



**CHALLENGES ASSOCIATED WITH MENTORING MEDICAL INTERNS IN THE  
TRAUMA EMERGENCY DEPARTMENT, KING EDWARD HOSPITAL**

**By**

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## **ABSTRACT**

Mentorship is a process which involves experienced personnel (mentor) guiding an inexperienced individual (mentee) in personal and professional development. In the medical field, this is important for medical interns to acquire the skills needed to perform as qualified medical officers. In this view, the aim of this study was therefore to examine the challenges associated with mentoring medical interns in the Trauma Emergency Department at King Edward Hospital. The main objective of the study was to unpack the challenges associated with the mentoring process and how these challenges negatively impact on the effectiveness of the process. In order to achieve this, the methodological approach employed in the study is qualitative, whereby 15 medical interns were purposively selected to participate in the study. In addition to these, 5 senior medical officers were selected to participate in the study. Focus group discussions (with the interns) and interviews (with the senior officers) were used to gather data from these participants, in order to explore their lived experiences with regards to mentoring. The findings of the study indicated that mentorship is essential for the professional development of medical doctors. The participants clearly indicated their roles as including working as teams in caring for the patients, investigating medical issues, as well as helping each other acquiring the necessary skills and knowledge for their effective performance. The participants also noted some challenges which include the shortage of the mentoring personnel, resulting in the interns not having the supervision that they need during the course of the mentorship, some mentees and mentors being difficult to work with, shortage of the important medical equipment like x-ray machines and CT scans, which impede the effectiveness of the mentees. Based on these findings, it was recommended that more senior staff members be deployed to ensure that the interns are regularly supervised as needed, to provide the necessary material resources to enhance the effectiveness of the medical professionals. Essentially, it was also recommended that both the mentors and the mentees should have the right attitude towards each other, to ensure a smooth relationship between the two.

**Key words:** junior doctors; mentorship; state hospitals

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# **CHAPTER 1: INTRODUCTION TO THE STUDY**

## **1.1 Introduction**

Mentorship is a process which involves experienced personnel (mentor) guiding an inexperienced individual (mentee) in personal and professional development. In the medical field, this is important for medical interns to acquire the skills needed to perform as qualified medical officers. During the mentoring phase, the medical intern is assigned to an experienced medical officer for the whole rotation, gaining responsibility and experience as he or she progresses. The process thus entails an intense training, sometimes under high pressure situations. The interns are guided and exposed to develop their clinical knowledge and technical skills, patient-physician interaction competencies, as well as the management of diseases, thereby transitioning into independent practice.

However, this traditional style of mentoring may not be as effective as it is intended, as this also depends on the personalities of both the mentor and the mentee. This means that the practice poses its own challenges, which need to be unpacked, hence, the need for this study. The challenges often negatively impact on the mentoring process and thus, impacting on the effectiveness of the process.

Given the scenario described above, this study is an endeavour at establishing the challenges associated with mentoring medical interns, particularly in the context of a public hospital. This chapter thus lays the foundation of the study. the background information is described alongside the problem statement and the rationale for the study. essentially, the aim and objectives of the study are described, as well as the significance of the study.

## **1.2 Background of the study**

Mentoring is a common practice in many professional fields and is done either formally or informally. In the medical field, it is known as medical internship, whereby medical students undergo intensive training as junior doctors, upon completing their initial medical degree. The internship period entails 'bridging' from the acquired knowledge to gaining the required skills to effectively function as qualified doctors (Bola, Trollip & Parkinson, 2015). In South Africa, when one qualifies as a doctor, he or she is supposed to register with the Health Professions Council of South Africa (HPCSA) and begins the two-year period of medical internship, under the supervision of an experienced and senior medical doctor at any accredited medical

institution. During the mentorship period, the interns are exposed to different aspects of the basic clinical procedures in various domains which include general surgery, internal medicine, obstetrics and gynaecology, paediatrics, psychiatry, family medicine, as well as anaesthesiology and orthopaedics. This experience provides the new doctors with the opportunity to gain the skills, knowledge and competence, as well as the ability to work in teams, having the right attitude and values for the medical fraternity (Prinsloo, 2015). It is important to note that the environment in which the mentoring process occurs is quite challenging, characterised by high pressure, long working hours, difficult patients and mentors, to mention a few. This implies that the medical schools are responsible for preparing the students for such an experience by laying the necessary foundation.

### **1.3 Problem statement**

The transformation from a medical student to a junior doctor is often characterised by mixed feelings: the excitement of finishing the theoretical aspect of the field, joining the workforce and the notion of getting a salary and on the other hand, the daunting challenges of medical internship which require a display of professional behaviour, values and the right attitude towards the profession. To help ease the internship process, the junior doctors are allocated to supervisors (mentors) who help them develop their career and psychosocial path to becoming experienced professionals (Bola et al., 2015). However, as a senior medical officer and mentor to some junior doctors, the researcher has noted with concern, some challenges inherent in the mentorship process, hence, the need for this study. Among other things, the junior doctors are often left to work on their own without adequate supervision that is required, the long working hours they experience have become a matter of concern to them, while operating without the necessary material resources is a great challenge, particularly in state hospitals. The consequence is obvious, the junior doctors are deprived of the opportunity to effectively perform in their assigned roles, which then impacts not only on the patients involved, but also on the organisational performance (Prinsloo, 2015). This study thus seeks to investigate some of the pertinent issues related to medical internship, particularly the challenges experienced by both the mentors and the mentees, in an effort to improve the services of the healthcare fraternity. In this view, the study has the following aim.

#### **1.4 Aim of the study**

The main purpose of this study is to determine the challenges associated with mentoring junior medical doctors in the Trauma Emergency Department. Hence, the study seeks to answer the following research questions.

##### **1.4.1 Research questions**

- What is the role of the mentor and the mentee in medical internship in the Trauma Emergency Department at King Edward Hospital?
- What are the benefits of medical internship?
- What are the challenges associated with medical internship in the Trauma Emergency Department at King Edward Hospital?

##### **1.4.2 Objectives of the study**

In view of the above, the study has the following objectives.

- To identify the role of the mentor and the mentee in medical internship in the Trauma Emergency Department at King Edward Hospital
- To critically analyse the benefits of medical internship
- To establish the challenges associated with medical internship in the Trauma Emergency Department at King Edward Hospital

#### **1.5 Significance of the study**

The mentorship of medical students is essential for their professionalization, in the sense that the student doctors themselves would derive several benefits, especially the feedback that they get from the senior medical doctors. In the main, it is essential to identify the kind of knowledge, skills and competences that the medical interns gain from the practice, and this would help identify any challenges and eventually, how best to deal with them. Overall, this would help in achieving the Department of Health's core vision and mission, thereby promoting growth and credibility of the entire health fraternity.

#### **1.6 Overview of the methodology**

The study employed the qualitative approach, which is described in depth in Chapter 3. Purposive sampling was employed to select the participants for the study. Focus groups were

conducted with the medical interns, while in-depth interviews were done with the senior medical officers (the mentors), to establish the challenges which they encounter during the mentorship process.

### **1.7 Dissertation outline**

The study comprises five chapters. This first chapter provided an overview of the study, the main issues surrounding the study, the background information, problem statement, aims and objectives, as well as the significance of the study. Chapter 2 describes the literature review done on the subject matter. Among other things, the following are discussed: the theoretical framework underpinning the study, the definition of mentorship, the different types of mentorship, as well as the benefits of mentorship. Importantly, the challenges associated with medical mentorship are also described. Chapter 3 describes the methodology undertaken to fulfill the objectives of the study. Chapter 4 is a presentation and analysis of the findings of the study. Chapter 5 concludes the study by highlighting the conclusion and the recommendations of the study.

### **1.8 Conclusion**

This chapter described the study, the reason for undertaking the study. The problem statement is clearly stated, as well as the objectives of the study. The significance of the study is also highlighted. The next chapter discusses the theoretical framework of the study and importantly, the literature on mentorship and medical mentorship in particular.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

The previous chapter described the foundations of the study. The chapter is very important as it sets the tone of the study by highlighting the pertinent issues related to the study. In view of that, the background to the study was described, as well as the problem statement and rationale. The aims and objectives of the study are also described. This chapter describes the literature review on mentorship. The following issues are also discussed in depth: the meaning of mentorship, particularly in the context of the medical field, the importance of mentorship, the different types of mentorship. Essentially, the theoretical framework underpinning the study is also highlighted in the next section.

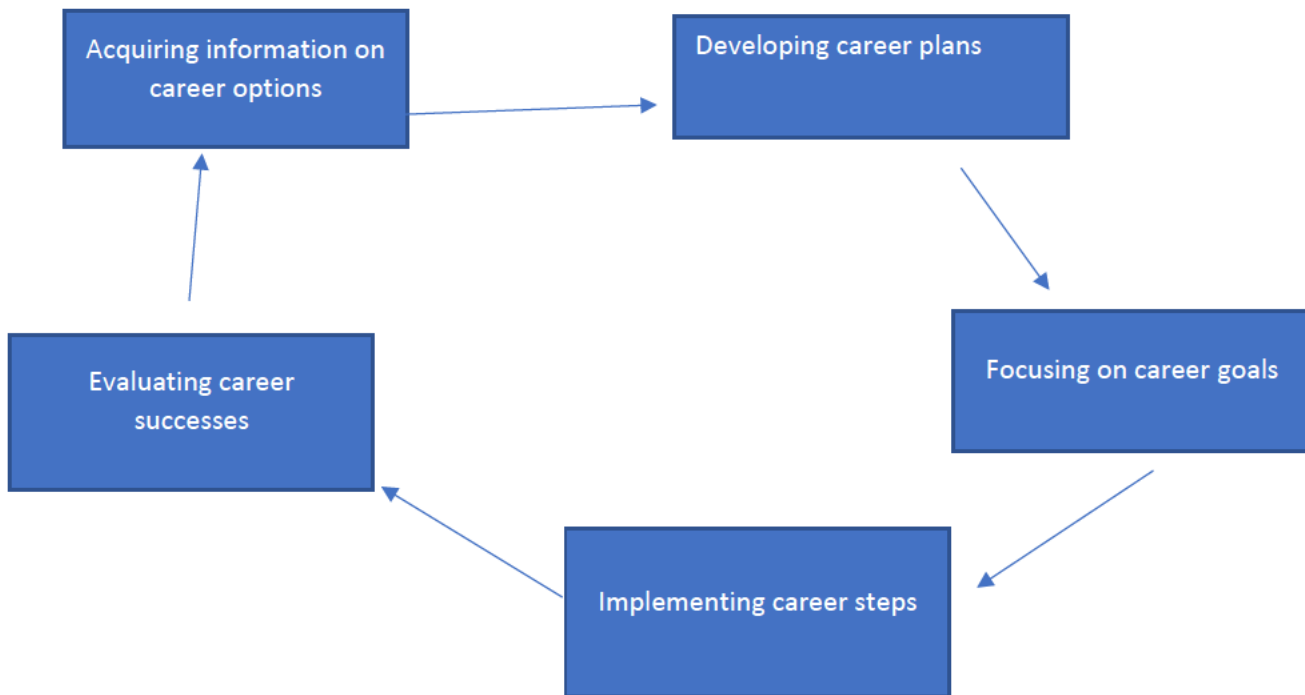
### **2.2 Theoretical Foundations**

The theory that underpins this study is Kram's (1985) mentor role theory. In his published works *Mentoring at Work*, Kram provided the theoretical foundation for understanding and appreciating the developmental relationship between men and women at work. Kram conducted a study on the mentor relationship between junior and senior managers in a corporate environment, with the aim of evaluating and presenting mentoring in a realistic perspective, as well as to present the benefits and limitations of the mentoring process (Kram, 1985). For Kram, the mentor is the one who is the teacher and his or her main role is to enhance the skills and intellectual development of the less experienced mentee, in order to prepare for their entrance and success in the workplace. It is the role of the mentor to provide the necessary support and counsel, and acts as a role model to the protégé. In this view, Kram (1985) identifies the different mentoring functions as the career and psychosocial functions.

#### **2.2.1 Career functions**

These refer to the aspects of the mentoring relationship aimed at enhancing the skills and expanding the career advancement opportunities for the mentees. Examples include coaching, exposure to new things and visibility, sponsoring their work, challenging assignments, as well as protection from potential harm. career functions are made possible by the seniors' personal experience, as well as their position and influence in the organisation (Kram, 1985).

Related to the career function, Buddeberg-Fischer, Vetsch and Mattanza (2004) described mentoring as a career development process as illustrated in Figure 2.1.



