the Kram theory, psychosocial functions include role modelling, acceptance and confirmation, counselling, and friendship. This enhances the professional capability and competence; creates a sense of identity and effectiveness of the mentee. (Kram, 1988 as cited in Greenwood, 2017).

The role modelling toward role-specific behaviour occurs either consciously or unconsciously and includes values and beliefs, the mentee can identify with and choose to imitate. During role modelling, the mentor shows the mentee how a good employee acts in certain situations and helps the mentee to imitate similar behaviour as he or she is observing the mentor. Role modelling develops the skills and solidifies the mentee's professional identity to act professionally in the given role (Kram, 1988 as cited in Greenwood, 2017).

According to Straus et al. (2013), the mentor should provide emotional support, encouragement, advice, advocacy, networking, and guidance rather than supervision, and be a role model in mentorship. Furthermore, the mentorship relationship should be based on mutual respect, clear expectations, personal connection, and shared value between the mentor and the mentee. Likewise, there should be mutual goals, trust, and honesty while the mentor should be an active listener to facilitate the mentee's goal settings.

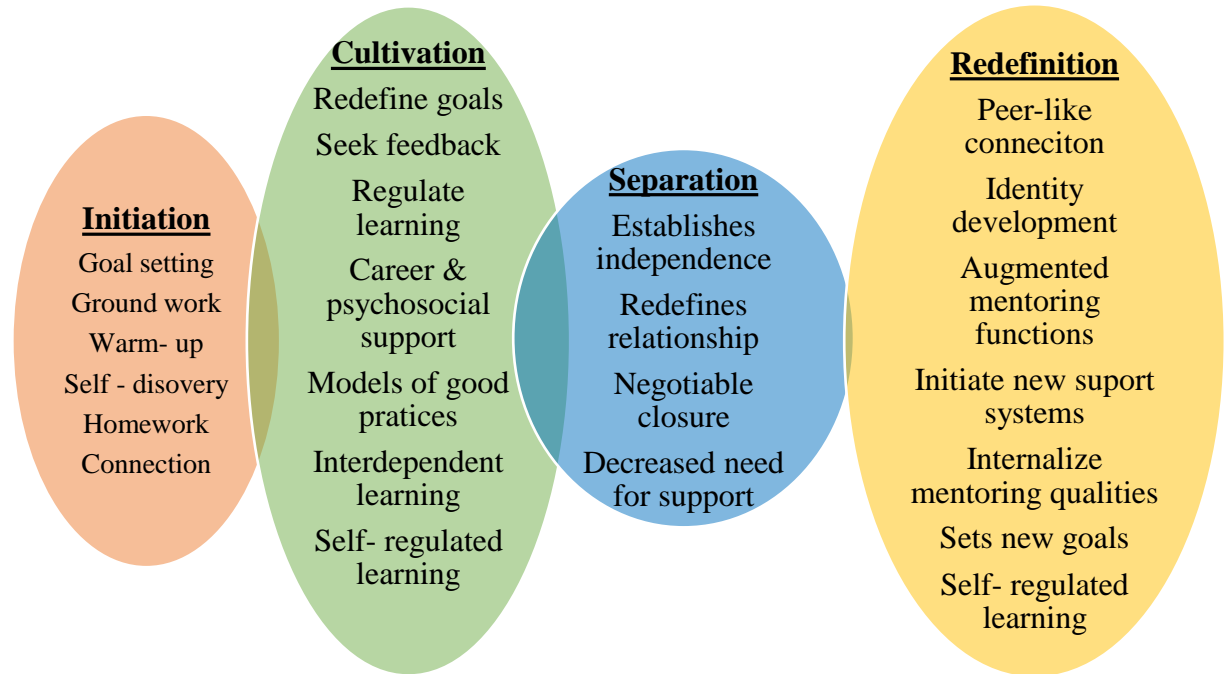
The researcher observed that Kram's theory supports the mentorship relationship as seen in various studies in the literature review, hence the use of the phases and functions of the same theory in this study.

2.5 PHASES OF MENTORING RELATIONSHIP/MENTORSHIP

Kram's theory discussed the mentoring functions and noted that effective mentoring occurs in various phases. The phases of the mentorship relationship theory by Kram address the dynamic nature of mentoring, which indicates how the relationship changes over time (Fletcher & Mullen, 2012; Schunk & Mullen, 2013). These natural stages should be noted by the mentors and mentees to allow them to optimally benefit from this relationship and to help them navigate the transitions (Gee & Popper, 2017). According to Fletcher and Mullen (2012) and Burgess et al. (2018), the developmental relationship of mentorship relations includes non-static phases of initiation, cultivation, separation, and redefinition and a person can move back and forth between them. The phase of a mentoring relationship is depicted in figure 2.1 as adopted from Mullen and Schunk (2011) as cited in Fletcher and Mullen (2012).

Figure 2.1

Mentoring relationship phases from the proteges' perspective



Note: Adopted from Mullen and Schunk as cited in Fletcher and Mullen, 2012

The initiation phase has a short duration and occurs at the beginning of the mentoring relationship. It is assumed to last several weeks, months to one year which is the time of introduction of mentor and mentees and the beginning of two-way communications between the two parties. During this phase values, needs, and specific goals are set with a clear vision of how to attain them and develop knowledge on related jobs-related tasks and performance appraisal (Burgess et al., 2018; Gee & Popper, 2017; Schunk & Mullen, 2013). The relationship in the initiation phase can be informal (voluntary & spontaneous) or formal (structured & planned). During the initiation stage, the mentees feel cared for and supported and develop respect for their mentors (Fletcher & Mullen, 2012; Schunk and Mullen, 2013).

The initiation phase is followed by the cultivation phase which lasts between 2 and 5 years where there are frequent and progressive meetings between the mentor and the mentees. During this stage, there is a clear definition of the frequency of meetings, and the identification of key responsibilities, expectations, and needs. The optimum benefit of the relationship for both the mentor and mentee is reaped during the cultivation phase. The cultivation phase is the most researched phase of mentorship (Burgess, et. al.,2018; Gee & Popper, 2017; Schunk & Mullen, 2013).

Lastly, the separation phase of mentoring occurs naturally where the mentees start to develop more confidence, become self-reliant, and seek autonomy and independence after the fruitful cultivation period. During this phase, the mentee has a decreased need for support, and the mentee and mentor can experience positive and negative emotions where their personalities are tested. This involves bringing the mentoring to an end and the need to decide whether to renegotiate the relationship or end it. It is important to note that if separation occurs prematurely, it can lead to feelings of being abandoned or developing resentment and a breakdown of the mentoring relationship (Fletcher & Mullen, 2012; Burgess et al., 2018).

The last phase is redefinition where the mentoring relationship may end or change in its nature occurs when there is no more hierarchy between mentor and mentee (Burgess et al., 2018). According to Gee and Popper (2017), the redefinition phase is considered a phase of moving from an initial ‘expert-novice’ relationship between a mentor and the mentee to more of a peer relationship. Fletcher & Mullen (2012) echoed that during this phase, the mentees are completely separated from the mentor or when a mentee has begun a new type of relationship. This phase can be characterized by academics co-present at

conferences, co-authorize, or contributing ideas together. The mentees make use of various opportunities available and are negotiating who they are, as they are refining their goals. The latter is learning how to manage the transition and develop their careers.

The researcher observed that the duration of the initiation phase as discussed above of mentorship relations that last several weeks, months, to 1 year coincided with the Benner Novice to Expert Theory used in this study, of novice to an advanced beginner stage of the new nurse educator in his/her new role. Equally, the cultivation phase which last 2 to 5 and where mentoring functions are at the peak, appears to overlap with the competency to the expert phase of the Benner Novice to Expert Theory (Fletcher & Muller, 2012; Benner framework, 1982 as cited by Brown, 2015). In addition, the various phases of mentorship relationships were used to support the aim of the study to explore the experiences of nurse educators on mentorship and mentoring.

2.6 MENTORING AND MENTORSHIP IN ACADEMIA AND NURSING

The concept of mentoring and mentorship cuts across many organizations as stated earlier by Korantwi-Barimah, et al. (2014) in Chapter 1. It is an important strategy employed to train and develop staff members and assists the new faculty to socialize into their new role and adjust to what is expected from them in the academic environment. Mentorship aids new nurse educators with new skills needed for them to be successful in their academic careers (Waddell et al.,2016). The latter is echoed by the University of Namibia, where mentoring is referred to as the sharing of information, as well as, the provision of social, financial, and psychological assistance to the mentees. The assistance must be pertinent to the needs of the mentee in terms of their professional development, work, and career.

Mentoring is emphasized as a tool for staff development that benefits both the mentor and the mentees (UNAM, 2013).

There was a report on the existence of mentoring programmes in health science in United States during a systematic review of the Education Resources Information Center (ERIC), Education Research Complete (ERC), and PubMed databases which indicated 68% of the program being from the pharmacy, 13% being in medicine, and 6% from nursing. However, it was discovered that there was a need for the proper planning, execution, and assessment of the faculty mentoring programme for it to have the idealized success (McRae & Zimmerman, 2019). Likewise, at the University of Namibia, where the study was conducted, mentoring was having the second lowest score of 42%. It was recommended that the university should adopt a strategy to improve or adopt a new mentoring programme to improve the mentoring, training, and development of its staff members (UNAM, 2019b).

Mariani (2012) reaffirmed the importance of mentoring for new and experienced nurses in clinical practice, nursing education, research, and administration. This is supported by Chen and Lou (2013) that mentoring programme in clinical practice is beneficial for both the mentors and the newly registered nurses because it increases competency and job satisfaction which decrease turnover rates.

2.7 MENTORING AND MENTORSHIP IN NURSING EDUCATION

In nursing academia, it is noted that many senior academics are retiring, and thus, there is a need to mentor the new nurse educators (Bryant et al., 2015). This is also supported by Hulton and Sawin (2016) who put forth the need for a formal mentoring programme that would cater to the clinical nurse experts who have little to no academic experience in the

Department of Nursing at a United State university. Additionally, at a study done at College of Nursing Department of Biobehavioral Health Science at a Midwestern state university, Slimmer (2012) argued that mentoring helps to grow and guide clinician nurses into their role as nurse educators. It also helps them implement teaching practices based on evidence and the development of teaching scholarship. In addition, it helps to retain new faculty and improve student satisfaction with the quality of facilitation. Fletcher and Mullen (2012) are of the opinion that there has been a change of focus on how mentoring aims were intended to help teachers to obtain skills and knowledge. It now also focuses on teaching and learning, achieving independence, subject matter, curriculum, professional ethics, assessment, instructional practices, having awareness of educational issues, and how to engage stakeholders.

However, according to Nowell, White, Benzies et al. (2017) despite volumes of literature on the importance of mentorship in nursing academia, there is no established standard practice. The study done on the state of mentorship in a Canadian school of nursing reveals that mentorship is mostly informal. Lack of funds was reported to be some hindrance to a formal mentoring structure. Nowell (2019), supports the sentiment that mentorship is missing or rarely done in nursing academia. Sodidi and Jardeen-Baboo (2020) agree that there is a lack of mentoring of new nurse educators in theoretical and clinical aspects as well as orientation and resources at a nursing college in the Eastern Cape, South Africa. Likewise, Seekoe (2015a) put forth that despite the availability of mentoring programmes in South Africa, they do not address the specific needs of nurse educators. Seekoe (2015b) further extends the argument by saying that the existing mentoring programmes are insufficient in supporting and guiding newly appointed nurse educators in nursing

education. There is thus a need to mentor the new nurse educator to develop the necessary competencies to improve their performance.

2.8 INFORMAL VERSUS FORMAL MENTORING

It was observed that the practice of mentoring is different in various cultural settings. It ranges from a top-down approach to centralized, mandatory, school-based, and bottom-up approaches with a distinct degree of autonomy and great variation in the degree of centralization. The current debate is whether mentoring should be formal or mandatory versus an informal or school-based system (Fletcher & Mullen, 2012; Mullen, 2008 as cited by Fletcher & Mullen, 2012). According to Law et al. (2014), best practices should include both formal and informal mentoring programmes that consist of internal and external mentors. Vance (2014) equally supports the combination of both formal and informal mentoring.

2.8.1 Informal mentoring

Informal mentoring is considered to occur between two individuals who have the same interest, values, and natural emotions and where a professional connection exists. Informal mentoring programmes are reported to produce high self-esteem in mentees (Vance, 2014; Law, et al., 2014). The school of thought that supports informal or school-based systems believes that the formal system strengthens the lack of balance in power that exists in mentoring. Furthermore, they echoed that the formal system causes a technical approach to mentoring as it forces teachers to become mentors despite the lack of commitment to teaching (Fletcher & Mullen, 2012).

2.8.2 Formal mentoring

Formal mentoring programmes are initiated by some academic centers, to ensure that each new faculty member has a mentor as finding a mentor was reported to be challenging (Steinert, 2014). Those that support the formal system echoed that an informal approach lacked the structure needed for the mentoring process, it lacked resources that included the reduction of the mentor's workload, and the lack of training for mentors. It was further noted that those that might need mentoring will not participate in mentoring in the absence of a formal process. It was, however, noted that a combination of a top-down approach or a bottom-up approach to a certain degree should be included in mentoring policies (Fletcher & Muller, 2012). This also helps to have a database of potential mentors or facilitates to introduce the mentees to mentors and gives opportunity to develop their mentoring relationships (Steinert, 2014).

Despite arguments that forced or assigned formal relationships may be less successful, there is a concern that if no is mentor assigned, there is missed chance for the junior faculty to be mentored in his or her early career needed to navigate the organization (Law, et al., 2014). It was reported that mentees who participated in the formal mentoring programme were more productive in research in comparison to the ones who did not have a mentor or had an informal mentor (Muschallik & Pull, 2016). In support Vance (2014) states that a formal mentoring programme can provide an opportunity for a mentor-mentee relationship. Also, Law et al. (2014) recommend a need to match the personalities of the mentees and mentors in the event of formal mentoring. Likewise, there should also be flexibility to terminate the relationship if the mentee develops another informal relationship. According to Vance (2014), formal mentoring is usually sponsored by a

professional association, clinical organization, or nursing programme. This is supported by Law et al. (2014) who are of the opinion that the success of the formal mentoring program lies in the extent of the administrative support.

Furthermore, time should be allocated for both parties to plan on how to achieve the specific goals. The time set for the meeting should be beyond face-to-face but attending the professional meeting nationally, as well as, conducting internal activities relating to development. Equally, there is a need to train mentors despite their advanced ranks for them to develop the skills needed for effective mentors. Lastly, there is a need to have feedback from the participants regardless of the mentoring structure (Law, et al., 2014).

2.9 COMPONENTS OF MENTORING PROGRAMME AND MODELS

According to Nowell, Norris, and Mrklas et al. (2017) the key components in a mentoring programme are; (a) the programme coordinator; (b) orientation to the program; (c) selectively matched dyads; (d) developed clear purpose and goals; (e) frequent communication between mentors and mentees; (f) faculty development workshops; (g) reflective mentee journaling; (h) the facilitation of socialization and networking opportunities; and (i) administrative support. The University of Namibia Mentorship Policy (2013), includes the mentorship support system that outlines the training and support to all mentors; the frequency of mentor and mentee meetings; accessibility to mentorship policy; and the assigning of mentors by the department as part of the mentorship support system at the institution. From an academic excellence perspective, it is expected of the mentor to provide critical and constructive feedback on the academic progress of the mentee and foster a positive attitude towards academic excellence.

Lastly, there are several mentoring models which are important to the development of mentoring programmes. In their article, Nowell, Norris, Mrklas & White (2017) identified several mentorship models that were being used in academic nursing. These included the dyad, peer, group, online, distance, learning partnership, highly relevant, and constellation mentorship models. According to Steinert (2014), the selection of the model was determined by the circumstances, the need, and the resources at hand. Fletcher and Mullen (2012) support this by arguing the possibility to adopt a mixed model that aids in the effective personal and professional well-being of the mentees.

2.10 BENEFITS OF MENTORING AND MENTORSHIP

Jacobson and Sherrod (2012) noted that mentoring benefits both the mentor and the mentee. Ismail et al. (2015) support that, mentoring also helps mentees develop their career, self- efficacy, commitment, satisfaction, leadership skills and ethics. This can lead to the support and maintaining the strategic and goals of the institution. The benefits of mentoring and mentorship to mentees, mentors, institutions, and students respectively are discussed below.

2.10.1 Benefits of mentoring and mentorship to mentees and mentors

Schmidt and Faber (2016) put forth that mentoring facilitates the attraction and retention of younger staff members, who are competent in research, as it helps them adapt and work successfully in academia. Furthermore, Nowell (2019) stressed that mentorship ensures that new faculty staff is well equipped, which is quite critical as a large number of staff members are retiring or near retirement. This helps the mentees overcome challenges such as writing letters of reference, or performance reviews and understanding the feedback of

their students. Mentorship thus, cannot be emphasized in nursing academia enough, as it helps the expert nurse during his or her transition into the academic setting.

Equally, mentorship provides a culture of support. It also provides the mentees with a sense of belonging and a safe space where they discuss their concerns and experience opportunities to learn strategies from their mentors. In addition to that, mentoring has many benefits such as career advancement and expanded thinking. There is exposure to a new field of inquiry and motivation for the mentees to advance their careers (Waddell et al., 2016; Carmel & Paul, 2015). Also, Nowell (2019) and Carmel and Miller (2015) support the need for mentorship as it helps with the transition, advancement, collaboration, and finding of resources for new nurse educators in academia. Additionally, it was reported that mentoring increases the scholarly confidence in the mentees as they receive recognition and feedback on their work. Collaborative work is established and mentees receive guidance on networking and how to build capacity in academic settings. The added advantages include skills development and goal setting as well.

Mentorship circles provide faculty members with a sense of belonging. It provides a safe place for mentees to raise their concerns and learn strategies they can use in their new roles. Mentoring also enhances the retention of mentees and it fosters a greater commitment to the organization. Also, it builds professional relationship, support personal development, and professional enhancement, improve teaching, learning and research, and provide self- reflection and new ways of thinking (Waddell et al., 2016; Ambler et al., 2019). This resonates with the Mentorship Policy of UNAM which state that the mentorship of staff can strengthen the teaching, scholarship, and values that help mentees

to thrive within UNAM border, as well across different platforms in academia, research, scholarly and professional community (UNAM, 2013).

For the mentors, several benefits were reported which include expanding and strengthening their network when they act as professional supervisors to the mentees and introducing the latter to national and internal networks. This in turn helped them when they applied for funding. During the mentorship relationship, the mentees share new ideas and strategies while the mentors add their experiences, skills, research, and insights to the table. Mentoring also promotes cohesion within departments and the institution which creates a collegial spirit (Schmidt & Faber, 2021; Jacobson & Sherrod, 2012).

2.10.2 Benefits of mentoring and mentorship to the institution and students

According to Waddell et al. (2016), mentoring increases research and publication output which contributes to the goal of the university. The latter is in line with the Five-Year Strategic Plan of the University of Namibia where research is emphasized as one of the core businesses of the institution among its strategic objectives (UNAM, 2021a). Hence, the recommendation in the Staff Productive Report of 2019 of the University of Namibia to have a Faculty Research Agenda that will help develop the academics, as well to provide mentoring programmes that focus on research and publications (UNAM, 2019b). Furthermore, mentoring lead to psychosocial development, trust and satisfaction among the mentees which turn positively affect the performance of the institution (Ismail et al., 2015; John & Poddar, 2020).

The support that nurse educators receive affects how well students perform. Compared to an educator who is unsupported and unsure of what he or she is doing, the positive experience of the one that has received support reciprocally has impacted and enriched

the teaching experience of the students. This is achievable as mentoring helps the new nurse educator to navigate the academic world and aid with logistic issues relating to class management, setting examinations, entering marks, and handling course appeals (Nowell, 2019).

2.11 ATTRIBUTES, ROLE, AND RESPONSIBILITIES OF THE MENTOR IN MENTORING & MENTORSHIP

It is expected for mentors to be enthusiastic about teaching, learning, and mentoring. The mentor should demonstrate to the mentees how to balance practice, teaching, and scholarship. The focus on teaching, scholarship, and practice depends on how ready the mentees are, their aspiration, and the needs and requirements of the institution. Furthermore, they need to display professionalism in terms of the professoriate, and the nursing profession and should possess widespread background knowledge in nursing practice and education. Additionally, the mentors should carry the university and the school vision and should have exemplary evidence of scholarship in teaching, research, and service. Equally, the mentor should know the rules and regulations of the university as well as the school. It is also expected for the mentor to be acquainted with procedures for tenures and promotions (Potter & Tolson, 2014; Jacobson & Sherrod, 2012).

Among some attributes, the mentor must be accessible, approachable, supportive, intuitive, and empathetic. The mentee needs to feel understood and accepted and that he or she can function and grow as an individual. In addition to this, the mentor should be open to being able to assess the needs of the mentees. He or she acts as a teacher, coach, and supporter of the mentee (Potter & Tolson, 2014; Jacobson & Sherrod, 2012) .

The role and responsibilities of the mentors should focus on the core domains of mentoring

namely teaching, research & scholarship, and service. The domain of teaching should include aspects such as instructional delivery, content knowledge, course design, assessment/feedback to students, advising, and supervision. Research and scholarship should cover presentations, publications, grant proposals and reports, conferences and exhibitions, performances, workshops, and seminars. Lastly, service includes service to students, colleagues, the department/college, the university, and the larger community (Agunloye, 2013). It is noted by the researcher that the domain of teaching, research, and services are the three (3) key areas of performance for the academics at the University of Namibia as discussed earlier.

Also, the mentor should provide academic and professional support to the mentee, where the mentor acts as a guide, problem solver, and visionary. Also, the mentor needs to provide feedback for the mentee to grow and have direction. The feedback should include faculty roles, lectures, and presentations. Mentors should help the mentees prepare for lectures and invite mentees to observe the mentors teaching in the classroom. An opportunity should be given to the mentees to be part of the debriefing and reflection on teaching (Potter & Tolson, 2014; Jacobson & Sherrod, 2012). The importance of feedback is echoed by Slimmer (2012), where the mentors can be involved in the mentee's student-lecturers' evaluations to reinforce positive accomplishment and help in areas that need development. Lastly, Jacobson and Sherrod (2012) were of the opinion that the mentor is responsible to guide the mentees in ensuring the safety of the client in practice as junior faculty could lack problem-solving skills.

2.12 ATTRIBUTES, ROLES, AND RESPONSIBILITIES OF THE MENTEES IN MENTORING & MENTORSHIP

Mentees are expected to be open to receiving and taking up initiatives. They should demonstrate the ability to take risks through decision-making, become a learner and learn how to integrate knowledge and skills impacted by the mentor, in teaching, scholarship and practice by applying critical thinking (Jacobson & Sherrod, 2012). In addition, mentees must have the willingness to be challenged, pushed, and evaluated in their development. It is expected from the mentees to recognize and respect the mentor's efforts to help him or her excel. The mentees must work to achieve the objectives they agreed upon and be open to receiving constructive criticism from the mentor and the mentees should also provide the mentor with feedback (Gee & Popper, 2017).

2.13 ROLES AND RESPONSIBILITIES OF THE INSTITUTION IN MENTORING & MENTORSHIP

More is expected from the institution, apart from recognizing the value of mentor-mentee relationships and the importance of the mentoring programme. There is a need to have a release time and review the workload and financial resources needed in mentoring. Also, mentorship components should include orientation on mentoring, mentorship manuals, professional development workshops, linking mentors and mentees, having coordinators, and the evaluation of the mentorship programme (Jacobson & Sherrod, 2012; Nowell, 2019). The University of Namibia outlined three key areas for mentorship namely; the mentorship support system, academic excellence, and professional development (UNAM, 2013).

2.14 THEORETICAL FRAMEWORKS

The theoretical frameworks used in this study are discussed below and their applications to the study.

2.14.1 Benner Novice to Expert theory

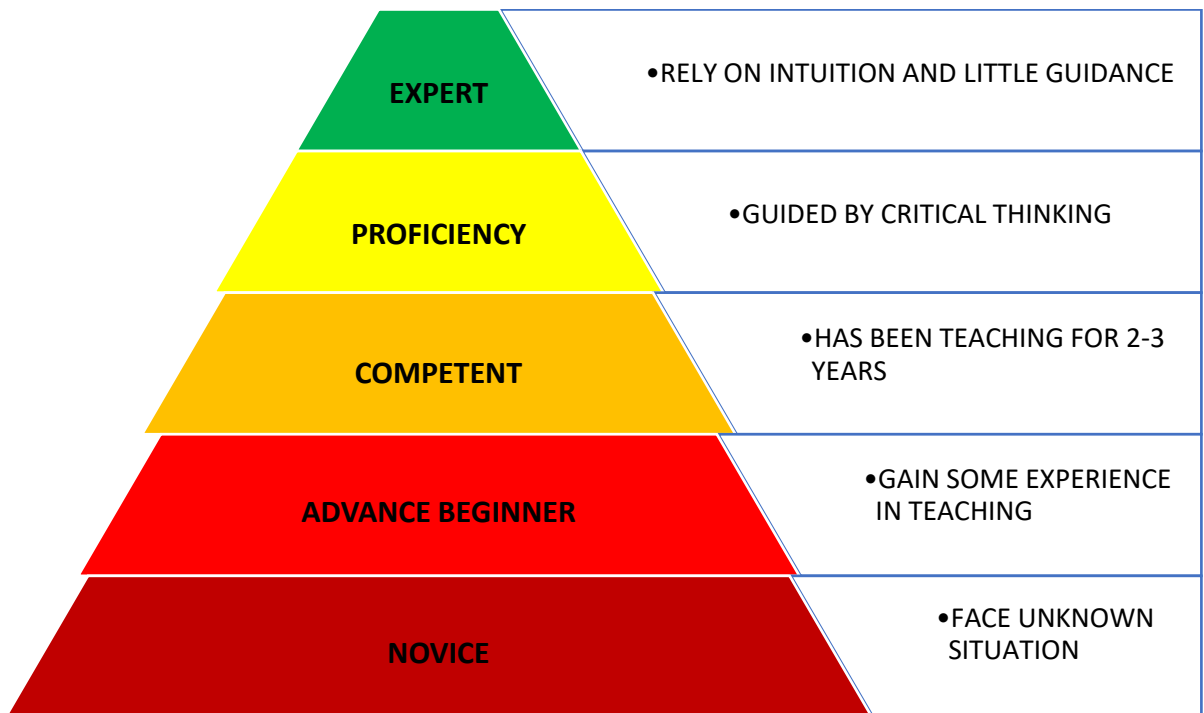
The Benner Novice to Expert Theory which was initially developed for the stages of clinical competence has now become a useful framework to assess the needs of nurses at different stages of professional growth (Petiprin, 2016). The Benner Novice to Expert Theory was based on Dreyfus's theoretical model of skill acquisition that describes the five levels of acquiring skills and development namely novice; advanced beginner; competent; proficient and expert (Dreyfus & Dreyfus, 1986, cited in Lyon,2015)

This theory now applies to several disciplines beyond clinical nursing where the understanding of the five stages of clinical competence provides insight for nurses to support one another as experts in any field (Petiprin, 2016). It forms a supporting framework for the mentoring and mentorship of an expert clinical nurse who becomes a novice in a new role or in transition from a registered nurse to becoming a nurse educator (Benner 1983, as cited in Spencer, 2013). This theory assumes that an expert nurse becomes a novice during the transition to becoming an educator (Weidman, 2013). This theory was used to explore the experiences of nurse educators in the study by Spencer (2013), who put forth the transition as nurses from clinical to academic settings to justify the need for them to be mentored. Similarly, Brown (2015) and Brown and Sorrel (2017), used Benner's framework during a discussion to support mentorship for nurses who are transitioning from practice to the classroom. Moreover, Thomas and Kellgren (2017) use Benner's Theory to provide a conceptual structure that guides the development of the

nurse educator in the facilitation of the learning simulation. Figure 2.2 illustrates the Benner Novice to Expert Theory and its application to this study.

Figure 2.2

Benner Novice to Expert Theory



Note: Adopted from Brown 2015

The Benner Novice to Expert Theory above was applied in the study in the following ways;

- 1) The concept of expert and novice was applied to the study to differentiate a mentor and mentee based on the years it takes to become an expert.
- 2) The relationship that exists between a novice and an expert was used to support the need for a mentorship relationship (Spencer, 2013).
- 3) The various stages in Benner theory that the new nurse goes through as novice in his or her new role, was used to support the need to explore the experiences of the new

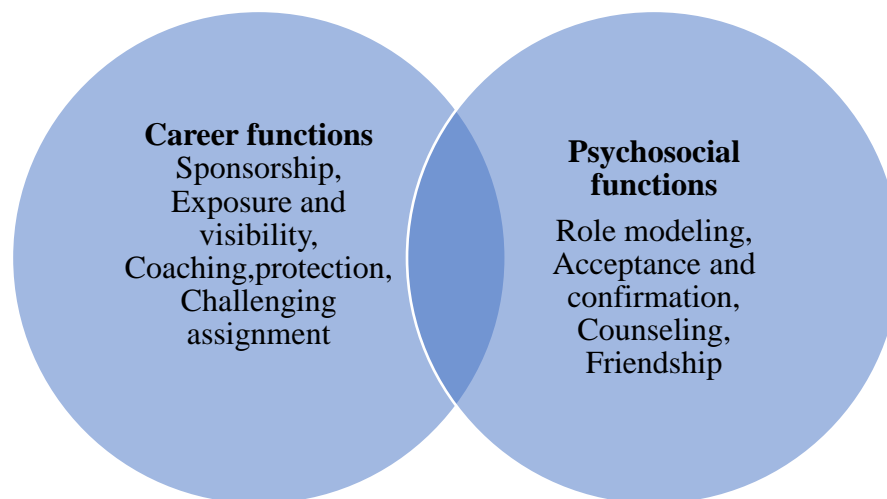
registered nurses in their new role as nurse educators at the School of Nursing, University of Namibia.

2.14.2 Kram Mentor Relationship theory

The Mentor Relationship Theory by Kram explains the functions of the mentor in mentoring relations to promote the career and psychosocial wellbeing of the mentees, as well as addresses the dynamic nature of mentoring within the various mentoring phases (Kram,1983,1985,1996 as cited in Schunk & Mullen, 2013). The career and psychosocial mentoring functions were identified by Kram’s seminar research on workplace mentoring in 1988 and the mentoring functions from Kram’s theory are widely recognized in many works of literature on mentoring to be the standard mentoring functions of a mentor (Greenwood, 2017; Scandura & Pellegrini, 2010 as cited in Greenwood, 2017). The mentoring functions are illustrated in figure 2

Figure 2 .3

Functions of Mentoring



Note: Reprinted from Kram original work 1983

Kram's theory was applied in this study to explain the mentoring career and psychosocial functions of the mentor and serve as a guide for the construction of the questionnaires (Schunk & Mullen 2013; Dougherty et al.; Lentz & Allen, 2010; Scandura & Pellegrini, 2010 as cited in Greenwood, 2017). The career and psychological mentoring functions were used to support the various roles of mentors, as they were similar to the needs raised by the mentees in various studies. Likewise, the mentorship relations as described by Kram, from the original work in 1983 as adopted by the above-mentioned authors in their studies were also used to support the need to have a mentorship relationship and explain the nature of this relationship at workplaces. In addition, there is significant agreement between the 5 years it takes in the Kram phases to get optimum benefit from mentorship relationship and the equal years it takes to become an expert. The researcher observed that the Benner Theory of Novice to Expert which illustrated the various stage that novices go through to become experts, echoed the importance of mentorship to allow growth of the mentees similar to Kram's theory as both support the mentoring and mentorship. At the same time, Kram's theory of functions of a mentor can relate to the functions of the mentor during the mentorship relationship (Krause- Parrelo et al., 2013; Kram, 1983, 1985, 1996 as cited in Schunk & Mullen, 2013).

2.14.3 Schoening Nurse Educator Transition Model

The Schoening Nurse Educator Transition Model (2013) was created to help describe the process the new nurse educator makes when they enter the new role. This model helps to understand the new nurse educators who often begin their academic careers with little preparation or guidance. A theoretical paradigm was developed to symbolize the role transition of expert clinical nurse to nurse educator. This model identifies four phases in

the role transition from a nurse-to-nurse educator namely; the anticipatory/expectation phase; the disorientation phase; the information seeking phase; and; the identity formation phase (Schoening, 2013).

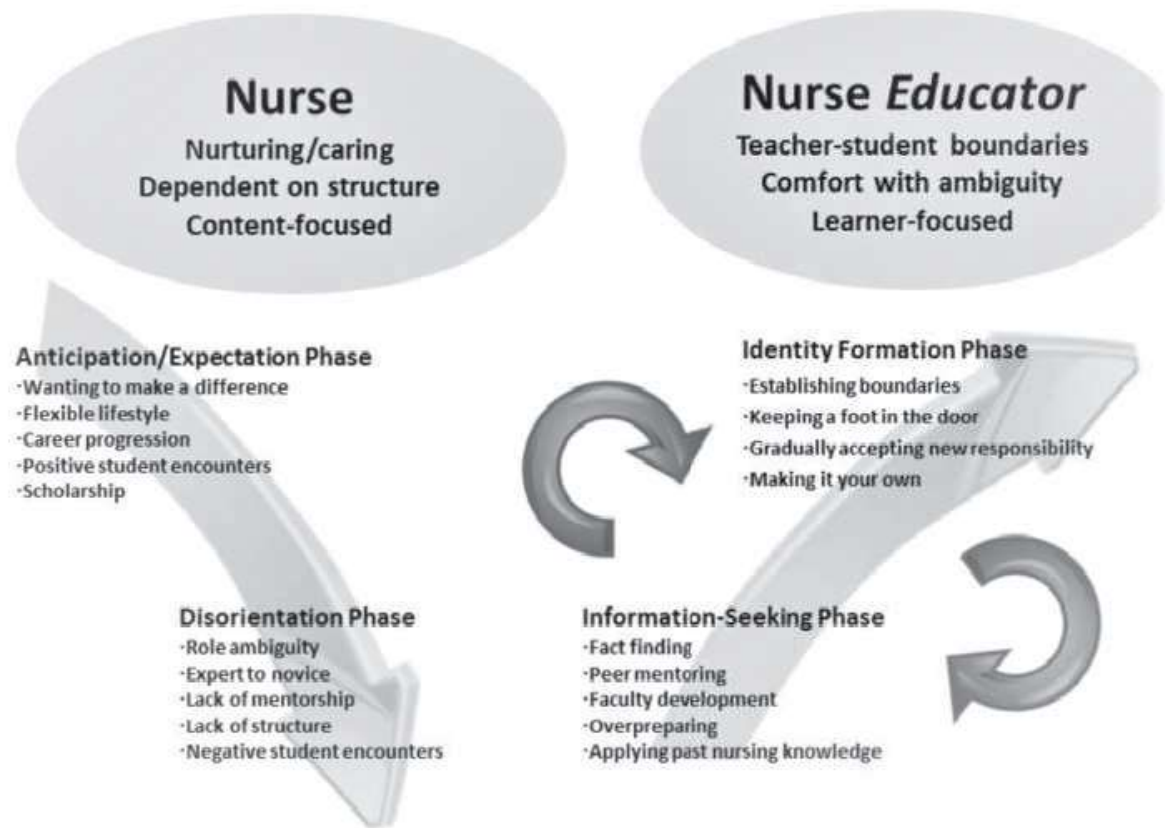
The Schoening model recommends a practice that includes the integration of formal pedagogical education in nursing graduate programs as well as a need for evidence-based orientation and mentoring programs for novice nursing staff. The stages illustrated in the model outline the road travelled which is seen as a journey. The first phase which is the anticipation/expectation phase begins at the top of the hill on the model which characterizes as a positive time for the novice nurse educator. The disorientation phase is characterized by confusion and unmet expectations and is seen as a downhill slide. During the information seeking and identity formation, the educator is brought uphill again. The activities during this phase empower and move the nurse closer to the goal of transiting successfully in the role of nurse educator. The circular arrows which are between information seeking and identity formation are symbols of overlapping and concurrent activities. These suggest that information-seeking may continue well into the stage of identity formation. This can occur if new roles and responsibilities are added to the nurse educator's workload (Schoening, 2013).

The different clinical and academic work environments, nurse/patient, and teacher/student relationships, as well as changes in teaching philosophy, are depicted at the opposite end of the diagram presenting the beginning and the end of the journey. However, reaching the end of the journey in this model is not equal to reaching a level of expertise. It merely implies that the role transition has been made. True integration of the two identities of nurse and educator symbolized the successful transition. Although nursing remains at the

core, there is now comfort with the new combined role of nurse educator. The individual feels not to have lost his or her identity but starts to feel and think like a teacher (Schoening, 2013). Figure 2.4 illustrates the different phases as outlined by Schoening Nurse Educator Model.

Figure 2.4

Schoening Nurse Educator Transition Model



Note: Reprinted from Schoening (2013)

The model above applies to the study in the following ways.

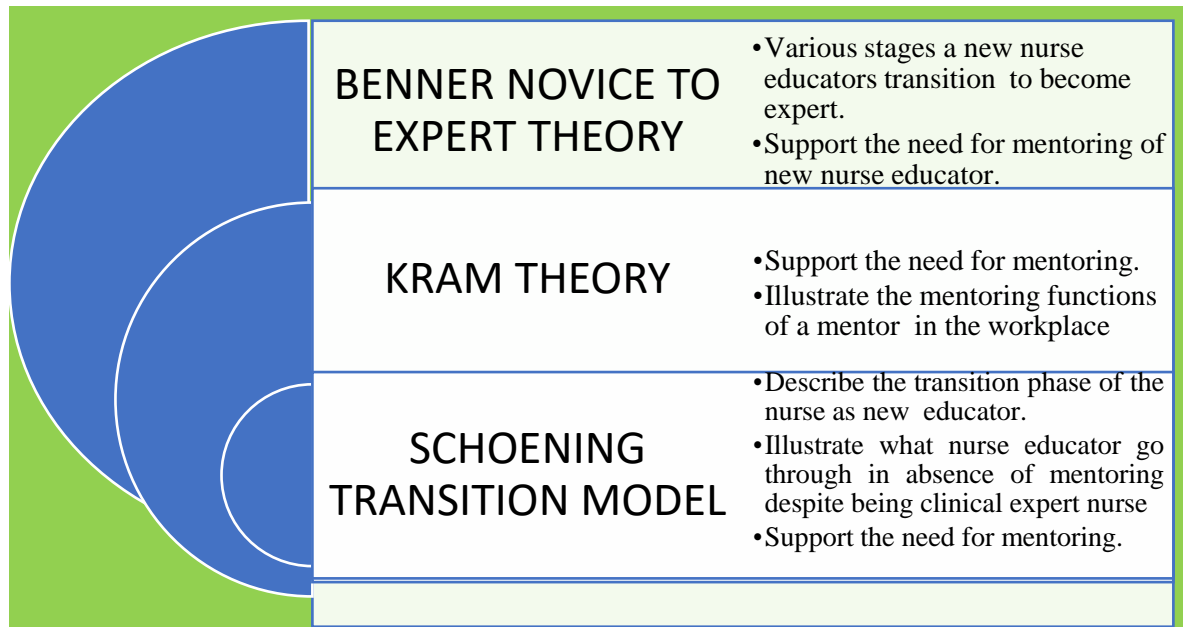
- 1) The School of Nursing where the study was conducted resembles the context described in the Schoening model, which used institutions that offers baccalaureate nursing programs
- 2) Participants from the School of Nursing, UNAM were also heterogenous as in the model.

- 3) Participants in the School of Nursing as in the Schoening model had registration in specialties, diverse responsibilities, and vast differences in terms of teaching experience and research activities.
- 4) The data collection method followed in this study corresponds with that of the Schoening model, namely semi-structured interviews for qualitative data.

Furthermore, Schoening (2013) based her arguments on Benner's Novice to Expert Theory for the skills acquisition in nursing and nursing education. The proposition used to describe the intervening conditions they face in their new role was used in this study. This provided insight into the strategies that new nurse educators use to adapt to their new role and the model assisted the researcher to have a broader perspective on the experiences of the new nurse educators in their new role. Likewise, the Schoening study was also used to help construct the interview guide that was used to explore the experiences of the mentors and mentees during their transition into their new roles. The Schoening model supported the need for an expert registered nurse to form a new identity as a nurse educator. These supported the problem statement of this study regarding problems faced by a registered nurse who becomes a new nurse educator. Figure 2.5 illustrate the synthesis of the theoretical frameworks of the study as explained earlier.

Figure 2.5

Summary of Benner Novice to Expert theory, Kram theory & Schoening transition model



Note: Adopted from Benner Novice to Expert theory, Kram theory & Schoening transition model

2.14.4 World Health Organization [WHO] core competencies and various domains of a nurse educator

The Nurse Educator Core Competencies (WHO, 2016) was developed by the World Health Organization (WHO) to enable educators to contribute effectively to the attainment of high-quality education and to produce effective, efficient, and skilled nurses who can respond to the health needs of the society they serve. A nurse educator needs to have the knowledge, skills, and attitude to adopt new approaches in planning, organizing, implementing, and evaluating of nursing education programmes. If the core competencies are adopted/ or adapted, it allows the educational institutions to be equipped to prepare educators that provide high-quality nursing education (WHO, 2016). The World Health

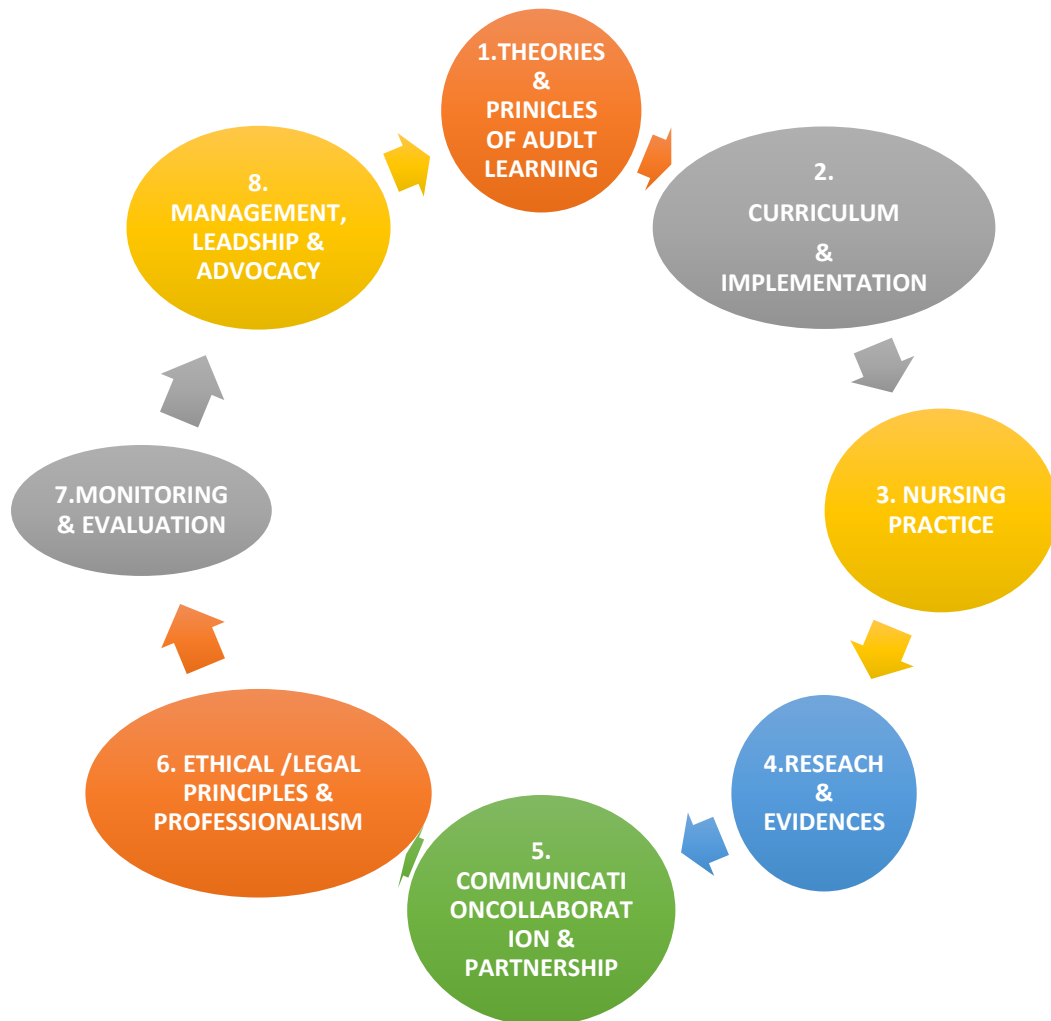
Organization requires nursing education institutions to have a tool to test competency, and monitor and evaluate the eight domains, core competencies, and related competencies. These core competencies can be assessed among others by the training institutions to address the education and professional development needs of the educators (WHO, 2016). This is observant as the educational and professional needs of educators can be seen in the literature review that raises the concern for mentoring those who are new as nurse educators. These core competencies and domains are the areas in which new nurse educators should be mentored because they benefit not only the educator but also the students, the institution, and patient safety. As part of quality review, policies, organizational structures, rules, leadership, and standards must be in place to guarantee that nurse educators are mentored in these competences and areas (WHO, 2016). The summary of the eight Nurse Educator Core Competencies and domains of learning and teaching are outlined below.

- **Domain 1: Theories and Principles of Adult Learning:** Core Competency 1: Nurse Educators possess a sound understanding of contemporary educational theories, principles, and models underlying the design of curricula and the value of adult learning.
- **Domain 2: Curriculum and Implementation:** Core Competency 2: Nurse educators demonstrate the skills and abilities to design, implement, monitor, and manage curricula based on sound, contemporary educational models, principles, and best evidence.
- **Domain 3: Nursing Practice:** Core Competency 3: Nurse educators maintain current knowledge and skills in theory and practice, based on the best available evidence.

- **Domain 4: Research and Evidence:** Core Competency 4: Nurse educators develop their critical inquiry and the ability to conduct research and utilize findings to identify and solve educational and practice-based problems.
- **Domain 5: Communication, Collaboration, and Partnership:** Core Competency 5: Nurse educators demonstrate effective communication skills that promote collaborative teamwork and enhance partnership among health profession educational and clinical practice.
- **Domain 6: Ethical/Legal Principles and Professionalism:** Core Competency 6: Nurse educators demonstrate professionalism including legal, ethical, and professional values as a basis for developing nursing education policies, procedures, and decision making.
- **Domain 7: Monitoring and Evaluation:** Core Competency 7: Nurse educators utilize a variety of strategies to monitor and evaluate nursing programmes, curricula, and mastery of student learning.
- **Domain 8: Management, Leadership, and Advocacy:** Core Competency 8: Nurse educators demonstrate the skills of system management and leadership to create, maintain and develop desired nursing programmes and shape the future of educational institutions. The WHO Nurse educator's Core Competencies are depicted in figure 2.6.

Figure 2.6

World Health Organization Nurse Educator Core Competencies (2016)



Note: Adopted Nurse educator core competencies (2016). Printed by WHO Document Production Services, Geneva, Switzerland

Despite the WHO's recommendation on minimum core competencies for nurse educators to be prepared or mentored for, in order to ensure quality of education and accountability contribute to improving nursing care and health services, Salminen et al. (2021) argue that there are no uniform core competencies for nurse educators, and the requirement appears to depend on how and whether nursing education is offered at college vs university.

Equally, in Namibia where the study was conducted, the requirement stipulated to teach nursing according to the Nursing Council of Namibia (Government of Namibia, 2017) is a postgraduate qualification in nursing education, in addition, to being registered under the Nursing Act. The specific core competencies are not outlined in the Nursing Act, and hence the researcher's decision to apply the international requirement from the world body such as the World Health Organization its core competencies are prevalent in various works of literature searched during this study. Furthermore, the core competencies were resembling the competencies outlined in the National League for Nursing (2018). These competencies were used to support the domains the new nurse educator will need mentoring in. Also, the core competencies of WHO were used to construct the questionnaire and support the findings of this study.

2.14.5 Best practices to enhance the mentoring of the new nurse educators

Nick et al. (2012) integrative review on best practices in academic mentoring, gave an overview of a model of excellence in establishing a formal mentoring programme for academic nurse educators. This model depicts six practices in mentoring which are.

- 1) Achieve appropriately matched dyads;
- 2) Establishing clear mentorship purpose and goals;
- 3) Solidify the dyad relationship;
- 4) Advocate for and guide the protégé;
- 5) Integrate the protégé into the academic culture;
- 6) and mobilize institutional resources.

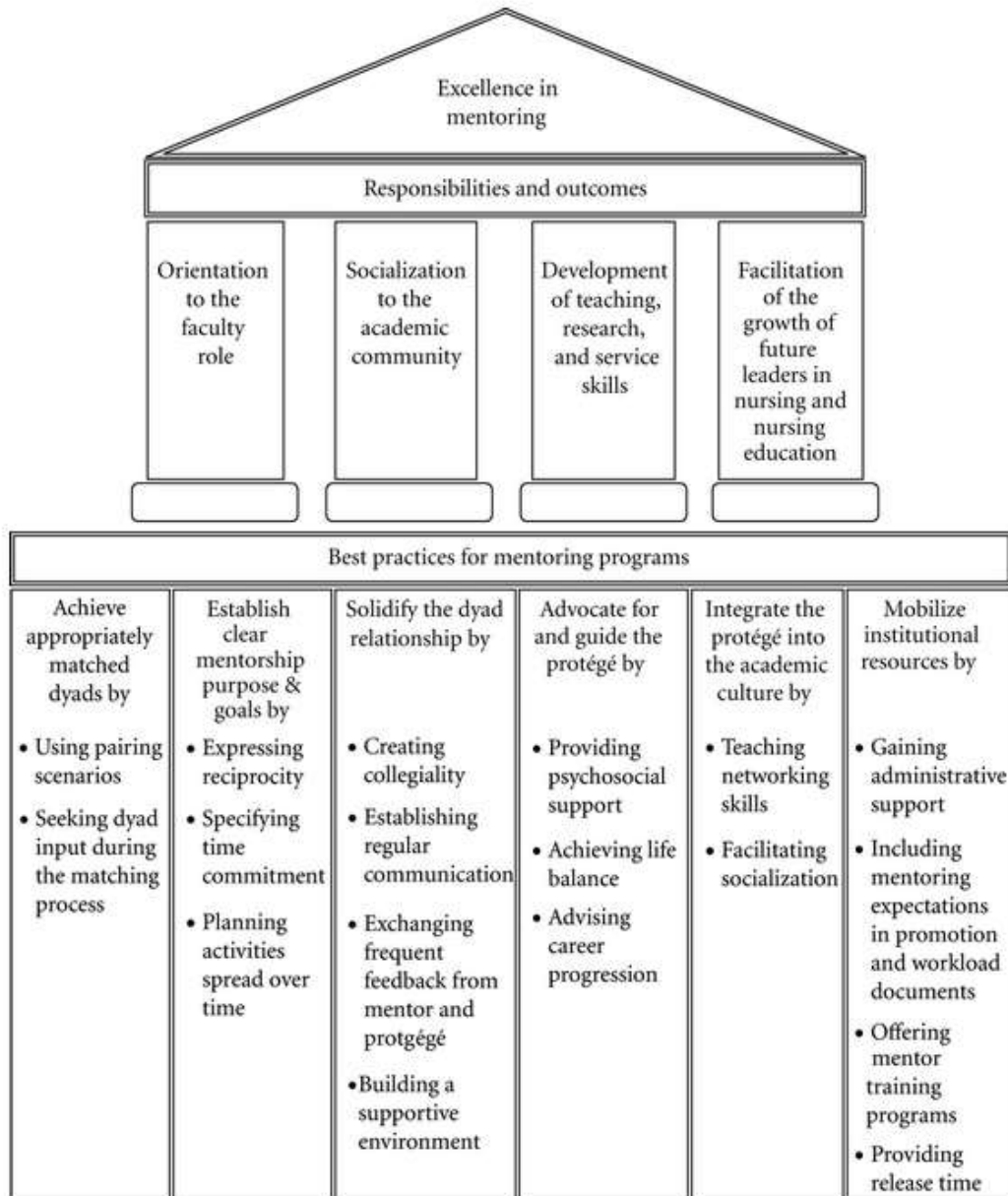
The above six practices support the four pillars of excellence in mentoring which are the; orientation to the faculty role, socialization to the academic community, development of

teaching, research, and services; and facilitation of the growth of the future leaders in nursing and nursing education. The elaboration of this model is shown in figure 2.6

The Best practice model by Nick et al. (2012)) was used to support the best mentoring practice in academia, which was similar context at the University of Namibia where this presented study was conducted in academic mentoring. Also, the model was used to support the need for mentoring and to construct the variables in the quantitative strand (questionnaires) as well in the interview guide of the qualitative strand.

Figure 2.7

Best Practices in Academic Mentoring: A Model for Excellence



Note: Printed from Fourth Cohort, NLN/Johnson & Johnson Faculty Leadership, and Mentoring Program

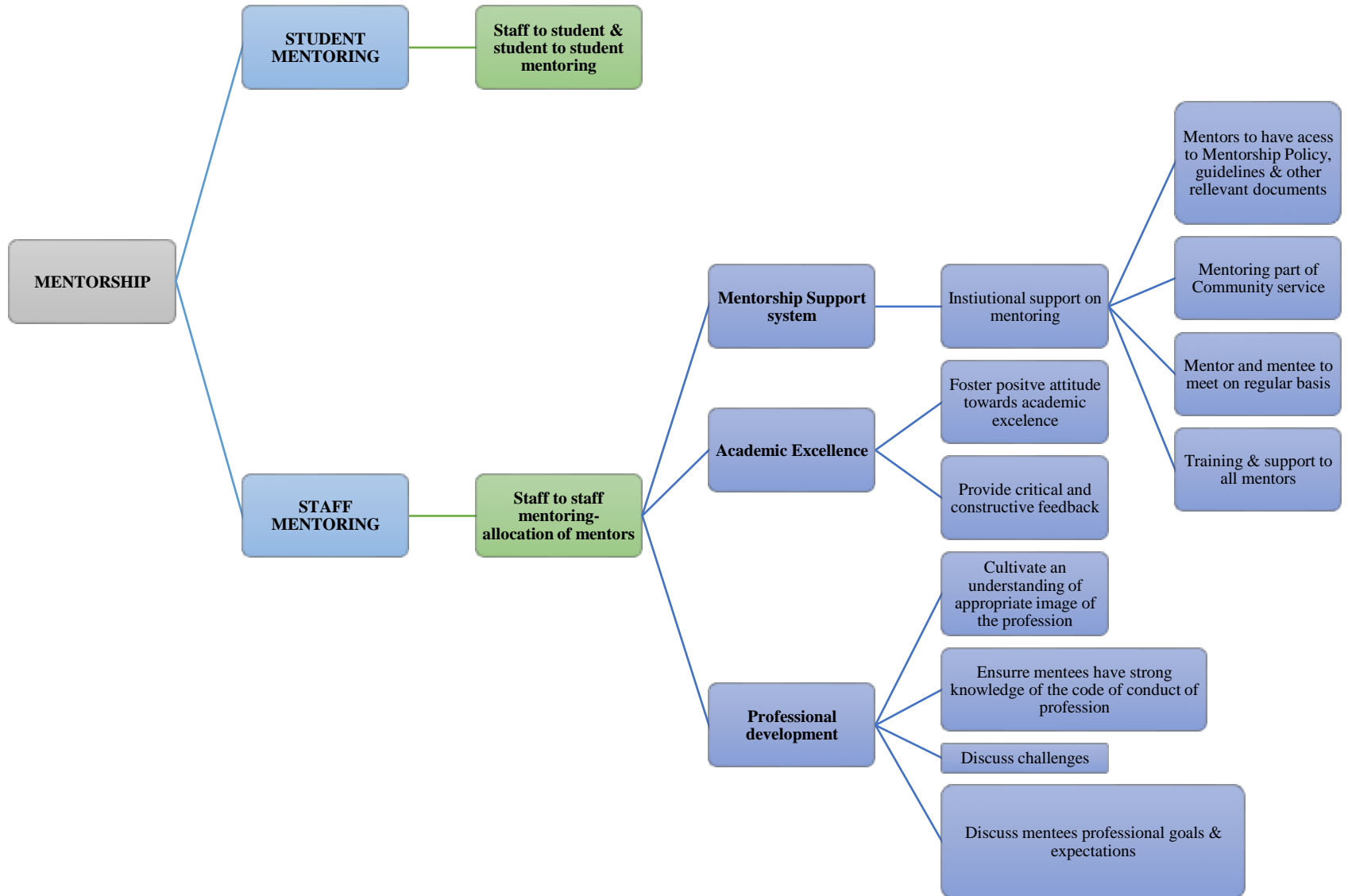
2.14.6 The University of Namibia Mentorship Policy

The University of Namibia Mentorship Policy (2013) outlines the purpose of the institution's Mentorship programme, its policy statement, the implementation of the mentorship policy as well as the operation of key terms. The policy is under the custodian of the Pro-Vice Chancellor of Academic Affairs (PVCAA) but is advocated by the Centre for Professional Development Teaching & Learning Improvement (CPDTL)³. It accentuates the importance of mentorship of staff and students. This policy is guided by the following key areas namely; Mentorship Support System; Academic Excellence and (3) Professional Development. According to this policy, each Faculty, in consultation with relevant Departments, should assign mentors to staff members as deemed necessary. The key concepts as encompassed in the policy are illustrated in figure 2.8.

