

Mentoring Characteristics in Competent Clinical Educators who provide new Midwives with Instructions in Delivery Assistance

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Abstract

Background: There are certainly clinical midwives that contribute greatly to the education of new midwives. However, inexperienced midwifery educators have difficulties with education, especially with instructing delivery assistance.

Objectives: This study reported the secondary outcome of the authors' previous study. The purpose of this study was to explore the mentoring characteristics in competent clinical educators who provide new midwives with instructions in delivery assistance.

Method: Questionnaires were distributed to 694 midwives who had previously conducted educational activities with new midwives at the 63 facilities whose administrator or nurse manager in charge of all staff consented to participate. Of the 694 midwives, 464 (66.9%) returned the questionnaire and 317 (45.7%) valid responses were analyzed. Midwives were classified into the following three groups; Novice, Beginner and Competent, comparing the scores of the three concepts, nine sub-concepts, each of the 41 MCCM items and total MCCM of the midwives' responses.

Results: The results showed that scores in all domains increased from Novice to Beginner and to Competent. In terms of MCCM score, Competent showed a significantly higher score than that of Novice (Competent: 157.8 ± 21.3 ; Novice: 141.6 ± 19.5 , $p < 0.01$), while there were no significant differences between the scores of Beginner and Competent. As for the concept of "Competency as a professional", Competent showed significantly higher scores than Novice in every item, but showed significantly higher scores than Beginner in only one item relating to midwifery diagnoses. As for the concept of "Competency as an Educator", Competent showed significantly higher scores than Novice in all items except items relating to thoughtfulness and empathy for the new midwives. As for the concept of "Personal characteristics", there were five items that showed no significant differences between Competent and Novice and Beginner.

Conclusion: From this study, mentoring characteristics found in "Competent" midwifery educators were concretely revealed.

Keywords: Clinical education; Educational competency; Clinical educator; Midwife; Midwifery education

Introduction

Teaching is a vital aspect of the health professional's role, and the quality of teachers has a major impact on the quality of future practitioners [1]. Midwives are continuously fostering the development of new midwives in clinical placement, and there are certainly clinical midwives that contribute greatly to the education of new midwives [2]. However, difficulties and problems with mentorship have also been cited [3-5], as well as the fact that midwives need education, training, and support to fulfill their role as clinical educators [3-8].

In Japan, pre-registered midwives must assist in approximately ten deliveries during the training period to obtain a midwife qualification [2]. During this process, professional midwives affiliated with the medical institutions where students conduct their practical training (e.g., hospitals, clinics, and maternity centers) play the role of educators and thus greatly influence student education. In addition, the majority of midwives working at facilities that take on pre-registered midwives and midwives newly qualified within the past year are engaged in the education of new midwives. This tells us that midwives working in clinical settings must not only have outstanding practical specialist abilities, but must also possess the "educational competency" necessary to turn new midwives into outstanding practitioners upon clinical placement. However, concern over the shortage of a skilled midwifery workforce is mounting in many countries [9], and Japan is one such country confronted with the lack of practicing midwives. Moreover, as the field of obstetrics develops and becomes more complex, each

midwife in Japan is expected to take on more responsibilities with respect to the care of mothers and their child. This leads to difficulties in attracting educators who are confident in their midwifery practice in clinical settings. Therefore, there are many situations in which midwives with only a few years' clinical experience as midwives are responsible for educating new midwives. It is not easy for these inexperienced midwifery educators to assist deliveries with new midwives and educate them effectively while simultaneously continuing to provide care to their patients. Such situations place a considerable strain on junior midwives. We assumed that the reason for the sense of burden among junior midwives instructing new midwives in delivery assistance was that they did not know how to provide proper instruction and are unsure what kind of teaching skills or attitudes are effective. In addition, there are no concrete indicators of competent clinical educators.