**Figure 2.1: Mentoring: a career development process**

Source: Buddeberg-Fischer, Vetsch & Mattanza (2004)

As indicated above, the career development process passes through certain interlinked phases. The five phases may however occur consecutively. The fact is that in one's individual professional life, it is possible to go back and forth as a mentee, to the previous phase. The role of the mentor in this regard is to provide essential career-related information to the mentee, while influencing, networking and overviewing for the benefit of the mentee. On the other hand, the mentor is responsible for enabling the mentee to critically evaluate the experiences and advice provided by the mentor, and to ensure the mentee is advancing in his or her career. In this view, a mutual feedback mechanism between the two is highly important at all the stages of career development. The next section describes the psychosocial function of mentoring.

### **2.2.2 Psychosocial functions**

In the same way, the psychosocial functions are those elements of the mentoring process aimed at enhancing the mentees' sense of identity, competence and effectiveness in their professional areas. Examples include counselling, role modeling, friendship, as well as acceptance-and-confirmation (Kram, 1985).

In addition to the functions identified above, Kram (1983) also identified the mentoring phases through which individuals pass, as well as the psychosocial and organisational factors

influencing those phases. Kram also describes how the senior mentors experience those relationships during the different time periods. These phases are described below.

### **2.2.3 Initiation phase**

Also known as the early adulthood phase, this marks the start of the relationship where young adults are concerned about mentoring relationships. During this time, they often seek workplace relationships which present them with opportunities to learn the interpersonal, technical, as well as the political skills necessary for their professions (Kram, 1983). This phase lasts for about six to twelve months and is very important for both the mentee and the mentor, as both individuals interact with each other and gain valuable information and experiences. The mentor provides the mentee with challenging work, visibility and coaching, while the younger adult helps with technical assistance, the desire to be coached, as well as respect (Kram, 1983).

### **2.2.4 Cultivation phase**

This is the phase at which the career and psychosocial functions to mentees are expanded to the peak of the relationship. This phase occurs for two to five years and both stakeholders continue to benefit from the relationship and opportunities for meaningful interactions. Intimacy increases at this point and the two develop an emotional bond (Kram, 1983).

### **2.2.5 Separation phase**

At this stage, the relationship is altered by structural transformation in the organisation, as well as the psychosocial changes between the mentor and the mentee. This phase occurs from six months to two years after serious changes in the structural role and the emotional relationship between the two. The young adult no longer seeks or need guidance from the mentor and expects opportunities to work independently. The senior officer experiences mid-life crisis and is no longer available to provide career and psychosocial mentoring functions (Kram, 1983). Continued interaction becomes limited because of job rotations and promotions.

### **2.2.6 Re-appraisal**

This is also known as the re-definition or middle-adulthood phase, this is an indefinite period after separation, whereby the more experienced person reviews their accomplishments at mid-career. The stage can be difficult for some people who might realise that there are no further growth or development opportunities available for them. At this point, the mentors or senior adults in the organisation often help them to produce new life meaning. For those senior mentors providing mentoring functions, they might feel challenged or inspired by sharing their knowledge and wisdom with others, while at the same time, other senior mentors might feel threatened by the growth and career advancement of the younger adults, resulting in them

becoming rivalrous. The relationship at this point assumes a different shape, becoming that of peer to peer friendship, while the stresses of separation disappear, resulting in new relationships being formed. Gratitude and appreciation start to build in as anger and resentment diminish (Kram, 1983).

Kram's mentor role theory is important for this study, as it helped in the formulation of the research tool (the interview questions), which aims at highlighting some of the challenges associated with the mentorship of medical students.

### **2.3 The definition of mentorship**

Mentoring is an essential component of human development which entails an investment of energy, time and special personal know-how to help the personal growth of another person (Gaunt et al., 2012). Swanepoel, Strydom and Nieuwenhuizen (2010), as well as Cline (2011) define mentoring as the relationship in which learning, experimentation and skills development take place between a mentor and a mentee. Often, mentoring and coaching are often confused (Fletcher & Mullen, 2012), despite the differences between the two. McKevitt and Marshall (2015) argue that coaching is short-term and emphasises on the immediate, while mentoring has a long-term focus and effect. Thus, the mentor often uses coaching techniques (Fajana & Gbajumo-Sheriff, 2011).

In the medical field, mentorship is a very important aspect of the journey to become a medical specialist, as it supports the medical students for their career and personal development as health professionals. (Prinsloo, 2005). In most countries, medical graduates are anticipated to complete an internship, followed by residency programmes in various specialisations, before they become medical specialists. In this regard, medical students are often highly regarded in society, as they are the future health professionals to serve their communities. However, very little is known in terms of the challenges that they have to face before they become fully fledged medical personnel. Many studies (e.g. Grey et al., 2003; Labuschagne et al., 2014) have indicated that medical students often suffer from emotional exhaustion, low personal accomplishment and depersonalisation. These negatively impact on their performance, their health, professionalism, as well as their competency. The impact often leads some of them to fail to handle pressure, stress and anxiety. It has been indicated that due to these problems, about 8-25% of medical students become suicidal (Draper et al., 2012). Given the description presented above, the importance of mentoring cannot be underestimated. Mentoring is meant to provide the recently qualified doctors with the necessary knowledge and skills, behaviour and attitude for their profession in medicine. The implication is that a poorly defined

mentorship system might ruin or negatively affect the learning student, resulting in reduced enthusiasm to work with their mentors. Thus, a mutual understanding is beneficial for both the mentor and the mentee, who is often an experienced senior medical officer.

Despite the existence of several studies on mentoring (Janssen, Van Vuuren & De Jong, 2015; St-Jean, 2012; Eller, Lev & Feurer, 2014), the aspect of effective mentoring, based on relational behaviours, is often limited. Mentoring involves the interaction of the mentor and the mentee, hence, it is imperative to investigate how the two relate during the period or processes of mentoring. An important aspect, especially in the South African context, is to establish the relational conditions which influence the mentorship process in the medical field (Warnich et al., 2011). Understanding the conditions would perhaps help in establishing the proper mentoring structures for the junior doctors, thereby helping them to maximise on the objectives of the process. However, before understanding the abovementioned, it is perhaps important describe the main stakeholders in the mentoring process, the mentor and the mentee.

In the medical field and anywhere else, the former is a person with the expertise in a specialised area of interest, whose main role is to guide the latter in his or her personal and skills development. The latter, also known as the protégé or apprentice, is the person learning from the experienced person, often committed to learning from the mentor who is also known as the supervisor (Ayinde, 2011). Therefore, it is evident that the mentor and the mentee should first embrace the kind of relationship that exists between them, for both of them to be effective in their different roles (Herholdt, 2012). This is important because the relationship can be a complex one, as it is mainly based on social exchange between the two stakeholders and it should facilitate the development of the mentee. However, it is also important to stress that during the mentoring process, it is not just the mentee who benefits from the relationship, but for the mentor as well, the process should also serve as a learning curve (Ensher & Murphy, 2011). This is the reason why this study aims to establish some of the challenges being faced by the mentor and the mentee during the mentoring process, with the hope of improving the conditions in which the process takes place. Some studies (Distelberg & Schwarz, 2015; Eller et al, 2014; Ayinde, 2011; Herholdt, 2012) identified mutual trust, honesty, constructive feedback and open communication, as the necessary conditions for effective mentorship. Distelberg and Schwarz (2015) further noted that the mentoring relationship should stimulate commitment from both parties, in order to achieve the desired outcomes. Essentially, there is need for the two to treat each other with extreme confidentiality. In this regard, Conn (2013)

indicated that mentees value a confidential relationship between them and their mentors, and the latter should show loyalty towards the relationship.

The relationship between the mentor and the mentee is meant to promote personal and professional growth of the protégé, through support, guidance and coaching (Muir, 2014; Templeton & Tremont, 2014). The mentees are thus given the opportunity to ask questions, share their concerns, as well as discuss their problems with their mentors. The process is thus a shared responsibility which is delicate and calls for a caring intervention, together with regular feedback. This means that the effectiveness of the process is enhanced when both parties clearly understand their roles and the different ways in which each one of them can be useful to the other (Templeton & Tremont, 2014). The relationship often fails due to poor communication, personality differences, conflict of interest, lack of commitment, and sometimes the mentor's lack of experience (Straus et al., 2013). As noted earlier, a successful mentoring relationship is characterised by mutual respect between the two, clear expectations, reciprocity, shared values and personal connection (Straus et al., 2013).

Collins, Lewis, Stracke and Vanderheide (2014) identified important lessons derived from mentoring. An important lesson mentioned earlier already is the fact that mentoring should be built on trust and encouraging strong relationships. Essentially, the process should allow for mistakes to be made, without any penalties of negative consequences (Collins et al., 2014). Other building blocks of the mentorship process include communication and collaboration.

## **2.4 Types of Mentoring**

### **2.4.1 Traditional mentoring**

This entails a relationship whereby a more experienced and senior person guides a younger person who is less experienced in the profession (Kram, 1985). In the medical field, the younger mentees are referred to as junior doctors. Vance (1982: 10) defines a traditional mentor as “someone who serves as a career role model and who actively advises, guides, and promotes another's career and training”. In this situation, the relationship lasts for a certain period of time and it calls for an emotional commitment between both parties (Stewart & Krueger, 1996).

### **2.4.2 Peer mentoring**

Peer mentoring has been described as an extension of the traditional dyad model (Terrien & Leonard, 2007). In this type of mentoring, two, often experienced students, converge to pursue

career-related or psychological help (Collins et al., 2014; Mangan, 2012). In this case, the two should be willing to commit their experience, time and desire, for them to be able to achieve their objectives.

### **2.4.3 Group Mentoring**

This differs from the one-on-one traditional model and entails groups of mentees whereby the mentor and mentees engage in mentoring each other. The groups are led by facilitators who ensure that conversations remain focused and in the right direction. This kind of mentoring provides for flexibility, knowledge creation, diverse perspectives from various people (Darwin & Palmer, 2009). The members in the groups share their experiences and insights with each other, which allows members to interact with one another (Mangan, 2012).

### **2.4.4 Virtual Mentoring**

Also known as e-mentoring, virtual mentoring allows the mentor and the mentee to communicate electronically (Lindsay & Williams, 2014). It occurs when a senior level member of the organisation is paired with another member at the lower level, through computer-mediated communication (Lindsay & Williams, 2014). This kind of mentoring is normally done when the mentor and the mentee are not located in one place and cannot meet in person. Examples of communication used include skype, email and social media platforms.

Table 2.1 indicates the different ways in which mentorship occurs, in terms of the roles and the length of time taken in the roles.

**Table 2.1: Mentoring related roles**

<b>Role</b>	<b>Description</b>	<b>Length of Time</b>
Preceptor	This is a professional whose role is to facilitate learning, for instance, in clinical competence (Marriott, Taylor, Simpson, Rosalind, Galbraith, Howarth, Leversha, Best, & Rose, 2005)	From 2 weeks to 8 months
Traditional Mentor	Is an experienced person who guides the inexperienced person for professional growth and development (Zerzan, et al., 2009; Taherian & Shekarchian, 2008)	Often occurs over a given period of time (Morrison-Beedy, Aronowitz, Dyne, & Mkandawire, 2001)
Coach	Provides tailored guidance or instruction designed to enhance skills performance (ERIC, 2008)	Occurs for a short time and the coach is usually paid (Merlevede & Bridoux, 2004)
Academic Advisor	Provides academic information in institutions of higher learning. The main role of the academic advisor is to monitor students' progress through various assessments (Weil, 2001).	Lasts for the period of the academic programme which varies from two to four years of at postgraduate level.
Peer Mentor	Helps other individuals of similar knowledge, skills and experience. The purpose of peer mentorship is to ensure peers assist each other in achieving career-related goals (Terrion & Leonard, 2007)	Relationship varies from peers to peers
Group Mentor	An individual who assists groups of mentees to share their experiences and challenges, thereby gaining support from others, as well as the group mentor (Darwin & Palmer, 2010)	Lasts from a few months to a few years (Darwin & Palmer, 2009)
Role Model	"An individual (real or theoretical) that is selected for emulation in one or a selected few of their roles" (ERIC, paragraph 1, 1973)	Varies from days to years

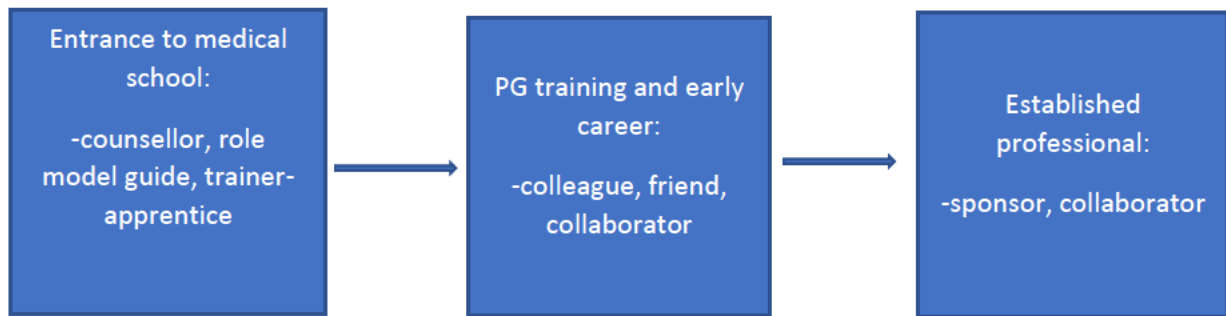
Adapted from: Robertson, Donaldson, Jarvis & Jeffrey (2013)

For the medical mentees, the common types of mentoring include the traditional and peer mentorship. From the different types indicated above, it is evident that mentorship, as a teaching and learning process, should be as flexible as possible, in order for it to fulfil certain objectives in the healthcare service (Manzi et al., 2018; Swerdtle et al, 2017). It is also evident that mentorship is relationship-based and is aimed at developing the professional capacity of both the mentor and the mentee. It also heavily relies on respect, trust, seeking to build confidence and essentially, it should be an empowering kind of relationship between the two people who share common learning objectives (manzi et al, 2018).

