

Mentorship in Orthodontics Training in Nigeria: The Trainer's Perspective

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Abstract

Background: Orthodontics, as a dental specialty, emphasizes the importance of mentorship in postgraduate training. This study explores the perspectives of orthodontic trainers regarding mentorship within the residency training programme in Nigeria.

Procedures: A cross-sectional study was conducted using a validated 17-item questionnaire to elicit information on the socio-demographic data and trainers' perspectives about mentorship in residency training in Nigeria. The data obtained was imputed into a spreadsheet and later analyzed using IBM SPSS Version 27. Descriptive and inferential statistics were done with the level of significance set at $P \leq 0.05$.

Findings: The study population consisted of 33 participants: 19 females, 14 males, with a mean age of 51.76 ± 9.6 years. Most participants had been mentored and also have mentees. All respondents reported that mentoring is important, and most (24, 72.7%) stated that their mentees love being mentored. A quarter (7, 21.2%) reported the relationship existing between them and their mentees as excellent, while more than a third, 13(39.4%), stated it is very good. Females (18, 94.7%), males (14, 100%) stated that mentoring is important in orthodontic training; however, there was no statistically significant difference ($P = 0.576$) between genders in the perception of mentoring among orthodontic trainers. Twelve, 36.4% stated guidance and encouragement as the benefit of mentoring.

Conclusion: Orthodontic trainers in Nigeria believe mentorship is important for residency training in orthodontics, and no statistically significant difference existed between genders in the perception of mentoring among trainers. Mentoring resulted in more guided and encouraged trainees.

Keywords: mentorship; orthodontic trainers; mentoring; mentors' unstructured form

Introduction

In Academia, most students and younger staff desire someone to look up to in pursuing their academic goals. Learning involves a process where someone experienced (teacher) in a specialized field directs or teaches the novice or student (learner). Mentoring can be defined as a reciprocal relationship between an experienced person(mentor) and a less experienced person (mentee), which may or may not be formal and structured, but provides the mentee with guidance on personal and professional development and encourages reflection on and learning from decision making. [1] There are many facets of learning, and mentoring is one of the ways in which effective learning can be achieved. Mentoring enables the transfer down of knowledge or skills to a person using the process to learn or get skilled. The mentoring process can be structured or

unstructured. The literature identified several attributes and skills of a mentor, including expertise, professionalism, integrity, honesty, accessibility, approachability, and facilitation. It also discusses how mentors and mentees choose each other (for example, assignment-matching and mentee-led selection) [4]. Mentoring at the workplace is a growing and encouraged practice in UK postgraduate medical training [1]. It describes a voluntary and synergistic relationship, which requires commitment from both parties to be effective [5]. The goal is to empower an individual to achieve set goals, though the goals evolve as the mentee develops [5]. It has been found that a failed mentor-mentee relationship is a result of poor communication, lack of commitment, personality differences, competition, conflict of interest, mentor inexperience, and

unrealistic mentee expectations [5,7,8]. Postgraduate medical education is designed to train professionals who are skilled and have good communication skills with patients and colleagues. Residency training in Nigeria is a postgraduate program. A minimum duration of six [6] years is required to complete the specialization process. Professionalism is not only about acquiring knowledge and skills but also about professional socialization and the development of a professional identity, behaving as a professional [9]. A previous study had revealed the importance of ‘chemistry’ in a mentoring relationship [10]. This chemistry cannot be over-emphasized, as it is necessary, and must be cordial, as the mentor and mentee will be interacting together during the period of training to have a good result/ outcome. It has been reported in the past that formal mentoring is not common in Africa [15]. A few studies have reported mentoring in Nigerian postgraduate medical education, and that it is the unstructured form that is seen to be widely practiced, which may not be very satisfactory [16, 17]. While mentorship is recognized as an essential component of professional development globally [21], its implementation in Nigeria varies in different institutions or systems [22]. It is important in medicine since it has been found that it will act as career guidance, counseling, psychosocial support, friendship, career improvement, and the development of clinical skills [15, 23-26]. Orthodontics training in Nigeria has been ongoing for over four decades. Being a specialized field and having produced many orthodontists over the years, it is important to know the mentoring program in place for orthodontic residency training in Nigeria, and the trainers perspective. This study, therefore, investigated mentoring as it is experienced by Nigerian orthodontists.

Methods

A semi-structured questionnaire consisting of 17 question items was administered to orthodontic trainers across Nigeria through Google forms. Only those who gave consent by ticking the consent box before proceeding to fill out the Google form were recruited into the study. The questionnaire had two sections: section A elicited socio-demographic information, and section B elicited information on the perception of orthodontic trainers about mentoring. The data obtained was imputed into a spreadsheet and later analyzed using IBM SPSS Version 27. Descriptive and Inferential statistics were done with the level of significance set at $P \leq 0.05$.

Ethical clearance for the study was duly obtained from the Research and Ethics Committee of University of Port Harcourt Teaching Hospital.

