Original Article

Mentoring Practices and Needs of Paediatric Resident Doctors in Nigerian Training Institutions

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ABSTRACT

Context: Formal mentoring was recently introduced into the Nigerian residency programmes, but studies are lacking on the mentoring practices and unmet needs of Paediatric residents.

Aim: The aim of this study is to determine the awareness of paediatric resident doctors in Nigeria about mentoring, their mentoring practices and the needs of residents with and without mentors.

Design: The study design involves descriptive, cross-sectional study.

Methods: Pre-tested questionnaires were administered to 150 paediatric resident doctors attending the update courses in Paediatrics and Paediatric Association of Nigeria Conference held in Nigeria in 2018.

Results: The mean age of the respondents was 33.5 ± 3.7 years, with a male-to-female ratio of 1:2.5. The majority (98.0%) of the resident doctors had heard about mentoring though only 58 (39.5%) had formal teaching on mentorship. Seventy-nine (52.7%) of the respondents were in a mentoring relationship. The mean duration of the mentoring meeting (min) was significantly associated with the degree of satisfaction with mentorship ($F = 11.7$ $P = 0.020$). Of the 71 paediatric residents without a mentor, 68 (95.8%) of them desired a mentor. The majority (125; 83.3%) of the residents had an unmet need for mentoring, either because their desire for having a mentor is yet to be met or they are not satisfied with their current mentoring relationship.

Conclusion: Mentoring is desired by many Paediatric trainees who are not undergoing mentorship. There is a need for college boards and institutions to evaluate the on-going mentoring schemes to address these needs.

Key words: Job satisfaction, mentoring awareness, mentoring practices, mentorship, paediatric trainees

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INTRODUCTION

Mentoring is a process whereby an experienced, highly regarded, empathic person (the mentor), guides another individual (the mentee) in the development and re-examination of their ideas, learning and personal and professional development.[1] The mentor, who often, but not necessarily, works in the same organisation or field as the mentee, achieves this by listening and talking in confidence to the mentee.[1,2]

Most mentoring relationships occur through unstructured social interactions which are known as informal mentoring relationships. Over time, formal mentoring programmes were developed, in which a mentor is paired with a mentee.[2] Formal mentoring schemes for general practitioners have been established for over two decades.[3] However, little is known about mentoring experiences during residency training in many fields of medicine including Paediatrics.[4] Mentoring relationships are perceived as vital to many aspects of career development; however, about 44% of resident doctors reported unmet needs for mentoring in one or more areas of their lives.[5]

Mentoring causes personal and professional growth, especially when needs are met.[4] This was established in a study among

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Internal Medicine trainees in the United State of America.[4] While majority (93.0%) of these resident doctors were aware of mentoring, only about half of them had current or past mentors.[4] These resident doctors considered mentoring as a means of identifying and managing their career progress with minimal stress through keen guidance.[4] They reported that residents who had mentors were nearly twice as likely to describe excellent career preparation.[4] In some instances, the extent of mentoring needs met might depend on the degree to which a mentee has a well-defined professional identity and personal adaptability.[6] A study showed that unmet mentoring needs are due to deficiencies of mutuality which produces a pathway that suits the learning needs of the mentee particularly those with professional identity.[7]

The needs of resident doctors which are equally desired attributes in a mentor include accessibility to their mentors, good listening skills, provision of emotional support and trustworthiness.[6] An unmet need for mentoring as defined by this study is *'not having a mentoring relationship despite being desirous of one'*, also when *'one's mentoring relationship does not meet desired expectations'*. Common causes of unmet needs for mentoring include limited time for mentorship, poor communication, gender difference, the imposition of mentors on mentees and little understanding of their needs by the mentors.[4,6,8] A dysfunctional mentoring relationship could also result from possession of certain personality traits, frustration due to the lack of progress and conflicts, individual stress, role confusion and disillusionment with the task on the parts of the mentor and mentee.[9]

Paediatric resident doctors are not spared from the challenges of the lack of mentorship. Paediatric resident doctors have been particularly reported to have burn out which includes mental stress, sleepiness, depression and even suicidal ideation.[10-12] Mentoring has been identified as one of the key interventions that can help reduce burn-out symptoms among paediatric residents.[12] Consequently, training institutions for resident doctors in Nigeria have been encouraged to commence formal mentoring programmes. A formal mentoring programme is a structured institution-assisted pairing of a mentor to a mentee to enforce this practice, the presence of a formal mentoring programme in the paediatric residency training programme was made one of the requirements for a successful accreditation process of Nigerian training institutions by the National Postgraduate Medical College of Nigeria.