Schwerdtle, Morphet and Hall (2017) identify three different but related aspects of mentorship and these include the traditional supervision, supportive supervision, as well as mentorship. They indicate that when supervision is elevated to the mentorship model, it then becomes more relationship-based, more personal and becomes mutually beneficial. They argue that mentorship intervention initiatives change their focus from certain individual skills, as well as specific health issue, for instance, immunisation, to a more professional and learner-based focus. At this point, power is also moved from the supervisor to a more shared-power model, whereby the mentees as the learners can identify their own learning needs and should also be able to identify issues that might impact on the quality of healthcare which they give to the patients (Swerdtle et al., 2017).

Having identified the different types of mentoring, it is important to highlight the benefits of mentoring. The benefits of mentoring are discussed in the next section.

In addition to the mentoring roles described above, Modi and Sing (2013) highlights the different mentoring needs necessary at the different stages of professional development. These are indicated in Figure 2.2.



**Figure 2.2: Mentoring needs at different professional development**

Source: Modi & Singh (2013)

Figure 2.2 indicates the different mentoring needs of medical students, even though the long-term goal of psychosocial and career development remains the main objective. The stages are thus essential in determining and establishing the relevant relationships throughout the mentorship period. It also implies that the potential professional requires different relationships with more than one mentor, depending on his needs. As indicated above, the most important needs at the entry level include orientation to the medical field, psychosocial adjustment, colleagues and the objectives change as the student progresses into a professional (Kalen, 2010; Taherian, 2008).

### **2.5 Benefits of Mentoring**

Mentorship is important for junior employees' career guidance (Steele, Fisman & Davidson, 2013). During the mentorship period, the mentees get the opportunity to learn and enhance their skills and knowledge in their areas of specialisation. This implies that the mentees are being prepared to reach their long-term goals, they are given the platform for professional development, as well as psychological support (Steele et al, 2013). It is important to note that mentorship benefits both the mentor and the mentee, while at the same time they develop a personal and professional kind of relationship (Law et al, 2014). For medical students, mentorship influences their career decisions. Research has indicated that surgical mentors influence the students' decisions to pursue training in surgery (Law et al, 2014). Again, medical students also indicated a high degree of success in doing research when mentored (Steele et al, 2013).

After being mentored, the fully-ledged employees (in this case, medical students) receive promotions and increases in their salaries (Muir, 2014). The junior staff would have become more experienced professionals because of the opportunities presented by developmental

mentoring (Reinstein et al., 2013). In addition, the mentees gain various skills which include conflict management, management and networking, while at the same they also gain an understanding of their strengths, values and interests (Kerssen-Griep, 2013). This makes them more likely to enjoy greater satisfaction within their jobs, low stress levels and greater opportunities for success in their organisations (Metzger et al., 2013). Essentially, the mentees get to learn, appreciate and achieve an understanding of the organisational culture, which is a very important aspect of every organisation (McMurray et al., 2012).

For the mentors, they get additional assistance from the junior medical doctors, in terms of their job responsibilities (Newby & Heide, 2013). When the mentors successfully groom the mentees, they are more likely to be promoted to higher ranks in the organisation. That way, the mentors also get to gain personal and job satisfaction, growth development, as well as career advancement (Metzger et al., 2013). Despite being a challenging task, mentoring junior medical staff allows the mentors to have a sense of victory when they see their mentees learning new skills, when they achieve their professional and personal goals and when they become experienced practitioners who will be able to mentor others. Essentially, the mentors, get to interact with junior medical staff from various cultural backgrounds, which they learn how to deal with them, in the process. Mentorship is done to amplify the ability of medical staff to provide excellent care to patients.

The organisation also benefits from mentorship programmes. In every organisation, mentorship helps organisations to retain employees, thereby preventing premature employee departures, because the mentorship of employees implies that people get promoted and do not remain stagnated in the same positions, they do not feel bored working in the same position because they get promoted and move up the ranks (Newby & Heide, 2013). As employees get promoted and move up the ranks, it increases their morale and organisational productivity, while at the same time enhancing the career development of the mentees (Mangan, 2012).

The positive aspects identified above often result in the junior medical staff being able to do the following:

- Consider the feedback they receive (both positive and negative) from mentoring as a learning curve to grow personally and professionally
- Acquire the necessary skills, knowledge and procedures for entering the medical profession
- Develop their overall professional and technical competence and confidence

- Internalise the unique attitudes, values espoused by the medical profession

Overall, an effective mentorship program is one that helps to promote the achievement of the organisation's vision and mission, while it also facilitates the overall growth and credibility of the entire organization. This in turn might contribute to the well-being of the society as a whole (Ralph, Walker & Wimmer, 2010).

## **2.6 Challenges of mentoring in medical institutions**

Bean et al. (2014) advocate for a mentoring culture in every organisation, due to the reasons mentioned earlier, that a mentoring culture helps employees adapt to challenges, it facilitates organisational resiliency, while also instilling new learning into employees. The lack of cultural congruence is one reason for the failure of mentoring activities in organisations (Bean et al., 2014). Bean et al noted that many mentoring initiatives fail to succeed because of the lack of supportive organisational culture.

An essential barrier to mentorship is the amount of time spent in mentoring (Metzger et al., 2013). Some mentees indicated the lack of necessary skills on the part of the mentors, as a barrier to the mentoring relationships. The result is a negative relationship, which is not conducive for successful mentorship. Due to the shortage of staff, particularly in medical institutions, some junior staff who are supposed to be mentored often find their own way into the profession, due to the limited access to mentors (Tolar, 2012). The shortage of mentors often results in the mentees having to deal with poor mentor guidance, poor mentor-mentee communication, as well as poor supervisory interventions. In some cases, the mentors do not share the same goals and values with their protégé (Newby & Heide, 2013), which is problematic in its own, as diverging goals will never be achieved. Failure to have clear and similar goals, appropriate expectations and meaningful feedback between two can result in poor experiences. In view of this, an effective mentor is one who regularly makes time to discuss goals and expectations with the mentee, re-assess the relevance of the goals, re-visit on-going activities and enquire about any social changes which may be interfering with the mentee's work life. Essentially, an open-door policy could serve as a reassurance to the mentee and should be standardised. However, schedule changes like emergencies may make this difficult, but efforts can be made to ensure consistence. Other forms of communication can be used if both the mentor and the mentee are too busy to meet physically (e.g. telephone, email, sms) (Sing & Chopra, 2018).

The provision of feedback is very important for the mentees. It has to be noted, however, that the mentor should avoid being a cheerleader, but rather engage in a critical evaluation, because the lack thereof would affect the mentee's professional growth. In the same way, becoming a harsh critic can equally be detrimental, as it affects the mentee's confidence and might result in resentment. Therefore, thoughtful feedback is one that is based on the set goals and expectations, is one that allows for both critique and compliment, while it also builds confidence. An effective feedback is one that highlights the mentee's achievements and it also identifies areas that need continuous improvement.

Another challenge relates to the provision of enough structures, as well as resources to support an enhanced mentoring experience (Tolar, 2012). In medical institutions like state hospitals, the lack of latest technological infrastructure is a challenge for many mentors and mentees whose role is to successfully care for patients. As a result, the medical staff end up being compromising, dealing with alternatives, but in most cases, patient care is often delayed due to the lack of necessary resources. For instance, a patient has to wait for a minimum of a month to have an x-ray done, something which is detrimental to the patient as it puts the patient at risk of complications during the waiting period. In addition to the issue of resources, the lack of experienced staff or senior medical officers often delays some procedures like surgeries, as the mentees cannot do such critical procedures without supervision.

Also, it is sometimes difficult for the mentees to initiate and sustain mentoring relationships, especially if the mentors are not 'friendly' enough. Forced mentoring relationships can thus cost both time and energy for both parties, and often results in the poor performance by the mentee. Poor performance is a negative reflection of the senior medical officer who is supposed to be the mentor (Wu et al., 2012). If the mentoring relationship is forced, it results in a mismatch of the mentors and the mentees (Law et al., 2014). A mismatch also occurs during an innocuous pairing of people from different cultural backgrounds, different generations or opposite genders. This would then affect the career advancement of the mentees. In this view, it is important for the mentor and the mentee to devote time to their mentoring relationship, as failure to do so poses significant challenges. A holistic relationship can be created by spending more time learning and appreciating each other's cultural backgrounds and gender differences. However, research has indicated that opposite gender mentoring does not affect the productivity of the mentorship relationship, while a considerate mentor would provide the necessary conditions to ensure understanding and success, regardless of gender (Steele et al.,

2013). This also calls for a sensitive approach by the mentor. During the mentoring process, it is expected that the mentor applies a consistent approach.

In addition to the challenges identified above, it has been indicated that mentorship problems often arise in the following situations:

- In organisations that are disorganised, ill-managed, poorly structured and where misinterpretations, misjudgements and miscommunication are frequent.
- When communication is characterised by interpersonal conflicts, resulting in blaming, denying, projecting and rationalising. This often leads to increased anxiety, resentment, anger and intransigence between the mentor and the mentee
- When the mentor attributes difficulties to the mentee, with the assumption that the mentor possesses not just power differential over the mentee, but also advanced knowledge
- When the mentor is forced into the mentorship role, is not fully prepared, educated, trained, oriented, too busy to assume the mentorship obligation, or is not adequately supported by the senior authorities and or organisation
- If the institution's mentorship placement procedure is poor, as well as the lack of proper recruitment of the mentors
- If the mentors do not receive benefits or incentives. They often become demotivated
- When the mentees notice the abovementioned conditions, they also become demotivated
- When the mentors use the same leadership style, without considering the mentees' changing developmental needs and levels

(Steele et al., 2013)

The conditions described above tend to emerge in organisations without clear mentorship model or conceptual frameworks to guide the mentorship processes. The literature reviewed thus indicates that the effectiveness of any mentorship programmes highly depends on several conditions. When the conditions discussed in this chapter are carefully considering, the mentoring relationship could make a great impact on the mentees' careers and the growth of the organisations (Herholdt, 2012). In this view, the logical thing is the ability to identify these

challenges and then work to address them or to ensure their impact is reduced (Hobson & Malderez, 2013).

Having discussed the pertinent issues regarding mentorship, below is a summarised version of the features of successful mentoring, also known as good mentoring practice, as espoused by Frei et al (2010). Table 2.2 highlights what characterises successful mentoring.

