Impact of Mentor-Mentee Relationship on Autonomy development of Mentees in Health Professional Education

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ABSTRACT

Background: There is growing evidence in literature on how student autonomy promotes motivational and well-being in medical students. Now a day there is lots of stress on medical students, mentoring is a simple technique to support our students but how mentors are to be train to give effective support is another challenge. Our study aims to explore the awareness of mentors on impact of mentor-mentee relation on autonomy development of mentees in health professional education. Mentor-mentee relationship can supports or constrain autonomy development of mentees this study explored the phenomenon from mentor perspective.

Methodology: Qualitative case study design and interpretivist paradigm was used; study duration was six months in bahria university health sciences campus. Data was collected using unstructured interviews until data was saturated. Four individual interviews of mentors using video eliciations, in which mentors reflected on their recent mentoring interaction with mentees and two focus group discussion of 90-120 minutes duration. Eight mentors were included in each focus group discussion. Total of twenty mentors participated in study by fulfilling inclusion creteria. Open-ended non-directive questions were asked. Self- determination theory was used for guiding interviews. Pattern matching was used for data analysis, it seeks to condense the participant's response to thematic units and synthesis of essential themes in order to describe them.

Results: Essential themes were identified after data analysis, "Conversation on behavior change", "uncertainty on the extent to which they impact autonomy" and "social Factors"

Conclusion: Mentors were not certain on the extent to which they impact autonomy in mentees. Mentors training is required to develop skills of autonomy- supportiveness. Mentors should have clear guidelines regarding autonomy supportiveness well-being and professional growth. Autonomy supportiveness should continue parallel to professional identification development in undergraduate medical students.

Keywords:
Mentoring, Autonomy support and Medical students

INTRODUCTION

Autonomy refers to giving freedom of choice to individual to make independent decisions without any pressure from extrinsic environment. Relationship between mentoring and autonomy development in undergraduate medical students is complex. Self-determination theory is most famous motivational theory in current educational literature but its application in medical education is limited. It has seven principles one of which addresses three innate psychological needs of individuals that are competence, autonomy and relatedness.[1] But there are certain benefits and threats associated with student's well-being and autonomy supportiveness. Quality of mentor-mentee relation can influence autonomy development in mentees. There is no previous research on how mentor-mentee relationship can impact mentees autonomy development in Pakistan. Aim of research is to explore awareness of mentors on autonomy supportiveness. Mentors should be aware of their role to support or constrain autonomy development in mentees. Mentoring can influence autonomy development in undergraduate medical students, autonomy can be promoting by mentors in mentee using different techniques and strategies. Autonomy support simply means working from learner prospective for their better engagement. Previous studies have identified the relation of autonomy-support and professional identification development.[2,3] Some studies focused on the relation between autonomy- supportive teaching and student engagement leading to improved educational outcomes.[4]

Literature suggests that autonomy should be developed early enough in medical students and it seems to run in parallel with the shaping and re-shaping of their professional identity. Autonomy in medical students is important for psychological well-being.[5]

Learning environment that supports autonomy will also foster motivational needs of medical students for relatedness and competence. Autonomy-supportiveness, in medical students like perspective-taking, establishing relevance, and providing opportunities for choice and self-regulation are main component to provide health learning environment and well-being. But autonomy can be healthy or unhealthy depending upon if it's gained on appropriate time as giving too much autonomy too early can have negative long-term consequences as mentees would not be able to decide at their own in initial years.[6]

However perceived autonomy support improves mood and sense of self-worth and self-efficacy in mentees, they feel less depressed and have higher self-esteem. Self-determination theory and communities of practice framework was used to construct theoretical framework. Communities of practice were used as a theoretical framework; it focuses on how individuals engage in the process of learning towards common domain. Members of community of practice have commitment and competence of shared domain which distinguish them from other individuals. They shift from periphery of community of practice; towards its center through socialization.[7]