In a single-centred study on fellows and members of the Postgraduate Medical Colleges at an institution in South-East Nigeria, only one-third of the trainers were in mentorship relationships with their trainees.[13] However, the study conducted among the trainers does not give a true reflection of the burden of mentoring unmet needs among the trainees. Despite several studies published on mentoring, there is a paucity of studies on the outcome of formal mentoring programmes and factors that makes mentoring needs met or unmet among resident doctors, particularly in Nigeria. To the best of our knowledge, there is currently no similar study describing the pattern of mentoring and the unmet need for mentoring among paediatric resident doctors in Africa, including Nigeria, hence, this study.

METHODS

This is a descriptive, cross-sectional study conducted among Paediatric resident doctors attending the Paediatric Association of Nigeria Conference held in Abuja, Nigeria, in January 2018 and the update course in Paediatrics held in Benin City, Edo State, Nigeria, in March 2018. Attendance at the update course was a mandatory requirement for the paediatric resident's fellowship examinations. Convenience sampling was done. The resident doctors were from 35 institutions spread across the six geopolitical zones in the country.

The quantitative method of data collection using a self-administered semi-structured pre-tested questionnaire was employed, with information on what mentoring is provided. Other variables assessed included their awareness on the concept of mentoring, their mentoring practices and perception of the benefits of mentoring on resident doctors. Respondents were categorised into those in the current mentoring relationships and those who were not at the time.

For the residents already in a mentoring relationship, their unmet need for mentoring was determined by assessing if their mentoring expectations had been met or not. These mentoring expectations were assessed with questions on the adequacy of their mentoring meeting time and frequency, if the mentor imposes his ideas on the mentee or not and if the mentee was satisfied with the mentoring relationship. Resident doctors who were not very satisfied with their mentoring relationship based on these expectations were defined as yet 'having an unmet need for mentoring'.

Residents who were not in a mentoring relationship at the time of the study but desired to have one were defined as 'having an unmet need for mentoring'. The proportion of resident doctors in this category was determined and their reasons for not being in a mentoring relationship yet, explored. To determine their perceived degree of unmet need for mentoring, their perception on how optimal was their performance generally and if they were willing to uptake formal mentorship programmes if organised by their training institutions were assessed.

Data were analysed using the IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp. Summarisation of data was done with the mean and standard deviation of continuous variables such as respondents' age determined. The frequency distribution of categorical variables such as respondents' demographic profiles, their level of awareness on mentoring and mentoring practices was presented. The dependent variable was 'having an unmet need for mentoring'. Factors associated with their unmet need for mentoring were identified and the level of statistical significance determined at a value of $P < 0.05$. Written informed consent was obtained from the

respondents, and the principles of the Helsinki Declaration strictly observed with utmost confidentiality of respondents' responses. Respondents were assured of no consequences to their unwillingness to participate in the study and the tools were administered by their peers.

RESULTS

A total of 150 of the 205 survey tools distributed were returned completed by the resident doctors giving a response rate of 73.2% over the 3-month study period (January to March 2018).