**Table 2.2: Features of successful mentoring**

<p><b>MENTOR</b></p>	<ul style="list-style-type: none"> <li>-Goodwill and respect towards the mentee; (being interested in their professional and personal development)</li> <li>- Being sensitive of the gender and cultural aspects in the mentoring relationship</li> <li>- Being available and reliable</li> <li>- Asking questions, advising in ways that allow the mentees the liberty to discover and pursue their own path</li> <li>- offer both support and challenge to the mentees, with respect to their career</li> <li>-Tracking the mentees’ career progress</li> <li>- Being confident in the mentees and maintaining confidentiality of the mentoring subject-matter</li> <li>- Recognise and respect the personal boundaries of the mentoring relationship</li> <li>- Taking cognisance of the basic ethical principles of being medical professionals</li> </ul>
<p><b>MENTEES</b></p>	<ul style="list-style-type: none"> <li>- Formulating their medium- and longer-term personal and professional goals</li> <li>- Respecting and recognising the junior-senior relationship without subservience</li> <li>- Maintaining the mentorship relationship</li> <li>- Timeous planning of mentoring meetings</li> <li>-</li> </ul>

	<ul style="list-style-type: none"> <li>- Being proactive in the mentoring relationship</li> <li>- Having confidence in the mentor and maintaining confidentiality of the mentoring subject-matter</li> <li>- Respecting the personal boundaries of the mentoring relationship</li> <li>- Recognising the responsibility for one's own career</li> </ul>
<b>DEVELOPMENT OF THE MENTORING RELATIONSHIP</b>	<ul style="list-style-type: none"> <li>-Knowing the professional environment of the mentee</li> <li>- Writing the agreement on the mentees' professional and personal goals to be achieved</li> <li>- Conduct regular meetings and avoid ad hoc mentoring sessions, if possible, except during emergencies</li> </ul>
<b>INSTITUTIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>-Recognising that mentoring is an imperative component of human-resources development</li> <li>- Provision of financial resources for the mentoring program</li> <li>- Conducting workshops for new mentors to highlight the basic principles of mentoring</li> <li>-Create forums for sharing mentorship experiences</li> <li>- Recognising the mentors' commitment towards the mentees, in addition to their other responsibilities</li> <li>- Recognising mentoring activities as a promotion condition for the mentor</li> <li>- Constant evaluation of the effectiveness of the mentoring programmes</li> </ul>

Adapted from: Frei et al (2010)

## **2.7 Conclusion**

This chapter has described the concept of mentorship, indicating that the process basically occurs between two main stakeholders, the mentor and mentee. The definitions of mentoring have been provided alongside the theoretical underpinnings of the study. In addition, the types of mentoring were discussed, the benefits of mentoring were also described, as well as the challenges, particularly in the medical institutions. Chapter 3 describes the research design and methodology chosen for this qualitative study. It also provides the rationale for the chosen design and methodology. Furthermore, the chapter describes how the research method addressed the research question.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1 Introduction**

Research methodology has been defined as "...the procedures by which researchers go about their work of describing, explaining and predicting phenomena" (Rajasekar et al., 2013: 5). In other words, the methodology highlights the philosophy of the research, its assumptions, as well as the values which highlight the worth of the study and the standards which would be employed to interpret the data. The methodology presents the focus and approach to the study (Cohen et al., 2007: 47). Rajasekar et al. (2013) summarise methodology as the means through which research is undertaken, as it describes the steps employed in addressing research problems, as well as the rationale for the actions taken. In that view, this section describes the methodology that is most appropriate for the study described in the preceding sections.

### **3.2 Research design**

Research design entails the "... aims, uses, purposes, intentions and plans within the practical constraint of location, time, money", as well as the availability of the researcher (Hakim, 2000: 1). In highlighting the above assertion, Creswell (2014) describes the importance of knowledge and a theoretical understanding of the study that one has to undertake, meaning that researchers ought to reflect on the approaches intended to be employed in the study. This is important to ensure that the researcher guards against any biases that might occur during any investigation (Vogt et al., 2012).

It is important to note that this study is influenced by the interpretive research paradigm. The ontological and epistemological position of interpretivism is that reality is multiple and subjective (Lincoln & Guba, 1985). The multiple realities imply that researchers attach different interpretations, as the knowledge gained is socially constructed and not objectively determined (Lincoln & Guba, 1985). The interpretivist philosophy thus denotes a qualitative kind of study, which is the focus of this study, which aims to explore the challenges associated with mentoring junior doctors, hence, the need for a qualitative study of this nature.

There are three main approaches to research: qualitative, quantitative and the mixed methods. Research design is thus the different types of inquiry embedded within these three approaches. Denzin and Lincoln (2011), cited in Creswell (2014: 12) refer to research design as the "strategies of inquiry". The research design for this study is described below.

### **3.3 The qualitative approach**

The methodological approach for this study is qualitative, which is grounded in interpretivism (Guba & Lincoln, 1994). For Creswell (1998: 15):

*Qualitative research is an inquiry process of understanding, based on distinct methodological traditions on inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports details of informants, and conducts the study in a natural setting.*

From the above description, qualitative research involves a systematic and subjective means to explore people's everyday experiences and provide more meaning on them. The aim of qualitative research is thus to explore people's life experiences, behaviours and their varying perceptions regarding phenomena. The basis of qualitative research is observation and interpretation of events and people's perspectives in natural settings (Khan, Qureshi, & Ahmad, 2010), while at the same time it emphasises the exploration and understanding of "... the meaning individuals or groups ascribe to a social or human problem" (Creswell, 2014: 4). Thus, qualitative studies aim to appreciate people's experiences and opinions to draw meaning (Cohen et al., 2011). The implication of this is that qualitative studies are inductive in nature, as they highlight the fact of reality being a social construction. In qualitative research, it is difficult to measure variables as they are interwoven and hence, complex. The data collected through qualitative methods are the insiders' (participants') perspectives (Rovai et al., 2014). Rovai et al further argue that the qualitative approach "... values individuality, culture and social justice". Given the description in this section, it is important to reiterate that this study falls within the interpretive paradigm, thus, the detailed methods relevant for this study are described in the following sections.

### **3.4 The case study**

This is a case study and the researcher chose a hospital in KwaZulu-Natal. The importance of a case is that it seeks to gather more in-depth information about a phenomenon. A case study is thus an empirical investigation which explores a situation in its natural context, especially when it is difficult to distinguish between the context and the phenomenon (Creswell, 2013). In that view, a set of pre-determined procedures are followed when investigating a single case (Denzin & Lincoln, 2013). The purpose of this study is to determine challenges in mentoring junior medical doctors in Trauma Emergency Department. Thus, the case study approach is most suitable for this kind of a study, because the research intends to deal with a single case, a specific hospital and with a certain number of medical interns. In that way, the reason for choosing the case approach is to maximize the researcher's understanding of the phenomenon

in question, to get more insights into it, as well as to improve some theoretical assumptions in this regard (Yin, 2013).

### **3.5 Target population and sampling**

A population is a group of people with the same characteristics in common and are of significance to the researcher (Creswell, 2013). In a research context, population entails the targeted group of people with the same characteristics in common, and for the researcher, the target population helps to provide the required information for the study (Creswell & Plano Clark, 2007). For this study, the target population involves all medical interns at King Edward hospital in Trauma emergency department, as well as all the senior medical officers who engage in the mentorship of junior doctors. Efforts to retrieve the exact numbers of the senior and junior doctors were not fruitful, considering that some doctors are not permanent employees of the institution.

The purpose of the study, as well as the research questions, determine the sampling method, as it is difficult to include everyone in the study. According to Neuman (2011: 240) a sample is “a small set of cases a researcher selects from a large pool and generalizes to the population”. In distinguishing between population and sample, Neuman (2011: 241) asserts that “the abstract idea of a large group of many cases from which a researcher draws a sample and to which results from a sample are generalized”.

As noted earlier, the sample size is also determined by the type of research and Neuman (2011) argues that it is not about being a large or small group, but it is rather about the representativeness. In the same way Flick (1998: 41) also argues that “it is their relevance to the research topic, rather than their representativeness, which determines the way in which the people to be studied are selected’. Due to the nature of the organization which is very big and comprises a variety of departments, it was difficult for the researcher to establish the actual number of the interns, as well as the senior medical officers in the organization, especially also considering that some medical officers are not permanent employees of the organization, but are contracted to provide their expertise in various departments. In this view, the Trauma emergency department at King Edward Hospital, was selected for the study, meaning that all other interns who were working in other departments at the time of data collection were excluded. The interns do monthly rotations in the different departments which include the casualty, trauma, surgical, pediatrics, to mention a few. In the trauma department, four interns are assigned at a time. Thus, purposive and convenience sampling were the most applicable in this instance, as the researcher selected participants who were working in the trauma

department during the time when the researcher was collecting data. Creswell (2013) argues that purposive sampling serves to choose information-rich participants with the same characteristics, in-depth knowledge and direct experience to the phenomenon being studied. The researcher therefore selected the first 15 medical interns who were stationed in the trauma department during the period of data collection and those who volunteered to participate in the study. In addition, 5 senior medical officers were also purposively selected to participate in the study.

The unit of analysis is an important element of every research, because most aspects of the research like the sample size, the data collection methods, as well as the conceptual framework, are all determined by the unit of analysis (Cavana et al., 2001). Neuman (2011: 69) defines the unit of analysis in the following ways:

*The units, cases, or parts of social life that are under consideration. They are key to developing concepts, empirically measuring or observing concepts, and using data analyses. It 'refers to the level of aggregation of the data collected during the subsequent data analysis stage.*

In the case of this study, the unit of analysis included the individual senior medical officers and medical interns who participated in the study.

### **3.6 Data collection tools**

These are the methods of data collection that the researcher employs when investigating phenomena. It is thus the researcher's mandate to employ the most relevant data collection tools, in order to increase the validity and accuracy of the study (Walliman, 2011; Jonker & Pennink, 2010; Tashakkori & Teddlie, 2010). In the previous sections, it was noted that this study is qualitative in nature and hence, exploratory, thus, the most appropriate method for the study is described in the next section.

#### **3.6.1 Focus groups**

Focus group discussions are a form of group interviews, the method which "provides a unique opportunity to uncover rich and complex information from an individual" (Cavana et al., 2001: 138). Willis (2007:17) noted that:

*The world view within which you are conducting research plays a defining role in how you prepared for the interview, who you choose as the interviewee, what questions you ask, how you structure the interview and how you interpret the data.*

Based on the above assertion, focus group discussions were deemed as the most appropriate ways of gathering the information required for this study. The researcher thus conducted three

focus groups of five medical interns on each group, on the 28<sup>th</sup> of September, 9<sup>th</sup> and 31<sup>st</sup> of October 2018. The reason for the discussions was in order to explore their lived experiences involving the challenges faced with regards to mentoring at the Trauma department at King Edward Hospital. The focus groups were arranged at different times which were convenient for the participants, in one of the board rooms at the hospital, organized by the relevant authorities. Among other questions, the mentees were asked about their typical day in the workplace, what it means to be a mentee and what were their expectations. They also responded to questions like their relationships with their mentors and the whole staff in their organisation, the challenges they encounter every day and how they dealt with them, and essentially, what they think can be done to improve the mentorship processes, particularly in government hospitals. The discussions took about 45 minutes with each group. The researcher moderated the discussions while at the same time taking down notes, in addition to recording.

### **3.6.2 Interviews**

In addition to this and considering that the study also aims to establish the role of senior doctors in mentoring the junior medical doctors, it was important to also interview the senior medical doctors who offer mentoring to medical interns. In that view, semi-structured in-depth interviews were conducted with the senior medical doctors, during the month of October 2018, to get their opinions and perspectives regarding challenges in mentoring medical interns at the Trauma Emergency, King Edward Hospital. The interviews were scheduled based on the availability of the participants, who chose to be interviewed in their offices. In the same way, the senior medical doctors were asked similar questions as the mentees, but theirs were from the perspective of the mentor. The participants discussed at length, their typical day as mentors, how it is like working with mentees, their expectations of the mentees, how they dealt with mentees who made mistakes, the challenges they encounter when dealing with mentees and importantly, what they thought could be done to improve the mentorship processes.

### **3.7 Data analysis**

Qualitative data analysis entails organizing data by breaking it down into manageable sets, identifying patterns, synthesizing data, identifying and deciding on the important elements to be learnt (Patton, 2002). This means that the large amounts of data collected through qualitative means must be sorted, processed and analysed (Denzin & Lincoln, 2013). In that view, the researcher employed the thematic content analysis, whereby the collected data were coded into themes and categories, making sure that related concepts and features were grouped together. The emerging themes were noted, which are discussed in Chapter 4.

### **3.8 Ethical considerations**

Every research is bound to observe ethical considerations. In that regard, the researcher applied for ethical clearance from the university's research office responsible for this (see Appendix 3). Prior to that, a gatekeeper's letter was obtained from the Head of Department, Trauma Department, King Edward Hospital, to allow the researcher to do the study with the junior medical doctors from the hospital. Another permission letter was sought from the Department of Health (see Appendix 5) and was granted before engaging the participants, the researcher explained the aim of the study, to which the participants agreed to participate by way of signing the consent form (See Appendix 4). The researcher also explained that participation in the study was voluntary, to which they confirmed this by signing the consent form. The participants were also notified that they were welcome to withdraw from the study at any point, without any negative repercussions. In this way, anonymity and confidentiality were always maintained by the researcher. Essentially, the researcher ensured that no harm was inflicted on the participants who would have volunteered to partake in the study.