The literature on autonomy-supportive practice supports several approaches that promote autonomy, which includes supporting exploration, validating opinions, acknowledging children perspectives, offering choice and prosocial behavior promotion. Self-concordant goals, driven autonomously provide sense of satisfaction and fulfillment to mentees as they reflect their own interest. Self- actualization which is highest domain in Abraham Maslow's hierarchy of need requires autonomy as basic building block, and its attainment will grantee eudaimonic-well-being. Eudaimonic well-being refers to integration of self-acceptance, autonomy and self- concordant goals.[8]

METHODOLOGY

Study was conducted in Bahria University Health Sciences Campus for duration of six months. Maximum variation purposive sampling was employed. Mentoring program at BUHSC is a structured program with fifteen mentees allocated to each mentor and they have regular monthly mentoring sessions. Inclusion criteria were mentors with at least five year of mentoring experience and those who gave consent. Exclusion criteria was mentors with less than five years' experience and who did not gave consent. Total of twenty participants fulfilled inclusion criteria four individual

interviews of mentors using video eliciations were conducted in which mentors reflected on their recent mentoring interaction with mentees and two focus group discussion of 90-120 minutes duration. Eight mentors were included in each focus group discussion.. Inductive and deductive both techniques were used for analysis. It incorporated inductive, through data collected by interviews of participants and deductive, based on literature and theoretical framework. Individual interviews were done using video-elicitation. Duration of individual interviews varies from 30minutes to 60minutes. Two focus group discussion of 90-120 minutes duration having eight mentors each. Open-ended non-directive questions were asked. Self-determination theory was used for guiding interviews and pattern matching was used for analysis of data. Self-Determination Theory (SDT) is a psychological framework that focuses on understanding the motivation and autonomy of individuals in their behaviors and decisions. When implementing SDT in mentoring relationships to foster mentee autonomy development, this research study explored mentors autonomy that a mentoring environment is supportive, respectful, and nonjudgmental. Mentors are encouraging open communication and active listening to understand mentee's goals, needs, and preferences. SDT posits that individuals have three basic psychological needs: autonomy, competence, and relatedness. For this purpose researcher focused and observed mentors attitude towards autonomy development by respecting their mentee's need for self-direction and choice and encouraging the mentee to identify and pursue goals that align with their intrinsic interests and values. Researcher explored that they have awareness on helping them understand the "why" behind their goals to enhance their motivation. Instead of imposing their ideas or solutions, offer guidance and support that empowers your mentee to make their own decisions. Final analysis was done using member check technique through consensus and cross-case analysis of themes. Un-structured interviews incorporating questions on methods of autonomy supportiveness used by mentors were asked. Pattern matching was used for data analysis, it reduces participants responses to common themes and finally synthesize meaning and explain it with reference to research objective and describes difference between previous and new findings regarding the researched topic.

RESULTS

Themes were derived after data analysis:

Conversation on behavior change:

Mentors were unaware of motivational interviewing or other strategies used to encourage autonomy. However they were advising mentee on improving behavior and attitude towards studying.

Mentor:A"You should be more responsible as your clinical years are approaching"
Mentor B"Your attendance should be complete as its mandatory for professional examination"

Uncertainty on the extent to which they impact autonomy:

Mentors reflected on their mentoring sessions and most agreed that their discussion with their mentees were directive conversation. They also agreed on the fact that they usually don't practice giving freedom of choice to their mentee. They advise which they think is of best interest of mentees.

Mentors use directive language:

Mentor B."Dress code should be according to college code of conduct"
Mentor C."You should at least study for five hours every day"

Social Factors:

Mentors were of the view that social factors have strong impact on mentees autonomy and professional identification development.

