Original Article

The Attitudes of Midwives and Students in the Midwifery Department Towards Mentoring: A Qualitative Study

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Abstract

Objective: This study was carried out to determine the attitudes of midwives and students in the midwifery department towards mentoring practice in midwifery education.
Methods: The qualitative study sample consists of 30 midwifes, working in the city hospitals of Sivas Province and 42 senior student interns receiving education in the Midwifery Department of Cumhuriyet University Faculty of Health Sciences during June 2017. The obtained quantitative data were evaluated using numeric, percentage analyses, while the qualitative data were evaluated using content analysis.
Results: During the in-depth interviews of the research, the majority of participating midwives (96.7%) and midwifery department students (92.9%) expressed a positive opinion, stating "mentoring practice is a requisite in midwifery education". Regarding the benefits of mentoring in midwifery education, midwives put emphasis on "development of knowledge and skills", "educating more qualified midwives and working with more qualified colleagues", and "improving the quality of patient-care"; while the students put emphasis on "experiencing a more effective education-training process" and "experiencing a better pre-professional preparation period".
Conclusion: Findings of the research show that the majority of the participating midwives and students of the midwifery department stated positive opinions towards mentoring practice in midwifery education.

Key words: Mentor, mentoring, midwife, midwifery education, midwifery student.

Introduction

In applied sciences, clinical applications constitute a major part of pre-professional education of students, particularly in fields such as medicine, nursing, and midwifery. As candidates to be healthcare staff, midwifery students spend at least 50% of their time in clinical (ICM, 2020). It is essential to be in real or real-like environments for acquisition of professional skills. Providing students with competence and skills requires assistance through counseling. In this regard, especially when midwifery teachers of students are not present in the clinical applications, they need mentors to guide them (NMC, 2009). In literature, many studies show

that midwifery students require mentoring in their education (Carter et al., 2015; Cummins et al., 2017). Mentoring is a process of establishing a bridge between the educational period and real life experience (Thompson & Murchison, 2018; Skaniakos & Piirainen, 2019). The main task of a mentor is defined as training, advising, conferring and approving, befriending, and sponsoring (Tuomikoski et al., 2018). Mentoring provides working group effectiveness among midwifery students thereby staff satisfaction among healthcare staff. Various studies on mentoring for healthcare staff are available in the literature, and these studies mainly focus on the benefits of mentoring, the encountered issues and troubles and mentoring competencies (Chenery-Morris, 2015; Hishinuma et al., 2016a; Hishinuma et al., 2016b). It is commonly proposed in education of applied professions that mentoring can be an effective means of providing students with adequate knowledge and skill levels, and the mentor-mentee interaction during the mentoring process can contribute to the development of both mentors and mentees (Richmond, 2006). In this regard, it will be beneficial to contribute to the literature with studies putting forth the effectiveness of mentoring in training midwifery students with desired knowledge and skill levels. In Turkey, competence of midwifery education meets ICM criteria. Every student has to complete at least 240 European Credit Transfer System (ECTS) to graduate (Council of Higher Education, 2018). Although there is a responsibility of midwives to support students in the clinics, there is not any protocol or standards about mentorship on midwifery in Turkey. The curriculum of clinical applications of students have been performed under the responsibility of midwifery teachers. The aim of this study was to evaluate the attitudes of midwives and midwifery students towards mentoring in education.

Methods - Research type, location, population and sample: This study was carried out by qualitative methods. The research was carried out with 30 midwifes, working in the city hospitals of Sivas Province and 42 senior student interns receiving education in the Midwifery Department of Cumhuriyet University Faculty of Health Sciences during June 2017. Participation criteria included having a grasp of the mentor-mentee concept and giving consent for the in-depth interview.

Data collection tools: The research data were collected using 1- "Questionnaire Forms" and 2- "Interview Form" prepared for midwives and midwifery students. These are:

Questionnaire form for midwives: This form consists of 16 questions: 9 for determination of sociodemographic attributes of the midwives, 5 for determining the attributes of midwives regarding the profession, and 2 questions to determine whether the participants have a grasp of the mentoring concept.

Questionnaire form for midwifery students: This form consists of 26 questions: 19 for the sociodemographic attributes of the students, 5 for attributes of the students with respect to their university education, and 2 to determine whether the students have a grasp of the mentoring concept.

Semi-structured interview form (for midwives and midwifery students): The form has open-ended questions about mentorship. This form was prepared to perform an in-depth investigation regarding the attitudes of midwives and students towards mentoring. The participants were asked these 12 open-ended questions. During the interviews, the participants were questioned neutrally until no new information and concept were obtained.

Implementation of the research - *Pre-application of the research*: The questionnaire and interview forms were prepared according to the instructions, information and various related articles in the literature about mentorship. A preliminary pilot test was performed on both midwives and midwifery students (n=2, n=4, respectively). Afterwards, it was evaluated and modified considering objectivity, comprehensibility and quantification sufficiency.