Figure 2.8

Mentorship Policy

³ Now referred to as the Centre for Innovation in Learning and Teaching (CILT) under the new restructuring, from June 2021



Note: Adopted from UNAM Mentorship Policy 2013

The Mentorship Policy (2013) as an institutional document was used to support the need for mentoring and mentorship for the new nurse educators employed in the School of Nursing at the University of Namibia. In addition, the definition of mentorship and mentoring as stipulated in the policy was adopted in the study and therefore allows for the alignment with the institutional definition and expectation of mentorship and mentoring. The expectation reflects the performance of new nurse educators as summarized in the annual appraisal below.

2.14.7 The University of Namibia Procedures and Guidelines On Annual Academic Staff Appraisals

The University of Namibia's procedures and guideline of the Annual Academic Staff Appraisal (n.d) outlines the important areas of the expected duties of an academic at the university. This policy and guideline state that each academic staff member should undergo an annual evaluation based on their performance in the 3 major areas of teaching, performing research, and serving the university community as well as the wider nation and beyond. The minimum workload for the staff members is calculated as follows; 24 hours or 60% a week is devoted to research and publication activities; 12 hours or 30% a week is devoted to teaching; while 4 hours or 10% of the week is devoted to community engagement which are e important aspects that a mentee should be mentored on.

The Procedures and Guidelines of the Annual Academic Staff Appraisals at the University of Namibia were used to support the need for new nurse educators to have mentoring in teaching, conducting research, and publication as well as the rendering of services to the University of Namibia community and beyond. These are key areas where each academic staff member, is evaluated on annual basis and serves as part of the evaluation for reward letters of recommendation and promotion. The key areas

above are among the core competencies of nurse educators stipulated by the World Health Organisation (2016). Hence, the document supported mentoring in teaching, research, and community services as reflected in the questionnaire.

2.15 SUMMARY

This chapter looked at the concept of mentoring and mentorship and elucidating the career and psychosocial functions of the mentor and the phases of mentorship. Furthermore, mentoring was discussed in the context of academia in general, nursing, and nursing academia. The key components of the mentoring programme and mentoring were discussed, followed by the attribute roles and responsibilities of mentors, and mentees as well the role and responsibility of the institution towards mentoring and mentorship. Furthermore, it elucidated the benefit of mentoring and mentorship to the mentees, mentors, institutions, and students. It concluded with the theoretical frameworks that supported the study and how they were applied to the study. The next chapter 3 will discuss the mixed method research design that was adopted in this study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

Chapter 2 dealt with the literature review conducted by the researcher on mentorship and mentoring. This chapter presents the research design which was used to address the research problem and address the aim of this study. The chapter entails the type of research design used, the population, sample, research instruments, procedure, data analysis, and ethical considerations. Research methodology is the science and philosophy that underpins all research and assist the researcher in comprehending the numerous methods by which knowledge is produced (Adam et al., 2014).

3.2 RESEARCH DESIGN

The research design is a blueprint needed to conduct a study that maximizes control of factors that could affect the desired outcome of the study. The design influenced how the population is selected; the procedures used for sampling; the method used in the measurement and how the data are collected and analysed. Additionally, the choice of research design depends on what is known and unknown about the research problem, the purpose of the study, the expertise of the researcher, and whether there is a need to generalize the findings (Grove et al., 2015).

This study used a convergent parallel mixed method which is descriptive, explorative, comparative, and contextual where both the qualitative and quantitative strands had equal priority. The respective data were collected parallel using different instruments and data collection procedures, and the data were analysed separately. The comparison was done during the integration and representation of the data. Both the quantitative and qualitative data were first used to identify similarities and differences from the perspectives of the mentors and mentees using a single table for each strand

respectively and then integrated and discussed (Creswell & Plano Clark, 2018; Creswell, 2014b). In the next section, the researcher discusses the process of selecting the mixed method design used in the study.

3.3 MIXED METHOD DESIGN

Because the study followed a mixed method, the researcher needs to explain the process taken to decide on the implementation thereof. The researcher reviewed the prototypes of the major mixed-method designs and decided on the convergent parallel design (Creswell & Plano Clark, 2018). The key concepts in choosing the convergent parallel mixed method design used in this study, are discussed as follows:

- **Key concepts for designing mixed methods**

The researcher reviewed the key principles of mixed method design which are; (1) to use a fixed and /or emerging mixed method design; (2) to consider a typology-based approach or interactive/dynamic approach to design the mixed method; (3) how to articulate the research problem and questions/purpose and carefully choose the appropriate design match, and (4) to explain the rationale for using the mixed method (Creswell & Plano Clark, 2018). The researcher chose the mixed method design, where both quantitative and qualitative methods already were predetermined at the start of the process and allowed the procedures to be implemented as planned. Regarding the approach of design, a typology-based approach was selected as it provided the researcher with a solid approach to address the research problem where the range of options is well defined. The research objectives of this study addressing the practices and experiences led to a convergent/concurrent design as it allowed the quantitative and qualitative strands of data to be collected. Simultaneously, the mixed method could give complementary results and enrich the big picture on mentoring and mentorship under the study (Creswell & Plano Clark, 2018; Saunders et al., 2019).

- **The key decision used to determine the level of interaction between qualitative and quantitative strands in this study**

Along with previously key concepts discussed, the key decision that guided the researcher was to determine the level of interaction between the quantitative and qualitative strands in the mixed method. It was important for the researcher to decide when the level of interaction between the two strands will occur. In mixed methods, the strand refers to a “component of the study that encompasses the basic process of conducting quantitative or qualitative research: posing a question, collecting data, analysing data, and interpreting results based on that data. The level of interaction refers to the independence or dependence that occurs between the quantitative and qualitative strands” (Creswell & Plano Clark, 2018, p.451).

In this study, an independent level of interaction was selected which allowed the quantitative and qualitative strands to be distinct and their research objectives, data collection, and data analysis to remain separated. Therefore, the mixing of the two strands occurred during the overall integration and representation of findings when concluding (Creswell & Plano Clark, 2018).

Furthermore, within the design, the researcher needed to determine the relative importance of the quantitative and qualitative strands. In a mixed method, priority refers to the “relative importance or the weighting of the quantitative and qualitative methods in addressing the research problem in a mixed method study” In this study, both the quantitative and qualitative methods were allocated equally important roles to address the research problem (Creswell & Plano Clark, 2018, p.450).

Equally to the priority of each strand, the timing is also essential. Timing refers to the pacing and implementation of each strand in the study or the temporal relationship that exists between the two strands. Also, timing relates to the time of how the data sets

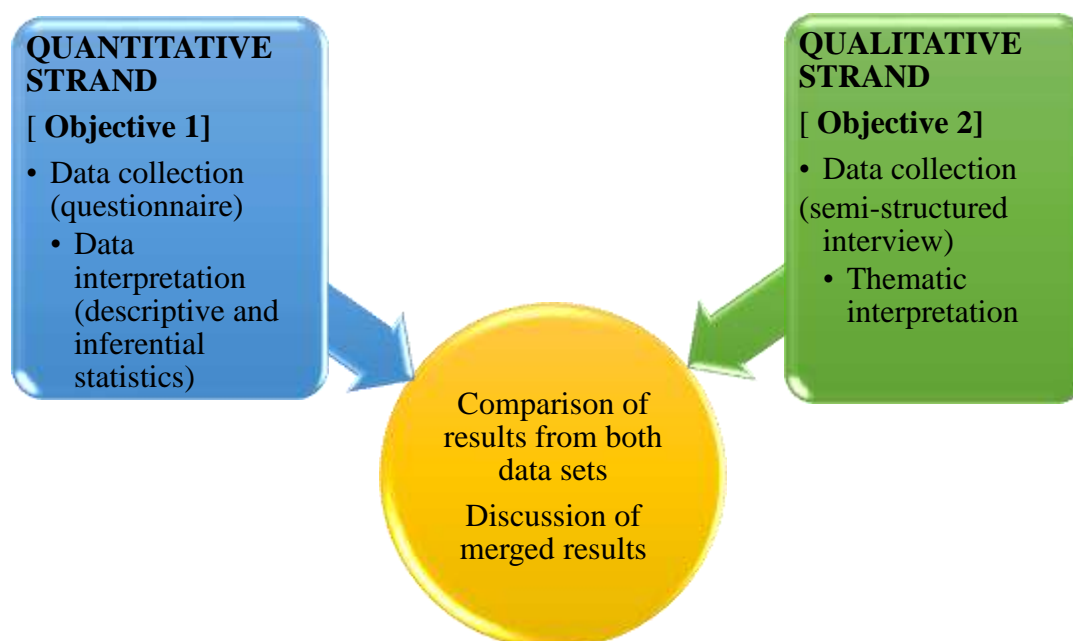
will be collected and the order of how the results of both the quantitative and qualitative data sets will be used in the study. Hence, it is beyond data collection and includes the entire quantitative and qualitative strands, a concurrent timing was opted for where the researcher implemented both strands during a single phase of the study. Mixing the two approaches happened at the point of discussion to help the researcher draw conclusions or inferences from combining the two strands (Creswell & Plano Clark, 2018). The convergent parallel mixed method used is discussed in section 3.4.

3.4 CONVERGENT PARALLEL MIXED METHOD

To achieve the aim of the study, a convergent parallel-database variant mixed method design was used because of its descriptive, explorative, contextual, and comparative nature. The convergent design was selected to assess and explore how the complementary quantitative and qualitative results could contribute to a more thorough understanding of mentoring and mentorship (Creswell & Plano Clark, 2018). Likewise, the parallel-databases variant helped give a complete picture of mentorship and mentoring as the study focus was on the practices and experiences which could not be solely obtained via a quantitative or qualitative approach (Creswell, 2013a). Figure 3.1 which was adopted from Creswell and Plano Clark (2018) and Creswell (2014b) depicts the summary of the research procedures used in this study.

Figure 3.1

Flow diagram of Convergent parallel design



As the convergent parallel mixed method had two strands of both qualitative and quantitative strands, each strand is discussed individually below.

The quantitative strand of the convergent mixed method (objective 1) in this study was cross-sectional and non-experimental, as there were no variables to be manipulated or to determine the causality. The purpose was to obtain information on the practices regarding mentorship and mentoring of nurse educators in the School of Nursing at UNAM. The theoretical framework was used in this study to decide which variables to examine, and how to define them. The framework also helped with the interpretation of the findings as discussed in Chapter 5 (Nieswiadomy, 2014).

The qualitative strand (objective 2) followed a systematic approach that enabled the participants to describe their experiences. The researcher was able to gather and analyse the words spoken by the participants to find meaning and describe their experiences to have a deeper understanding of the participant's experiences, in mentoring and mentorship. It, therefore, describes a phenomenon through the living

experiences of a human being. The qualitative contextual, explorative, and descriptive approach was thus used in this study to provide a holistic picture of the first-hand experiences of nurse educators on mentorship and mentoring. Although the findings could not be generalized to the whole population as in quantitative approaches, they enriched the understanding of the nurse educator's experiences (Grove et al., 2015).

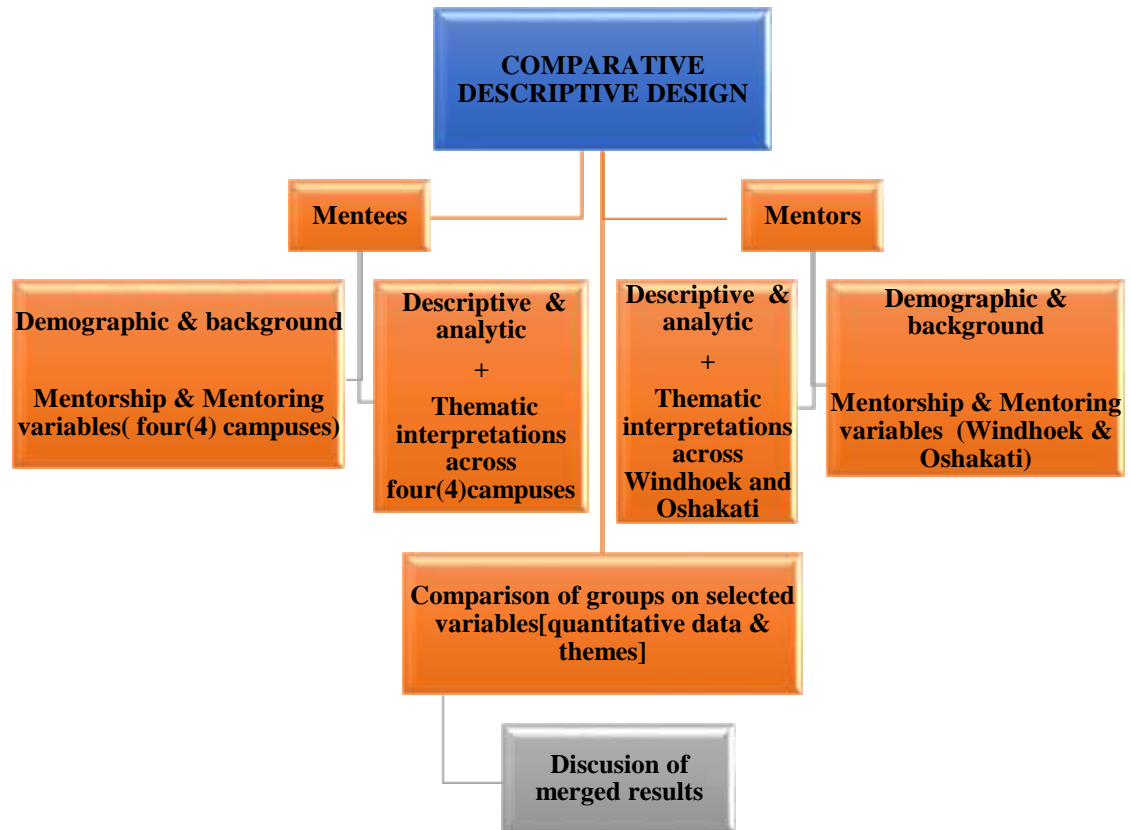
A cross-sectional design refers to a study where the data is collected at one time and used to describe the status of the phenomena (Polit & Beck, 2018). The phenomena in this study were the practice of mentorship and mentoring among nurse educators. For this study, both the mentees and mentors completed self-administered questionnaires during the specific period of data collection. A descriptive study refers to the exploration and description of a phenomenon as it occurs in a real-life situation with no manipulation. It helps to discover the new meaning and provides the researcher with data to describe what exists and the frequency of occurrence and it helps categorize the information in the real-world setting (Grove et al., 2015).

For the quantitative strand, the descriptive research assisted the researcher in identifying and describing the concepts of mentorship and mentoring. It also assisted in the search for possible associations between the variables using a questionnaire on practices of mentorship and mentoring. Equally, for the qualitative strand, an explorative descriptive study helped answer the research aim of this study and provided information about the experiences of the nurse educators regarding mentorship and mentoring (Grove et al., 2015). A descriptive inquiry in this study allowed the researcher to describe the experiences as they naturally transpired. A semi-structured interview was used to explore and describe the mentorship and mentoring experiences of the nurse educators.

Conducting the study in the natural environment of the participants, allowed the study to be contextualized (Korstjens & Moser, 2017). Due to the nature of the research problem, it was important to have a **comparative descriptive design**, as there were two sub-groups of nurse educators. This substantiated the need to see the difference and similarities among the mentees and mentors respectively, with their mentoring practices. Hence, a comparative descriptive design allows the researcher to describe the differences in variables that occur in two or more groups in a natural environment (Grove et al., 2013). Equally, the inclusion of heterogenous participants from both the mentors and mentees allowed various experiences encountered to be obtained. This was important as various teaching ranks, modules, ages, gender, and campuses could have different experiences and this could enrich the data that allowed the researcher to analyze for similarities and differences among the participants. Furthermore, collecting both quantitative and qualitative data allow a comparison between the mentees, mentors, and as well within subgroups that helped to paint a complete picture of the mentoring and mentorship of nurse educators (Creswell & Plano Clark, 2018; Creswell, 2013a). This allowed the researcher to describe and examine the variables in two or more groups as they were occurring in their natural settings. A comparative descriptive design further allowed the description of variables and the comparison of the descriptive data obtained from the different groups of mentors and mentees (Nieswiadomy, 2014; Grove et al., 2015). Figure 6 displays the comparative descriptive design followed in this study as adapted from Grove et al. (2015).

Figure 3.2

Comparative descriptive design



3.5 RESEARCH SETTINGS

The research settings refer to the site or location in which the researcher conducts the study. The purpose of the study, the accessibility of the site or settings; the number, type, and availability of the participants; influence how the researcher would select the site or settings. In this study, the researcher conducted the study in a natural, uncontrolled setting, in a real-life environment, with no manipulation or a need to change the setting of the study. The interviews were conducted at a place of convenience to the participants and at a pre-arranged time with the participants (Grove et al., 2015).

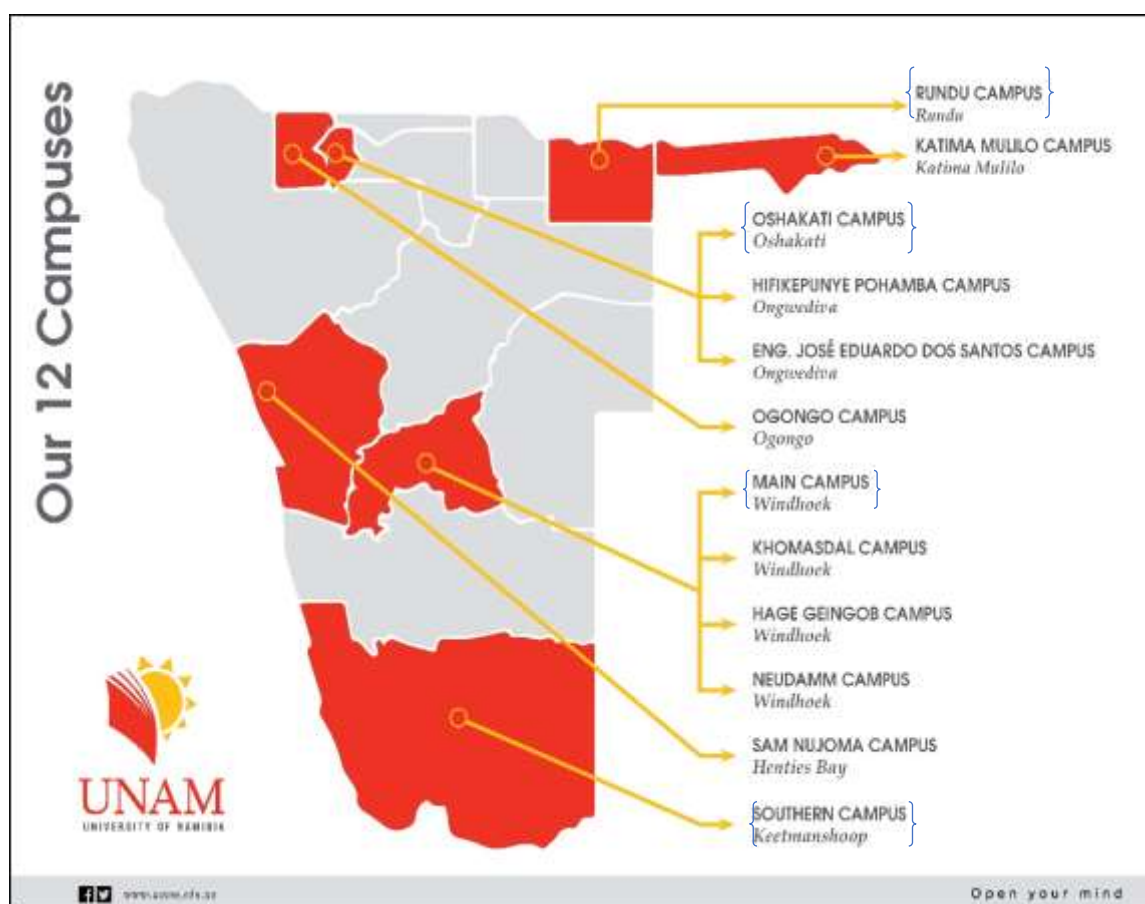
The study was conducted in the School of Nursing under the Faculty of Health Sciences⁴ at the University of Namibia. The study focused on the University's four campuses where nursing is offered; namely the Rundu Campus (Kavango East), Northern Campus (Oshakati, Oshana Region), Southern Campus (Keetmanshoop, Hardap Region), and Main Campus (Windhoek, Khomas region). The School of Nursing at the Main Campus is the oldest of all campuses, as it was established in 1985 as part of the former Academy; it is followed by the Oshakati campus (UNAM, 2016). The school initially only offered nursing education in Windhoek and Oshakati, until 2015 when it expanded to the Southern Campus and recently in 2017 to the Rundu Campus (L.Pretorius, Associate Dean, School of Nursing & Public Health, Personal communication, July,26, 2022). The researcher travelled to the respective campuses to conduct the study and in some instances, to a specific location the participant preferred off campus.

The School of Nursing offers a full-time program of Bachelor of Nursing Science (Clinical) Honours at all four campuses, in addition to the Diploma in General Nursing and Midwifery which is only offered at the Main campus. The latter is a tailor-made program that was designed and implemented for enrolled nurses to upgrade to registered nurses. The Main campus furthermore also hosts the Postgraduate Diploma in residential mode, with different clinical specializations (L. Pretorius, Associate Dean, School of Nursing & Public Health, Personal communication, July,26, 2022; UNAM, 2023). Figure 3.3 displays the location of the School of Nursing in Windhoek (Main), Rundu, Oshakati, and Southern campuses indicated with double brace amid the 12 campuses of the University of Namibia.

⁴ Was known as Faculty of Health Sciences during the time of data collection. Currently known as Faculty of Health Sciences and Veterinary Medicine under the new restructuring since June 2021.

Figure 3.3

The geographical allocation of the School of Nursing across UNAM campuses



From “geographical allocation” (<https://www.unam.edu.na/about-unam/history>)

3.6 POPULATION

A population is defined as the particular group of individuals or elements who are the focus of the study (Grove et al., 2015). The population of this study consisted of all nurse educators who were employed by the University of Namibia in the School of Nursing. Additionally, the target population for the study refers to the entire set of used to individuals or elements who meet the sampling or eligibility criteria (Polit & Beck, 2018; Nieswiadomy, 2014; Jooste, 2018). The population includes 82 nurse educators based on the staff establishment at the time of data collection. The target population was 74 after excluding the five (5) pilot study participants, the initial supervisor, and the chairperson of the Human Research Ethics Committee of the UNAM (HREC), both

of whom were nurse educators (mentors) at the School of Nursing⁵. Equally, the researcher who was a mentee at time of data collections was also excluded. There were an estimated 25 mentors and 49 mentees across the four campuses. The mentors included those that have worked for 5 years or more and mentees that have worked for less than 5 years as nurse educators in the School of Nursing. The participants had various ranks in teaching such as that professor, associate professors, senior lecturers, lecturers, assistant lecturers, clinical instructors, and preceptors. As explained in 1.12, both groups of mentors and mentees included all teaching ranks and only differentiated by years of working in School of Nursing. All participants were employed permanently, except for the preceptors who were employed on a contract basis. As this study adopted the mixed method approach, the researcher opted to have the same individuals participate in the quantitative [objective one (1)] and qualitative [objective two (2)] strands. This helped minimize the threat during the data collection phase and enabled the ability to relate and compare the findings from both strands (Creswell & Plano Clark, 2018). Table 3.1 displays the target population as it was segmented within the campuses and subgroup of mentors and mentees within each campus respectively.

TABLE 3.1

Segmentation of the target population

Strata	Total	Division	
	Study population	Mentors	Mentees
Windhoek (Main campus)	30	15	15
Oshakati (Northern campus)	21	10	11
Southern campus	8	0	8
Rundu campus	15	0	15
Total	74	25	49

⁵ They were excluded to minimize bias & conflict and allow objectivity.

As per table 3.1, the School of Nursing at Rundu and Southern campuses were included in the main study despite only having mentees and no mentors at the time of data collection. The researcher deemed it necessary to include them explore their experience with mentoring and mentorship, as they were supposed to be mentored. Including them was imperative to determining how mentoring and mentorship occur at those two new satellite campuses in absence of residential mentors.

3.7 SAMPLE AND SAMPLING METHODS

Sampling is the process used to select cases to represent the entire population to allow the researcher to make a conclusion about the population (Polit & Beck, 2018). On the other hand, the sample refers to the selected group (elements) and it should represent an identified population of people (Grove et al., 2015).

For objective one (1), quantitative and focused on the practices, due to small population of nurse educators employed in the School of Nursing, 74 as the total population was included in the small and feasible for the researcher to contact everyone (Saunders et al., 2019). For objective two (2) (qualitative), focusing on the experience, purposive nonprobability sampling was used as the researcher had knowledge about the population and it was easy to differentiate between who were mentors and mentees. This allowed the sampling of a special selection of study participants, which helped to segment the mentors and mentees respectively. In addition, purposive sampling allowed the researcher to use her judgment to select those who could help to answer the aim of the research and its objectives (Nieswiadomy, 2014; Saunders et al., 2019). For objective two (2), qualitative in nature, the sample size in each subgroup of mentors and mentees of each campus was determined by the principle of data saturation (Nieswiadomy, 2014; Kumar, 2019). A sampling frame that included all four campuses was obtained from the management of the School of

Nursing, which had a list of every member in the population that helped with the identification of everybody in the population (Grove et al., 2015).

- **Inclusion and exclusion criteria**

The inclusion and exclusion criteria were the same for both objectives. Table 3.2 outline the criteria used.

Table 3.2

Inclusion & exclusion criteria

Criteria	Mentors	Mentees
Nature of employment	Permanent/part- time	Permanent/part- time
Years of teaching at SoN	≥5 years	Less than 5 years
Prior teaching experience before joining SoN	N/A	N/A
Professional registration	Registered nurse/midwife	Registered nurse/midwife
Education qualification	Bachelor/equivalent to full professor	Bachelor/equivalent to full professor
Position/teaching rank according to UNAM personnel structure	All teaching rank/position	All teaching rank/position

3.8 RESEARCH INSTRUMENTS

Research instruments are research tools that are used for the collection of data which is determined by the method of data collection selected for the study (Nieswiadomy, 2014). The two different types of research instruments which were used to collect data in this study are explained below based on the nature of the objectives used in the convergent parallel mixed method of this study.

- **Quantitative strand [objective one (1)]**

Data were collected using self-administered questionnaires set in English. Two different questionnaires were developed for both the mentors and mentees to collect information on the practices of mentorship and mentoring respectively. As the study was convergent in nature, both quantitative and qualitative data were collected concurrently over 11 months from January - November 2019 across the four (4) campuses. The academic calendar influenced the time of collection because the researcher could only visit during recess or periods when the burden was expected to be reduced for both the researcher and the majority of participants who were teaching theoretical and practical modules. It is worth noting that quantitative data collecting per campus was preceded by qualitative data saturation (Bless et al., 2013). Similarly, as shown in figure 3.3, the large distance between campuses in Namibia had an impact on the time available for data collection.

The questionnaires were created based on the researched literature, which examined the demand for mentorship and mentoring as articulated by nursing educators, as well as the practices as observed in the various literature. Similarly, the researcher was guided in developing the questionnaire by the theories, models, and other frameworks presented in Chapters 1 and 2. (Grove et al., 2015; Creswell, 2014b). The questionnaires had different structures as discussed below.

Questionnaires for mentors and mentees were divided into similar sections respectively. The questionnaire had a cover letter that included the identification of the researcher, the aim of the study, terms used in the study, aspects of anonymity, and voluntary participation study. Detailed aspects of research ethics were covered in the participant information booklet which included the consent form. General instructions on how to complete the questionnaire were written at the top of the questionnaire,

while specific instructions were written with each question in sections B and C to instruct the participant on how to complete the questions (Nieswiadomy, 2014) (See Annexures 6 & 7).

Section A: Gathered participant demographic data and background information such as gender, age, campus, current teaching rank, module(theoretical/practical), status of employment, number of years as a registered nurse, years working as nurse educators, prior teaching experience, qualification in education, etc. The last 4 questions were contingency questions that the participants could proceed with if they answered 'Yes' to question 13 where then they could proceed to section B. If participants answered 'No' to question 13, they had to proceed directly to section B (Nieswiadomy, 2014). The level of measurement in section A was categorical that included the nominal and binary variables (see Annexures 6 & 7).

Section B: Mentorship: This section consisted of questions with a 5-point Likert scale. Each response was assigned a value where; 5 denotes 'Strongly agree, 4 'Agree, 3 neither Agree nor Disagree, 2 'Disagree, and 1 Strongly Disagree. '0'if Not Applicable'. This was used to determine the level of satisfaction regarding practices on mentorship The Likert scales allow the variables on mentorship to be measured at an ordinal scale (Grove et al., 2015; Grove et al., 2013). Because the questionnaire for mentors and mentees included various teaching rankings, and some participants were teaching a combination of theory and practical modules, with some components overlapping while others being unique to specific participants, the 'non-applicable' option was introduced. In addition, some categories, such as clinical instructors, were assigned to teach clinical/practical modules as well as theoretical modules as needed by the school. Therefore, this allowed participants to indicate not applicable for statements that were not applicable rather than having two (2) sets of questionnaires

for theoretical and clinical (practical) to be completed by one participant, which could be burdensome and time consuming for participants who already had limited time due to the nature of academic settings.

The questions were the same for both mentors and mentees but only asked differently either being mentee (new nurse educator) or mentor (senior nurse educator). The participants were asked to rate their level of satisfaction with the practices of mentorship. The main variables asked were psychosocial support and the supportive environment as part of mentorship (see Annexures 6 & 7).

Section C: Mentoring: In this section, similarly, questions with a 5-point Likert scale⁶ as in Section B were used with similar instructions where participants rated their satisfaction. However, in this section, the participants were rating the practices of mentoring. The formulation of questions corresponded in Section B of addressing as mentee or mentors respectively. The main variables were; (1) orientation of the nurse educators, (2) achieving a balanced life, (3) institutional resources (policies, guidelines, student matters, etc.), (4) institutional resources (policies, guidelines, student's matters, etc.), (5) resources pertaining to teaching/module, (6) lectures and class management, (7) simulation and clinical/practical settings and (8) research and community service (see Annexures 6 & 7).

- **Qualitative strand [objective two (2)]**

Semi-structured interviews were employed to collect data for qualitative from both the mentors and mentees on their experiences. Face-to-face interviews were conducted after obtaining written permission before the interview to use an audio recorder. Each interview lasted from 13 to 48 minutes on average. The researcher conducted the interview personally, using the interview guide (Grove et al., 2015; Kumar, 2019;

⁶ The reason for inclusion of non-applicable option was the same as for mentorship above.

Nieswiadomy, 2014) (See Annexures 4 & 5). The data collection was concurrent with quantitative due to nature of mixed method and had similar time frame as discussed early under section and 3.8.

The interview guide had an introduction, opening questions, and key and closing questions that were used to guide the interviews and allowed probing as well. Although the interview guide was used as a checklist for the researcher to make sure all topics were covered, the flow was modified depending on the interview. In addition, some questions had prompted to ensure the participants mentioned all. Probing allowed the researcher to obtain more information during the interview about particular questions and to seek a personal response. Some probing techniques were using the enquiring glance, using phrases such as ‘hmm’ and paraphrasing (Levashina et al., 2014; Grove et al., 2015). The closed and open-ended questions allowed the opportunity to ask individualized questions which provided in-depth and rich information (Nieswiadomy, 2014; Kumar, 2019). However, different interview guides were used for mentors and mentees respectively which both focused on mentoring and mentorship variables (see Annexures 4 & 5).

3.9 PROCEDURES FOR COLLECTING DATA

The sampling frame was obtained from the management of the School of Nursing after the ethical clearance was issued. Semi-structured interviews were conducted by the researcher on the campuses of the participants to gather the qualitative data in-person. To ensure that audio recordings could be made effectively, a quiet area had to be secured. This was typically done in participant privacy or the researcher's office. Following the interview, the participants were given time to complete the questionnaire at their convenience and at their own pace. Completion of questionnaire was in reasonable time of 10- 20 minutes.

The questionnaire was then collected by the researcher. Most questionnaire were collected by the researcher as soon as they were finished, but a few were mailed because some participants couldn't finish them right away because of their teaching and other commitments. Conducting the interview first helped minimize the content of the questionnaire which could lead the participants in narrating their experiences or changing the way they respond to the questionnaire (Brink et al. 2018; Creswell, 2014a; Creswell & Plano Clark, 2018).

The transcription of the recorded interview was done verbatim for each interview. The researcher listened to the recording over and over to ensure accuracy, and pick up errors that might have occurred in the transcriptions (Nieswiadomy, 2014; Grove et al., 2015).

- **Preparation for individual interviews and the questionnaires**

Purposive sampling was used to select participants according to the segmentation of being a mentor or mentee with the help of a sampling frame to define eligibility. A sampling frame was used to get the list of all the potential participants and for each person to have the opportunity to participate in the study (Grove et al., 2015).

The researcher sent each potential participants a personal email introduction or contacted them via phone which contact details were accessible to the insider researcher, or face-to-face in private conversation in office. During the introduction, the aim of the study, the inclusion criteria, the duration of the interview, and how the information will be used were explained. The participants were initially invited to partake in the interview by following the ethical principle as explained in the ethical section. Data was collected at a time and venue convenient to the participant. To keep the true essence of what participants said, interviews were audiotaped with the permission of the participants. At the end of the interview, the participant was allowed

to ask any question or comment on anything before a word of thanks was extended. The questionnaire was handed out after the interview as explained earlier. Qualitative data collection continued until data saturation was reached. No further interviews were conducted after that data was saturated per campus as follows; seven from Windhoek and nine Oshakati among the mentors, while the mentees were; 14 from Windhoek; Oshakati five; Rundu 11 and six from Southern campus respectively [see section 4.6.1 for detail profile] (Grove et al., 2015; Nieswiadomy, 2014). Data collection for the quantitative strand continued concurrent with the qualitative data collection. After data saturation, the rest of the questionnaire were given to the participants who did not partake in the interview. Only 64 of the 74 participants who were eligible for the study completed the questionnaire and sent it back to the researcher via mail or sealed envelope. The latter was represented by a total of 24 mentors and 40 mentees who completed the questionnaires (see section 4.2 for detailed discussion).

- **Pilot study**

Pilot testing provided an opportunity to use the questionnaire and conduct the interview before the main study. It was conducted with a small group of participants who had the same characteristic as the research participants. In addition, the outcome of the pilot study provided an opportunity to record what the researcher learned and recognize problems that needed to be addressed before conducting the main study (Saunders et al., 2019; Polit & Beck, 2018; Brink et al., 2018).

The pilot study was carried out on the main campus because of the bigger staff complement compared to other campuses. A total of four (4) mentees and one (1) mentor participated in the pilot study⁷; one (1) from each group piloted the interview

⁷ The five who participated in pilot study were not part of the 74

while all five had opportunity to complete the questionnaire respectively. Participants findings in the pilot study were excluded from the main study (Saunders et al., 2019; Polit & Beck, 2018). All protocols of research ethics were followed such as obtaining consent, and anonymity to mention a few. The participants chosen for the pilot study met the inclusion criteria as stated under section 3.7. From the pilot study, the following transpired of the quantitative tool (questionnaire):

- The researcher as an insider adhered to all ethical considerations as discussed under section 3.13 and revisited consent as such.
- Minor typographical errors were pointed out and corrected.
- Some questions were rephrased; e.g., question 9 previously were- Have you had prior teaching experience (full- time/ part-time) before joining the School of Nursing which was rephrased to: Do you have prior teaching experience in an environment of high learning before joining the School of Nursing?
- The variables on the number of years mentored were changed according to Benner's theory as discussed in Chapters 1 & 2 to have different criteria for novice to expert.
- Question added e.g., where the mentor is located (campus) as virtual mentoring is a practice in academia.

For the interview, the following transpired:

- Need to refine the probing questions.
- Refine the interview skills as an insider researcher.

3.10 VALIDITY, RELIABILITY, AND TRUSTWORTHINESS

As this study is a mixed method, validity and reliability will be discussed for objective one (1) which was quantitative. Likewise, trustworthiness will be discussed for

objective two (2) which was qualitative. To ensure that the basic epistemological standards of quantitative and qualitative research were adhered to, the universal standard of truth value, applicability, consistency, and neutrality was adopted and will be discussed under each specific strand i.e., quantitative, and qualitative respectively (Lincoln & Cuba 1985 & Botes 2003 as cited in Jooste 2018).

3.10.1 Quantitative strand [objective 1]

For objective 1, validity and reliability were applied. To ensure applicability, which is the extent to which the findings of the research can be transferred to other contexts and settings, and be able to generalize to a larger population, the researcher looked at validity. The validity of an instrument refers to the ability to collect the data that the study intended to collect (Nieswiadomy, 2014). In addition, in a mixed method, validity is employed by the researcher to address potential threats that arise when collecting and analyzing data and during interpretation. This is crucial as it compromises the merging data or how to connect the quantitative and qualitative strands respectively and draw a correct conclusion and accurate assessments from the integrated data (Creswell & Plano Clark, 2018).

3.10.1.1 Validity of the collection instrument

The validity of the collection instruments looked at their ability to collect data as intended for the particular study. A greater validity of the instrument provides confidence that the instrument will ensure that the data collected is answering the research questions or hypotheses of the study (Nieswiadomy, 2014).

Content validity in this study was ensured through a proper literature review on mentorship and mentoring. The questionnaires were developed by the researcher on the basis of various related literature that covered mentorship and mentoring of nurse educators. It was important to make sure that the researcher was familiar with literature

on mentoring and mentorship broadly in the academic field, among health professionals, and with regard to nurse educators because this helped to ascertain the body of knowledge already available in the field (Brink et al., 2018; Nieswiadomy, 2014). This helped to ensure that the quantitative objective was achieved and control by literature. Similarly, the theoretical frameworks of this study in section 2.14 as supported by Saunders et al. (2019) were pertinent as they helped in constructing the questions for the mentoring functions, core competencies, and domains needed in a nurse educator; as well as the best practices model of Nick et al (2012). The key areas of teaching, research, and community activities where mentees need mentoring were also directed by UNAM policies and were included in the questionnaire. This was crucial to make sure the questionnaires were representative and met the research objective (Bless et al, 2013).

Equally, the supervisor evaluated whether items and questions cover the range of issues to be measured and whether the statement or questions represent the issues they were measuring and questionnaires were submitted to the statistician for validation (Kumar, 2019). Lastly, the questionnaires were approved by the University of Namibia Ethical committee with minor adjustment.

To ensure **face validity**, the researcher ensured that there was a logical link between questions on the research instrument and the objectives of the study (Kumar, 2019). Also, senior colleague who was appointed as the initial supervisor who reviewed the questionnaires shared comparable qualities with the participants, which aided in ensuring face validity (Nieswiadomy, 2014). The supervisor was a member of the SoN nurse educator population as well as a mentor⁸ according to the study definition and a well-known senior researcher at the School of Nursing.

⁸ The initial supervisor was excluded from the study to avoid bias and allow objectivity

According to Nieswiadomy (2014), **construct validity** refers to the degree to which the research instrument measures the construct it intended to measure. To ensure construct validity, the study was based on theories and models that describe and explained mentorship and mentoring and how they were used in other studies as discussed under content validity earlier. These included the Benner Novice to Expert Theory, Kram Mentor Relation Theory, Schoening Nurse Educator Transition theory/model, and other supporting frameworks of the World Health Organization Core Competencies of a Nurse Educator, Nick Model for Excellence: Best Practice in Mentoring, University of Namibia Mentorship Policy and its Procedures and guideline on annual academic staff appraisal⁹ (detailed in Chapter 1 & 2). This framework helped with construct validity in measuring variables concerning mentorship and mentoring. In addition, the research instrument and findings of the study were supported by theoretical assumptions.

3.10.1.2 Reliability

Reliability of an instrument refers to the consistency and dependability of the research instrument to measure a variable. Reliability was calculated through the Cronbach alpha test to determine consistency or estimate how the different items of the research instrument measure the critical attributes (Nieswiadomy, 2014; Grove et al., 2015; Polit & Beck, 2018). The value of Cronbach alpha is assumed to run between .00 and +1.00. The higher the value, the higher the internal consistency; hence a value of 1.00 indicate perfect or good reliability and a 0.00 coefficient indicates no reliability (Waltz et al., 2010 as cited in Grove et al., 2015; Polit & Beck, 2018). Furthermore, a value of 0.70 is considered acceptable especially if the scales are newly developed like in this study (Grove et al., 2013 cited in Grove et al., 2015).

⁹ The inclusion of frameworks in the study discussed under- section 3.8

The ultimately high Cronbach alpha in all the groups in Table 3.3 and Table 3.4 for mentees and mentors respectively indicate that statements/items had indeed measured the concept defining the statement and the tool the researcher envisaged to use was reliable which also grants the test-retest reliability.

Table 3.3

Cronbach alpha of questionnaire to mentees

Items	Cronbach's Alpha
Scale:	.939
Q18 Psychological support 8 items	
Q19 Supportive environment 6 items	.887
Q20 Orientation of nurse educators 7 items	.818
Q21 Achieving balance life 5 items	.915
Q22 Institutional resources 10 items	.922
Q23 Resources pertaining to teaching/module 9 items	.928
Q24 Lectures and class management 10 items	.964
Q25 Simulation and clinical/practical settings 5 items	.860
Q26 Research and community services 4 items	.922

As indicated in Table 3.3 the highest score for a question was .964 and the lowest Cronbach Alpha coefficient for the questionnaire to mentees was .818 indicating that it exceeds the acceptable value of .070.

For the questionnaire to the mentors in Table 3.4, the Cronbach Alpha test turned out the highest score to be .953 and the lowest score .809.

Table 3. 4

Cronbach's alpha questionnaire to mentors

Items	Cronbach's Alpha
Scale: Q18 Psychological support 8 items	.809
Q19 Supportive environment 6 items	.831
Q20 Orientation of nurse educators 7 items	.899
Q21 Achieving balance life 5 items	.913
Q22 Institutional resources 10 items	.942
Q23 Resources pertaining to teaching/module 9 items	.931
Q24 Lectures and class management 10 items	.953
Q25 Simulation and clinical/practical settings 5 items	.948
Q26 Research and community services 4 items	.913

Therefore, at this point, the researcher can claim the reliability of the questionnaires as calculated through the Cronbach Alpha test.

3.10.2 Qualitative strand [Objective 2]

For the qualitative strand, trustworthiness is applied as discussed below.

3.10.2.1 Trustworthiness

Trustworthiness refers to the degree to which a qualitative study is considered to be dependable, confirmable, credible, and transferable. It determines whether the

qualitative study is ‘rigorous’ and can be considered to be of high quality (Grove et al., 2015). The measures to ensure the trustworthiness of Lincoln and Guba’s (1985) model were used as discussed below.

Credibility is the confidence in the truth of the data and their interpretation and is similar to validity in the quantitative study (Polit & Beck, 2018; Grove et al., 2015). This refers to how a researcher can establish confidence in her findings or for others to know whether the findings are genuine (Anney, 2014). Furthermore, Grove et al. (2015), refer to credibility as the confidence that the reader can have that the result of the study reflects the actual view of the participants. To ensure credibility, the data was collected until data saturation was reached which was done through prolonged engagement in the field. Furthermore, asking different questions and collecting data from different nurse educators’ categories as well as narrating it in participants’ own words ensure triangulation. Likewise, a convergent parallel mixed method was used as triangulation to ensure credibility. Also, member checking was done, and transcriptions and audio were sent to some participants across the campuses for verification, and in the absence of feedback, the researcher assumed to have been correctly transcript as per their experiences (Jooste, 2018). Equally, reflexivity which is a process where the researcher critically reflects on oneself and analyzes personal values that could affect the collection and analysis of data was adopted in this study (Polit & Beck, 2018). Reflexivity as discussed under internal engagement in section 3.13.2 in detail was used to avoid bias and helped to ensure that findings are as from participants but not what the researcher desired (Adam, 2013).

Dependability refers to the stability of data over time and conditions and stable (Polit & Beck, 2018). The strategies that are used in credibility and dependability are interdependent and hence a study cannot have credibility without dependability (Polit

& Hungler 1997:306 as cited in Jooste 2018). Therefore, the strategies discussed earlier under credibility, apply to dependability in this study. In addition, the review of the qualitative data using Tesch's descriptive and systematic method of coding with the experienced supervisor for agreement allowed the dependability of the conclusion of the data (Creswell, 2014b, Polit & Hungler 1997:307; Barbie et al., 2005:278 as cited in Jooste 2018; Creswell, 2014a).

Transferability is the ability to apply the findings of the study to another context or other participants (Brink et al., 2018). The transferability in this study was allowed by including thick descriptions of what was done to allow other researchers to pass judgment on transferability. In addition, the study adopted a purposive sampling that included nurse educators from various ranks of teaching, experiences, knowledge, and campuses that provided various insights into the study. Equally, the collection of data until saturation was reached which provided adequate information and ensured rich and thick data.

Confirmability refers to the extent to which other researchers can evaluate the audit trail of other research findings and able to agree with the logical conclusion made (Grove et al., 2015). It addresses the potential congruency of accuracy, relevance, and meaning of the data and ensures that the data is a true reflection of the participant's information and not the researcher's biases or perceptions (Jooste, 2018). Confirmability is achieved when credibility, transferability, and dependability are all achieved (Guba & Lincoln, 1989 as cited in Nowell, Norris, White, et al., 2017). In this study, inquiry audit, reflexivity, and triangulation, which are strategies for confirmability, were applied as discussed earlier under respective headings of credibility, transferability, and dependability.

3.11 DATA ANALYSIS

Data analysis refers to the technique that the researcher used to reduce, organize, and provide meaning to the data. The quantitative data analysis involved the use of descriptive analysis of the demographic and study variable as well as inferential analyses (Grove et al., 2015). On the contrary for the qualitative data, the analysis involved the examination of words and quotes included in the report of the study. The qualitative data were analysed manually and the eight steps of Tesch (1990) were used in the coding process (Nieswiadomy, 2014; Creswell, 2014b; Creswell 2014a). The data collection of the two strands in this study followed the convergent parallel design protocol where each strand was analysed independently.

- **Quantitative strand [Objective one (1)]**

The Statistical Program for the Social Science (SPSS) version 26 was used for recording, computing, and analysis of data (Creswell & Plano Clark, 2018). After the collection of the raw data, the questionnaires were counted and checked for errors. The participant's responses from each of the 64 questionnaires were verified manually for accuracy and quality. The entry of data and verification was done with help of statistician who also received the raw data from the questionnaires. All questionnaires were scanned and kept for verification purpose. After editing, the codebook was developed to allow the coding of the raw data of the 40 questionnaires for mentees and 24 for mentors respectively (Kumar, 2019). The researcher analyzed the data with the help of a statistician, and both the raw data set and the thesis were sent to a senior statistician who was also a professor for verification and corrections. All statistician recommendations were incorporated. Descriptive statistics in the form of frequency tables were used to describe the demographic characteristics such as gender ranks etc. Inferential statistics were used for testing of association among variables using the

Chi-square test and p- values indicating the significance of association among the variables in Section B (mentorship) and Section C (mentoring) respectively.

- **Qualitative strand [Objective 2]**

For objective two, the data was organized and prepared manually for analysis where thematic coding occurred simultaneously with data collection (Nieswiadomy, 2014). The recorded interview was transcribed verbatim to text. The verbatim transcripts were checked for mistakes against the original recorded version. The data was arranged according to subgroups such as mentees and mentors for each respective campus firstly. In thematic analysis according to Tesch (1990), eight steps were used for analysis and helped to identify important patterns or themes that were used to obtain the experiences on mentorship and mentoring. The aim was to interpret and make sense of the data rather than just summarizing it. Due to the quantity of data, the researcher needed to move back and forward many times to familiarize themselves with the data (Maguire, 2017; Creswell, 2014a). The steps taken in developing the themes are outline below.

- **Development of themes**

The themes were developed by following the Tesch eight steps as outlined in Creswell's (2014a) qualitative analysis as explained in the section to follow.

Step 1: To familiarize herself with the data, the researcher read and re-read the transcripts line by line. Then the researcher needed to read and look at all the data to get a general sense of the information in front of her. This made it easier to understand what participants are saying or expressing, as well as their tone. It was necessary to spend some time to re-read the transcriptions and listening to the audio recording, and thinking about the data. This made it easier for the researcher to familiarize with

phrases used by different participants. This sustained prolonged engagement with the data establishes trustworthiness (Nowell, Norris, White, et al., 2017).

Step 2: To understand the meaning of the data, the researcher read the transcripts one by one and recorded the words in the margins.

Step 3: After reading all transcriptions, the researcher began coding by assigning code words or phrases to characterize the meaning of the text segment.

Step 4: After reading and coding, similar codes were grouped and looked for redundant codes. This allows manageable and reduced codes.

Step 5: The researcher took the list and went over the data and quotes again. This was important to identify new emerging codes. The researcher and supervisor engaged in constant engagement and recode where necessary. The latter was important to demonstrate the trustworthiness of thematic analysis (Nowell, Norris, White, et al. (2017).

Step 6: By examining the codes which were discussed the most, the list of codes was condensed to fewer themes.

Step 7: Following coding, all the data from each category were gathered in one place and a preliminary analysis was done. The themes and sub-themes were incorporated at this stage.

Step 8: The researcher reviewed the data and the recording, and with the guidance of the supervisor re-coded as appropriate.

The thematic writing of the report is discussed separately by mentees and mentors in chapter 4.

After the separate data analysis, the statistical data, as well as the themes, were reported and followed by the discussion (Creswell, 2014b). The combined result from the

quantitative strand and qualitative strand were interpreted in terms of the research objectives. The findings of the study are discussed in chapter 4.

3.12. POTENTIAL THREATS/CHALLENGES TO MIXED METHOD

In mixed method designs, potential threats/challenges can arise during data collection, analysis, and interpretation of the results which can compromise the merging or connecting and conclusion to be drawn from both qualitative and quantitative strands (Creswell & Plano Clark, 2018). Hence, the researcher in this study employed the following strategies to mitigate this, as summarized in Table 3.5.

Table 3.5

Data collection issues and strategies

Potential validity threats	Strategies for minimizing threats in this study
Data collection	
Selection of inappropriate individuals for the qualitative and quantitative data collection	The samples for both strands were from the same population to ease comparison or to relate the two sets of findings on mentorship and mentoring
Obtaining unequal sample sizes for the qualitative and quantitative data collection.	Obtained in-depth qualitative data until data saturation for the qualitative strand were reached. A larger sample for the quantitative strand to allow generalization.
Collecting two types of data that do not address the same topic.	Both the quantitative and qualitative strands addressed the same topic on mentoring and mentorship which allows the two databases to complement each another.
Decide if data will be collected from two independent sources or a single source.	Data were collected by questionnaire for the quantitative strand and semi-structured interview for the qualitative strand. To avoid participants obtaining prior- insight on mentoring and mentorship in the interview due to the content of the questionnaire, the researcher collected the qualitative data first, followed by the quantitative data.
Data analysis issues	
Analysis of quantitative and qualitative data	Both sets of data were analysed independently. The quantitative data were explored where it was visually inspected and descriptive analysis is done. Appropriate statistics were selected based on the level of measurement. Similarly, the qualitative data was explored by reading through it for general understanding. Themes and sub-themes are coded and discussed. ¹⁰

¹⁰ Details on data analysis of both strands discussed in chapter 5 respectively.

Making an illogical comparison of the two results of analysis	Identify data from each strand and use results from each data set to converge/discord or explain each other.
Interpretation issues	
Not discussing mixed method research objectives.	Each research objective was addressed in the study. Quantitative strand (objective 1); result was supported with previous studies and theories. Qualitative strand (objective 2), the data were analysed in themes and subthemes and discussed and supported with literature ¹¹ .
Giving more weight to one form of data than the other.	Both sets of results were displayed first separately before merging during discussion ¹² .

3.13 ETHICAL CONSIDERATIONS OF BEING AN INSIDER RESEARCHER

In this study, the researcher identified herself as an insider researcher in an academic environment where her participants were colleagues and/or peers. The researcher was already immersed in the organization's details and had a sense of awareness and understanding of the organization under study (Galea, 2009 as cited in McDermid et al., 2014). As the research was carried out in the academic institution, in the school where the researcher was employed and was registered as a postgraduate student for her current study, it was crucial to address ethical issues about being an insider researcher which was unique to this study (Caruana, 2015). The following measures below were taken that related to being an insider researcher.

3.13.1 EXTERNAL ETHICAL ENGAGEMENT

Despite being an insider researcher, the research proposal was submitted to obtain permission to conduct the study. To follow the ethical principles, the researcher submitted the proposal for approval to various stakeholders including the School of Nursing postgraduate seminars, the School of Nursing Ethical Committee, the University of Namibia Centre for Postgraduate, and finally the University of Namibia Human Ethical Committees. After approval of the study proposal, the researcher

¹¹ See chapter 5 for detailed discussion on both data bases

¹² See chapter 5

officially informed the office of the Associate Dean of the intention to collect data. An official notice of the envisaged study was sent to all participants at 4 campuses where the School of Nursing is established (Jooste, 2018).

During the recruitment of potential participants, it was narrated to participants to understand that their participation in the study was voluntary (Mc Dermid et al.,2014). Additionally, to ensure respect, written informed consent was obtained from all participants before the collection of data. The participants were well informed of the expectation, their participation, and their option to withdraw at any time with no penalty as well as their rights to ask questions. Furthermore, the participants were not required to enter their names on the questionnaire which ensured anonymity (Jooste, 2018). (See Annexure 3]

Being an insider researcher, the researcher needed to be aware of the ethical commitments, as it was not time bound but will continue in the long-term, as participants are the researcher's colleagues and the site of study is where she was employed compared to an outsider researcher who would have faded away naturally after the study (Mc Dermid et al, 2014).

3.13.2 INTERNAL ETHICAL ENGAGEMENT

Internal ethical engagement is related to a deeper level of ethical and moral dilemmas that an insider researcher has to deal with. This includes issues that can arise during and after the research process which are linked to the ongoing personal and professional relationship of the researcher with participants, having inside knowledge, conflict with the professional and researcher role, and anonymity (Floyd & Linet, 2012 as cited in McDermid, 2014; McDermid, 2014; Fleming, 2018). As an insider researcher, the latter needed to bear cognizance of the long-term effect of the study,

since participants remained colleagues and would not naturally fade away as with an outsider researcher.

- **Ongoing relationship**

The researcher was aware that participants as peers shared confidential information which cannot fade away after study, as they continue to work as colleagues. In addition, the researcher needed to be aware of how she will answer questions at the research seminar, which had a similar audience of participants, and not expose any personal information of the participants. Although the interview could be shared with the supervisor, it was important to maintain the anonymity of the participants and other colleagues mentioned (Floyd & Linet, 2012 as cited in Fleming, 2018; Fleming, 2018).

- **Insider knowledge**

Despite the researcher having the knowledge and understanding of the institution, there was a need to be aware of assumptions that can be misleading as being familiar could lead to the researcher not probing. A disclaimer was made to participants to share their experiences as if it was the first time discussing them with the researcher, as some issues could have been discussed in normal conversations as colleagues before this study. It was also important for the researcher to avoid the temptation to share their own experiences (Fleming, 2018; Mc Dermid et al., 2014).

- **Insider professional and research roles**

As an insider researcher and a nurse educator, there was a need for the researcher to stand back and conduct the study, rather than be in the capacity colleague who generally would be expected to actively engage in the organization (Fleming, 2018). The researcher needed to shift between the two identities and the dual roles of a researcher and one being a researched without causing a noticeable disturbance in the research setting (Greene, 2014).

Therefore, the researcher needed to detach herself when she took the role of the researcher and addressed her colleagues as participants to maintain and mitigate anonymity. In addition, the researcher realized the importance of not using personal names. The researcher faced the paradox of needing to learn to wear ‘different hats’ for the dual role of being a researcher and colleague or peer (Yeo & Dopson, 2017; Heslop et al., 2017). The researcher could not share or reveal any observations made during the interviews with other colleagues who are also participants despite being peers. Therefore, writing the experiences, feelings, and thoughts in the journal as a means of reflection was the best option to ensure trust from the participants (Fleming, 2018). The researcher needed to constantly deal with the confusion that came with the two roles and thus needed to reflect on how having both roles felt awkward, especially at the beginning of the study.

- **Dealing with emotions as an insider**

It was important for the researcher to acknowledge potential emotions before collecting the data. The researcher realized it was important to do debrief as this helped to deal with emotions she experiences because of research and helps to reduce the negative effects on her (Dickson- Swift et al, 2007 as cited in Blythe, et al., 2013). Discussing the emotional impact and experience of the research with the initial supervisor on the researcher was helpful, especially in the initial stage of data collection. Although the researcher was assisted by the supervisor in coding the themes, it was important to maintain the anonymity and confidentiality of the participants (Blythe et al., 2013; Greene, 2014).

- **Participant’s expectations**

It is the responsibility of the researcher to explain the aims of the study and how the findings will be used with the participants (Houghton et al, 2010 as cited in Blythe et

al., 2013). As part of the informed consent, the researcher explained the aim and use of the study findings to the participants. Furthermore, the participants were encouraged to ask questions to which the researcher responded. In addition, the researcher only focused on reaching the aim of the study and the findings of this study will be made available as per institution protocol (Blythe et al.,2013).