Socio-demographic features of the respondents

The socio-demographic characteristics of the respondents are shown in Table I. The respondents comprised 43 males and 107 females with a male: female ratio of 1:2.5. The mean age of the respondents was 33.55 ± 3.7 years, with a range between 27 and 45 years of age. There were more residents in the <33 years of age group. About three-quarters of the respondents were married. The majority (80.7%) of the respondents were Christians, whereas about two-thirds were from the southern part of Nigeria, though Yoruba ethnicity was slightly more than the Igbos. About three-quarters of the residents (110; 73.4%) were from teaching hospitals, of which 97 (64.7%) were federal government-owned institutions, but none of the respondents was from a private institution. Training institutions across the six geopolitical zones were all represented with the highest number of the residents training in South-Western institutions (44; 29.3%), whereas only 6 (4.0%) were from North-Eastern zone. Respondents in the Junior Registrar cadre were slightly more than those in the Senior Registrar cadre. The mean year of experience in residency training was 4.36 ± 2.81 years, with a range between 1 and 14 years. The mean year of experience in residency training was 2.64 ± 2.12 years for junior residents and 6.22 ± 2.22 years for senior residents. Sixty-seven (44.7%) of the paediatric residents had spent >4 years in the training, of which 53 (35.3%) had been in training for 6 or more years.

Table I: Sociodemographic characteristics of respondents

Sociodemographic characteristics	*n* (%)
Age (years)	
≤33	81 (54.0)
≥34	59 (46.0)
Mean age (years)	33.6±3.7 (SD)*
Sex	
Male	43 (28.7)
Female	107 (71.3)
Marital status	
Single	32 (21.3)
Married	109 (72.7)
Separated	7 (4.7)
Divorced	2 (1.3)
Religion	
Christianity	121 (80.7)
Islam	27 (18.0)
Others	2 (1.3)
Ethnicity	
Yoruba	57 (38.0)
Igbo	51 (34.0)
Hausa	6 (4.0)
Others	36 (24.0)
Stage in residency training	
Junior registrar	78 (52.0)
Senior registrar	72 (48.0)
Years of experience in residency training	
≤4	83 (55.3)
>4	67 (44.7)
Mean duration of residency training (years)	4.37±2.84 (SD)*

*SD: Standard deviation

Awareness about the concept of mentoring

Almost all the respondents (98.0%) had heard about mentoring though only about one-third of these had formal teaching on mentoring. More than half of them believed that a mentor is synonymous with a coach (57.1%), a role model (60.5%) or a supervisor (28.6). Ninety-four (73.4%) had a mentor before, of which 31 (33.0%) initiated the mentoring relationship. On the other hand, 33 (35.1%) had the mentoring relationship initiated by the mentor, whereas in 24 (25.5%), it was initiated by the institution [Table II].

Unmet need for mentoring among residents without a mentor

Almost half of the paediatric residents 71 (47.3%) were not in a mentoring relationship as at the time of the study. The most popular reason for not having a mentor 41, (61.2%) was because they did not know how to get one, whereas 24 (35.8%) were yet to see their preferred mentor. Of these 71 paediatric residents without a mentor, 68 (95.8%) of them desired a mentor. Thus, almost all of them had an unmet need for mentorship. Of these 68 with unmet need for mentorship, 56 (82.4%) of them self-reported that they were not performing optimally without a mentor, while all of them will be willing to accept any institution-assisted formal scheme to have a mentor, as shown in Table III.

Mentoring practices and needs amongst paediatric residents with mentors

Table IV shows the mentoring practices and needs of the 79 (52.7%) paediatric residents who were in mentorship relationships at the time of the study. More than half of the residents had at least 1 mentor and a high proportion of them had their mentors within the paediatric departments/units. However, 18 (22.3%) of them do not have mentoring meetings with the mentors, while 33 (41.8%) meet more than one monthly. Even when the mentoring meetings hold, the median meeting time was 30 min ± 15 min interquartile range, with 38 (48.1%) of them meeting for <30 min.

Thus, more than half of these paediatric residents with mentors 36 (45.6%) perceive they do not have sufficient mentoring time with their mentors though most of them 73 (92.4%) reported that the mentors do not impose their ideas on them.

Nonetheless, only 22 (27.8%) of them reported being very satisfied with their mentoring relationship, giving 57 (72.2%) of them yet an unmet need for mentoring. Specifically, among these resident doctors with unmet need for mentorship, a high proportion of them 41 (71.9%) believed they had insufficient mentoring time though only 6 (10.5%) of them felt their mentors imposed their ideas on them.