### **3.9 Trustworthiness**

Issues of validity and reliability are important in ensuring quality control in research. Any kind of research product is judged on aspects of validity and reliability of how the researcher arrived at the conclusion of the study. Qualitative studies thus focus on issues of trustworthiness, credibility, dependability, conformability and transferability (Denzin & Lincoln, 2013). In this view, the researcher ensured these, throughout the study. Trustworthiness is essential in qualitative studies hence, it has to be ensured (Eriksson & Kovalainen, 2008), as it addresses the issues related to validity and reliability. Thus, after data collection, the participants were given the opportunity to access the data and confirm the accuracy of the information recorded. Also, the findings of the study were compared with previous studies on the same subject, to ensure validity. To ensure reliability, the methodology section is well-written in stage- by stage format, while all the important information regarding the study are detailed. As an employee in the organisation where the study was carried out, the researcher ensured that she did not influence the study in any way, despite the fact that in a qualitative study, the researcher is an active participant who is likely to influence the direction of the study (e.g. during focus group discussions). Nonetheless, the researcher ensured that she remained as professional as possible, hence, she tried as much as possible to be detached and focus on being an objective observer.

### **3.10 Conclusion**

This chapter highlighted the methodology employed to answer the research questions. A step by step research design was described in detail, highlighting pertinent issues like the qualitative

approach, the target population and sampling, as well as the data collection tools. In this view, the collected data are presented in the next chapter, to get a more understanding of the issue pertaining to the mentorship of medical interns.

## CHAPTER 4: DATA PRESENTATION AND ANALYSIS

### 4.1 Introduction

The previous chapter focused on the methodology employed to answer the study's research questions. Thus, the qualitative approach to research was described in depth. This chapter presents and analyses the findings of the study and the analysis is done based on the data collected, as well as the literature reviewed. It is important to note that the findings presented in this chapter emanated from both the senior medical officers, referred to as the mentors, and the junior medical doctors, referred to as the mentees. The reason for presenting the findings simultaneously is because the two different groups of participants were asked the same questions however, the researcher sought to gather information from different perspectives.

Essentially, it is imperative to reiterate that this study aimed at establishing the challenges associated with mentoring junior medical officers, both from their own perspectives, as well as from the perspectives of their mentors. The identified themes are therefore presented in the following sections and the participants are identified as Participant 1, 2, 3 (P1), without revealing their actual identities.

### 4.2 Mentor and mentee's roles

The typical day of medical interns is packed with activities. On asking them what their day entails, the following responses dominated the conversation:

Participant 3	<i>Take over from night intern, start see patient do investigations referee to appropriate discipline, discuss with my senior or discharge if fit for discharge</i>
Participant 7	<i>Seeing patient, investigate, review, take break in between if times allows, of which most of the times no to eat. Discuss with seniors' discharge those fit for discharge, refer appropriately, or give review and follow up date as necessary.</i>
Participant 9	<i>So as intern you have to come in the morning, take over handover, see your patient according to their triage colours, red code</i>

	<i>seen first, followed by yellow and then green code. Take history and exam investigation discuss with my senior, do all bloods, communicate with family, counsel family.</i>
Participant 10	<i>Working long hours without a break most of the time, as soon as you take over from other team, you will work until you hand over, maybe no break no lunch, almost every day and almost all weekends of the months</i>

For the senior medical officers, the mentors, their typical day is also characterised by more or less the same activities as that of that mentees, as one of their responsibilities is to work with the mentees throughout the day. This is what the mentors had to say in this regard:

Participant 1	<i>Take over from night shift at 07h45, start seeing patients, examine. Order investigations, review patients, order medication. Discharge or refer patients to other departments as necessary.</i>
Participant 4	<i>Every shift begins with handover and review of existing patients in the department. Sorting out of administrative and clinical queries is ongoing throughout the day. Assess and manage all codes of patients. Provide teaching formal and bed-side teaching of medical students, junior doctors, paramedics and nurses. Appraise and modify departmental and interdepartmental</i>

	<i>protocols. Provide support for clinics in the catchment areas</i>
Participant 3	<i>Long tiring shifts dealing with patients presenting with surgical emergencies, as well as stable patients. Often, patients are angry due to waiting times, inappreciative, leading to frustration</i>
Participant 2	<i>See patient, comes with different problems, treat, and decide if patient is for discharge or for admission</i>

Upon probing them further as to how it feels being a medical intern, the participants (mentees) expressed happy feelings, noting that it is “good and exciting”, particularly because there are no examinations and the motivation of getting paid at the end of every month. The participants expressed the following:

<b>Participant 5</b>	<i>Grateful for the supervised time. Difficult always having to do the undesirable task</i>
<b>Participant 2</b>	<i>Good, you are supposed to always have your supervisor</i>
<b>Participant 6</b>	<i>Feeling good, although some people look down on you</i>
<b>Participant 10</b>	<i>Good. It is a hard work but at least you are getting paid, and not to worry about formal assessment like examination like in medical school. Is a nice break from medical school</i>

For the mentees, their roles include, among other things, the following, as described by the mentee participants:

Participant 14	<i>Work as part of team, see patient, treat investigate discuss with seniors if needed, refer to specialist department when necessary, discharge if fit for discharge</i>
Participant 9	<i>To learn through incrementally increasing one's responsibility in exercising patient care under the supervision of a senior doctor thereby simultaneously gaining professional independence and offering services</i>
Participant 7	<i>Being part of the team learn under supervision, increase my clinical practical knowledge to gain confidence</i>
Participant 12	<i>Is to form part and complete the team, work with senior doctor, while learning from them</i>
Participant 3	<i>Be part of team, work hard, learn quickly new skills and gain competence and confidence with patient management</i>
Participant 8	<i>See patients, treat under supervision, be able to diagnose and treat appropriately, be part of team on duty, report to seniors in time</i>

From the responses provided above, it is clear that teamwork is very important to them, particularly in the medical field. Equally, the senior medical officers (mentors) also indicated their roles as including treating the patients, supervising the junior doctors while at the same time motivating them, as well as making administrative decisions. This is what the senior medical officers said, with regards to their roles:

Participant 2	<i>To see patient, discuss plan of treatment with patient and relatives as necessary especially paediatric patients and unconscious patient or, supervise medical interns, work as a team</i>
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	<i>with nursing staff, and other disciplines as necessary</i>
Participant 3	<i>My role is to help foster the environment I want to be part of, to create a sense of compassion and empathy in junior doctors, to motivate and assist with clinical and administrative decision making.</i>
Participant 5	<i>To provide an acceptable level of service to patients and to mentor junior colleagues and students</i>
Participant 4	<i>To demonstrate to the juniors, live example, help them out when there is a problem. Step by step teaching them what they are supposed to know</i>

Both the mentors and the mentees clearly indicated that their duties are characterised by closely working and discussing issues together, on almost everything: discussing patients who are due for discharge, those who need to be referred to relevant departments, giving review dates, to mention a few. In other words, the mentees have to always closely work together with their mentors, to gain the clinical exposure that they need prior to completing their medical internship. The responses of the mentors and the mentees speak to the theoretical foundations of this study, the mentor role theory, as espoused by Kram (1985). According to Kram, the mentor is the one who is the teacher and his or her main role is to enhance the skills and intellectual development of the less experienced mentee, in order to prepare for their entrance and success in the workplace. It is the role of the mentor to provide the necessary support and counsel, and acts as a role model to the protégé (Kram, 1985). The responses and the discussion provided here clearly shows that mentorship is somewhat a caring phenomenon as it is about teaching, guiding, supporting and supervising, the activities which all help the learning doctors to find themselves in a whole new world.

On the question of how they feel about being mentors, the senior medical officers expressed that it is both good and a challenge at the same time, because dealing with people is always faced with different experiences. The mentors said this:

Participant 3	<i>Ok, although with some challenges. Some interns have no respect of their supervisors because of different reasons, for example gender, race. Some intern will be more submissive to male supervisor than female supervisor. Some interns will be more respectful to supervisor of their own race than supervisor of different race.</i>
Participant 2	<i>I enjoy the challenge</i>
Participant 4	<i>Useless, not enough time to orientate or educate them adequately</i>
Participant 1	<i>Being a mentor is good, that is how medicine is taught from generation to generation</i>

With regards to their expectations from the junior medical officers (the mentees), the mentors noted that they hoped to instil as much knowledge as possible into them, ensuring that by the end of their medical internship, they would have become fully fledged, knowledgeable and experienced medical practitioners. This is what some of the respondents had to say in this view:

Participant 2	<i>To report on duty on time to take over, see patients, discuss with senior as necessary</i>
Participant 3	<i>To be kind, respectful, knowledgeable and provide guidance in all matters clinical and administrative. To create an environment that is conducive to teamwork. To sustain a healthy and happy workspace.</i>
Participant 4	<i>To leave my department feeling competent at treating surgical emergencies, to be interested and take</i>

	<i>initiative, to come prepared by pre-reading, not to be afraid to ask for advice or assistance</i>
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The extent to which mentors are skilled, knowledgeable and have the expertise to develop the mentees into professionals highly on the impacts on the effectiveness of the mentoring partnership. De Janasz and Godshalk (2013) noted that when mentees regard their mentors as being knowledgeable enough to guide their career paths, they tend to relate well with their seniors. The more experienced the mentor, the better they are, in terms of guiding the mentees.

The junior doctors were also asked about what their expectations were, upon starting their medical internship, to which most of them indicated that they expected acquiring the clinical exposure and experience which would make them become qualified and experienced doctors. Their expectations tallied with those of their mentors, as all the participants expected that the mentees become as qualified and knowledgeable as possible. These responses emerged from the participants:

Participant 4	<i>To get clinical exposure and orientation by my seniors, to get more clinical experience with patients</i>
Participant 6	<i>I was excited as becoming a doctor, hope to learn more and be equipped for future. I expected clinical and practical exposure which is limited to theory from medical school. Learn new procedures.</i>
Participant 9	<i>Clinical practical exposure, treated with respect by staff, unfortunately not, still undermined because too junior. I was also expecting to get enough supervision and learn a lot from seniors, get support all the time, but it's always busy not practical to get enough time to be taught everything you want to learn from seniors</i>

Participant 13	<i>To be accepted as qualified doctor and learn to treat my patient well, more clinical practical exposure</i>
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From the above responses, one participant raised a very important issue, that of having enough time of supervision from the senior medical officer, which, according to the participant, was not real because of the busy schedules of both the mentee and the mentor. The same sentiments were also raised by one of the mentees, who noted that being a mentor is “useless, not enough time to orientate or educate them adequately”. This is a very serious concern, as the issue of time has been indicated as a barrier to effective mentorship (Metzger et al., 2013). In addition, the notion of the mentors and the mentees having the same expectations reveals one important thing, that of sharing the same goals and objectives. It was indicated in the literature review chapter, that it is very important for the mentors and the mentees to share the same goals, particularly during the mentoring period. Literature reveals that in some cases, the mentors do not share the same goals and values with their protégé (Newby & Heide, 2013), which is problematic in its own, as diverging goals will never be achieved. Failure to have clear and similar goals, appropriate expectations and meaningful feedback between two, can result in poor experiences. In view of this, an effective mentor is one who regularly makes time to discuss goals and expectations with the mentee, re-assess the relevance of the goals, re-visit on-going activities and enquire about any social changes which may be interfering with the mentee’s work life (Newby & Heide, 2013).

Essentially, the expectations of both the mentors and the mentees reflect Kram’s (1985) mentoring functions, the career, as well as the psychosocial function of mentoring. The former refers to the aspects of the mentoring relationship aimed at enhancing the skills and expanding the career advancement opportunities for the mentees, which include coaching, exposure to new things and visibility (clinical exposure), challenging assignments, as well as protection from potential harm. Career functions are made possible by the seniors’ personal experience, as well as their position and influence in the organisation (Kram, 1985). Accordingly, the psychosocial functions are those elements of the mentoring process aimed at enhancing the mentees’ sense of identity, competence and effectiveness in their professional areas. The senior medical officers (mentors) indicated that they expected the mentees to learn as much as possible from them, so that they become experienced and qualified professional doctors. The

obviously aim to achieve this through the functions which include counselling the mentees, role modeling, friendship, as well as acceptance-and-confirmation (Kram, 1985).

The responses of the participants are also echoed in the assumption that the relationship between the mentor and the mentee is meant to promote personal and professional growth of the protégé, through support, guidance and coaching (Muir, 2014; Templeton & Tremont, 2014). The mentees are thus given the opportunity to ask questions, share their concerns, as well as discuss their problems with their mentors. The process is thus a shared responsibility which is delicate and calls for a caring intervention, together with regular feedback. This means that the effectiveness of the process is enhanced when both parties clearly understand their roles and the different ways in which each one of them can be useful to the other (Templeton & Tremont, 2014).

### 4.3 Mentor-mentee working relationship

The mentoring process requires that both the mentor and the mentee have a good working relationship, while learning from each other. The findings indicate that both the mentors and the mentees acknowledge the essence of good relations, particularly during mentorship processes. These sentiments were also echoed by the participants (mentees) themselves, who noted the following.