- **Anonymity & confidentiality**

Although the identification of the research site could not be completely anonymous as the identification of the researcher as an insider can be linked to the organization, the focus was to ensure the research participants were not identifiable. Despite the challenge that participant's details like gender, age, and background could not be changed due to the nature of the qualitative strand which is interpretive and needed to be included for other readers to understand the research participant views; the results of the study were communicated in a manner that protects the participant's identity. Furthermore, all records about the study are kept in a secure place and no names are linked to the records (Fleming, 2018; Jooste, 2018). To ensure confidentiality, the researcher kept the data shared safe and private, away from others who are not authorized. No information will be shared without the authorization of the respective participants. In addition, during publication, it is important to ensure that participants cannot be identified by how they responded (Grove et al., 2015).

Regarding the audio recordings, the researcher ensured that the transcriptions did not contain the participant's name or any form which can lead to the identification of participants. All records of the findings of the study are kept in a locked place and no names could be linked to the records. In addition, to ensure anonymity, the participants were required not to share their names or the names of others during the interview but refer to them as a colleague. The participants were referred to as e.g., participants one,

or two as per the number of interviews, which were only known to the researcher. Also, there were no names on the transcriptions (Jooste, 2018). Where names, places, or exact dates were shared during the interview, pseudonyms were used during transcriptions to avoid easy identification of the participants. Furthermore, in the transcription and findings, the exact date the participants joined the school was not mentioned but rather the categories used in the questionnaire such as less than 6 months or less than a year which does not precisely make it easy to identify the participants.

- **Accessibility & recruitment**

Although the researcher as an insider had primary access, it was important for the researcher to follow the ethical guidelines of the institution about research. As it ensured that the research would obtain the necessary approval to conduct the study, as discussed under the Ethical Engagement heading.

For justice and to avoid bias in recruitment, all the nurse educators across the various campuses were included in the study. Also, to obtain in-depth rich data, the participants were segmented into categories of mentors and mentees across the various campuses respectively (Jooste, 2018; Caruana, 2015). To avoid peers feeling pressurised and not having a choice to partake in the study, due to a pre-existing relationship, it was important for the researcher to mitigate the perception of coercion. The researcher had therefore emphasized and explained during the advertisement of the proposed study; the nature of voluntary participation and the right to withdraw at any stage with no consequences (McConnell- Henry et a., 2009 as cited in McDermid et al., 2014).

- **Avoiding being too subjective and assuming understanding**

To avoid being too subjective, the researcher disclaimed in the consent form that if by any means the topic of mentoring and mentorship was discussed with the participants

on another platform before, it was requested from the participants to pretend if he or she is discussing this matter with the researcher for the first time (Chavez, 2008 as cited in Greene, 2014). This was important as the researcher was a colleague of the participants. The disclaimer was important to ensure that the participants do not assume that the researcher knows. In addition to that, to reduce the assumption of understanding, the researcher needed to use probing questions to clarify statements and could help participants reflect and give more detailed descriptions in their own words (Blythe et al.,2013).

Furthermore, the researcher needed to adopt and learn a reflexive technique to deal with issues and challenges she encountered during qualitative data collection. This avoided assumptions but rather get a more complete picture. The researcher intentionally reflected on her own experience before the interviews and afterward to make sure that she does not project her experiences, as the experiences could be similar or different. This helped avoided being biased and to have a pre-determined desired result but to take findings as they emerged from participants (Adam, 2013).

- **Avoid being biased**

Researcher bias refers to the process where the study methodology, design, and or results can be influenced by the personal beliefs, experiences, and values of the researcher. To minimize this, the researcher had guarded against projecting her views onto the participants during data collection or while analysing the data. During the interview, the researcher avoided interrupting the participants to allow them time to answer questions and likewise to probe for participants to open (Greene, 2014; Teusner, 2016). Additionally, during data analysis, the researcher avoided siding with the participants ('going native') or withholding the negative or positive results from stakeholders. The researcher ensured an honest report with no plagiarism in evidence,

data findings, or conclusions. Copies of the report are available to participants upon request (Jooste 2018; Creswell, 2013b). Equally, adopting a mixed method, helped to reduce bias that could occur if the study only adopted a qualitative approach.

Furthermore, keeping a personal journal throughout the study helped the researcher to continually reflect on her experience and biases which could be used before and shortly after the interview (Blythe et al., 2013). The personal reflection at the end of the interview helped to point out the researcher's strengths and weaknesses which developed the interview skills.

- **Validity**

The researcher needed to be aware of not compromising validity by going native where she takes the traits of people around her and of her participants (Sikes & Potts, 2008 as cited in Greene, 2014). Instead of getting to know the field as in the case of the outsider researcher, the inside researcher needed to recognize which way she is like or unlike the participants and reflect on the researcher's social identity which could be of advantage and/or complicate the process. Although there is a challenge of being detached from the field as the insider researcher, the latter has to manage the influence of being both the one researched and the researcher (Chavez, 2008 as cited in Greene, 2014). The researcher mitigated this by collecting reflective personal data (Greene, 2014).

- **Power**

It was important to look into the aspects of a power struggle with participants as this is true when interviewing one's peers, although being part of the same group as the researcher, there was a difference in age, gender, and ethnicity as such (Greene, 2014). To avoid using inside power, an official email was sent to management about the study,

and no data was collected before approval was granted to avoid misuse of power as an insider.

3.14 SUMMARY

This chapter discussed the convergent parallel design which was used in the study and how the various prototype of mixed methods was reviewed before adopting the convergent parallel as best suited design. Furthermore, the qualitative and quantitative strands of the convergent parallel design were discussed in depth. Likewise, the research setting, population, sampling/sampling methods, inclusion/exclusion criteria, procedures of data collection, and data analysis of both strands were discussed.

Equally the validity, reliability, and trustworthiness as applicable to either quantitative or qualitative strands were discussed, and how they were applied in the study. Also, issues relating to mixed methods and how they were mitigated of both strands were discussed. Lastly, the ethical considerations and how the researcher adhered to them as an insider researcher were discussed. Chapter 4 will discuss the interpretation of both quantitative and qualitative data.

CHAPTER 4

INTERPRETATION OF RESULTS

4.1 INTRODUCTION

The previous chapter discussed the research design, data collection procedures, and ethical considerations. This chapter present the detailed interpretation of both quantitative and qualitative strands. Objective one (1) which is quantitative is presented first, followed by objective two (2) which is qualitative. The descriptive statistics were used to organize the data from the quantitative strand [(objective one (1))], to give meaning and give an insight into numbers. Respectively, inferential statistics were employed to help answer the quantitative objective and help to identify the association among the variables (Grove, et al., 2015) On the contrary, for the qualitative strand objective two (2); themes and sub-themes were identified among the mentees and mentors, and verbatim quotes were used to support the findings.

4.2 OVERVIEW OF THE DATA INTEPRETATION OF THE QUANTITATIVE STRAND [OBJECTIVE ONE (1)]

The data was analysed using the Statistical Package for the Social Sciences [SPSS], Version 26, where 64 participants' responses to each questionnaire were verified manually for accuracy and quality, and all questionnaires were coded. To describe the demographic and background characteristics of the participants, descriptive statistics were used. The descriptive summaries and frequency were conducted and displayed in tables presentations. Analytical cross-tabulations were done to examine the association between categorical variables of demographic, mentorship, and mentoring variable using the chi-square test [χ^2] with the significance set at $p < 0.05$. Fisher exact test

was used where appropriate when the assumption for chi-square was violated (Pallant, 2020).

The presentation for objective one (1) is organized into three sub-sections. The first subsection describes the participant's demographic and background of both the mentees and mentors as well as a descriptive analysis of mentorship and mentoring. In subsection two, the association of demographic and background variable to identify any significance were analyzed. Furthermore, the association of variables of mentorship and mentoring indicators with regards to demographic and background information among the mentees and mentors respectively, are presented. The discussion of the results will be reported in subsequent chapter five.

- **The response rate for the quantitative strand [objective one (1)]**

There was a response rate of 82% (n= 40 questionnaires received out of 49) for the mentees and 96 % for the mentors (n=24 questionnaires received out of 25) across the four campuses of Oshakati, Windhoek, Southern, and Rundu campuses. The HREC member was excluded from the study as explained in chapter 3. The mentors were only found at Oshakati and Windhoek, as the other campuses did not have mentors as per this study definition.

4.3 DEMOGRAPHIC AND BACKGROUND INFORMATION OF MENTEES AND MENTORS FOR OBJECTIVE ONE [1]

This section outlines the demographic and background data of the mentees and the mentors across the four campuses. The data are presented below in frequency Table 4.1.

Table 4.1*Demographic and background information of participants*

VARIABLES		MENTEES n (%)	MENTORS n (%)
Gender	Male	7 (17.5)	1 (4.2)
	Female	33 (82.5)	23 (95.8)
	Total	40 (100.0)	24 (100.0)
Age (years)	30-34	4 (10.0)	0 (0.0)
	35-39	7 (17.5)	1 (4.2)
	40-44	2 (5.0)	0 (0.0)
	45-49	9 (22.5)	5 (20.8)
	50-54	4 (10.0)	4 (16.7)
	55-59	3 (7.5)	5 (20.8)
	≥ 60	11 (27.5)	9 (37.5)
	Total	40 (100.0)	24 (100.0)
Campus	Oshakati Campus	7 (17.5)	9 (37.5)
	Windhoek Campus	14 (35.0)	15 (62.5)
	Southern Campus	7 (17.5)	0 (0.0)
	Rundu Campus	12 (30.0)	0 (0.0)
	Total	40 (100.0)	24 (100.0)
Rank	Preceptors	12 (30.0)	0 (0.0)
	Clinical Instructor	0 (0.0)	1 (4.2)
	Assistant lecturer	8 (20.0)	1 (4.2)
	Lecturer	19 (47.5)	14 (58.3)
	Senior lecturer	1 (2.5)	6 (25.0)
	Associate professor	0 (0.0)	2 (8.3)
	Professor	0 (0.0)	0 (0.0)
	Total	40 (100)	24 (100)
Teaching module	Theory (lectures only)	3 (7.5)	4 (16.7)
	Clinical(practical)only	12 (30.0)	1 (4.2)
	Both theory(lectures)and clinical (practical)	25 (62.5)	18 (75.0)
	Missing	0 (0.0)	1 (4.2)
	Total	40 (100.0)	23 (95.8)
Employment status	Permanent	27 (67.5)	24 (100.0)
	Contract	13 (32.5)	0 (0.0)
	Part-time	0 (0.0)	0 (0.0)
	Total	40 (100)	24(100.0)
Registration with HPCNA	≤ 5 years	2 (5.0)	
	6-10 years	2 (5.0)	
	11-15 years	8 (20.0)	

	16-20 years	4 (10.0)	
	21-25 years	8 (20.0)	
	26-30 years	6 (15.0)	
	≥ 31 years	10 (25.0)	
	Total	40 (100.0)	
	10-14 Years		1 (4.2)
	15-19 Years		1 (4.2)
	20-24 Years		5 (20.8)
	25-29 Years		2 (8.3)
	≥30 years		14 (58.3)
	Total		23 (95.8)
	*Missing (not indicated)		1 (4.2)
<hr/>			
Years working in School of Nursing	less than one year	13 (32.5)	
	one year to less than 2 Years	7 (17.5)	
	2 years to less than 3 Years	9 (22.5)	
	3 years to 5 years	11 (27.5)	
	Total	40 (100.0)	
	5-10 Years		9 (37.5)
	11-16 Years		2 (8.3)
	17-22 Years		1 (4.2)
	23-28 Years		5 (20.8)
	29-34 Years		5 (20.8)
	≥35 Years		2 (8.3)
	Total		24 (100.0)
<hr/>			
Prior teaching experience in higher learning environment	Yes	25 (62.5)	14 (58.3)
	No	15 (37.5)	10 (41.7)
	Total	40 (100.0)	24 (100.0)
<hr/>			
Formal qualification in education	Yes	26 (65.0)	19 (79.2)
	No	14 (35.0)	5 (20.8)
	Total	40 (100.0)	24 (100.0)
<hr/>			
Attend formal orientation UNAM program	Yes	24 (60.0)	11 (45.8)
	No	16 (40.0)	13 (54.2)
	Total	40 (100.0)	24 (100.0)
<hr/>			
Familiar with Mentorship policy for staff members	Yes	17 (42.5)	18 (75.0)
	No	23 (57.5)	6 (25.0)
	Total	40 (100.0)	24 (100.0)
<hr/>			

Mentor official allocated by School of Nursing/department	Yes	10 (25.0)	4 (16.7)
	No	30 (75.0)	20 (83.3)
	Total	40 (100.0)	24 (100.0)
Campus where mentors are located	Oshakati Campus	2 (5.0)	1 (4.2)
	Windhoek Campus	6 (15.0)	3 (12.5)
	Southern Campus	1 (2.5)	0 (0.0)
	Rundu Campus	1 (2.5)	0 (0.0)
	Total	10 (25.0)	4 (16.7)
	*Missing	30 (75.0)	20 (83.3)
Total	40 (100.0)	24 (100.0)	
How long mentored/was mentored	Less than one year	6 (15.0)	2 (8.3)
	One year to less than 2 years	3 (7.5)	1 (4.2)
	2 years to less than 3 years	0 (0.0)	0 (0.0)
	3 years to less than 5 years	1 (2.5)	1 (4.2)
	Total	10 (25.0)	4 (16.7)
	*Missing	30 (75.0)	20 (83.3)
Total	40 (100.0)	24 (100.0)	
How often meet with mentor	Once a week	2 (5.0)	2 (8.3)
	Two weekly	3 (7.5)	0 (0.0)
	Others	5 (12.5)	2 (8.3)
	Total	10 (25.0)	4 (16.7)
	*Missing	30 (75.0)	20 (83.3)
	Total	40 (100.0)	24 (100.0)
How to communicate with mentor	Person to Person	7 (17.5)	4 (16.7)
	Email	2 (5.0)	0 (0.0)
	Others	1 (2.5)	0 (0.0)
	Total	10 (25.0)	4 (16.7)
	*Missing	30 (75.0)	20 (83.3)
	Total	40 (100.0)	24 (100.0)

*The missing data referred to the participants who did not have mentors and hence those variables did not apply to them.

Gender

According to table 4.1, there were 7 (17.5%) male and female 33 (82.5%) accounting for the majority of the **mentees**, while among the **mentors** the male represented only 1 (4.2%) compared to 23 (95.8%) females. The females were the majority in both groups.

The age group of participants

In Table 4.1, the most dominant age group for **mentees** was the 45-49 years accounting for 9 (22.5%) followed by 35-39 years with 7 (17.5%). The least age group among the **mentees** was 40-44 years with 2 (5.0%). Among the **mentors**, the dominant age group was ≥ 60 years representing 9 (37.5%) followed by 45-49 and 55-59 years which had equal participants of 5 (20.8%) respectively. The least age group among the **mentors** was 35-39 with 1 (4.2%).

Campus of employment

According to Table 4.1 **mentees** were employed as follows; Oshakati with 7 (17.5%); Windhoek with 14 (35.0%); Southern campus with 7 (17.5%) and Rundu campus with 12 (30.0%). The **mentors** employed at the Oshakati campus were 9 (37.5%) and Windhoek had 15 (62.5%) respectively. The majority of the **mentees** and **mentors** were employed at the Windhoek campus.

Current teaching rank

The teaching ranks for **mentees**, as recorded in Table 4.1 were as follows. Preceptors 12 (30.0%); Assistant lecturers 8 (20.0%); Lecturers 19 (47.5%) and 1 (2.5%) Senior lecturer. For **mentors** there were 1 (4.2%) Clinical instructor; Assistant lecturers 1 (4.2%); Lecturer 14 (58.3%); Senior lecturer 6 (25.0%) and Associate professor 2 (8.3%). The lecturers represented the biggest number of **mentees** and **mentors**.

Teaching modules

Table 4.1 depict that **mentees** who were teaching a module with theory were only 3 (7.5%) while those teaching clinical were only 12 (30%). Those who were teaching both theory and clinical accounted for the majority amounting to 25 (62.5%). Among the **mentors**, those that taught theory were 4 (16.7%) clinical-only module was 1 (4.2%). Of the **mentors** who were teaching both theory and clinical were a total of 18

(75.0%). One (4.2%) represented the **mentor** with an exception as the teaching functions was delegated to others due demanding management position the workload at the time of data collection.¹³ From the above presentation, the **mentees** and **mentors** who were teaching both theory and clinical modules were the majority in both groups. The common practices within the School of Nursing are that those modules with clinical components should teach the theory thereof. Clinical instructors and preceptors are used to render clinical support across all the academic years of students.

Status of employment

Among the **mentees**, the majority had a permanent employment status accounting for 27 (67.5%) and 13 (32.5%) were employed on a contractual basis as seen in Table 4.1. Of the **mentors**, all participants 24 (100.0%) were permanently employed. At UNAM, staff members are employed permanently after the initial 12 months of probation. There might be an exception to the above.

Duration registered with the Health Professional Council of Namibia (HPCNA)

As reflected in Table 4.1, **mentees** who were registered with HPCNA for ≥ 31 were the majority presenting 10 (25.0%), followed by 11-15 and 21-25 years with 8 (20.0%) each respectively. The least years of registration were those with ≤ 5 years and 6-10 years with 2 (5.0%) each respectively. Among the **mentors**, those who were registered with HPCNA for ≥ 30 years representing 14 (58.3%), were the majority followed by 20-24 years of registration with 5 (20.8%). The least presented were 10-14 and 15-19 years each representing 1 (4.2%) respectively. 1 (4.2%) represented a **mentor** who did not indicate years of registration. The years of registration for **mentees** and **mentors**

¹³ All nurse educators who formed part of management employed in the SoN were included in the study as they are regarded as mentors and also had a teaching function.

may reflect on their years of clinical practice before they are appointed nurse educators.

Duration working as a nurse educator in the School of Nursing

Table 4.1 shows that majority of **mentees** had worked for less than 1-year accounting for 13 (32.5%) followed by 3 years to less than 5 years with 11 (27.5%). The least presented category for the mentees was 1 year to less than 2 years with 7 (17.5). Of the **mentors**, most have worked for 5-10 years representing 9 (37.5%) followed by 23-28 and 29-34 years with each 5(20.8%) respectively. The **mentors** who have worked the least years were in the category of 17- 22 years accounting for only 1 (4.2%).

Prior teaching experience in environment of higher learning

The majority of **mentees** representing 25 (62.5%) had prior teaching experience in the environment of higher learning before joining the School of Nursing, while 15 (37.5%) did not have teaching experience as reflected in Table 4.1. Among the **mentors**, the majority represented 14 (58.3%) had prior teaching experience in a higher learning environment while 10 (41.7%) did not have prior teaching experience. The majority of the **mentees** and the **mentors** had prior teaching experience in an environment of high learning.

Formal qualification in education

Table 4.1 depict that the majority of the **mentees** accounting for 26 (65.0%) had a formal qualification in education while 14 (35.0%) did not have a formal qualification in education. For **mentors**, the majority representing 19 (79.5%) had formal qualifications in education while 5 (20.8%) did not. Most **mentees** and **mentors** had formal qualifications in education.

Attend UNAM formal orientation program

With regards to the attendance of a formal orientation program, Table 4.1 depicts that in the group of **mentees**, a majority which was 24 (60.0%) attended the UNAM formal orientation program while 16 (40.0%) did not attend. Among the **mentors**, 13 (54.2%) represent the majority who did not attend the formal orientation program while 11 (45.8%) attended. The majority of **mentees** attended the orientation program while **mentors** did not attend.

Familiar with Mentorship policy for staff members at UNAM

As noted in table 4.1, the majority of **mentees** representing 23 (57.5%) were not familiar with the policy while 17 (42.5%) of the mentees were familiar with the Mentorship policy. For **mentors**, the majority representing 18 (75.0%) were familiar with the Mentorship Policy while 6 (25.0%) were not familiar. From the above, the assumption can be made that the majority of **mentees** (above 50%) were not familiar; contrary to the majority of **mentors** more than 70% knew about the existence of the Mentorship policy. The Mentorship policy is available on the intranet of UNAM to all staff employed at the University of Namibia.

Official allocation of mentors by the School of Nursing

Table 4.1 shows that majority of the **mentees** representing 30 (75.0%) were not allocated a mentor while only 10 (25%) were officially allocated a mentor by the school or within the department. Among **mentors**, the majority accounting for 20 (83.3%) did not have mentors allocated to them when they were newly appointed, while only 4 (16.7%) of participants were allocated, mentors. Table 4.1 show that majority of the **mentees** and **mentors** did not have mentors allocated to them.

Location (campus) of mentors

As previously discussed, the study was conducted across all four campuses where the nursing programme is offered. In table 4.1, the participants that responded to having mentors among the **mentees**, 2 (5.0%) of mentors were at Oshakati campus; 6 (15.0%) on Windhoek campus; 1 (2.5%) had a mentor at Southern and Rundu campuses were 1 (2.5%) respectively. Thirty (75%) participants indicated that they were never allocated mentors. For **mentors**, table 4.1 shows that their mentors were allocated at Oshakati which accounts for 1 (4.2%) and 3 (12.5%) for those who were in Windhoek. Twenty (83.3%) represented the **mentors** who did not have mentors when they started working. From the above, it can be deduced that most **mentors** allocated were from the Main campus.

Duration of mentoring

According to Table 4.1, most **mentees** were mentored for less than one year which represents 6 (15.0%), followed by those who were mentored for one year to less than 2 years who were 3 (7.5%). Those who were mentored for less than 3 years to less than 5 years were only 1 (2.5%). Thirty (75%) is representing the number of **mentees** who did not have mentors. For **mentors**, who had had a mentor, the majority were mentored for less than one year which represented 2 (8.3%) while for one year to less than 2 years and 3 years to less than 5 years were 1 each (4.2%) respectively. Twenty (83.3%) represent the participants who did not have **mentors** when they started working. It appears that most mentees and mentors were mentored for less than one year.

Frequency of meeting with a mentor

Regarding how often **mentees** met their mentors, it is clear from Table 4.1 that the majority indicated other and not just once or twice weekly representing 5 (12.5%),

followed by two weekly which accounted for 3 (7.5%) while meeting once a week had the least representation of 2 (5.0%). Thirty (75.0%) represented the mentees who did not have mentors. For **mentors** that had mentors when they started as nurse educators, those who met once a week, and those who indicated others, both had equal representation of 2 (8.3%) respectively. The 20 (83%) represented those who did not have mentors.

Method of communication with mentors

As depicted in Table 4.1, **mentees** that communicated in person with their mentors were the majority representing 7 (17.5%), followed by those that communicated via emails accounting for 2 (5%). The mentees that indicated other means were the least with only 1(2.5%). The 30 (75.0 %) represent mentees who did not have mentors assigned. Among the **mentors**, all participants 4 (16.7%) who had mentors met their mentors in person. The 20 (83.3%) represent the participants who did not have mentors assigned. It appears that most **mentees** and **mentors** communicated in person with their mentors.

4.4 INTERPRETATION OF MENTORSHIP

By objective 1, section B of the questionnaire presented the responses on participants' agreement with the practice of mentorship which included psychosocial and supportive environment. The participants were expected to rate their agreement regarding the practice of mentorship, where the mentees and mentors responded to the same statements. The responses were presented as 5- Strongly agree (SA), 4- Agree (A), 3- Neither Agree nor Disagree (A/D), 2- Disagree (D), 1- Strongly Disagree (SD), and 0- Not applicable (N) in table 4.2 and 4.3. The first response under each statement represented the mentees and the one below the mentors. For the presentation of the results, only the **strongly agree and agree** in comparison to **disagree and strongly**

disagree will be presented under each item presented below individual tables to facilitate the comparative nature of the study and discussion in chapter 5. However, all the responses will appear in respective tables.

A cross-tabulation was done for both the mentees and mentors and the p -value of each statement is presented and depicted for any statistical significance. A p -value of less than 0.05 is considered statistically significant, while a p -value higher than 0.05 is not statistically significant (McLeod, 2019).

4.4.1 Psychosocial support

This section on psychosocial support was addressed by items/statements 1 to 8. A summary of these responses is outlined in Table 4.2 where after items will be discussed separately.

Table 4.2*Psychosocial support*

Statement	Group	n (%)						Total	p-value
		SA	A	A/D	D	SD	NA		
1. I receive help or assistance from senior nurse educators when needed.	Mentees	8 (20.0)	24 (60.0)	5 (12.5)	1 (2.5)	2 (5.0)	0 (0.0)	40 (100.0)	.007
	Mentors	15 (62.5)	8 (33.3)	1 (4.2)	0 (0.0)	0 (0.0)	0 (0.0)	24 (100.0)	
2. The senior nurse educators share information and collaborate with me.	Mentees	11 (27.5)	17 (42.5)	8 (20.0)	2 (5.0)	2 (5.0)	0 (0.0)	40 (100.0)	<0.001
	Mentors	19 (79.2)	5 (20.8)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	24 (100.0)	
3. The senior nurse educators are available and approachable when I need assistance.	Mentees	15 (37.5)	14 (35.0)	6 (15.)	4 (10.0)	1 (2.5)	0 (0.0)	40 (100.0)	.040
	Mentors	16 (66.7)	8 (33.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	24 (100.0)	
4. The senior nurse educators have a non-judgmental attitude towards me.	Mentees	13 (32.5)	16 (40.0)	6 (15.)	2 (5.0)	2 (5.0)	1 (2.5)	40 (100.0)	.064
	Mentors	15 (62.5)	8 (33.3)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.2)	24 (100.0)	
5. The senior nurse educators show empathy to me.	Mentees	10 (25.0)	11 (27.5)	12 (30.0)	4 (10.0)	3 (7.5)	0 (0.0)	40 (100.0)	.004
	Mentors	14 (58.3)	8 (33.3)	1 (4.2)	0 (0.0)	0 (0.0)	1 (4.2)	24 (100.0)	
6. The senior nurse educators share their experiences to allow me to share my fears.	Mentees	11 (27.5)	13 (32.5)	6 (15.)	7 (17.5)	3 (7.5)	0 (0.0)	40 (100.0)	.381
	Mentors	8 (33.3)	11 (45.8)	2 (8.3)	1 (4.2)	1 (4.2)	1 (4.2)	24 (100.0)	

7. The senior nurse educators display an attitude of enthusiasm and professionalism towards me at all times.	Mentees	13 (32.5)	16 (40.0)	8 (20.)	2 (5.0)	1 (2.5)	0 (0.0)	40 (100.0)	.033
	Mentors	14 (58.3)	10 (41.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	24 (100.0)	
8. The senior nurse educators always listen to my needs.	Mentees	12 (30.0)	16 (40.0)	6 (15.0)	4 (10.0)	2 (5.0)	0 (0.0)	40 (100.0)	0.273
	Mentors	12 (50.0)	10 (41.7)	2 (8.3)	0 (0.0)	0 (0.0)	0 (0.0)	24 (100.0)	

The results of these items are presented below.

Item 1: Mentees received help or assistance from senior nurse educators when needed. Among the **mentees**, 8 (20.0%) strongly agreed and 24 (60.0%) indicated they agreed while 1 (2.5%) responded that they disagreed and 2 (5.0%) strongly disagreed. For the **mentors**, the majority 15 (62.5%) indicated strongly agree and 8 (33.3%) agreed. Neither of the mentors responded disagree and strongly disagree. *The p-value of .007 is of statistical significance as the majority of the responses from both mentees and mentors strongly agree and agree with the statement above.*

Item 2: Senior nurse educators share information and collaborate with mentees: The mentees that responded strongly agree were 11 (27.5%) and 17 (42.5%) responded with agree. Those that disagree and strongly disagree had the least number of responses 2 (5.0%) for disagree and strongly disagree respectively. Among the **mentors**, most indicated that they strongly agree i.e., 19 (79.2%) and 5 (20.8%) responded that they agree. None of them indicated that they disagree or strongly disagree. *The p-value of 0.001 shows a statistical significance as the majority of mentees and mentors strongly agree and agree on information and collaboration.*

Item 3: Senior nurse educators are available and approachable when mentees need assistance: Fifteen (37.5%) of **mentees** strongly agree and 14 (35.0%) agree and 4 (10.0%) disagree and 1 (2.5%) strongly disagree. For **mentors**, 16 (66.7%) strongly agree and 8 (33.3%) agree were the majority responses, while the rest of the responses were none respectively. *A p-value of .040 suggested a statistical significance between both groups where most responses strongly agree and agree.*

Item 4: The senior nurse educators have a non-judgmental attitude towards the mentees: Sixteen (40.0%) **mentees** agreed and 13 (32.5%) strongly agree while 2 (5.0%) disagree and strongly disagree respectively. Among the **mentors**, 15 (62.5%)

strongly agree and 8 (33.3%) agree were the majority, while none responded disagree or strongly disagree. The *p*-value of .064 was of no statistical significance.

Item 5: The senior nurse educators show empathy to the mentees: For **mentees**, 10 (25.0%) strongly agree and 11 (27.5%) agree while 4 (10.0%) responded disagree and 3 (7.5%). **Mentors** representing 14 (58.3%) indicated strongly agree, 8 (33.3%) agreed and none responded disagree or strongly disagree respectively. *A p-value of .004 shows statistical significance where the majority of mentees and mentors indicated strongly agree and agree that mentees received empathy from mentors.*

Item 6: The senior nurse educators share their experiences with the mentees to allows the mentees to share their fears: **Mentees** represented 11 (27.5%) strongly agreed and 13 (32.5%) for agreeing while disagree were 7 (17.5%) and 3 (7.5%) strongly disagree responses. Among **mentors**, 8 (33.3%) strongly agreed and 11 (45.8%) agree while disagreeing and strongly disagree had both 1 (4.2%) responses respectively. The *p*-value of .381 shows there is no statistical significance between the mentor's and mentee's responses.

Item 7: The senior nurse educators display an attitude of enthusiasm and professionalism towards the mentees at all times: Among the **mentees**, 13 (32.5%) strongly agree and 16 (40.0%) agree while 2 (5.0%) and 1 (2.5%) indicated disagree and strongly disagree respectively. **Mentors** who were 14 (58.3%) indicated strongly agree and 10 (41.7%) agree. There were no responses to the rest of the indicators. *The p-value of .033 suggested a statistical significance where the majority of responses of both groups indicated strongly agree and agree that mentors display an attitude of enthusiasm and professionalism towards mentees.*

Item 8: The senior nurse educators always listen to the needs of the mentees: Of the **mentees**, 12 (30.0%) strongly agree and 16 (40.0%) responded to agree while 4

(10.0%) disagree, and 2 (5.0) strongly disagree. For **mentors**, strongly agree responses were 12 (50.0%) and 10 (41.7%) for agree. There were no responses for disagreeing and strongly disagreeing. The *p*-value of .273 indicated that there was no statistical significance between the two group responses.

4.4.2 Supportive environment

This section on the supportive environment was addressed by items 1 to 6. As in the previous section 4.4.1, the presentation of the result follows a similar pattern of presentation. A summary of these responses is outlined in Table 4.3 where after items will be discussed separately.

Table 4.3*Supportive environment*

Statement	n (%)							Total	p-value
	Group	SA	A	A/D	D	SD	NA		
1. I receive individual support and assistance from senior nurse educators.	Mentees	10 (25.0)	9 (22.5)	14 (35.0)	4 (10.0)	2 (5.0)	1 (2.5)	40 (100.0)	.005
	Mentors	10 (41.7)	11 (45.8)	1 (4.2)	0 (0.0)	0 (0.0)	2 (8.3)	24 (100.0)	
2. I receive administrative support from the senior nurse educators.	Mentees	10 (25.0)	9 (22.5)	12 (30.0)	5 (12.5)	3 (7.5)	1 (2.5)	40 (100.0)	.289
	Mentors	8 (33.3)	9 (37.5)	4 (16.7)	1 (4.2)	0 (0.0)	2 (8.3)	24 (100.0)	
3. I receive collegial support from the senior nurse educators.	Mentees	7 (17.5)	15 (37.5)	12 (30.0)	3 (7.5)	2 (5.0)	1 (2.5)	40 (100.0)	.013
	Mentors	10 (41.7)	13 (54.2)	1 (4.2)	0 (0.0)	0 (0.0)	0 (0.0)	24 (100.0)	
4. The senior nurse educators show passion towards nursing education.	Mentees	10 (25.0)	14 (35.0)	13 (32.5)	1 (2.5)	2 (5.0)	0 (0.0)	40 (100.0)	<0.001
	Mentors	19 (79.2)	4 (16.7)	1 (4.2)	0 (0.0)	0 (0.0)	0 (0.0)	24 (100.0)	
5. I received information from the senior nurse educators on available support services for the mentees.	Mentees	9 (22.5)	12 (30.0)	8 (20.0)	7 (17.5)	4 (10.0)	0 (0.0)	40 (100.0)	.037
	Mentors	9 (37.5)	9 (37.5)	4 (16.7)	0 (0.0)	0 (0.0)	2 (8.3)	24 (100.0)	
6. I consider the environment in the school to be non-competitive and it will allow me to trust the senior nurse educators.	Mentees	9 (22.5)	15 (37.5)	9 (22.5)	4 (10.0)	3 (7.5)	0 (0.0)	40 (100.0)	.046
	Mentors	12 (50.0)	9 (37.5)	2 (8.3)	0 (0.0)	0 (0.0)	1 (4.2)	24 (100.0)	

The results of these items are presented below.

Item 1: The mentees received individual support and assistance from senior nurse educators: Ten (25.0%) of the **mentees** strongly agree and 9 (22.5%) agreed, while 4 (10.0%) disagree and 2 (5.0%) strongly disagree. For **mentors**, 10 (41.7%) strongly agree and 11 (45.8%) agree. None responded disagree and strongly agree. *The p-value of .005 indicates statistical significance as both groups had the majority of the participants strongly agree and agree.*

Item 2: The mentees receive administrative support from the senior nurse educators: Ten (25.0%) mentees strongly agree and 9 (22.5%) agree while 5 (12.5%) responded disagree and 3 (7.5%) strongly disagree. Among the **mentors**, 8 (33.3%) strongly agree and 9 (37.5%) responded agree while only 1 (4.2%) responded disagree and none strongly disagreed. A p-value of .289 indicates that there was no statistical significance between the mentee's and mentors' responses.

Item 3: The mentees received collegial support from the senior nurse educators: Seven (17.5%) **mentees** strongly agree and 15 (37.5%) agree whereas 3 (7.5%) disagree and 2 (5.0%) strongly disagree. For **mentors**, 10 (41.7%) strongly agreed and 13 (54.2%) agreed while none indicated disagree or strongly disagree. *A p-value of .013 indicates a statistical significance as the responses from mentees and mentors were most strongly agree and agree.*

Item 4: The senior nurse educators show passion towards nursing education: For the **mentees**, 10 (25.0%) strongly agree and 14 (35.0%) agree while only 1 (2.5%) disagree and 2 (5.0%) strongly disagree. The **mentors** had 19 (79.2%) strongly agree and 4 (16.7%) agree, none responded disagree or strongly disagree. *A p-value of < 0.001 shows statistical significance as most responses of the mentees and mentors strongly agree and agree.*

Item 5: The mentees received information from the senior nurse educators on available support services for the mentees: The mentees that responded strongly agree 9 (22.5%) agree and 12 (30.0%) agree and disagree had 7 (17.5%) and 4 (10.0%) strongly disagree. For **mentors**, strongly agree and agree had equal responses of 9 (37.5%) respectively, while disagreeing and strongly disagree had no responses. A *p-value of .037* indicates a statistical significance between mentees' and mentors' responses as the majority from both groups responded strongly agree and agree.

Item 6: The environment in the school is non-competitive and it will allow them to trust the senior nurse educator: Among the **mentees**, 9 (22.5%) strongly agree and 15 (37.5%) responded agreed while 4 (10.0%) disagree and 3 (7.5%) for strongly disagree. The **mentors** had 12 (50.0%) strongly agreed and 9 (37.5%) agreed while none disagreed or strongly disagreed. A *p-value of .046* shows a statistical significance between mentees' and mentors' responses as the majority of participants in both groups strongly agree and agree.

4.5 INTERPRETATION OF MENTORING

By objective 1, Section C of the questionnaire was analyzed. This section covers items on the orientation of the nurse educators, achieving balanced life, institutional resources (policies, guidelines, student's matters, etc.) resources about teaching/module, lecturers and class management, simulation and clinical/practical settings, and research and community services speaking to different variables of mentoring. The participants were expected to rate their agreement regarding the practice of mentorship and the mentees and mentors responded to the same statements. The responses were presented as 5- Strongly agree (SA), 4- Agree (A), 3- Neither Agree nor disagree (A/D), 2- Disagree (D), 1- Strongly Disagree (SD), and 0- Not applicable (N) in **Table 4.4 to Table 4.10** as in the previous discussion under 4.4.1

and 4.4.2. Likewise, the first response under each statement represented the mentees and the one below the mentors. For the presentation of the results from tables 4.4 to 4.10, only the strongly agree and agree in comparison to disagree and strongly disagree will be presented under each item presented below each table to facilitate the comparison nature of the study and discussion in chapter 5. However, all the responses will appear in respective tables as in mentorship under 4.5.

A cross-tabulation was done for both the mentees and mentors and the p - the value of each statement is presented and depicted for any statistical significance. The summary of each response in respective tables will be discussed separately under each respective table. A p -value of less than 0.05 is considered statistically significant while a p -value higher than 0.05 is not statically significant (McLeod, 2019).

4.5.1 Orientation of the nurse educators

This section on the orientation of the nurse educator was addressed by items 1-6 in Table 4.4.

Table 4.4*Orientation of the nurse educators*

Statement	Group	n (%)						Total	p-value
		SA	A	A/D	D	SD	NA		
1. I am/was encouraged by the senior nurse educators to attend the University orientation program.	Mentees	13 (32.5)	11 (27.5)	7 (17.5)	0 (0.0)	7 (17.5)	2 (5.0)	40 (100.0)	.224
	Mentors	11 (45.8)	7 (29.2)	4 (16.7)	0 (0.0)	0 (0.0)	2 (8.3)	24 (100.0)	
2. My background and academic experiences are assessed by the senior nurse educators to identify my learning needs.	Mentees	5 (12.5)	6 (15.0)	9 (22.5)	6 (15.0)	9 (22.5)	5 (12.5)	40 (100.0)	.512
	Mentors	5 (20.8)	2 (8.3)	6 (25.0)	3 (12.5)	2 (8.3)	6 (25.0)	24 (100.0)	
3. The senior nurse educators shows me how to use computer program for emails.	Mentees	6 (15.0)	2 (5.0)	6 (15.0)	5 (12.5)	8 (20.0)	13 (32.5)	40 (100.0)	.283
	Mentors	7 (29.2)	4 (16.7)	4 (16.7)	3 (12.5)	2 (8.3)	4 (16.7)	24 (100.0)	
4. I was shown how to use the university management system and to enter the examination marks.	Mentees	5 12.5%	8 20.0%	4 10.0%	7 17.5%	8 20.0%	8 20.0%	40 100.0%	.040
	Mentors	8 33.3%	6 25.0%	6 25.0%	2 8.3%	1 4.2%	1 4.2%	24 100.0%	
5. I am orientated by the senior nurse educators to policies including unwritten policies and procedures as well as the school philosophy and mission of the nursing program.	Mentees	6 15.0%	7 17.5%	6 15.0%	5 12.5%	10 25.0%	6 15.0%	40 100.0%	.278
	Mentors	8 33.3%	2 8.3%	6 25.0%	2 8.3%	2 8.3%	4 16.7%	24 100.0%	

6. I receive demonstration from the senior nurse educators how to use equipment relevant to my role as an educator.	Mentees	6 (15.0)	7 (17.5)	5 (12.5)	11 (27.5)	8 (20.0)	3 (7.5)	40 (100.0)	.017
	Mentors	10 (41.7)	3 (12.5)	5 (20.8)	1 (4.2)	1 (4.2)	4 (16.7)	24 (100.0)	
7. I was taught by the senior nurse educators how keep records of activities or documents that I will need for promotion as an academic.	Mentees	8 (20.0)	2 (5.0)	6 (15.0)	8 (20.0)	11 (27.5)	5 (12.5)	40 (100.0)	.023
	Mentors	6 (25.0)	7 (29.2)	3 (12.5)	2 (8.3)	1 (4.2)	5 (20.8)	24 (100.0)	

The results of these items are presented below.

Item 1: Mentees encouraged to attend University orientation programme:

Thirteen (32.5%) **mentees** strongly agreed and 11 (27.5%) agreed while none indicated disagreed and 7 (17.5%) strongly disagreed. Of the **mentors**, 11 (45.8%) account for strongly agreed and 7 (29.2%) agree while none indicated disagreed or strongly disagreed. The *p*-value of .224 shows no statistical significance in the responses from the mentees and mentors.

Item 2: Assessing the background and academic experiences of mentees by

mentors to identify the needs of the mentees: Five **mentees** responded with 5 (12.5%) strongly agree **and** 6 (15.0%) agree while disagree had 6 (15.0%) responses and 9 (22.5%) disagree. Among the **mentors**, those that strongly agree were 5 (20.8%) and 2 (8.3%) for agreeing while disagreed had 3 (12.5%) responses, and strongly disagree was 2 (8.3%). The *p*-value of .512 indicates there was no statistical significance between the mentees' and mentors' responses.

Item 3: Mentees were shown how to use the computer program for emails by

senior nurse educators. Six (15.0%) mentees strongly agreed and 2 (5.0%) agreed while those that disagreed were 5 (12.5%) and 8 (20.0%) strongly disagreed. Among the **mentors**, 7 (29.2%) indicated strongly agreed and 4 (16.7%) agreed while disagreed were 3 (12.5%) and strongly disagreed with 2 (8.3%). The *p*-value of .283 showed no statistical significance between the mentee's and mentors' responses.

Item 4: Mentees were shown how to use university management system and to

enter examination marks: The mentees that strongly agreed were 5 (12.5%) and 8 (20.0%) for agreeing while disagree had 7 (17.5%) responses and 8 (20.0%) had strongly disagreed. For the **mentors**, the majority 8 (33.3%) indicated strongly agree and 6 (25. %) agreed while 2 (8.3%) disagreed and 1 (4.2%) strongly disagreed. *The*

p-value of .040 shows a statistical significance as the difference in responses occurs as the majority of the mentees disagreed and strongly disagreed, while the majority of mentors strongly agreed and agreed on the same statement.

Item 5: Mentees were orientated by senior nurse educators to policies including unwritten policies and procedures as well as the school philosophy and mission of the nursing program: For **mentees**, 6 (15.0%) responded strongly agree and 7 (17.5%) agree while disagree had 5 (12.5%) responses and 10 (25.5%) for strongly disagree. Among the **mentors**, strongly agree had 8 (33.3%) responses and 2 (8.3%) agree while strongly disagree and disagree had 2 (8.3%) respectively. The *p-value* of .278 showed there was no statistical significance between the mentee and mentors' responses.

Item 6: Mentees received demonstration on how to use equipment to relevant to their role: For **mentees**, strongly agree had 6 (15.0%) and 7 (17.5%) responses for agreeing while 11 (27.5%) were for disagreeing and 8 (20.0%) strongly disagree. Among the **mentors**, 10 (41.7%) responded strongly agree and agree had 3 (12.5%) while disagreeing and strongly disagree had 1 (4.2%) response respectively. *The p-value of .017 shows statistical significance between responses as the majority of the mentees disagree and strongly disagree, whereas the majority of mentors agree and strongly agree.*

Item 7: Teaching mentees how to keep records of activities or documents that are needed for promotion as an academic: Eight (20.0%) mentees responded strongly agree and 2 (5.0%) agree while 8 (20.0%) disagree and 11 (27.5%) strongly disagree. Among the **mentors**, 6 (25. %) strongly agree and 7 (29.2%) disagree had 2 (8.3%) responses, and 1 (4.2%) strongly disagree. *The p-value of .023 shows statistical*

significance in the responses as the majority of mentees indicated disagree and strongly disagree while the majority of mentors agree and strongly agree that mentees.

4.5.2 Achieving balanced life

This section on achieving balance was addressed by items 1-6 in Table 4.5.

Table 4.5*Achieving balanced life*

Statement	Group	n (%)						Total	p-value
		SA	A	A/D	D	SD	NA		
1. I received guidance from the senior nurse educators to achieve balance in the multiple roles of an educator.	Mentees	5 (12.5)	7 (17.5)	10 (25.0)	7 (17.5)	7 (17.5)	4 (10.0)	40 (100.0)	.507
	Mentors	4 (16.7)	8 (33.3)	4 (16.7)	2 (8.3)	2 (8.3)	4 (16.7)	24 100.0%	
2. I receive support from the senior nurse educators on how to deal with work related stress.	Mentees	4 (10.0)	6 (15.0)	7 (17.5)	7 (17.5)	9 (22.5)	7 (17.5)	40 (100.0)	.118
	Mentors	5 (20.8)	8 (33.3)	6 (25.0)	2 (8.3)	1 (4.2)	2 (8.3)	24 (100.0)	
3. My needs are assessed by the senior nurse educator to give me assistance.	Mentees	5 (12.5)	6 (15.0)	9 (22.5)	7 (17.5)	10 (25.0)	3 (7.5)	40 (100.0)	.006
	Mentors	6 (25.0)	11 (45.8)	2 (8.3)	3 (12.5)	0 (0.0)	2 (8.3)	24 (100.0)	
4. I receive assistance from the senior nurse educators in time management and setting priorities.	Mentees	5 (12.5)	10 (25.0)	5 (12.5)	7 (17.5)	9 (22.5)	4 (10.0)	40 (100.0)	.107
	Mentors	4 (16.7)	12 (50.0)	2 (8.3)	1 (4.2)	1 (4.2)	4 (16.7)	24 (100.0)	
5. I receive counselling from the senior nurse educators and strategies to balance my work and personal life.	Mentees	5 (12.5)	6 (15.0)	3 (7.5)	9 (22.5)	11 (27.5)	6 (15.0)	40 (100.0)	.007
	Mentors	6 (25.0)	6 (25.0)	7 (29.2)	0 (0.0)	2 (8.3)	3 (12.5)	24 (100.0)	

The results of these items are presented below.

Item 1: Mentees received guidance from the senior nurse educators to achieve balance life in the multiple role of an educator: Mentees accounted strongly agree were 5 (12.5%) and 7 (17.5%) responded agree while disagreeing and strongly disagree had 7 (17.5%) respectively. For **mentors**, responses for strongly agree were 4 (16.7%) and 8 (33.3%) agree while disagreeing and strongly disagree had 2 (8.3%) respectively. The *p*-value of .057 shows that there was no statistical significance of association between the mentee's and mentors' responses.

Item 2: Mentees receive support from the senior nurse educators on how to deal with work related stress: The mentees that responded strongly agree were 4 (10.0%) and 6 (15.0%) agreed while 7 (17.5%) disagree and 9 (22.5%) strongly disagree. Among the **mentors**, 5 (20.8%) strongly agree and 8 (33.3%) agree while disagree had 2 (8.3%) and 1 (4.2%) responses. The *p*-value of .118 shows no statically significance between mentees' and mentors' responses.

Item 3: Mentees need are assessed by the senior nurse educators to give them assistance: Responses for strongly agree were 5 (12.5%) and 6 (15.0%) agree among the **mentees** while disagree were 7 (17.5%) and 10 (25.0%) strongly disagree. For **mentors**, 6 (25.0%) responses strongly agree and 11 (45.8%) represented agree while disagree were 3 (12.5%) and non-indicated strongly disagree. *The p-value of .006 shows a statistically significant association between mentees' and mentors' responses where most mentees strongly disagree and disagree, while the majority of mentors strongly agree and agree.*

Item 4: Mentees receive assistance from the senior nurse educators in time management and setting priorities: The **mentees**, had 5 (12.5%) strongly agree and 10 (25.0%) responded agree while 7 (17.5%) disagree and 9 (22.5%). For **mentors**, 4

(16.7%) strongly agree and 12 (50.0%) responded agree while 1 (4.2%) disagree and strongly disagree respectively. The *p*-value of .107 shows no statically significance between mentees' and mentors' responses.

Item 5: Mentees received counselling from the nurse educators and strategies to balance their work and personal life: Among the **mentees**, **strongly** agree responses were 5 (12.5%) and 6 (15.0%) agree while 9 (22.5%) indicated disagree and 11 (27.5%) strongly disagree. The responses among **mentors** were as follows; strongly agree and agree were 6 (25.0%) respectively and none for disagreeing and 2 (8.3%) strongly disagree responses. *The p-value of .007 shows a statistical significance of association in responses majority of mentees strongly disagree and disagree, while the majority of mentors strongly agree and agree.*

4.5.3 Institutional resources (policies, guideline, students' matters etc.)

This section on institutional resources (policies, guideline, students' matters etc.) was addressed by items 1- 10 in a table. A summary of these responses is outlined in table 4.6 where the items will be discussed separately.

Table 4.6*Institutional resources (policies, guideline, students' matters etc.)*

Statement	Group	n (%)						Total	p value
		SA	A	A/D	D	SD	NA		
1. I am orientated by the senior nurse educators on how to advice students appropriately according to the university policies.	Mentees	6 (15.0)	10 (25.0)	6 (15.0)	7 (17.5)	8 (20.0)	3 (7.5)	40 (100.0)	.034
	Mentors	10 (41.7)	7 (29.2)	4 (16.7)	1 (4.2)	0 (0.0)	2 (8.3)	24 (100.0)	
2. I receive information from the senior nurse educators on how to advise students.	Mentees	6 (15.0)	10 (25.0)	8 (20.0)	7 (17.5)	8 (20.0)	1 (2.5)	40 (100.0)	.037
	Mentors	7 (29.2)	10 (41.7)	4 (16.7)	1 (4.2)	0 (0.0)	2 (8.3)	24 (100.0)	
3. I am trained by the senior nurse educators on how to deal with student issues.	Mentees	7 (17.5)	7 (17.5)	6 (15.0)	8 (20.0)	9 (22.5)	3 (7.5)	40 (100.0)	.019
	Mentors	7 (29.2)	9 (37.5)	3 (12.5)	0 (0.0)	1 (4.2)	4 (16.7)	24 (100.0)	
4. I have observed how the senior nurse educators advise students.	Mentees	8 (20.0)	6 (15.0)	4 (10.0)	10 (25.0)	8 (20.0)	4 (10.0)	40 (100.0)	.019
	Mentors	4 (16.7)	8 (33.3)	4 (16.7)	0 (0.0)	2 (8.3)	6 (25.0)	24 (100.0)	
5. I was observe by a senior nurse educator, while I was advising a student/s and received appropriate feedback from my senior.	Mentees	9 (22.5)	2 (5.0)	5 (12.5)	10 (25.0)	10 (25.0)	4 (10.0)	40 (100.0)	.043
	Mentors	7 (29.2)	5 (20.8)	4 (16.7)	1 (4.2)	2 (8.3)	5 (20.8)	24 (100.0)	
6. I am orientated by the senior nurse educators to the University and School policies on student matters and discipline including plagiarism and dishonesty.	Mentees	7 (17.5)	6 (15.0)	7 (17.5)	7 (17.5)	9 (22.5)	4 (10.0)	40 (100.0)	.260
	Mentors	8 (33.3)	6 (25.0)	1 (4.2)	2 (8.3)	3 (12.5)	4 (16.7)	24 (100.0)	
7. I was taught by the senior nurse educators on how to prevent and detect plagiarism and	Mentees	4 (10.0)	6 (15.0)	8 (20.0)	6 (15.0)	11 (27.5)	5 (12.5)	40 (100.0)	.053

dishonesty among students in the theoretical or clinical components where applicable.	Mentors	7 (29.2)	7 (29.2)	5 (20.8)	1 (4.2)	1 (4.2)	3 (12.5)	24 (100.0)	
8. I am orientated by the senior nurse educators on curriculum development and how it is reviewed.	Mentees	2 (5.0)	9 (22.5)	5 (12.5)	6 (15.0)	9 (22.5)	9 (22.5)	40 (100.0)	.021
	Mentors	2 (8.3)	9 (37.5)	9 (37.5)	2 (8.3)	1 (4.2)	1 (4.2)	24 (100.0)	
9. I am orientated by the senior nurse educators about the support services available for students.	Mentees	5 (12.5)	9 (22.5)	9 (22.5)	3 (7.5)	9 (22.5)	5 (12.5)	40 (100.0)	.113
	Mentors	7 (29.2)	7 (29.2)	5 (20.8)	2 (8.3)	0 (0.0)	3 (12.5)	24 (100.0)	
10. I receive advice from the senior nurse educators on the guideline of students grading, progress and dismissal.	Mentees	3 (7.5)	8 (20.0)	9 (22.5)	5 (12.5)	10 (25.0)	5 (12.5)	40 (100.0)	.050
	Mentors	7 (29.2)	9 (37.5)	3 (12.5)	0 (0.0)	3 (12.5)	2 (8.3)	24 (100.0)	

The results of these items are presented below.

Item 1: Mentees were orientated by senior nurse educators how to advise students appropriately according to the university policies: The mentees responses for strongly agree were 6 (15.0%) and 10 (25.0%) for agreeing while disagree had 7 (17.5%) and strongly agree had 8 (20.0%) responses. For **mentors**, 10 (41.7%) responded strongly agree and 7 (29.2%) agree while for disagree were 1 (4.2%) and none strongly disagreed. *The p-value of .034 shows the statistical significance of association in the responses as strongly disagree and disagree was the popular response, while most mentors responded strongly agree and agree.*

Item 2: Mentees received information from the senior nurse educators on how to advise students: Among the **mentees**, 6 (15.0%) responses were strongly agreed and 10 (25.0%) agree while those that disagree were 7 (17.5%) and 8 (20.0%) strongly disagree. For **mentors**, 7 (29.2%) of participants strongly agreed and 10 (41.7%) agree while 1 (4.2%) disagree and none strongly disagree. *The p-value of .037 shows statistical significance where the majority of mentees strongly disagree and disagree, although mentors indicated strongly agree and agree.*

Item 3: Mentees were trained by senior nurse educators on how to deal with students' issue: Equal responses of 7 (17.5%) were observed among the **mentees** for strongly agree and agree respectively while 9 (22.5%) indicated strongly disagree and 8 (20.0%) disagree. For **mentors**, 7 (29.2%) strongly agree and 9 (37.5%) agree while none responded to disagree and only 1 (4.2%) strongly disagree. *The p-value of .019 indicates statically significance in the response as strongly disagree and disagree was prevalent, while strongly agree and agree was highest among the mentors.*

Item 4: Mentees have observed how the senior nurse educator's advice students: Eight (20.0%) **mentees** strongly disagree and 6 (15.0%) agree while 10 (25.0%)

indicated disagree and 8 (20.0%) indicated strongly agree. Ten (25.0%) responded disagree and 8 (20.0%) strongly disagree. For **mentors**, 4 (16.7%) strongly agree and 8 (33.3%) responded agree while none responded disagree and 2 (8.3%) strongly disagree. *The p-value of .019 shows a statistical significance as most mentees' responses strongly disagree and disagree, while the majority of mentors strongly agree and agree.*

Item 5: Mentees were observed by senior nurse educators while advising a student and receive appropriate feedback: Nine (22.5%) mentees strongly agree and 2 (5.0%) agree whereas 10 (25.0%) responded disagree and strongly disagree respectively. Among **mentors**, 7 (29.2%) indicated strongly agree and 5 (20.8%) agree while 1 (4.2%) disagree and 2 (8.3%) strongly disagree. *The p-value of .043 indicates a statistically significant association in responses as the majority of mentees strongly disagree and disagree while the majority of mentors strongly agree and agree.*

Item 6: Mentees were orientated by the senior nurse educators to University and School policies on students matters and discipline including plagiarism and dishonesty: Seven (17.5%) mentees strongly agree and 6 (15.0%) agree while 7 (17.5%) disagree and 9 (22.5%) strongly disagree. For **mentors**, 8 (33.3%) strongly agree and 6 (25.0%) agree whereas 2 (8.3%) disagree and 3 (12.5%) strongly disagree. A *p-value of .260* shows that there was no statically significant association between the mentee's and mentors' responses.

Item 7: Mentees were taught by the senior nurse educators on how to prevent and detect plagiarism and dishonesty among students in the theoretical or clinical components where applicable: Among the **mentees**, responses for strongly agree were 4 (10.0%) and 6 (15.0%) agree while 6 (15.0%) disagree and 11 (27.5%) strongly

disagree. Seven (29.2%) of **mentors** responded strongly agree and agree respectively whereas only 1 (4.2%) indicated disagree and strongly disagree. A *p*-value of .053 shows no statistically significant association between mentees' and mentors' responses.

Item 8: Mentees were orientated by the senior nurse educators on curriculum development and how it is reviewed: For **mentees**, 2 (5.0%) strongly agree and 9 (22.5%) agree while 6 (15.0%) disagree, and 9 (22.5%) strongly disagree. For **mentors**, 2 (8.3%) strongly agree 9 (37.5%) agree while 2 (8.3%) disagree and 1 (4.2%) strongly. A *p*-value of .021 indicates statically significant association responses as most mentees strongly disagree and agree while the majority of mentors responded strongly agree and agree.