Table II: Awareness about mentoring among respondents (*n*=150)

Awareness about mentoring	*n* (%)
Heard about mentoring in the past	
Yes	147 (98.0)
No	3 (2.0)
Have had a formal teaching on mentoring (*n*=147)	
Yes	58 (39.5)
No	89 (60.5)
Understanding of who is a mentor is	
Mentor is synonymous to a supervisor	42 (28.6)
Mentor is synonymous to a coach	84 (57.1)
Mentor is synonymous to a role model	89 (60.5)
Had a mentor before (*n*=150)	
Yes	94 (62.7)
No	56 (37.3)
Level of education at first mentorship experience	
Primary school	2 (2.1)
Secondary school	13 (13.8)
Undergraduate	28 (28.0)
Junior residency	42 (44.7)
Senior residency	8 (8.5)
Who initiated mentoring relationship? (*n*=94)	
The institution	33 (35.1)
Self	31 (33.0)
The mentor	24 (25.5)
Others	4 (6.4)

Table III: Unmet need for mentorship among paediatric residents without mentors

Unmet need for mentorship	*n* (%)
In mentorship presently (*n*=150)	
Yes	79 (52.7)
No	71 (47.3)
Reasons for not having a mentor (*n*=67)	
I haven't seen my preferred choice	24 (35.8)
I don't see a need for one	2 (3.0)
I don't have time	2 (3.0)
I don't know how to get one	41 (61.2)
Desire for mentorship/unmet need for mentorship (*n*=71)	
Yes	68 (95.8)
No/I don't know	3 (4.2)
Perceived optimal performance without a mentor (*n*=68)	
Yes	12 (17.6)
No	56 (82.4)
Desire for an institution-initiated mentorship program (*n*=68)	
Yes	68 (100.0)

The overall unmet need for mentoring was determined for all the paediatric resident doctors. Figure 1 shows that 125 (83.3%) of the residents had an unmet need for mentoring, either because their desire for having a mentor is yet to be met or they are not satisfied with their current mentoring relationship.

Respondent's perception on the benefits of mentoring on resident's performance

Majority of the respondents either agreed or strongly agreed to the listed benefits of mentoring, as shown in Table V. More than 80% of the respondents agreed or strongly agreed to the listed benefits of mentoring. The median obtainable score on their perception of mentoring benefits was 25 ± 6 Inter-quartile ranges out of a total obtainable score of 30. This was further re-categorised into poor perception if the score on perception was <25 and good perception if ≥25. Eighty-eight (58.7%) of the paediatric residents had a good perception of the benefits of mentoring. This is presented in Figure 1.

Factors associated with the paediatric resident's unmet need for mentoring and satisfaction with mentoring relationship

Neither of the paediatric residents' age, sex, marital status, residency cadre, their years of experience in residency nor their perceived mentoring benefits were significantly associated with their having unmet needs or not for mentoring as shown on Table VI. However, for the paediatric resident doctors with mentors, the majority of them 41 (95.3%) who reported inadequate mentoring time were not satisfied with their mentorship relationships, and this finding was statistically significant, $P < 0.001$ as shown on Table VII. The mean duration of the mentoring meeting (min) was significantly associated with the degree of satisfaction with mentorship ($F = 11.7$ $P = 0.020$).

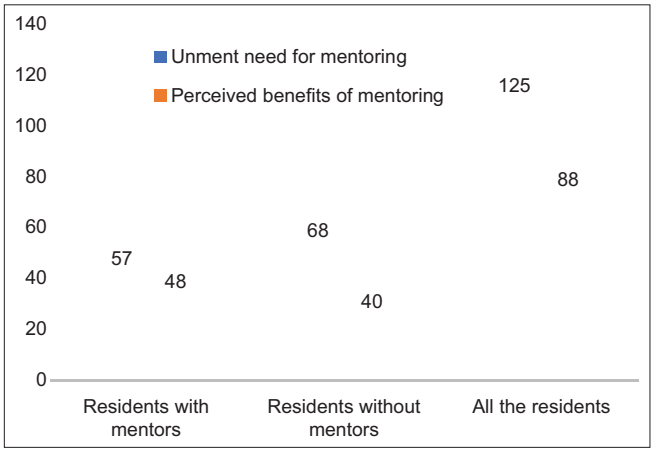

Figure 1: Benefits and unmet need for mentoring among paediatric resident doctors