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Operating definitions

In this study, the following definitions were used after the Hishinuma et al.'s [2] definitions:

1. New midwife - a pre-registered midwife or a midwife who was newly qualified within the past year.
2. Mentoring competency - the term used for "educational competency" in this study.
3. Mentoring competencies of clinical midwives (MCCM) - the mentoring competencies that midwives exercise when they conduct educational activities for new midwives in clinical settings.
4. Preceptor - a midwife who plays the role of an educator, especially conducting educational activities for newly qualified midwives qualified within the past year.
5. Mentor - a midwife who plays the role of an educator, especially conducting educational activities for pre-registered nurses or pre-registered midwives.

Method

Here, in this article, we report the secondary outcome of Hishinuma et al.'s 2015 study [2]. The authors previously conducted a literature review and defined MCCM as mentioned above, and then developed a questionnaire with a five-point Likert scale to measure the MCCM [2].

Data were collected in May-June 2009. 350 obstetrics facilities were randomly selected from the 3200 domestic facilities (large hospitals, small clinics, and maternity centers) listed on the Internet. The administrators and nurse managers in charge of all staff, including midwives, at each facility were sent a written explanation of the study and a request for permission to conduct the study in their facilities. 137 (39.1%) facilities returned written informed consent and 63 (18.0%) facilities agreed to participate in the study. Questionnaires were then distributed to the person responsible for the study at each of the 63 facilities, who then distributed them to a total of 694 midwives. All of the processes in this study were conducted in accordance with the research plan as approved by the St. Luke's International University ethics review committee (approval number 08-083).

Results

As the secondary outcome of Hishinuma et al.'s 2015 study [2], we revealed the concrete differences in MCCM due to the length of clinical experience as an educator.

Of the 694 midwives, 451 midwives who had been involved in educational activities with new midwives at least once returned the questionnaires. Hishinuma et al. [2] conducted factor analyses for only the 428 (61.7%) who submitted complete answers to all 41 MCCM items and revealed the concrete mentoring competencies of clinical midwives necessary to educate new midwives or that were actually developed in clinical settings. Moreover, it was revealed that MCCM were defined by three concepts and nine sub-concepts, which could be evaluated by 41 items with a reliability coefficient (Cronbach's α) of 0.944.

Here, in this article, we focused on the 317 (45.7%) midwives who answered items on the presence or absence of experience in providing new midwives with instructions in delivery assistance. Descriptive statistics and independent sample student t test were conducted and questionnaire's internal consistency was assessed by

using SPSS statistical software version 19.0. As a result, Cronbach's α for the overall score was 0.947. Of the total of 317 valid responses, 194 (61.2%) midwives were in their 20s or 30s, and 255 (30.4%) worked in a hospital (Table 1). 57 (18.0%) had played the role of preceptors and 78 (24.6%) had played the role of mentors during the study period, in 2009. Moreover, about 60% (N=184) of the midwives had played the