Mentor F."Some students have social anxiety which restrict autonomy development"
MentorG:"Mentees are confused on their own decisions and seek mentor advice to decide on their behalf"

DISCUSSION

Four essential themes were identified after data analysis; "Conversation on behavior change" "Uncertainty on the extent to which they impact autonomy". Mentors were not certain on the extent to which they impact autonomy and professional in mentees. Autonomy can be influenced by role modeling, providing access to resources, relationships, sharing experiences, advocacy, and conversations about behavior change.[9] It's a well-researched and well-established fact that motivational interviewing is effective tool for behavior change. This strategy is used by counselors and mentoring frequently, central component of motivational interviewing is autonomy supportiveness which makes it effective. Autonomy supportiveness can be given by

mentors to mentees through motivational interviewing. Mentors should be trained properly, as when autonomy-supportiveness is not encouraged at time it might be harmful than helpful, it happens when mentors are not trained. Mentoring programs should have clear guidelines for mentors on how not to directly or indirectly influence mentee decision-making. However behavior can be influenced by mentors using evidence based strategies. There is research evidence that giving autonomy to adolescent can be risky, as at this age they can make wrong decisions without parental or senior guidance but medical students are adults when they enter medical college so this won't be a threat to them[5]. Scientists find robust support that behavioral autonomy is associated with both short-term and positive mood compared to those who feel controlled by others. Mentors can support mentee autonomy by allowing them to make choices when introducing new resources, experiences, and relationships. Literature has demonstrated that one of the most influential ways to support autonomy development is through providing opportunities for choice[6]. In our teacher- center culture it difficult to support autonomy however autonomy-supportiveness is essential for mentees well-being and professional success.[10,11] Previous research studies also targeted resident autonomy but that is also relation to legal issues and patient safety so quite complex to justify[9,10]. It is important for mentors to acknowledge mentees autonomy, however sometimes student autonomy and professional autonomy might conflict in this case paternal advice can be taken to fulfill ethical principle of beneficence. Moral concern to identify which conflict is important enough to entitle it to parental guidance is power of making decision as mentor. Mentors should ask open-ended questions and provide options for them to consider. When giving feedback, frame it in a way that emphasizes growth and learning rather than evaluation. Encourage self-assessment and reflection to help your mentee build their competence and autonomy. Collaborate with your mentee to set Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) goals. This process allows them to take ownership of their objectives. Acknowledge and celebrate your mentee's accomplishments, especially when they stem from autonomous decision-making and effort. This positive reinforcement can enhance their sense of competence and autonomy. Encourage your mentee to analyze challenges, generate potential solutions, and make informed decisions. Avoid immediately providing answers; instead, guide them through the process of

problem-solving. Mentor should help mentee develop effective decision-making skills, such as weighing pros and cons, considering long-term consequences, and managing risks.[12] Recognize and respect your mentee's boundaries and preferences. Avoid pressuring them into tasks or goals that they are not comfortable with. Mentees should be allowed to take the lead on certain mentoring tasks or projects. This can include planning meetings, setting agendas, or organizing activities related to their goals.[13] Schedule regular check-in meetings to discuss progress, challenges, and adjustments to their goals. Encourage your mentee to take the initiative in these discussions. Promote self-reflection by asking questions like, "What did you learn from this experience?" or "How can you apply this knowledge to future situations?" This helps your mentee develop a deeper understanding of their actions and decisions.[14] Mentors should demonstrate their own commitment to personal and professional growth, and share their experiences of how autonomy has played a role in their development. Connect your mentee with resources, networks, or opportunities that can further their autonomy and personal development. Qualitative research approach used gave in-depth explanation on phenomenon under study.It's a single centric study focused on undergraduate mentoring, although there is substantial intersection between undergraduates and postgraduate students, there are issues and concerns exclusive to working with postgraduates that necessitate explanation so that they can be properly addressed to help both mentor and mentee.

CONCLUSION

Mentors were not certain on extend to which they could influence mentee autonomy. Mentors should have clear guidelines regarding autonomy supportiveness well-being and professional growth. Mentors are ideal providers of autonomy support because they are embedded within mentees personal developmental context. There should be collegiality among mentors for improvement in mentoring outcome. Autonomy supportiveness should continue parallel to professional identification development in undergraduate medical students. Autonomy development is a gradual process, and the mentor's role is to facilitate it rather than impose it. By applying the principles of Self-Determination Theory in your mentoring relationship, you can empower your mentee to become a more self-directed and motivated individual.

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