

CLINICAL MENTORING

THE VIEWS OF THE NURSING STUDENTS AND CLINICAL MENTORS

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Abstract

Introduction: In nursing, clinical learning is an important part of the curriculum and accounts for approximately 50% of the pre-registration nursing programme. Supporting students to learn in clinical settings is an important function for both educators and practitioners, however, there is little consensus in the literature on what constitutes appropriate learning support.

Purpose: This study was aimed at exploring the phenomenon of clinical mentoring as perceived by the nursing students and clinical mentors in a selected hospital in Durban.

Methodology: A qualitative descriptive approach was used in this study with a population of 48 registered nurses and 47 nursing students who were doing the four-year diploma in nursing. Sample size consisted of eight registered nurses and eight student nurses. Individual interviews were conducted to collect data.

Findings: The findings revealed that the assistance and guidance that the clinical mentors are offering to students are most crucial for growth and the development of students and gain of quality clinical skills. Challenges to the mentoring process included time constraints, shortages of human and material resources in the clinical facilities and lack of a system in place for the preparation of clinical mentors for this role.

Recommendations: This study suggests that the educational and clinical settings needs to work together to ensure that formalised mentorship programmes are put in place where clinical mentors will be trained for the role and formally appointed to the roles.

Keywords: mentoring, mentor, mentee, clinical learning, clinical teaching, clinical learning experiences

Introduction and Background

Mentorship is widely relied upon, not just as a support mechanism for students, but also as the main vehicle for the activities associated with learning, teaching and assessment of practice. Within nursing, mentorship is integral to students' clinical placement experiences and has attracted increasing interest among researchers (Myall, Levett-Jones & Lathlean, 2008). Gilmour, Kopeikin and Douche (2007) referred to mentoring as a key strategy for supporting nursing students and new practitioners in clinical settings. Gibbs, Brigden and Hellenberg (2007) asserted that mentoring is the most effective method to shape and develop

professionalism, ethics, values and the art of a discipline because the mentors are role models of these critical attributes through their day to day involvement with the students.

Mentoring may be a formal structured process, but can also be informal, where clinical practitioners, by virtue of having students working under their supervision, serve as mentors. Whether formal or informal, Gibbs et al. (2007) state that mentoring is a protected relationship that encourages the holistic development of a person and it requires the development of bounded and purposeful relationships, which are underpinned by knowledge,

experience and opportunities for reflection. In this relationship, according to Spouse (2001), learning and experimentation can occur, potential skills can be developed and results can be measured in terms of competencies and attainments.

Although mentorship is not a common practice in South African nursing, preceptors are frequently used in a variety of health care settings where student nurses undertake their clinical learning. Preceptors are customarily experienced nurses with clinical expertise, who act as role models as they guide, teach and assess the students, as directed by curriculum outcomes (Harris, 2007). Preceptors liaise with students and health service staff, and are accountable to the educational institution. This is usually a short-term engagement (Northcote, 2001).

According to South African Nursing Council (SANC), clinical accompaniment is one of the strategies that are used to guide and support the student nurses in the correlation of theory to practice when they are placed in a clinical setting. This is done by the nurse educators. The students utilize the clinical learning opportunities in the health service under the supervision of registered nurses, midwives and other experts in the health service.

Problem Statement

In South Africa (SA), mentoring in the clinical settings for nursing students is not formalized, there are no guidelines from the regulatory body to serve as a guide to mentors in clinical settings and mentors do not undergo special preparation. Andrews and Roberts (2003) indicate that there remains little agreement on the role of the mentor and the most effective method for mentoring. Furthermore, there is confusion on the meaning of the term and the possible effect on its application in practice, thus making it difficult to evaluate the value of the phenomenon in nursing (Yonder, 2010). If students are to achieve a positive learning experience, it is vital that they receive adequate mentoring in their day to day clinical learning experiences.

Compounding the challenges related to mentoring is that student numbers are increasing while staff numbers, on the other hand, have been depleted in many hospitals. According to Ranse and Grealish (2009), clinical mentoring of students is becoming a burden as a result of the depleted pool of nurses that

are expected to serve as mentors to student nurses, while at the same time providing quality care to their patients. It is against this background that this article explored the perceptions and views of the students and those expected to serve as mentors in the clinical settings on mentoring.

