Mentoring, Nursing Students' Opinions; a Pilot Study*

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ABSTRACT: *This study was conducted in order to receive the opinions of the nursing students that their clinical training carried out using one-to-one mentoring model. The sample of this descriptive study consisted of 43 first-grade students of the nursing department of a university. The opinions of the students about mentoring were asked by applying a form consisting of 37 questions developed by the researchers at the end of the spring semester of 2014. Age average of the students participating in the study was $\bar{x}:19.2\pm1.1$. When students were asked about their opinions on mentoring model, it was determined that the practice of mentoring positively changed the perspectives of the students concerning the profession of nursing after they started receiving education (90.7 %), they wanted mentor nurses and instructors to work together in the clinic (53.3 %) and they preferred one-to-one mentoring model (55.8 %). Opinions of the students were received on the problems they encounter in clinical practices, the sources of these problems and how to increase the efficiency of clinical training. Results of our study reveal that one-to-one mentoring model has a positive impact on learning experiences of the students. Increasing the efficiency of mentoring system will increase the success of the clinical training.*

Keywords: *Nurse, clinical training, student, mentoring.*

I. INTRODUCTION

In nursing, modern education targets not only to increase information and clinical experience but also to improve basic nursing practices. In modern nursing education, such fundamental concepts as profundity and broadness, quality, flexibility, convenience and adequacy are currently encountered (Topuksak ve Kublay, 2010). Healthcare is one of the basic rights of human beings. Success of the primary health care depends on the use of changes in the health care system in a manner to raise the care standard of the patient and whether the nurses and other healthcare professionals to provide the care are well-trained (Bayık, 1991). In nursing education consisting of theoretical information and practices, the fundamental principle is to prepare the students for providing effective and appropriate care (Özbayıret al., 2011). In the process of preparation, clinical training has always been an integral and indispensible part of the education process (Karagöz, 2003). Objectives of clinical training are integrating fundamental scientific information into practices, making students competent in such fields as diagnosis, treatment and patient care and helping them acquire professional or individual skills and behaviours (Mannix et al. 2006). In order to accomplish these objectives in the practical training of student nurses, "Mentor Nurse" has undertaken a facilitating and developing role in helping the students achieve the practical targets (Ançel 2013). In clinical training, mentor nurses are expected to contribute to two basic themes. The first of these themes is to create an education environment facilitating or supporting the learning processes of the students while the second one is to develop the learning processes exclusive to the students and strengthen them in professional terms (Borneuf, 2010).

Five different mentoring models which are one-to-one, team, group, peer and electronic mentoring models were defined. Nursing instructors should pay attention to the number of students, number of mentors and electronic resources while deciding on the mentoring models to be used, and accordingly, design mentoring practices (Ançel, 2010).

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This study was conducted in order to determine the views and opinions of the students on mentoring practice following the clinical training carried out with the one-to-one mentoring model. Results of the study will be lead in the selection and implementation of the mentoring models and planning of education environment and learning processes of the student nurses.

II. METHODOLOGY

The target population of this descriptive study consisted of 43 students receiving education in the first grade of the nursing department of a university. All of the students were included in the population based on voluntariness. These students completed their basic nursing skills training in two phases. The first phase covered theoretical information in classroom and nursing skills trainings in simulation lab while the second phase was

performed as clinical practice. Clinical practice was performed with 126 nurses trained in mentoring and 4 instructors giving the theoretical information about the course. Prior to the clinical practice, the nurses with whom students would work were divided into small groups of 15-30 persons and received "Mentoring Course" for one day and were granted certificates of participation at the end of the training. Nurses were asked to provide one-to-one mentoring to the students. At the end of the 2014 spring semester, 37 item questionnare developed by the researchers based on the literature and as a result of face-to-face interview with 8 specialist nurses (Master Degree). And then students' opinions about the mentoring were sought. Consent of the relevant institution and informed consents of the students were received in written prior to the data collection process. In all phases of the research, ethical principles related to medical research specified in the Helsinki Declaration (Fortaleza, 2013) of the World Medical Association were complied. Study data were evaluated through numbers and percentages.