Item 9: Mentees were orientated by the senior nurse educators about the support services available for students: For **mentees**, 5 (12.5%) strongly agree and 9 (22.5%) agree while 3 (7.5%) disagree, and 9 (22.5%) strongly disagree. For **mentors**, 7 (29.2%) strongly agree and agree respectively while 2 (8.3%) disagree and none indicated strongly disagree. The *p*-value of .113 shows that there is no statistically significant association between the mentee's and mentors' responses.

Item 10: Mentees receive advice from the senior nurse educators on the guideline of students grading, progress and dismissal: For **mentees**, 3 (7.5%) responses were strongly agreed and 8 (20.0%) agree while 5 (12.5%) disagree and 10 (25.0%) strongly disagree. For **mentors**, 7 (29.2%) strongly agree and 9 (37.5%) agree while none indicated disagree and 3 (12.5%) responded strongly disagree. *The p-value of .050 shows a statically significant association between the mentee's and mentors' responses where most mentees strongly disagree and disagree contrary to most mentors who strongly agree and agree.*

4.5.4 Resources pertaining to teaching/module

This section on achieving balance was addressed by items 1-6 in a table. A summary of these responses is outlined in Table 4.7

Table 4.7*Resources pertaining to teaching/module*

Statement	Group	n (%)						Total	p-value
		SA	A	A/D	D	SD	NA		
1. I was taught by the senior nurse educators how to prepare for lectures.	Mentees	2 (5.0%)	5 (12.5%)	8 (20.0%)	6 (15.0%)	8 (20.0%)	11 (27.5%)	40 (100.0%)	.022
	Mentors	8 (33.3%)	6 (25.0%)	4 (16.7%)	1 (4.2%)	2 (8.3%)	3 (12.5%)	24 (100.0%)	
2. I am orientated by the senior nurse educators on how to use different teaching strategies.	Mentees	4 (10.0%)	7 (17.5%)	6 (15.0%)	7 (17.5%)	9 (22.5%)	7 (17.5%)	40 (100.0%)	.115
	Mentors	9 (37.5%)	3 (12.5%)	5 (20.8%)	1 (4.2%)	3 (12.5%)	3 (12.5%)	24 (100.0%)	
3. I am trained by the senior nurse educators on how to set up examination papers.	Mentees	3 (7.5%)	5 (12.5%)	7 (17.5%)	5 (12.5%)	9 (22.5%)	11 (27.5%)	40 (100.0%)	.002
	Mentors	10 (41.7%)	6 (25.0%)	4 (16.7%)	2 (8.3%)	1 (4.2%)	1 (4.2%)	24 (100.0%)	
4. I receive orientation from the senior nurse educators on how to grade students in theory.	Mentees	2 (5.0%)	6 (15.0%)	7 (17.5%)	5 (12.5%)	10 (25.0%)	10 (25.0%)	40 (100.0%)	.010
	Mentors	8 (33.3%)	7 (29.2%)	2 (8.3%)	3 (12.5%)	1 (4.2%)	3 (12.5%)	24 (100.0%)	
5. I received orientation from the senior nurse educators on how to grade students in clinical settings.	Mentees	2 (5.0%)	10 (25.0%)	6 (15.0%)	6 (15.0%)	10 (25.0%)	6 (15.0%)	40 (100.0%)	.001
	Mentors	10 (41.7%)	10 (41.7%)	1 (4.2%)	0 (0.0%)	2 (8.3%)	1 (4.2%)	24 (100.0%)	
6. I received teaching from the senior nurse educators how to deal with student's behavior relating to learning.	Mentees	2 (5.0%)	9 (22.5%)	10 (25.0%)	3 (7.5%)	10 (25.0%)	6 (15.0%)	40 (100.0%)	.018
	Mentors	5 (20.8%)	12 (50.0%)	4 (16.7%)	0 (0.0%)	1 (4.2%)	2 (8.3%)	24 (100.0%)	
	Mentees	1	2	12	7	8	10	40	<0.001

7. I was taught by senior nurse educators how to construct and administer a test.		(2.5%)	(5.0%)	(30.0%)	(17.5%)	(20.0%)	(25.0%)	(100.0%)	
	Mentors	10 (41.7%)	5 (20.8%)	5 (20.8%)	2 (8.3%)	0 (0.0%)	2 (8.3%)	24 (100.0%)	
8. I receive orientation from the senior nurse educators on how to write objectives using Blooms taxonomy.	Mentees	3 (7.5%)	3 (7.5%)	8 (20.0%)	7 (17.5%)	8 (20.0%)	11 (27.5%)	40 (100.0%)	<0.001
	Mentors	9 (37.5%)	7 (29.2%)	4 (16.7%)	3 (12.5%)	0 (0.0%)	1 (4.2%)	24 (100.0%)	
9. I am trained by the senior nurse educators on the module syllabi, course material development and preparation for the module I am teaching.	Mentees	3 (7.5%)	7 (17.5%)	6 (15.0%)	6 (15.0%)	9 (22.5%)	9 (22.5%)	40 (100.0%)	.005
	Mentors	7 (29.2%)	6 (25.0%)	8 (33.3%)	1 (4.2%)	0 (0.0%)	2 (8.3%)	24 (100.0%)	

The items above are presented below.

Item 1: The mentees were taught by senior nurse educators how to prepare for lectures: Two (5.0%) of **mentees** strongly agree and 5 (12.5%) agree while 6 (15.0%) disagree, and 8 (20.0%) strongly disagree. For **mentors**, 8 (33.3%) strongly agree and 6 (25.0%) agree while only 1 (4.2%) disagree and 2 (8.3%) strongly disagree. *The p-value of .022 shows a statistical significance between the responses majority of mentees responded strongly disagree and disagree whereas most of the mentors strongly agree and agree.*

Item 2: The mentees were orientated by the senior nurse educators on how to use different teaching strategies: Among the **mentees**, 4 (10.0%) strongly agree and 7 (17.5%) agree while 7 (17.5%) responded disagree and 9 (22.5%) strongly disagree. For **mentors**, 9 (37.5%) strongly agree and 3(12.5%) agree while 1 (4.2%) disagree and 3 (12.5%) strongly disagree. The *p*-value of .115 shows that there was no statically significant association between the mentee's and mentor's responses.

Item 3: The mentees were trained by the senior nurse educators on how to set up examination paper: Three (7.5%) **mentees** strongly agree and 5 (12.5%) agree whereas 5 (12.5%) disagree and 9 (22.5%) strongly disagree. For **mentors**, 10 (41.7%) strongly agree and 6 (25.0%) agree while 2 (8.3%) disagree and 1 (4.2%) strongly disagree. *The p-value of .002 shows the statistical significance of the association between the mentee's and mentors' responses as most mentees strongly disagree and disagreed while most mentors strongly agree and agree.*

Item 4: The mentees receive orientation from the senior nurse educators on how to grade students in theory: Two (5.0%) mentees strongly agree and 6 (15.0%) agree whereas 5 (12.5%) **disagree** and 10 (25.0%) strongly disagree. For **mentors**, 8 (33.3%) responded strongly agree and 7 (29.9%) agree while 3 (12.5%) indicated

disagree and 1 (4.2%) strongly disagree. *The p-value of .010 shows the statistical significance of the association between the mentee's and mentors' responses as the former strongly disagree and disagree and the latter strongly agree and agree.*

Item 5: The mentees received orientation from the senior nurse educators on how to grade students in clinical settings: Responses among **mentees** were; 2 (5.0%) strongly agreed and 10 (25.0%) agree while 6 (15.0%) disagree and 10 (25.0%) strongly disagree. Among the **mentors**, 10 (41.7%) strongly agree and agree respectively while none indicated disagree and 2 (8.3%) strongly disagree. *The p-value of .001 shows the statistical significance of the association between the mentee's and mentors' responses, where the majority of mentees strongly disagree and disagree while mentors strongly agree and agree.*

Item 6: The mentees received teaching from the senior nurse educators how to deal with student's behavior relating to learning: Two (5.0%) mentees strongly agree and 9 (22.5%) agree whereas 3 (7.5%) disagree and 10 (25.0%) strongly disagree. Among the **mentors**, 5 (20.8%) strongly agree and 12 (50.0%) agree while none responded to disagree and 1 (4.2%) strongly disagree. *The p-value of .018 shows the statistical significance of association as most mentees' responses strongly disagreed and disagreed while most mentors strongly agree and agree.*

Item 7: The mentees were taught by senior nurse educators how to construct and administer a test: Only one (2.5%) mentee strongly agree and 2 (5.0%) agree while 7 (17.5%) mentees disagree and 8 (20.0%) strongly disagree. Ten (41.7%) **mentors** strongly agree and 5 (20.8%) agree while 2 (8.3%) disagree and none indicated strongly disagree. *The p-value <0.001 shows a statistically significant association in responses as most mentees responded strongly disagree and disagree while most mentors strongly agree and agree.*

Item 8: The mentees receive orientation from the senior nurse educators on how to write objectives using Blooms taxonomy: Three (7.5%) mentees strongly agree and agree respectively whereas 7 (17.5%) disagree and 8 (20.0%) strongly disagree. Nine (37.5%) mentors strongly agree and 7 (29.2%) agree while 3 (12.5%) disagree and none responded strongly agree. *The p-value <0.001 shows statically significance as most mentees responded strongly disagree and disagree while most mentors strongly agree and agree.*

Item 9: The mentees were trained by the senior nurse educators on the module syllabi, course material development and preparation for the module they are teaching: Three (7.5%) mentees strongly agree and 7 (17.5%) agree while 6 (15.0%) disagree and 9 (22.5%) strongly disagree. The responses among mentors were as follows; 7 (29.2%) strongly agree and 6 (25.0%) agrees while 1 (4.2%) disagree and none strongly disagreed. *The p-value of .005 shows statically significance of the association between the mentee's and mentors' responses where most mentees indicated strongly disagree and disagree although most mentors responded strongly agree and agree.*

4.5.5 Lectures and class management

This section on achieving balance was addressed by items 1-6 in a table. A summary of these responses is outlined in table 4.8 where the items will be discussed separately.

Table 4.8*Lectures and class management*

Statement	Group	n (%)						Total	p-value
		SA	A	A/D	D	SD	NA		
1. I receive help from the senior nurse educators to develop effective teaching habits.	Mentees	2 (5.0%)	5 (12.5%)	8 (20.0%)	6 (15.0%)	8 (20.0%)	11 (27.5%)	40 (100.0%)	.009
	Mentors	9 (37.5%)	4 (16.7%)	6 (25.0%)	1 (4.2%)	1 (4.2%)	3 (12.5%)	24 (100.0%)	
2. I receive guidance from the senior nurse educators in class management techniques.	Mentees	1 (2.5%)	5 (12.5%)	9 (22.5%)	5 (12.5%)	9 (22.5%)	11 (27.5%)	40 (100.0%)	.010
	Mentors	7 (29.2%)	7 (29.2%)	4 (16.7%)	1 (4.2%)	2 (8.3%)	3 (12.5%)	24 (100.0%)	
3. I am orientated by the senior nurse educators on teaching guideline of theoretical assessment and evaluation.	Mentees	3 (7.5%)	9 (22.5%)	4 (10.0%)	6 (15.0%)	7 (17.5%)	11 (27.5%)	40 (100.0%)	.022
	Mentors	8 (33.3%)	7 (29.2%)	4 (16.7%)	0 (0.0%)	1 (4.2%)	4 (16.7%)	24 (100.0%)	
4. I receive assistance from the senior nurse educators on how to manage lecturers and resources relating to teaching.	Mentees	1 (2.5%)	9 (22.5%)	5 (12.5%)	6 (15.0%)	8 (20.0%)	11 (27.5%)	40 (100.0%)	.009
	Mentors	4 (16.7%)	11 (45.8%)	5 (20.8%)	0 (0.0%)	1 (4.2%)	3 (12.5%)	24 (100.0%)	
5. The senior nurse educators demonstrated to me you how to use classroom equipment's before assuming lectures.	Mentees	2 (5.0%)	7 (17.5%)	4 (10.0%)	6 (15.0%)	8 (20.0%)	13 (32.5%)	40 (100.0%)	.002
	Mentors	7 (29.2%)	10 (41.7%)	3 (12.5%)	0 (0.0%)	1 (4.2%)	3 (12.5%)	24 (100.0%)	
6. I was invited to observe the lectures of senior nurse educator/s.	Mentees	4 (10.0%)	3 (7.5%)	2 (5.0%)	7 (17.5%)	10 (25.0%)	14 (35.0%)	40 (100.0%)	.166
	Mentors	7 (29.2%)	2 (8.3%)	3 (12.5%)	5 (20.8%)	2 (8.3%)	5 (20.8%)	24 (100.0%)	
	Mentees	3	3	6	6	10	12	40	.004

7. I receive orientation from the senior nurse educators on how to keep documentation in class		(7.5%)	(7.5%)	(15.0%)	(15.0%)	(25.0%)	(30.0%)	(100.0%)	
	Mentors	7 (29.2%)	6 (25.0%)	5 (20.8%)	1 (4.2%)	0 (0.0%)	5 (20.8%)	24 (100.0%)	
8. I receive help from the senior nurse educators in facilitation of adult teaching.	Mentees	5 (12.5%)	2 (5.0%)	4 (10.0%)	8 (20.0%)	7 (17.5%)	14 (35.0%)	40 (100.0%)	.003
	Mentors	4 (16.7%)	10 (41.7%)	4 (16.7%)	2 (8.3%)	1 (4.2%)	3 (12.5%)	24 (100.0%)	
9. I receive tutoring from the senior nurse educators in academic issues.	Mentees	4 (10.0%)	6 (15.0%)	3 (7.5%)	7 (17.5%)	9 (22.5%)	11 (27.5%)	40 (100.0%)	.001
	Mentors	6 (25.0%)	9 (37.5%)	6 (25.0%)	0 (0.0%)	0 (0.0%)	3 (12.5%)	24 (100.0%)	
10. I have received constructive feedback from a senior nurse educator who has observed me while giving lectures.	Mentees	7 (17.5%)	7 (17.5%)	3 (7.5%)	5 (12.5%)	7 (17.5%)	11 (27.5%)	40 (100.0%)	.627
	Mentors	9 (37.5%)	3 (12.5%)	2 (8.3%)	3 (12.5%)	3 (12.5%)	4 (16.7%)	24 (100.0%)	

Items are presented below;

Item 1: Mentees receive help from the senior nurse educators to develop effective teaching habits: Two (5.0%) mentees strongly agree and 5 (12.5%) agree while 6 (15.0%) disagree and 8 (20.0%) strongly disagree. The mentors had 9 (37.5%) responses on strongly agree and 4 (16.7%) agree while disagreeing and strongly agree had only 1 (4.2%) respectively. *The p-value of .009 shows a statically significant association between responses with most mentees strongly disagree and disagree contrary to strongly agree and agreed by most mentees.*

Item 2: Mentees received guidance from the senior nurse educators in class management techniques: For mentees, who strongly agree had only 1 (2.5%) response and 5 (12.5%) for agreeing while 5 (12.5%) disagreed and 9 (22.5%) strongly disagree. Mentors had 7 (29.2%) strongly agree and agree respectively while 1 (4.2%) disagree and 2 (8.3%) strongly disagree. *The p-value of .010 shows a statistically significant association between responses with most mentees strongly disagree and disagree and most mentors indicating strongly agree and agree.*

Item 3: Mentees were orientated by the senior nurse educators on teaching guideline of theoretical assessment and evaluation: Three (7.5%) mentees strongly agree and 9 (22.5%) agree whereas 6 (15.0%) disagree, and 7 (17.5%) strongly disagree. For mentors, 8 (33.3%) strongly agree and 7 (29.2%) agree while none indicated disagree and only 1 (4.2%) strongly disagree. *The p-value of .022 shows a statistically significant association between responses where most mentees strongly disagree and disagree while most mentors strongly agree and agree.*

Item 4: Mentees received assistance from the senior nurse educators on how to manage lecturers and resources relating to teaching: For mentees, 1(2.5%) strongly agree and 9 (22.5%) agree while 6 (15.0%) disagree, and 8 (20.0%) strongly

disagree. Four (46.7%) **mentors** strongly agree and 11 (45.8%) agree while none indicated disagree and only 1 (4.2%) strongly disagree. *The p-value of .009 shows a statistically significance of association between responses with most mentees strongly disagree and disagree contrary to most mentors strongly agree and agree.*

Item 5: Senior nurse educators demonstrated to mentees how to use classroom equipment's before assuming lectures: For **mentees**, 2 (5.0%) strongly agree and 7 (17.5%) agree while 6 (15.0%) disagree and 8 (20.0%) strongly disagree. Seven (29.2%) **mentors** strongly agree and 10 (41.7%) agree while none indicated disagree and only 1 (4.2%) strongly disagree. *The p-value of .002 shows a statistically significant association in responses as most mentees strongly disagree and agree while most mentors strongly agree and agree.*

Item 6: The mentees were invited to observe the lectures of senior nurse educator/s: Four (10.0%) **mentees** responded strongly agree and 3 (7.5%) agree while 7 (17.5%) disagree and 10 (25.0%) strongly disagree. For **mentors**, 7 (29.2%) responded strongly agree and 2 (8.3%) agree while 5 (20.8%) disagree, and 2 (8.3%) strongly disagree. The p-value of .166 shows no statically significance of association between the mentee's and mentors' responses.

Item 7: The mentees receive orientation from the senior nurse educators on how to keep documentation in class: Three (7.5%) mentees strongly agree and agree respectively while 6 (15.0%) disagree and 10 (25.0%) strongly disagree. For **mentors**, 7 (29.9%) strongly agree and 6 (25.0%) agree while only 1(4.2%) responded disagree and none indicated strongly disagree. *The p-value of .004 shows a statically significant association between mentees' and mentors' responses as the former had mostly strongly disagree and agree and the latter mostly responded strongly agree and agree.*

Item 8: The mentees receive help from the senior nurse educators in facilitation of adult teaching: Among **mentees**, 5 (12.5%) strongly agree and 2 (5.0%) agree while 8 (20.0%) responded disagree and 7 (17.5%) strongly disagree. Four (16.7%) **mentors** strongly agree and 10 (41.7%) agree while 2 (8.3%) disagree and 1(4.2%) strongly disagree agrees. *The p-value of .003 shows the statistical significance of association between responses as most mentees strongly disagree and disagree while most mentors responded strongly agree and agree.*

Item 9: The mentees they receive tutoring from the senior nurse educators in academic issues: Four (10.0%) **mentees** strongly agree and 6 (15.0%) agree while 7 (17.5%) disagree and 9 (22.5%) strongly disagree. For **mentors**, 6 (25.0%) strongly agree and 9 (37.5%) agree while none indicated disagree or strongly disagree. *The p-value of .001 shows the statistical significance of association where most mentees strongly disagree and disagree while most mentors responded strongly agree and agree.*

Item 10: The mentees received constructive feedback from a senior nurse educator who has observed them while giving lectures Seven (17.5%) of the **mentees** strongly agree and agree respectively while 5 (12.5%) disagree and 7 (17.5%) strongly disagree. Among the **mentors**, 9 (37.5%) strongly agree and 3 (12.5%) agree while disagreeing or strongly disagree had 3 (12.5%) responses respectively. The p-value of .627 shows no statically significance of association between the mentee's and mentors' responses.

4.5.6 Simulation and clinical/practical settings

This section on simulation and clinical/practical settings was addressed by items 1-6 in a table. A summary of these responses is outlined in Table 4.9 where after the items will be discussed separately.

Table 4.9*Simulation and clinical/practical settings*

Statement	Group	n (%)						Total	P value
		SA	A	A/D	D	SD	NA		
1. I received demonstration from the senior nurse educators on how to use simulation equipment's before teaching simulation.	Mentees	2 (5.0%)	4 (10.0%)	7 (17.5%)	7 (17.5%)	12 (30.0%)	8 (20.0%)	40 (100.0%)	<0.001
	Mentors	8 (33.3%)	6 (25.0%)	7 (29.2%)	0 (0.0%)	0 (0.0%)	3 (12.5%)	24 (100.0%)	
2. I was accompanied by the senior nurse educators and orientated to clinical environment before I assumed clinical teaching	Mentees	8 (20.0%)	7 (17.5%)	3 (7.5%)	5 (12.5%)	10 (25.0%)	7 (17.5%)	40 (100.0%)	.049
	Mentors	9 (37.5%)	7 (29.2%)	4 (16.7%)	0 (0.0%)	1 (4.2%)	3 (12.5%)	24 (100.0%)	
3. I was allowed to observe a senior nurse educator several times during clinical teaching.	Mentees	5 (12.5%)	7 (17.5%)	1 (2.5%)	7 (17.5%)	12 (30.0%)	8 (20.0%)	40 (100.0%)	.002
	Mentors	9 (37.5%)	6 (25.0%)	4 (16.7%)	2 (8.3%)	0 (0.0%)	3 (12.5%)	24 (100.0%)	
4. I am orientated by the senior nurse educators on how to keep documentation in clinical settings.	Mentees	6 (15.0%)	5 (12.5%)	3 (7.5%)	7 (17.5%)	13 (32.5%)	6 (15.0%)	40 (100.0%)	<0.001
	Mentors	9 (37.5%)	8 (33.3%)	3 (12.5%)	0 (0.0%)	0 (0.0%)	4 (16.7%)	24 (100.0%)	
5. I am orientated by the senior nurse educators to clinical policies of the university (counseling, discipline and evaluations) with regard to students.	Mentees	4 (10.0%)	7 (17.5%)	6 (15.0%)	5 (12.5%)	13 (32.5%)	5 (12.5%)	40 (100.0%)	.022
	Mentors	9 (37.5%)	6 (25.0%)	4 (16.7%)	0 (0.0%)	2 (8.3%)	3 (12.5%)	24 (100.0%)	

Items are presented below;

Item 1: Mentees received demonstration from the senior nurse educators on how to use simulation equipment's before assuming teaching simulation: Two (5.0%) mentees strongly agree and 4 (10.0%) agree while 7 (17.5%) disagree and 12 (30.0%) strongly disagree. For **mentors**, 8 (33.3%) strongly agree and 6 (25.0%) agrees while none responded to disagree or strongly disagree. *The p-value of <0.001 show statically significance of association in responses where the majority of mentees responded strongly disagree and disagree whereas most mentors responded strongly agree and agree.*

Item 2: Mentees are accompanied by senior nurse educators and orientated to clinical environment before they assumed clinical teaching: For **mentees**, 8 (20.0%) strongly agree and 7 (17.5%) agree while 5 (12.5%) disagree, 10 (25.0%) strongly disagree. Nine (37.5%) **mentors** strongly agree and 7 (29.2%) agree while none responded to disagree and only 1 (4.2%) strongly agree. Neither agree/ disagree had 4 (16.7%) and 1 (4.2%) for not applicable. *The p-value of .049 shows the statistical significance of association between responses as equal numbers of mentees responded equally to strongly agree/ agree and strongly disagree/disagree while the majority of mentors responded as strongly agree and agree.*

Item 3: Mentees were allowed to observe a senior nurse educator several times during clinical teaching: For **mentees**, 5 (12.5%) strongly agree and 7 (17.5%) agrees while 7 (17.5%) disagree, and 12 (30.0%) strongly disagree. Nine (37.5%) **mentors** strongly agree and 6 (25.0%) agree while 2 (8.3%) disagree and none responded strongly agree. *The p-value of .002 shows a statistical significance of association as most mentees' responses were strongly disagreed and disagree compared to mentors with most strongly agree and agree.*

Item 4: Mentees were orientated by the senior nurse educators on how to keep documentation in clinical settings: For mentees, 6 (15.0%) strongly agree and 5 (12.5%) agree while 7 (17.5%) disagree, and 13 (32.5%) strongly disagree. Nine (37.5%) mentors strongly agree and 8 (33.3%) agrees while none responded disagree and strongly disagree. *The p-value of <0.001 shows a statistical significance of association between responses as most mentees responded strongly disagree and disagree while most mentors strongly agree and agree.*

Item 5: Mentees agree orientated by the senior nurse educators to clinical policies (counseling, discipline and evaluations) of students: Among the mentees, 4 (10.0%) strongly agree and 7 (17.5%) agree while 5 (12.5%) responded disagree and 13 (32.5%) strongly disagree. For mentors, 9 (37.5%) strongly agree and 6 (25.0%) agree while disagree had no responses and 2 (8.3%) responded strongly disagree. *The p-value of .022 indicates a statistically significant association in responses as most mentees responded strongly disagree and disagree while mentors indicated strongly agree and agree*

4.5.7 Research and community service

This section on research and community service was addressed by items 1-4 in a table. A summary of these responses is outlined in table 4.10 thereafter the items will be discussed separately.

Table 4.10*Research and community service*

Statement	Group	n (%)						Total	p-value
		SA	A	A/D	D	SD	NA		
1. I receive support from senior nurse educators in research that helps me to contribute to research output of the School of Nursing.	Mentees	4 (10.0%)	6 (15.0%)	5 (12.5%)	7 (17.5%)	11 (27.5%)	7 (17.5%)	40 (100.0%)	.015
	Mentors	9 (37.5%)	7 (29.2%)	3 (12.5%)	3 (12.5%)	1 (4.2%)	1 (4.2%)	24 (100.0%)	
2. I receive advice or support from the senior new nurse educators on how to publish as an academic.	Mentees	2 (5.0%)	5 (12.5%)	4 (10.0%)	9 (22.5%)	11 (27.5%)	9 (22.5%)	40 (100.0%)	.004
	Mentors	8 (33.3%)	3 (12.5%)	7 (29.2%)	2 (8.3%)	2 (8.3%)	2 (8.3%)	24 (100.0%)	
3. I receive advice or support from the senior nurse educators on how present at conference.	Mentees	4 (10.0%)	0 (0.0%)	3 (7.5%)	7 (17.5%)	13 (32.5%)	13 (32.5%)	40 (100.0%)	.004
	Mentors	5 (20.8%)	2 (8.3%)	8 (33.3%)	1 (4.2%)	2 (8.3%)	6 (25.0%)	24 (100.0%)	
4. I am guided by the senior nurse educators on how to be involved in community engagement	Mentees	6 (15.0%)	6 (15.0%)	3 (7.5%)	7 (17.5%)	10 (25.0%)	8 (20.0%)	40 (100.0%)	.082
	Mentors	6 (25.0%)	9 (37.5%)	3 (12.5%)	2 (8.3%)	1 (4.2%)	3 (12.5%)	24 (100.0%)	

Items are presented below;

Item 1: Mentees receive support from senior nurse educators in research that helps me to contribute to research output of the School of Nursing: Of the **mentees**, 4 (10.0%) strongly agree and 6 (15.0%) agree while 7 (17.5%) disagree and 11 (27.5%) strongly disagree. Nine (37.5%) **mentors** strongly agree and 7 (29.2%) agree while 3 (12.5%) indicated disagree and 1 (4.2%) strongly disagree. *The p-value of .015 shows the statistical significance of association in responses where most mentees responded strongly disagree and disagree whereas most mentors strongly agreed and agree.*

Item 2: Mentees receive advice or support from the senior new nurse educators on how to publish as an academic: Two (5.0%) mentees strongly agree and 5 (12.5%) agree while 9 (22.5%) disagree and 11 (27.5%) strongly disagree. For **mentors**, 8 (33.3%) strongly agree and 3 (12.5%) agree while 2 (8.3%) responded disagree and strongly disagree respectively. *The p-value of .004 shows the statistical significance of association in responses where most mentees indicated strongly disagree and disagree while most mentors indicated strongly agree and agree.*

Item 3: Mentees receive advice or support from the senior nurse educators on how present at conference: Four (10.0%) **mentees** strongly agree and none indicated agree while 7 (17.5%) disagree and 13 (32.5%) strongly disagree. For **mentors**, 5 (20.8%) strongly agree and 2 (8.3%) agree while 1 (4.2%) disagree and 2 (8.3%) strongly disagree. *The p-value of .004 shows statistical significance where the majority of mentees' responses disagree and strongly disagree compared to the majority of mentors who strongly agree and agree.*

Item 4: Mentees were guided by the senior nurse educators on how to be involved in community engagement: Six (15.0%) mentees strongly agree as well agree respectively while 7 (17.5%) disagree and 10 (25.0%) strongly. For **mentors**, 6 (25.0%) strongly agree and 9 (37.5%) agree while 2 (8.3%) disagree, and only 1 (4.2%) strongly disagree. The *p*-value of .082 shows no statistically significant association between the mentee's and mentor's responses.

4.6 OVERVIEW OF THE DATA INTERPRETATION OF THE QUALITATIVE STRAND [OBJECTIVE TWO (2)]

Data analysis of the quantitative strand covering objective 1 of the study, has been discussed under 4.2 to 4.5 respectively. The current discussion will address the interpretation of the qualitative data as stated under objective 2 which explored and describe the experiences regarding mentorship and mentoring of nurse educator's mentors and mentees in the School of Nursing, UNAM. The participants were selected using non-probability and purposive sampling guided by the inclusion criteria discussed in chapter 3. An interview guide was used by the mentees and mentors respectively. (See Annexures 4 & 5).

Face-to-face interviews were used for the data collection. Interviews with participants from each school were conducted over an 11-month period, which was affected by the academic calendar as the researcher could only visit during recess or periods when the workload was anticipated to be lighter. Equally, the researcher also taught both theoretical and clinical module in her full-time capacity as a nurse educator, which was also the case for most participants. Equally, the vast distance of school across Namibia as shown in figure 3.3 also had an impact on the time available for data collection.

Also, all strands of data were gathered simultaneously, which involved a time-consuming procedure of simultaneously transcribing interviews and analyzing them to achieve data saturation per school (Bless et al., 2013). The information was gathered at the corresponding Oshakati, Rundu, Windhoek, and Southern campuses from different towns of the country. Due to other obligations, some participants were unable to be interviewed at their respective campuses. These individuals were accommodated separately at the participants' convenience. In order to guarantee that the research gathered as much information as possible from the participants, an interview guide with central and probing questions was used (See Annexures 4 & 5).

4.6.1 Description and demographic profile of the participants for objective two [2]

A total of 36 nurse educators from the School of Nursing took part in the interviews for the mentees on all four campuses. Due to varied locations and different teaching ranks data saturation was established per each campus. Purposive sampling was done to select the participants who participated in the interviews on each campus among each study group. The distribution of each sample size by campus was as follows; Windhoek 14 (one male and 13 females); Oshakati five, one male and four females; Rundu 11 (three males and eight females) and six (two males and four females) in Southern, which totalized to 36 participants. The mentees that took part held the following teaching ranks: a senior lecturer, two clinical instructors, nine preceptors, nine assistant lecturers, and 15 lecturers. The age ranged from 30-34 to ≥ 60 years.

In contrast, the mentor's demographic profiles show that a total of 16 mentors from Oshakati and Windhoek campuses took part in the interviews, with seven (one male and six females) from Oshakati and nine females from Windhoek. Ten lecturers, four

senior lecturers, and two associate professors made up the teaching ranks. The age categories ranged from 40-44 to ≥ 60 years old.

4.7 INTERPRETATION OF THE THEMES FOR MENTEES

Four main themes and 18 sub-themes¹⁴ emerged from the data collected from the mentees through the four campuses in Oshakati, Windhoek, Southern, and Rundu. While the main themes applied to all campuses, some of the generated sub- themes are specific to only particular campuses.

The following abbreviations were used to refer to each campus during the discussion: Oshakati (OC), Windhoek (WC), Southern (SC), and Rundu (RC).¹⁵ The main themes that emerged were as follows:

- Satisfaction with current system of mentoring and mentorship.
- Current challenges with mentoring and mentorship of the new nurse educators.
- Challenging areas that mentees had inadequate knowledge and experience/skills.
- Recommendation for creating a conducive mentoring environment.
- The themes and sub- themes are summarized in Table 4.11.

¹⁴ Steps in the development of themes and sub- themes outline in section 3.8

¹⁵ During the discussions, where the themes or sub- themes had commonalities, to indicate the source of the verbatim quote, the origin participant & campus will be indicated in bold followed by other participants that had similar experience but unbolted.

TABLE 4.11*Overview of the main themes and sub- themes for mentees*

Themes	Subthemes
Theme1: Satisfaction with current system of mentoring and mentorship	1.1 Support, guidance, and assistance. <ul style="list-style-type: none"> ▪ Learning and teaching ▪ Facilitation of research 1.2 Good communication and positive attitude from others. 1.3 Orientation and induction during role transition. <ul style="list-style-type: none"> ▪ Administrative and management matters ▪ Teaching role
Theme 2: Current challenges with mentoring and mentorship of the new nurse educators.	2.1 Lack of implementation of the institution mentorship policy at school level. <ul style="list-style-type: none"> ▪ Lack of formal mentoring plan/programme in the school. ▪ Absence of mentoring culture ▪ Lack of support, guidance, and assistance 2.2 Experience adverse psychological effect: <ul style="list-style-type: none"> ▪ Feeling uncertainty and overwhelmed ▪ Confusion and fear 2.3 Difficulty with virtual mentoring. 2.4 Relational challenges with colleagues <ul style="list-style-type: none"> ▪ Poor communication and negative attitude between mentor and mentee. ▪ Feeling of isolation and rejection/abandonment ▪ Competition among colleagues 2.5 Limited & inadequate orientation and induction of mentees: <ul style="list-style-type: none"> ▪ Non-comprehensive orientation ▪ Delayed orientation. ▪ Orientation and induction not specific to needs. ▪ Inadequate orientation and induction to teaching & research.

	<p>2.6 Limited resources in teaching.</p> <p>2.7 Lack of uniformity in procedures/standard tool and unclear rules and regulations.</p>
<p>Theme 3: Challenging areas that mentees had inadequate knowledge and experience/skills.</p>	<p>3.1 Inadequate & limited knowledge and experience in:</p> <ul style="list-style-type: none"> ▪ Learning and teaching ▪ Facilitation of research ▪ Student's assessment <p>3.2 Difficulty balancing multiple roles as nurse educator.</p> <p>3.3 Unfamiliar to higher Institution expectations pertaining to students.</p> <p>3.4 Limited skills in technology skills.</p>
<p>Theme 4: Recommendations to create a conducive mentoring environment.</p>	<p>4.1 Facilitation of relationship between mentors and mentees of support, assistance and guidance.</p> <p>4.2 Establishing trust, respect, healthy communication, and positive attitude between the mentees and mentors.</p> <p>4.3 School specific orientation and induction</p> <p>4.4 Formal mentorship and mentoring plan/programme/structure for SON</p> <ul style="list-style-type: none"> ▪ Allocation and training of mentors ▪ Mentoring coordinator at school ▪ Planning, implementation and evaluation, of mentorship and mentoring at school.

4.7.1 Themes 1: Satisfaction with current system of mentoring and mentorship

Theme 1 described the participant's satisfaction with the current practice of mentoring and mentorship in the School of Nursing. The following sub-themes are included in this theme: support, guidance, and assistance; good and positive communication from others; orientation and induction during role transition.

4.7.1.1 Sub-theme 1: Support, guidance, and assistance

This sub-theme covered the support, guidance, and assistance in learning and teaching as well as in the facilitation of research. Participants in this study expressed satisfaction

with the support, guidance, and assistance from colleagues on all campuses that helped during their transition as new nurse educators.

- **Learning and teaching**

As can be seen from the verbatim quotes below, the participants valued the support and guidance they receive from mentors because it helped with teaching and prevented them from getting lost, because some of them did not have experience in the academic environment or knowledge of certain modules.

“I was just used to the management, hospital management so I was not an educator so it’s my first time even to enter the classroom, to prepare the notes, so what I used to prepare is just this word presentation like you are presenting a monthly report, Yeah, so I really get a support from HOD I can say so.” [P9, P2, P4, P12 & P3 WC; P4 SC; P8 RC]

“I was given a new subject totally new, another new subject....., which I don’t even have a background of and I was just given a book. Lucky, I got very good support from my mentor.... At the, at another campus. Yeah, that one really, she was like, she took me through everything and I never got lost. I never did...(subject) in my life but because of her I, I manage to beat that one also.” [P7 RC; P3 SC; P12 WC]

Furthermore, the participants had the opportunity to observe mentors' lectures, as well as being observed by mentors, and received feedback on their teaching as reflected by verbatim quotes below.

“She introduced me to the class and told them that is me to take over but she taught the content that day it’s not me and then everything was just handed over I took over the class and then she taught.” [P10 & P 8 WC; P9 RC]

“So, we have to prepare our a lesson plan, they [visiting mentors] have to go and sit in and do everything and yeah and they give us feedback as to how, they even give us a lot of scenario on how to apply in the absence of really cases.”

[P2 RC]

Similarly, the participants received guidance on various assessments, as well as assisted in setting tests and examinations as seen by verbatim quotes below.

“About the academic work for example assessment of of the different modules that we have ...what type of assessments that you can do and that I feel was very helpful and satisfactory to me.” [P 8 WC; P9 RC]

“I really got the support and I felt very comfortable even with setting test and exam and everything. Everything was very fine.” [P7, P8 & P7 WC; P3 SC]

The verbatim quotes below show how the participants were advised and guided on the course/teaching-related matters and resources, course outlines, prerequisite & core requisites for modules, module content, curriculum, and other aspects related to nursing.

“It also covered the outline of the course. What is this course, how many modules are there, the prerequisite, the core-requisite but most important with the other, when I talked to the(subject) lecturer in Windhoek was more content wise.” [P2 SC; P10 RC]

“But when its specifically coming to the school they are also some of the information that the curriculum the, the core requisite and all this other things that are related to Nursing.” [P2 SC]

The participants also received teaching and learning resources such as logbooks, procedure manuals, notes, study guides, textbooks, laptops or computers, and teaching models. They were guided on how to allocate time for clinical for students as evident in the statements below.

“And also last year when I was now again assign a new module the senior person that was teaching it at another campus somehow I thing she really supported. She would send you notes, slides.” [P3 SC; P10 & P4 RC; P8 WC]

“I was given different all levels of hmm log books and procedure manuals.”
[P12 & P14 WC; P10 RC]

“Before I came here I was sent a soft copy of a study guide that I was using, I got all the textbooks from the library, the teaching aids also got from our simulation, so the LCD everything the computer I got, the laptop I got.” [P5 SC; P9, P7, P2 & P10 RC]

“They told us what they are doing at UNAM when it comes to two weeks block, their time tabling.” [P2 RC]

Equally, participants received orientation regarding clinical settings/simulations, as well as students and the expectations. Additionally, as shown in the verbatim quotes below, the participants had the chance to practice simulations with mentors before actually teaching students.

“They introduce us to different hospitals. We went to all the, in all the regions, to all other hospitals and they show us what to do. What is expected from us?”
[P4 & P1 OC; P5 WC]

“Was the one who introduce me to the ward sisters and here we were orientated to the students already, so students know us.” [P13 & P12 WC]

“We are still continuing doing simulations on procedures, all the procedures before we start, we do it together with the others.” [P4, P1 & P2 OC; P13 WC; P6 SC]

- **Facilitation of research**

Participants received assistance with research conference planning and the supervision of the fourth-year student's research projects. As may be seen by the statements below, some participants were equally pleased that they had an opportunity to publish with senior colleagues.

“The senior also assists you in research in our project as you know we are busy studying also...the project on how to go about the final year student projects.” [P7 WC]

“But there is somebody senior with you who was doing it there [organizing research conference] with you and assisting you no here we go what what.” [P11 WC]

“When I came here I think I was mentored that this is the area [research] that you need to perform and part of your evaluation of performance is coming from research and this is how we can take up research with you and of which I have published a paper already with somebody who I call a mentor so I'm think, I am also happy with that.” [P3 & 9 RC]

4.7.1.2 Good communication and positive attitude from others

The participant reported that they had good communication and a positive attitude toward them as were allowed to discuss issues or challenges and not left to the deep end. As described in the verbatim quotes below, they received support and guidance, were free to ask questions, and were able to see light the light at the end.

“But really I am not left to the deep end but if I have to ask for assistance they, they really try their level best to assist me especially in terms of you know sometimes this things of the content some things you don’t understand you can always discuss.” [P2, P1, P4 & P5 SC; P2, P3, P7, P8, P10 & P11 WC; P2 OC; P2, P5, P8 & P9 RC]

“A little bit relieved. I see light, now cause it was too dark for me when I start to see.” [P5 WC]

“I was supported at the beginning... And I was, was coping well, because I was free to ask question where I don’t understand, she guided me.” [P8 & P4 RC; P3 OC; P5 SC]

“Yes, yes! They [seniors] always ask me also uh uh ha how you are? Is there any this? How do you feel? And I can also speak to them.” [P14, P10 & P9, P8, P7 WC; P1 OC; P2 RC]

“I think the attitude is is good because there are very helpful whether is now somebody that has started the same time like me that are coming from another teaching institution and they have a little bit more knowledge, they like to share.” [P8 WC; P2 OC; P11 RC; P5 SC]

4.7.1.3 Orientation and induction during role transition

This sub-theme included administrative and management matters and the teaching role of nurse educators.

- **Administrative and management matters**

The participants underwent orientation and induction on topics related to administration and management matters including job description, organizational

culture & institutional policies, rules, vision, and mission. As shown by the verbatim quotes below, they were also to colleagues and given a tour of several offices

“Also, on our job descriptions.” [P4 OC]

“Administrative and also the university rules, the culture, organizational culture.” [P2 SC]

“Mostly they talk about the you know the policies of the institution, what are the policies, the visions and the missions of the institutions.” [P3, P8 & P7 WC; P10 RC; P4 SC]

“Then one of the colleagues at the School of Nursing took me on a small tour (giggling) around School of Nursing, introducing me to the other colleagues, showing me around, where to find which offices.” [P8 WC]

They were also orientated to different activities and timelines, portfolios, committees, staff development matters, types of meetings, and managerial roles. The participants were also given instructions on how to access the staff intranet, and how to find the required assistance as shown below.

“We were given orientation booklets, we were explained this hmm this staff development fellows, priority list for, portfolios of committees, different committees where we could fit in.” [P2 RC]

“We discuss certain issues and it gave us direction okay what is expected this time what needs to be done on this time” [P4 & P2 SC]

“That it is hmm compulsory[meeting] to attend and then everything surrounding, you know, yeah, the role of the Dean, the Deputy Dean, the Head of departments.” [P8 WC; P9 RC]

“I was shown how you can access information for example from UNAM intranet.” [P3 RC]

“The reporting channels, were to get your stationaries, where to get your equipment for studies, hmm the whole, whole departments who are the in charge, hmm whom to report if you want, when you need anything.” [P7 & P8 WC; P10 & P3 RC; P2 & P4 OC]

- **Teaching role**

The participants attended the UNAM induction for new employees which addressed the duty of an educator, key performance areas, behaviour towards students, and how to be relevant at UNAM. The induction was described as being good, eye-opening, and an opportunity to learn and connect with colleagues from various faculties as seen by verbatim quotes below:

“And how to remain relevant in UNAM. Hmm, they give us areas of our key performance such as teaching and learning, research, hmm community services.” [P8 & P5 RC; P5 & P2 SC; P3, P7 & P8 WC]

“How we need to to our behavior towards the students.” [P8, P3 & P13 WC]

“After the orientation we begin now to see more UNAM now. Yeah, so because we were shown how they are placing their things... It was quite good. It really opens our eyes...It was an eye opener. It was very nice.” [P2 RC; P4 & P2 OC; P7 & P8 WC; P4 SC]

“The good thing it was different disciplines that were it was not only nursing and one could learn from other people experiences and the challenges that some people had.” [P8 WC]

“How to relate to other Faculties.” [P2 SC]

4.7.2 Theme 2: Current challenges with mentoring and mentorship of the new nurse educators

This theme described the challenges faced by participants in the mentoring and mentorship during the transition as new nurses in the School of Nursing. This theme included the following sub-themes: lack of the implementation of institution Mentorship policy at the school level; experience of adverse psychological effects; difficulty with virtual mentoring; relational challenges with colleagues; limited and delayed orientation and induction of mentees; limited resources for learning and teaching; and lack of uniformity in procedures/standard tools as well as unclear rules and regulations.

4.7.2.1 Sub theme 2.1 Lack of implementation of institution Mentorship policy at school level

This sub-theme covered the lack of formal mentorship programme at the school level, the absence of mentoring culture, and the lack of support, guidance, and assistance.

- **Lack of formal mentoring plan/programme in the school.**

As reflected in the statements below, the participants were concerned that despite the institution's mentorship Policy, it wasn't implemented at the school level.

“The mentorship policy it is there, the university is having it there but I don't think the implementation is not really done or if there is done there's nobody to control it to say that are they all schools mentoring their junior people it's not its quiet not it's not done.” [P3 SC; P3 OC]

“I don't know if we have a policy in the school, do we have, I have seen the UNAM what, UNAM Mentorship policy I don't know whether its adopted now

or it supposed to guide us maybe already like because it's a university documents and maybe you don't need something in the school or I don't know."

[P1 RC]

In addition, as shown in the verbatim quotes, the participants were worried that despite, that they were learning from another other, the School of Nursing did not have a formal mentoring plan or programme.

"It's almost to say is not really there [programme], but we do learn from one another but it's not like a formal." [P3 RC; P2 SC]

"I am not aware of it [programme] at school level." [P2 SC]

In addition, it was mentioned it is difficult to ask for a mentor in the absence of a formal structure as can be seen in the verbatim remark below.

"I'm not aware is there is any formal way or rule assigned to certain people who have stayed long for more than five years, so I cannot demand and or say they have done enough or little." [P3 RC]

- **Absence of mentoring culture in the school.**

The participants observed an absence of mentoring culture at the School of Nursing and expressed concerns about the staff's negative attitude towards mentoring. Additionally, as seen in the verbatim quotes below, there was no environment created to make the staff understand their responsibilities to mentor others.

"But I think the problem is the issue, maybe the culture or the tradition of mentoring is not just well, you know well grown in the School of Nursing... You came to realise that people have a bad attitude in terms of mentoring, that I

might say, I think the culture of mentoring in the School of Nursing is just not there.” [P3 OC; P1WC; P3 RC]

“There is no, an environment was not created for the staff members to understand that they have a role to play in terms of mentorship then it’s not really coming out nicely.” [P3 RC]

In addition, despite being promised mentors, some participants raised a concern as no mentors were assigned to them during their transition. They said it was difficult as some lacked experience in some modules they were supposed to teach but there was no one to rely on. It was also not made clear to those to be mentored who should initiate the process as narrated below.

“I can say no, hmm nobody was allocated to me to say this is the person that you must go to when you’re struggling with this and whatever there was nobody specifically allocated to me, except for the general to say if you’re struggling come to us, but who is us? So, there was nobody specifically allocated to me where I can go for guidance.” [P11 WC; P1 RC; P3 SC]

“I was told I am going to be mentored by this mentor of (different subject) ...So, I am asking myself, is it me to ask [colleague], this what I am really going through now because, is it me who is going to ask [colleague] that you are mentoring me or is it management.” [P4 RC]

- **Lack of support, guidance, and assistance**

Despite some positive experiences, some reported a lack of support, guidance, and assistance on all campuses. They narrated how inadequate the support and it mostly focused on their job description. Additionally, as seen in verbatim quotes that follow,

there was no social support to make them feel at home or like anyone cared about them.

“I wouldn’t really say that there was any support to say because when I started I found two colleagues, ... And when I come although the person that was coordinating that time was welcoming there was really like, there was okay you came yes, your office and then go to HR job description and then it was that.”

[P3 SC; P11 & P6 WC; P7 RC; P9 OC]

“The people are supposed to support you from different angles physical especially, social support you so that you can feel at home. So that you can feel at home but sometimes you just feel like people are just there to ag, one is coming and one is going but nobody really cares.” [P4 OC]

In addition, they were expected to know what to do in their new role without any guidance as to whether what they are doing is right or not. The environment was unfamiliar to them and find it difficult to understand how the system work. They were referred to policies and rely on their own experiences, while others preferred to be silent while having problems as there was an expectation despite having a problem as it appears that there was an expectation from them to know it all. This negative experience is narrated in the verbatim quotes below:

“People seem to have an impression that you done education, you applied, you know (laughing) you were to start which is not the case. You understand?...The environment is new (starts mumbling) I might start my education probably that long time but that nursing is dynamic, today is this, tomorrow is that, so the person needs to be mentored despite the level of qualification they are having not to have this believe that you know it all.” [P3 OC; P1 WC; P11 WC]

“But we were more referred to the policies on intranet, so it’s more like reading through the policies and understand them from your own then, you have to bring in your now your own experience.” [P1 RC; P8 WC]

“Ah, you know, sometimes you don’t know the, the system how it operates actually. It’s very difficult maybe I don’t know how it operate or maybe I dint have a clear direction where to go. So, I will rather, although you know sometimes you are having a problem but, you just be sited or just to keep quiet.” [P6 WC; P1 RC]

The lack of proper guidance of mentees was narrated to negatively impact the student performance as seen in verbatim quotes below:

“Yes, definitely if you did not receive any mentoring your students are likely to suffer so, because how do you provide mentorship if you yourself are not mentored what do you know about mentorship and mentoring whatever it. So yeah, I think there is a very strong relationship if they want us to mentor students properly they should also mentor us as our seniors.” [P11 WC; P3 OC]

4.7.2.2 Experience adverse psychological effect:

This sub-theme discussed the adverse psychological effects that participants experienced namely; feelings of uncertainty and overwhelmed, and confusion & fear.

- **Feeling uncertainty and overwhelmed**

The absence of guidance left the participants unsure of what to do, which affected their self-confidence as they question their ability to teach. They felt that they were just gambling and compared it to being thrown into a deep sea to swim or sink. It was more

challenging to know what is expected as they were all new as seen in verbatim quotes below.

“But where there is no guidance you are just gambling and you’re not sure and you’re not really sure and so your confidence is not really a level because you’re just saying but it is it really correct like that?” [P11 WC]

“I do have health education to my patients and now I have to stand in front of a class of 90 students, you don’t even know where do I start, how do I address this, how do I approach this?” [P3 SC; P4 WC]

“I think it was quite challenging it was like, I felt it was like just throw into a deep sea to either sink or swim.” [P7 & P2 RC; P4 & P5 OC]

“So, it was also I think not clear of what is expected of me of being an (clinical support) because there was no senior person that we found we are all very new in the UNAM system.” [P3 SC; P3 WC]

The participants say they were struggling and had a lot to learn as they were new and found it what was expected from them as they were learning the ropes and felt burdened. They have to put in long hours of work to become familiar acquaintances with new content and upgrade their practical skills. They were also frustrated because they have to come up with solutions to things that were new to them. The verbatim quotes below describe their negative experience.

“But it’s just that to be honest it was too much...I am still trying to learn the ropes.” [P8 WC]

“I was really, I felt a bit burdened, but I took it as a challenge and I had to do it but I felt like it was a burden on me.” [P11 & P6 WC; P2 RC]

“Up to now we are not at ease. Is just we are still struggling to come there because three months, yeah, we still learn.... We are still learning, there is many aspects we still need to learn.” [P4 OC]

“Here you need to work hard hmm sometimes you need a bit is long hours since this is the subject I am teaching is a new subject, ...So this is whereby I need to do a lot of research, a lot of reading. And also, hmm sometimes visiting the hospitals to practice certain procedure to do upgrade my skills, that’s what I am doing.” [P4 SC]

“Oh, you feel like you ohh (giggling) feel frustrated at times but sometimes also you feel like even if you have never seeing being done its better for you to come up with something and even you go and ask at least you have something that you can show off.” [P10 WC]

The participants reported feeling overwhelmed as they needed to catch up with teaching as the visiting lecturers only covered a small only content and they were expected to teach the whole year's content in a short amount of time while finishing the practical evaluation of students. They narrated to be the toughest year ever at UMAM and related their experiences as being a tough journey of struggle as seen below.

“I found somebody, somebody who is maybe just teaching two or three conditions, imagine in ...(month) second semester already... You have to teach the content for the whole year plus practical and you have to assess this, luckily students were only thirty-five or thirty-four or yeah at least but it was not easy that year. That was my toughest year ever in UNAM (giggling) aeee (giggling).” [P6 & P 7 RC]

“And then I was very really late because I dint know I had to start from the beginning with the evaluations. Some of the things I had to simulate the procedures yes. It was really not easy. It was really a very tough journey. Yeah, I struggle through the year even up to this year, I can say I am still struggling. It’s like, if the university is starting a fresh, as if there was nobody we are the one to initiate. There are no things which you can rely on from the past.” [P7 & P4 RC]

Additionally, the participant who simultaneously taught two modules, one with theory and the other with clinical components were overwhelmed. This was difficult as the participants had to juggle between these modules that had opposite timetables. They reported it to be difficult and felt psychologically unprepared to take teach two modules while new as narrated in verbatim quotes below.

“Because now I had to take (subject) with practical’s, (subject) with practical’s, so it was not easy. And when the group is here for theoretical block, the other group is in the clinical so you jungle in between the two. From the classroom I must find the way to run to the hospital, or from the hospital I must be thinking of I had to go back so it was not easy, yeah (giggling). That transition was not easy and then additional to that it was (2nd subject).” [P4 & P11 RC]

“I think that for the first semester, being a new person, new employee, I got a little bit more of what I (giggling) expected or yeah. Not that I am not up for a challenge, I am not a lazy person and I think I can do the work but I didn’t prepare myself, psychologically also for what is to come, so then all of a

sudden, I am having this one extra subject, so then really it just, yeah(sighing).” [P8 WC]

“I think I just felt like with my own experience what I saw is that if we are to combine modules is not good.” [P4 RC]

Correspondingly, as evident by verbatim quotes below, the high number of students for clinical teaching, as well the overcrowding in some clinical departments contributed to participants feeling overwhelmed and stressed as they have to make sure that students obtain a wide range of competencies.

“The only challenge that I am having here is the magnitude of the students.... here at UNAM I realize is that for example I got the 3rd year degree which I have is 120 and they have competencies that they need to have. And now the competencies are also more, it is more and the students are many. So that is the challenge that I have to overcome.” [P5 WC]

“My challenges was uhm the the the overcrowding of the students in some departments. So that was a big challenge stressful situation actually for us, that is what I experience.” [P13 WC]

- **Confusion and fear**

The participants reported feeling confused as a lot of information was shared once verbally with them in the beginning and they felt lost as reflected below.

“So, the colleagues where there, they were so much helpful but then you became confused because of the lot of information are coming at the same time and is not like a written information... Confusion! Confusion was really there.” [P2 WC]

“So, the challenges were quite big and I felt a little bit lost in the beginning.”

[P8 WC]

The participants also had the fear of the unknown as well as worrying about not doing the right things or doing enough. They made mistakes which they realized afterward because they were afraid to ask or contact others to avoid being seen as asking too much and frustrating their colleagues. They compare their experiences to climbing a big mountain and feeling nervous as reflected below.

“So, fear was there as to Am I doing the right thing? I remember me and my colleagues the one that are came with, used to talk about this as [mentees] are doing the right thing?” [P2 &, P4 & P3 WC; P3 SC; P2 OC]

“It can become a challenge because but is from your side when you think that way that if I knock at the door too much, people will get frustrated....And then you sit there while you know that you don’t know just like I was like asking the other the other lecturer, that I wanted to give her something and then it’s when I got the answer that you are not supposed to do that.” [P10 WC; P4 SC]

“I was feel like nervous to be, to come into a new environment. I was, feel like is it me cause now if you are thinking about university you think like very big mountain Kilimanjaro (Giggling) that are climbing on.” [P5 SC]

Furthermore, participants share their fear to share their negative experiences during the interview. Also, they were hesitant to approach the mentors as felt they could be irritating them seen by the verbatim quote below.

“I am protected (laughing), at times when you call, is like you are irritating, you know, that kind of why are you calling me you know, you feel so.” [P4

RC]

“Especially my, the colleagues from other campuses, the... campus, at times when you call, is like you are irritating, you know, that kind of why are you calling me you know, you feel so.” [P4 RC]

4.7.2.3 Difficulty with virtual mentoring

Due to the lack of mentors on-site at Rundu and Southern campuses at the time of data collection, virtual mentoring was difficult. Participants felt like being left in a ‘pit’ despite reaching out to mentors at other campuses, and mentors could not understand the real situation they were facing over a phone call is narrated below.

“And so, everybody who was there was new and then we only stay one year, one year all of them (laughing) so now when you are starting in those type of satellite campuses, how do you expect to cope up because everybody is there is new. There is no one who is, there is no an expert there, there is nothing. All everybody is just in this pit.” [P6 RC]

“Because remember a phone away of distance, the person is not seeing the, the real situation you are in. You are trying to explain but the person is not there.” [P2 RC]

Additionally, communicating with mentors who were far away had difficulties as emails were not responded to on time and they had to ‘swim in the boat’. In the absence of responses from mentors, the participants sought assistance from other mentees. Their experience was described as terrible and difficult because they were unable to provide the necessary feedback to the students as narrated in the statements below:

“I actually felt or quite bad because when I started I even send the email to the, just the management of the school to say that I assumed my duty I am who, who, who but nobody responded to the email. So, it was like okay its fine let me just swim in the boot maybe one day and yeah.” [P3 SC]

“Sometimes maybe you write an email and it go unanswered so you really don’t know whom to ask so you end up sometimes phoning even if it’s a junior colleague at another campus because you are more open to, to what and then that junior colleague can promise to ask another senior person (giggling) so because where you expect the answer to come from sometimes you don’t get any response.” [P1 RC]

“It was terrible. because you know I think that , it was not easy and here there are students, and you, you know , you know at times is information you want to give them, so you must find a way of being diplomatic to come back to them to smile and say no no I am working on it but you know what you are going through (giggling).” [P4 RC; P1 SC]

Also, in the absence of mentors, the participants sought interfaculty mentoring on their campuses on topics or issues that were common to all disciplines, as well as mentoring among themselves as reflected below.