Application of the research among midwives and midwifery students: Data were collected using in-depth interview technique. The statement of each individual was recorded after interviewing the midwives working at the delivery, gynecological diseases services and polyclinics, and the maternity ward of the University Health Sciences Application and Research Hospital, as well as perinatology clinic, obstetrics clinic, surgery, delivery, and emergency rooms of the Hospital (during on-site visits); and the students of the University Faculty of Health Sciences Midwifery Departments during June 2017. Face-to-face interview method was

preferred in order to obtain more detailed opinions of the participants about each question and to ask them alternative questions. Midwives and students were given information about the research and their verbal and written consents were received for their participation. Following the questionnaire form, the participants previously stated that understand the concept of mentoring and consented to participate in the in-depth interviews, were given the semi-structured interview form in a suitable room in their own environment. The data obtained during the interview were written down "Interview Form" by the researcher and a tape recorder was used during the interviews of participants who consented. In-depth interviews lasted 20-30 minutes on average. In-depth interviews were not finished unless data saturation was reached.

Data analysis: The quantitative data obtained from the conducted research were analysed using SPSS (Version 23.0) software package. Evaluation of the qualitative research findings was made in two stages. In the first stage, research data obtained during the interviews were written out. Initially, the interviews recorded on the tape recorder were transferred to digital media. Tape recordings were repeatedly listened to and put into written form. The data belonging to the participants that were not recorded were transferred to Word documents. In the second stage of the interview, qualitative data recorded in the Word document were transferred to NVivo 10 qualitative data analysis software, and "content analysis" was used for the analysis of the obtained data (Yildirim & Simsek, 2011).

Critical content analysis: Critical content analysis was performed in four stages, namely; data coding, searching for the related themes, organising, and interpreting the found codes and themes. The themes were specified in accordance with the literature information previously surveyed by the researcher. Of the participants opinions about guidance in clinical practice, 7 and 9 initial codes, 3 and 5 secondary codes were obtained respectively and two main themes were derived from these codes. Of the opinions of the participants about the benefits of mentoring, 6 and 6 initial codes, 3 and 2 secondary codes were obtained respectively and two main themes were derived from these codes. Of the opinions of the participants about the expected mentor qualifications, 13 and 14 initial codes, 7 and 7 secondary codes were obtained respectively and three main themes were derived from these codes. The coded data were entered into NVivo 10 software, which facilitates data classification and comparison (Yildirim & Simsek, 2011).

Ethical considerations: Prior to the research implementation, approvals were received from The University Health Services Application and Researchiter Hospital, The Numune Hospital and the University Faculty of Health Sciences Midwifery Department, and The University Non-interventional Clinical Research Ethics Committee (Ethics Decision No: 2017-05/06). The principles of the Helsinki Declaration were complied. Verbal and written consents were received and the forms were applied afterwards.

Informed Consent: Participants were informed about the purpose of the research and informed consent was taken from participants.

Results

The average age of the participated midwives was 31.20 ± 6.91 years, 63.3% were married, 73.3% had a bachelor's degree, and had 9.53 ± 8.30 years of experience. The mean age of the students was 22.43 ± 0.91, all were single. A 92.9% of them and 86.7% of the midwives, expressed positive opinions regarding mentoring (Table 1). "Eagerness for self-development", "the notion of being assisted by students", and "willingness to contribute to students' education" were determined as the sub-themes. "Willingness to receive continued support/counseling", "the notion of undergoing less stress in the presence of clinic staff", "the expectation for having a better opportunity for one-to-one applications" and "the notion of being prepared for midwifery with better knowledge and skills" sub-themes were derived from the reasons stated by the students regarding their being in favor of the mentoring application (Table 2). "Development of knowledge-skill levels", "educating more qualified midwives and working with more qualified colleagues", and "increasing the quality of care" main themes were derived as the benefits of mentoring application for midwives based on the opinions of the midwives (Table 3). Experiencing a better educational period" and "undergoing a better pre-professional.