III.   FINDINGS

Table 1. Descriptive characteristics of students (n:43)

Characteristics	Number	%
Age		
18	8	18.6
19	24	55.8
20	9	21.0
22	1	2.3
24	1	2.3
Sex		
Female	37	86.0
Male	6	14.0
Whether the department of nursing was selected voluntarily		
Yes	23	53.5
Partially	11	25.6
No	9	20.9
Satisfaction with training		
Satisfied	30	69.8
Dissatisfied	13	30.2
Whether the student wants to work as a nurse post-graduation		
Want to work as a nurse	32	74.4
Not wanting to work as a nurse	11	25.6

All of the students participating in the study are first-grade students in the department of nursing and completed the clinical training via one-to-one mentoring model. The age range of the students is 18-24 while their age average is $\overline{x}$:19.2±1.1. While 86.0 % of the students are female, 14.0 % of them are male. It was determined that 53.5 % of the students selected this department voluntarily, 69.8 % of them were satisfied with the education they received and 74.4 % of them want to work as nurse post-graduation.

When students were asked about their opinions on the mentoring model; it was understood that mentoring positively changed the perspectives of the students about the nursing profession after they started receiving education (90.7 %) and this positive impact resulted firstly from instructors (62.8%) and secondly from mentor nurses (44.2%). A small number of students reported that their classmates (27.9%) and their families (20.9%) contributed to their positive opinions.

The question of "With whom do you want to carry out clinical practice?" was asked to the students, and more than half of them stated that they wanted to carry out it with both mentor nurse and instructor (53.5%). After it was explained that the current practice was one-to-one mentoring model, students were asked the "mentoring model they would choose". It was determined that one-to-one mentoring model (55.8%), team mentoring model (32.6%) and group mentoring model (16.8%) were preferred. The rates of preference for peer mentoring (2.3%) and e-mentoring (4.7%) models were too low and thus, they were not found suitable for clinical practices.

Table 2. Opinions of students on the responsibilities of mentor nurses and instructors (n:43)

Opinions*	Rehber hemşireler		Öğretim elemanları	
	Sayı	%	Sayı	%
RESPONSIBILITY LEVELS	*21*	*48.8*	*22*	*51.2*
Giving someone skill/experience	39	90.7	---	---
Supporting the students in cases of fear/anxiety/stress	38	88.4	28	65.1
Working with mentor nurse	---	---	38	88.4
Supporting/encouraging students for nursing practices	37	86.0	---	---
Facilitating learning	36	83.7	---	---
Enabling the students to carry out controlled/safe practices	36	83.7	---	---

Evaluating student success	31	72.1	35	81.4
Contributing to the communication between students and patients	27	62.8	35	81.4
Facilitating adaptation of the student to the clinical area	34	79.1	---	---
Developing professional perspective in the student	34	79.1	31	72.1
Enabling the student to learn occupational innovations	34	79.1	---	---
Being role model for the student	33	76.7	---	---
Being sensitive to the difficulties students encounter in clinic	---	---	33	76.7
Counselling	---	---	33	76.7
Contributing to the communication of the student with the team	29	67.4	28	65.1
Providing organisation of the clinical practice	---	---	29	67.4
Optimizing the clinical environment for training	28	65.1	---	---
Conducting group works with the students	---	---	27	62.8
Giving feedback to the students	23	53.5	27	62.8
Coordinating the clinic team for training	26	60.5	26	60.5
Helping students use theoretical information in practice	23	53.5	25	58.1
Ensuring harmony between student and mentor	---	---	25	58.1
Promoting critical thinking skill in student	24	55.8	---	---
Training mentor nurses and consulting to them about clinical training	---	---	24	55.8
Evaluating the success of clinical training	---	---	22	51.2
Conducting assessment/research in order to develop the mentor nursing system	---	---	22	51.2
Solving the problems experienced by mentor nurses and students	---	---	22	51.2
Undertaking the responsibility of the instructor in practice	20	46.5	---	---
Improving oneself in the professional arena and following innovations	19	44.2	---	---
Ensuring the transfer of theoretical information into practice	18	41.9	---	---
Recording the portfolio of the student and documenting the progress	18	41.9	---	---
Assisting to the career planning	14	32.6	---	---

*Students marked more than one option.