“Let me say you have a question about the maybe the examination, this and that you can ask about, about it from someone in Education or Economics but then it’s for you now to see how you can apply now to what to Nursing.” [P1 RC]

“Yes, in the, like in that first two years really, I, you are junior but the same time you are mentoring what other new people who are coming. So, I don’t know now who supposed to mentor who that’s how I see the process.” [P1 RC]

4.7.2.4 Relational challenges with colleagues

This sub-theme includes poor communication and negative attitude between mentors and mentees, feeling of isolation and rejection/abandonment, and competition among colleagues.

- **Poor communication and negative attitude between mentor and mentee**

As narrated below, there was poor communication and negative attitude between mentees and mentors since the mentees did not feel free to engage or approach others for help.

“I was actually not so free in terms of hmm engaging with other colleagues... But really for somebody just to direct me on things at the campus level... nobody did that.” [P1, P2, P11 & P14 WC; P5 & P3 SC; P5 & P2 OC; P1 RC]

“It depends also on personality, sometimes you look at a somebody and you just read the posture and so forth and then you would say no let me maar pass and not say something.” [P8 WC; P4 OC]

The participants also complain about bad attitudes from others who did not check with them or ask how they are doing but instead were told ‘welcome to UNAM’. They chose not to ask since they felt stupid and opted to pretend to know what they were doing which they considered being a risk as narrated below.

“We do ask but they are not checking on us [seniors] also.... Hmm at least even to ask how are you doing with this? What are you doing? How did you do this? At least I will be very much happy to share what I have so that I like being corrected.” [P10, P3 & P8 RC]

“I was told welcome to the University of Namibia. You have to understand the institution where you are. So, you know you feel stupid if you are told like that and you pretend like okay I will do what I know I can do. But honestly speaking it is a very dangerous move because a person could be pretending and doing something while they don't know anything.” [P7 RC]

“So, they look at you like, you don’t know how to do this because they expect you to already know what they also know and they been there for years you just come yesterday. So that’s why sometimes you end up also not asking even when you’re not sure of something because you don’t want people to look at you like this ahh this one is also foolish how can she not know how to do what what.” [P11 WC]

The participants were also concerned that they are not receiving constructive or no feedback from the mentors at all which could harm the quality or productivity of the mentees. Additionally, the non-constructive feedback made them feel bad and led them to find ways on their own as recounted in verbatim quotes below:

“I can only improve if I get feedback if I am not getting feedback on time, I might think I am doing something right but at the end of the day there’s no quality in whatever I am doing. And the quality might be lacking and if nothing is done I think the school would continue with this trend even with hmm even with the young mentees when they become senior they will have that in them the it has been like this.” [P3 SC; P5 RC]

“Sometimes you know you get a comment like this poor work, this is what, and you feel yourself you are new. Yeah, that one doesn’t make you really feel well.” [P10 RC]

“But most of them as like I said earlier they look at you like hhh you don’t know how to make a power point presentation no (giggling)? So, if tomorrow now I’m struggling do you think I will go back to that person, so I have to find ways myself.” [P11 WC]

Furthermore, participants felt inferior or belittled and therefore preferred to find their ways of doing things instead of asking for assistance. The verbatim quotes below reflect the experiences of the participants.

“But sometime you know, you feel that as a mentee you feel that you are inferior actually or you feel a little bit belittle.” [P6 WC]

- **Feeling of isolation and rejection/abandonment**

Participants reported feeling isolated and receiving little help or interaction with others. They had to ‘jump start ‘on their own since they felt abandoned and unwanted. The participants initially assumed that people were against them, however, later learn that it was likely a school and UNAM culture of leaving others on their own as described in the verbatim quotes below:

“I also felt like to be honest when I came here in the beginning I felt very isolated, we are sitting in office we have little interaction with each other’s. We just see each other in the corridors.” [P8 WC]

“This is the culture of the school you have to find the way so at least it made me feel mhm because initially I felt abandoned and what not but now hearing form others went through the same to say no that is just the practice that’s just also what happened to us. I felt okay I thought it was only me I thought there was something against me from the school management or colleagues or what so ever but then hearing that it’s the culture at least I felt better.” [P11 WC]

“You have to find out things mostly what I have noticed about UNAM you need to find things by your own! Yeah that is what I have learnt, so you have to go extra mile, and to come to them maybe on only maybe if you get stuck.” [P5 SC; P6 & P11 WC; P1 RC]

- **Competition among colleagues**

Participants reported feeling a sense of competition among colleagues as well as staff working on their own without assisting or supporting one another. They felt like intruders and unwanted because they believe other others wanted them to fail as seen in the verbatim quotes below.

“They will agree but that thing will not come so I thought maybe is because of the culture, the background which has been going on, we work in silos. We work like competing against each other. Yeah, I have to fix that person if he fails, if that person fails then I am happy.” [P7 RC; P11 WC]

“Then I though like there is instead of supporting we are competing. There is just competition against each other.” [P7 RC]

“Or they want to see you failing because you don’t understand why if I am asking this person, why is she not helping me does she want me know to perform poorly and then I will be ranked as a bad person or what you just don’t know. So, I felt like maybe I am not wanted here so I don’t know.” [P11 WC]

“I felt like I don’t know an intruder or something because sometimes you feel like maybe people don’t want you.” [P11 WC]

4.7.2.5 Inadequate & limited orientation and induction of mentees

This sub-theme included non-comprehensive; delayed orientation; orientation and induction not specific to nurse educator needs: and inadequate orientation and induction to learning & teaching and research.

- **Non - comprehensive orientation**

The participants claimed that there was no formal orientation at the school level which poses a problem because some of them were unaware of how the institution is set up including allocation of lecture halls or classrooms and library, as well as administrative-related aspects. The absence of a comprehensive orientation presented difficulties which are described as feeling confused, and lost and not happy to discover things later in their journey or learn to swim on their own. These negative experiences as narrated in verbatim quotes below.

“There was nobody who came down to do formal orientation to me, so I was just left on my own. It’s really challenging I just have to be honest, it’s really challenging for me.” [P7 & P8 RC; P1 SC; P11, P13, P14 & P10 WC; P3 OC; P4 SC]

“First it was just the geographical area [campus] but I was not really told which class is M classes, B classes, which one is lab skills so it was a little bit confuse like for the second day you find yourself in M class and you are wondering where is M class now, so I was just told that block side is for the classes and this are our office.”[P9 WC; P9 OC]

“Otherwise you have to swim on your own and find the class.” [P9 OC; P13 WC]

“And that one area which I was not told. How to get a pin from whatever for the library how you get your resources and all that and then if don’t have books here you have to ask other campuses they can, the library here can order them for you. All that I just discover them later in my journey.” [P7 RC]

In addition, in this study, some participants claimed that they felt left out, lost, and unwelcome and reported that they were not orientated to institutional management structure/organogram, colleagues, and administrative aspects. They are worried they had to orientate themselves, find their ways or swim, ask for assistance or seek help from family members employed in the same institution as narrated below.

“The challenge is sometime we are in the meeting and people are talking about those APV or whatever those people and their work. And I always don’t understand, so its seems to me is like is null. I don’t have any information regarding these positions at UNAM.” [P1 WC]

“And we were not also introduced about our colleagues like this is who.” [P9 WC]

“I feel that is not good. I am really not happy that I am up to this, this far, I don’t know the whole set up of the UNAM. So, it makes me a bit sad, yeah.” [P1 & P10 WC]

“But coming to administrative things here at the university and how things are done, I was lacking really.” [P6 WC]

“Huh!!! (raising her voice) okay I can admit because I was lucky that my (relative) is working here so (giggling) I depended on him for everything, where is what where is which office, then he will direct me so that’s how I got to know things.” [P11 WC]

Additionally, as shown in the verbatim quotes below, it was reported that some participants needed help from policies to understand what going on and felt lost in the beginning.

“There is a lot of polices on the UNAM intranet so I thought let me fast acquaint myself and read before I go to a colleague because a colleague will expect me to go and read for myself and then when something is not clear I come and ask so the challenges were quite big and I felt a little bit lost in the beginning.” [P8 WC]

- **Delayed orientation and induction**

Participants claimed they were not orientated or inducted at the onset of duty, which was challenging as they had to do things on their own and just to realize at a later stage it was against the institution's policies and rules as narrated below:

“When you join the organisation, we don’t have an induction that is been done immediately on what is expected.” [P3 RC; P3 SC]

“And when it comes to most of the things, you have to either ask from people or sometimes you learn when you have by if you done something is not right for example is recommended on it is no, when you realize no, is supposed to be done like this.” [P5 OC]

“Really induction, after the induction I felt because there were things that I was doing which I realise I was a bit wrong I was not following the university policy and procedure.” [P3 & P6 SC; P6, P1 & P2 RC; P11 WC]

- **Orientation and induction not specific to needs**

As it can be seen, from the verbatim quotes that follow, the participants complained that the orientation and induction did not cover or addressed aspects of them as nurse educators because it was general and not specific to faculties or schools

“When I went to orientation I expected somebody to teach me, I mean to aided me on the subject matter, but when I went there it was more on HR issues which

really had nothing to do with what I was going to teach(laugh).” [P3 & P5 OC; P1 & P7 RC]

“They are having their orientation programme and the induction day, it’s on the, it’s even documented but I think that one is just general for university but yeah when it comes to the school specific I think it’s also a challenge.” [P9 & P13 WC; P3 SC]

“No. It was, it was, the induction for the university was for everyone all the people that were recruited in 2015 until beginning of 2016 so it they didn’t concentrate on faculties or school it was just general for everyone.” [P3 SC]

- **Inadequate orientation and induction to learning & teaching and research**

Even though learning and teaching are the key performance area for nurse educators, there was concern about the length or absence of orientation and induction. The participants found it difficult because some never worked in an academic institution, and some had to start teaching the next day after assumption of duty. The participants thought that people had assumption that they had qualification in nursing education, they have to work independently as narrated below.

“It was a bit difficult because imagine, you imagine you never ever ever worked any of the academic institution, just to come in and then yeah, just got your prescribed book no, no like an orientation, no induction, yeah.” [P6 & P10 RC; P1 WC; P4 OC]

“It was just not (sighing) adequate to me, the orientation that we got. It was so brief because, because we started on the first that day, we were having a lot to do and on the second day we started the lecturing.” [P5 SC]

“Orientation I can tell you is one of the challenging things, yeah in the School of Nursing based on what I have experienced when I came in, I think people have, maybe they have this assumption that a person has done nursing education, I think he’s okay.” [P3 OC]

Equally, the participants narrated how they had to manage on their own independently because some were only given either the prescribed books, study guide or the curricula and were expected to teach. The participants describe their experience as a new journey to discover on their own or as self-discovery. Additionally, as can be seen from the verbatim quotes below, they claimed students took advantage of them since the participants were unfamiliar with the institution's rules.

“A lot need to be done hmm in the areas of teaching. As we stand now you can see that I came in the school I was just given the study guide, I am just given, sometimes not even the curricula, you are just given that study guide.” [P10 RC]

“Yeah and then you start from there. You get your curriculum, you yeah, prescribed book and then you have to start on your own (giggling).... So you just have to cope... What can they do if they just get a prescribe book and go for class now.” [P6, P1 & P7 RC]

“I still have two subjects at the moment (subject) and (subject). For (subject) it was like a new journey you are told go and discover on your own...The only challenges was with the (subject), where everything seems to be new as if I am the one beginning the program and all those things.” [P7 RC; P11 WC]

“Those are the things I really need yeah. ...That this one was not supposed to be done this is to be done. That why you find out like you know when you are new, students are taking chances (giggling) yeah because they know this one does not know this rule so let us make this way yeah I think yeah.” [P10 WC]

Due to inadequate or limited orientation, the participant's felt lost in an unfamiliar clinical environment. They were not guided or orientated to student practical registers, therefore they had to seek assistance from nurses at clinical and keep themselves informed as described in verbatim quotes below.

“So, it's quite a bit challenging, yeah okay you can be shown, I was shown some of the place[clinical] but some of them I just got lost. So, you don't know which discipline is this one, so it's just allocation that is a 3A, 6B what, what, what, so it's also quite a bit challenge.” [P9 & P8 WC; P8 RC]

“The practical was a bit more challenging because you just have to now also ask people like the nurses, you have to read more, update yourself, there was no guidance so to see from the school all I got was a study guide, is a practical register you are starting on Monday, (giggling) so you have to just do everything for yourself you have to update yourself with the knowledge.” [P11 WC]

The participants were also required to accompany students in clinical settings without any formal orientation and had to rely on themselves to do procedures with students. Additionally, as described in verbatim quotes below, there was no orientation and participants were unsure of how to proceed in simulation teaching.

“But then the challenges was with the practical aspects because where I came from we were not following up students we had our own clinical instructors so I was just doing the theory. So, I was told you have to follow the students also.

So, I went through the book and then the. There was no formal orientation I just have to depend on myself and the book. Just to go and do the procedures with the students.” [P7 RC; P11 WC]

“And also, the teaching at the (department) how should I teach students, at the (department), should I give it in a group, individual and the simulation also I expected to get kind of an induction of those things but there was none you just had to find a way to do that for yourself.” [P11 WC]

The participants also noted variations in the evaluations of study reports and supervision of students' research. As can be seen in the statements below, the guidance was differently based on the supervisor's background experiences and they found it ‘tricky’ to guide student research projects without induction.

“I mean people should be guided through also to be taught how things are done at UNAM. Because you, sometimes you are given students to supervise, after supervising they have to come up with their research report. And then you are given that research report to mark, hmm you mark, you find out that the student follows Western Cape, you mark you follow, that student follows Pretoria.” [P10 RC]

“But I think maybe during the first year maybe a person, I don’t know how I will put it, of course they need to read but allocating a new recruit just to guide a student[research] is also a tricky, Yeah so maybe first you just need to go through the induction programme and see whether your right because sometimes you can guide a student but you not doing it right.” [P9 WC]

4.7.2.6 Limited resources for learning and teaching

Participants expressed their concern about the lack of or inadequate learning and teaching tools such as effective laptops, curriculum, and prescribed textbooks. Some

participants reported that they had to buy their prescribed books while others had to prepare their teaching slides.

“Another challenge that I think I have is the uhm the the laptop yeah. You have a laptop but sometimes is freezing and you want to do your work and it’s not working yeah (sighing).” [P10 WC]

“I was just given some study guide. There were no books I have to buy my own book yeah.... because the library, you know is new programme on campus, there were no books.” [P6 RC; P14 WC; P4 SC]

“There should be a also curriculum.” [P4 SC]

“Because to come to the module I have to find my own way so I start preparing my slides.” [P1 RC]

Participants also had to ask students for a course outline because they were not given it right away. As shown below, they also had issues with office supplies and the required credit to make copies for students' evaluations.

“So, I waited, waited until I decided hh, no let me approach the students because they are given the course outline already, so I got the course outline from the students.” [P1 RC]

“The other challenge that I had it was a table and the chair.” [P10 WC]

“Sometimes we don’t have credit to make copies especially during the evaluations.” [P4 OC]

Equally, the participants were concerned about the lack of materials need for clinical teaching such as models for procedures, which had an impact on the students learning and teaching both at school and in hospitals. Some procedures could not be demonstrated to students or for the participants to practice before teaching students.

“You want to demonstrate as it is in the tool, but you are missing a lot of things[equipment’s].” [P11 RC; P13 & P1 WC; P1 OC]

“And we also did not have any models or anything to say that okay let me maybe first practice myself on any doll before I call the student or before I teach the student. Because there was actually also no clinical teaching equipment to say or models.” [P3 SC]

“The instrument like the delivery pack which is not in the hospital. Then is really giving us problem to teach proper because you wanted to teach... That is really a big challenge, we don’t say that we are teaching now, there is no teaching.” [P4 & P14 WC]

4.7.2.7 Lack of uniformity in procedures/standard tool and unclear rules and regulation.

The participants claimed there was a lack of uniformity in demonstrating practical procedures among the nurse educators. The participants also expressed concerns about the disparity between training institutions and hospital practice. As shown by the verbatim quotes below, they emphasized the need for in-service or refresher to have updated and uniform clinical procedures.

“Sometimes these lecturers from General Nursing, when we see them, when we work with them, they, their things are not exactly the same.” [P1 OC]

“Even when it comes to practical issues, what I realize is that you do practical depending on how you were told, and sometimes you do things here but they are different from what is being done in the hospital.” [P5 OC]

The participants raised concerns about the lack of uniformity in students’ clinical evaluation tools of the same module on different campuses. The lack of uniformity led

to uncertainty as they did not know when they are on the right track. It was also expected for the participants to develop evaluation tools as narrated below.

“You find that the colleague in another campus is doing something different, I am doing something different you know but we are aiming at, we are looking at the same student, yeah. There is no uniformity let me call it. Yes, uniformity is lacking.” [P7 RC]

“Then I say can then I have the tools? No asked at the centre they give you. I went to my, my supervisor on campus who told me, no no there is no tool just develop a tool.” [P7 RC]

“We really need standards, uniformity at the University of Namibia is is really very very necessary. We need to do the same thing, because when you travel to the different campuses and look at maybe the form that I am using for assessing my students, I am sure that you find that they are different, different campuses.” [P7 RC]

Additionally, the participants complained about the lack of standardization and find it challenging to compile notes. They describe the need for mentors to develop standard teaching slides that could be used. It was narrated that there is a need for mentors to develop uniform slides that can be used for teaching across the campuses to provide the same information to students as reflected below.

“To come and start compiling your notes and you are compiling those notes you don't know whether you are on the right tract or not on the right tract. So, the best things maybe that mentors can do is to come up with unifying, uniform if it slides, they just, they sit, we sit and make those slides that is used in

Oshakati, in Rundu, Southern campus, so that we teach the same things.” [P10 & P1 RC; P4 SC]

“Our presentations it’s should not be exactly the same batch, I will say if it can be 95%, 98% more or less the same all over the campus that will be that will be good so that when we teach all the students, wherever you are where ever you the student is being exposed to the same kind of information.” [P4 SC]

The participants also complained that some rules were unclear and challenging to them as they were not sure what to do. These included rules such as entering continuous assessment marks (CAM), year marks, the passing rate for practical and non-practical modules, the different types of examinations and marking guidelines. Instead of being worried about whether the student had reached a pass mark, they wanted to be guided on the school expectation as narrated below.

“Yes, I felt I needed to know for example how people put on the CA marks, on how people put on the year mark.” [P3 SC]

“What is the pass rate for example both practical subjects and non-practical subjects. So those were the issues you really had to ask from around from another colleagues. I thought those were issues I had challenges with and it needed somebody who went already through the process who can probably tell you what is expected of you.” [P3 SC]

“Because me I came at the time when people are writing exam and I have to mark and there so and there was a question who qualifies for supplementary and who does not qualify for supplementary? What are the new rules in Nursing kind of saying about the supplementary stories, so I felt there is, there

was a need of just having something written or probably or yeah you must have something there for people who are coming at that particular time.” [P3 RC]

“And our way of marking some might use half a mark, others full marks, its 35 points for this and all that. Only now and also during the examination I’ve realized that our(pause), okay the CA marks I am sorted out but I wasn’t sure that the pass mark for examination should be 40% but other faculties have 50%, and that was a bit of a challenge for me because I thought quite a lot of my students have failed the fact they pass because it was around 40% and so forth between 40 and 50%.” [P8 WC]

Furthermore, when rules and information were informal, the participants narrate their learning to be haphazard. As evident by the verbatim quotes below, the participants forgot what they were informed since they received a different answer each time they enquire from their colleagues.

“Is haphazard learning where you go and ask. How do I this and this person will do this like this. The next day or after a day or so you forget it and you ask it sound different from the other person said it. That is another difficult way of learning haphazardly, when something is not formal.” [P2 WC]

“But you know when you are coming into an environment saying by mouth and said it once is not going to be taken. And when you are new person, you taking this, you are hearing this and this and this is very difficult to take.” [P2 WC]

4.7.3 Theme 3: Areas that mentees had inadequate knowledge and experience/skills

This theme included the following sub-themes: inadequate and limited knowledge and experience in learning & teaching, research, and student assessment; difficulty

balancing multiple roles as nurse educators; unfamiliar with higher institution expectations about student matters; and limited skills in technology skills.

4.7.3.1 Inadequate & limited knowledge and experience in;

This sub-theme included inadequate and limited knowledge and experience in learning & teaching, facilitation of research, and student assessment.

- **Learning and teaching**

Some participants came from various teaching or clinical backgrounds which made the academic environment in the School of Nursing challenging in depths of depth expectations. In addition, some participants never worked in a simulation or lab environment and therefore were not sure what was expected from them. They expressed concern about people expecting them to know how things are done, while they had only a clinical background which was a problem as they were unsure as described in verbatim quotes below.

“Sometimes is making you feel you are not sure of what you are doing. Yeah, especially in the beginning really because UNAM is different from the training centres. I mean the depth of expectations...And for me it was really challenging.” [P2 & P3 OC; P3 WC; P5 SC]

“It was that so it was (Pause) bit difficult to say I am coming from where I am facilitating workshop now I am into the class room sitting in the clinical labs which I’ve never worked in a lab before in the clinical simulation lab before so it was a bit not certain or not clear of uhm what is expected of me.” [P3 SC]

“Coming from a clinical back ground to a more academic back ground was quite challenging...Most of my colleagues I will say, just assume that I know how things are been done in the academic set up.” [P8 WC]

Additionally, because the participants only had clinical backgrounds where they dealt with patients, they lack experience and knowledge in teaching students. As seen in the statement below, several participants lacked teaching qualifications and need assistance from others to cope.

“Imagine you now coming from the wards, of course we are doing health education.” [P3 SC; P2 OC]

“But I didn’t do education so, I have just to learn from other lecturers, if you need any help you go to them and you ask, yeah. That’s how I cope.” [P6 RC]

The participants were concerned as the seniors did not observe or evaluate their teaching and they were not sure if they were making any difference. As reflected below, the mentees opted to rely on student performance or student lecturer evaluation to measure their teaching effectiveness.

“No, you it just like since you are new we are not so sure to really, am I making a difference? But maybe with also as times goes on like I said with the understanding maybe when we the student writing a test or... when we doing evaluation maybe that will also tell whether you are making them do they understand.” [P3 WC; P9 RC]

“Therefore, we came to the point of we were so much interested in being evaluated because it was with through evaluation we can know that I am doing the right thing. When students are evaluating you that how we, that was the only thing that was telling us maybe we are were doing the right thing. So, we were, I was, I was doing things that I was not really aware whether I was doing the right thing or not. So, the mentoring. I don’t think I was getting it.” [P3 WC; P6 RC]

Equally, the participants were concerned about the lack of timely feedback that could improve their quality of teaching. The participants stressed the importance of the mentees being evaluated by students and seniors to identify their strengths and weakness. Similarly, having probation confirmed without evaluations from seniors was a concern as narrated in the statements below.

“I am not getting feedback on time because I can only improve if I get feedback if I am not getting feedback on time I might think I am doing something right but at the end of the day there’s no quality in whatever I am doing. And the quality might be lacking and if nothing is done I think the school would continue with this trend even with hmm even with the young mentees when they become senior they will have that in them the it has been like this.” [P3 SC]

“But you can have two evaluation, one from the students, one from the supervisor and you bring them together and say you weigh. I think through that you can be able to pick up strong points and weak points of your mentee that you are able to include when you are going to sit together in terms of guidance with regards to this and that.” [P3 OC]

“When I started I was even surprised to see my probation being confirm because since I started nobody ever sat in my class, nobody ever sat in my clinical demonstration or teaching. So, I was like how are they assessing my competence as a junior person in the school without them sitting or seeing what I am doing physically. I was a bit not really too sure of what is really going on.” [P3 SC]

Furthermore, the participants indicated the need for a mentor to observe the lectures of mentees to provide feedback and identify the need to set up the mentoring goals as narrated below:

“They [mentors] will evaluate you and they will also give you feedback and then from there once you get the feedback you also develop a good self-esteem. And you also grow professionally because you can able to ask them any questions related to teaching.” [P5 & P2 SC; P1 RC]

“Yes, in the class, maybe these [evaluations] are also some of the opportunity that people should use to identify needs, challenges of new staff and the needs of the what, of new staff, so that they inform their, what mentoring goals what to do and whatever use may have or the programme I can say that.” [P1 RC]

The participants also echoed the need for a mentor to transfer and share their experience with the mentees in areas such as; student critical areas, effective teaching methods, and clinical areas as reflected in verbatim quotes below.

“Able to make sure that at least you[mentor] transfer the experiences of how to deal with maybe with the students critical areas, what are the effective methods of teaching probably also in clinical areas, what are the things that in your five years’ time that have picked which are very crucial to the department that maybe you have observed are lacking, and you want the mentees to start working with them so that at least they take a step forward.”

[P3 & P4 RC; P4 SC; P6 WC; P3 OC]

It was also reported that those who did not work in an academic environment faced challenges in clinical placement issues and appear to be ‘in the deep end’ as seen in the verbatim quote below.

“Now people whom I am working with here, are people who have probably never taught. People who have never been in academic environment. People will won’t understand time tabling issues, clinical placement issues and all of that. And when they are coming here you can really see these people are indeed in deep end.” [P2 RC]

- **Facilitation of research**

The participants narrated how they need guidance on how to write articles and published as they had inadequate and limited knowledge and experience in research. They state that the university is not doing enough to improve its staff members' research skills and there is a need to help staff how to polish their research skills and allocate those who are good at research to assist others. The participant's concerns are narrated below in verbatim quotes.

“First of all its my number one weakness is research that I really need to be mentored on you know especially even you might like now you might be done with research you have analysed collect your data and what not but where do I start with article, where do I start when I want to publish all this so research I think is the first and foremost.” [P3 & P5 SC]

“I feel we need more of the conferences so that we can perhaps polish our research skills or become more research-based educators... I think mainly research is my concern and I feel the institution is not doing enough to expose the staff to the, yeah the concepts of doing better in research.” [P3 RC]

“Or sometimes some universities will say oohh you are very good in research maybe be working in the research department in the school so that you can assist the others also.” [P2 SC]

- **Difficulty with student assessment**

It was reported that the participants with only a clinical background found challenging in setting up a test. Participants also doubted whether they are training students well, and found the process to be tough and challenging as seen below.

“Actually, it’s quite bit quite challenging even how to set up the test, because there hmm you were not setting up the test you were just rendering the care.”

[P9 OC]

“You are not told you see internally moderator when you set up your test you must give in your test to who who to check if the questions are fine or what not, so you set up your test whatever it is it goes through and you don’t know so there was no guidance in that regard.” [P11 WC]

Additionally, because the participants were not oriented they found it difficult to conduct clinical evaluations and examinations. They only find their mistakes in moderation reports as narrated below.

“But in the end, you just really feel when they not supposed to have, maybe, maybe a specifically orientation on how to set test, on how to evaluate students, you know all those I think I thought they were crucial when it comes to an academic.” [P5 OC]

“Even to setting of test, setting of exams and I thought those are crucial things that one should be hmm given orientation but it was not even part of it, you start setting, you start doing and is only later when you realize is not right when it comes back from the moderator in case the moderator dint overlook (giggling) you know.” [P5 OC; P1, P5 & P9 RC; P7 WC; P3 SC]

“With the first experience is like, I only, I dint hmm worry about, I just say state, mention or whatever. Then it was corrected that no at least you don’t have to go straight to the question but you must say elaborate on this, explain, differentiate on this you know, because is level three, so you have to to to use those words instead of just mention, state and others things, yeah.” [P9 RC & P3 SC]

The participants also echoed a need to be guided on where to access old question papers to help them set the questions at the appropriate Bloom's taxonomy level. Some participants resorted to reading and research to equip themselves to meet the expectations as seen in the statements below.

“But then at least I want something. Where do I get the question paper just to have the a glue...So I just do it that I have been trying again to get question papers nothing so I just have to try my own way, and then later on I decided to go on portal so there I could see okay at least see this is the the format of asking because you will ask yourself, I am training this students in the proper way or I am misleading them or I am given them the right information , where do, you know, yes I am evaluating them, I am assessing them but this questions I am , that Blooms taxonomy , how I am applying it, so that was my concern but with the portal, when I access the portal then it was a bit helpful.” [P4 RC; P4 SC]

“I had to also take out my Nursing education books and start reading about for example like the marking group reads, what are the components or things that I should consider when I am setting a test for somebody that is at whatever level of their studies. So, I think it was more of reading on your own and trying to see if you are really on pair with what is expected yeah, but to say mentoring

(shaking the head).” [P3 SC]

Furthermore, the participants found it difficult to understand the different types of examinations and the content or practical evaluations that are included in the examination as narrated below.

“Because even with the exam let me say, it was the first time I was hearing of summer exam, whatever you know. We never had those things and then you have to set the the, the students have to sit for two separate papers, but the same subject. It was really a tough thing for me.” [P7 RC]

“I think we have the way of setting questions and says now this year is which campus staff and staff, or who is responsible for what, and what procedures to evaluate. Yeah, I felt that area was a bit lacking in terms of coming from other campuses because then you only hear for example that procedure A and procedure B was decided on to be part of the exam which I was not part of it. And even how to go about that is quite a bit of a challenge, because I did not get that input from the other people that are based on other campuses.” [P2 RC]

4.7.3.2 Difficulty balancing multiple roles as nurse educator

The participants found it difficult to balance teaching, research and community services, and personal life as it was different expectations from their previous working environment. Due to time constrain, they find it difficult to manage clinical follow-up/teaching, research, classroom, setting up a test, and evaluation. It was stated that in the clinical where they come from, the work was handed over to someone after going off duty which is different in the teaching profession and involves many other things such as research as seen in verbatim quotes below.

“You are required to do the teaching role that is in the class, you got clinical follow up so its also a clinical teaching role at the clinical area then here you are expected to do research. Now balancing between these three, classroom, clinical practice and research. That could be, you know, a bit challenging, I try my best but in terms of time... Is really challenging.” [P3 OC; P6 & P9 RC]

“Actually the transition there is a bit different ... Okay at the hospital we were working with the patients and once we are done with the patient you are and is time to knock off, you hand over and the others continue So here is something else, is education you have now to like come now into a teaching profession and there is research involved as well and many things.” [P9 RC]

They echoed a need for them to be supported on how to balance the facets of academic life, personal studies, research, lecturing, and community engagement as reflected by verbatim quotes below.

“Maybe just to balance studies and the, your academic work at the school. Yeah, there is a need to balance time but this hmm personal now I don’t think will more but, yeah.... Balancing and still working.” [P7 WC]

“It means you have to support them[mentees] more on research and then with lecturing they can be a bit independent although they need support and community engagement so that they can strike a balance.” [P2 SC]

4.7.3.3 Unfamiliar to higher Institution expectations pertaining to students

Participants found it challenging to deal with students' issues or behaviour such as students not preparing for classes and leaving class without permission. They also

experienced a backlog of clinical evaluations as students are not preparing and repeating procedures for those who were absent as narrated below.

“The transition challenge is just how to handle student matters, you know that time I was only dealing with patient that side and staff alone, so when you come at school now you know students they are behaving like they are child sometimes they behave like childish behaviour and I really I was having tough time at the beginning.” [P9 WC; P11 & P5 RC; P2 OC]

“Here students sometimes do not come to class, they come the time they want or they leave when they came here they can leave in the middle of the lecture. And I have seen that the, it seems that students control the lecturers because they do what they want and hmm to me that is a challenge which is a bit unacceptable.” [P5 RC; P14 WC]

“Other challenges that I have experience in my clinical teaching, now that I have is to ask, is the absenteeism of the students...Because when you do a procedure, when you do a demonstration, then after certain time of period you will come and then you hear that certain students will come and tell you that miss I was absent at the day, you give that, you give that demonstration. Now we have to redo again with this student while you are busy to evaluate the other students. So, time frame, they hold you back.” [P5 WC; P2 OC]

Additionally, the large number of students in the classroom and clinical was challenging and negatively affected the management & teaching of students as narrated below.

“I can even at least be able to handle the class even cause at the beginning it was not even easy just to control the class now, so when you’re making a presentation they are making a noise what what so I realized I have to set up

ground rules for them to follow but now it's okay, but previous I was even confused sometimes I don't know whether I'm in the hospital or in a (giggling) class environment but now I'm used to it." [P9 WC]

"I have seventy-seven and so if you stand up there, you don't try to come in, at the back there they might be playing and you might find way of going in between, going there making sure that you move. And if you are here because they are too many, the ones behind there, when you go there then is the opposite(giggling) so you must find way to accommodate them." [P4 RC]

"But with this huge group, to do teachable moments or even to give demonstration, the large space is also a challenge." [P5 WC; P2 OC; P6 SC]

4.7.3.4 Limited skills in technology

The participants reported that they did not possess the necessary skills on how to access emails, put up PowerPoint presentations, and enter students' marks. They describe how the information system at the School of Nursing was different from those they were used to in the clinical setting. Some participants took initiative to improve their computer skills as narrated in verbatim quotes below:

"So, I was not computer literate and you will find just to come in the morning, open the, computer going through your emails, I really didn't know those things because we were not exposed to that, and it, that until now is a challenge." [P6 WC; P3 OC; P11 RC]

"But I think all that they need (mentoring). Even if it is just to enter marks, you see people stuck on how to enter marks whether it's on UMS or ITS or whatever, they are just there with their hard copies (showing paper), where can I enter marks." [P2 RC]

“For person who does not understand your background, they think how did she come to UNAM if is she doesn’t know computer?” [P2 WC]

“But most of them as like I said earlier they look at you like hhh you don’t know how to make a power point presentation no(giggling)?” [P11 WC]

“The only thing we were doing[ministry] was, HIS where you feed only information to the computer and you are doing, it another way.” [P2 WC]

“I already started something so during the afternoon I used to go for afternoon classes for IT, so at least to develop myself and yeah just for me to have skill not to keep on asking some of the seniors for simple things.” [P5 SC; P6 WC]

4.7.4 Theme 4: recommendations for creating a conducive mentoring environment

This theme discussed the recommendations made by participants on how to create a conducive mentoring environment. It included the following sub-themes: facilitation of good relationship of support, assistance, and guidance; establishing trust, respect, healthy communication, and positive attitude between the mentees and mentors; formal orientation and induction at the school level; and formal mentorship and mentoring plan/programme/structure for the School of Nursing.

4.7.4.1 Facilitation of good relationship between mentors and mentees of support, assistance and guidance

Participants recommended that mentors should provide support, assistance, and guidance to the mentees to help them perform in their new roles. Furthermore, the mentors should be able to build, coach, induct, evaluate the mentee and be a buddy as well as a role model as reflected in the verbatim quotes below.

“I should be able to get the necessary support that I need for me to be able to perform my duty with commitment, diligently and dedication if I can say that way. So that when I am stacked somewhere, I know whom to consult for guidance.” [P2 RC; P4 SC; P14 WC]

“When you come in the new environment, if there is somebody who knows everyone already then, that person can can build you, that person can assist you...Like a buddy yeah and some issues you are, you are not that sure should I go this way should I go this way.” [P4 & P2 SC; P3 OC]

“I think mentor can be able to coach, to coach and also to like to (pause) to live by an example to be role model.” [P6 RC]

“The role [mentor], the role is to induct, to build and to evaluate.” [P5 RC]

The participants desired an open mentoring relationship that goes beyond subject matters but also helps identify the mentee's talents and develop them academically as narrated below.

“I expect a mentor-mentee relationship to be a very open relationship not only limited to the subject content. But is also to bring out and identify talents and also try to capitalize on those talent and also make use of the best because some of the people are new but they have some other talents that other people can also get.” [P2 SC]

“I expect to, you[mentee] know to, to have a good relationship with my mentor because it is through being mentored when able to do because mentoring, aaa develop an academician professionally.” [P3 OC]

4.7.4.2 Establishing trust, respect, healthy communication and positive attitude between mentors and mentees

Participants echoed the need to have a relationship that is built upon trust and respect where mentees' or mentors' weaknesses are not exposed, to maintain the relationship as seen in the statements below.

“And then it should be more like this relationship that can be trusted, so it doesn't, it doesn't mean I approach you for let me say I want to teach students partograph, then I come to you, then you notice I even that I have no clue where I can plot, then you go to the next office, ohh ta (sighing) eih !. ...So next moment I will not come to you, so we are already break in this relationship.”

[P1 RC]

“I think there should be a very mutual relationship, respect from both side you need to respect the person even if you see that maybe your mentor is having certain weakness we are human being you need to approach that in the positive way yeah.” [P3 SC; P14 WC]

Also, the participants resonated with the need to have good communication and a positive attitude between mentees and mentors to enhance problem-solving. The mentors must have an open-door policy as well as ‘pop ‘in to see how mentees are coping as the mentees might be afraid to ask for help. It was expected from mentors not to be harsh and allow the mentees to express their fears for them to get clarity as narrated below:

“Good communication is very important and then if there is good communication you have time to get to gather together... And then that time

you can also look the possibility how to solve that problem.” [P2 OC; P13 & P14 WC]

“Can just check what, how the the the new staff is doing, how she is coping, even just to come in and say how are you doing, any problem at least when, because sometimes somebody will be afraid can I really not go and ask (giggling) about this, you see.” [P9 RC; P2 & P3 SC]

“Maybe to have an open-door policy, hmm when they[mentors] have time also to assist and not being too harsh on the ones because some can be harsh, yes.” [P7 WC; P4 SC]

“You [mentor] let the person express the fears and then you clarify that and then you tell the person okay, this is what you will be doing.” [P7 RC]

Likewise, the mentees need to be good listeners, and observers and have a willingness to learn as well as have a good intrapersonal relationship. Also, the mentees should be willing to be assisted and cooperate with mentors and avoid being rude or arrogant as seen in verbatim quotes below.

“For mentees normally the, when you are new in the environment you need to be a good listener, you need to be a good observer, you need to be willing to learn, you must have good intrapersonal relationships.” [P3 RC]

“We should also be willing to be assisted because sometimes we as mentees also sometimes when somebody the senior is telling you this is how things should be done sometimes you don’t what to take in that, we are refusing we think we know better, so we should be willing to be assisted where we don’t know.” [P11 & P7 WC]

“You just need to cooperate with the mentors so that you at least you can get as much as possible as compared to when you are a bit rude hmm, when you are a bit arrogant.” [P3 & P9 RC]

Furthermore, the participants also emphasized the need of holding regular meetings for updates and guidance, and as well the mentee to avail themselves to meet their mentors as seen below.

“I think if one has regular meeting with each other...so it’s also my responsibility to have a regular meeting with my mentor so that I can be updated of what is new, what is still to be taught and for I need to know more or less of what level I am at right now because my mentor may not know if I stay away and I don’t make myself available.” [P8 WC; P2 SC; P3 OC]

Likewise, the mentors should be approachable and be open to mentees' ideas as they offer valuable insight as narrated below:

“Yes, if a person is approachable I won’t even hesitate, I won’t think about what am I going to say.” [P5 SC]

“I think when it comes to mentorship or also if there are people who are mentoring if they are free to hear us also I think already mention it just to hear other input from yeah that can also contribute to the quality or the product that will producing you see.” [P10 WC]

4.7.4.3 School specific orientation and induction

Equally, the participants expressed the need to have a school-based orientation/induction and as well for mentors to address the practical nature of nursing. They also echoed the need to have an orientation package that ensures that all are taken through the same contents narrated below.

“Because the need for other school, the need for, the needs are different. Yeah as I talk about more practical and more theory and so on. Some faculties might have, not even impact, more impact when it comes to practical’s...But for us at the school level I think it will do...Although it might not be through the management of the university but at least if it can be done at the school level because they have the same needs and it will work better.” [P5 OC; P8 & P14 WC; P4 SC]

“So, when a new employee comes, there should be, that orientation package which all of us go through and then we understand it in the same manner. In same way, we are oriented, we are taken through the same way. Yes, but that is lacking here.” [P7 RC]

Furthermore, the participants narrated the need for orientation and induction to be on the assumption of duty to provide the necessary information and avoid injustice to the students. Similar to that, orientation should last for a longer period narrated below.

“The induction program can be done earlier before the person even probably start before teaching. Later because if they could be damaged they could be done by that time (laughing)... In terms of now doing injustice to the students, but you can’t blame the person because they are also not experienced. I think things should be done earlier but not as opposed to later.” [P3 & P4 OC; P9, P4, P3 & P12 WC; P6 RC; P3 SC]

“To have better mentorship, the seniors which are already in the field, I think the first two months or three months supposed just to be for orientation.” [P4 OC]

Equally, the orientation should also address topics such as teaching, subject, assessment, simulation, specific policies, types of meetings, library usage, and common abbreviations and school related matters, and not just only focus on human resource-related issues as narrated below.

“But if there is a programme that is stipulated or specify that if a mentor should assist this mentee in this and this and attend classes to see how the person is teaching, assist with the formulation of questions for the case or exams, assist with the practical demonstration in the simulations and also the clinic so if there is those activities that are listed I expect that mentors do carry out all the activities as stipulated in the check list or whatever (speaking soft) you can call them.” [P11 WC; P6 RC; P4 OC]

“Should include most of the aspects that are being done in the School of Nursing. Yeah, the the meetings, the school board meetings, the student lecture forum, the hmm, the library how to use the library.” [P9 RC; P8 WC]

“There is a lot of abbreviation that are been used in the school, which we I sometimes I don’t know what it stands for and what does it means and when where do I fit with all that. And it sounds sometimes embarrassing to every time ask what does it mean, what are you talking about and so forth?” [P8 WC]

“But as the School of Nursing you know hmm nursing is a faculty which requires quality. I think there could be certain things probably that we feel are necessary to inform the new comers in, to say okay you find among the lot of other policies, this is an important, is also very important you have to look at it, familiarize yourself with this policy and all those things.” [P7 RC]

The participants also echoed the need to know the communication channels, organogram structure of the institution, and to whom to consult or refer students if there are problems as shown below.

“It should also include the channel of communication, so we have the VC, and whatever up to the the lecturer, so that the the student, I mean the lecturer will know if I have this type of, of problem or whatever whom should I consult.”

[P9 & P7 RC; P4 WC]

“How to get the information so that the the lecturer can also refer the students.” [P9 RC]

Also, the need for clinical or practical orientation was echoed to allow participants to be familiar with the environment and various disciplines. It should also outline the expectations for clinical support staff, practical books, tools, timetable, simulation, follow-up of students, evaluation of students, and competencies. Additionally, it should address issues related to the weight of practical and theoretical marks in the examination and qualification criteria for examination as described in verbatim quotes below.

“Maybe by the time they are doing their geographical orientation they should also include the clinical orientation so that people can be acquaint themselves on the environment unit and discipline.” [P9 WC]

“And where there is discussing or to make us part and puzzle so that we can also know what is university required or also expected from us, lecturers vices (clinical support staff).” [P12, P13, P14 & P11 WC]

“In the orientation package, we will be orientated on, here we do hmm two weeks block system. And the you are expected to follow up you own students.

And when you follow your students, you look at the practical books, they are tools or there are no tools. You are expected to hmm to, to demonstrate to a student and then the students demonstrate back to you and then you evaluate. And then you are supposed to do a continuous assessment where a student is showing you her skills and the you evaluate to give a mark. At the end of the year you will be expected to give also examination marks based on the competencies of the students, and then tools to use you find maybe in this book or this folder and you know.” [P7 RC; P12 WC]

“For example, if you come and teach General Nursing Science or Midwifery, is, for me it’s good if when a person joins you already know to say this subject theory, theoretical part contributes how much to practical, or in the exam is expected for you to qualify for supplementary exams, this student must have ABCD.” [P3 RC; P12 WC]

Equally, the participants expressed the desire to be mentored on curriculum reviews and changes in the curriculum. They also expressed the need for-refresher course on practical procedures as reflected in verbatim quotes below.

“A person never reach state that you say it’s enough if there is a need, we need mentorship, if the new curriculum is coming up, or there is a new change coming in ahhh micro-curriculum, we need also do have that one.” [P12 WC; P5 OC]

“Which I think when people are in practice, when they are working now, they need at least a bit of (pause) just a refresher on how to do some of those, of those procedures.” [P5 OC; P12 WC]

4.7.4.4 Formal mentorship and mentoring plan/programme/structure for SON that include- specific orientation and induction

The participants echoed the need to have a formal written mentoring programme/plan in the School of Nursing that is supported by management to guide all new staff members as narrated below.

“But if it’s not currently there they should currently come up with that requirement that each school of faculty should have a mentorship programme so because if it’s a requirement coming from up its likely to be implemented downwards because if the school just come up with its own thing and not being supported by the office, high office that is likely to die a silently death. So, the management should also strongly support this programme and make it as a requirement for each faculty or for each school.” [P11 WC; P3 SC]

“I just want to re-emphasize on the need of a job where something is written down on mentorship so that people could have an idea of what is happening in a new organization. It can be hard copy, it can be e-copy. And the people must not take things at face value like in this scenario.” [P5 RC]

“I think there should be a programme in place a mentoring or mentorship programme whatever you call it that is standardized that we know everybody that is coming to the school is going to, guided through this same programme.”

[P11 WC; P4 & P3 RC; P3 SC]

- **Allocation and training of mentors**

The participants recommended that mentors should be allocated formally to transfer knowledge to the mentees. Likewise, senior colleagues or key mentors should be appointed to lessen the mentoring responsibilities for those in management positions as in verbatim quotes below.

“I think the best for me is, if the university can formalise it so that at least it’s expected that when you have clocked five years you must identify somebody that you mentor or you will be assigned somebody that you mentor. And then you being aware that somebody is assigned to you will try everything in your ability, within your ability to make sure that you have transferred something to this individual.” [P3 RC]

“Sometimes the HOD is having a lot of, a lot of hmm work, a lot of administration work which is not easier for you being here and now and then. At least they allocate any other senior apart from having the HOD, you can have any other senior staff that you can rely on.” [P5 OC; P3 & P4 SC; P1 WC]

“Key mentors can be identified within each department in the school with the responsibilities to mentors those mentees.” [P2 RC]

The participants agree that there is a need for a mentoring culture and that mentees should be allocated to someone rather than themselves asking for help which might be difficult for someone in a new environment. The participant recommendations are supported by the verbatim quotes below.

“I think, hmm mentoring or mentorship is something very important. Because like when somebody is coming you are in a new environment and sometimes is not easy for you to be approaching people to be asking this and that. But at least one, they need somebody to be allocated to them.” [P5 OC; P6 & P2 WC; P2, P11 & P1 RC]

“Let us start, I think we need to develop the culture of mentoring so that you can be sort of like a must. Like anybody who’s coming there in the system can be mentoring, mentoring should start as soon as possible.” [P3 OC; P10 & P1 WC]

As seen below, the participants encouraged mentees to have more than one mentor and if possible share an office or be in closer proximity with the mentor.

“Maybe they can be assigned two or three people who they can work, with so that at least they learn few things whether it’s through the conversation they have or through the emails or anything so as long as they are transferring their experiences.” [P3 & P2 RC]

“Have the mentees maybe working close by for example if you have although it’s difficult maybe to have professor sharing an office with junior people. I would really think that if you have your mentees maybe if you can maybe be close by even if it’s not really sharing an office they should be offices next by your in case it’s just walks in or knock on the door.” [P3 SC]

The participants also suggest that the university provide a workshop on mentoring and training of mentors. It was suggested that the university collaborates with other universities that have an effective programme to train mentors or exchange ideas as narrated below:

“Maybe we need hmmm an awareness workshop to know what is mentoring, who is to mentor. Because sometimes we are just expecting the senior to mentor, but we also have to mentor others even colleagues within the departments.... Because we are different, we are expert in different aspects or different modules.” [P8 RC]

“Yes, there is a need to train the mentors so that they can take-up the role of the training the mentees.” [P3 RC]

“For the university I think they need to maybe collaborate with the other universities that have already the mentorship programmes, effective mentorship programme and for them probably to send some of the mentors probably training or invite those institutions with effective mentorship programmes to come and able to share their ideas with some of the mentors here.” [P3 RC]

The verbatim remarks below illustrate how attaching mentors to mentees was seen as a chance to develop mentees into seniors, experts, and resourceful people who enhance the university as well as to make sure that they [mentors] experts are not retiring with all knowledge.

“One should be mentored so that you become an expert and operate as resourceful person in the university especially when it comes to high education. This is tertiary education and is good for the wellbeing of the university itself, you know. You uplift the integrity of the university also.” [P6 WC; P3 SC]

“I suggest is maybe the new lecturer that are going to be employed at those new campuses maybe they can start in Windhoek and get mentored even for a week by that lecturer who have been teaching that subject for some times before they come here... Rather just get here and then you start and then, yeah. And you will never get to see that person who is an expert there and get they get retired and go home with all the knowledge.” [P6, P4 & P6 RC; P3 OC; P3 SC]

- **Mentoring coordinator at school**

The participants expressed the need for management to appoint a focal person in the school to handle issues connected to mentoring and mentorship in the school as reflected below:

“Have one overall focal person to say that this is the person who is in charge of the mentorship program although there are other mentors this is the focal person. If there are challenges with that then we know who to ask to address or who’d be addressing the issue that is at the school level yeah.” [P3 SC; P1 RC]

- **Planning, implementation and evaluation process of mentoring and mentorship at school level**

The participants expressed the need for management to be involved in the monitoring and evaluation of the mentoring program to ensure its implementation. It was also echoed that mentees and mentors need to be given chance to report on the progress and effectiveness of mentoring as stated below:

“This programme should be monitored and evaluated also, maybe monitored maybe three (3) times in a year and evaluated each specific person or evaluated at the end. I don’t know but it should be also be monitored when we develop this programme there should be elements of monitoring and evaluation to see if it’s working because sometimes you can have a programme but it’s not being implemented, you wouldn’t know if you are not monitoring and evaluating.” [P11 & P1 WC]

Additionally, the management's involvement in supervising mentoring was encouraged to evaluate if mentees were receiving the support they need and not struggling. The participants stressed the importance of clarity in the mentorship so that

the departments can groom, support, and transfer the skill to the employees as seen below.

“Also, to supervise also to find out are we, are people mentoring others, to ask also whether the new staff are they getting help from each other?... Do they have any challenges, not just to recruit them and to dump there and the work is going ahead but you don’t have a clue? Are they going ahead smoothly, or maybe they are struggling? Even the relationship, sometimes there is no mentorship because the relationship is not good between one staff to another, some are not talking, they are just saying good morning and whatever, but they cannot go into details... They [management] should also be involved.” [P8 & P5 RC]

“Maybe something must be put strongly in the policy [mentorship policy] to say that department should take care of people within their department to see that they have groom their people within the department so that transfer of skills and the support remains as integral part of their day to day.” [P2 RC]

Furthermore, the participants suggest a platform where mentees can give feedback on their expectations and express themselves. Also, there should be quarterly reports from mentors and mentees on mentoring and also to see how many people were mentored as narrated below.

“We might have people that are mentored or their attached to mentors but you have a mentor but this mentor is not doing anything. So, you can also actually have a platform where the mentees meet and they talk about what are their expectation and then its addressed.” [P3 & P4 SC]

“Maybe just to have an open-door policy whereby we can able to go there and express our self...Maybe they [management] can come up with some suggestion box where we can able to express ourselves.” [P5 SC]

“Whereby people need to be mentored, probably in the quarterly report that people are writing, where they write to the main campus or to whoever, it should be reported whether how many people did you mentor this year, what is the frequency of mentorship....And then as mentee probably write sort of a briefly, how helpful is the mentoring programme and then people have to read and say if it’s really working.” [P3 & P5 OC]

4.8 INTERPRETATION OF THEMES FOR MENTORS

Four main themes and 17 sub-themes emerged from the data interpretation of the mentors from the two campuses at Oshakati and Windhoek. Only these two campuses' nurse educators qualified as mentors as per this study definition.

The following abbreviations were used to refer to each campus during the discussion:

Oshakati (OC) and Windhoek (WC).¹⁶ The main themes that were derived were.

- Satisfaction with current system of mentoring and mentorship
- Current challenges with mentoring and mentorship of the new nurse educators.
- Challenges of mentees regarding learning & teaching and research.
- Recommendation for creating a conducive mentoring environment.
- The themes and sub-themes are summarized in Table 4.12

¹⁶ During the interpretation, where the themes or sub- themes had commonalities, to indicate the source of the verbatim quote, the origin participant & campus will be indicated in bold followed by other participants that had similar experience but unbolded.

TABLE 4.12*Overview of the main themes and sub-themes for mentors*

Themes	Subtheme
Theme 1 Satisfaction with current system of mentoring and mentorship	1.1 Support, guidance, and assistance. <ul style="list-style-type: none"> ▪ Learning and teaching ▪ Research and community service ▪ Student matter and aspects ▪ Mental support ▪ Career/professional (academic) /personal development of mentees
	1.2 Good communication and positive attitude between mentees and mentors
	1.3 Orientation and induction during role transition <ul style="list-style-type: none"> • Available mentors • Administrative and management matters • Academic activities
Theme 2 Current challenges with mentoring and mentorship of the new nurse educators.	2.1 Lack of implementation of the institution mentorship policy at school level. <ul style="list-style-type: none"> • Lack of formal plan/programme /structure in the school • Mentoring not encouraged at school level • No coordinator of mentorship plan/programme and mentoring in the school.
	2.2 Workload <ul style="list-style-type: none"> • Mentoring not accounted for in mentor's workload. • Heavy workload and time constrain
	2.3 Challenges with virtual mentoring of mentees at satellite campuses.
	2.4 Negative mentees attitudes.
	2.5 Limited and inadequate induction/orientation of mentees.
Theme3 Challenging areas that mentees had inadequate knowledge and experience/skills	3.1 Inadequate/lack knowledge & experience in: <ul style="list-style-type: none"> • Learning and Teaching • Facilitation of research and conducting community service
	3.2 Difficulty balancing multiple roles as the nurse educator
	3.3 Unfamiliar to Higher Institution expectations pertaining to students.
	3.4 Administrative matters

**Theme 4
Recommendations
to create a
conductive
mentoring
environment.**

4.1 Facilitation of good relationship between mentors and mentees of support, assistance and guidance.

4.2 Establishing trust, respect and healthy communication and positive attitude between the mentors and mentees.

4.3 Formal orientation and induction at school level.

4.4 Formal mentorship and mentoring plan/programme/structure for SON

- Revision and implementation of the Mentorship policy.
- Allocation and training of mentors
- A reward system for mentors.
- Mentoring coordinator at school
- Planning, implementation and evaluation of mentorship and mentoring at school

4.5 Workload consideration:

- Mentoring to be allocated time and be accounted in workload/appraisal.
 - Revision of workload and reduction of number of student's intake.
-

4.8.1 Theme 1: Satisfaction with current system of mentoring and mentorship

This theme describes the participant's satisfaction with mentoring and mentorship they provided to the mentees and included the following sub-themes; support, guidance, and assistance; good communication and positive attitude between mentees and mentors and the orientation and induction of the mentees during role transition.

4.8.1.1 Sub-theme 1: Support, guidance, and assistance

This theme included the following; learning and teaching, facilitation of research and community service; student matters and aspects; mental support, and career/professional (academic)/personal development.

- **Learning and teaching**

Participants supported, guided, and assisted the mentees in teaching and learning by providing necessary resources like textbooks, teaching slides, technology usage, and lesson plan, as well as sharing their own experiences with mentees as seen in verbatim quotes below.

“Yes, to guide, to give her some of the things you can use, books, you can read more, try to get yourself there, and asked where you feel you don’t know what to do. Because I can still remember, is a reflection when I look at the colleagues who join and then they share. Only when somebody is sharing that when you realize oh, she is about to go in the similar experience or feelings I had at the beginning. Yeah, I, I do what I could do. I did where I possible I can assist her. And at least finally you could see, aah at least she is getting there.” [P3 & P1 OC]

“If a new person comes in especially when he or she teaching the same module as myself, I give them materials, that we are using in the for that specific module. I remember given even my notes to the person, even the power points, even the slides.” [P5, P1 & P3 OC]

“And then the other thing is to how to use the technology, how to come up with slides, how to come up with the lesson plan and all those types of things. This are some of the things you need to support, support one another.” [P1 OC; P7 WC]

Furthermore, the participants narrated how they guided the mentees with module content as seen below.

“And then she was having the concern with the content because it was too much. And I said is not to teach the whole content. Some of the content you can give to the students to study, not to teach everything... So that is how I, she was telling the others that I really supported her.” [P1 & P4 OC; P8 WC]

Additionally, the mentors assisted the mentees to create their examination papers and moderated their papers. They also urge them to share and help each other [mentees] set up exam papers, as shown below, and share copies of old question papers and notes.

“And how to draw up your papers, and how to balance the papers and also to help people all to agree on the standard you know because there is a way to cheat also, so you know like if you keep on asking the same questions you know your students will pass.” [P3, P9, P7 & P2 WC]

“I help with moderation of examination paper.” [P2 WC]

“I also used to give hmm copies or sample of old questions papers and the memos.” [P5 OC; P9 WC]

“They [mentees] have to share the exam papers, they have to share the memorandums and the when they are saying sharing everyone have now to put up or to give rather the, the questions and helping each other.” [P9 WC]

In addition, the mentees were guided in assessment marks procedures and entering of marks into the management system and the institution-specific due dates were explained to them as shown below.