Table 1. Attitudes of Midwives and Midwifery Department Students Towards the Application of Mentoring in Clinics

Attitudes of midwives towards the application of mentoring in person clinics (n=30)	**n**	**%**
Those who favor the application	26	86.7
Those who do not favor the application	4	13.3
Attitudes of midwifery department students towards the application persons of mentoring in clinics (n:42)	**n**	**%**
Those who favor the application	39	92.9
Those who do not favor the application	3	7.1

Table 2. Main and Sub-Themes Derived from the Attitudes of the Midwives and Midwifery Students Towards the Application of Mentoring Practice in Clinics

Midwives' opinions (n:30)	**Initial codes**	**Secondary codes (Sub themes)**	**Main theme**
"I favor the application. We will have to equip ourselves with new information as they ask us questions".	**1**-Increasing knowledge **2**-Developing the skills	-Self-improvement request (8 MW**)	In favor of mentoring application
"I favor the application. Students that benefit from our experience will also help us by reducing our workload".	**1**-Thinking that the workload will decrease	-The idea of getting support from students as a workforce (2 MW**)	
"I favor the application, for educating more effective individuals."	**1**-Request for experience sharing **2**-Student's desire to take part in the education	-The desire to contribute to the education of students (16 MW**)	
"I do not approve. The students are reluctant to learn."	**1**-Finding students reluctant to learn **2**-Inadequate number of midwives for mentoring	Not available (4 MW**)	Against mentoring application
Midwifery students' opinions (n:42)*	**Initial codes**	**Secondary codes** **(Sub themes)**	**Main theme**

"I would like to be assisted by a mentor who would consistently support me"	**1**-Request to receive support in the application environment	-Continuous support / advice (15 students)	In favor of mentoring application
"I would favor the application. It is more stressful in the presence of academician"	**1**-Experiencing stress with the academician in the clinic **2**-Being more oppressive of the academician	-Thinking to experience less stress with clinical staff (4 students)	
"I am of the opinion that we would have a better opportunity for one-to-one applications"	**1**-Not believing to have the opportunity to practice in the clinic **2**-Seeing clinical staff as more experienced	-Thinking to have the opportunity to practice one to one (12 students)	
"In think it would be more efficient. This would be better for my self-development".	**1**-Thinking to gain more experience **2**-Developing the skills **3**-Increasing knowledge	-Thinking that the midwifery profession will be better equipped (23 students)	
"I think midwives would exploit this application for their self-interests"	**1**-Seeing the student as a clinician	-Thinking that working midwives will see students as labor force (3 students)	Against mentoring application

* The students reported more than one opinion, **MW=Midwives

Table 3. Main and Sub-Themes Derived from the Opinions of Midwives and Midwifery Students as to the Benefits of Mentoring

Midwives' opinions (n:30)*	**Initial codes**	**Secondary codes (Sub themes)**	**Main theme**
"With such applications, we would feel the need for learning new stuff for communicating the most recent and valid information to students"	**1**-Contributing to keeping information up to date	-Development of knowledge and skills (15 MW**)	The benefits for midwives
"This would take the profession to a better level"	**2**-Self-knowledge development		
"I think that this would be useful for self-development of midwives both in theory and practice"	**1**-Contributing to be an expert in the field	-Midwives with better-equipped midwives (12 MW**)	The benefits for the profession
	2-Midwifery having a better place in the profession		
"With this application, they would provide a better care"	**1**-Providing more effective care	-Increased care quality (7 MW**)	
	2-Providing correct care		
Midwifery students' opinions (n:42)*	**Initial codes**	**Secondary codes (Sub themes)**	**Main theme**
"They will be more experienced and confident"	**1**-Improving self-confidence	-Knowledge-skill level and self-confidence (24 students)	Experiencing a more effective educational period
"They experience a better learning process"	**2**-Development of students' knowledge and skills		
	3-Better learning process		
"Learning from practitioners would be useful for pre-professional preparation"	**1**-Vocational training	-Gaining more experience and feeling as a member of the health team (22 students)	Undergoing a better pre-professional preparation stage
"They would feel as a part of the healthcare team"	**2**-Thinking to be part of the team		
	3-Increase in experience		

* Participants reported more than one opinion, **MW=Midwives

preparation stage" main themes, "with higher skill-knowledge levels and self-confidence" and "through gaining more experience and feeling as a member of healthcare staff" subthemes were identified based on the opinions of midwifery students as to application of mentoring during midwifery education (Table 3). Also, the majority of the midwives (70%), and some of the students (33.3%), stated that the mentoring application should be carried out with co-operation of lecturers and midwives. In their answers, midwifery students and midwives stated the attributes expected from a mentor as: having a good educational background, having an adequate knowledge level (cognitive skills), having good communication skills, being able to empathise, being able and eager to teach (affective attributes), and being experienced and skillful (psychomotor attributes).

Discussion

Mentoring covers a wide range of instructional relationships, such as advisor, sponsor, tutor, advocate, coach, protector, role model, and task guidance (Ceylan, 2004). It is also stated in studies related to mentoring that mentors are in general pleased with their mentoring role and regard their role as a vital task, they are eager to take part in clinical education and carry out their task as mentors (Moran & Banks, 2016). Similar to the literature results, in this study the statements of the majority of participating midwives indicated they were in favor of mentoring, and they stated that they want this application to contribute for the education of midwifery students, to be assisted by the student workforce and for their self-development (Tables 1, 2). Apart from the literature, the notion of "being assisted by students" stated by the participants of this research is mainly attributed to the insufficient number of midwives working in clinics in Turkey as well as their workload (Tables 1, 2).