Result

Socio-demographic information: The study participants consisted of nineteen 19 females and fourteen 14 males with a mean age of 51.76 ± 9.6 years. Most participants, 25 (75.8%), work in government establishments, while 8 (24.2%) were from private establishments. About Half of the participants, 16 (48.5%), were from the university establishment, with a quarter, 7(21.2%) being Professors, 4 (12.1%) Senior lecturers, and 5 (15.2%) lecturers 1. Regarding the years of professional/teaching experience, 12(36.4%) participants were within 20-39 years, 10 (30.3%) were within the 1-9 years, followed by 4 (12.1%) each with either 10-19 or 20-29 years of experience. (Table 1)

Table 1: Socio-Demographic Characteristics of Orthodontic Trainers.

Variables	Frequency (n=33)	Percentage
Age at last birthday		
30 – 40	2	6.1
41 – 50	15	45.5
51 – 60	7	21.2
61 – 70	9	27.3
Mean age 51.76±9.6		
Gender		
Female	19	57.6
Male	14	42.4
Type of Practice		
Government	25	75.8
Private	8	24.2
Cadre		
Lecturer 1	5	15.2
Senior lecturer	4	12.1
Professor	7	21.2
Not Applicable	17	51.5
Years of Professional Experience		
1 – 9 years	10	30.3
10 – 19 years	7	21.2
20 – 39 years	12	36.4
40 and above	4	12.1
Years of Experience Lecturing		
1- 9 years	10	30.3
10 – 19 years	4	12.1
20 – 39 years	4	12.1
40 and above	3	9.1
Not applicable	12	36.4

Mentorship Experience: Most of the participants, 29 (87.9%), had been mentored and also have mentees. About a third, 10 (30.3%), have more than 5 mentees, while a quarter had more than 2 but less than 5 mentees. Most of them, 25(75.9%), have mentored for more than a year. Twenty-

one (63.6%) participants currently had mentees at the time of the study, while a quarter, 8(24.2%) of all participants disclosed that they did not have a mentor during their own training. (Table 2)

Table 2: Mentorship among Orthodontic Trainers in Nigeria.

Variables	Frequency (n=33)	Percentage
Ever been mentored?		
No	4	12.1
Yes	29	87.9
Do you have a mentee?		
No	4	12.1
Yes	29	87.9
How many mentees?		
1	5	15.2
2	6	18.2
>2-<5	8	24.2
More than 5	10	30.3
Not applicable	4	12.1
How long have you mentored your mentee?		
< 6 months	1	3.0
>1 year	25	75.9
6 months - < 1 year	3	9.1
Not applicable	4	12.1
Do you have a mentee now?		
No	12	36.4
Yes	21	63.6
Did you have a mentor during your own training?		
No	8	24.2
Yes	25	75.8

Perception of Mentoring: All the respondents, 33(100%), believed that mentoring is important, and most 24 (72.7%) acceded that their mentees love being mentored. (Table 3) A Quarter (7; 21.2%) submitted that the relationship between them and their mentees is excellent, while more than a third (13; 39.4%) stated the relationship is very good. More than half (17; 51.5%) reported that there were observed differences between the

mentored trainees and those not mentored, with a quarter (8; 24.1%) reporting that mentored trainees were more confident in training and skillful. Most, 32 (96.9%) stated that mentoring was necessary in orthodontics training, and more than a third (12; 36.4%) alluded that professional guidance and personal encouragement are the most remarkable benefits of mentoring. (Table 3)

Table 3: Perception of mentorship by Orthodontic trainers in Nigeria.

Variables	Frequency	Percentage
Do you think mentoring is important?		
No	0	0.0
Yes	100	100.0
Do you think your mentee likes being mentored?		
Not sure	5	15.2
Yes	24	72.7
Not applicable	4	12.1
How will you describe the relationship between you and your mentee?		
Excellent	7	21.2
Very good	13	39.4
Good	6	18.2
Fair	3	9.1
Not applicable	4	12
Would you say there is a difference between your mentored trainee and those not mentored?		
No	1	3
	15	45.5

Not sure	17	51.5
Yes		
Difference between your mentored trainee		
Clarity of objectives and a focused approach	4	12.1
Confident in training and skillful	8	24.1
More receptive to corrections	2	6.1
Professionalism and ethics	2	6.1
Not applicable	16	48.5
Would you say mentoring is necessary in orthodontic training?		
No	1	24.2
Yes	32	75.8
Benefits of Mentoring		
Mentorship networking with professionals and academics	4	12.1
More knowledge, quality training, faster learning, and avoiding mistakes	7	21.2
Acquire both clinical and non-clinical skills and confidence	6	18.2
Guidance and Encouragement	12	36.4
Easier practice and better patient outcomes	4	12.1

Gender and perception of mentorship: Females, 19 (57.6%), and males, 14(42.4%), stated that mentoring is important in residency, while 18 (94.7%) females and 14 (100%) males indicated it is necessary in orthodontics training, however, there was no statistically

significant difference between the genders, P-value = 0.576(Table 4). Females, 13 (68.4%), and males, 11(78.6%), thought that their mentees liked being mentored. Five (26.3%) females and 2(14.3%) males reported

that the relationship between them and their mentees was excellent. Whereas 10 (52.6%) females and 7 (50.0%) males indicated that there was a difference between their mentored trainees and those not mentored, eight (24.1%) of the studied participants stated that those mentored had confidence in their training and skillful, while 4 (12.1%) said they had clarity of objectives and a focused approach to training. There was no statistically significant difference between genders in the perception of mentoring among the participants ($p > 0.05$). (Table 4)

Table 4: Association between gender and perception of mentorship by orthodontics trainers in Nigeria.