“I look at the CA marks, the assessment marks, the continuous assessment marks that are being carried out by the lecturers for example if we inform the new lecturers or at the beginning he or she may know the benefit of the

institution that by this date I need to put up the CA marks in the portal system so that the students would benefit, student will know that she or he has now access to the examination.” [P9 WC]

Equally, mentees were supported and guided in student clinical evaluation, allocation, hours, log books, follow-up of students, and orientation to the setting. Also, the mentees observed difficult procedures being performed as reflected in verbatim quotes below.

“Follow up of students, evaluation of students, what to expect, how to do the or to allocate the students and how to calculate the clinical hours, those are most specifically those who are on clinical site.” [P6 OC; P5 WC]

“Explain to the person about the log book, the procedures that we have to evaluate as lecturers, and what we do when we follow the students in the, in the, in practice.” [P5 OC]

“Some of the procedures were very new to her, so I have to ask her if she is having difficulty with procedures for her to come to me and then I to do the procedures first and then for her to observe. That was the support I gave her.” [P1 OC]

“Then sometimes we also follow the students in the clinical areas, yeah, where we go with the new colleagues, sometimes to familiarize them with clinical set up, the facility environment, and also to familiarize herself or himself with even with the staff members there. Yeah, because that person might not have worked in that hospital during her training, after completion with the training but then sometimes it is not possible.” [P5 OC]

- **Facilitation of research and community service**

The participants supported, guided, and involved the mentees with proposals, grant & article writing, and publication. As can be seen from the verbatim quotes below, the mentees participated in community service activities.

“I was just doing it because as a senior whoever is walking around whoever needs assistance with regard maybe to research...Uh you know base on my availability and and and what I can cope with, hmm they just send their proposals to me.”...And uh or send the topic to me and I just look at the topic and say okay it is now structured correctly or maybe this and it can be rephrase or maybe we can look at so that it can make sense. So, it is in terms of project proposal and in terms of reports.” [P7 WC]

“Some are good, maybe they have got good concept of research, you mentor them on how to write the articles, and they master it and they go with it.” [P5 WC]

“Research in general, how to conduct a research some they come for publication, how to write a publication, some they come uhm research, publication.” [P8 WC]

“Some they even identify the grants which we can write with them.” [P8 WC]

“They are also taking initiatives in strategic activities like, those that are related to community engagement.” [P5 & P 6 WC]

Also, as can be observed in the verbatim quotes below, the participants made use of departmental meetings and collaboration to advise others on research that assisted in the progress of mentees' studies.

“I tried to do during the the our departmental meeting will always have responsible person to talk about the specific activity or topic that’s also part of mentoring because you are handing responsibilities to this people and then also within in the department we’ve got standing agenda points like the community activities, departmental research.” [P6 & P9 WC]

“About research hmm, the school is now mos now carrying out the departmental research and I think we are learning from each other and the maybe between the certain lecturers also taking up the type of a research and then they do together they are carrying that research together and they, they published I think that is also the way how we are mentoring each other in the school.” [P9, P5 & P3 WC]

“I have experienced that as they have been mentored, they are progressing in their research project that they that they are engaged in for qualification purposes.” [P5 WC]

- **Student matter and aspects**

The mentees were supported and guided on how to communicate and interact with students' emotional, social, and behavior issues as stated in the verbatim quotes below.

“As a lecturer as you stand in front or you in a discussion group, you talk about something and it triggers emotions in the students and you see as student reacting differently from what you expected, this is how you should go about.” [P2 OC]

“What is important in communicating with a student and if a student I mean how will you how can you assist a student; how will you know this student is for example very very poor and how can you help.” [P7 & P1 WC]

“Maybe how to deal with a student or uh ah difficult student or maybe in some class like even the first years in certain class they are very naughty, but if it is coming to your class you can handle them.” [P7 WC]

- **Mental support**

The participants provided mental support to the mentees by following up on them and seeing how they were doing and coping. They motivated, guided, and supported them to deal with pressure or stress, and difficult situations. Equally, the mentors shared their experiences on how to avoid certain issues or situations as reflected in verbatim quotes below.

“So, the support that I gave her, the first thing is the mental support, because is very important. So, it to make a person feel at easy because I know is very very stressful, that is the first thing just to tell her you will cope.” [P1 OC]

“So, they cannot even come to you how to you feel, are you coping because I used to come to her, how do you feel, are you coping and then she says these things, you can leave this one and do this. So, I was there to guide, to support and also mentally, to support her mentally and say don’t stress with this, this are there few things that you can do, these are small things you can do, so that was it, but those who feel they are not supported when they came or maybe when they change subjects.” [P1 OC; P7 WC]

“Also, to motivate, to motivate the mentees, it’s very, very important. I told you I was having a friend of mine, I used every day to go to the office, standing

from my office, to go there. What are the problems that you are facing, yeah, I have this and this and I say yes you can do it, you can do it! You always have to support that person and motivate that person you can do it and you are able to do it and finish. So that is very important, that is very important.” [P1 OC]

“I really I have done in informal way not just for my own department and and also social, socially to see how can you cope in a very difficult situation and and how can you handle that how can you handle the atmosphere under which you are operating if there is pressure on you, how can you deal with that I can just I try to uh look at position in which I was, and how and and my life experience and how I can prevent this.” [P7 WC]

- **Career/professional (academic) or personal development of the mentees**

The participants encouraged the mentees to grow as academics and encouraged them to take advantage of opportunities to grow. They also encourage the mentees to continue their studies and publish while keeping a balance with clinical teaching as seen in verbatim quotes below.

“It is actually about the mentee it’s not all about you no, not in this case of mentorship it’s about the mentee how are you seeing the growth of the mentee? How are you seeing the personal, academic and professional development of that mentee?” [P7 WC; P2 OC]

“I am here to answer and give advice and to give guidelines on, on practical things and to motivate them to get for different educations opportunities.” [P3 WC]

“And I think it’s important that you also have to from the beginning realize you must help the person to develop to their optimum. So, you know, you must make them you know please starts studying or please let’s see if you cannot publish,

me you know let's try to create a balance between your clinical because that's stays our biggest product. We cannot put our own careers over our clinical work but we must also try to, we must, I think the as seniors we must also defend for that sometimes you know.” [P3 WC; P2 OC]

As shown in the verbatim quotes below, it was also stressed that mentors should serve as role models so that their mentees can look up to them in terms of personal growth. They should also provide them guidance and serve to inspire them to advance academically.

“Personal development you must sharing, who you are is what you are sharing with others so that they can imitate you, so that they can follow you so that they can have new insight in many things that are done.” [P7 WC]

“But I was looking at uh maybe academic growth and and those how can this person and and motivating them even the lectures as as to how they can progress in the career in the nursing career.” [P7 WC]

“But they must also keep their eye on future of their [mentees] career, and they must decide on what do they want. What type of academic was this something else? We keep on thinking we are nurses, but we are actually academics.” [P3 WC]

4.8.1.2 Good communication and positive attitude between mentees and mentors

The participants maintained an open-door policy and were available to talk with or assist the mentees. If the mentors were unable to assist the mentees with certain challenges, they refer them to management. In addition, as shown in verbatim quotes below, they establish good communication skills, friendships, or interrelationships with the mentees and accommodate them as well as have open relationships that allow the mentee to trust the mentor.

“Some like in my case I having an open-door policy because I believe that adult people whenever come to you, they are having their own experience, they need to be respected, that is why I am having this open-door policy. If a person feels that what I offer is not sufficient he or she has the right to come back and ask.”

[P4, P1 & P5 OC; P 2 WC]

“And the other thing is also the challenges she can face. I manage to explain if have this and this, maybe you can ask me if am not able to assist, then you can go to the HOD and the HOD will be able to find out what are those, what do you need in order to overcome those challenges.” [P1 OC]

“Apart from the mental support, the guidance, so you can also make friends that interrelationship with the, with the person whom you are supporting, you need to accommodate that person.” [P1 OC]

“To have a communication skills also good communication skills with your mentee.” [P7 WC]

The participants reported that mentees show respect, eagerness to learn, and a positive attitude towards mentoring. This makes it easier for mentors to impart their life experiences to mentees who are willing to learn as described in verbatim quotes below.

“Oh! No their attitudes are quite positive our lecturer, the lecturers, the new lecturers are eager to learn and the they are eager to learnt what they have find already in the ground they are eager to learn what is coming in and what I am saying the, this reason why I am saying they are eager and they having positive attitude, they never complain they accept what is being ahh instructed from the management and the trying to do their best.” [P9, P8, P1 WC; P6 OC]

“They are very respectful.” [P2 WC]

“You know to be honest to you, those that I have assisted uh ah to date, uh they are very positive. They, they you know that’s very important the purpose of mentorship is to share your own life experiences or information about your own career path and and you have to share with experience with experiences of someone who is willing to learn.” [P7 & P4 WC]

4.8.1.3 Orientation and induction during role transition

The sub-theme included; available mentors, administrative/management matters, and academic activities in that mentees were orientated and inducted.

- **Available mentors**

The mentors availed themselves to answer questions, oriented and supply the necessary documents to avoid the mentees feeling lost. As seen in verbatim quotes below, the mentors approached the mentees and they were available to the mentees.

“I think my main role was to assist where possible, to answer questions and I must say mentoring has not been a buzz word then, you sort of adapted and you ask if you don’t know and so forth. But yeah, I that was about the major role was to assist where possible, to take people around, go to class yeah, and share with them documents and things like that.” [P1 WC]

“I try my level best because I know how it feels when you are in an institution and you feel like lost and you don’t know what to do, what is expected from you. Even though you are taught you must teach this one and you don’t have resources, no guidance, no study guides proper ones.” [P3 OC]

“I am always happy to mentor them and those who yeah I can approach, I approach those who wants to be mentored.” [P8 & P2 WC; P4 OC]

According to the mentors, mentoring took place in both the department and office where co-workers taught the same module. The mentors could also mentor the mentees at satellite campuses as narrated below

“That’s actually part of mentoring we are mentoring each other directly/indirectly let me give a simple example I really need to thank the department we have tried to to adhered to our schedule programme for the whole year.” [P6 & P9 WC]

“Yes, I will say by then, I was mentoring those who were in my office because we were sitting together and we were teaching the same subject, I was could say really mentoring those by then.” [P2 OC]

“And I am always free to assist and it’s not only in the main campus there are some colleague from Keetmans, Rundu and Oshakati who also feel like they want me to mentor them and I always if I if there is any new information, I share with them or if they have question anything they wants to learn I always feel free to share with them.” [P8 WC]

Equally, the management and heads of departments were available to the mentees and referred them [mentees] to colleagues with expertise to provide the necessary information and help them adjust faster as narrated below.

“Yes but I could, what I could say is that whenever we are, whenever we have have a new staff member the head of department is do kind of a mentoring to that particular lecturer or refer new staff the new staff to another person, so that new lecturer would do really get you information, the duties and the task that she/he supposed to do in her/her in his discipline.” [P9 WC]

“As I say, the person needs to be mentored in all these aspects. And I, I, I just feel, like this year we have got many academic staffs and we, they were delegated to different expertise and I am seeing more, fast improvement and adjustment on, in these people, in these young educators or newly appointed educators.” [P5 & P2 WC]

- **Administrative and managerial matters**

The mentees receive support relating to administrative and managerial matters that encompassed policy regarding academic and employment issues, participation in various committees, and administrative support available for mentees setting as seen in verbatim quotes below.

“The same with administrative – on administrative I think, the University has got many policies neh, like policies pertaining to academic activities, policy pertaining to employments, and there are also these other sectors like, these committee, interdisciplinary committees like calendar committees and all these like academic and financial committees, planning committees.” [P5 & P9 WC; P4 OC]

“Those are some of the things you also have to tell the person that you are supporting, that here she have to make us of those administrative officers within campus for them to support and whenever she or he need something, those are the people to support.” [P1 OC]

- **Academic activities**

Furthermore, as seen in the verbatim quotes below, the participants were encouraged to participate in a variety of academic activities such as general assembly, staff meetings lecturer-student forums and wellness activities.

“So apart from teaching, so whenever there is an activity for the staff, for the student, so the person have to attend. So, activity for the staff maybe perhaps if we have a wellness activities, so that person should be part of those activity.”

[P9 OC]

“So, if the students are discussing issues, so I will also encourage that person, you go there if there is general assembly or maybe a lecturer- student forum be there and hear from the students.” [P1 OC]

“We have the general staff meeting, so whereby all the campuses, the administrators, the lecturers, whoever, the drivers, they have to attend. So are some of the things that can also contribute to the, her teaching role.” [P1 OC]

4.8.2 Theme 2: Current challenges with mentoring and mentorship of the new nurse educators

This theme included the following sub-themes; lack of implementation of institution Mentorship policy; workload, limited and inadequate induction of mentees; challenges with virtual mentoring of mentees at satellite campuses, and negative mentees attitudes.

4.8.2.1 Lack of implementation of the institution Mentorship policy at school level

This sub-theme included the lack formal mentoring plan/programme in the school; mentoring not encouraged at the school level; no coordinator of mentorship and mentoring in the school.

- **Lack of formal plan/programme /structure in the school**

The participants were concerned about the lack of implementation of the Mentorship policy in the school and urged the institution to ensure that it is implemented and that the new staff members are mentored. In addition, the lack of implementation and

absence of guidelines on mentoring at the school level demonstrate the insignificance of mentoring and the lack of integration of the theory of mentorship into practice as seen verbatim quotes below.

“That’s why I say we talk but the implementation, we talk and we live it there. The implementation is what is lacking. So, what I am trying to say if the school is strong in that, it should not be the school alone but it must be something that is enforce in the whole institution because is not only our school which is only get new people. It must be, it should be the whole institution policy that with all the new people that mentoring should be there because otherwise it will be one side thing and nobody will see the significance of that if it only done in one school.” [P2 OC; P7 OC]

“I think we are having a policy which is there but we need skills that are transformed into practice. It doesn’t help us much to know the theory just to read without integrating the theory into our practical.” [P4 OC]

“There is a portfolio for mentoring and hmm I think the university itself there is a mentoring programme, yeah but then the implementation I don’t know how because until now I can’t tell you I have these mentees. I don’t know if I was supposed to select them, nominate them myself or I should be provided people to mentor.” [P4 WC]

Furthermore, the participants raised concerns about the lack of a formal plan/programme /structure in the School of Nursing as well as guidelines or booklets to direct mentoring. The participants claim that they had not participated or gone through a mentorship programme and the necessity for the university to develop one there is as reflected in verbatim quotes below.

“Challenges are there, specifically because we don’t have a mentorship program for the, for the new, new employees.” [P6 & P7 OC; P3, P6, P5 & P8 WC]

“Is the program itself. The mentorship program, I don’t know whether it does exist. So, the university should come up with mentorship program. The policy is there, I know is the policy does exist but I don’t know whether they have a mentorship program because I have never gone through that program.” [P1, P7 & P5 OC; P6 WC]

“There was a time when I remember, I proposed in one meeting that can’t we have a mentoring guide or a booklet so that even if we don’t have to sit with new colleagues at least there is guide, a booklet where new people can read for themselves, maybe ask questions. I doubt where that booklet is existing.” [P2 OC]

“Og (sighing) even the guideline is not even really there.” [P5 OC]

Despite the reports that a mentoring plan was in place at the Windhoek campus, it seems to have perished a natural death as described below.

“There was a program I could say there was program and it was only for the main campus...And unfortunate of, fortunate I think that lecturer who were who was having that portfolio I think they left us I don’t know whether there is still someone.” [P9 WC]

However, in the absence of a plan, it claimed that there was a list compiled that outlines the important aspect the mentees need to be mentored in as stated in the verbatim quote below.

“This is just for what I call it is a plan with activities. Let me not call it a program, it is a plan with activities that these are the five (5) aspects that this person needs to be mentored like in.” [P5 WC]

The participants claimed that the mentoring was informal, unorganized, and superficial and depended on the inquiries from the mentees as narrated in verbatim quotes below.

“So, it is like that uh and it was really on informal basis not in an organised way and and this is maybe uh one of a short coming. It is those are the challenges that you just do the things the way you want and way it was done with you not that you had to do the way it should be.” [P7 WC; P3 OC]

“Regard to the programme because I am sure hmm my knowledge about mentoring, yeah, mentorship and mentoring really superficial, so I know and I can realize there should be specific aspects which should be covered in mentorship.” [P7 OC]

“When it comes to education, you are mentoring them and but sometimes you only concentrate on what they are asking eee, except now the induction that you give what you have to do but then, you, you without a program is sad. So, you concentrate mostly on what they are asking, lucky many of the the people who came here who join us, are also coming from the educational background we didn't have so far any person just coming from somewhere else.” [P6 & P7 OC]

The participant also discussed how when they were new and without assistance; and having to kick a ball in any direction as there was no mentoring programme affected them. This had an impact on the mentoring of their mentees. Additionally, it was stated that the mentees without mentoring programme might not be guided as narrated below.

“You kick it to any direction, so you can become a good mentor if you were also guided in such a way, but when you come and then there was no guidance, no proper guidance, it might also, you might also end up not guiding others because sometimes you may, hmm this is how is things are done here, you see. But in the presence of programme, there is no way that you escape that one, because there is a programme in place for the university if not for the school.”

[P3 OC]

“When I came here, I realize there was no program to mentors’ others that why I was, I still remember the experience I had, I shared with you, so the guidance was not really proper, you just told this is what you supposed to do and then you go...So and the support and the guidance’s is not just there. You are just like, like a ball ne.” [P3 OC]

- **Mentoring not encourage at school level**

It was reported that mentoring which is meant to be a long-term process was instead treated as a ‘by pass’ or once-off event or orientation as seen below.

“Now coming to the colleagues, the new mm lecturers it I think there is no (mentorship) from my observation, there is not really what one could say strictly practice that this one is mentoring, this one because this one have just came. Maybe just in by pass.” [P2 OC]

“Orientation is just to tell person this are the policy, this is what you should do. You must come on duty at 7h30 that is not mentoring. And that is the only thing that I know is really happening but the mentoring which is set to be a long-term process. Is it really happening, if it happening with some but with me, I won’t say is happening I only of that in by pass when I observe a colleague

maybe doing what I think is not correct and I will say how about you doing this way. That is not mentoring that it is once off thing.” [P2 OC]

Alike, the participants felt like the management failed to be role models or provide direction, or motivate them to act as mentors. Equally, mentoring was not brought up in staff meetings as a way for mentors to help the mentees as described below.

“They [management] should be role models, they should guide us so that like I am telling you the circumstance right here, they should, they should be role models to guide us so that we will continue guiding others when they come. It doesn’t, it won’t make any sense we have the management but they are not role models. They are not guiding us, they are not supporting us enough so that we will continue taking it from them and then we continue than with those that will come.” [P3 OC]

“Really, I don’t know because now because is not a something which we, there’s no formal program and there is nothing I never attend a ah uh general meeting, staff meeting where that topic was brought up that we are requesting seniors please mentor the juniors we are just doing it because of our own will. But really (pause), I can’t really yeah if if the management is willing and is allowing people to do it I don’t think people will have problem to do that.” [P8 WC]

Likewise, it was observed that problems were only addressed during the meeting and actual mentoring was not taking place in the school. Since, seniors are retiring and new staff will be left on their own, there was a concern that actual mentoring is lacking, resulting in uniformity in how things are done in the school.

“I think its seven to ten years back, after that the other lectures with whom I was not sharing the office I don’t think I really participated in mentoring them.

Maybe only during meeting when something comes up and we talk in the meeting like, no in this case this how you should handle it. But I won't say mentoring is really taking place in this institution. Why I am maybe not in the institution but maybe in the school, I don't know what is happening in other faculties. I am specifically referring to the, our school. We are talking about this talking but the implementation I doubt whether it is there. Why I am saying so because now then we do thing differently, you will hear today this what people should do and then the next morning is a totally different and if we are working in the same school.” [P2 OC]

“What you see more is something more like not really conflict but is, this one is doing this one and this campus is doing this way and the other campus is doing this way, which for me is does not really contribute to the progress of our school. And I will say is maybe because the mentoring that could unify or taught new employees at the beginning is not really practice and by the time the senior people will leave because as it seems as they will be leaving almost one after another, the school will be left with new people who will say to say standing alone.” [P2 OC]

Equally, the participants were also concerned that mentors are not officially allocated to mentees. Also, as noted in the verbatim statements below, some mentors were reportedly unwilling to participate in research with mentees or share their talents with others, and envy could develop between mentees and mentors.

“My own experience is hmm I was not allocated to mentor anybody, but I mentored those around me hmm. Uhhh, I give them information according to their questions or when I observe that they are lacking a certain knowledge and skills or information. Yeah, that's is how I, I can't, I don't know whether I

should call it mentoring but I was just providing them information (giggling) according to what I have, and they do not have.” [P4 WC]

“I think, yeah because of the things that I have seen which is lacking, mentorship is in all, all aspects ne, when it comes to research and when it comes to publication, the reason why we are having low input or no input at all is because there is, the seniors are not mentoring the juniors.” [P6 OC]

“You cannot train everybody so and a person who are not interested there are people who are seniors also but they are keeping for themselves they don’t want to talk, they don’t want to participate, they are keeping quiet and made most of the time you think it’s its good people why keeping quiet? But it is not that they don’t want to share their skills, they don’t want to I was talking about you should not be jealous. There can be jealousy between a mentee and a mentor, you don’t want them to progress so you don’t want to share the skills knowledge and everything experienced with them.” [P7 WC]

Participants expressed concern about the lack of mentoring at school despite the emphasize place on it by the higher management of UNAM as narrated below.

“If, if even though that different schools can do different things but I believe if the institution wants this to take place, I remember the beginning if not beginning of this year or it was last year, the Dean of the School was here at our campus. And he spoke about mentoring, there is no something like, there is no mentoring in this school, all the senior lecturers are leaving and yet there is new people or people who are left behind, they are not well mentored, those were not his words? So, for me the institution believes strong in mentoring but is it taking place?” [P2 OC]

The participants observed that the emphasis at the school is on student mentoring rather than staff, however, the former is more informal than one might anticipate as seen in verbatim quotes below.

“Mentoring, there is something mentoring for and the emphases was mostly for students. Not for the colleagues. That one I am aware because we were given even leaflets, yeah then you have to come up with the group of the students that you need to mentor but here formally doesn’t really exist, is not practical, informal yes.” [P3 & P7 OC; P6 WC]

- **No coordinator of mentoring in the school.**

The participants reported that there was no one appointed to coordinate and orientate staff about mentoring at the School, which had a negative impact because no one was there to ensure that mentoring was taking place or was being done effectively as narrated below.

“I would say the challenges right now are that we are talking about mentoring, it is happening is there someone who is let say someone within the school who is saying or who is preserving or who is overseeing that now that we say come 2018 this our mentoring project or program. Hmm my lecturers are they doing, who is mentoring this new people, who have just come in. I am not saying is not done but I don’t see it. I might be blind. Maybe is happening but I don’t see it/ I say so because now and then you her new mentee complaining you were were not, were were not orientated in this. That for me a sign that even maybe if mentoring was done, it no done properly.” [P2 OC]

“I think overall there’s really no there’s maybe just I don’t know I don’t think there is specific office responsible for mentorship I am not so sure who can really pool from the different schools and give people a proper orientation on

what is expected or pointing out importance of why we need to maintain the mentoring program in the schools...Maybe that's why things are the way they are because this really not an uh ah permanent or fixed program from a specific office oversee or just to encourage and so it's like each and every one is doing his own way." [P6 WC]

4.8.2.2 Workload

This sub-theme included the heavy workload and mentoring which is not accounted for in the mentor workload.

- **Heavy workload and time constrain**

According to the participants, the heavy workload affected the time needed to mentor others because some had to teach double modules or new modules, complete assessments, and follow up students, all of which need time as narrated below.

"Yes, that from the mentor also, time constraint is there, because as a mentor, you are an academic staff who is also to do all other academic stuffs, you are a teacher in the classroom you have module to teach, sometime double module." [P5 WC]

"I was having a challenge because, so I move from my subject which I used to teach, so I came to the new subject. I need to prepare even myself this, is a new subject, so I need to prepare and at the same time I have person to support. That was challenge because I need also to pay, to have time for my subject which is very new, and at the same time I have to support this person who is also very new institution, very new in the teaching." [P1 OC]

"I think the workload also too much even and if you want to support or to mentor these people, eee let say this the second semester which is coming, even

if you want to say okay can we meet, can we do something on publication you will not getting anybody because everybody is busy, following up the students, evaluations of students, this and this are in the class, I think the workload is also too much that is not giving us much time to do also the mentorship.” [P6 & P1 OC]

In addition to teaching, community service and research added to participants' already high workloads, making it difficult for them to devote extra time to mentees as described below.

“Although we need to do more but the work load, also do really hampering sometimes our objectives regarding those three areas. I mean now the teaching, community and research services. It can be also numbered or bit affected by the workload that our lectures are having.” [P9 & P5 WC]

“The challenges number one is only the time. Time factor is the problem because sometimes you feel really like helping others but you find yourself in a situation like currently I am dealing with first years and maybe you have somebody who just joined but your hectic schedule might also interfere with may (pause) prevent you from even trying to guide or assist others whenever there is a need.” [P3 OC]

Equally, the high number of students for theory teaching, and practical and research supervision also results in less time for mentoring as seen in verbatim quotes below.

“It can be because uhm we have got also many students per lecturer. Now a lecturer is just focusing or either to teach that big group be in the theoretical area or being in the practical environment, so workload is really also a concern.” [P9 WC]

“You are responsible for supervision for postgraduates, so many of them and you are also and other, other aspect so, this also limit the time you give to this younger person for mentoring.” [P5 WC]

- **Mentoring not accounted for in mentor workload**

Participants expressed concerns that even while mentoring required time from them, it was not considered in their workload as reflected in verbatim quotes below.

“And the challenge is you spend a lot of time to the extent that you compromise your own progress, and what your doing is not accounted for because it’s not your allocated task but yet it is consuming your time, yeah.” [P4 WC; P6 OC]

The participants requested the higher management to assist in mentoring mentees to assist mentors with heavy workloads and are busy as narrated below.

“And probably maybe from the higher management, to make an effort with new mentees aaaah, yeah, new mentees because I think with the load of work and everybody just goes on you thought of expect that someone will pick up which is not always the case, so I would say we should probably get more involved.”

[P1 WC]

The participants claim that there is no specific time set aside for mentoring and they have to make their own time, which does not materialize and leave them unable to follow up on others. Also, the lack of mentoring programme was mentioned as a barrier to fit mentoring into their schedule as narrated below.

“The time is very difficult, hmm, there is no specific time for mentoring, you have to find time from your own, own time, maybe that is it, I don’t know... You have to find time from your own time, and sometime you don’t have that time, yeah. And the person will you except to maybe to guide and to give her or him

are everything that he or she needs but then you, you just find little time and then give the person the basic information, sometime you don't have time to follow up the person.” [P5 OC]

“Maybe the challenge number two, is the, is that, if we could have a program in place, in the university like this one. If there is a program which is really there, that this is, program that is just there for mentoring others. Maybe it could be much better because you could also put on your calendar and there is a specific, specific mentors or something like that, then it could be better. If it just left in the air like that, everybody will just think is not my responsibility is somebody else unless if a colleague comes to you is when you start feeling like ag maybe there is need for me to give support. But if in a, in a way that there is no program in place that is for that, then it could be a challenge also. We may find ourselves having people coming and joining the university but they will have similar feelings because everyone will just say ag, maybe is the HOD's duty, maybe is someone else duty but having a program in place, I think it could be much better.” [P3 OC]

4.8.2.3 Challenges with virtual mentoring of mentees at satellite campuses

It was reported that participants made use of virtual or distance mentoring of mentees who were at satellite campuses, communicating with the mentee through email or telephonic and responding to queries as seen below.

“But it is very important, I think it is necessary because those, those newly appointed people on those campuses, they are just now being they are mentored by the other ones that have been there. And from the Main Campus, I think this mentoring is just based on electronic communications and enquiries. They do call and enquire, but it is there also verbal communication,

whether it is telephonically or email or explain how things are being done and eeh, for the past, for the past three (3) years, I have also, probably I mistaken just to regard mentors as the one that you come face to face. I have been receiving many enquiries from those campuses from how things should be done. So that is also we can do it, through telephonic, through electronic communication and, and so on.” [P5 WC]

The participants also claim that they run into difficulties with virtual mentoring, though, because there were no documents to guide this type of mentoring, and were only mentoring on aspects they could handle over remotely. Also, they run into technical issues when they make video conferencing, as can be seen below.

“I do not think the School have eeh, eh written document for mentoring of those colleagues (pause) and mentoring of those colleagues on the satellite campus is a little bit cumbersome, they can only be mentored in aspect that can be communicated like electronically and so on with more initiative from their side.” [P5 WC]

“Another mentorship of those people at the satellite campus or another mode of mentorship we provide to those people at satellite campus, we provided through the meeting that we did through video conferencing. Although now, sometimes communication through the video conferencing is also not so effective because of the technology, challenges of technology that’s also another way of mentoring those people at the satellite campus.” [P5 WC]

The participants suggested mentors be assigned or allocated for a few months to a satellite campus to facilitate face-to-face mentoring as narrated below.

“Probably what is in order for the mentoring process to take place effectively for satellite campus where there are only mentees, maybe the school can have a program in place where at least something senior who is well versed with all these main areas of mentor can be assigned to a campus for three (3) months provided that that person is not bound, but he is having a module to teach on main campus because the moment this person is a full teacher on main campus it is not possible for this person to spend three (3) month on another campus as mentoring. ... Unless the teaching can be transferred.” [P5 WC]

“But I think it’s important if the school can, if it can be made feasible, okay initiated by the school, but the University also to kind of acknowledge that it is necessary for the senior person just being delegated for at least three months at the beginning of the year and help these people orientate them and go with them through the other aspect, because I think person to person is always important.” [P5 WC]

4.8.2.4 Negative mentees attitude

The participants were concerned because some mentees seem overconfident or offended when mentors try to be in contact with them. Some mentees showed no interest or need for assistance when approached by mentors as seen below.

“The second challenges is whereby the person who is overconfident whereby a person doesn’t ask and whenever you came in, he or she feels offended and you have to reaffirm or hold back so that you cannot bring conflict of interest, but if you see that the problem is putting other species in danger, you just have to intervene, there is no other alternative. But if the person is overconfident there can be a challenge.” [P4 OC]

“I remember opening up to juniors’ colleagues in the school 3/4 years ago explaining to them I am able, I am willing to guide, to assist with ABCD even research because it’s one of my passion until today they never came back to me.” [P6 WC]

Equally, participants faced a challenge to cultivate loyalty and passion in mentees as narrated below.

“But looking at the new staff, I think a challenge for any mentor is to cultivate loyalty in the mentee and also to, hmmm maybe also to instil this thing of of what are we here for, so that the mentee understands the purpose of being here, I think what we have all picked up is that people can change from institution to institution where they feel they get a better package. So, I think that’s the challenge for any senior person is to gain the trust of the mentee but also to instil the idea of I’m here to stay and I’m going to serve the school and the profession and I think that’s a tough one.” [P1 & P6 WC]

4.8.2.5 Limited and inadequate induction/orientation of mentees

Participants reported that the induction of mentees by school management is limited and inadequate to satisfy the needs of the new nurse educators. It was narrated that the induction is brief, and irregular and does not include all nurse educators.

“And apart for introducing them to the subject, because mostly they are just concern on the subject, they give you a text book, they give you a prescribed book and they think is okay. You need to orientate the person on the environment so that one is very crucial.” [P1 OC]

“I think hmm, maybe now and then people should be, maybe reminded yeah or if something was covered during induction or something was covered during mentoring, then is should be maybe repeated again after some months, for staff

members to be reminded so that they don't go astray, so that they can follow the policies." [P5 OC]

"And also, induction sometimes doesn't really take place regularly and when it takes place, it doesn't also sometimes cover everybody, sometimes the new people they don't even know that they are required to attend the induction, some only hear it after a year is when they go for induction and a lot of uuhm they have already missed a lot of opportunities." [P4 WC]

In addition, there was no clear plan on what aspects should be included during orientation and the mentees are referred to policy to acquaint themselves, which at time they don't know where as seen in verbatim quotes below.

"If the orientation program I was actually thinking about it the other time maybe the way people are being orientated in school there is no official plan which each need to follow in the sense this is a program each and everyone in the department please whenever you- got someone to orientate this are the aspects to consider I think the orientation might have an impact on on that because if your orientation its properly done I am not saying others are not doing properly but focusing on key aspect and emphasising to this new colleague the reason of us being here is our responsibility things might have debate different." [P6 WC]

"And sometimes they used to say, read the UNAM policy, read the UNAM policy, but sometimes the person just doesn't know, what, where exactly. I am not saying let we spoon feed people but just to train a person, in a way that a person is capable to do things on his or her own not just assimilating what

others are doing but to develop or to train or to mentor a person to be able to be an independent somebody in life.” [P4 & P2 0C]

The participants also emphasized the value of beginning mentoring during induction, as can be seen in the video below.

“What I can add is just the induction, induction I think is also kind of a uuhm mentoring but induction but if mentoring can start during the induction, so that the new people can be introduced on the mentorship uuhm process and then from there they will be able to use that opportunity to ask for what they need yeah.” [P4 WC]

4.8.3 Theme 3: Challenging areas that mentees had inadequate knowledge and experiences/skills

This theme included sub- themes; of inadequate knowledge and experience in learning and teaching; inadequate knowledge and skills in facilitation of research and conducting community services; difficulty balancing multiple roles as the nurse educator; and unfamiliar with Higher Institution expectations about students and administrative matters.

4.8.3.1 Mentees had inadequate knowledge & experience in;

- **Learning and Teaching**

Participants claimed that mentees lack nursing education qualifications or teaching experience in learning and teaching including establishing teaching objectives, lesson expectation, teaching, and selecting the best teaching techniques. It also included lack of skills regarding how to put together objectives and lesson plans.

“I think the biggest challenge with new staff is the introduction to higher level of education and some of our staff do not have teaching experience, so they

need to be mentored in terms of hmm teaching. Hmm, well with our high system it depends, I think people differ, some people get their feet easily others need to be sort of carried.” [P1 WC]

“I think they also need to be mentored on when it comes to teaching, because hmm nowadays we know that not everybody has gone thorough that nursing education programme and you might find that some of them might not even know how to set up objectives or what is that they expect to do the lesson plan, and how do they have to teach and what method they need to use. So, and I think they also need to be mentored on the teaching side.” [P6, P3 & P2 OC; P4 & P1 WC]

Furthermore, it was observed that some mentees required assistance and were given teaching slides since they did not know where to start or how to proceed. It was also reported that participants had seen mentees working long hours after work to prepare their teaching slides. This was stressful for the mentees and may have been prevented if they were supported as shown below.

“Just because the person was new and she was saying she doesn’t know how to start, where to start, what to start, then I explain first to her, I told her the person to take the study guide, I was having mine this start and she was having her that side, over the phone I was explaining and then I send the person my power point slides off the slides that I used to teach.” [P5 OC]

“I remember that there was also another colleague of mine, a new lecturer here, so she was spending in the office almost up to ten o clock evening preparing for the slides. But she was very stressful. So those are some of the issues that we maybe need to avoid.” [P1 OC]

The participants agree that even if mentees have qualifications, they still needed mentorship because might not know everything as verbalized below:

“Sometimes you give, I can apply for general nursing sciences as the lecturer but maybe there are some new things I need to know. I need to be taught as well. Teaching is one role of the mentor. We need to teach each other, it does not mean if when I have my qualification then I applied to become a lecturer I know everything, I still need to learn. We should get that one, as mentor you need to teach others.” [P3 OC]

The participants also felt that mentors need to observe their mentee's lectures and provide objective feedback. Also, they encouraged mentors to allow the mentees to sit in their class and observe the mentors teaching as seen below.

“With teaching the head of department do a kind of evaluation or assessment in the class they go to the particular class the lecturer is inform that she/he, the HOD will now come at this particular time sit in the class and observe...Observe how the lecturer is teaching and try to do this of not do be subjective...But to be objective we are human beings and when there is something that HOD or co-ordinator see that is needed to be, a lecturers need to be assisted then she or he will do accordingly.” [P9 WC]

“And I think it's also high time that the junior lecturer should sit in the senior lecturer it can also be a type of a mentoring ah uh kind of a, kind of a mentoring uh system although it did not come up with that yet.” [P9 WC]

Equally, it was claimed that mentees lack experience in using teaching technology and need to be mentored to avoid them being embarrassed in front of the class. This should include the preparation of slides and using the projector to allow them to become familiar as described below.

“But as a mentor, you need to guide your people because you don’t what to have a lecturer here and whenever she goes or he goes to the class, is you are so stressed because you don’t know where to start, how to teach, how to present. Nowadays people are using technology, guidance. Do you know how to prepare is just an example you find out. Do you know how to prepare the slides because people are now presenting with slides, the projectors? Those simple guidance is really needed and is the role of the mentor to guide others that are coming in. Just make sure is the person familiar with the new technology that people are using.” [P3 OC]

“You can be a lecturer but operating the technology student are better, are far better than you. So that guidance is needed because otherwise you find yourself in front of the students and then you will be embarrassed.” [P3 OC]

Furthermore, the participants agreed that mentees should be given a general orientation to the clinical setting and the clinical personnel, as well as the process of assessment, log books, student accompaniment, and general orientation to clinical teaching, expectation as described below.

“So, I really try because I still remember a colleague of mine who joined after me and it was, she was department of clinical. Yes, I could see she was also like lost, and I could reflect my experience when I started.” [P3 OC]

“And explain to the person about the log book, the procedures that we have to evaluate as lecturers, and what we do when we follow the students in the, in the, in practice.” [P5 OC]

“Even if the person now, nowadays we have preceptors, they retired from the hospital in that same hospital, now you are taking them there as preceptors, they will always want to go with somebody and all staff of the university, who

can go there and introduce them to their old colleagues as new comers working for another institution, so that they know where to start, how to approach them, so that they are welcome.” [P5 OC]

Participants also echoed the mentors to demonstrate practical procedures that mentees find difficult to learn from them as narrated below:

“You go there with that person, you prepare together or maybe, you tell him this procedure if it is very difficult, I can do it, and then you watch me doing the procedures because I did it that time because my colleague was having a problem with a certain procedure and I said I am going to do it first and then you observe me doing it. So, that will put, then person will be able to see hhh this is been done like this” [P1 OC]

“But I think it [mentee observing mentors teaching] is done in midwifery, but I am not sure particularly in their practical areas, I think they are doing this at the kind of the mentoring...Working together there’s lecturer who know about these procedures is doing in the presence of others and by that the way they are learning.” [P9 WC]

- **Facilitation of research and conducting community service**

According to the participants, the mentees need to be assisted in research for them to grow as academics because they were unsure of where to begin. They emphasized the importance of research skills and writing skills for the mentee to advance their academic career. Additionally, mentorship in community service was described as important as reflected below.

“The university is requiring us to be acquainted with research, but in most cases when we started the challenges was we are, is a must we must publish. Where do we start with publishing, if there is no one who is ready to teach us?”

Is the role of the mentor as well, teach others because people need to, the university requires you to publish but do you have knowledge? So, all those I think, those are the main roles of the mentor. Is guidance, guiding others, teaching and giving support, yes.” [P3 OC; P5 WC]

“It’s a bit of different role, you need sometimes to understand and that why you have to must develop other skills, you know, you must develop research skills, you develop writing skills, if you want to have real career in education.” [P3 WC]

“And ah we have already talked about the three areas they need to be mentored, uh in teaching, they need to be mentored uh regarding the research and also the community engagement because this are the key area, key areas focus, focus of their of the, the institution we cannot do outside the institutions focal areas or otherwise we are doing our own businesses and not the institution business.” [P9 WC]

Equally, the participants echoed the need for mentors need to reach out to mentees who might have fear to ask for help and create opportunities to publish and also be co-supervisors with the mentees as seen in verbatim quotes below.

“I recommend to them to be helpful others, yeah because you can see, if you look overall in the whole school and not just at this campus, there are, there are a lot of seniors, they have published, they have been promoted, but you would not even see this, this senior have published with this junior. They need to, eee to pull the juniors closer because is like you will be divided, this is a group of seniors, this is a group of junior and the junior will be afraid to ask, so if the seniors can just pull eee, the junior closer, so they will be free to come and ask for any help I think.” [P6 OC]

“Those once I think they need to be done according to uuhm core supervision, so the core, the person who is supervising with that person, I think is responsible for the explanation of what the core supervisor should do yeah like by providing the study information.” [P4 WC]

4.8.3.2 Difficulty balancing multiple roles as the nurse educator

The participants agreed that it was important to support the mentees in balancing their multiple roles as nurse educators to function better. They must be able to balance their involvement in research, community service, and teaching both theoretical and clinical. Additionally, they must know how to interact with students' need/issues and leaders & colleagues, to create an environment that is supportive as seen in verbatim quotes below.

“Let we start with subject content itself, they need to gain experience and knowledge how to transfer knowledge to the other, they need supervision so that in future they can also supervise the others. They also need management skills for them to manage their own time, activity, classes and problems of students and even their own problems. So that, they need also to, to to know how to interact with the UNAM community either student, colleague, or leaders just to create this conducive enabling environment.” [P4 OC]

“Like you know our academic responsibilities, teaching, community work and research all these three aspects should be equally introduced to this new nurse educators so that they start being active in all these dimensions because at the end of the day it will make her or him a better well rounded, having insight in all the dimensions of academic affairs and the school and not only to focus on one.” [P5 WC]

Equally, the participants echoed for mentees to be supported as they need to learn and adjust to many facets of nurse educators, able to gain knowledge and skills, continued their personal development (studies), stay current with new information, and maintained their social life was as reflected below.

“So that is the support I am referring to, you need to support your people because they need to be developed professionally because you are looking for. You need every time to gain, to get knowledge and skills and you need to keep yourself up to date with the new information. And that support should only come from your mentors.” [P3 OC]

“As I said a time constraint, as this person is also adapting, many of these people who are being mentored they are also student, they are also studying. They have registered for postgraduate, so it is a little bit challenging.” [P5 WC]

“You are guiding this person towards a social aspect to be able to learn how to manage his/her social life so there must be a balance within the different dynamics of her own of her life and not concentrating on one and then neglecting a specific element.” [P6 WC]

Equally, it was also required of the mentees to take initiative to approach others if they need assistance in teaching and research as narrated in verbatim quotes below.

“What is expected of the mentees is also an initiative to come forward. Mentees to just to, you know to acknowledge that they come in an environment there are aspect that they may not know, and they have to come forward. And then the other thing is also, they also have to come forward with things they really, specific objectives they want to master. No like, this is an academic

environment, there is this teaching learning dimensions, there is research dimensions', just for the mentee to come forward to initiative." [P5 WC]

4.8.3.3 Unfamiliar to Higher Institution expectations pertaining to students

Participants observed that mentees need guidance on how to handle or deal with students' matters or aspects that are unfamiliar to them. They need to learn how to handle a large group of students during simulation, and they face difficulties while providing clinical accompaniment as seen below.

"How to manage a large group of students...Or how to manage students during simulation, what to do when you do accompaniment, what do you need to cover during accompaniment, because sometimes, or how do you manage hmm challenges that you come across during accompaniment." [P5 OC]

Equally, the participants narrated that mentees should receive mentoring in areas such; managing big classes, engaging with students, student assessment, voice projection, content delivery, lesson planning, and capturing student attention during teaching.

"The whole issue of getting into contact with a big class because I think that is also challenge for a new person, hmm sometimes it's difficult to articulate in English especially when you are in front of so many students, hmmm whether this person has the confidence of teaching others, whether she or he was prepared, because I think that is another thing a mentor must look at, subject content, how do you connect with the class in terms of previous knowledge, how do you assess what you have taught." [P1 WC]

"I think one of the challenges is for a new person to control a class of adolescences, so you are there in a sort of a supervisory capacity not only trying ordering the class but also to see how this person cope. You know the

whole thing of projection of voice and content and yeah, those things we expect from a lesson plan.” [P1 WC]

In addition, the mentees need to be mentored on how to enforce classroom rules and deal with student behaviours as seen below.

“And apart from the procedures, the classroom management, because this is a tertiary institutions, the students are behaving some ways somehow, so you also need when coming to the class, so those who are mentoring so they also need to implement what is supposed to be implemented in the class, the classroom rules, how you manage the classroom, how do you want the students to behave and all those types of things.” [P1 & P4 OC]

4.8.3.4 Administrative matters

It was reported by the participants that mentees needed to develop and needed guidance on the university's vision and mission as to what is expected of them. Additionally, they need to be orientated on policies and periodically reminded of them. Furthermore, they need direction on how to interact with the university community, including the numerous offices, and school-specific policies.

“They need to grow (Pause) in the new environment based on the vision and mission of the university so that they will know that what they are doing in there, what they’re doing in the school is what is expected uh by the leadership of the institution.” [P9 WC]

“I don’t know if somebody talks them through the policies, general HR policies for example because I think that is important, there is induction and orientation of new staff but sometimes it might be you know, after few months if you have been already here. So maybe there is a need to also reflect a little bit on these HR policies.” [P2 WC; P5 OC]

“And mentoring also it should not mean that all these aspects to be introduced to a person and also the issue of policy wise neeh, the school does not exist by its own within the main system infrastructure the main university. There are policies that have got influence in the school’s operation neeh, so therefore the person should also be mentored and be orientated about these policies and the interrelationship or the relationship of the school with other sectors of the universities and other offices of the universities.” [P5 WC]

Equally important, the participants narrated the need for mentees to be orientated on how to use computers and obtain information from stakeholders. Additionally, mentees require a thorough knowledge of management, planning, and administration as narrated below;

“What do they do if they need a computer? What do they do if they want to communicate with Ministry of Health for example? So yeah, that could properly inside administrative things about how you communicate.” [P2 WC]

“A person needs to be mentored or be introduced to other aspects of the school like management, because is very important for the person to have this comprehensive knowledge of the whole school; not only teaching-learning subject matters but also issues of management, planning and you know, for the maintenance of the school as an establishment. So, everybody needs to be mentored in this aspect so that at the end of the day a person can contribute to the school’s sustenance, apart from teaching also administration, managerial aspect.” [P5 WC]

4.8.4 Theme 4: Recommendation to create a conducive mentoring environment

This theme presented the recommendations needed to create a conducive environment needed for mentoring. The sub-themes included were; facilitation regarding; a good

relationship between mentors and mentees of support, assistance, and guidance; trust, respect, and healthy communication and positive attitude between the mentors and mentees; revision and implementation of the mentorship policy: formal mentorship and mentoring plan/programme/structure for SON; workload consideration:

4.8.4.1 Facilitation of good relationship between mentors and mentees of support, assistance and guidance

The participants recommended that the mentors should develop a good relationship, psychological support, guidance, and good communication skills with mentees. These were thought to give mentees confidence, alleviate fear, and made them feel at ease.

“I think number one is just to give support where it is needed. That’s very important because when you are a senior you need to play a major role just to give that support, because the main reason is you want people, all the people to perform whether they are new or old that, the productivity. You want to see people performing, you want people to work in a stress-free environment. Remember when you, you realize I am here but there is support, you will be free, Yeah. You will be confident whatever you are doing you won’t have that fear of, you won’t have stress because you can see even my HOD is supportive, other colleagues they are also supportive.” [P3 OC]

“So, whenever you have a new employee, the first thing is, is to put that person at ease, to always to encourage that person to feel at ease. That is very important because that have to do with the mentality of that person. And I until such a time the person is at ease, then they will be able to identify, allow the person to come up with, what are your challenges, what do you want me to assist, what do you want me to support and then to provide the support.” [P1 OC]

“Sometimes people are here, you can have your background information whether you are a registered nurse, you have the knowledge, you have the skills, but when you come here to a new institution like this one, you need guidance. You need somebody who can tell you, okay when you are now, when you are teaching for instance because, we have a lot of people who coming here but they don’t have the education background. You just, you are given this a study guide, or maybe if it is available unlike me when I started, you are given that and then you are told these are your students. You just don’t know what, where to start.” [P3 & P1 OC; P7 WC]

Furthermore, the participants also expect the mentor to play a variety of roles, including supporter, advisor, motivator, empathy, role model, and knowledge transfer knowledge to the mentees as seen in verbatim quotes below.

“So mentorship I believe is you should be a counsellor, you should be a coach, you should be hmm supporter, you should be an advisor, you should motivate others, you know, you should empathise with others you have to put yourself in others feet and and and you should be a role model that is what I first understand in mentorship. That is that is why I was saying that I was just looking at people how they acting, acting as role models and this is what I was imitate and and and uh. And and and you know, is good question you are asking I also believe that as as a mentor what are you doing? You are passing on or transmission of knowledge and skills to the less experienced or less knowledgeable person for example in the newly you know appointed lecturer.” [P7 WC]

Equally, the participants suggested that mentors should share their experiences & skills and address the similar issue that mentees could face as seen below.

“So you have experience, so built on that experience and let that guide you as to what does a new person need to know and this was my bad experience was it taken away and how it was taken away and share it with the other person or it was actually never addressed, so how would have expected it to be addressed and then make sure that you address that same need in the other person.” [P2 WC]

“You have to be willing as a mentor to to share your skills, your experience, experiences you should be your life.” [P7 WC]

Likewise, the participants require management to play role in the facilitation of mentorship, by offering guidance and support to mentors, who often have multiple mentees and are overworked as seen below.

“Maybe just to help with either they[management] can also give some guidance or they can also just assist by asking I could see you are sitting with two new people in the office uuhm maybe just asking how they are coping so that they can also just provide the assistance according to how you are experiencing that mentorship. Because for now I don't really know whether they even realize that hmm, other people are sitting with more than one or more new people. Those people they actually having tasks to do except from their own task, they are having tasks to carry because you cannot just look at a person and just ignore or just uuhm may be decided you come here on your way and you have your own qualifications so just go on. As a human being it's

difficult to do so you have just to help such a person until a person stand on his/her own.” [P4 WC]

4.8.4.2 Establishing trust, respect and healthy communication and positive attitude between the mentors and mentees

Participants urge mentors and mentees to develop a trusting, respectful and healthy relationship. It was mentioned that for a mentee to trust a mentor, the latter should be knowledgeable, have insight and patience as reflected below.

“The trust is the most important one because the mentor wants to share so many things to and and as as mentee will share so many things with you and and you have to be trusted.” [P7 WC]

“Another thing is also trust, another challenge that I have experienced is trust between the mentees and the supposed to be mentors. Uuhm, (pause) while the mentor must be knowledgeable, insightful, that is what makes her to be trusted by the mentees. The mentees should also kind of having confidence and trust in the person supposed to mentor, whether it is formally or informally, just to reach out to this person so that this person can help you with for your own growth.” [P5 WC]

“The role of a mentor to have effective mentorship to new appointees or to the mentees; the role of the mentor is: okay first this person who is mentoring should be knowledgeable in what he is mentoring, they should have insight on what she’s mentoring. And at the same time, she should also be patient in what she is doing.” [P5 WC]

“You have to be trusted and and very important also that some of time mentors assume that you have heard mentees mentees have heard you but you have to listen the talk must not be yours now I am talking or asking me but but if it is

uh that relationship you should know, you should know how to react, how to listen you should not distract person, you should listen attentively...That is what and and you treat your mentee also with respect not to say you are younger than me who are you by the way. And it's very important that way treat with respect means you should have that emotional intelligence. Only with emotional intelligence it means that you are aware of others feelings, you are aware of others emotions and and yours.” [P7 WC]

In addition, as described below, the participants emphasized the significance of mentors and mentees taking precautions to prevent professional envy between them.

“It means that relationship should be you know you must guard jealously towards that relationship between you and the mentor, between the mentor and between you and your mentee...So that this trust can be there so that they can uh ah really look up to you as role model.” [P7 WC]

“We must get away from negativity uh professional jealousy is there it will be there but those can kill as I am saying mentorship. But but you must try to be positive all the way and just see the positive and positivity in other people mhh no matter what, no matter what, and build that relationship.” [P7 WC]

Likewise, the participants narrated that mentorship goes beyond information sharing to improved communication and foster an environment where mentees feel comfortable to approach mentors for help as narrated below.

“Mentorship is a broad concept it is not only the, the way of (pause) the way of mentoring someone giving information to the new staff, but it's also the way of improving communication. Is the way how, is the way which is bring about interpersonal relationship between the new staff and the senior staff.” [P9, P7 & P1 WC; P3 OC]

“I do think it should really be a two way thing that somehow, new staff must also be kind of open or what do I want to say (thinking) but also have that responsibility to ask and not to wait, I will wait until somebody comes and takes my hand you know, but to also say I am unsure and go to some senior does not matter who it is but I just I just think that new employees should also have the responsibility to acknowledge, I need help and look for it, you know from the senior person.” [P2 WC]

“I think I will recommend that they [mentees] need to be told to be free, to come to the seniors, and say I need help in this and this and this, and in that way you able to, to make time to assist them. Otherwise sometime we assume that, hmm I think the person knows this and this, yeah. But if they, they are told that to be free and they can come and say I need help in this, so there you will forced to assist them, or you will make time because you know this is a need for this person.” [P6 & P1 OC; P1 & P3 WC]

Some participants, however, suggested that mentors should approach mentees as a new person might not feel comfortable and create an environment where mentees can feel free to approach mentors, as described in the verbatim quotes below.

“The mentors should be the one to approach the mentee at the beginning and then when as you approach her, you can also invite her to come. Yeah, because is, do not except she is very new. Sometimes you want to ask something, and because of being new in the institution you feel hmm maybe that person is going to say, I am giving her troubles so you go there and support until such a time that person knows that hmm this person really want to support me. Then you invite her, next time when you have something that you feel you want to ask,

please come to my office and then maybe you will see her there in your office.”

[P1 OC]

“I think there is just this thing of don’t think your stupid to ask, because it’s by being quite you know not asking, not free to ask that you might make mistakes you know or start with the wrong way of doing things and then you’re wrong all the way. But that is why I think there is a responsibility from the mentors side to establish that kind of comfortable environment where the mentee will feel free to go and ask they must be that kind of environment you know, and relationship also because if I walk into the school I must get this idea you know everybody friendly they look approachable so I will not have a problem and fear to go and ask.” [P2 WC]

Likewise, the participants suggested regular meetings and commitment from both parties to adhere to meeting arrangements as reflected in verbatim quotes below.

“You have to keep time, you know with your mentee not just cancelling, cancelling, cancelling while you have to meet. But it should be that atmosphere should be just something not somebody is putting some pressure on the others. We are mentors we mentor the mentees but mentees have got also their own program...That’s why you should find time and and they can also be informal meetings.” [P7 WC]

“Commitment very important! Because it’s all about agreed appointment this person needs to commit to our, our meeting dates as I have said honest, show interest in what we are discussing, those are some of the key and also to be more open for solutions or suggestions as provided because we are there to guide and see its still up to the mentee to decide what would be the best solution you are just there to guide you can’t decide for this person.” [P6 WC]

4.8.4.3 School specific orientation and induction at school level

The participants stressed the importance of having orientation and induction tailored to the school as narrated in verbatim quotes below.

“We need to give proper, because the university is having an induction for the whole university but not for the school.” [P8 WC]

“I think the school need the proper formal induction ...So that the new lecturers will be, will not experience challengeable with the new, new system.” [P8 WC]

It was further reiterated the importance of orientation to teaching, research, and community work that is needed to assist those without a background in education that should run over some time as seen in verbatim quotes below.

“We have teaching, research and community work. If you are not been mentored on those aspect you will not be able to function to do your role as expected and I think through induction that will be also part.” [P8 WC]

“Because we need a program, obviously we are expecting some of the people to come from a background which is not education related and this people will a need lot of support.” [P6 OC]

The participants stressed that a school induction process should include the preparation of question papers, lesson planning, teaching, simulation, teaching models, communication, teamwork, and general orientation as narrated below.

“Even how to set up a question papers, how to do the lesson plan, how to teach even, how to do the simulation those are the crucial part because some people they were not hmm lecturers before some they use to be but not at this level...Even the communication, teamwork, how should we communicate in the school, what is the importance of teamwork, how to we work as a team hmm,

what is the channel of communication? (pause) It will also include the environmental orientation, where is the simulation? Where are the models that we need to use?" [P8 WC]

Equally, the mentees need orientation and induction to varied portfolios, and expectations for theoretical, clinical, and student assessment in theory as seen below.

"Because those are the things that usually took place at the school, inside the school and outside for example the portfolios are usually outside but they should also part of the mentorship. So if you had that structure, then you could then hmm mentor the person according to that structure that if your teaching role consists of this, if you are having a clinical subject in the clinical you are expected to do this and this, in the theory you are expected to do this and this, if you're doing assessment your expected to do this and this, if you're setting for example examinations or preparing for examinations you are expected to do this and this." [P4 WC]

Likewise, participants also discussed the necessity of including managing students' research and any related documentation or guideline, community engagement activities, and relating documents, community engagement activities, and understanding staff appraisal requirements in orientation as seen in verbatim quotes below.