Collins, Price and Angrave (2006) highlighted that for effective learning to take place, it is critical that both mentors and mentees are thoroughly prepared for their roles. According to Mlambo (2006), clinical staff are not adequately prepared for their roles as mentors because the academic institutions do not communicate directly with them, but rather communicate with those in management positions in the clinical settings, and that the information normally do not filter down to those involved in the day to day dealings with the students.

Harrison, Lyons and Fisher (2009) point-out that a number of challenges related to mentoring of students in clinical settings including staff shortages, time constraints, students being used as part of the workforce, competing commitments and lack of resources and infrastructure to support the role of mentor. These challenges may render mentorship to be unfruitful and ineffective (Clutterbuck, 2005). Andrews and Roberts (2003) state that mentoring is usually done by nurses who have not been formally appointed, but who avail themselves and they noted that some of the clinical staff has no interest in the mentoring of students, as they feel it is additional work. This can lead to inappropriate staff being utilized as mentors.

Research Question and Objectives

The research question for this study was: What are the views of the student nurses and mentors on clinical mentoring? The objectives of this study were to: (a) describe the term clinical mentoring as perceived by the students and mentors; (b) explore the process of clinical mentoring in the clinical settings and (c) describe the benefits and challenges of clinical mentoring.

LITERATURE REVIEW

The reviewed literature shows that there is no agreed upon definition of the term mentoring (Bray & Nettleton, 2007). The term mentoring is sometimes used interchangeably with terms such as coaching and preceptorship (Gibbs et al., 2007; Harris, 2007).

Gibbs et al. (2007) explain that mentoring is a relationship rather than an activity and this is what clearly distinguishes mentoring from most other forms of learning and development. Coaching is often more specific and of a convergent purpose. A coach is a trainer, who is available to train the students on a particular skill and their relationship lasts for as long as the learning need exist (Gibbs et al., 2007).

Preceptorship on the other hand, is defined as a competent, confident and experienced nurse who assists another nurse or nursing student in giving quality nursing care by guiding, directing or training and states that the relationship that develops during preceptorship is for a short period of time (Gray & Smith, 2000). A mentor, on the other hand, is a guide, a facilitator and a support to the students and there is a special relationship that develops during the mentoring process. Mentoring relies heavily upon self-directed and student-centered learning, whereas coaching is much more didactic and teacher-centered (Robison & Boder, 2009; Gibbs, et al. 2007).

The regulatory bodies in countries such as UK, America and Australia have introduced formal mentoring programmes for student nurses and provided guidelines for these mentors in the clinical settings (Myall et al., 2008). It is mandatory in these countries that those students on training are assigned a formal mentor who will work with them through the duration of their training. These mentors undergo special preparation for their roles. This model of mentoring afforded supernumerary status to students and replaced the previous apprenticeship type model of 'learning on the job'. Lee (2007) reported that although mentors in these countries undergo training, research studies indicate that many mentors still feel ill-prepared to carry out their roles.

According to Harris (2007), in nursing, mentoring is of vital importance to the personal and professional growth and development of the students when they are in clinical settings. The students need to be guided and supported by well prepared clinical mentors to integrate theory to practice and become competent clinical practitioners with good judgment (Lee, 2007). This is in line with other studies (Webb, 2008; RCN, 2005; Northcote, 2001) which assert

that all students on approved programmes must be guided and supported by appropriately prepared mentors during their clinical placements in order to gain clinical learning experiences. Webb (2008) asserts that clinical learning amongst all professions enables the development of knowledge, skills and attitudes of an individual and grounded in practice through the use of reflection on actions. In the study conducted by Eby and Lockwood (2005) on a mentorship programme of final year students in Australia, the findings revealed that the students were well prepared for their transition from students to registered nurses. Eby and Lockwood suggested that the development of a year-long mentorship programme for final year nursing students was of value in preparing them for the workplace.

RESEARCH METHODOLOGY

Approach: A descriptive qualitative approach was used in this study. The study was done in a selected nursing college campus in Durban, KwaZulu-Natal (KZN) which has a hospital linked to it. The selected nursing college campus is one of the campuses of the KZN College of Nursing offering a four-year basic diploma nursing programme.

Population: This study population consisted of the first and second-year nursing students doing four-year basic diploma nursing programme and the registered nurses (RNs) who were working in the wards/units of the hospital where mentees were allocated for their clinical learning experiences. Only first and second year students were chosen to participate because at the selected nursing college campus, these groups of students are available in the hospital clinical setting. At third year level, students are placed in community health care centres and at fourth year level, at psychiatric hospitals sometimes outside Durban. The researcher then focused on the first and second year students who were available at the campus and placed in the selected hospital units. There were 25 first-year students, 22 second-year students and 48 RNs working in the wards/units of the selected hospital. Total population was 95 subjects.