Variables	Gender		Total	P value
	Female	Male		
Do you think mentoring is important?				
No				
Yes	19(57.6)	14(42.4)	33	
Do you think your mentee likes being mentored?				
Not sure	4(21.1)	1(7.1)	5	
Yes	13(68.4)	11(78.6)	24	
Not applicable	4(10.5)	2(14.3)	4	0.543
How will you describe the relationship between you and your mentee?				
Excellent	5(26.3)	2(14.3)	7	
Very good	7(53.8)	6(46.2)	13	
Good	3(15.8)	3(21.4)	6	
Fair	2(10.5)	1(7.1)	3	
Not applicable	2(10.5)	2(14.3)	4	0.943
Would you say there is a difference between your mentored trainee and those not mentored?				
No	1(5.3)	0(0.0)	1	
Not sure	8(42.1)	7(50.0)	15	
Yes	10(52.6)	7(50.0)	17	1.000
Would you say mentoring is necessary in orthodontic training?				
No	1(5.3)	0(0.0)	1	
Yes	18(94.7)	14(100)	32	0.576

Discussion

Mentorship is an important facet of medical training, and a specialty like orthodontics requires mentorship, as revealed in this study. In this survey,

most of the participants, orthodontics trainers, had been mentored themselves in the past, and have also been mentoring. This indicates that mentorship has been a practice in orthodontic training in Nigeria, even

though it could have been in an unstructured form according to some previous studies [16, 17]. Unstructured form of mentoring is not peculiar to Nigeria, as Ulvik and Sunde [27] in their study pointed out that in teacher education, mentoring is often performed without formal education. The unstructured form commonly practiced could also be the reason that a quarter of the studied participants had no mentors during their training. Probably, the structuring of the mentorship could have encouraged mentees to be assigned to mentors as part of the training. Many of the participants were found to have 20 -39 years of professional experience and were actively involved in mentorship. This contrasts with a previous study [18], where senior specialist doctors (Consultants) were found, only to express interest in participating in mentorship programmes but were not actively engaged. All participants acknowledged the importance of mentorship, with most emphasizing its necessity in orthodontic training, particularly among male respondents. Over one-third highlighted guidance and encouragement as key benefits of mentoring. This report corroborates the previous report [28], which stated that mentoring offered influence, including formal teaching as well as guidance on life issues in general. Another report by Mara et al [29] stated that mentors encourage, while APA [30] stated that mentors provide both wisdom and guidance as well as encouragement and moral support. Most of the studied participants stated that their mentees loved being mentored. This shows some level of enthusiasm in the trainees, reflecting that trainers are probably also committed to their relationship with the mentees, giving them an overall good impression of the process. This observation was made in a previous report [31], where mentors were noted to have displayed commitment and enthusiasm towards their mentees. Studied participants in this survey revealed that their relationship with their mentees was mostly excellent or very good. This is encouraging, as teachers who report positive relationships with their trainees are said to be more likely to stay motivated in their work [32,33]. Such motivation, invariably resulting from healthy and happy work relationships and environment, leads to greater productivity and promotions as the mentor and mentee benefit from each other. Previous studies [34, 35] have similarly reported that mentoring relationships are positive, mutually beneficial, and lead to desirable outcomes. However, despite the advantages of mentorship, establishing effective mentor-mentee relationships can be challenging, particularly in the absence of a structured matching system. There appears to be a cordial relationship between mentors and mentees within orthodontic training systems in Nigeria, which could portend good outcomes and better productivity, resulting in professional fulfilment and patient satisfaction. The participants in this study revealed that their mentees had confidence in their training and exhibited better skills compared to those not mentored. This is expected as effective mentoring enhances transfer of competences, making the mentee better at whatever he/ she does.

Conclusion

Without any gender bias, Nigerian orthodontic mentors believe that mentoring is important in orthodontic training. They are enthusiastic about their job, making positive impacts on their mentees as they build excellent relationships, creating a good environment for effective teaching-learning processes, facilitating knowledge and skill transfer, as well as greater productivity. The mentees are noted to display more confidence in their training and better skills than their unmentored counterparts. Though largely practiced in an unstructured form, mentorship in orthodontic training in Nigeria seems to be ongoing and effective based on the perception of the orthodontic trainers in this survey.

Recommendations

1. The Postgraduate Medical Colleges should establish a structured mentorship program for orthodontic training in Nigeria.
2. Further research could investigate satisfaction levels with the unstructured form of the mentoring program practiced.

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Conflict of interest

The authors declare no conflict of interest in carrying out this study.

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