Table 2 includes the opinions of the students on the responsibilities of mentor nurses and instructors taking charge in their clinical practices. When students were asked about whom – mentor nurses or instructors - they prefer for undertaking responsibilities in clinical practices, preference for mentors nurses or instructors (48.8 % - 51.2 %) were found in ratio close to each other. While students confer such responsibilities related to the clinical field and practices as skill and experience building (90.7 %), supporting the students in cases of fear/anxiety/stress (88.4 %), supporting/encouraging with respect to nursing practices (86.0 %), facilitating learning (83.7 %), enabling the students to carry out controlled/safe practices (83.7 %), and enabling the students to learn professional innovations (79.1 %) to mentor nurses, whereas they confer such responsibilities related to the development of the mentors as working with the mentors (88.4 %), evaluating the student success (81.4 %), contributing to the communication between students and patients (81.4 %), being sensitive to the difficulties students encounter in clinic (76.7 %), counselling (76.7 %) and organisation of the clinical practice to the small number of instructors who work with them in the clinic.

Table 3. Problems that students encounter with respect to the mentoring model applied and the root cause of these problems (n:43)

Problems*	Sayı	%
There is uncertainty as regards to duties, authorities and responsibilities among nurses and other members of the healthcare team	31	72.1
Mentor nurse cannot spare enough time to the student	27	62.8
There is inconsistency between clinical practices and theoretical education	20	46.5
Mentor nurses do not support students during clinical practices	19	44.2
Practices of mentor nurses are different from the stages of practice carried out in the skill laboratories (current and evidence-based practices are not used in the clinic)	17	39.5
Inadequacy of clinical practices	17	39.5
Lack of sufficient materials in the clinic for the use of students	14	32.6
Insufficiency of simulation laboratory works prior to the clinical practice	12	27.9
Mentor nurses does not want to help the students carry out practices for they cannot act quickly in works requiring skills	9	20.9
Working with the mentor nurse leads to stress	9	20.9
Students are not duly appreciated/are neglected	7	16.3
Mentor nurses and instructors do not have sufficient skills and educational attainments	7	16.3
Inadequacy of physical infrastructure in the clinic for nursing practices	6	14.0
Communicating with nurses is difficult	4	9.3
Students cannot take part in the clinical team	3	7.0
Communication difficulties with the instructors	1	2.3
The root cause of problems*		
Work overload of mentor nurses	27	62.8
Prejudices of mentor nurses towards students	27	62.8
Absence of communication between mentor nurses and students	25	58.1

Scarcity of nurses in clinics	24	55.8
Mentor nurses do not do their jobs voluntarily	24	55.8
Mentor nurses do not pay attention to the education of the students	23	53.5
Nurses selected as mentor are not the right ones	20	46.5
High number of patients who need care	19	44.2
Incompetence of mentor nurse with respect to the profession and education	15	34.9
Prejudice of students towards mentor nurses	11	25.6
Students increase the workload of the mentor nurse	9	20.9
Inexperience of the student in terms of professional skills	9	20.9

*Students marked more than one option.

When the problems that students experienced with respect to the mentoring model were asked, the students reported problems resulting from mentors, themselves and clinical environment which include, first and foremost, uncertainty as regards to duties, authorities and responsibilities among nurses and other members of the healthcare team (72.1%), inadequacy of the time spared by the mentor nurse to the student (62.9 %), inconsistency between clinical practices and theoretical education (46.5%), and lack of support by mentor nurses during clinical practices (44.2%) (Table 3).

Students think that the root cause of the problems they encounter are work overload of mentor nurses (62.8%), prejudices of mentor nurses towards students (62.8%), lack of communication between mentor nurses and students (58.1%), scarcity of nurses in clinics (55.8%), involuntary performance of the job by mentor nurses (55.8%), and lack of attention paid by the mentor nurse to the education of the students (53.5%). Students also reported work load and inadequacy of education and, with respect to themselves, inexperience related to professional skills (Table 3).