Table IV: Mentoring practices and needs of paediatric residents with mentors (*n*=79)

Mentoring practices/needs	Frequency (%)
Number of mentors	
1	44 (55.7)
2	25 (31.7)
3	8 (10.1)
4	2 (2.5)
Median number of mentors per person	1±1.25 (IQR)*
Mentor in the same speciality	
Yes	65 (82.3)
No	14 (17.7)
Frequency of mentorship meeting	
Weekly	11 (13.9)
2-weekly	6 (7.6)
Monthly	11 (13.9)
More than monthly	33 (41.8)
No meeting	18 (22.8)
Duration of mentoring meetings (min)	
≤30	38 (48.1)
>30-≤60	19 (24.1)
>60	13 (16.5)
Median meeting time (IQR)	30±15 (IQR)*
Perceived sufficient time with mentor	
Yes	36 (45.6)
No	43 (54.4)
Perceives mentor imposes ideas on mentee	
Yes	6 (7.6)
No	73 (92.4)
Satisfaction with mentoring	
Not satisfied	21 (26.6)
Just satisfied	36 (45.6)
Very satisfied	22 (27.8)
Unmet need for mentoring	
Yes	57 (72.2)
No	22 (27.8)
Residents with mentors with yet unmet need for mentoring	
Mentor imposes ideas on mentee	6 (10.5)
Mentor does not impose ideas on mentee	51 (89.5)
Residents with mentors with yet unmet need for mentoring	
Perceives mentoring time is sufficient	16 (28.1)
Perceives mentoring time is not sufficient	41 (71.9)

*IQR: Interquartile range

DISCUSSION

This study assessed paediatric resident doctors' awareness about mentoring, their mentoring practices, the unmet needs for mentoring among residents with and without mentors and their perceived mentoring benefits. The purpose of the study was to document the practices and needs for mentoring in a formal residency programme and hope findings from the study will guide formal mentoring schemes.

The age distribution of the respondents showed that more than half were aged ≤33 years with a mean duration of experience in residency training of 4.37 ± 2.84 years. This suggests that many of the respondents were adults who have stayed long enough in the residency training programme to give a good opinion about their training and their experience or perception about mentoring. It was however, disturbing that among the 67 residents who had been in a residency training programme for >4 years, 53 (35.3%) had been in training for 6 or more years.

We found a female preponderance among the respondents. This was not surprising as Paediatrics is largely a female-dominated field.[11] The age and gender distribution in our study were similar to that reported in a study about mentoring conducted in a selected class cohort of paediatric resident doctors at the University of Pittsburgh, USA.[14] The mid-thirties could probably be the period when job satisfaction and guidance for career success are likely to be the major need. The gender pattern of the resident doctors suggests that paediatrics is gradually becoming a female-dominated medical field in Nigeria.

It is noteworthy that in our study, almost all the resident doctors reported that they have heard of mentoring before though only 39.5% of them had undergone formal teaching on mentoring. This may explain why many of the residents regarded a mentor as being synonymous with a coach, a role model or a supervisor. Thus, the residents may not have the appropriate information on what mentoring entails or in-depth knowledge of the skills required to develop and sustain a mentoring relationship. This may be a contributory factor to the discontinuation of mentoring for some of those who reported having had a mentor before (73.4%) in our study since only 52.7% of the respondents were currently in mentoring relationships.