	Variable frequency (%)			
	All ^a (N=317)	Novice ^b (N=143)	Beginner ^c (N=69)	Competent ^d (N=105)
Age (years)				
20-29	93 (29.3)	57 (39.9)	23 (33.3)	13 (12.4)
30-39	101 (31.9)	39 (27.3)	21 (30.4)	41 (39.0)
40-49	75 (23.7)	29 (20.3)	20 (29.0)	26 (24.8)
Over 50	44 (13.8)	17 (11.9)	20 (7.2)	22 (21.0)
No response	4 (1.3)	1 (0.7)	0 (0.0)	3 (2.9)
Clinical experience (year)				
Mean \pm SD	13.1 \pm 9.10	10.8 \pm 9.00	11.8 \pm 7.89	17.2 \pm 8.67
No response	7 (1.3)	1 (.7)	3 (4.3)	3 (2.9)
Affiliation				
National and Public Hospital	68 (21.5)	24 (16.8)	12 (17.4)	32 (30.5)
Academic Medical Center	88 (27.8)	42 (29.4)	14 (20.3)	32 (30.5)
Private Hospital	99 (31.2)	48 (33.6)	27 (39.1)	24 (22.9)
Clinic	47 (14.8)	23 (16.1)	11 (15.9)	13 (12.4)
Maternity Center	10 (3.2)	4 (2.8)	5 (7.2)	1 (1.0)
No response	5 (1.6)	2 (1.4)	0 (.0)	3 (2.9)
Role in the study period (in 2009)^e				
a preceptor ^f	57 (18.0)	27 (18.9)	13 (18.8)	17 (16.2)
a mentor ^g	78 (24.6)	15 (10.5)	20 (29.0)	43 (41.0)
Number of deliveries assisted in after receiving midwife qualification				
0-9	2 (0.6)	2 (1.4)	0 (0.0)	0 (0.0)
10-49	40 (12.6)	35 (24.5)	2 (2.9)	3 (2.9)
50-99	46 (14.5)	26 (18.2)	15 (21.7)	5 (4.8)
100-499	153 (48.3)	58 (40.6)	35 (55.1)	57 (54.3)
500 and over 500	72 (22.7)	21 (14.7)	14 (20.3)	37 (35.2)
No response	4 (1.3)	1 (.7)	0 (.0)	3 (2.9)
Educational activity experience^e				
Mentor ^g of pre-registered nurses	224 (70.7)	64 (44.8)	59 (85.5)	101 (96.2)
Length of experience (years)	7.35 \pm 7.03	4.14 \pm 4.19	4.71 \pm 5.49	10.9 \pm 7.62
Mentor ^g of pre-registered midwives	184 (58.0)	15 (10.5)	68 (98.6)	101 (96.2)
Length of experience (years)	4.92 \pm 5.04	2.53 \pm 2.48	1.74 \pm .857	7.4 \pm 5.58
Instructor of assisting deliveries	174 (40.7)	0 (0.0)	69 (100)	105 (100)
Length of experience (years)	4.90 \pm 5.58	(-)	1.35 \pm .480	7.23 \pm 6.14

a: "All" stands for "all respondents".

b: "Novice" stands for "novice instructors" who hadn't experienced in assisting deliveries with new midwives at all.

c: "Beginner" stands for "beginner instructors" who had experienced in assisting deliveries with new midwives for less than 3 years.

d: "Competent" stands for "beginner instructors" who had experienced in assisting deliveries with new midwives for less than 3 years.

e: multiple answer

f: a midwife who plays the role of an educator, especially conducting educational activities for newly qualified midwives qualified within the past year.

g: a midwife who plays the role of an educator, especially conducting educational activities for pre-registered nurses or pre-registered midwives.

Table 1: Demographics of the respondents (N=317)

role of mentors of pre-registered midwives and about 40% (N=174) had instructed new midwives in delivery assistance. Participants were requested the multiple answers on both the role in the study period and the educational activity experience (Table 1).

Tonai et al.'s classified the degree of the nursing expertise by the length of their clinical experiences [10]. Tonai et al.'s mentioned that nurses exhibit significant growth in nursing expertise from their second year to their third year [10]. By reference to the Benner's classification [11] and the Tonai et al.'s study [10], we assumed that MCCM necessary to instruct delivery assistance would show significant differences between midwives who were in the second year in instructing assisting deliveries and midwives who were in the third year. Therefore, midwives were classified into the following three groups: "Novice" instructors

who had the possibilities to become instructors in the future but yet assisted deliveries with new midwives, "Beginner" instructors who had instructed new midwives in delivery assistance for less than 3 years, and "Competent" instructors who had instructed new midwives in delivery assistance for a minimum of 3 years. Then, we compared the scores of the three concepts, nine sub-concepts, each of the 41 MCCM items and total MCCM of the midwives' responses.