A mentor is the person who helps a mentee learn something that he/she will not be able to learn alone, or learn at a slower pace without such assistance (Inzer & Crawford, 2005). In many of the related studies, the need for receiving continued help, establishing communication and the desire for improving leadership skills were emphasised as underlying reasons for students favoring mentoring (Carter et al., 2015; Cummins et al., 2017). Thus, the majority of the midwifery students in this research have stated that they will experience a better pre-profession period under less stressful conditions through receiving the support/counseling of midwives working in the field and they will also have positive opinions on the mentoring practice (Tables 1, 2).

One of the main shortcomings of mentors in providing students with assistance during clinical applications is their limited time (Fisher & Webb, 2008; Andrews et al., 2010; Moran & Banks, 2016). In the literature, other limitations are lack of motivation among students, undergoing difficulties while evaluating students (Dana, 2006; Richmond, 2006). regarding mentoring as a burden for midwives, difficulties in undertaking responsibility for students (Andrews et al., 2010). Similar to literature results, in this study few participants disapproved of mentoring due to staff-shortage and reluctance of students to learn (Tables 1, 2). Similar to other related studies, in this study participants were of the opinion that the main limitation for midwives is the time limitation, which adversely affects their attitude towards implementing the application (Chenery-Morris, 2014; Carter et al., 2015). In this study, students that did not approve of mentoring suggested that there were no qualified mentors among midwives, or students will be regarded as work-force with this application (Tables 1, 2). The negative opinions asserted by the minority of the students were found to be consistent with related literature, and this situation was ascribed to non-standardised job requirements regarding the mentoring application for midwives in Turkey.

Mentors play a major role in developing the applied knowledge and skills of students (Dana, 2006). Because clinical applications consist of at least 50% of midwifery education in according to the midwifery curriculum of ICM (ICM, 2020). The benefits of mentoring can be listed as: improving sense of belonging among students, increasing confidence and self-esteem, increased learning and education quality, early evaluation of student skills, providing role models for students, and setting the standards for a qualified working midwife (Hishinuma, 2016a; Fisher & Stanyer, 2018). Similar to the findings of this research (Table 3), other related studies also indicate that, midwives find mentoring application useful as it helps in keeping their knowledge up-to-date,

improving their awareness and confidence, increasing their job satisfaction, and improving skills of students (Richmond, 2006; Carter et al., 2015). As opposed to these studies, negative effects of mentoring on student experiences were also reported (Chenery-Morris, 2015; Small et al., 2016).

The support of midwifery teachers, administrators, and clinician midwife and care providers working in this field is required for ideal mentoring application (Dana, 2006). It was reported in a qualitative study on mentoring in midwifery, that the close collaboration of clinician midwives and midwifery educators supports mentoring roles (Moran & Banks, 2016). Similar to literature results, in this research the need for mentoring and its application through collaboration with academicians are emphasised.

The fundamental competencies midwifery educators need include learning in clinics, evaluation of students, communication, and leadership skills (Andrews et al., 2010; Hishinuma et al., 2016a). In their qualitative study, it has been categorized (Hishinuma et al., 2016b) the competencies expected from mentors under the main themes of "professional competency", "educator competency", and "personal attributes", as well as nine sub-themes (Hishinuma et al., 2016a; Hishinuma et al., 2016b). One of the important attributes and roles of the mentors should be their capability to evaluate students (justly and correctly) (Andrews et al., 2010; Chenery-Morris, 2015). The importance of experience for mentoring was also emphasised in qualitative research by Fisher and Webb (2008) performed with 82 mentors. It has been reported that the students in their study listed the attributes expected from a mentor as: being experienced, having good communication skills and being capable of teaching, and being able to establish an ideal environment; and listed the roles of the mentor as: assisting, accompanying, guiding, advising, directing, and consulting (Mikkonen et al., 2016). In other research, midwives listed mentor attributes as: the best role model in practice, supportive, providing consultant, responsible, disciplined, elucidative, empathising, problem solver, capable of providing feedback, a good organiser, challenger, and facilitator (Richmond, 2006; Chen et al., 2016). In this research, the opinions of midwives and students are consistent/similar in many aspects.

Conclusion: In this research, the majority of participating midwives and midwifery students stated positive opinions on mentoring application in midwifery application, and emphasized the possible contributions of mentoring in terms of both their self-development and the development of the profession. This research was performed with a view to provide a positive perspective as to the mentoring system in midwifery education, with particular emphasis on the need for this application for a more qualified midwifery education and professional development. In this respect, development of scales on mentor competencies and skill-lists regarding the evaluation of students by mentors, is recommended.

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