Table V: Perception of respondents on the benefits of mentoring on resident's performance

Variables	*n* (%)				
	Strongly disagree	Disagree	Indifferent	Agree	Strongly agree
Help meet professional goals	15 (10.0)	1 (0.7)	5 (3.3)	71 (47.3)	58 (38.7)
Provides support and guidance on professional issues	13 (8.7)	3 (2.0)	4 (2.7)	64 (42.7)	66 (44.0)
Counsels and encourages residents during challenging situations	15 (10.0)	1 (0.7)	8 (5.3)	60 (40.0)	66 (44.0)
Challenges residents to extend their abilities	13 (8.7)	4 (2.7)	5 (3.3)	57 (38.0)	71 (47.3)
Provides constructive and useful critiques of the resident's work	13 (8.7)	2 (1.3)	6 (4.0)	61 (40.7)	68 (45.3)
Help residents in passing their examinations with ease	13 (8.7)	7 (4.7)	31 (20.7)	65 (43.3)	34 (22.7)
Median perceived benefits			25±6 (IQR)		

IQR: Interquartile range

Table VI: Factors associated with unmet need for mentoring among paediatric residents

Associated factors	Frequency (%)			Statistical test, df, *P*
	Has unmet mentoring need	No unmet need for mentoring	Total	
Age (years)				
≤33	66 (81.5)	15 (18.5)	81 (100.0)	χ^2=0.88, df=1, *P*=0.767
>33	59 (85.5)	10 (14.5)	69 (100.0)	
Sex				
Male	37 (86.0)	6 (14.0)	43 (100.0)	χ^2=0.319, df=1, *P*=0.572
Female	88 (82.2)	19 (17.8)	107 (100.0)	
Marital status				
Single/widowed/separated	33 (80.5)	8 (19.5)	41 (100.0)	χ^2=0.329, df=1, *P*=0.566
Married	92 (84.4)	17 (15.6)	109 (100.0)	
Residency cadre				
Junior residents	64 (82.1)	14 (17.9)	78 (100.0)	χ^2=0.192, df=1, *P*=0.661
Senior residents	61 (84.7)	11 (15.3)	72 (100.0)	
Years of experience in residency training				
≤4	66 (79.5)	17 (20.5)	83 (100.0)	χ^2=1.947, df=1, *P*=0.163
>4	59 (88.1)	8 (11.9)	67 (100.0)	
Perceived benefits of mentoring				
Poor perception	51 (82.3)	11 (17.7)	62 (100.0)	χ^2=0.88, df=1, *P*=0.767
Good perception	74 (84.1)	14 (15.9)	88 (100.0)	

Table VII: Factors associated with satisfaction with mentoring relationships among residents with mentors

Associated factors	Frequency (%)			Statistical test, df, *P*
	Not very satisfied	Very satisfied	Total (*n*=79)	
Age (years)				
≤33	30 (68.2)	14 (31.8)	44 (100.0)	χ^2=0.88, df=1, *P*=0.767
>33	27 (77.1)	8 (22.9)	35 (100.0)	
Sex				
Male	13 (68.4)	6 (31.6)	19 (100.0)	χ^2=0.173, df=1, *P*=0.677
Female	44 (73.3)	16 (26.7)	60 (100.0)	
Marital status				
Single/widowed/separated	11 (61.1)	7 (38.9)	18 (100.0)	χ^2=1.414, df=1, *P*=0.234
Married	46 (75.4)	15 (24.6)	61 (100.0)	
Residency cadre				
Junior residents	28 (66.7)	14 (33.3)	42 (100.0)	χ^2=0.192, df=1, *P*=0.661
Senior residents	29 (78.4)	8 (21.6)	37 (100.0)	
Years of experience in residency training				
≤4	29 (65.9)	15 (34.1)	44 (100.0)	χ^2=1.343, df=1, *P*=0.247
>4	28 (80.0)	7 (20.0)	35 (100.0)	
Adequate mentoring time				
Yes	16 (44.4)	20 (55.6)	36 (100.0)	χ^2=25.270, df=1, *P*<0.001
No	41 (95.3)	2 (4.7)	43 (100.0)	
Perceived benefits of mentoring				
Poor perception	22 (71.0)	9 (29.0)	31 (100.0)	χ^2=0.36, df=1, *P*=0.850
Good perception	35 (72.9)	13 (27.1)	48 (100.0)	

We observed a poor mentoring practice among many of the respondents, with almost half of them not being in any mentoring relationship currently. Most studies on mentoring practices among resident doctors in paediatrics and other fields of medicine were from developed countries where formal mentorship programmes are institutionalised. In such settings, programme directors allocate residents to their respective mentors such that all residents have at least one mentor within the institution during the various stages of their training.[4,6,14-16] In Nigeria, the postgraduate medical colleges have included institutional formal mentoring programmes as part of the conditions for the accreditation of training institutions.