The results showed that scores in all domains increased from Novice to Beginner and to Competent, as shown in Tables 2-5. Whereas Competent showed higher than average scores in all domains, Beginner showed lower than average scores in some domains (Factor 4 and items 4, 6, 21, 23, 24 and 25) (Tables 2-5). On the other hand, in terms of MCCM score, Competent showed a significantly higher score than

Items		Mean ± SD			p ^f
		All ^a	Novice ^b	Beginner ^c	
MCCM: Mentoring competencies of clinical midwives	All ^a	149.1 ± 21.6	141.6 ± 19.5	151.6 ± 20.9	**
			157.8 ± 21.3	157.8 ± 21.3	
Concept 1: Competency as a professional (CP)	All ^a	29.6 ± 4.7	27.9 ± 4.5	30.2 ± 4.3	**
			31.6 ± 4.3	31.6 ± 4.3	*
Factor 1: Self-awareness and self-reflection for finding confidence	All ^a	10.8 ± 2.2	9.97 ± 2.2	11.3 ± 1.9	**
			11.7 ± 2.0	11.7 ± 2.0	
Factor 2: Sharing their midwifery practice	All ^a	18.8 ± 3.1	17.9 ± 3.0	18.9 ± 3.2	**
			19.9 ± 2.9	19.9 ± 2.9	*
Concept 2: Competency as an educator (CE)	All ^a	82.8 ± 12.4	78.8 ± 11.3	83.8 ± 11.4	**
			87.6 ± 12.6	87.6 ± 12.6	*
Factor 3: Supporting experimental study	All ^a	37.2 ± 6.4	35.0 ± 6.1	37.8 ± 6.0	**
			39.7 ± 6.1	39.7 ± 6.1	*
Factor 4: Thoughtfulness and empathy for the new midwives ^e	All ^a	19.6 ± 3.3	19.2 ± 2.9	19.5 ± 3.4	**
			20.0 ± 3.7	20.0 ± 3.7	
Factor 5: Making effective use of the new midwives ^e own experience	All ^a	19.6 ± 3.1	18.8 ± 3.2	19.7 ± 2.6	**
			20.7 ± 3.1	20.7 ± 3.1	*
Factor 6: Commitment to educational activities	All ^a	6.44 ± 2.0	5.75 ± 1.9	6.71 ± 1.9	**
			7.19 ± 1.8	7.19 ± 1.8	
Concept 3: Personal Characteristics (PC)	All ^a	36.7 ± 7.6	35.0 ± 7.1	37.6 ± 7.5	**
			38.6 ± 7.7	38.6 ± 7.7	
Factor 7: Exercising leadership	All ^a	16.0 ± 4.0	14.8 ± 3.9	16.4 ± 3.9	**
			17.2 ± 4.0	17.2 ± 4.0	
Factor 8: Approachability	All ^a	13.7 ± 3.6	13.2 ± 3.4	14.0 ± 3.9	**
			14.0 ± 3.5	14.0 ± 3.5	
Factor 9: Tendency to be a caring mentor	All ^a	7.12 ± 1.7	6.94 ± 1.7	7.16 ± 1.7	**
			7.32 ± 1.6	7.32 ± 1.6	

a ~ d: Refer to Table 1.,

e: "New midwives" means "pre-registered midwives or midwives who was newly qualified within the past year".

f: p-value calculated from the test of scores between competent instructors and novice, beginner instructors respectively.

* p<0.05; ** p<0.01

Table 2: Comparisons of MCCM-score, concept-scores and factor-scores.