"In research your required maybe to be allocated students and so on you are that is what you're supposed to know for example you should know all the document that are related to research, so not only the document but also the allocated time thus such as seminar and your role of reminding students and your role hmm in doing student research that you're not doing for them but

guiding them, yeah everything that is related to that area. And then if it is community engagement that is what you are supposed to do and uuhm this things should be, are also accounted for in your appraisal, actually if you want to know everything that you're supposed to do, follow your appraisal because everything in your appraisal is what your expected from you and if you lack knowledge in that then you should ask questions according to that.” [P4 WC]

Furthermore, the participants narrated the need to extend orientation beyond the three key areas of academics to include various portfolios, tasks, and activities that mentees must engage in or perform as well as how to act or handle students' problems or interact with other colleagues seen in verbatim quotes below.

“And there are also portfolios, portfolios are activities and tasks that you need to do for the school within the school and outside the school, and those portfolios they are also classified according to the university policies for example if you had to do uuhm external examinations is allowed because it's also part of the university requirement and within the school if you had to represent the school to other Faculties then you will have to come with a report, informing others because they need also to integrated with other university Faculties on certain issue that you are representing. And also, perhaps on contact with other people how you should respond to to seniors or how you should respond to task allocated to you if you realize that you are not able to do that you go back to the person who allocated you yeah and so on. And also, the way of dealing with students, there are many issues it's not only hmm limited to those three things of UNAM teaching, uuhh research and

community engagement, there are also other things around us that the person also needs to be mentored on.” [P4 WC]

4.8.4.4 Formal mentorship and mentoring plan/programme/structure for SON

Participants echoed the need for the management to initiate a formal mentorship and mentoring plan/programme at the school level to guide the mentoring of staff members as seen below.

“The role [management] I think it could be with starting with of having a structure for mentoring and then listing all the activities or responsibilities or task that is supposed to be done by the, what we call not only lecture but by the specific person according to the UNAM responsibilities, teaching uuhm research and community engagement as well as meetings and uuhm portfolios.” [P4 & P6 WC; P1 OC]

“They [management] are the one to initiate that ah program because if there’s no formal mentoring program, you are doing it but you don’t know whether people will not be happy that you are calling juniors to mentor them. Maybe you will be guilty one day hmm, they have to have the formal program and they have to allow that and they have to appreciate because is not is not a bad is not a crime but when you were mentoring you don’t know how other people will take it.” [P8 WC]

The absence of a formal mentoring programme increases stress among mentees since they have no one to turn to despite the function of mentoring to the performance of the university. Additionally, it was emphasized that mentoring should be a continuous process over time to help the mentee to grow personally and professionally as stated below.

“So in that way, then they will be able to support especially when the person is new in the environment, is a very stressful environment because you are very new, you don’t know whom to approach and then you are coming in and nobody is supporting you and sometimes they are those who are complaining and you just get a book, a prescribed book and there you go, you don’t have slides, I remember that there was also another colleague of mine, a new lecturer here, so she was spending in the office almost up to ten o’clock evening preparing for the slides. But she was very stressful. So those are some of the issues that we maybe need to avoid. So, we need to come up with the program, and then just have a program, maybe a yearly program and those people who are being employed, the new ones, they have to go through that.” [P1 OC]

“Mentoring is really improving the performance of the university in general because if you don’t know any, if you just come from somewhere from your other previous job and there is nobody to mentor you is difficult, is difficult you will find yourself here 5 years and you don’t even know how to what to you do, is whether what you are doing is right because there’s is no one to mentor you, there is no one to say this is not right, you want to write an article you don’t know where to start, there is no training to say you are going to attend the training yeah, it will be a challenge without the mentoring program.” [P8 WC]

“But mentoring it must be something it must be a long term, let say for a year. You have this new intake of lecturers you allocated maybe, you allocate them maybe to seniors. You are with this one for the whole year, so you must be a long-term process because you are focusing on assisting personal and professional development of the person. You can’t do it once month, it must be

long term process and during that period you also observed whether there is changes because you looking at what difference can I bring in the life of this person being a lecturer.” [P2 & P5 OC]

Furthermore, the participants echoed that the school needs a succession plan because so many senior educators are retiring as seen reflected below.

“I think, you know this we have this in the beginning, the staff members that have been there, have been there for very long time and these years there are now, many of them are retiring. Now if you have somebody who is an expert, maybe seated say now in Rundu and that person is approaching retirement, I think whether is now the top management or middle level management, or school level, we have to see maybe ways how this person who is retiring, the possibility of him or her to be either connected or liaise with new staff members so that the knowledge can be, can transferred.” [P5 OC]

“When this person is in office there is always one of the lecturers with whom she is working and we used to, at least first three months is Ms. X and the next three month is Ms. A, so that when the HOD is not available, this other lecturer who have been assigned to work with her, this person will take over and that is part of mentoring because this person has been, the duty has been relinquished to this new person and this person will use her or his discretion in the absence of the HOD. That is typical mentoring, so you have given this person an opportunity, this new or this junior lecturer to to lead in your absence. And by then people use to learn because when you are alone you learn but now with the new structure that thing is no more there, so meaning that the junior or the junior staff, they will never get an opportunity to learn. They will

only learn when the seniors are away not away but when they have retired.”

[P2 OC]

Equally, the participants echoed the need for the Mentorship policy to be revised and there need to develop guidelines, the participants agreed, as the policy is currently ineffective and just collecting dust as narrated below.

“And this policy needs to be revised also you know if you look at what is happening on ground today you cannot just copy from other people and say that no I put something together there are a lot of a lot of issues that I see that for me this one is academic, it’s just something to read there it should be fitting reality on ground so uh ah if it is a policy it just a policy but from policy there should be procedures, there should guidelines...There is no no guidelines they have to come up with uh ah guidelines so that people can follow the procedures also uh it is just something that was done and it’s there. But but that’s why it’s not working it is just collecting dust.” [P7 WC]

- **Allocation and training of mentors**

The participants recommended that management to choose suitable mentors among the senior colleagues to be linked to mentees as described below

“I think we need a program, we need to put up a program whereby we are having particular senior lecturers delegated a certain type of the activities that he or she should carry or she should involve in to mentor the junior lecturers. That will help us because we will see now okay this A lecture is now mentoring this A, B, C, D to this particular lecturer.” [P9 & P8 WC; P1 OC]

Furthermore, the participants stressed the importance of having multiple mentors for each mentee, taking into consideration the nature of the problems at hand, as well as the strength and expertise of each mentor as narrated below.

“You have to be mentored by somebody who fit you. Its its like a shopping, if you go around maybe in town and you want to shop for a shirt, you are looking for a specific one and you will look around ...This is like that, that is how you are developing someone and in the but some some mentors are developing people in the way it fits them but it should haven’t be like that it should be the way it fits the person, the mentee.” [P7 WC]

“Also based on specific problems which are arising and the problems are different, yeah and some problems, some problems might be too personal.” [P7 OC]

“Because it won’t help hmm, that I am think I am good in coaching, research also but maybe there is someone else that might have more researcher output for example than me they could say that one I think is better so. Yeah, I don’t have a problem with it, I think its actual a good sign and a characteristic of management to identify which people fits into which portfolio, who’s strengths lie where, so that you can really allocate the appropriate people make be sure that person will be the best mentor in that area.” [P2 WC; P1 OC]

“Because ones a mentor for life does not work might because there might be other view issues that you can maybe learn or methods or strategies and so on maybe or see where you are getting right and also see where you are getting wrong but but it’s not for life but it can be done.” [P7 WC]

“Then you identify the experts of the different aspects of this mentors from who’s good in academic matters like teaching and learning, who’s good in research and who’s good in understanding the concept of community service, who’s good in administrative and management and then you delegate also

some of the activities to these experts so that they groom these new staff, so the new staff start off afresh, having an understanding of all these components aspects of the operation of the school.” [P5 WC]

Equally, the participants support the idea that mentees are assigned to mentors who are in more in closer proximity and have the opportunity to overshadow the mentor as reflected in verbatim quotes below.

“So they [management] can just identify those people and whenever they have a new person who is coming and so they are either not to have a workshop, they can assign maybe two or one week, assign that person to that mentee, just to go with that person and maybe observe within a week, observe how this person is teaching, what are the challenges the person is facing before the person takes over the subject. So that my idea. Not really to come up with workshop because I know sometimes is very difficult to come up with the workshop of one person or maybe they are two or maybe they are three but if they are three you can just identify among the senior lecturers to allocate those three new mentees, then you allocate them to them.” [P1 OC; P9 & P7 WC]

“Perhaps what they could do I think it has to start with the management, if there is no uuhm, if there is no allocated mentorship then they should either look at where they have new people and who is the person who is maybe closer or is working closer with those people whether that person is coping, dealing with for example with uuhm more than 2 people either in the clinical or in the office or whatever.” [P4 WC]

Also, the participants narrated the need to provide training and refresher courses to mentors as seen below.

“Mentors also they need to refresher course...They need to be trained how, how to mentor because some people you didn't really received a mentoring a training you are just doing it at your own they also need to be, to be trained.”

[P8 WC]

“But what the management can do they have to cascade down so that uh ah so that mentors can be trained, ...So identify three from the faculties or yeah bring them together trained them and it will cascade down to the others in the faculty they will come back and share with the others yeah in the faculty.” [P7 WC]

Also, the participants stressed the necessity for mentors to be guided in their roles, responsibilities, skills, and the expectation to be effective mentors as seen below.

“I think they need to, people need to be guided on how to go about it. What are the roles of you being the mentor? You are now a senior at university. I told you at the beginning I am here seven years but it feels now I am here for, I am junior here, so I think the guidance is needed from management how to go about it.” [P3 OC]

“I think the, the induction should cover hmm(pause), things like uhm yeah mentor's allocation, it should cover what is expected from them.” [P8 WC; P6 OC]

“As long as this people, the senior lecturers they know their responsibilities if they are mentoring what is that they need to to tell this mentee.” [P1 OC]

“They should be trained in terms of knowledge what is mentorship and and skills, how should they deal about the other the mentee. And uh very important also here is that they should that (pause, browsing notes), they should be trained I said and and skilled, skills in mentoring neh to be effective mentor and uh and also with regard to their roles as a mentor.” [P7 WC]

- **A reward system for mentors**

The participants echoed the need for a mentor reward system or incentive as a form of appreciation, recognition, or motivation as narrated below.

“Perhaps just maybe a reward and kind of hmmm, it could be a verbal reward, it could be something that is just relevant to your work for example maybe hmmm even just a nice book or maybe uuhm (pause) an opportunity to attend a certain course, a conference or a seminar just to indicate that you are thankful to what the person has done, not really in terms of monetary of whatever I don’t think it’s necessary that way.” [P4 WC]

“And very important its they should be very incentives for a mentor, that means that we should uh ah appreciate, appreciation, recognition this is very important. Incentive does not mean money. It’s just recognition and because you want to be it on a volunteer basis and that should be recognised ...That is how you are motivating even the mentee neh to have new insight and one day if she has to do it because I said you are transferring your experiences, your knowledge and skills to them so that they can have another type of a view inside in whatever and they will be the same they will do what you are transferring to neh this is what they will be.” [P7 WC]

- **Mentoring coordinator at school**

The participants stressed the importance of having a coordinator to make sure that mentoring is taking place in the school as narrated in verbatim quotes below.

“So, I think what I could suggest is to have people who are committed and are taking up mentoring. This is my project and I will oversee or asked feedback from the senior, whom did you mentor this year, what happened because by

following up this. Just like we have coordinator, maybe we have something like coordination the mentoring program. Not really a coordinator in UNAM structure maybe in the school structure. Not that person will be paid but at least is someone who is overseeing that mentoring is really taking place. And you go to that person office and a person will draw a file. This is my mentoring file. Ms X is mentoring Ms. A and this what happen in January, this is what happen in June between me and and my mentee. Maybe that will work.” [P2 & P1 OC]

“Another suggestion is, can different senior person be identified to more take the lead in mentoring and then we have got two (2), three (3) people and then each one is allocated to one person and then they exchange throughout the year and then each of the mentors maybe write a report that ‘from January to March, I was with Joseph and this is what we have done’, from teaching, research, community, administration and Joseph move again from March to another, to another one.” [P5 WC]

- **Planning, implementation and evaluation of mentorship and mentoring at school level**

The participants recommended a need assessment to identify the mentee's unique needs, which can help them overcome their weaknesses and serve as the foundation for mentoring seen below.

“She [mentor] should be able to identify, should be in a position to identify the need of the person she is mentoring. What’s the strength of this person, what is the weakness in this person? What should I focus on when I am mentoring this person in this aspect? And I think, Yeah, uuhm, you know, you may mentor people on research but it is good to identify the specific weakness and strength

of different mentees in the research part and so that you can adjust your approach on how to mentor this person.” [P5 WC]

“Yes, you individualize approach according to the, the need of the mentees and uuhm, it’s not the mentee that will say ‘in research I need this or that, but as a mentor now, being an expert, or having; not an expert, but having experience on working with the newly appointed people and also reflecting, reflecting back, you should be able to assess and assess this person and then you can just self-interpret that ‘okay, for this one, for example research he seems to have some kind of information, this is where I start. And then for this one, she probably needs to start from the groundwork. So, kind of pre-assessment. You can also do a pre-assessment what about what the person pre-knowledge and then you build on.” [P5 & P7 WC]

“Yes, is really needed so that we don’t just do a general mentorship but we deal with the individual ahh concerns, the individual challenges I may say because we we when a person is coming in a new environment there is always the unknown area is really needed to ask otherwise the lecturer may, the new lecturer may just try to do by try by try and error which is not good.” [P9 & P 8 WC]

“I think one will never know what are their [mentees] concerns or what areas they need. Maybe it’s also necessary now for the leadership whenever we have new lecturers we call them in our offices and individual lecture then you ask that particular lecturer in which area do you feel you need to be mentored?” [P9 WC]

Equally, the participants suggested that there should be clear objectives and a plan how to achieve them as described below.

“It’s very important neh to to determine, to plan there should be objectives you know what I want to end of is, is that you have you should as a mentor have the objectives, you should have a plan.” [P7 & P9 WC]

“And very important also is that you know mentors will develop strategy you know uh ah that fits the need of the mentee, needs of the mentee, the talents of the mentee and the skills of the mentee that is what it should be and and also not only that and the and the desires of the mentee.” [P7 WC]

“I think it’s important that department also you know must have vision that this is our midwives must look and how do agree on and what we want to achieve and what is our aim here and everybody has sort of that culture that we a sort of just build on it and see how it grows. Otherwise there is nothing that grows and there is no focus.” [P3 WC]

Likewise, the participants discussed the importance to include distinct mentoring components that address all of the mentee's needs, including those related to academic research, community services, administration, policies, and university operation as reflected below.

“The person should be mentored in all this and mentoring a person academically, teaching-learning, research, community services and some operations in the university policies – all this should not come from one person. For you, see not a person is a whole full expert in all these dimensions, so therefore when we got, when we, probably the school get new appointments, one have got to identify expertise in different ways we have got different academic staff, some are good in management, some are good in research,

some have been well oriented about the policies and operations of the school and in relation to other sectors of the university.” [P5 WC]

Also, the participants stressed the importance of management engaging with mentors and mentees to learn about their challenges and potential areas for support. In addition, the verification and evaluation were also suggested to be a tool to determine whether mentoring was successful as narrated below.

“It [management] should have continues communication and and also you know meetings with the mentors. You should not just do it this is what I know I am not sure whether this is working for the university this and also whether it is helping with in a strategic way is happening in the school various faculties I am not sure. So, uh but but if you have got your strategy and you I have got continuous communication with your mentors and and hear from them what are the challenges, how can you still asses we can still have get someone we can have come and in service not an education but in-service sessions.” [P7 WC]

“Probably a verification and evaluation of the success or not the success just if all the criteria for mentoring were met for this person.” [P5 WC]

“In order to have evidence based program, we need to have a plan otherwise as you are here I am just telling my story but if I was having something in my file there I could say this is the file of the mentorship program then you look, you see yourself lecturer A was mentored in this and this yes we are having type of a form that is in there HOD files with the new lecturers and is specified those activities. But I still to do more to improve, we need that plan.” [P9 & P7 WC]

“If the Management can have, eh, eh, hmm, a, a what, a program, a mentoring program about all these five (5) areas of academic responsibilities that need to be oriented and mentored to this individual person with and then with the report to be written or, or a program that got to be or verification that the person has been taken through all these five (5) aspects.” [P5 WC]

4.8.4.5 Workload consideration:

- **Mentoring to be allocated time and be accounted in workload/appraisal**

The participants reported that it was difficult to allocate time for mentoring as it was not official and there were no mentors allocated. Henceforth, participants echoed that an official mentoring programme will help mentors to schedule time for mentoring alongside other activities and ensure responsibilities rather than just hanging in the air as described below.

“If there is no structure then, you can you cannot really approach anyone to mentor ah, sometimes you give your idea but you can see that the person is not willing to be mentored but there’s nothing you can do because you are not a formal member.” [P8 WC]

“From the school or from the management I think, they can also consider mentorship as part of other activities.” [P6 OC]

“I think also the time, the time should be also may be allocated so that a person has enough or sufficient time to mentor others because most of the time when you are just mentoring by chance you are using the hmm time you’re supposed to use to other task like maybe your own preparation for teaching, your own research, yeah, I think time also need to be allocated.” [P4 WC]

Additionally, the participants requested the management to take mentoring into account when determining their workload and appraisal because it takes up their time and has an impact on other activities as narrated below.

“From the school or from the management I think, they can also consider mentorship as part of other activities, that they consider in their workload or in their appraisals, and because you know some of the reason these things people are not doing them eee, although we have a lot of workload and what, there is nowhere being acknowledge. So, whether you did it or you didn’t do it, it’s nowhere it is acknowledge. Maybe they need also to come up with the, in the evaluation, or appraisal or in the workload, where you have to indicate...Yeah maybe the, that will work.” [P6 OC]

“Yes, it’s not accounted for and sometimes it can even take your whole day, you come to work you end up doing nothing on your own but you have just been mentoring the whole day and you can’t ignore that because the person is not progressing, the person is already hmm employed and the person has to carry on the task, the students are waiting you cannot say I cannot help you today and the person is teaching tomorrow and whole week you have just to jump in and at the end of the day you have uuhm compromised your own progress that perhaps you had to go home and finish what you’re supposed to do(giggling).” [P4 WC]

- **Revision of the workload and number of student’s intake**

Equally the participants requested management to revise the workload, which does not accurately reflect how busy they are, and look at the unequal distribution of the workload were some mentors have more than others. Also, they requested the

management to reduce the number of student intake so that mentors would have more time and less workload to mentors, as described below.

“Strongly to recommend that the management need to revise the, the workload, because as it is now, they make us fill that for and appear as if we are not busy, but then they are other, lots of activities that we do, but is not acknowledge anywhere, and that is where they think that though academics are not busy but truly speaking we are overloaded, so they need to revised their workload and they need to revise their appraisal.” [P6 OC]

“To be honest the workload in the sense is not fairly distributed I was just sharing with someone saying with this new work load templates you have got to consolidated workload of all your colleagues and when you look at this different workload you are going to say it’s not possible. I was just sharing someone to say currently I have ten uh ah uh ah student to supervise two PhD and eight Masters and but when you look at others workload then you find that colleague doesn’t have not even one masters how does it add up and you’ve got clinical, you’ve got your theory and all that in addition to that other duties I think the fairly distribution of of of responsibilities with activities it might be uh very big problem in the school.” [P6 WC]

“I think somehow and somewhere our workload need to be revised, especially when it comes to the number of students. If the number of students can be reduced, I think we will able to mentors others as well. For now, the challenges is the workload.” [P6 OC]

“The number of students are too much that you only concentrate on them, the teaching, the marking of test, the evaluations of procedures, you won’t even have time for your colleagues.” [P6 OC]

4.9 SUMMARY

This chapter provided an interpretation of the demographic data of the participants, mentorship and mentoring practices, an outline of themes, and sub-themes that emerged from the experiences of mentees and mentors about mentorship and mentoring.

A detailed discussion of the findings will be in chapter 5.

CHAPTER 5

DISCUSSION OF THE FINDINGS

5.1 INTRODUCTION

The interpretation of the quantitative and qualitative data sets was separately provided in the preceding chapter. This chapter discusses the integration of the two data sets in order to gain a comprehensive understanding and picture of mentoring and mentorship, as well as to cross-validate one set of findings with another. Instead of using a data transformation integration strategy, the primary data analysis integration procedure was adopted, allowing for the comparison of the two results. In addition, this chapter gives a representation of merging integration results in narrative discussion through side-by-side comparison (Creswell & Clark Plano, 2018). The purpose of the discussion will be to answer the research objectives, representing the quantitative and qualitative nature of the study to allow for the comparison of the qualitative and quantitative results.

5.2 COMPARISON OF RESULTS

The integration of the qualitative and quantitative results is presented in this section. Rather than the use of a data transformation integration strategy, the researcher used the primary data analysis integration procedure to compare the individual results of the two data sets. This allowed the comparison and the identification of common concepts across the two sets of findings. With this method, the presentation of study results may go from quantitative to qualitative or vice versa. Because each data set comprised of mentees and mentors, a side-by-side representation of the principal findings in the respective data sets were set in a tabular manner to facilitate the comparison. This allowed the researcher to uncover points of convergence (similarities) and divergence (differences) within each data set. This then allowed for the merging of the two sets

into a narrative discussion of the common significant findings (i.e., section 5.3 which is based on the key results (Creswell & Plano Clark, 2018; Fetters et al., 2013).

To reflect the areas of convergence (similarities) and divergence (differences) in the quantitative data set, only the quantitative data with significant p -values were chosen for comparison and reported in table 5.1 under each respective heading as reflected in the study instrument. The presentation was organized around the subheadings of the research instruments, where the quantitative data was assessed in terms of the convergence and divergence between mentors and mentees. Similar to this, table 5.2 illustrates the comparison between the qualitative themes and sub-themes in terms of findings from mentors and mentees.

Table 5.1 displays the significant results from the quantitative data analysis while table 5.2 will equally display the themes and sub-themes from both mentors and mentees, as obtained qualitatively.

Table 5.1 is constructed as follows:

- left column, address the key concepts of mentoring and mentorship followed by the explanatory statements and the p -value derived from quantitative analysis.
- the third column refers to the interpretation of the p - values followed by the comparative outcome on the far right.

Likewise, in table 5.2, the qualitative results are presented side-by-side to display the common themes and the sub-themes of mentees and mentors

Table 5.1*Comparative Results of Quantitative Data Set*

Key concepts	[significant <i>p</i> -value]	Interpretation [mentors vs mentees	Comparison
Mentorship			
1.Psychosocial support			
1.1 Help or assistance from senior nurse educators when needed.	.007	Both mentors and mentees strongly agree/agree	Convergent
1.2 Mentors share information and collaborate with mentees.	<.001	Both mentors and mentees strongly agree/agree	Convergent
1.3 Mentors available and approachability when mentees need assistance.	.040	Both mentors and mentees strongly agree/agree	Convergent
1.4 Mentees received empathy from mentors.	.004	Both mentors and mentees strongly agree/agree	Convergent
1.5 Mentors display attitude of enthusiasm and professionalism towards mentees.	.033	Both mentors and mentees strongly agree/agree	Convergent
2.Supportive environment			
2.1 Individual support given to the mentees.	.005	Both mentors and mentees strongly agree/agree	Convergent
2.2 Mentees receive collegial support.	.013	Both mentors and mentees strongly agree/agree	Convergent
2.3 Mentors passion towards nursing education.	<0.001	Both mentors and mentees strongly agree/agree	Convergent
2.4 Mentors provide information to mentees on support services.	.037	Both mentors and mentees strongly agree/agree	Convergent
2.5 Environment in the school is non- competitive and it will allow mentees to trust the senior nurse educators.	.046	Both mentors and mentees strongly agree/agree	Convergent
Mentoring			
3.Orientation of the nurse educator			

3.1 Mentees were shown how to use university management system and to enter examination marks.	.040	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
3.2 Mentees received demonstration from the senior nurse educators how to use equipment's relevant to their role as educators.	.017	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
3.3 Mentees were taught by senior nurse educators how to keep records of activities or documents that they need for promotion as an academic.	.023	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
4.Achieving balance life			
4.1 The needs of the mentees are assessed by the senior nurse educators to give them assistance.	.006	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
4.2 Mentees receive counselling from the nurse educators and strategies to balance their work and personal life.	.007	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
5.Institutional resources (policies, guidelines, student matters etc)			
5.1 The mentees they were orientated by senior nurse educators how to advice students appropriately according to the university policies.	.034	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
5.2 Mentees received information from the senior nurse educators on how to advise students.	.037	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
5.3 Mentees were trained by senior nurse educators on how to deal with student's issue.	.019	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
5.4 Mentees observed how the senior nurse educator's advice students.	.019	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
5.5 Mentees were observed by senior nurse educators while advising a student and receive appropriate feedback.	.043	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
5.6 Mentees were orientated by the senior nurse educators on curriculum development and how it is reviewed.	.021	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant

5.7 Mentees receive advice from the senior nurse educators on the guideline of students grading, progress and dismissal.	.050	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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6.Resources pertaining to teaching/module			
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6.1 Mentees were taught by senior nurse educators how to prepare for lectures.	.022	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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6.2 Mentees were trained by the senior nurse educators on how to set up examination papers.	.002	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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6.3 Mentees they orientation from the senior nurse educators on how to grade students in theory.	.010	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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6.4 The mentees received orientation from the senior nurse educators on how to grade students in clinical settings.	.001	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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6.5 The mentees received teaching from the senior nurse educators how to deal with student's behavior relating to learning.	.018	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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6.6 The mentees were taught by senior nurse educators how to construct and administer a test.	<0.001	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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6.7 Mentees receive orientation from the senior nurse educators on how to write objectives using Blooms taxonomy.	<0.001	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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6.8 Mentees were trained by the senior nurse educators on the module syllabi, course material development and preparation for the module they are teaching.	.005	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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7.Lectures and class management			
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7.1 Mentees receive help from the senior nurse educators to develop effective teaching habits.	.009	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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7.2 Mentees received guidance from the senior nurse educators in class management techniques.	.010	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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7.3 Mentees were orientated by the senior nurse educators on teaching guideline of theoretical assessment and evaluation.	.022	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
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7.4 Mentees received assistance from the senior nurse educators on how to manage lecturers and resources relating to teaching.	.009	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
7.5 The senior nurse educators demonstrated to the mentees how to use classroom equipment's before assuming lectures.	.002	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
7.6 Mentees receive orientation from the senior nurse educators on how to keep documentation in class.	.004	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
7.7 Mentees receive help from the senior nurse educators in facilitation of adult teaching.	.003	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
7.8 Mentees receive tutoring from the senior nurse educators in academic issues.	.001	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
8.Simulation and clinical/practical settings			
8.1 The mentees received demonstration from the senior nurse educators on how to use simulation equipment's before teaching simulation.	<0.001	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
8.2 The mentees were accompanied by the senior nurse educators and orientated to clinical environment before they assumed clinical teaching.	.049	Mentors strongly agree/agree & disagree/strongly disagree Mentee strongly disagree/disagree	Discordant
8.3 The mentees were allowed to observe a senior nurse educator several times during clinical teaching.	.002	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
8.4 The mentees were orientated by the senior nurse educators on how to keep documentation in clinical settings.	<0.001	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
8.5 Mentees were orientated by the senior nurse educators to clinical policies.	.022	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
9.Research and community service			
9.1 Mentees receive support from senior nurse educators in research that helps them to contribute to research output of the School of Nursing.	.015	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
9.2 Mentees receive advice or support from the senior new nurse educators on how to publish as an academic.	.004	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant
9.3 The mentees receive advice or support from the senior nurse educators on how present at conference.	.004	Mentors strongly agree/agree Mentee strongly disagree/disagree	Discordant

Table 5.2

Comparison of themes and sub- themes from the qualitative data set

Themes	Mentees	Mentors
Themes1 Satisfaction with current system of mentoring and mentorship	<p>Subthemes</p> <p>1.1 Support, guidance, and assistance.</p> <ul style="list-style-type: none"> ▪ Learning and teaching ▪ Facilitation of research <p>1.2 Good communication and positive attitude from others.</p> <p>1.3 Orientation and induction during role transition.</p> <ul style="list-style-type: none"> ▪ Administrative and management matters ▪ Teaching role 	<p>Subthemes</p> <p>1.1 Support, guidance, and assistance.</p> <ul style="list-style-type: none"> ▪ Learning and teaching ▪ Research and community service ▪ Student matter and aspects ▪ Mental support ▪ Career/professional (academic) /personal development of mentees <p>1.2 Good communication and positive attitude between mentees and mentors</p> <p>1.3 Orientation and induction during role transition</p> <ul style="list-style-type: none"> ▪ Available mentors ▪ Administrative and management matters ▪ Academic activities
Theme 2 Current challenges with mentoring and mentorship of the new nurse educators.	<p>2.1 Lack of implementation of the institution mentorship policy at school level.</p> <ul style="list-style-type: none"> ▪ Lack of formal mentoring plan/programme in the school. ▪ Absence of mentoring culture ▪ Lack of support, guidance, and assistance <p>2.2 Experience adverse psychological effect:</p> <ul style="list-style-type: none"> ▪ Feeling uncertainty and overwhelmed ▪ Confusion and fear 	<p>2.1 Lack of implementation of the institution mentorship policy at school level.</p> <ul style="list-style-type: none"> ▪ Lack of formal plan/programme /structure in the school ▪ Mentoring not encouraged at school level ▪ No coordinator of mentorship plan/programme and mentoring in the school. <p>2.2 Workload</p> <ul style="list-style-type: none"> ▪ Heavy workload and time constraint ▪ Mentoring not accounted for in mentor’s workload.

	2.3 Difficulty with virtual mentoring.	2.3 Challenges with virtual mentoring of mentees at satellite campuses.
	2.4 Relational challenges with colleagues <ul style="list-style-type: none"> ▪ Poor communication and negative attitude between mentor and mentee. ▪ Feeling of isolation and rejection/abandonment ▪ Competition among colleagues 	2.4 Negative mentees attitudes.
	2.5 Limited & inadequate orientation and induction of mentees: <ul style="list-style-type: none"> ▪ Non-comprehensive orientation ▪ Delayed orientation. ▪ Orientation and induction not specific to needs. ▪ Inadequate orientation and induction to teaching & research. 	2.5 Limited and inadequate induction/orientation of mentees.
	2.6 Limited resources in teaching.	
	2.7 Lack of uniformity in procedures/standard tool and unclear rules and regulations.	
Theme3	3.1 Inadequate & limited knowledge and experience in: <ul style="list-style-type: none"> ▪ Learning and teaching ▪ Facilitation of research. ▪ Student’s assessment 	3.1 Inadequate/lack knowledge & experience in: <ul style="list-style-type: none"> ▪ Learning and Teaching ▪ Facilitation of research and conducting community service
Challenging areas that mentees had inadequate knowledge and experience/skills	3.2 Difficulty balancing multiple roles as nurse educator.	3.2 Difficulty balancing multiple roles as the nurse educator
	3.3 Unfamiliar to higher Institution expectations pertaining to students.	3.3 Unfamiliar to Higher Institution expectations pertaining to students.
	3.4 Limited skills in technology skills.	3.4 Administrative matters
Theme4	4.1 Facilitation of relationship between mentors and mentees of support, assistance, guidance,	4.1 Facilitation of good relationship between mentors and mentees of support, assistance and guidance.
Recommendations to create a conducive mentoring environment.	4.2 Establishing trust, respect, healthy communication, and positive attitude between the mentees and mentors.	4.2 Establishing trust, respect and healthy communication and positive attitude between the mentors and mentees.
	4.3 School specific orientation and induction to meets the needs of nurse educators.	4.3 Formal orientation and induction at school level.

4.4 Formal mentorship and mentoring plan/programme/structure for SON

- Allocation and training of mentors
- Mentoring coordinator at school
- Planning, implementation and evaluations of mentorship and mentoring at school

4.4 Formal mentorship and mentoring plan/programme/structure for SON

- Revision and implementation of the institution Mentorship policy.
- Allocation and training of mentors
- A reward system for mentors.
- Mentoring coordinator at school
- Planning, implementation and evaluations of mentorship and mentoring at school

4.5 Workload consideration:

- Mentoring to be allocated time and be accounted in workload/appraisal.
 - Revision of workload and reduction of student intake.
-

5.3 DISCUSSION OF THE RESULTS

Following the comparison within each data sets in section 5.2, a narrative discussion of the side-by-side approach was adopted for the illustration of the quantitative and qualitative results. The side-by-side organisation of the themes or sub-themes in table 5.2 confirm, discord, or complement the quantitative results in table 5.1 or vice versa; where the discussion is supported by the relevant literature. The narrative discussion could have been presented in the preceding chapter but was included in the discussion chapter to serve as a vehicle for the combining of the results (Creswell & Clark Plano, 2018). This enabled the researcher to answer the aim of the study which was; to assess and describe the practices and experiences of mentorship; and the mentoring of nurse educators in the School of Nursing (SoN) at the University of Namibia.

To avoid duplicating quotes from sections 4.7 and 4.8, the researcher opted to support the quantitative findings with references to themes and sub-themes as opposed to using the actual quotes. The relevant literature was used to support the convergent, discordant or expansion of the findings.

The demographic profile of the participants of both the quantitative and qualitative approaches was discussed first before the actual study results.

5.3.1 Demographic and background information of mentees and mentors

The background data of the participants included gender, age, the campus of employment, current teaching rank, the module being taught, status of employment, years registered as a registered nurse and midwife, years working as a nurse educator in SoN, and prior teaching experiences in an environment of higher learning, formal qualification in education, attendance of formal orientation program, familiarity with Mentorship policy, allocation of mentor, campus where mentor working, duration of

mentoring, meeting frequency with mentor and method of communication with the mentor.

In terms of gender distribution, there were more females among both mentees and mentors in the quantitative data set. Mentees had 33 (82.5%) females and 7 (17.5%) males while mentors had 23 (95.8%) females and only 1 (4.2%) male. Likewise, in the qualitative results the majority were females as it was the same population in both data sets. The high number of females in nursing is supported by the updated e- register of the Nursing Council of Namibia (2022), where females are more dominant with a total population of 8834 compared to 1833 males registered (HPCNA, 2022). The dominance of females in nursing and the emerging male population in the nursing profession was discussed by Barrett-Landau and Henle (2014), as the earlier decade of 1930 did not favour men in nursing.

The age category of ≥ 60 was dominant among the mentees amounting to 11 (27.5%) while the 40-44 years olds category had the smallest representation (i.e., 2 (5.0%). This high number is contributed by the presentation of preceptors who are retired registered nurses employed on a contract basis after retirement, as discussed in chapter 3. The permanent mentees were mostly in the age category of 45-49 with 9 (22.5%). This age range was similar to the 41-50 age category for the new nurse educators in nursing and in higher institutions in South Africa. It was echoed that this age group could be mentored to develop the necessary competencies in academics to add value to nursing (Seekoe, 2015b). Notably, the age group ≥ 60 was the highest with 9 (37.5%) participants and 35-39 was the lowest with 1 (4.2%). However, for mentors, the greater representation was in the ≥ 60 age group reflects senior academics reaching the retirement age of 65 years for academics at the University of Namibia, although some had opted for early retirement from 60 years. This implies that there is an exit for most

senior nurse educators within 5 or fewer years to come within the School of Nursing. A similar finding was found in the nursing schools in the United States of America, where the past decade had seen more senior nurse educators into the retiring age group of 60 years and above. This number was estimated to be one-third of the nurse educators, which was a concern as it had a great impact on the faculty workforce as it included a variety of doctorate holders, full & associate professors, and those teaching at graduate level. The latter raised concerns about whether the younger faculty would be able to replace the aging experts and still maintain the quality of education (Fang & Kersten, 2017).

The Windhoek campus had the biggest mentee representation of 14 (35.0%), followed by Rundu with 12 (30.0%) while Oshakati and the Southern Campus have an equal number of 7 (17.5%). Similarly, the Windhoek campus had more mentors than Oshakati did, with 15 (62.5%) and 9 (37.5%) respectively. This is because the Windhoek campus had two resident programmes compared to other campuses and that requires more nurse educators. Equally, as discussed in chapter 3, the Windhoek campus is the oldest Nursing school, followed by Oshakati, and so more nurse educators have worked there for a longer period (UNAM, 2016).

The category of lecturers had the most participants among the mentees with 19 (47,5), followed by preceptors with 12 (30.0), assistant lecturers with 8 (20.0%), and senior lecturers with 1 (2.5%). The preceptors being the second highest number among the mentees is consistent with the institution's initiative to recruit support staff (retired registered nurses) for the School of Nursing, to improve the quality of learning and teaching to help nursing students acquire clinical competence (UNAM, 2019a). In

addition to this, the lecturers made up the majority of the mentors with 14 (58,3%), while the assistant lecturers & clinical instructors had the lowest representation with 1 (4.2%) each. Only 2 (8.3%) associate professors were discovered among the mentors. However, this result is contrary from South African universities and nursing colleges where the majority of new nurse educators 50 (38.5%) had a bachelor's degree [equivalent to an assistant lecturer at UNAM] and only 40 (30%) had a Master's degree [lecturer level at UNAM] (Seekoe, 2015b). The large number of lecturers relates to UNAM governance and human resources management that acquire and recruit qualified and experienced academic staff members. The staff development programme also enables staff members to advance their qualifications to masters and PhD levels. For this reason, the nurse educators in the School of Nursing are pursuing their Masters and PhD (UNAM, 2012; UNAM, 2021b).

The researcher observed that the majority of the mentees, 25 (62.5%) taught both theory and clinical, followed by mentees, 12 (30.0%) who taught only clinical, and the remaining 3 (7.5%) mentees who taught theory only. For the mentors, majority 18 (75.0%) were teaching both theory and clinical, followed by 4 (16%) teaching theory and 1(4.2%) teaching clinical. This is in line with the mandatory Nursing Council of Namibia requirement that stated that nursing education should include both theoretical and practical learning, and teaching and as a result more nursing modules includes the practical component (Nursing Act, 2004, Act No. 8 of 2004).

The majority of mentees accounting for 27 (67.5%) and 24 (100%) of mentors were in permanent employment. Out of 13 mentees who were employed on a contractual basis, i.e., 12 (92.3%) were preceptors, and 1(7.4%) fell into the lecturer category. It was

important to note that the preceptors were retired registered nurses hired contractually at the University of Namibia to facilitate the clinical learning and support of the nursing students (UNAM, 2019a).

The majority of mentees, 10 (25.0%) were registered with HPCNA for at least ≥ 31 years, whereas, 2 (5.0%) were registered for at least ≥ 5 years. The longest years of registration for mentors was again ≥ 30 years with 14 (58.3%). While the shortest periods HPCNA registration for the mentors was 10-14 and 15-19 years with 1 (4.2%) each. One (4.2%) mentor did not specify how long they had been registered with the HPCNA. Given that the registration details indicated the years the study participants had practiced in the roles of a nurse, a midwife, or an accoucheur under section 19 of the Nursing Act, 2004, Act No. 8 of 2004, the long periods of the mentee and mentor's registration with the HPCNA indicated that both mentees and mentors were experienced registered nurses/midwives. The latter supported the notion that UNAM endeavoured to attract and recruit not only qualified, but also experienced staff members (UNAM, 2012). Comparably, in the study by Brown (2015) and Weidman (2013), the nurse educators' years of experience in nursing ranged from 4 to 30 and 9-39 respectively. However, Spencer (2013) emphasized that the years of clinical competency does not always translate into having teaching experience in the academic setting, mentoring is thus needed to help with the transition.

The majority of the mentees, 13 (32.5%) had worked for less than 1 year and the fewest, 7 (17.5%) had worked for less than 2 years. The majority of the mentors had worked for 5-10 years accounting for 9 (37.5%), while only 1 (4.2%) had worked for 17-22. This result showed that the majority of mentees are still in the novice stage

where they encountered unknown situations, followed by those that had worked for 3-5 years and were becoming proficient and learning from the experience (Benner framework, 1982 as cited by Brown, 2015). It appeared that the more experienced mentors had an average tenure of 5-10 years with 9 (37.5%) and at the least 1 (4.2%) had worked 17-22 years. This showed that the senior nurse educators who had been in the school for longer period were fewer, while the nurse educators with 5-10 years were more. This is relevant to the debate of Fang and Kersten (2017), who noted that younger faculty staff are replacing the most senior nurse educators who are in an exodus from nursing education. This is the same as the topic that was previously covered under the oldest mentor age group.

In terms of prior teaching experience in an environment of higher learning, the majority of mentees representing 25 (62.5%), had prior teaching experience compared to 15 (37.5%) who did not. Similar to this, 14 (58.3%) had prior teaching experience, while 10 (41.7%) did not have experience at all. This is however contrary to Hulton et al (2016), where many nurse educators had limited or no academic experiences. Weidman (2013) emphasize the need for further support, particularly for new nurse educators without history in nursing education.

Twenty-six (65.0%) of the mentees had a formal education qualification compared to 14 (35.0%) who did not have. Similarly, 19 (79.5%) of mentors had formal education qualifications, whereas 5 (20.8%) did not. However, it was stated that new educators are experiencing anxiety and feel apprehended when they transit into academic setting despite possessing master's or doctorate degrees (Zajac, 2011 as cited Brown 2015).

The majority, 24 (60.0%) of the mentees had attended the formal UNAM orientation program, while 16 (40.0%) had not done since assuming duties. On the contrary, 11 (45.8%) mentors attended the orientation when they assumed duties, while 13 (54.2%) did not attend the orientation program. The institution initiative in recent years to have established orientation programme could have contribute to have more mentees in attendance compared mentors. Schoening (2013) stated that the orientation program for new faculty should include mentorship. Additionally, Nowell, White, Benzies et al. (2017) emphasized the importance of attending orientation, where mentorship connection can be made.

According to the data, majority of mentees 23 (57.5%) were not familiar with the institution's Mentorship policy, while 17 (42.5%) were. However, most mentors 18 (75.0%) were familiar with the Mentorship policy and 6 (25.0%) were not. The results are consistent with the UNAM staff productivity report from 2019, where the mentoring factor was listed as having the lowest score of 42%. This is of concern as the Mentorship Policy of UNAM (2013) promotes staff mentoring.

Regarding the allocation of mentors to the mentees, the majority of the mentees 30 (75.0%) had no mentors allocated to them and only 10 (25%) had mentors. Similarly, most of the mentors 20 (83.3%) reported not to have had mentors allocated to them when they were new, while 4 (16.7%) reportedly had mentors allocated. These findings are similar to the study conducted at the University of Ghana, where 92.9% of the participants lacked mentors, while only 7.1% of the participants had a mentor. There was a concern that many young and inexperienced faculty staff would be left on

their own to fight battles in academia and to ‘sink in the academic water’ without mentors (Abugre & Kpipnuo, 2017, p. 31).

The mentees that had mentors, had mentors 6 (15.0%) working at the Windhoek campus, while 2 (5.0%) of the mentors were from Oshakati, and 1 (2.5%) working from the Rundu and Southern campuses respectively. Thirty (75%) of the participants were the mentees who did not have mentors. For the mentors who had mentors allocated to them when they started working, 3 (12.5%) were from Windhoek and 1 (4.2%) was from Oshakati. Twenty (83.3%) represented the mentors who did not have mentors when they started working. This concurs with the history of the School of Nursing, where nursing school was founded in 1985 in Windhoek, followed by Oshakati, hence why they were likely to have more senior nurse educators. The School of Nursing was only established in 2015 and 2017 at the Southern and Rundu campuses (UNAM, 2016; L. Pretorius, Associate Dean, School of Nursing & Public Health, Personal communication, July, 26, 2022). The study findings showed that, 15 (62.5%) of the mentors were from Windhoek, while 9 (37.5%) were from Oshakati. The qualitative data showed that some mentees filled the roles of mentors in the absence of mentors at the Rundu and Southern campuses. In addition to this, the presence of mentors at different campuses was supported by the virtual mentoring sub-theme from the qualitative findings. This finding was similar to the study by Nowell, White, Benzies, et al. (2017) where distance mentorship was explored to seek mentors that can meet their needs.

Six (15.0%) of the mentees received mentoring for less than one year, while those mentored for one year to less than 2 years were 3 (7.5%), whereas those mentored for

3 to less than 5 years were least with 1 (2.5%). 30 (75%) of the mentees that did not have mentors. Similarly, 2 (8.3%) of the mentors were mentored for less than one year, while 1 (4.2%) was mentored for one year to less than 2 years and; 3 years to less than 5 years respectively. The results also indicated that 20 (83.3%) of the mentors did not have mentors when they started working. Mentoring for less than one year is inconsistent with Benner's Novice to Expert theory which stated that a clinical nurse expert need- to adapt to the novice role to become a nurse educator (Benner,1984 as cited in Spencer, 2013). This is a concern as the competency stage is only reached after 2 to 3 years; whereas to then move from proficiency to being an expert takes 3 to 5 years (Benner framework, 1982 as cited in Brown, 2015).

The majority of the mentees, 5 (12.5%), said they met their mentors by varying frequencies (other) while 3 (7.5%) met theirs twice weekly, and 2 (5%) met theirs once a week. Thirty (75%) missing refers to those who did not have mentors. Two (8.3%) of the mentors reported to have met their mentors on weekly basis, and 2 (8.3%) indicated that they met their mentors at varying frequencies (other). The twenty (83%) represented the mentors who did not have mentors. According to Cody and Bingham (2016) having scheduled meetings, which can be as frequent as weekly, enables open discussion and feedback. To offer support and guidance, mentors should also visit their mentees frequently throughout the year. Eller et al (2014) further emphasized the importance of open communication and frequent interaction between the mentees and their mentors.

Seven (17.5%) of the mentees reported meeting their mentor in person; while 2 (5%) engaged by email and 1 (2.5%.) reported to have engaged theirs by other means. The

missing 30 (75%) represented the mentees who did not have mentors assigned to them. For the mentors, 4 (16.7%) reported to have met their mentors in person. The missing 20 (83.3%) represented the mentors who did not have mentors assigned. Nowell, White, Benzies et al. (2017) concluded that participants had communicated with their mentors either via email, telephone, or video conference when they were located far from each other.

5.3.2 Mentorship

Mentorship enables the staff to survive academic, research, scholarly, and professional communities beyond the institution (UNAM, 2013). The Mentorship policy echoed that mentorship ought to include the mentee's psychosocial and supportive environment as recommended best practice in academic mentoring in order to strengthen the dyad relationship (Fletcher and Mullen, 2012; Nick et al., 2012). Additionally, Nick et al. (2012) and Cangelosi (2014) agreed that advocating for and guiding the mentees' psychosocial support should be part of mentoring.

According to Gilbert and Womack (2012) the abilities and willingness of the mentor to encourage, support, teach and guide in the journey of moving from having experience as a nurse to becoming and developing expertise as an educator, determined the success of the new nurse educators.

5.3.2.1 Psychosocial support and supportive environment

It was observed that the statements with significant p -values, had responses of strongly agree/agree which indicated **convergence** among mentees and mentors. This is supported by **theme 1** which indicated that mentees and mentors were satisfied with the current mentoring and mentorship system. The latter was similarly supported by the mentees who received support, guidance, and assistance sub-theme 1.1 from both the mentees and mentors.

However, there was **discordance** in the qualitative results, as some of the mentees had challenges reflected in sub-theme 2.1 with a lack of support, guidance, and assistance, while some mentors were concerned that mentoring was not encouraged at school level in sub-theme 2.1. Similarly, the mentees experienced the absence of the mentoring culture in sub-theme 2.1. This absence of the mentoring culture was supported by the results from the demographic and background results of the study where 30 (75.0%) of mentees were not officially allocated mentors, which was also the same trend for the 20 (83.3%) mentors did not have mentors upon their assumption of duty. Furthermore, the mentees experienced the adverse psychological effects of feeling uncertain and overwhelmed as narrated in sub-theme 2.2. These results showed that despite the convergent results from the quantitative and some qualitative findings, some qualitative results from both groups were discordant with the former findings. The positive experiences reported were similar to Weidman's (2013) findings where some of the participants reported to have had good mentors and narrated their positive experience, resulting in them feeling more confident in their new role. However, the same study Weidman (2013) findings also had participants who reportedly had a difficult experience, felt burnt out and stressed. Sodidi and Jordeen-Baboo (2020) echoed the unpleasant emotions that new nurse educators experienced. As such, the need for psychosocial mentoring functions of the mentor were echoed in Kram's theory used in this study as well as the Best practice model by Nick et al. (2012) that included psychosocial support, creating collegiality, and building a supportive environment as seen in chapter 2.

5.3.3 Mentoring

5.3.3.1 Orientation of the nurse educator

It was observed that all statements that had significant *p*-value divulge discordant outcomes which showed that despite mentors indicating they provided necessary orientation, the mentees disagree with mentors. Consistently, the discordant was also observed from qualitative data results as follows: In sub-theme 1.3, some mentors and mentees reported positive orientation and induction during role transition of the mentees. However, some mentors and mentees reported challenges with the limited and inadequate induction and the orientation of the mentees in sub-themes 2.5 respectively. The latter was supported by the findings in Table 4.1 that indicated that despite the attendance of the formal orientation program by 24 (60%) of the mentees, there were 16 (40%) mentees who did not attend. Also, the mentees reported a feeling of being confused and fearful in sub-theme 2.2. These discordant findings in quantitative and qualitative findings showed that the practice and experience of orientation and induction were different within each group.

The positive findings are supported by Weidman (2013), who stated that those who had solid orientation had an easier transition to their role and felt more confident. However, Seekoe (2014) was concerned that the new nurse educator only received orientation on geographical layout and policies on their first day. Sodidi and Jardeen-Baboo (2020) stated that new nurse educators experienced a lack of orientation in both the academic and clinical environment. Also, Akomeah (2020) echoed that the lack of a well-established and non-comprehensive orientation was a concern to meet their need and it led to participants feeling like strangers where some did not know the names of colleagues or certain departments. The latter experience was also narrated in this study findings at the UNAM School of Nursing.

The disorientation experience as mentioned prior is supported by the Schoening Model of Transition for new nurse educators which is the theoretical framework of this study. As discussed in Chapters 1 and 2 which stated that the disorientation phase occurred when new nurse educators start work which is coupled with the absence of structure and mentorship. Furthermore, Schoening narrated that inadequate orientation and socialization to their role create uncertainty as to what is expected from them. This is a downward movement following the anticipatory stage as they were experts in a different role and now they need to adjust to a new role in nursing. During this stage, the participants are surprised by the lack of a formal orientation and mentorship which was described as a swim or sink experience (Schoening, 2013). The researcher observed the latter experience of swim or sink being described by the mentees in this study.

5.3.3.2 Achieving a Balanced Life

The three statements from achieving a balanced life had a significant p-value, where it showed a discordant between mentors and mentees, where mentors strongly agreed/agreed and mentees strongly disagreed/disagreed that they did not receive counselling to balance work and personal life and assessed to be assisted. Notably, in qualitative data, both mentors and mentees had a congruent report that mentees experienced difficulty in balancing the multiple roles as nurse educators. This was contributed to the various expectations from nurse educators as discussed under sub-theme 3.2 in chapter 4. Equally, the experienced adverse psychological effects of feeling uncertain and overwhelmed with balancing all aspects of being a nurse educator among the mentees is supported by the latter as narrated in sub-theme 2.2. The results show that mentors and mentees were discordant in the quantitative results but agreed in the qualitative results.

Similar findings were echoed by Akomeah (2020) where participants experienced heavy and demanding workloads and had a lot to accomplish. They narrated their role as stressful as some were teaching more courses without adequate time needed for preparation. This led to the prevalence participants working overnight to prepare for teaching and resulting in some staff being sick due to their high workloads. The feeling of being overwhelmed was reported in terms of teaching preparation, meeting deadlines and being stressed by trying to balancing it all along with family life. Similar feelings of participants being overwhelmed and their having to “learn all this and jump” right in were also reported (Weidman, 2013). They reportedly feeling scared, not knowing what to expect and lacking the information they needed to do their job. Equally, Gardner (2014) reported that the participants found there was more to do than just teaching, which included expectations such as community service, tenure, scholarly activity, and committee work which they had not considered to be important. Swanson et al. (2017) study found that the mentors advised mentees to limit excessive activities relating to service for them to concentrate on scholarship and teaching. The latter statement was also observed by the researcher under sub-theme 1.1 of mentors as they showed concern for the career development of their mentees.

5.3.3.3 Institutional resources (policies, guidelines, student matters etc)

The seven statements that had significant p-values showed discordant responses among the two groups. The mentors indicated strongly agreed/agreed while the mentees indicated that they strongly disagreed/disagreed with mentoring on institutional resources. This shows that despite mentors stating they provided support on matters relating to institutional resources such as policies, guidelines, and student matters, the mentees had the opposite experience. This discordant is also observed in the qualitative results, where some mentors indicated that they provided support,

guidance, and assistance to the mentees on student matters and aspects in sub-theme 1.1 as well in 1.3 where administrative and management matters were attended to. Equally, some mentees reported that they received support from the latter as reflected in sub-theme 1.3. However, some mentees had negative experiences as they experienced unclear rules and regulations in sub-theme 2.7 and had challenges as they were unfamiliar with the expectations of the higher institution about students in sub-theme 3.3; which can be seen in chapter 4 as the mentees had difficulty dealing with student behaviour. Likewise, some mentors also indicated that the mentees needed mentoring in dealing with students, as they were unfamiliar with student matters in sub-theme 3.3. These findings are supported by Alanazi (2021) findings which indicated that participants did not have the resources or mentorship to know what to do relating to work policies and students.

5.3.3.4 Resources Pertaining to Teaching/Module

Among the 8 statements that had significant p-values, shows that there was discordant in how the mentors rated themselves versus the mentees. Mentors indicated that they strongly agreed/agreed that they practice on the aspects selected, while mentees strongly disagreed/disagreed. The discordant comparison was also seen in the qualitative results as some mentors indicated that they provided support, guidance, assistance, orientation/induction concerning learning and teaching as seen in sub-theme 1.1; and being available as mentors in sub-theme 1.3 on aspects such as setting of examination papers/test and preparing for teaching as reflected in the verbatim quotes in chapter 4. On the contrary, some mentees had negative experiences due to their limited and inadequate orientation and induction in teaching in sub-theme 2.5, as narrated in chapter 4 of how some did not know how to teach and set up examination papers. Also, others had limited resources in teaching under sub-themes 2.6 and 3.4

where they had limited skills in technology. This experience was further supported by some mentors and mentees who indicated that the mentees limited teaching and learning knowledge and experience (including student assessment) was the reason why they needed mentoring (sub- theme 3.1).

The positive experience in this study was supported by Weidman (2013) where some mentees reported the presence of a faculty development program assisted them by teaching them how to develop examination papers. However, in the same study, some participants felt frustrated with writing and analysing examination questions as they were not supported. They were reportedly horrified about giving their first test as it was not clear how it works and that they were afraid that all students might pass the test. In addition to this, the lack of resources in teaching was narrated by Sodidi and Jardeen-Baboo (2020) in terms of books and teaching equipment such as computers. This resonates with verbatim quotes the researcher observed in the study under sub-theme 2.5 and 2.6 of the mentees. Concerning the teaching preparation, the negative experiences was reported by Gardner (2014), where some participants would only receive a syllabus along with the number of teaching hours, while the allocated mentor did not want to mentor them. The WHO Nurse Educator Core Competencies (2016) in this study framework in chapter 2 echoed the need for competencies in the core domains such as theories and principles of adult learning, which included competencies in educational theories for the nurse educators.

5.3.3.5 Lectures and Class Management

The 8 statements that had significant p-values indicated discordant results between mentors and mentees. Despite the mentors indicating strongly agreed/agreed with their practices, the mentees indicated contrary as they indicated strongly disagreed/agreed with the statements. This shows that what the mentors were practicing was not agreed

upon by the majority of the mentees. The mentors' ratings were supported by the sub-themes from the qualitative data where they indicated in sub-theme 1.1 that they had provided support, guidance, and assistance to the mentees in learning and teaching. Similarly, some mentees in sub-theme 1.1, experienced support, guidance, and assistance in learning and teaching. On the other hand, the mentees' negative experiences could be observed in sub-theme 2.1; where they experienced a lack of support and guidance as well as in sub-theme 2.2; where they experience the adverse psychological effects such as the fear of teaching. Equally, sub-theme 2.4 of the mentees also reported the inadequate orientation and induction to teaching, and that mentees had inadequate knowledge and experiences as seen in sub-theme 3.1 of mentees. The mentees lack of knowledge and experience in the teaching was also narrated in sub-theme 3.1 under the mentors. Moreover, the mentees' limited technology skills emerged as a challenge for them in sub-theme 3.4.

According to Gardner (2014) effective mentors influenced the mentees' teaching styles and the mentees' opportunity to observe the experienced colleagues and see how they interacted with students was described as a positive experience by the mentees. However, the lack of guidance with contemporary teaching strategies and best educational practices was reported by Weidman (2013). This is further supported by Akomeah (2020), who argued that participants who struggled to teach had to learn from their own mistakes. It was reported that there was no assistance and that they struggled as beginners. The participants also experienced challenges with teaching a large class and did not know what to do and had to learn without the support they needed. Equally, the participants did not have a mentor to help with preparing notes and teaching and this resulted in students reporting them as they did not understand. The participants were relying on the lecture method as there was no mentor to guide

them. Spencer (2013) also echoed that participants were frightened of the thought of standing in front of a large group of students. Additionally, Gardner (2014) also reported participants who narrated that teaching styles were not easy and technology such as PowerPoint was ‘petty snazzy’. Participants also had lectures as the primary teaching method. The WHO Nurse Educator core competencies in chapter 2 outline the need for nurse educators to exercise competencies in monitoring and evaluation, in addition to a sound understanding of educational theories, principles, and models.