However, the frequency of mentoring in this study suggests a sub-optimal uptake of these programmes in some institutions.

There was an unmet need for mentoring among residents who are not in current mentoring relationships. This was indicated by the fact that almost all the respondents without mentors desired to have one and perceived that they were performing suboptimally without a mentor. Thus, they had an unmet need for mentorship. Furthermore, the majority (97.2%) were ready to start a mentorship relationship if initiated by the institution as more than half (61.2%) do not know how to get a mentor. There is, therefore, the need for institutions to review the structure of their mentorship programmes if existing. This is likely to improve the optimal performance and short-term as well as long-term career satisfaction among the residents. [17] Apart from the low number of residents in mentoring relationships in our study, satisfaction with mentorship among residents under-going mentoring was equally poor. Only 27.8% of the residents in a mentoring relationship reported that they were very satisfied with their mentoring. Thus, there was an unmet need for mentorship, even in some of the residents who had mentors. This is similar to the findings in a study done at Qatar where 75% of the mentees were rarely satisfied with the mentoring relationship.[11]

Among the factors, we explored as contributory to this unmet need among the group with mentors, the insufficient meeting time was the most important. About half (45.6%) of the residents in our study had no meeting at all or very infrequent meeting time with their mentors. This is similar to other studies that reported that the leading factor to successful mentoring was time.[6,15,18] Our findings of a significant association between the satisfaction of mentees and their perception of having sufficient time with their mentors as well as the actual duration of meeting time further support this conclusion. This implies that the time spent in a mentoring relationship is a very important factor to consider when designing mentoring programmes.

About two-thirds of the respondents in our study had a good perception of mentoring as being important for their career success. This was further substantiated in our study by the fact that among those who were not in a mentoring relationship, 89.6% believe that they are performing suboptimally. This is similar to other studies that reported that mentoring has a strong positive influence on career success, promotion, job satisfaction and even long-term career outcome of the mentees.[6,14,15,17,19] This suggests that many of these residents are likely to make the best use of mentorship relationships if it is well structured and supervised by institutions such that mentors spend sufficient time with their mentees.

This study contributes important information on the unmet need for mentoring among resident doctors in Nigeria from a multicentre national survey looking specifically at the contributory factors to these needs among paediatric residents. It, however, has some limitations in that the survey was limited to the number of resident doctors who attended the Paediatric Association Conference and the Update course. This number may not be entirely representative of the general opinion of all the paediatric resident doctors. However, we had respondents from all the six geopolitical zones in a fairly equal proportion (20%–30% of respondents per zone) except the north-east zone that was poorly represented. This is probably because the high rate of terrorist attacks in the north-eastern zone at that time could have made it difficult for the resident doctors to travel for the conference and update the course. Furthermore, the cross-sectional nature of the study will make a conclusion on causality difficult. A longitudinal study of residents' mentoring experiences during the course of the study may be more representative since mentoring needs may change during the course of the training. Nevertheless, this study offers a window into a possible response from a larger population of respondents.

Thus, an unmet need for mentorship exists among Paediatric resident doctors in Nigeria irrespective of whether they are in mentoring relationships or not. Furthermore, mentorship is desired by many of the resident doctors even though the current mentoring practice is poor. There is a need for residency programme directors, postgraduate college boards and institutions to consider introducing formal mentoring schemes into the residency training in Nigeria and evaluating mentorship programmes in institutions where these exist. Further studies will be needed to explore different types of mentoring programmes to determine their acceptability or adaptability in our cultural context. It will also be good to conduct a survey similar to this among paediatric trainers and faculty members in the country to obtain their perspective.

CONCLUSION

Mentoring is desired by many Paediatric trainees who are not undergoing mentorship. There is a need for college boards and institutions to evaluate the on-going mentoring schemes to address these needs.

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Conflicts of interest

There are no conflicts of interest.

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