Participant 4	<i>It's good. I have learnt that how I will treat junior doctors when I become senior</i>
Participant 2	<i>With other interns it's ok, with senior doctors is not the same, some are easy to work with, some are very difficult to work with</i>
Participant 6	<i>Quite important to get along, I get along well with most of my seniors, especially in trauma units. I have made lots of friends with other interns</i>
Participant 9	<i>Conversational is very good in communication, what finds challenging work point of view some senior doctors they don't want to do some procedures, they feel too senior to do like putting a drip to a patient, as an intern than you have to do it.</i>

Participant 11	<p><i>With my fellow interns it's on and off, now and then we have small issues to sort like roaster and leave times, otherwise it's ok. With seniors, is not the same, some seniors will make you feel part of the team and respect you, some seniors have attitude, will ill treat you for what other intern did previously, which is very bad. I think it's so unfair</i></p>
Participant 14	<p><i>Is ok, we have conflicts here and there about roaster to be fair to all of us, otherwise I would say is good. With seniors is more on professional levels, some seniors not friendly</i></p>

The notion of some mentors being difficult to deal with is a matter of concern, considering that the mentor-mentee relationship should be a solid one. If the mentor is not approachable, it affects the effectiveness of the mentorship relationship. In other words, the mentors are expected to be positive in terms of their attitude towards the junior medical doctors, they should create a conducive environment which makes it possible for the mentees to freely discuss issues, they should make the junior doctors feel comfortable and appreciated, not being looked down upon, as indicated by one of the mentees. Little, Kearney and Britner (2010) found the mentors' approachability as an important element which influences the quality of the mentorship relationship. The participants of this study thus indicated the importance of mutual respect in the mentorship relationship. What this implies is that the mentors and the mentees should recognise the essence of good communication between themselves. Eller et al. (2014) noted that if respect exists between the mentors and the mentees, it encourages the mentees to work harder. In the same way, the mentees must also respect their mentors' ideas and decisions (Cunningham & Hillier, 2013).

Some of the mentors indicated some mentees are difficult to deal with, as they “refuse to follow orders... never ask for help, lack basic knowledge”, while others are “difficult to work with them, some come with some authority from home, so it is difficult for them to accept that they can be under authority”. However, most of them acknowledged that they have a good working relationship with the interns:

Participant 1	<i>We are friendly and jovial at teas and lunches, but maintain strict professionalism around patients</i>
Participant 3	<i>I have a generally good relationship with interns, as long as they are professional and have a good work ethic</i>
Participant 4	<i>It's good and professional, they are colleagues, they are open, we discuss anything with regards to work. Mentoring not only centres around work, you must be aware of other activities that affect them out of work, like there is a sick mother, or, it will have influence on their performance. Get them share what affects them.</i>

The idea of being “*aware of other activities that affect them out of work, like there is a sick mother, or, it will have influence on their performance*”, is very important for every employees. What this means therefore is that there is need for the two to treat each other with extreme confidentiality. In this regard, Conn (2013) indicated that mentees value a confidential relationship between them and their mentors, and the latter should show loyalty towards the relationship. As noted earlier, a successful mentoring relationship is characterised by mutual respect between the two, clear expectations, reciprocity, shared values and personal connection (Straus et al., 2013). Collins et al. (2014) also concurred, arguing that mentoring should be built on trust and should encourage strong relationships.

A good working relationship benefits the mentors, the mentees, as well as the organisation itself. During the mentorship period, the mentees get the opportunity to learn and enhance their skills and knowledge in their areas of specialisation. This implies that the mentees are being

prepared to reach their long-term goals, they are given the platform for professional development, as well as psychological support (Steele et al., 2013). Both the mentor and the mentee develop a personal and professional kind of relationship (Law et al, 2014). The medical interns indicated that the relationship is not always the same every day, some days are better than others, while some senior medical officers (mentors) are better than others, in terms of their attitudes towards the junior doctors. For the mentees, this is a learning experience, as they get to gain various skills which include conflict management, management and networking, while at the same they also gain an understanding of their strengths, values and interests (Kerssen-Griep, 2013). Essentially, the mentees get to learn, appreciate and achieve an understanding of the organisational culture as well, which is a very important aspect of every organisation (McMurray et al., 2012).

Despite being a challenging task, as mentioned by some of the senior medical officers, mentoring junior medical staff allows the mentors to have a sense of victory when they see their mentees learning new skills (one of the mentors said that he enjoys the challenge), when they achieve their professional and personal goals and when they become experienced practitioners who will be able to mentor others.

A good mentorship relationship helps the organisations to retain employees, thereby preventing premature employee departures, because the mentorship of employees implies that people get promoted and do not remain stagnated in the same positions, they do not feel bored working in the same position because they get promoted and move up the ranks (Newby & Heide, 2013). As the mentor and mentee work in harmony as employees, they get promoted and move up the ranks, thereby increasing their morale and organisational productivity, while at the same time enhancing the career development of the mentees (Mangan, 2012).

The responses from the mentees that some senior medical officers are difficult to deal with are also echoed in literature (Wu et al, 2012), which indicated that it is sometimes difficult for the mentees to initiate and sustain mentoring relationships, especially if the mentors are not 'friendly' enough. Wu et al (2012) noted that forced mentoring relationships can cost both time and energy for both parties, and often results in the poor performance by the mentee. Again, if the mentoring relationship is forced, it results in a mismatch of the mentors and the mentees (Law et al., 2014). This would then affect the career advancement of the mentees. In this view, it is important for the mentor and the mentee to devote time to their mentoring relationship, as

failure to do so poses significant challenges. A holistic relationship can be created by spending more time learning and appreciating each other’s cultural backgrounds and gender differences.

#### 4.4 Mentees’ long working hours

The findings of this study indicated that the junior medical staff work for longer hours. This was confirmed by both the mentees themselves, as well as their mentors. The medical interns’ responses include the following;

Participant 2	<i>Very long and tiring. No time for yourself, let alone your family and friends. Once internship begins, that means the end of all relationship outside hospital. You always finish very tired, just want to go home eat and sleep</i>
Participant 6	<i>Unbelievably very long, no time to take breaks in between just working until you go home, not good for our health.</i>
Participant 7	<i>Working works very long, work more than necessary for you, long calls without a break</i>
Participant 12	<i>Long, tiring and not good for someone’s health. It poses danger to patients, especially dose that need surgical management like operation. To be operated by tired doctors, I think not safe, more chances of making mistakes</i>

The mentors also concurred with the mentees, that the working hours for the medical interns is ridiculously too long and unhealth, except one who said that the hours are “very fair”. This is what the senior medical officers had to say:

Participant 2	<i>The working hours for any doctor should not be greater than 8 hours. In a resource constrained environment 12-hour shifts should be the maximum. 28-hour shifts are too long.</i>
Participant 3	<i>Very fair</i>
Participant 4	<i>Much better than it was for me when I was an intern</i>
Participant 5	<i>I think is a broad issue that has been addressed by DOH and hospital. But what I expect is that when they are allocated to my department, they come on time and work as expected</i>

The issue of long working hours for junior doctors has been in the public domain, especially after one junior doctor died in a car accident after she “she allegedly fell asleep behind the wheel due to having worked a very long shift” (Phaliso, 2016). It has been discussed in Chapter 2 that medical students often suffer from emotional exhaustion, low personal accomplishment and depersonalisation. These negatively impact on their performance, their health, professionalism, as well as their competency. The impact often leads some of them to fail to handle pressure, stress and anxiety.

#### **4.5 Challenges hindering the productivity of the mentees**

With regards to challenges affecting how the medical interns work, they highlighted very important issues, some of which are described below:

Participant 5	<i>Less supervision by seniors because of shortage of senior staff, equipment not working, abusive rude patients and patients relative</i>
Participant 9	<i>Lack of resources, dilapidated infrastructure, long working hours. Poor pottering system, equipment to working, full</i>

	<i>wards no space to admit patients, rude intoxicated patients</i>
Participant 11	<i>Racist patients, who prefer certain race of a doctor</i>
Participant 12	<i>Overworked going home every day exhausted, less supervision, left alone with difficult patient to manage</i>
Participant 3	<i>As intern, there is a problem of seniors who will forget to do other small procedures like taking bloods or make notes in a file now you must do it as an intern. Getting reprimanded for mistakes that were done by other interns previously, which is not fair.</i>
Participant 7	<i>Some seniors give no support or supervision instead get blamed for what was done by previous group of interns, is so bad and not fair</i>

The mentors also indicated the same challenges. This means that these problems are indeed a hinderance to the productivity of both the mentors and the mentees. This is what the mentors had to say, in this regard:

Participant 1	<i>Shortages of equipment, shortage of staff, patient overload, uncooperative patients, too much demanding relatives, resistance from other discipline when referring a patient, ill treatment from referring discipline</i>
Participant 3	<i>Various problems in all spheres. Lack of professionalism resulting in staff trying to avoid doing work or taking responsibility for their actions is the biggest problem.</i>
Participant 2	<i>Attitudes towards ethical conduct are slipping. There is a general shift towards</i>

	<i>practising defensive medicine due to the medico-legal climate. Hence, patients are over-investigated and no one doctor wishes to be the central care-giver to co-ordinate between various specialists</i>
Participant 4	<i>Absenteeism, drug and alcohol abuse amongst interns, those who refuse to follow orders, those who never ask for help, lack of basic knowledge, disinterest. Interdepartmental disagreements</i>
Participant 5	<i>Different enthusiasm, now you have to engage to another gear to engage that person without jeopardising his right of working there. They have different backgrounds. they come from different backgrounds, some come with self-expansion, so it becomes difficult to work with them, some come with some authority from home, so it is difficult for them to accept that they can be under authority.</i>

From the responses presented above, the mentors indicated lack of professionalism amongst the interns, while the mentees mentioned lack of supervision by the senior medical officers. This is a very critical issue, especially where mentorship is involved. If any mistake is to happen in the case of the mentees, the mentor is also accountable, because the mentee would argue that he or she did not know what to do. Again, the lack of supervision implies that the mentees get involved in trial and error, something which is inappropriate in the medical field. It also means there is no feedback from the mentor, because the mentor cannot give feedback where he did not supervise. The mentor cannot do a critical evaluation of the mentee, which in a way affects the mentee's professional growth. Feedback is based on the set goals and expectations, therefore, as mentioned earlier, if the mentor and the mentee do not have a good working relationship (lack of supervision), the implication is that the mentor is not up to date, as regards the progress of the mentee, which again affects how the mentor would evaluate the mentee.

Another challenge highlighted relates to the lack of enough infrastructures, as well as resources to support an enhanced mentoring experience. In medical institutions like state hospitals, the lack of latest technological infrastructure is a challenge for many mentors and mentees, whose role is to successfully care for patients. As a result, the medical staff end up dealing with alternatives, but in most cases, patient care is often delayed due to the lack of necessary resources (Tolar, 2012). For instance, at the hospital under study, a patient must wait for a minimum of a month to have an x-ray done, patients have to wait for the whole day to have a CT scan done, or sometimes they are sent back home and come back at a later stage when important equipment is malfunctioning. This is something which is detrimental to the patients, as it puts the patients at risk of complications during the waiting period. In addition to the issue of resources, the shortage of staff and the lack of experienced staff or senior medical officers often delays some procedures like surgeries, as the mentees cannot do such critical procedures without supervision.

#### 4.6 Conflict management

In every relationship, mistakes are bound to happen, but it is how they are dealt with, which matters most. The mentors and the mentees agreed that mistakes do occur during their work activities. The participants were asked to identify an example of mistakes which they previously did, or which one can do, and how to deal with them. This is what the mentees said:

Participant 1	<i>I inform my senior and correct the mistakes as soon as possible. Apologise to patients if wrong referral was given, ask from seniors</i>
Participant 2	<i>Open communication, e.g. apologise to patients if a wrong date is given, enquire advise from seniors</i>
Participant 4	<i>Correct it as soon as you become aware of it, let your supervisor know about it and advise, e.g. wrong referral, like refer maxillofacial patient to ENT department</i>
Participant 6	<i>Acknowledge a mistake, for instance, forget to label blood in a busy day, then realised late and now need to do new blood, then to apologise to patient and take new blood specimen</i>

Participant 8	<i>I once send specimen with a wrong request form, and call patient for results after one week, when patient come there were no results, I had to repeat take specimen and use correct form, patient was very angry at me, I had to apologise, I felt very bad</i>

The mentors were also asked about how they deal with mentees who would have made mistakes. The following responses emerged from them:

Participant 1	<i>Inform the intern, explain to intern so he or she can understand a mistake and not do it again. Intern sees a patient but does not write complete notes, maybe leave other patients with incomplete notes to attend to next urgent cases.</i>
Participant 2	<i>Sit down together in calm environment, explain what the problem is, why it happened and what to do next to prevent the problem. Also reassure on the fact that it is ok to make a mistake- take responsibility, identify problem and correct calmly.</i>
Participant 3	<i>If it was an innocent mistake advise them proper management. If it was a reckless mistake, because they didn't seek advice of a senior, explain their errors and stress the importance of asking for help</i>
Participant 4	<i>For interns who make mistake it is difficult because they are practising using certificate of seniors, certificate of hospital. They work under supervision, they learn, and they can work on their own on precaution. They must be enthusiasm to work. They are not forced</i>

	<i>to engage in the procedure on their own. if mistake happen, there is always a senior to report to, and sort it.</i>
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The issue of making mistakes is closely related to the concept of conflict management. in this view, the researcher initially asked the participants to highlight some of the mistakes that are prevalent in their day to day activities, as the starting point to establish how they deal with such conflicts when they happen. in as far as conflict management is concerned, the participants also acknowledged that conflict do happen daily but dealing with them is the important issue. The mentees noted the following, as to how they resolve conflicts with their senior doctors.