Items	Mean ± SD			p ^f	
Factor 1: Self-awareness and self-reflection for finding confidence					
1. Realize my own growth as a midwife when reflecting on my clinical experience.	All ^a	3.90 ± .86	Novice ^b	3.65 ± .88	**
			Beginner ^c	4.00 ± .82	
			Competent ^d	4.18 ± .76	
2. Handle the situation calmly even if there occur several tasks.	All ^a	3.59 ± .95	Novice ^b	3.28 ± 1.0	**
			Beginner ^c	3.80 ± .72	
			Competent ^d	3.87 ± .84	
3. Have sufficient expert knowledge necessary for the practice.	All ^a	3.35 ± .91	Novice ^b	3.03 ± .92	**
			Beginner ^c	3.46 ± .88	
			Competent ^d	3.70 ± .79	
Factor 2: Sharing their midwifery practice					
4. Talk with my colleagues about circumstances experienced at the clinical placement.	All ^a	4.21 ± .74	Novice ^b	4.10 ± .77	**
			Beginner ^c	4.19 ± .75	
			Competent ^d	4.36 ± .68	
5. Toward new midwives ^e , communicating the challenge, enjoyment and other appealing aspects of being a midwife.	All ^a	3.75 ± 1.1	Novice ^b	3.46 ± 1.1	**
			Beginner ^c	3.90 ± 1.0	
			Competent ^d	4.05 ± .97	
6. Toward new midwives ^e , encouraging them to participate in my practical care opportunities.	All ^a	3.70 ± .94	Novice ^b	3.59 ± .93	*
			Beginner ^c	3.68 ± .87	
			Competent ^d	3.87 ± 0.97	
7. State my own opinion when other staff are developing midwifery diagnoses or nursing process.	All ^a	3.61 ± 1.0	Novice ^b	3.34 ± 1.1	**
			Beginner ^c	3.62 ± 1.1	*
			Competent ^d	3.96 ± .88	
8. Able to tell others exactly how I felt at that time when reflecting on a situation.	All ^a	3.51 ± .86	Novice ^b	3.42 ± .87	*
			Beginner ^c	3.51 ± .87	
			Competent ^d	3.65 ± .83	

a ~ d: Refer to Table 1..

e: "New midwives" means "pre-registered midwives or midwives who was newly qualified within the past year".

f: p-value calculated from the test of scores between competent instructors and novice, beginner instructors respectively.

* p<0.05; ** p<0.01

Table 3: Comparisons of the item-scores relating to the Concept 1: "Competency as a professional".

Items	Mean ± SD			p ^f	
Factor 3: Supporting experimental study					
9. Toward new midwives ^e , identify "what my new midwife has succeeded" during practicing with me.	All ^a	4.07 ± .80	Novice ^b	3.94 ± .74	**
			Beginner ^c	4.07 ± .90	
			Competent ^d	4.26 ± .76	
1. Toward new midwives ^e , ask a new midwife the reasoning, "why she practiced that way".	All ^a	4.00 ± .83	Novice ^b	3.74 ± .84	**
			Beginner ^c	4.07 ± .73	
			Competent ^d	4.30 ± .77	
11. Toward new midwives ^e , tell directly to the one about her own growth as a midwife.	All ^a	3.92 ± .80	Novice ^b	3.70 ± .76	**
			Beginner ^c	4.01 ± .88	
			Competent ^d	4.16 ± .71	
12. Toward new midwives ^e , explaining the rationale underlying my own practical care.	All ^a	3.86 ± .80	Novice ^b	3.69 ± .85	**
			Beginner ^c	3.99 ± .63	
			Competent ^d	4.01 ± .79	
13. Toward new midwives ^e , identify "what my new midwife has learned" during practicing with me.	All ^a	3.80 ± .82	Novice ^b	3.64 ± .84	**
			Beginner ^c	3.84 ± .83	
			Competent ^d	3.99 ± .75	
14. Toward new midwives ^e , encouraging them to be proactive and independent in my own way.	All ^a	3.66 ± .85	Novice ^b	3.43 ± .82	**
			Beginner ^c	3.71 ± .81	
			Competent ^d	3.94 ± .83	
15. Toward new midwives ^e , judged the right moment when feeding back to new midwives.	All ^a	3.60 ± .89	Novice ^b	3.34 ± .86	**
			Beginner ^c	3.65 ± .86	*
			Competent ^d	3.92 ± .84	