Table 4. Opinions of students for increasing the efficiency of the applied mentoring model (n:43)

In order to increase the efficiency of the mentoring model*	Sayı	%
Mentor nurse should establish effective communication with the student	32	74.4
Mentor nurse and student should make plans together during the mentoring process	31	72.1
Duration of the collaboration of mentor nurse with the student should be increased	30	69.8
Mentor nurse should clearly know the objectives and content of clinical training as well as the criteria for evaluating the student success	30	69.8
Objectives and content of clinical training and criteria for evaluating student success should be explained more clearly to the student	25	58.1
Authorities of mentor nurses should be clearer	21	48.8
Mentors and students should be provided with constructive feedbacks	21	48.8
Knowledge of mentor nurses should be updated via in-service trainings	20	46.5
Role conflicts among instructors, mentors and nurses should be eliminated	20	46.5
A more effective communication should be established among mentors, nurses and instructors	18	41.9

*Students marked more than one option.

Students expressed that mentor nurses should primarily establish effective communication with students (74.4%), mentor nurse and student should make plans together during mentoring process (72.1%), duration of the collaboration of mentor nurse with the student should be increased (69.8%), mentor nurse should clearly know the objectives and content of clinical training as well as the criteria for evaluating the student success (69.8%) and objectives and content of clinical training and criteria for evaluating the student success should be clearly explained to the student (58.1%) in order to increase the efficiency of mentoring model. According to the least favourite answers, role conflicts between mentors and instructors should be eliminated (46.5%) and there should be an effective communication between them (41.9%).

IV. DISCUSSION

Inadequacy of trained instructors in the nursing schools is one of the pressing issues in terms of the clinical training of the students (Forbes and White 2010; Reid et al. 2013). Thus, it is remarkable that there has been a decrease in the responsibilities of the instructors regarding the nursing practices in recent years (Leonard et al. 2016). In order to meet this deficiency, there are such trends as the employment of assistant instructors/specialist clinicians (Forbes and White 2010; Roberts et al. 2013), mentoring, preceptorship (Cooper-Brathwaite and Lemonde 2011; Rich et al. 2015), training in simulation lab, creation of e-learning environments (Reid et al. 2013) and peer mentoring (Smith et al. 2015; Williams et al. 2015).

In this study, students worked with one mentor during the clinical training by using one-to-one mentoring model and with four instructors in determined clinics, and instructors tried to meet the requirements and eliminate the problems of the mentors and students. All mentors who would work with the students received training on expectations from mentors, working with students and evaluation. It is seen in the literature that not all mentors working with student nurses have received training (Dobrowolska et al. 2016;Huybrecht 2011 s.275) . However, the studies on mentoring recommend training of mentors and support of instructors and managers for

mentors for the solution of the most of the problems reported in these studies (Huybrecht 2011 s.275; Moran ve Banks 2016; Salminen et al. 2013) .

In this study, uncertainty as regards to duties, authorities and responsibilities during clinical training was reported by the students as the most important problem (Table 3). While students ascribe roles and responsibilities related to clinical training to the mentor nurse, they ascribe such expectations as coordination, research, integration of professional innovations into clinic and training of mentors to the instructor (Table 2). In parallel to this aspiration, more than half of the students are satisfied with carrying out the clinical training in company with both mentor nurse and instructor. Whether the clinical training should be carried out in company with mentor or instructor is a question of debate. Instructors and mentors have negative thoughts about some competences of one another (Salminen et al. 2013). Although there are situations where both groups turn out to be advantageous or disadvantageous, it is seen that mentoring models affect learning in a positive manner when planned properly (Duffy 2013, Huybrecht 2011, Salminen et al. 2013). Improving competences of nurse instructors and mentors and enhancing cooperation between them are of paramount importance for evidence-based nursing training (Salminen et al. 2013). It is seen that the responsibilities ascribed by the students to the instructors and mentor nurses have similar or divergent aspects with the literature (Banister et al. 2014, Dobrowolska et al. 2016, Huybrecht 2011, Evans et al. 2013). Dobrowolska et al. (2016) report that there is diversity in the clinical roles of mentors in EU countries.