Participant 11	<i>Listening is the key. When people felt listened to, much of the tension is resolved</i>
Participant 13	<i>Inform supervisor, be prepared to be told was wrong if I was wrong</i>
Participant 3	<i>Try to keep it as professional as possible, calm down, listen to both side of the story, involve the senior</i>
Participant 6	<i>Straight talk and be willing to listen if it al fails involve the senior</i>
Participant 9	<i>Listen to both sides of story be fair and firm if no resolution, we inform the seniors</i>

The mentors shared the same sentiments with the mentees, when they noted the following:

Participant 2	<i>Get to understand problem from both sides first, try to calm both parties and keep discussion private, not in front of other staff and patients.</i>
Participant 4	<i>Often conflict stems from misunderstanding of perceptions and expectations. Talk, try to understand the actual cause of the conflict, identify what the expectations of the various party's is and try to address those.</i>

Participant 5	<i>With an open mind, remaining calm and logical</i>
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The responses presented above point to the importance of communication in any relationship. It was indicated in Chapter 2, that mutual trust, honesty, constructive feedback and open communication, are the necessary conditions for effective mentorship (Distelberg & Schwarz, 2015; Eller et al, 2014; Ayinde, 2011; Herholdt, 2012). This therefore entails, as described by the participants in their responses, creating a conducive and open environment to enable the partners involved to communicate freely. An open communication enhances the environment in which the mentorship takes place (McGill, 2011). It also breeds trust and honesty, some of the pillars of effective communication. It was indicated earlier that sometimes mentees would want to share confidential information with the mentors, hence, the mentors have to be honest and trustworthy (Eller et al, 2014).

#### **4.7 Ways of improving medical internships in the healthcare sector**

Both the mentors and the mentees noted the need to improve the conditions in which medical mentorship takes place, particularly in state hospitals. Participants pointed to the need to improve the working conditions, providing the necessary ‘toolkit’ so that they productively do their work, hiring more human resources to curb the shortage of staff, as well as conducting regular workshops and seminars relevant to their jobs. With regards to this issue the mentees noted the following:

Participant 3	<i>More supervision and update seminars. Working equipment, safety measures in place, respect for interns they are also qualified doctors</i>
Participant 9	<i>Application process for internship to be made easy, to accommodate people with special request. Can be nice to implement academic or tutorial for intern of each block to get teaching and update. To improve working hours, reduce it to improving quality of work</i>

Participant 12	<i>Less working hours, improved safety especially at night, working equipment, more support from seniors, give respect to interns as other doctors since they are also qualified</i>
Participant 7	<i>More staff, more supervision to intern, provide intern seminar or tutorial especially for emergency skills, ensure safe place for all doctors.</i>
Participant 4	<i>More staff, intern seminar to be tough some skills, more supervision by seniors, working equipment in hospital like x-ray and CT scan, improve filing system.</i>
Participant 6	<i>Respect for junior doctors, to be treated like qualified doctor, more senior medical staff employed to offer enough supervision to interns, working equipment, seminars or tutorial for interns in each department</i>

The senior medical officers also echoed the same sentiments around reasonable working hours for the junior doctors, improved working conditions, safety in the workplace, as well as increasing staff to deal with staff shortage. This is what they had to say:

Participant 1	<i>Improved working conditions, acceptable hours, have all necessary equipment to do the job well, enough staff to offer enough supervision and teaching, safety at work place. Enough park spaces.</i>
Participant 3	<i>Formal programs need to be in place in each department with goals that must be attained</i>
Participant 4	<i>Structured clinical refresher teaching programs per rotation, examinations at the end of each rotation, one on one supervision and support</i>

Participant 6	<i>Employ more staff so seniors get enough time to orientate intern with regards to work, teach interns responsibility to take care of your patients, report on duty on time.</i>
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#### **4.8 Discussion**

The findings in this study portray the integral role of mentorship in the medical profession. It has also been shown that the development of the prospective medical professionals is core to the practice. In view of this, O'Brien, Moore, Dawson and Hartley (2014) highlight that the recruitment and training of the mentors in this regard is highly crucial. They further encourage the process of mentorship to begin with “mentoring the mentors”, or “train the trainer” before they even engage the mentees.

It was also indicated in the study, that the main aim of mentorship is to achieve competent medical practice by influencing the quality and result of the career route for both the senior and junior medical doctors, for the benefit of the medical institutions. Hence, it is imperative for the mentors to have a positive attitude, being enthusiastic and practically interested in junior doctors, as they are the fulcrum of their experience. Saint and Chopra (2018:1) pointed that “Being a good doctor is a lot like being a good mentor. Just as clinicians have an ethical duty to act in the best interest of their patients, mentors have a similar duty towards their mentees... focus on what’s best for the mentee and his or her career”. In order to achieve this, the mentors should be flexible enough to assume different roles which include being a supporter, a coach, a sponsor, an educator and a counsellor (Dziczkowski, 2013). Saint and Chopra (2018:1) add that as a mentor,

*Ask yourself, “What role does my mentee need me to play?” Your relationship need not only take the form of a traditional and general mentoring role involving a seasoned expert who provides guidance and wisdom to a junior person. There are other three other key archetypes to consider: coach, sponsor, and connector... Ideal mentors are mindful about their role and how they should play it. They also anticipate what the mentee needs even before the he or she is aware of such a need.*

Mentoring in this sense thus involves taking care of the junior medical officers and essentially, transmitting knowledge and skills to them. The mentees’ responses clearly indicated that the mentors are their role models whom they emulate every day, in their professional field. In this

view, it is important that the mentoring process is integrated in the organisational culture in which it is supposed to exist, so that the goals and values of the process are in tandem with the organisational goals and values (Wilson, 2014).

The responses from the mentors and the mentees also showed that mentoring activities are essential for their skills development, their confidence, their ability to provide feedback, in as much as it also helps them to identify their learning and development needs. Hence, the process calls for commitment from both the mentors and the mentees, as the benefits of the process outweigh the challenges (Dziczkowski, 2013). Joubert and de Villiers (2015) also noted that mentorship helps the mentees to develop their critical thinking skills, which then helps them to apply the knowledge and therefore enhance their inability to merge theory with practice.

The participants of the study indicated that the element of time is very crucial in the mentoring process, as the mentors ought to commit some time to working with the mentees. The mentees indicated that supervision is very important for them. In the same way, the mentors acknowledged the importance of time, but at the same time lamented that there is no time, probably due to their heavy workloads. Making time for the mentees thus becomes a difficult objective to achieve, yet it is imperative that the mentors make efforts, time and commitment to help the mentees achieve their objectives (Rikhotso, 2011). In dealing with this, Saint and Chopra (2018:1) noted that:

*People in healthcare — and especially good mentors — are busy. Many find themselves engulfed by meetings, speaking engagements, and travel. Being attentive to a mentee in the midst of these engagements is challenging but critical. Find alternatives to the face-to-face meeting. A brief after hours call, text message, or email can help your mentee stay on track and prevent you from being the rate-limiting step in their productivity. Take advantage of video conferencing and smart phones when you are away on travel (we've done FaceTime with mentees from the road). And if that doesn't work, resort to good old-fashioned email.*

It is a fact that the mentors are responsible for the professional development of the junior medical doctors and one way of achieving this is to enhance their confidence, knowledge and skills. The senior medical officers indicated that they enjoy the challenge that comes with mentorship, as it gives them a sense of victory upon successfully mentoring the student doctors. Jacobs, Atack, Ng, Haghiri-Vijeh and Dell'Elce (2015) concur with this finding, arguing that helping a colleague to learn is a fulfilling outcome of a mentorship process.

Amongst the challenges being faced by the mentors and the mentees, they highlighted several issues, among them being the shortage of staff to ensure effective mentoring, the shortage of the everyday tools which they need to do their job, such as the CT scans, the x-ray machines, to mention a few. These are the doctors' 'toolkit' which they cannot afford to do without. As a result, the doctors find themselves having to compromise, which oftentimes puts the patients in a risky situation as they sometimes have to wait for the equipment to be repaired before they receive the medical attention that they need. The shortage of material resources makes the doctors improvise, which negatively affects the mentoring process and eventually, the doctors' clinical competence (Caka & Lekalakala-Mokgele, 2013). Other challenges identified by the participants include less time dedicated to mentoring, sometimes difficult relationships between the mentors and the mentees, which create an inconducive environment for the mentoring process, as well as the lack of qualified senior medical officers who are supposed to be the mentors. These challenges affect the mentoring process. Sadly, despite these challenges, the mentees are still anticipated to accomplish their given tasks and at the same time expected to develop into competent professional medical officers, yet they have little control of some of the circumstances which hinder their progress.

Another challenge mentioned by all the participants was the allegedly long working hours by the junior medical officers. This issue came out very strongly, with both mentors and mentees noting that the hours are ridiculously too long. This often leads the mentees to experience burnouts, as their job involves working with people, particularly patients. The consequences are huge and these include poor physician-patient relationships, as well as sub-standard patient care. This also reduces job satisfaction. It has been shown that effective mentoring reduces instances of burnout, while at the same time it increases medical officers' retention by promoting the mentees' well-being (Saint & Chopra, 2018).

In the midst of the mentoring process, it is important for the mentors and the mentees to be mindful of each other, practicing patience, focusing on the moment, and dealing with issues as they unfold. Essentially, Saint and Chopra (2018:1) highlight the need for the mentors to put themselves in the shoes of the mentees. Referring to their own practice, they argue:

*Likewise, before meetings with mentees (especially ones where difficult feedback or conversations may happen), we consciously try to put ourselves in their shoes before and during the conversation. This has made us more empathetic and compassionate in our roles as mentors... By putting ourselves in the role of the mentees — and doing so purposefully several times during our interactions — we have learned to take the edge*

*off the sometimes difficult advice we provide. When critiquing our student's suboptimal case presentation, for example, we think to ourselves "they are doing the best they can" and provide feedback accordingly. In fact, the realisation that most of us are doing the best we can, given the circumstances reminds us that criticism without kindness can seem cruel to the recipient. Being a mindful clinician or mentor is not easy. It takes time, patience, and perseverance. But it also takes practice.*

From the discussion in this chapter, it is clear that the mentoring process calls for concerted efforts from both the mentor and the mentee, working towards achieving shared vision and goals of the organisation. Failure to do this puts the process into jeopardy and compromises its effectiveness and purpose.

#### **4.9 Conclusion**

This chapter has presented and analysed the findings of the study. The findings describe the typical day of a medical mentee, as well as that of the mentor. In fact, both the mentors and the mentees have their days packed, while working together to achieve their objectives. The participants described the role of mentorship, the benefits of mentorship programmes, as well as the challenges that they encounter, which oftentimes affect the effectiveness of the mentoring process. The challenges mentioned by the participants are quite significant and deserve to be re-visited, if efforts towards the professional development of the junior doctors are to bear fruit. In this view, the next chapter summarises the study by providing the conclusion and the recommendations.

## **CHAPTER 5: CONCLUSION AND RECOMMENDATIONS**

### **5.1 Introduction**

The previous chapter presented and discussed the findings of this study. This chapter concludes the study by providing the conclusion and recommendation. Prior to that, it is imperative to give an overview of the whole study. The first chapter introduced the study. The second chapter reviewed literature on mentorship in the medical field, which the third chapter described the methodology undertaken to answer the research questions. Chapter 4 presented and analysed the findings. This chapter concludes the study. Before concluding the study, it is imperative to reiterate that the study aimed at establishing the challenges associated with mentoring junior medical officers, both from their own perspectives, as well as from the perspectives of their mentors. The qualitative approach to research was employed to collect the data for the study. In this view, the next section summarises the findings of the study, according to the objectives described in the first chapter.