16. Toward new midwives ^e , distinguish situations between mentoring kindly and harshly.	All ^a	3.53 ± 1.1	Novice ^b	3.24 ± 1.1	**
			Beginner ^c	3.65 ± 1.0	
			Competent ^d	3.86 ± 1.1	
17. Toward new midwives ^e , explain what they experienced connecting with knowledge or theory based on the textbooks.	All ^a	3.48 ± .96	Novice ^b	3.29 ± .95	**
			Beginner ^c	3.48 ± .93	
			Competent ^d	3.74 ± .94	
18. Toward new midwives ^e , convey my expectation clearly.	All ^a	3.24 ± .95	Novice ^b	3.01 ± .92	**
			Beginner ^c	3.30 ± .91	
			Competent ^d	3.51 ± .94	
Factor 4: Thoughtfulness and empathy for the new midwives ^e					
19. Toward new midwives ^e , respect their own positions.	All ^a	3.96 ± .80	Novice ^b	3.85 ± .76	*
			Beginner ^c	4.00 ± .79	
			Competent ^d	4.07 ± .82	
2. Toward new midwives ^e , make conversation caring their feelings.	All ^a	3.95 ± .76	Novice ^b	3.92 ± .69	
			Beginner ^c	3.99 ± .74	
			Competent ^d	3.98 ± .88	
21. Toward new midwives ^e , show empathetic attitude.	All ^a	3.91 ± .80	Novice ^b	3.92 ± .73	
			Beginner ^c	3.87 ± .87	
			Competent ^d	3.93 ± .87	
22. Toward new midwives ^e , making an effort to engage them in conversation.	All ^a	3.87 ± .97	Novice ^b	3.75 ± .94	*
			Beginner ^c	3.88 ± .93	
			Competent ^d	4.02 ± 1.0	
23. Toward new midwives ^e , try to match their pace.	All ^a	3.85 ± .78	Novice ^b	3.80 ± .69	
			Beginner ^c	3.80 ± .88	
			Competent ^d	3.97 ± .83	
Factor 5: Making effective use of the new midwives ^e's own experience					
24. Monitoring new midwives ^e engaging in practical care on their own initiatives.	All ^a	4.09 ± .77	Novice ^b	3.94 ± .79	**
			Beginner ^c	4.06 ± .68	*
			Competent ^d	4.32 ± .73	
25. Confirming that new midwives ^e understand the explanations that are given.	All ^a	3.98 ± .83	Novice ^b	3.86 ± .89	**
			Beginner ^c	3.94 ± .66	*
			Competent ^d	4.17 ± .81	
26. Coordinating circumstances to enable new midwives ^e to engage in as many practical opportunities as possible.	All ^a	3.97 ± .84	Novice ^b	3.77 ± .87	**
			Beginner ^c	4.04 ± .76	
			Competent ^d	4.19 ± .79	
27. Responding carefully and accurately to new midwives ^e questions.	All ^a	3.90 ± .79	Novice ^b	3.79 ± .81	*
			Beginner ^c	3.91 ± .72	
			Competent ^d	4.05 ± .78	
28. Providing appropriate feedback when monitoring new midwives ^e engaged in practical care.	All ^a	3.67 ± .84	Novice ^b	3.40 ± .87	**
			Beginner ^c	3.78 ± .76	
			Competent ^d	3.96 ± .72	
Factor 6: Commitment to educational activities					
29. Making preparations to instruct new midwives ^e .	All ^a	3.37 ± 1.1	Novice ^b	2.93 ± 1.1	**
			Beginner ^c	3.52 ± 1.1	*
			Competent ^d	3.88 ± .98	
3. Perceiving the challenge and enjoyment of instructing new midwives ^e .	All ^a	3.06 ± 1.2	Novice ^b	2.82 ± 1.2	**
			Beginner ^c	3.19 ± 1.1	
			Competent ^d	3.31 ± 1.1	

a ~ d: Refer to Table 1..

e: "New midwives" means "pre-registered midwives or midwives who was newly qualified within the past year".