According to the findings of the present study, 53.5 % of the students selected the department voluntarily, 69.8 % of them were satisfied with the department at the end of the first year and 74.4 % of them expressed intention of working as a nurse post-graduation. This shows that training provided in our university increases awareness concerning thee nursing profession and motivation for practicing the profession (Table 1). Students stated that their perspectives about the profession changed in a positive manner at the end of the semester, and this change was influenced by first instructor and then mentor nurse (Table 4). Studies have reported that mentors can transfer enthusiasm in the students despite some negative factors affecting mentoring (Huybrecht 2011) . Training of mentors and encouraging positive mentoring culture are key elements for effective clinical consultancy (Skela-Savič and Kiger 2015). Mentoring is essential for professional development (Moran ve Banks 2016) and must be a part of professional roles of clinician nurses (Skela-Savič and Kiger 2015). As a clinician nurse assumes the role of trainer, s/he should be supported by a mentor focusing on the acquisition of training skills (Roberts et al. 2013), guidelines should be developed for mentors (Davies et al. 2016).

In the present study, most of the students preferred one-to-one mentoring model for their ongoing clinical practices. While 62.8 % of the students thought that group works should be led by instructors, none of them ascribed this responsibility to the mentors. This might result from the inadequacy of the pedagogical preparation of mentors for conducting group trainings. Only a few of the students participating in the study considered e-mentoring and peer mentoring to be suitable for clinical practices. Also, it is seen that the studies focus on the development of peer mentoring model as well (Smith et al. 2015, Williams et al. 2015).

In clinical environment, the duties of mentor nurses who support the practical training of student nurses start with the organization of the learning activities of the student before they come to the clinical environment and continue with overseeing students during the activities, giving constructive feedbacks, following the practices of the students to help them reach the learning targets, being in contact with the advisor and instructor responsible for the course with respect to the performance of the student and evaluating the achievements of the students (Chow, Suen 2001; Dorsey and Baker, 2004). Our study reported that students had expectations from mentors in parallel to the literature (Table 2). The student who cannot work in good agreement with his/her mentor embarks on a quest for a different mentor (Cangelosi 2014).

The most important problems perceived by the students with respect to the mentoring model are failure of mentor nurse to spare enough time to the student, inconsistency between clinical practices and theoretical training and lack of support to the student by the mentor nurses during clinical practices (Table 3). Lack of time is important for supporting students and teaching (Moran ve Banks 2016). In the study, giving feedbacks to the students was reported by the mentor nurses to be important. However, only 54 % stated that they could spare the required time (Huybrecht 2011).

Whether the mentor nurse should make evaluation is another matter of debate (Hunt et al. 2016). Seurynck et al. (2014) reported harmony ranging from weak to mild between mentors and instructors in the evaluation of the students. In the present study, evaluation made by the nurses was not perceived as a problem; although 81.4 % of the participants ascribed the responsibility of evaluation to the instructor, 72.1 % ascribed this responsibility to the mentor nurse as well. It is emphasized in the literature that whether the mentor can make the first evaluation should be clarified and if it is decided that the mentor should play a role in the evaluation, the mentor should be aware of the nature of the such conflicts of interest as failure or lack of confidence. In case of a conflict, support of instructor or a person from the team to the solution is recommended (Huybrecht 2011). As included in the recommendations of the students in this study (Table 4), cooperation is

required for the improvement of the experiences of the mentors and for clinical reliability of the academicians. Also, holistic, reliable and valid evaluation tools need to be developed (Wu et al. 2015).

V. CONCLUSION and RECOMMENDATIONS

It can be concluded from this study that professional awareness levels and levels of motivation for working as nurse increased in the students receiving clinical training through one-to-one mentoring model. Certain problems related to mentoring model were presented. Determination of these problems will contribute to the development of this model. Different responsibilities ascribed by students to mentors and instructors will be guiding for eliminating role conflicts in these two groups. For increasing the effectiveness of the model, such important suggestions as the use of effective communication techniques, receiving opinions of the students concerning the clinical planning, increasing the duration of working with the mentor, explaining the objectives of clinical training and evaluation criteria for student success to the mentor and student clearly were made.

It is important to improve the competences of mentors and instructors and to enhance cooperation in terms of evidence-based nursing training. Nurses trained in mentoring will make significant contributions to the training efforts of the instructors both in supportive learning environment and in developing learning processes. In this respect, guidelines should be developed for mentors, training programs should be prepared and mentors should be strengthened pedagogically. Conduct of studies which examine the effectiveness of mentoring models and compare them is of great importance for the success of the clinical training. Mentoring is essential for professional development and must be a part of the professional roles of clinician nurses.

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