### **5.2 Summary of findings**

#### **5.2.1 To identify the role of the mentor and the mentee in medical internship**

The participants for this study clearly described their roles, with the mentees indicating that they work as teams in seeing the patients, working with their seniors (the mentors) in investigations, as well as learning their responsibilities under supervision. Equally, the senior medical officers (mentors) also indicated their roles as including treating the patients, supervising the junior doctors while at the same time motivating them, as well as making administrative decisions. They indicated that their role is to foster the environment that is conducive for the mentees to learn. Both the mentors and the mentees clearly indicated that their duties are characterised by closely working and discussing issues together, on almost everything: discussing patients who are due for discharge, those who need to be referred to relevant departments, giving review dates, to mention a few. In other words, the mentees have to always closely work together with their mentors, to gain the clinical exposure that they need prior to completing their medical internship. As reiterated earlier, it is the role of the mentor to provide the necessary support and counsel, and acts as a role model to the protégé (Kram, 1985). The responses and the discussion provided by the participants thus shows that mentorship is somewhat a caring phenomenon as it is about teaching, guiding, supporting and

supervising, the activities which all help the learning doctors to find themselves in a whole new world.

### **5.2.2 To identify the benefits of medical internship**

The findings indicate that both the mentors and the mentees acknowledge the essence of good relations, particularly during mentorship processes, as this benefits them, as well as the organisation. During the mentorship period, the mentees get the opportunity to learn and enhance their skills and knowledge in their areas of specialisation. This implies that the mentees are being prepared to reach their long-term goals, they are given the platform for professional development, as well as psychological support (Steele et al, 2013). Both the mentor and the mentee develop a personal and professional kind of relationship (Law et al, 2014). For the mentees, the mentoring process is a learning experience, as they get to gain various skills which include conflict management, management and networking, while at the same they also gain an understanding of their strengths, values and interests (Kerssen-Griep, 2013). Essentially, the mentees get to learn, appreciate and achieve an understanding of the organisational culture as well, which is a very important aspect of every organisation (McMurray et al., 2012). The senior medical officers noted that mentoring junior medical staff allows them to have a sense of victory when they see their mentees learning new skills, when they achieve their professional and personal goals and when they become experienced practitioners who will be able to mentor others. For the organisation, mentorship prevents premature employee departures, because the mentorship of employees implies that people get promoted and do not remain stagnated in the same positions, they do not feel bored working in the same position because they get promoted and move up the ranks (Newby & Heide, 2013). As the mentor and mentee work in harmony as employees, they get promoted and move up the ranks, thereby increasing their morale and organisational productivity, while at the same time enhancing the career development of the mentees (Mangan, 2012).

### **5.2.3 To establish the challenges associated with medical internship in the Trauma Emergency Department at King Edward Hospital**

The mentors indicated lack of professionalism amongst the interns, while the mentees mentioned lack of supervision by the senior medical officers. The lack of supervision by the experienced senior doctors implies that the mentees get involved in trial and error, something which is inappropriate in the medical field. It also means there is no feedback from the mentor,

because the mentor cannot give feedback where he did not supervise. Another challenge highlighted relates to the lack of enough infrastructures, as well as resources to support an enhanced mentoring experience. In medical institutions like state hospitals, the lack of latest technological infrastructure is a challenge for many mentors and mentees, whose role is to successfully care for patients. As a result, the medical staff end up being compromising, dealing with alternatives, but in most cases, patient care is often delayed due to the lack of necessary resources (Tolar, 2012). This is detrimental to the patients, as it puts the patients at risk of complications during the waiting period. In addition to the issue of resources, the shortage of staff and the lack of experienced staff or senior medical officers often delays some procedures like surgeries, as the mentees cannot do such critical procedures without supervision.

Overall, the findings of the study, as summarized in the objectives indicated above, clearly show that the objectives of the study were achieved.

### **5.3 Recommendations**

The findings of the study indicated that mentoring is an essential aspect in the medical profession, hence, it should be considered as a mutual responsibility by both the mentors and the mentees. The mentors indicated that they are willing to provide mentorship to the junior doctors, despite some recurring challenges. This therefore calls for total commitment from the mentees themselves. Essentially, the responsible authorities should provide the necessary equipment and requirements for both the mentors and the mentees to effectively perform their functions. The participants in this study highlighted that the lack of the necessary resources becomes a challenge and a hinderance to their performance, as they are sometimes forced to improvise or postpone important medical procedures, which is detrimental to the patients.

Both the mentors and the mentees noted that some people (both the mentors and the mentees) are difficult to deal with. Considering the important relationship between these two stakeholders, it is recommended that the two establish a solid and well-grounded relationship characterised by trust and confidentiality. The basis of this kind of a relationship is communication, together with regular feedback. Despite the participants indicating that they have a good working relationship, it still emerged that some of them lack effective communication skills, while some mentors fail to make time to meet and supervise the junior doctors. Nonetheless, communication between the two should be as transparent as possible, failure of which might result in unintended consequences which might cost the lives of the

patients. From the findings of the study, as well as from the researcher's own personal experience, time is always a challenge, senior doctors do not have enough time to teach and supervise the mentees. One minute they are in a whole day's meeting, the next minute they rush for emergency surgery. The implication is that the mentees are left to work on their own, finding their own way, which is sometimes dangerous as they can make grave mistakes. In this view, as mentioned by one of the participants of this study, organised tutorials and seminars can be of great help, to equip the junior doctors with the necessary skills and knowledge, before they graduate into qualified doctors.

Essentially, it is perhaps imperative that successful mentorship intervention should match the cultural background of the mentors to mentees. The reason for this is that sometimes the miscommunication between these two is caused by cultural differences. Again, appropriate training should be provided to mentors, to ensure optimal intensity of the intervention, especially given the limited resources in state hospitals.

#### **5.4 Limitations**

This study was done at only one state hospital in KwaZulu-Natal. Other hospitals were not investigated. In the same way, the participants of the study were difficult to get hold of, due to their pressing schedules. The fact that the participants were very busy might mean that the results of the study might not be a true reflection of the actual situation on the ground. Therefore, the findings of the study cannot be generalised to all other hospitals.

Again, the purposeful sampling of participants for the study was due to the researcher's limited time and finances, which could have been time consuming for a student who is also a full-time employee. The qualitative nature of the study is also a limitation, as in the quantitative approach, a large sample of participants could help quantifying the responses of the participants (Arghode, 2012).

#### **5.5 Areas for further research**

This study was done at a state hospital. It is suggested that a similar study can be undertaken in a private hospital to establish if the challenges faced are the same. It would be interesting to compare and contrast the findings, considering that private hospitals are well-resourced, as compared to state hospitals. In the same way, the same study can be conducted in other state hospitals nationwide, to explore different perceptions at state institutions.

## **5.6 Concluding remarks**

This study had indicated that mentoring is essential for professional development. It is thus a natural element that protrudes from the desires of the experienced mentors to share and the need of the inexperienced mentee to grow. In this way, certain characteristics should prevail between the two: faith, respect, honesty and mutual trust, while the mentor and the mentee work towards achieving the organisation's shared vision and objectives. The process thus requires the mentor to be selfless, while the mentee is expected to graciously accept while displaying their needs and actively participating in the mentoring process. The study has indicated that the mentor assumes many roles during the mentorship process: a guide, counsellor, friend, confidante, teacher, as well as supporter, in the career, the psychosocial and professional development of junior medical doctors. Unfortunately, this kind of relationship sometimes fail, due to various reasons, among them the fact that the senior medical officers do not dedicate the expected time to facilitate the mentorship. If this happens, it shows a lack of understanding of one's role in the process.

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## **Appendices**

### **Appendix 1: Focus Group Discussion Questions**

#### **Focus group questions for the medical interns**

1. Can you tell me a bit about your typical day as a medical intern?
2. What were your expectations when you started your internship?
3. How do you find working with the whole hospital administration staff?
4. What do you think is your role as a medical intern?
5. What is your relationship like, with your fellow mentees, the senior doctors and your mentors? How does it impact on your job?
6. What is your perspective about your working hours?
7. How would you describe your relationship or interaction with patients? And how does that impact on your professionalism?
8. What kind of problems have you encountered so far?
9. What do you think are the benefits of medical internship?
10. What would you say are the challenges associated with medical internship?
11. How do you deal with mistakes when doing your job? Can you give an example?
12. How do you resolve conflict?
13. Any morally difficult positions that you get exposed to?
14. Generally, how do you feel about being a medical intern?
15. What do you think can be done to improve medical internship in the healthcare sector?
16. Anything else that you would like me to know about?

## **Appendix 2: Interview Guide**

### **Interview questions for the senior medical officers**

1. What is your rank? E.g. HOD, medical officer, surgical registrar
2. Which department do you work for?
3. Can you tell me a bit about your typical day as a senior medical officer?
4. What are your expectations from your mentees?
5. How do you find working with the whole hospital administration staff?
6. What do you think is your role as a senior medical officer?
7. What is your perspective about the medical interns' working hours?
8. How would you describe your relationship or interaction with medical interns? And how does that impact on your professionalism?
9. What kind of problems have you encountered so far?
10. What do you think are the benefits of medical internship?
11. What would you say are the challenges associated with medical internship?
12. How do you deal with interns who would have made mistakes when doing their jobs? Can you give an example?
13. How do you resolve conflict?
14. Any morally difficult positions that you think the medical interns get exposed to?
15. Generally, how do you feel about being a mentor?
16. What do you think can be done to improve medical internship in the healthcare sector?
17. Anything else that you would like me to know about?

### **Appendix 3: Ethical Clearance Certificate**

17 September 2018

**Dr Nokuphiwa Constance Majali (981181153)**  
Graduate School of Business & Leadership  
Westville Campus

Dear Dr Majali,

**Protocol Reference Number : HSS/0502/018M**

**Project title:** Challenges associated with mentoring medical interns in the Trauma Emergency Department, King Edward Hospital

**Approval Notification – Expedited Application**

With regards to your response received on 05 September 2018 to our letter of 25 July 2018, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

**Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.**

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully



.....  
Professor Shenuka Singh (Chair)

/ms

Cc Supervisor: Professor Cecile Gerwel Proches  
cc Academic Leader Research: Professor Muhammad Hoque  
cc School Administrators: Ms Zarina Bullyraj

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**Humanities & Social Sciences Research Ethics Committee**

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## Appendix 4: informed Consent Form

### UNIVERSITY OF KWAZULU-NATAL GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

**MBA Research Project**  
**Researcher: Nokuphiwa Majali (0825097003)**  
**Supervisor: Cecile Gerwel Proches (0312608318)**  
**Research Office: Ms P Ximba (0312603587)**

Dear Respondent,

I, Nokuphiwa Majali, am a MBA student, at the Graduate School of Business and Leadership, of the University of KwaZulu-Natal. You are invited to participate in a research project entitled: “Challenges associated with mentoring medical interns in the Trauma Emergency Department, King Edward Hospital”.

Through your participation I hope to understand the challenges associated with mentoring junior medical doctors. The results of the study are intended to contribute to improved mentoring of medical interns.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this interview. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Graduate School of Business and Leadership, UKZN.

If you have any questions or concerns about participating in this study, you may contact me or my supervisor at the numbers listed above.

The discussion should take about 45 minutes to an hour. I hope you will take the time to participate.

Sincerely

Investigator’s signature \_\_\_\_\_ Date \_\_\_\_\_

This page is to be retained by the participant

**UNIVERSITY OF KWAZULU-NATAL  
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP**

**MBA Research Project  
Researcher: Nokuphiwa Majali (0825097003)  
Supervisor: Cecile Gerwel Proches (0312608318)  
Research Office: Ms P Ximba (0312603587)**

CONSENT

I.....(full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

I hereby consent/do not consent to record the interview.

SIGNATURE OF PARTICIPANT

DATE

.....  
.....

This page is to be retained by the researcher

## **Appendix 5: Gatekeeper's letter**



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Physical Address: 330 Langalibalele Street, Pietermaritzburg  
Postal Address: Private Bag X9051  
Tel: 033 395 2805/ 3189/ 3123 Fax: 033 394 3782  
Email: [hrkm@kznhealth.gov.za](mailto:hrkm@kznhealth.gov.za)  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

**DIRECTORATE:**

**Health Research & Knowledge  
Management**

HRKM Ref: 318/18  
NHRD Ref: KZ\_201808\_017

Dear Dr NC Majali  
UKZN

### Approval of research

1. The research proposal titled '**Challenges associated with mentoring medical interns in the trauma emergency department, King Edward Hospital**' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at King Edward VIII Hospital.

2. You are requested to take note of the following:
  - a. Make the necessary arrangement with the identified facility before commencing with your research project.
  - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to [hrkm@kznhealth.gov.za](mailto:hrkm@kznhealth.gov.za)

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

**Dr E Lutge**

Chairperson, Health Research Committee

Date: 03/09/18