Table 4: Comparisons of the factor-scores and item-scores relating to the Concept 2: "Competency as an educator".

that of Novice (Competent: 157.8 ± 21.3; Novice: 141.6 ± 19.5, p<0.01), while there were no significant differences between the scores of Beginner and Competent (Table 2). In terms of the score of concepts 1 (Competency as a professional: CP) and 2 (Competency as an educator: CE), Competent showed significantly higher scores (31.6 ± 4.3) than

those of Beginner (30.2 ± 4.3, p<0.05) and Novice (27.9 ± 4.5, p<0.01) (Table 2). Additionally, in terms of the score of each factor, Competent showed significantly higher scores than Novice in most factors (Factors 1, 2, 3, 5, 6 and 7) and significantly higher scores than Beginner in only three factors (Factors 2, 3 and 5) (Table 2).

Items	Mean ± SD				p ^f
Factor 7: Exercising leadership					
31. Work on anything aggressively	All ^a	3.43 ± .94	Novice ^b	3.26 ± .91	**
			Beginner ^c	3.54 ± .87	
			Competent ^d	3.60 ± 1.0	
32. Practice soon after come up with idea	All ^a	3.33 ± 1.1	Novice ^b	3.16 ± 1.0	*
			Beginner ^c	3.52 ± 1.1	
			Competent ^d	3.44 ± 1.1	
33. Always enthusiastic	All ^a	3.11 ± .98	Novice ^b	2.99 ± .99	
			Beginner ^c	3.22 ± .86	
			Competent ^d	3.20 ± 1.0	
34. Ability to act decisively among colleagues	All ^a	3.08 ± 1.1	Novice ^b	2.71 ± 1.0	**
			Beginner ^c	3.13 ± 1.0	**
			Competent ^d	3.55 ± .89	
35. Taking the lead in certain tasks.	All ^a	2.99 ± 1.0	Novice ^b	2.64 ± 1.0	**
			Beginner ^c	3.03 ± .95	**
			Competent ^d	3.46 ± 1.0	
Factor 8: Approachability					
36. Have a friendly conversation with anybody.	All ^a	3.80 ± .98	Novice ^b	3.70 ± .96	
			Beginner ^c	3.88 ± 1.0	
			Competent ^d	3.88 ± .98	
37. Have a cheerful and amusing personality.	All ^a	3.56 ± 1.1	Novice ^b	3.47 ± 1.1	
			Beginner ^c	3.64 ± 1.1	
			Competent ^d	3.63 ± 1.0	
38. Be the first to talk when meeting someone new.	All ^a	3.30 ± 1.2	Novice ^b	3.14 ± 1.1	*
			Beginner ^c	3.42 ± 1.2	
			Competent ^d	3.44 ± 1.1	
39. Have a wide circle of acquaintances.	All ^a	3.02 ± 1.2	Novice ^b	2.94 ± 1.1	
			Beginner ^c	3.09 ± 1.3	
			Competent ^d	3.08 ± 1.1	
Factor 9: Tendency to be a caring mentor					
4. Always willing to assist those in need.	All ^a	3.69 ± .86	Novice ^b	3.57 ± .84	*
			Beginner ^c	3.72 ± .92	
			Competent ^d	3.84 ± .82	
41. Take care of others for the fun of it.	All ^a	3.43 ± .96	Novice ^b	3.38 ± 1.0	
			Beginner ^c	3.43 ± .95	
			Competent ^d	3.49 ± .91	

a ~ d: Refer to Table 1.,

e: "New midwives" means "pre-registered midwives or midwives who was newly qualified within the past year".

Table 5: Comparisons of the factor-scores and item-scores relating to the Concept 3: "Personal Characteristics".