Sampling: Non-probability purposive sampling was used to select the participants for the study. Four first-year students, four second-year students and eight RNs were requested to participate in the study making a total sample of 16 participants. The

students who had spent more than six months in the clinical settings were selected and the RNs who had had the most working experience in this hospital were also selected to participate. Registered nurses at this selected hospital, are mainly exposed to the mentioned selected student nurses because of the fact that the third and fourth year students are not allocated in this hospital and therefore, the inclusion criteria for mentors was the exposure of the mentor to mentoring these specific groups of mentees.

Data Collection: Unstructured interviews were used to collect data followed by focus group discussions. The researcher firstly conducted individual interviews with the RNs and with the students. Then three separate focus group discussions were held for the group of first-year students, for the group of second-year students and for RNs' group. Data was collected in quiet, private office spaces at the college were used for the students and a vacant office in the hospital was provided by the nursing service manager to collect data from the RNs.

The researcher arranged a time schedule with the participants, taking into consideration their availability so as to avoid disturbing their class sessions. Data was collected during their lunch times when they were free. It took about 30 to 45 minutes to complete the individual interview with each participant. An audio-recorder was used to capture the interview sessions. Permission to conduct the study was obtained from the participants before using the audio-recorder.

Data Analysis: A six-staged Schweitzer (1998) model of analysing data was used. In stage 1, text was repeatedly read from each transcript, line-by-line, and compared the data to the notes which had been taken during the interview in order to get a holistic picture of the responses from the participants. In stage 2, a constituent profile was developed and the raw data summarized from each participant. The central themes were extracted as they repeatedly occurred in the transcripts. In stage 3: a thematic index was formulated which highlighted the major themes that emerged from participants. Referents were then extracted. The researcher searched the constituents for referents which were then isolated and listed separately.

The data was then examined and analyzed

collectively. Stage 4 included searching for the thematic index. Referents, central themes and the constituent profile were compared to form interpretive themes. At stage 5, an extended description of interpretive themes was made. Interpretive themes were used to rigorously explicate meanings attributed to the phenomenon under study. Lastly, in stage 6, a synthesis of extended description of interpretive themes was done. This formed a summary of interpretive themes that produced an in-depth picture of participants' understanding and experiences of clinical mentoring in the selected hospital.

Ethical Considerations: Ethic approval was obtained from the Research Ethics Committee of the Faculty of Health Sciences at the University of KwaZulu-Natal (UKZN) and the Research Committee of the KZN Provincial Department of Health. Permission to carry out the study was also obtained from the Principal of the KZN College of Nursing and the Nursing Service Manager and Hospital Manager of the selected hospital. Written informed consent was obtained from the participants. All participants were assured that anonymity and confidentiality would be observed by not using their names as codes would be used when recording data. Codes were assigned to transcripts instead of the names of participants to ensure anonymity and confidentiality. Participants were informed that they had to the right to withdraw from the study at any point if they so wished.

Academic Rigour: For credibility, students and mentors were requested to validate the correctness of data and data analysis. Transferability was done through detailed description of information obtained from the participants. To ensure dependability, the researcher conducted data quality checks or audits, peer review coding and also consulted with an expert in qualitative research who monitored the data collection process, the analysis and the interpretation of the data. Conformability was obtained by doing an audit of the data and by obtaining the participants' responses to the findings for cross checking and verification.

FINDINGS

The themes that were identified for this study included: (a) students' descriptions of clinical mentoring; (b) mentors' descriptions of clinical

mentoring; (c) students' experiences of the process of clinical mentoring; (d) mentors' experiences of the process of clinical mentoring; (e) qualities of a good

mentor; (f) benefits of clinical mentoring and; (g) challenges of clinical mentoring.