5.3.3.6 Simulation and Clinical/Practical Settings

Discordance was observed among the eight statements that had significant *p*-values, as mentors strongly agreed/agreed while the mentees rated differently with strongly disagreed/disagreed. The qualitative results from the mentors, as well as the mentees showed that support, guidance, and assistance was provided in learning and teaching which included simulation and clinical/practical under sub-theme 1.1., as well as orientation and induction during the role transition in sub-theme 1.3. It was noted in statement 2 that there were equal mentee responses in terms of strongly agreed/agreed and disagreed/strongly disagreed while mentors strongly agreed/agreed. The latter could assume that the mentees had both positive and negative responses with regard to the practice of orientation in the clinical environment, which was supported by the positive and negative experiences narrated in the qualitative results of the themes.

Despite the mentees having a contrary score in quantitative results, their qualitative results showed that some mentees were supported in the simulation and clinical/practical settings under theme 1.1. Nevertheless, the other mentees narrated having negative experiences with regard to the simulation and clinical/practical settings as seen in sub-theme 2.5, where there was inadequate orientation and induction in the clinical setting expectations and environment. Also, the mentees experienced a

lack of uniformity in the procedures performed or a lack of standard tools to use for the clinical evaluation of the students (sub-theme 2.7). Moreso, the mentees in sub-theme 3.3 were unfamiliar with the students' expectations and also narrated negative student behaviour during the clinical/practice settings.

A similar negative experience was reported by Gardner (2014) that there was no one to ask questions and reported being on their own. The lack of orientation to clinical teaching was reported to be a challenge as participants had to follow nurses around to learn what they are doing and know the types of equipment. This experience was similarly seen in the Sodidi and Jardeen-Baboo (2020) study where participants did not have clinical mentoring including the mentoring in their clinical role and procedures. Moreover, the students' clinical evaluation tools were not standardised. The lacks of uniformity in student evaluation was echoed by Weidman (2013) who argued it to be more subjective and thus difficult to evaluate students. Thomas and Kellgren (2017) brought forth that new nurse educators could have the contextual knowledge of teaching and learning theories, and yet lack the experience of how to use simulation methods or apply them. The support to have the simulation and clinical/practical settings can be seen in the WHO nurse educator competencies framework that echoed the domain of nursing practice which requires that nurse educators to possess the main current knowledge and skills in theory and practice based on available evidence in chapter 2 of this study.

5.3.3.7 Research and Community Service

The 2 significant p-values under research and community service shows discordant responses stating mentors provided support to mentees that contribute to school research output and advised them to publish, whereas mentees disagreed. The discordant was also observed in qualitative findings across both groups where mentors

in sub-theme 1.1 and mentees reported satisfaction with the support, guidance, and assistance in research and community service. However, in sub-theme 2.1 mentees experienced inadequate orientation and induction to research. Also, it was uniquely observed that some mentors agreed that noted mentees are not supported in research (sub-theme 2.1) as seen in chapter 4 verbatims. The need to support mentees in research was echoed under sub-theme 3.1 as it was skills that were lacking as reported by mentors and mentees themselves.

According to Swanson et al. (2017), mentors edited manuscripts and reviewed grants for their mentees and encourage them to look at the number of publications. They also involved the mentees to support scholarship movements and help mentees to have more time by helping with the student supervision load. The UNAM staff productivity report (2019) indicated that there was a lack of strategy or research awards, grants, or recognition that could encourage staff to partake in research. Likewise, Seekoe (2015b), indicated the need for new nurse educators to be mentored in research as only 27 (20%) could supervise and 51 (38%) could teach postgraduate students. Equally, only 53 (40%) were able to conduct research, and 60 (45%) could write a research proposal. Also, only 77 (57%) attended a national conference and 13 (10%) have published in accredited journals.

However, it was noted by the researcher that the UNAM recently had brought changes to research & innovation unit with appointments of research coordinators, and other initiatives, whereby the Faculty of Health Sciences under which the School of Nursing fall started with Doctoral academy in 2022 that include staff member. The support for nurse educators to conduct research as a core competency is illustrated in WHO core competencies in chapter 2 of this study.

5.4 OTHER EMERGING THEMES AND SUB-THEMES

Except for the themes and sub-themes that could converge or diverge or explain the key concepts in 5.3, this section discusses some sub-themes that emerged that are of equal importance in this study.

5.4.1 Good Communication and Positive Attitude Between Mentees and Mentors

In this study, good communication and positive attitude were reported between mentees and mentors. This sub-theme (1.2) shows a convergent result that both mentors were satisfied with the communication and attitude between them. The findings are alike to a study by Eller et al. (2014) where the mentees felt that they gain confidence in their skills and develop their potential when they have good communication with their mentors. In addition, the mentees express that communication should allow the mentee to easily communicate and have frequent access which can go beyond normal working hours and be reachable whether by phone or email. Similarly, the mentees desire supportive feedback and need to be encouraged. Likewise, mentors are expected to have an attitude of being approachable and non-judgmental. This is supported by Gardner (2014) that is important to have a mentor with who a mentee can communicate without judgment.

5.4.2 Negative Mentees' Attitude vs Relational Challenges with Colleagues

Despite the positive experience of good communication and positive attitude between mentees and mentors, some mentors reported that mentees display a negative attitude when it comes for them to receive help from mentors (sub-theme 2.4) as discussed in Chapter 4. On the other hand, the mentees experience relational challenges with colleagues which included poor communication and negative attitude between mentees and mentors; feeling isolated and rejected/abandoned, and competition among

colleagues. The latter results from the mentees were also convergent with experiences by some mentors who reported a lack of mentoring culture in the school where some reported jealousy between colleagues (sub-theme 2.1). These are discordant to sub-theme 1.2 of both mentors and mentees which shows that despite positive experiences among mentees and mentors, there were negative experiences also reported across both groups.

The findings by the mentees are similar to participants in the study by Oluchina and Gitonga (2016) who reported negative personality traits such as non-welcoming, rudeness, and impatient from mentors which affected mentees approaching the mentors. Peters (2014) reported a similar experience of being rejected, a sense of others wanting them to fail, belittling, and fear of intimidation.

5.4.3 Workload

Mentors reported that the workload is challenging for them to mentor others. They reported that mentoring added to their workload but is not accounted for in the mentor's workload. Heavy workload and time constraints were experienced to be a hindrance to mentoring as seen (sub-theme 2.2). The mentor workload is convergent to the sub-theme (2.1) of the mentees where they reported not to be supported and guided. Likewise, the mentees reported a feeling of being overwhelmed as in sub-theme 2.2 with expectation and difficulty to balance their life (sub-theme 3.2) can be contributed similarly to their experience of workload. The demographic data of this study support the report on workload as 18 (70.0%) of mentors were teaching module/s with both clinical and theoretical components.

Likewise, Oluchina and Gitonga (2016) reported that time constrain was a barrier to mentoring as mentors needed to fulfil their responsibility which included student assessments and busy shift. They report being overloaded to engage in a mentorship

programme. Equally, Mwesli (2017) reported a high number of students' intake affects the time taken for assessment, causing late working hours and stress to meet the core demand of theory and practical.

5.4.4 Challenges with Virtual Mentoring of Mentees at Satellite Campuses

Both mentees and mentors experienced challenges with virtual mentoring as seen in sub-themes 2.3 in both groups. These show that there were convergent results that virtual mentoring was challenging as seen in verbatim quotes in Chapter 4 across both groups. Notably, the challenges in mentees were from satellite campuses that did not have mentors on site which affected communication and delayed feedback. Furthermore, the mentees needed to arrange a time to meet mentors face to face.

Likewise, Lach et al. (2013) echoed that an absence of mentors locally was the reason for mentees to seek a mentor who is distant. They communicated via telephones, the internet, or travel. The challenge was the lack of person-to-person communication that occurs if the mentor was in the same location. Those that had experienced distance mentoring echoed the need to communicate to be allowed to have a planned time to meet mentors at their location even for a short period face to face.

5.5 IMPLICATION OF THE FINDINGS IN THE NURSING PRACTICE

The results built on previous evidence that the new nurse educators had various experiences in the new academic context, which ranged from positive to negative. The findings of this study demonstrate that mentees had varying experiences with mentorship and mentoring. The experiences among mentees ranged from pleasant to negative across different campuses. It is worth noting that even on campuses with mentors, some mentees had negative experiences.

While the majority of earlier studies, with a few notable exceptions, had a single approach that was either quantitative or qualitative, this study produced comparisons

between the two approaches, as well as between mentors and mentees, as well as across all campuses where the School of Nursing was founded. This gave a complete picture of mentorship and mentoring among the University of Namibia's nurse educators.

This study also found that mentors were not mentored when they were initially employed, which can have consequences for how they mentor others. This demonstrates a disconnect between the institutional Mentoring Policy and what is happening within the School of Nursing. This result, which demonstrates different practices in mentoring of mentees and the lack of a formal programme, may have a negative impact on mentee competencies as nurse educators, which in turn may have an impact on nursing education of nursing students; as well as the quality of teaching and products. This could have an impact on stakeholders' and customers' satisfaction with the University of Namibia's teaching and learning quality. Similarly, a lack of constructive mentorship and mentoring may have an impact on the mentees' performance, which may have an impact on their performance review. In the long run, this may jeopardize UNAM's strategic plan, as well as its vision and mission to be a sustainable international hub of excellence in higher education, training, research, and innovation. Positive experiences and behaviours, on the other hand, should be emulated in order to improve mentorship and mentoring among nurse educators in the school.

5.6 SUMMARY

This chapter covers comparison of the results, representation of the merging integration of results in a narrative discussion to indicate how they convergent, discordant, or explaining each other. Relevant works of literature were used to support the discussion of this study. Also, other emerging themes and sub-themes were

discussed and the implication of the finding to the nursing practices. Chapter 6 will discuss the conclusion, limitations, and recommendations of this study.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

The previous chapter discussed the comparison and representation of the merging integration of quantitative and qualitative results. This chapter is to discuss the conclusion of this research relating to the aim and objectives of the study as reflected in Chapter 1 of this thesis. This chapter further includes the limitation of this study followed by the recommendation to improve mentoring and mentorship and the area for further study. This chapter is concluded with a summary of the chapter.

6.2 CONCLUSION OF DEMOGRAPHIC DATA

The results from the demographic data of this study show heterogenous categories within the group of mentees and mentors, which affected the practice and experiences results in this study. Also, despite the various campuses most of the practices and experiences were similar in terms of being convergent or discordant despite mentors at some campuses. Equally, this study shows that not all mentees attended the orientation programme of the institution, and also no mentors were allocated to them by the school. It was notable that challenges such as virtual mentoring were uniquely common at Rundu and Southern campuses which did not have mentors at the time of data collection. The latter supported the need for two campuses to be included in this study as justified in Chapter 3.

In addition, this section also reveals that the School of Nursing has nurse educators who have expertise as clinical nurses among the mentees and mentors. What is also important to highlight is that mentors are nearing retirement age and hence the need for mentoring the new nurse educators (Fang & Kersten, 2017).

6.3 CONCLUSION ON OBJECTIVE ONE (QUANTITATIVE)

Objective one of this study was to assess and describe the practices of mentorship and mentoring among the nurse educator's mentors and mentees in the School of Nursing, at the University of Namibia. The conclusion of the findings for objective one [1] shows that both the mentees and mentors had convergent results in terms of mentorship relationships which included the psychosocial and supportive environment. However, there were discordant results in mentoring variables as most mentors rated their practices as strongly agreed/agreed contrary to mentees who rated themselves to disagreed and strongly disagreed. These findings show that despite mentors and mentees agreeing on mentorship, the mentees and mentors did not agree on the mentoring practice. In face of mentors indicating to be satisfied with their mentoring practice, the mentee was not satisfied. Furthermore, the difference in quantitative findings was supported by the study's qualitative themes.

The findings of these objectives can be supported by the theoretical framework of Benner to Novice Theory discussed earlier in chapters 1 & 2 of this study, which echoed that an expert nurse become a novice in the new environment and need mentoring to become an expert after 5 years (Benner framework, 1982 as cited in Brown, 2015). Furthermore, WHO nurse Educator Competencies (2016) supported the need for various competencies that nurse educators needed which mentees had disagreed that mentoring was not practiced to enhance those competencies, despite the mentors indicating otherwise. Equally, the Best practice in Academic Mentoring Model, solidify the best practices that need to be in place to mentor academics which mentees reported to be lacking in this study (Nick et al., 2012).

6.4 CONCLUSION ON OBJECTIVE TWO (QUALITATIVE)

Objective two was to describe explore and describe the experiences of mentorship and mentoring of nurse educators' mentors and mentees in the School of Nursing, at the University of Namibia. Four themes emerged that were comparable among the mentees and mentors. Likewise, there were many similarities in some sub-themes although some were unique to each group. During the presentation and narrative discussion, the themes and sub-themes from both mentees and mentors had convergent as well discordant outcomes. This shows that the experiences of mentorship and mentoring were similar in some aspects as well as discordant views were observed even among each group and across both groups. Additionally, some sub-themes were unique to each group but had convergent aspects in their discussion. The themes and sub-themes from this objective were able to either convergent, discord, or explain the findings from the quantitative data set.

6.5 LIMITATION OF THE STUDY

This study did not include educators who were not registered nurses by profession from other departments such as Allied Health¹⁷ and other schools but who were teaching nursing students. Their practices and experiences could be different and hence these results cannot be generalized to all educators teaching nursing students at UNAM.

As this study did not include other health care professionals in the Faculty of Health Science, this could be an area of future research to assess and explore if the practice and experiences in this study are unique to the school or are found in the other schools in the same Faculty.

¹⁷ At the time of data collection, Allied Health was a department within the School of Nursing before the new restructuring in 2021.

Equally, the researcher was an insider researcher which could have influence the participants not to open up, which however was mitigated by the quantitative results that were anonymous. In addition, the principles of internal and external engagement as discussed in chapter 3 were used to mitigate this limitation. Although an external researcher could be debated to have been more objective, the benefit of having inside knowledge to probe and understand phenomena during the interview should not be overlooked.

6.6 RECOMMENDATIONS

The recommendations of this study are based on the feedback made by the participants and the findings of the study to improve mentorship and mentoring in the School of Nursing at the University of Namibia.

6.5.1 Recommendations for Practice

Regarding Table 5.2, theme 4 of both the mentors and mentees the following are recommended to improve mentorship and mentoring:

- Facilitation of a good relationship between mentors and mentees of support, assistance, and guidance.
- Establishing trust, respect, healthy communication and a positive attitude between the mentors and mentees.
- Formal, school specific orientation and induction at school level to meet the needs of the nurse educators.
- Development of formal mentorship and mentoring plan/programme for the School of Nursing that include the following;
 - Revision and implementation of the institution Mentorship Policy
 - Allocation and training of mentors.
 - A reward system for mentors.

- Mentoring coordinator at school
- Planning, implementation and evaluations of mentorship and mentoring at school level
- Workload consideration that include;
 - Mentoring to be allocated time and be accounted in workload/appraisal
 - Revision of workload and reduction of number of student's intake.
- In addition, based on the challenges that emerged from the study, the researcher recommends the following:
 - Guidelines on how to facilitate effective virtual mentoring.
 - Platform or support group for mentees to debrief as navigating the new environment.
 - Ensuring uniformity in procedures, teaching and evaluations across the campuses.

6.5.2 Role of the researcher in the recommendations

As the researcher is a nurse educator and Balance Score Card coordinator of the Institution's Strategic plan in the School of Nursing where the study was conducted, the researcher aims to do the following;

- Present the results of the thesis to the school management.
- Participate in the development of mentoring programme within the School of Nursing as part of the initiative to meet the strategic objectives of the Institution.

6.5.3 Recommendation Based on Own Experience as an Insider Researcher

The researcher as a novice researcher will recommend the following:

- To have an outside support/ supervisor for insider researchers to allow debriefing and guidance, especially for the novice researcher.
- To identify insider researchers in the early stage of the research proposal development and provide the necessary guidelines and protocols.
- Training in mixed methods to facilitate the progress of novice researchers.

6.5.4 Recommendation for Future Research

For future research the researcher recommends:

- Explore the experience and perspectives of relevant middle and top management on mentoring and mentorship within the institution.
- Practice and experience in mentorship and mentoring from other schools within the Faculty of Health Sciences which could have the same context could be established.
- The experience of nursing students in teaching and learning by the nurse educators is an important aspect to be determined.
- Explore the mentoring experience among the nurse educators who took up new portfolios or management positions.

6.7 SUMMARY

This chapter presented the conclusion, limitations, and recommendations. The researcher is of the view that the objectives of the study were achieved as evident in the discussion and conclusion.

The study aimed at assessing and describing the practices and experiences of nurse educators. This study provided valuable insight into practices from both mentees and mentors as well as the experiences of both groups. What is notable, is that the study included all four campuses where the School of Nursing is offered and hence the

results speak to the school in total as well all categories of nurse educators. The presented results and discussion illustrated that there was a need for this study and it will contribute to the body of knowledge on the mentoring and mentorship of nurse educators. Lastly, with the implementation of the Performance Management System at UNAM, mentorship and mentoring cannot be overlooked as it is a tool to improve performance among academics including nurse educators.

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APPENDICES

Annexure 1: Ethical clearance certificate



ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: SON 2021 Date: 1 December 2021

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: Assessment Of The Practices And Experiences On Mentorship And Mentoring Of Nurse Educators In The School Of Nursing, University of Namibia

Student: INGENESIA POPII VEKUMININA TJIURUTUE - VEII

Student Number: 9512756

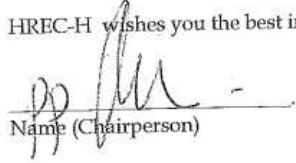
Supervisor(s): *Prof. L Pretorius*


Main Campus

Take note of the following:

1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the HREC-H. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the HREC-H
3. The Principal Researcher must report issues of ethical compliance to the HREC-H (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by HREC-H
4. The DEC retains the right to:
 1. Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
 2. Request for an ethical compliance report at any point during the course of the research.

HREC-H wishes you the best in your research.


Name (Chairperson)


Name (Secretary)

Annexure 2: Research permission letter from postgraduate study

CENTRE FOR POSTGRADUATE STUDIES

University of Namibia, Private Bag 13301, Windhoek, Namibia
340 Mandume Ndemufayo Avenue, Pioneers Park
☎ +264 61 206 3275/4662; Fax +264 61 206 3290; URL: <http://www.unam.edu.na>



RESEARCH PERMISSION LETTER

Student Name: Tjirutue Ingenesia

Student number: 9512756

Programme: Master in Nursing Science

Approved research title: Assessment of the practices and experiences on mentorship and mentoring of nurse educators in the school of nursing, university of Namibia.

TO WHOM IT MAY CONCERN

I hereby confirm that the above mentioned student is registered at the University of Namibia for the programme indicated. The proposed study met all the requirements as stipulated in the University guidelines and has been approved by the relevant committees.

The proposal adheres to ethical principles as per attached Ethical Clearance Certificate. Permission is hereby granted to carry out the research as described in the approved proposal.

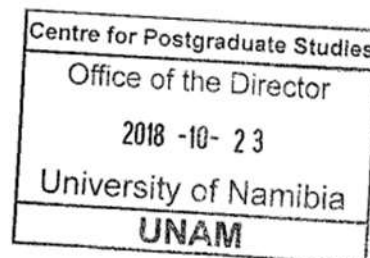
Best Regards

A handwritten signature in black ink, appearing to read 'Marius Hedimbi', is written over a horizontal dashed line.

Prof Marius Hedimbi
Director: Centre for Postgraduate Studies
Tel: +264 61 2063275
E-mail: directorpgs@unam.na

23 Oct 18

Date



Annexure 3: Participant Consent form

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

ANNEX 5



TITLE OF THE RESEARCH PROJECT: ASSESSMENT OF THE PRACTICES AND EXPERIENCES ON MENTORSHIP AND MENTORING OF NURSE EDUCATORS IN THE SCHOOL OF NURSING, UNIVERSITY OF NAMIBIA.

REFERENCE NUMBER: 9512756

PRINCIPAL INVESTIGATOR: Ms. Ingenesia Popii Vekuminina Tjiurutue – Veii

ADDRESS: P. O. Box 60833 Katutura, Windhoek

CONTACT NUMBER: Cell number: 0812094561 & office number 061- 2063606;

Email: itjiurutue@unam.na

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Research Ethics Committee at The University of Namibia and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and Namibian National Research Ethics Guidelines.

What is this research study all about?

Where will the study be conducted; are there other sites; total number of participants to be recruited at your site and altogether.

I am Ingenesia Popii Vekuminina Tjiurutue registered student for a Master of Nursing Science at the University of Namibia (UNAM). I am conducting a research study entitled, “Assessment of the practices and experiences on mentorship and mentoring of nurse educators in the School of Nursing, University of Namibia”, for the full fulfilment of the degree I am registered for. The study will be conducted in the School of Nursing at UNAM which include the four campuses of Oshakati (Northern), Windhoek (Main), Southern and Rundu campuses respectively. Given the small number of the population, sixty nine (69) nurse educators employed in the School of Nursing all will be included in the study. The total number of participant to be recruited per campuses are as follows; For the Main campus is thirty three (33); Northern is nineteen (19): thirteen (13) and four (4) at Southern respectively.

Explain in participant friendly language what your project aims to do and why you are doing it?

The aim of the study is to assess the practices and experiences on mentorship and mentoring of nurse educators in the School of Nursing at the University of Namibia. The study could help to provide information that could inform the management of the school and could be used to improve mentorship and mentoring among nurse educators which in turn can improve quality of nursing education.

Explain all procedures.

The data collection period will be for a period of 3 months across the various campuses. This study adopted a mixed method approach, where individual semi structured interview will be used to collect qualitative data on your experiences followed by completion of printed self-administered questionnaire to assess the practices on mentorship and mentoring. The data will be collect by the researcher and the venue; time and place will be pre- arranged with to

fit what is suitable to you. An official invitation to partake in the study will be communicate to each potential participant.

If you voluntarily agree to take part in the study, you are welcome to ask any questions or clarification before you give a written consent to partake in the study. Firstly, a semi-structured interview will be conducted first using an interview guide followed by the completion of the questionnaire. This is to avoid questions which are in the questionnaire to affect your response during the interview. The interview is to explore your experience on mentorship and mentoring while the questionnaire will assess the practices among new and senior nurse educators on mentorship and mentoring. . The interview will be recorded with your permission using an audio recorder and researcher will take field notes. All ethical principles will be adhered to in handling of the information provided including the recorded data. The researcher will ensure that no one have access to raw information you have provided.

After the interview, you will receive a questionnaire in an envelope which you are required to complete on your own. Please seal the envelope and give it back to the researcher. Please do not use names during the interview if possible and you can refer to others as Mr or Ms and you are not required to enter you name on the questionnaire. As the researcher is an insider, if by any means you had conversation with regard to mentorship and mentoring prior to this study, it will be required from you to express yourself as this is for the first time to discuss this.

Explain any randomization process that may occur. N/A

Explain the use of any medication, if applicable. N/A

Why have you been invited to participate?

Explain this question clearly.

You are asked to participate in this study to assess the practices on mentorship and mentoring among the new nurse educators (mentees) and the senior nurse educators (mentors) in the School of Nursing. You meet the criteria for the study population which is being a nurse educator who is registered nurses and midwife by profession whether you are teaching theoretical or clinical components of nursing education in the School of Nursing at the University of Namibia. You will be considered and referred to as a senior nurse educator (mentor) if you have taught for more than 5 years in the School of Nursing and new nurse educators (mentee) if you have taught for less than five years in the school at time of data collection.

What will your responsibilities be?

Explain this question clearly.-

Your participation in this study is voluntary; you are under no obligation to participate. You have the right to withdraw at any time even in the middle of an interview without any penalty imposed. The interview session is expected to last 20- 30 minutes. In addition, it will take another 15- 20 minutes of your time to complete the questionnaire. The researcher will use an interview guide to guide the session, and will probe and ask for clarification if your response is not clear or need more elaboration on what you share. Please remember that you are under no obligation to answer any question or comments if you feel not comfortable or you don't want to. You will be informed when the recording will start and you can inform the researcher to pause if need be for whatever reason you have. You also have the right to ask if the question or comment is not clear. The questionnaire consists of three (3) sections. Section A will obtain your demographic and background information while section B and C have Likert scales that assess the practices on mentorship and mentoring respectively. The questionnaire is expected to be completed at own convenient time. The completed questionnaires will be collected by the researcher.

Explain the duration the participant is expected to participate in the study (i.e. 2 hours, 4 days, etc.)

This study will require less than one hour of your time despite having two methods of collecting data as explained earlier i.e. interview and questionnaire

Will you benefit from taking part in this research?

a) Explain all benefits objectively. If there are no personal benefits then indicate who is likely to benefit from this research e.g. future patients.

Your participation may help to give complete picture on the practices and experiences on the mentorship and mentoring as it will be obtained from the mentors and mentees in the Schools of Nursing which you are part of.

Are there in risks involved in your taking part in this research?

Identify any risks objectively.

There is no anticipated discomfort by partaking in this research, hence minimized the risk to participants. However, if there is question/s that may lead you to feel sad or become upset please you are free not to answer/s it or them. You also have the right to withdraw from the study even after you have signed consent with no penalty. It is also important to note that the researcher will adhere to all principle of ethical consideration in research as stipulated by the University of Namibia.

If you do not agree to take part, what alternatives do you have?

Clearly indicate in broad terms what alternative treatment is available and where it can be accessed, if applicable.

If you do not agree to take part you may indicate so that you are excused as participation in this study is voluntary.

Who will have access to your medical records? (Where applicable)

Explain that the information collected will be treated as confidential and protected. If it is used in a publication or thesis, the identity of the participant will remain anonymous.

Clearly indicate who will have access to the information.

Although there are no medical records, the personal information obtained from you, the researcher will ensure that all data obtained from you or other participants are kept confidential and anonymous. Raw data will only be accessible to the researcher and no names or information that might link you to the response will be revealed and pseudonyms and codes will be used to instead. Data will be locked up in a safe place and if saved on computer it will have pin to access the records to avoid any unauthorized person to have access. Your name will not be recorded on the questionnaire; and pseudonyms or referring to you as a participant will be used to avoid others to know who provided the information. Any other information that is specific to you that make you distinct will not be shared e.g. rather than saying the clinical instructor at this campus, it will refer to participant 1 or 2. At all times the identity of the participants will remain anonymous even in the writing of the findings of the study and publication. The information obtained from you will not be shared with anyone else. In addition, to make sure that your identity and roles are sufficiently obscured, the researcher will give you a draft of the research findings to see if you there is access for others to trace it back to you.

What will happen in the unlikely event of some form injury occurring as a direct result of your taking part in this research study?

Clarify issues related to insurance cover if applicable. If any pharmaceutical agents are involved will compensation be according to ABPI guidelines? (Association of British Pharmaceutical Industry compensation guidelines for research related injury which is

regarded as the international gold standard). If yes, please include the details here. If no, then explain what compensation will be available and under what conditions.

This study does not involve pharmaceutical agents. However, to prevent any discomfort, the researcher will ensure that questions asked are only to meet the aim of the study and no personal intruding questions will be asked. The researcher will adhere to ethical principles to avoid any harm to you including the embarrassing questions. In addition, you as the participants have the right to withdraw even during the study with no penalty or refuse to answer questions which don't feel comfortable or want to answer.

Will you be paid to take part in this study and are there any costs involved?

You will receive no payment either monetary or material gain for taking part in the study and there is no cost involved from you as participant.

Is there anything else that you should know or do?

You should inform your family practitioner or usual doctor that you are taking part in a research study. (Include if applicable)

You should also inform your medical insurance company that you are participating in a research study. (Include if applicable)

You can contact study Supervisor Dr H. Amukugo...at the University of Namibia..... at tel 061-206-3061; email: ...hamukugo@unam.na or the researcher Ms. I.P.V. Tjiurutue at 061-2063606; email itjiurutue@unam.na if you have any further queries about the study..

You can contact the Centre for Research and Publications at +264 061 2063061; pclaassen@unam.na if you have any concerns or complaints that have not been adequately addressed by the investigator.

You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled “Assessment of the practices and experiences on mentorship and mentoring of nurse educators in the School of Nursing, University of Namibia”.

I declare that:

I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

I have had a chance to ask questions and all my questions have been adequately answered.

I understand that taking part in this study is voluntary and I have not been pressurised to take part.

I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 2019.

Signature of participant Signature of witness

Declaration by investigator

I (*name*) declare that:

I explained the information in this document to

I encouraged him/her to ask questions and took adequate time to answer them.

I am satisfied that he/she adequately understands all aspects of the research, as discussed above

I did/did not use a interpreter. *(If a interpreter is used then the interpreter must sign the declaration below.*

Signed at (*place*) on (*date*) 2019.

Signature of investigator

Signature of witness

Declaration by interpreter (N/A)

I (*name*) declare that:

I assisted the investigator (*name*) to explain the information in this document to (*name of participant*)

..... using the language medium of (Oshiwambo, Oshierero, Afrikaans, etc.)

Annexure 4: Interview guide for mentees with questions to ask participants during interview

INTERVIEW GUIDE FOR MENTEE

INTRODUCTION

This research is being conducted to assess the practices and experiences on mentorship and mentoring of nurse educators in the School of Nursing at the University of Namibia (UNAM). The study is conducted to fulfill the requirement for my Master Degree in Nursing Science at the University of Namibia. The aim of this interview is to explore your experiences as new nurse educators who have worked for less than five years in the School of Nursing. All data obtained will be used only for this study. Confidentiality and anonymity will be maintained and no one can identify with your answers. The consent was already obtained for this study. Do you have any questions before we start?

BACKGROUND INFORMATION

No. of interview

Age:

Campus:

Position:

No of years of teaching in the School of Nursing at UNAM:

Nature of employment: Permanent/Contract/Part-time/other (.....)

OPENING QUESTION

- 4 Can you tell me about the first time you join SoN?

Probe: when, coming from where,

QUESTION ON MENTORSHIP AND MENTORING

- 5 How will you describe your experience of transition in the school as new educator?

Probe: challenges, support received, orientation, emotions.

- 6 As mentee, what does it meant to be in mentorship relationship and being mentored?

Probe: understanding, expectation

- 7 How will describe your experience on mentorship and mentoring you are receiving in the school?

Probe: feelings, mentors/mentees/management attitude, area assistance given

- 8 Which areas or aspects in you new role, did you had challenges or currently experience challenges with?

Probe: difficulty coping/balancing, need mentoring

- 9 Did you ever discuss your experiences in your new role with a senior colleague? (Yes/No)

1.1 If yes, ask 6.1 & 6.2

1.2 In no, skip 6.1 & 6.2 and ask 6.3

- 9.1 Who brought the discussion up?

Probe: who initiated, why (reason)

- 9.2 What was the impact of the discussion on your transition or growing professionally as a junior?

Probe: feelings, adjustment, progress, acceptance

- 9.3 Please share why you never discuss your experience with a senior colleague?

Probe: reason, challenges, feelings

CLOSING QUESTIONS

- 10 What do you think can be done to have effective mentorship and mentoring of new nurse educators in SoN?

Probe: role of mentors, mentees, management, suitable environment

- 11 Anything that you want to add or comment on?

Adopted form example of an in- depth interview guide, Cambodia cited in Hennink et al, 2011

Some questions adapted from Weidman, 2013.

Annexure 5: interview guide for mentors with questions to ask participants during interviews

INTERVIEW GUIDE FOR MENTOR

INTRODUCTION

This research is being conducted to assess the practices and experiences on mentorship and mentoring of nurse educators in the School of Nursing (SoN) at the University of Namibia (UNAM). The study is conducted to fulfill the requirement for my Master Degree in Nursing Science at the University of Namibia. The aim of the interview is to explore the experiences of the senior nurse educators (mentors) who have taught for more than five years in the SoN. All data obtained will be used only for this study. Confidentiality and anonymity will be maintained and no one can identify with your answers. The consent was already obtained for this study. Do you have any questions before we start?

BACKGROUND INFORMATION:

No. of interview

Age

Campus:

Position:

No of years of teaching at UNAM:

Nature of employment: Permanent/Contract/Part-time/others (.....)

OPENING QUESTION

1. Can you tell me about the first time you join SoN?

Probe: when, being mentored, adjusting to role.

Annexure 6: Questionnaire for mentees

PARTICIPANTS RESEARCH STUDY QUESTIONNAIRE FOR MENTEES

Researcher: Ms. Ingenesia Popii Vekuminina Tjiurutue

Institution: University of Namibia

Dear Participant,

The questionnaire is part of a study to assess the practices and experience of nurse educator's mentors and mentees on mentorship and mentoring in the School of Nursing (SoN) at the University of Namibia (UNAM). The questionnaire will assess and describe the practices on mentorship and mentoring the new nurse educators (mentees) receive from the senior nurse educators (mentors) in the SoN. **Please note the terms used in the questionnaire:**

Mentee (new nurse educator): Nurse educator who have taught for less than five years in SoN.

Mentor (senior nurse educator): Nurse educator who have taught for more than five years in SoN.

To ensure confidentiality, please do not write your name on the questionnaire as this study is anonymous. Participation in the study is voluntary and refusing to participate will not impose any penalty. Please read through the questionnaire before responding and you have the right to choose not answer any question you don't want to. All

responses will be treated with confidentiality. Thank you very much for taking time to complete the questionnaire.

This questionnaire consist section A, B and C. In section B and C you are expected to read and consider the numbers for your responses as follows: **Strongly agree (5), Agree (4), Nor disagree or agree (3), Disagree (2), strongly disagree (1), if not applicable (0).**

SECTION A: QUESTIONS ON BACKGROUND DATA OF THE PARTICIPANT.

- **Gender (Mark an X in appropriate box).**

Male	
Female	

- **How old are you (Years)? (Mark an X in appropriate box).**

≤ 24 Years	
25-29	
30-34	
35-39	
40-44	
45-49	
50-54	
55 -59	
≥ 60 years	

- **Campus you are employed (Mark an X in appropriate box).**

Oshakati campus	
Windhoek campus	
Southern campus	
Rundu campus	

- **Current teaching rank (Mark an X in appropriate box).**

Preceptors	
Clinical instructor	
Assistant lecturer	
Lecturer	
Senior lecturer	
Associate professor	
Professor	

- Please indicate whether you are teaching a module/s with theory (lectures) or practical (clinical) accompaniment. (Indicate with an X in appropriate box).

Module	
Theory(lectures) only	
Clinical (practical) only	
Both theory(lectures) and clinical(practical)	

- Please indicate your status of employment in the School of Nursing. (Mark with an X in appropriate box).

Permanent	
Contract	
Part- time	

- How long are you're registered with Health Professional Council of Namibia as registered nurse and midwife? (Mark an X in appropriate box).

≤ 5 years	
6- 10 years	
11- 15 years	
16 -20 years	
21- 25 years	
26- 30 years	
≥ 31 years	

- How long have you work as nurse educator in the School of Nursing? (Mark an X in appropriate box).

Less than one year	
One year to less than 2 years	
2 years to less than 3 years	
3 years to less than 5 years.	

- Do you have prior teaching experience in environment of high learning before joining the School of Nursing? (Mark with an X in appropriate box).

Yes	
No	

- Do you have any formal qualification in education? (Mark an X in appropriate box).

Yes	
No	

- Did you attend formal orientation program of UNAM since you assume duties? (Mark with an X in appropriate box).

Yes	
No	

- Are you familiar with the Mentorship Policy for staff members at UNAM? (Mark with an X in appropriate box).

Yes	
No	

- Is there a mentor/s officially assigned to you by the School of Nursing or within your department (Mark with an X in appropriate box)

Yes	
No	

If you answer No to question no.13 above, this mark the end of section A, please proceed to Section B.

If you answer Yes, to question no. 13 above, please answer questions 14, 15 & 16, before proceeding to Section B.

- Indicate below the campus or campuses where your mentor/s is located. (Mark with an X in appropriate box).

Oshakati campus	
Windhoek campus	
Southern campus	
Rundu campus	

- For how long are you mentored? (Mark an X in appropriate box below).

Less than one year	
One year to less than 2 years	
2 years to less than 3 years	
3 years to less than 5 years.	

- How often do you meet with your mentor? (Mark with an X in an appropriate box).

Once a week	
Two weekly	
Once a month	
Other; specify	

- **How do you communicate with your mentor? (Mark with an X in appropriate box).**

Person to person	
Phone	
E-mail	
Other; specify	

SECTION B MENTORSHIP

Rate your agreement regarding the following statements with regard to the practices of senior nurse educators on mentorship to you as a new nurse educator. (Please place a mark with an X under the number you choose). A 5-point rating scale is used to capture your rating of the level of satisfaction: **5** denotes ‘Strongly agree, **4** ‘Agree, **3** neither Agree nor Disagree, **2** ‘Disagree, **1** Strongly Disagree. ‘0‘if Not Applicable’

- **Psychosocial support**

Statement	5	4	3	2	1	0
18.1 I receive help or assistance from senior nurse educators when needed.						
18.2 The senior nurse educators share information and collaborate with me.						
18.3 The senior nurse educators are available and approachable when I need assistance.						
18.4 The senior nurse educators have a non-judgmental attitude towards me.						
18.5 The senior nurse educators show empathy to me.						
18.6 The senior nurse educators share their experiences to allow me to share my fears.						
18.7 The senior nurse educators display an attitude of enthusiasm and professionalism towards me at all times.						
18.8 The senior nurse educators always listen to my needs.						

- **Supportive environment**

Statement	5	4	3	2	1	0
19.1 I receive individual support and assistance from senior nurse educators.						
19.2 I receive administrative support from the senior nurse educators.						
19.3 I receive collegial support from the senior nurse educators.						
19.4 The senior nurse educators show passion towards nursing education.						
19.5 I received information from the senior nurse educators on available support services for the mentees.						

19.6 I consider the environment in the school to be non-competitive and it will allow me to trust the senior nurse educators.						
-------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--

SECTION C MENTORING

Rate your agreement regarding the following statements on the mentoring practices you receive as new nurse educators from the senior nurse educators. (Please place a mark with an X under the number you choose). A 5-point rating scale is used to capture your rating of the level of agreements with statements below: **5** denotes ‘Strongly Agree, **4** ‘Agree, **3** neither Agree nor Disagree, **2** ‘Disagree, **1** Strongly Disagree. ‘0‘if not Applicable’

- Orientation of the nurse educators**

Statement	5	4	3	2	1	0
20.1 I am/was encouraged by the senior nurse educators to attend the University orientation program.						
20.2 My backgrounds and academic experiences are/was assessed by the senior nurse educators to identify my learning needs.						
20.3 The senior nurse educators shows me how to use computer program for emails.						
20.4 I was shown how to use the university management system and to enter the examination marks.						
20.5 I am orientated by the senior nurse educators to policies including unwritten policies and procedures as well as the school philosophy and mission of the nursing program.						
20.6 I receive demonstration from the senior nurse educators how to use equipment’s relevant to my role as an educator.						
20.7 I was taught by the senior nurse educators how keep records of activities or documents that I will need for promotion as an academic.						

- Achieving balance life**

Statement	5	4	3	2	1	0
21.1 I received guidance from the senior nurse educators how to achieve balance in the multiple roles of an educator.						
21.2 I receive support from the senior nurse educators on how to deal with work related stress.						
21.3 My needs are assessed by the senior nurse educator to give me assistance.						
21.4 I receive assistance from the senior nurse educators in time management and setting priorities.						
21.5 I receive counselling from the senior nurse educators and strategies to balance my work and personal life.						

- **Institutional resources (policies, guidelines, student's matters etc.)**

Statement	5	4	3	2	1	0
22.1 I am orientated by the senior nurse educators on how to advise students appropriately according to the university policies.						
22.2 I receive information from the senior nurse educators on how to advise students.						
22.3 I am trained by the senior nurse educators on how to deal with student issues.						
22.4 I have observed how the senior nurse educators advise students.						
22.5 I was observe by a senior nurse educator, while I was advising a student/s and received appropriate feedback from my senior.						
22.6 I am orientated by the senior nurse educators to the University and School policies on student matters and discipline including plagiarism and dishonesty.						
22.7 I was taught by the senior nurse educators on how to prevent and detect plagiarism and dishonesty among students in the theoretical or clinical components where applicable.						
22.8 I am orientated by the senior nurse educators on curriculum development and how it is reviewed.						
22.9 I am orientated by the senior nurse educators about the support services available for students.						
22.10 I receive advice from the senior nurse educators on the guideline of students grading, progress and dismissal.						

- **Resources pertaining to teaching/module**

Statement	5	4	3	2	1	0
23.1 I was taught by the senior nurse educators how to prepare for lectures.						
23.2 I am orientated by the senior nurse educators on how to use different teaching strategies.						
23.3 I am trained by the senior nurse educators on how to set up examination papers.						
23.4 I receive orientation from the senior nurse educators on how to grade students in theory.						
23.5 I received orientation from the senior nurse educators on how to grade students in clinical settings.						
23.6 I received teaching from the senior nurse educators how to deal with student's behavior relating to learning.						
23.7 I was taught by senior nurse educators how to construct and administer a test.						

23.8 I received orientation from the senior nurse educators on how to write objectives or set up questions using various levels of Blooms taxonomy according to the student's year of study.						
Statement	5	4	3	2	1	0
23.9 I am trained by the senior nurse educators on the module syllabi, course material development and preparation for the module I am teaching.						

- **Lectures and class management**

Statement	5	4	3	2	1	0
24.1 I receive help from the senior nurse educators to develop effective teaching habits.						
24.2 I receive guidance from the senior nurse educators in class management techniques.						
24.3 I am orientated by the senior nurse educators on teaching guideline of theoretical assessment and evaluation.						
24.4 I receive assistance from the senior nurse educators on how to manage lecturers and resources relating to teaching.						
24.5 The senior nurse educators demonstrated to me you how to use classroom equipment's before assuming lectures.						
24.6 I was invited to observe several times the lectures of senior nurse educator/s.						
24.7 I receive orientation from the senior nurse educators on how to keep documentation in class.						
24.8 I receive help from the senior nurse educators in facilitation of adult teaching.						
24.9 I receive tutoring from the senior nurse educators in academic issues.						
24.10 I have received constructive feedback from a senior nurse educator who has observed me while giving lectures.						

- **Simulation and clinical/practical settings**

Statement	5	4	3	2	1	0
25.1 I received demonstration from the senior nurse educators on how to use simulation equipment's before teaching simulation.						
25.2 I was accompanied by the senior nurse educators and orientated to clinical environment before I assumed clinical teaching.						
25.3 I was allowed to observe a senior nurse educators several times during clinical teaching.						

25.4 I am orientated by the senior nurse educators on how to keep documentation in clinical settings.						
25.5 I am orientated by the senior nurse educators to clinical policies of the university (counseling, discipline and evaluations) with regard to students.						

- **Research and community service**

Statement	5	4	3	2	1	0
26.1 I receive support from senior nurse educators in research that helps me to contribute to research output of the School of Nursing.						
26.2 I receive advice or support from the senior new nurse educators on how to publish as an academic.						
26.3 I receive advice or support from the senior nurse educators on how present at conference.						
26.4 I am guided by the senior nurse educators on how to be involved in community engagement.						

End

Thank you for participating.

Annexure 7: Questionnaire for mentors

PARTICIPANTS RESEARCH STUDY QUESTIONNAIRE FOR MENTORS

Researcher: Ms. Ingenesia Popii Vekuminina Tjiurutue

Institution: University of Namibia

Dear Participant,

The questionnaire is part of a study to assess the practices and experience on mentorship and mentoring of nurse educator's in the School of Nursing (SoN) at the University of Namibia (UNAM). The questionnaire will assess and describe the practices of the senior nurse educator (mentors) on mentorship and mentoring to the new nurse educators (mentees) in the SoN.

Please note the terms used in the questionnaire:

Mentee (new nurse educator); Nurse educator who have taught for less than five years in SoN.

Mentor (senior nurse educator): Nurse educator who have taught for more than five years in SoN

To ensure confidentiality, please do not write your name on the questionnaire as this study is anonymous. Participation in the study is voluntary and refusing to participate will not impose any penalty. Please read through the questionnaire before responding and you have the right to choose not answer any question you don't want to. All responses will be treated with confidentiality Thank you very much for taking time to complete the questionnaire.

This questionnaire consist section A, B and C. In section B and C you are expected to read and consider the numbers for your responses as follows: **Strongly agree (5), Agree (4), Nor disagree or agree (3), Disagree (2), strongly disagree (1), if not applicable (0).**

SECTION A: QUESTIONS ON BACKGROUND DATA OF THE PARTICIPANT.

1. **Gender (Mark an X in appropriate box).**

Male	
Female	

2. **How old are you (Years)? (Mark an X in appropriate box).**

≤ 24 years	
25-29	
30-34	
35-39	
40-44	
45-49	
50-54	
55 -59	
≥ 60 years	

Campus you are employed (Mark an X in appropriate box).

Oshakati campus	
Windhoek campus	
Southern campus	
Rundu campus	

Current teaching rank (Mark an X in appropriate box).

Preceptors	
Clinical instructor	
Assistant lecturer	
Lecturer	
Senior lecturer	
Associate professor	
Professor	

Please indicate whether you are teaching a module/s with a theory (lectures) or practical (clinical) accompaniment. (Indicate with an X in appropriate box).

Module	
--------	--

Theory(lectures) only	
Clinical only	
Both theory(lectures) and clinical	

6. Please indicate your status of employment in the School of Nursing. (Mark with an X in appropriate box).

Permanent	
Contract	
Part- time	

7. How long are you're registered with Health Professional Council of Namibia as registered nurse and midwife? (Mark an X in appropriate box).

5- 9 years	
10- 14 years	
15- 19 years	
20 -24 years	
25- 29 years	
≥ 30 years	

8. How long have you work as nurse educator in the School of Nursing? (Mark an X in appropriate box).

5 - 10 years	
11 -16 years	
17- 22 years	
23- 28 years	
29- 34 years	
≥ 35 years	

9. Did you have prior teaching experience in environment of high learning before joining the School of Nursing? (Mark with an X in appropriate box).

Yes	
No	

10. Do you have any formal qualification in education? (Mark an X in appropriate box).

Yes	
No	

11. Did you attend the UNAM formal orientation program when you were a new nurse educator? (Mark with an X in appropriate box).

Yes	
No	

12. Are you familiar with the Mentorship Policy for staff members at UNAM? (Mark with an X in appropriate box).

Yes	
No	

13. Was there a mentor/s officially assigned to you by the School of Nursing or within the department when you started working? (Mark with an X in appropriate box).

Yes	
No	

If you answer No to question no.13 above, this mark the end of section A, please proceed to Section B.

If you answer Yes, to question no. 13 above, please answer questions 14, 15 & 16, before proceeding to Section B.

14. Indicate below the campus or campuses where your mentor/s was located. (Mark with an X in appropriate box)

Oshakati campus	
Windhoek campus	
Southern campus	
Rundu campus	

15. For how long were you mentored during your first five years in the school? (Mark with an X in appropriate box below).

Less than one year	
One year to less than 2 years	
2 years to less than 3 years	
3 years to less than 5 years.	

16. How often did you meet with your mentor? (Mark with an X in an appropriate box).

Once a week	
Two weekly	
Once a month	
Other; specify	

17. How did you communicate with your mentor/s? (Please indicate with an X in appropriate box).

Person to person	
Phone	
E-mail	
Other; specify	

SECTION B MENTORSHIP

Rate your agreement regarding the following statements with regard to your practices as senior nurse educators on mentorship of the new nurse educators. (Please place a mark with an X under the number you choose). A 5-point rating scale is used to capture your rating of the level of satisfaction: **5** denotes ‘Strongly agree, **4** ‘Agree, **3** neither Agree nor Disagree, **2** ‘Disagree, **1** Strongly Disagree. ‘0‘if Not Applicable’

18. Psychosocial support

Statement	5	4	3	2	1	0
18.1 I help or assist the new nurse educators when needed.						
18.2 I share information and collaborate with the new nurse educators.						
18.3 I am available and approachable when new nurse educators need assistance.						
18.4 I have a non-judgmental attitude towards the new nurse educators.						
18.5 I show empathy to the new nurse educators.						
18.6 I share my experience with the new nurse educators to allow them to share their fears.						
18.7 I display an attitude of enthusiasm and professionalism at all times towards the new nurse educators.						
18.8 I always listen to the needs of the new nurse educators.						

19. Supportive environment

Statement	5	4	3	2	1	0
19.1 I provide individual support and assistance to the new nurse educators.						
19.2 I give administrative support to the new nurse educators.						
19.3 I give collegial support to the new nurse educators.						
19.4 I am passionate about nursing education.						
19.5 I give the new nurse educators information on available support services for them.						
19.6 I create non- competitive environment that enable the new nurse educators to trust me.						

SECTION C MENTORING

Rate your agreement regarding the following statements on your practices as senior nurse educators with regard to mentoring of the new nurse educators. (Please place a mark with an X under the number you choose). A 5-point rating scale is used to capture your rating of the level of agreements with statements below:

5 denotes 'Strongly Agree, 4 'Agree, 3 neither Agree nor Disagree, 2 'Disagree, 1 Strongly Disagree. '0'if not Applicable'

20. Orientation of the nurse educators

Statement	5	4	3	2	1	0
20.1 I encourage the new nurse educators to attend the University orientation program.						
20.2 I assess the new nurse educator's backgrounds and academic experience to identify their learning needs.						
20.3 I show the new nurse educators how to use computer program for emails.						
20.4 I show the new nurse educators how to use the management system and to enter the examination marks.						
20.5 I orientate the new nurse educators to policies including unwritten policies and procedures as well as the school philosophy and mission of the nursing program.						
20.6 I demonstrate to the new nurse educators how to use equipment's relevant to their role as educators.						
20.7 I teach the new nurse educators how educators how keep records of activities or documents that they will need for promotion as an academic.						

21. Achieving balance life

Statement	5	4	3	2	1	0
21.1 I guide the new nurse educators how achieve balance in the multiple roles of an educator.						
21.2 I give support to the new nurse educators on how to deal with work related stress.						
21.3 I assess the needs of new nurse educators to provide assistance.						
21.4 I assist the new nurse educators in time management and setting priorities.						
21.5 I counselled the new nurse educators and give strategies to balance their work and personal life.						

22. Institutional resources (policies, guidelines, student's matters etc.)

Statement	5	4	3	2	1	0
22.1 I orientate the new nurse educators on how to advice students appropriately according to the university policies.						
22.2 I give information to the new nurse educators on how to advise students.						
22.3 I trained the new nurse educators on how to deal with student issues.						
22.4 I allow the new nurse educators to observe me while advising students.						
22.5 I observe how new nurse educators advice students and gave appropriate feedback.						

22.6 I orientate the new nurse educators to the University and School policies on student matters and discipline including plagiarism and dishonesty.						
22.7 I teach the new nurse educators on how to prevent and detect plagiarism and dishonesty among students in in the theoretical or clinical components where applicable.						
22.8 I orientated the new nurse educators on curriculum development and how to review it.						
22.9 I orientate the new nurse educators about the support services available for students.						
22.10 I advise the new nurse educators on the guideline of students grading, progress and dismissal.						

23. Resources pertaining to teaching/module

Statement	5	4	3	2	1	0
23.1 I teach the new nurse educators how to prepare for lectures.						
23.2 I orientate the new nurse educators on how to use different teaching strategies.						
23.3 I train the new nurse educators on how to set up examination papers.						
23.4 I orientate the new nurse educators on how to grade students in theory.						
23.5 I orientate the new nurse educators on how to grade students in clinical settings.						
23.6 I teach the new nurse educators how to deal with student's behavior relating to learning.						
23.7 I teach the new nurse educators how to construct and administer a test.						
23.8 I orientate the new nurse educators on how to write objectives or set up questions using various levels of Blooms taxonomy according to the student's year of study.						
23.9 I train the new nurse educators on the module syllabi, course material development and preparation for the module they are teaching.						

24. Lectures and class management

Statement	5	4	3	2	1	0
24.1 I help the new nurse educators to develop effective teaching habits.						
24.2 I guide the new nurse educators in class management techniques.						
24.3 I orientate the new nurse educators on teaching guideline of theoretical assessment and evaluation.						
24.4 I assist the new nurse educators on how to manage lecturers and resources relating to teaching.						

24.5 I demonstrated to the new nurse educators on you how to use classroom equipment's before assuming lectures.						
24.6 I invite the new nurse educators to observe me several times while I am giving lectures.						
24.7 I orientate the new nurse educators on how to keep documentation in class.						
24.8 I help the new nurse educators in facilitation of adult teaching.						
24.9 I tutor the new nurse educators in academic issues.						
24.10 I observe the new nurse educators giving lecturers to give them constructive feedback.						

25. Simulation and clinical/practical settings

Statement	5	4	3	2	1	0
25.1 I demonstrate to the new nurse educators on how to use simulation equipment's before teaching simulation.						
25.2 I accompany the new nurse educators and orientated them to clinical environment before they assumed clinical teaching.						
25.3 I allow the new nurse educators to observe me several times during clinical teaching.						
25.4 I orientate the new nurse educators on how to keep documentation in clinical settings.						
25.5 I orientate the new nurse educators to clinical policies of the university (counseling, discipline and evaluations) with regard to students.						

26. Research and community service

Statement	5	4	3	2	1	0
26.1 I give support to the new nurse educators in research that helps them to contribute to research output of the School of Nursing.						
26.2 I give advice or support to the new nurse educators on how to publish as an academic.						
26.3 I give advice or support to the new nurse educators on how present at conference.						
26.4 I guide the new nurse educators on how to be involved in community engagement.						

End

Thank you for participating.

Annexure 8: Extract from face-to-face individual interviews

Research Report

File Name: Academic Transcripts

Transcription Style: Verbatim

Date of interview: 5 March 2019

Duration: 23:54

Total Pages:24

SPEAKERS:

R: Researcher

P: Participant

R: "Yes afternoon,"

P: "Afternoon."

R: "Yes my dear so oh ah uh as I said now we are just looking at your experiences as as a mentor, as a mentee who are working for less than 5 years in the School of Nursing hmm I just want to get some background information. Okay with regard to confidentiality and anonymity I have explain to you how it will be maintained and also as I am writing now the the I am ah done with writing up maybe with my things, I will also be bring back to you so that you can see whether what you uhm interpreting the way that you have agreed on. So the concern was obtain hmm any question before we start?"

P: "No."

R: "Okay, hmm if I uh you don't mind will you be able to tell me how old are you?"

P: "...(years)."

R: "...(years) , you are employed at ah which campus?"

P: "Main campus, Windhoek."

R: "Uh main campus Windhoek. What is your position as you have been appointed in the school?"

P: "...(position)."

R: "...(position) hmm-uhm. How long have you been teaching now in the School of Nursing?"

P: "One month."

R: "Mhh-uhm one month, okay. Are you permanent or contract or part time?"

P: "Permanent."

R: "Permanent neh?"

P: "Hmm."

R: "Okay maybe just to know about can you tell me about the first time when you joined the School of Nursing, you were coming from where and little bit where you were coming from and then when you joined the school?"

P: "Okay, when I joined the School of Nursing I came from the Ministry of Health where I worked hmm for some years as a ...(position)."

R: "Oh okay."

P: "Responsible forand"

R: “Hmm uhm okay. So that’s where you are coming from Ministry from (programs) Okay now coming to the School of Nursing how will you describe your experience of transiting in theSchool of hmm Nursing as a new educator maybe challenges, support that you receive orientations and what was going on?”

P: “Okay.”

R: “What are you experiencing currently?”

P: “Okay so far I think uhm I am trying to adapting to hmm situation, to the new situations, the academic world. So since is my first month and I am trying to do my best. I think is a matter of time then I will become used to the procedures and the guidelines, so I think I received uh good well warm welcoming and also and also some direction on what to do and yeah what is expected so at least we cover some of the points.”

R: “So it was covered?”

P: “Yeah.”

R: “So you receive some directions, maybe can you tell me from who you receive the directions is it maybe people that you came with, people that you found already in the school?”

P: “I think is a mixture some the new comer they, we come along with so we end up like helping each other here and there. So and also those colleagues which are find in here also they helped me on what to do and yeah.”

.....

Annexure 9: Letter of proof of editing of the thesis

From: Romancia Shoonga (MSUPD UJ)
C/O Hannemann & Best Street
Windhoek West
Windhoek
Date: 14 August 2023

Confirmation of language editing and proofreading of Ms Ingenesia Tjiurutus's dissertation for a Master's in Nursing Science degree titled, "Assessment of The Practices And Experiences On Mentorship And Mentoring Of Nurse Educators In The School Of Nursing, University Of Namibia."

This serves to confirm that I have proofread and edited the prior mentioned dissertation authored by Ms Ingenesia Tjiurutus for the Master's in Nursing Science degree. The suggested sentence and language changes have been attended to, and, as such, the dissertation may be submitted for examination.

Sincerely



Email: romancia@msupd.com