As for CP (Table 3), Competent showed significantly higher scores than Novice in every item, but showed significantly higher scores than Beginner in only one item relating to midwifery diagnoses (item 7) (Competent: 3.96 ± 0.88; Beginner: 3.62 ± 1.1, p<0.05). As for CE (Table 4), although Competent showed significantly higher scores than Novice in all items except items relating to thoughtfulness and empathy for the new midwives (Factor 4), they showed significantly higher scores than Beginner in only four items (items 15, 24, 25 and 29). On the other hand, in concept 3 (Personal characteristics: PC) (Table 5), there were five items (items 33, 36, 37, 39 and 41) that showed no significant differences between Competent and Novice and Beginner.

Discussion

World Health Organization [12] defined "competencies" as the broad set or combination of complementary knowledge, skill and abilities/behaviours that are required (or enable a person) to be able to perform a function with proficiency. From this study, the behavior, thoughts, and attitudes found in "Competent" instructors were

concretely revealed. Hishinuma et al. [2] mentioned that competent mentoring midwives tend to share and extensively discuss their own experiences, thoughts and opinions. However, according to the results of the present study, midwives face challenges in stating their own opinions when other staff are developing midwifery diagnoses or nursing processes (item 7). We also revealed that the longer midwives have assisted deliveries with new midwives, the more skilled they are in making effective use of the new midwives' own experiences (Factor 5) and supporting their experimental study (Factor 3), such as by monitoring new midwives engaged in practical care (item 24), confirming new midwives' understanding (item 25) and judging the right moment to give feedback to new midwives (item 15). Moreover, with respect to the personal characteristics of midwives as mentors, there were clear differences between the experiences of instructors and inexperienced instructors in domains relating to leadership (items 34 and 35). However, it might be difficult for inexperienced midwives or educators to exercise leadership among more experienced midwives. Training midwives in a step-by-step manner with the support of

more experienced colleagues or an educational program provided by the healthcare facility may help build the MCCM and confidence of midwives in the clinical setting.

In the near future, we hope that the results of our studies will be useful in designing a postgraduate training system with the aim of cultivating competent midwifery educators in clinical placement.

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References

1. Hand H (2006) Promoting effective teaching and learning in the clinical setting. *Nurs Stand* 20: 55-63.
2. Hishinuma Y, Horiuchi S, Yanai H (2015) Factors defining the mentoring competencies of clinical midwives: An exploratory quantitative research study in Japan. *Nurs Education Today*, DOI: [10.1016/j.nedt.2015.08.024](https://doi.org/10.1016/j.nedt.2015.08.024)
3. Finnerty G, Graham L, Maunusson C, Pope R (2006) Empowering midwife mentors with adequate training and support. *Br J Midwifery* 14:187-190.
4. Miles S (2008) Make or break: The importance of good mentorship. *Br J Midwifery* 16: 704-711.
5. Fisher M, Webb C (2008) What do midwifery mentors need? Priorities and impact of experience and qualification. *Learning in Health and Social Care* 8: 33-46.
6. Jones D (2004) An evaluation of midwifery mentors and their perception of mentoring. *MIDIRS Midwifery Digest* 14: 157-162.
7. Darra S, Norris SE (2006) Adopting the concept of constructive alignment in an evolving midwifery mentorship programme. *MIDIRS Midwifery Digest* 16: 305-309.
8. Richmond H (2006) Mentoring in midwifery. *The Official Journal Of The Royal College Of Midwives* 9: 434-437.
9. Boerma T, Mason E (2014) Foreword: Midwifery educator core competencies. World Health Organization.
10. Tonai M, Miyakoshi Y (2005) Literature review of clinical judgement in nursing – Elements and characteristics of clinical judgement due to expertness of nurses 53: 213-219.
11. Benner P (2001) From novice to expert: excellence and power in clinical nursing practice, commemorative edition. Prentice-Hall, Inc, Upper Saddle River, New Jersey.
12. World Health Organization (2015) Midwifery educator core competencies: building capacities of midwifery educators, WHO Document Production Service, Geneva, Switzerland.

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