Figure 1: Data Presentation

Students views	Mentors' views
Description of clinical mentoring:	
<ul style="list-style-type: none"> • It is support and guidance to students when in clinical settings. • It's an opportunity for students to be exposed to new clinical learning opportunities and to practice nursing procedures within a safe clinical environment under the guidance of a mentor. • It is time of integrating theory learnt from college with practice in the clinical settings. 	<ul style="list-style-type: none"> • It is a process of mothering, helping, supporting and guiding the students in their development, and acquisition of skills and knowledge when in a clinical setting. • It is a support strategy for assisting students to master clinical work through well structured learning experiences.
Views of the process of clinical mentoring:	
<ul style="list-style-type: none"> • For the mentoring process to be successful, students need to actively participate in clinical learning and be self directed. • Feedback received from clinical experiences form part of the mentoring process as it helped them to identify their shortcomings and understand where they went wrong. • It is viewed as an important role in promoting a positive learning environment for students to link theory to practice. 	<ul style="list-style-type: none"> • Clinical and college staff should work together to make mentoring process more effective. • It should be done according to the students' needs; level of training and course learning outcomes. • Organisational factors play an important role to ensure that the environment is conducive for learning to takes place.
Benefits:	
<ul style="list-style-type: none"> • Grooming and nurturing students to become critical and mature professionals. • Students acquire good clinical skills and applied knowledge. • Helps to boost students' confidence and self-esteem and reduce feelings of isolation. 	<ul style="list-style-type: none"> • Clinical mentors learn from the students during mentoring relationships.
Challenges:	
<ul style="list-style-type: none"> • The amount of time that the mentors had available to spend with them was limited. • Students were not properly mentored because of the heavy workload assigned to them in their professional capacity. • Students had not been informed about the mentoring process prior to their placement in the clinical settings. 	<ul style="list-style-type: none"> • Mentors not adequately prepared for the process of mentoring which hampered their efforts. • Students assigned to the clinical setting for their practical training was increasing versus increased workload.

DISCUSSION

Descriptions of clinical mentoring

The phenomenon 'clinical mentoring' was understood according to individual experiences of students. Students described clinical mentoring as a form of support and guidance that was given to them by mentors as one participant stated:

The mentor is giving me a lot of support and guidance... always there to show me things and encourage me... she also made me realize what I actually do know and do not know.

Mentors had a similar understanding that clinical mentoring is a strategy to guide and scaffold students in order to assist them to integrate theory to practice as indicated in the excerpt from the mentor:

Through mentoring, a student is groomed from a novice nurse to a fully grown-up grounded nurse who is able to face the challenges of the practice on her/his own and becoming an independent nurse practitioner... Enabling students to link theory to practice through practice and evaluation of their performances while undertaking a placement.

According to Moll (2007) and Webb (2008), students need to be supported and guided when they are in clinical settings. Several researchers (Sean & Chow, 2008; Gilmour et al., 2007) pointed out that successful mentoring depends on the students' commitment to participate in the rendering of the nursing care in the wards, to ask questions when they are not sure and to be available for any activities that are done in the ward. Clinical mentoring depends heavily upon self-directed and student-centred learning (Gibbs et al., 2007). Pitney and Ehlers (2004) report that the students who actively participate in the learning process through clinical mentoring learn more than those who are not. It is therefore important that students take an initiative when working in the clinical settings so that supportive relationships of mentoring are developed.

Views on the process of clinical mentoring

Students reported that they had been made to feel welcome when they arrived at the clinical setting and had been orientated to their new surroundings. Orientation helps to relieve anxiety and ease the students' transition from the classroom to the clinical

setting. One of the mentors stated that:

Orientation of students in the unit is the actual kick-start of the mentoring process... I encourage them to ask some questions during the course of orientation if they have something they don't understand so that it is easy for me to explain it while they are still new.

For the mentoring process to be successful, students need to actively participate in clinical learning and be self-directed. Ransie and Grealish (2009) are of the opinion that when students partake in clinical work and are mentored, they accept responsibility for work and valued this responsibility. Mc Call and Hughes (2010) described clinical involvement as important key factor for future practice as it provides hands on experiences and enhances communication and technical skills. The feedback that students receive from clinical learning experiences is viewed as part of the mentoring process because it helped to identify students' shortcomings and understand where they went wrong as stated in the abstracts below:

I enjoy working in this ward because the sister ensures that she corrects and give you feedback for each and everything I do, good or bad... it is important to get feedback immediately after demonstration of the procedure while a person still remembers the gap in my performance.

McKimm (2009) suggests that a discussion of the student's performance after a procedure at different stages of training helps to increase the potential for learning as well as the professional development of the student, and also encourages the awareness of strengths and weaknesses by clarifying the areas for improvement and actions to be taken to improve performance. Mentors believed that the clinical and college staff should work in collaboration to make the mentoring process more effective as one mentor indicated that:

We have monthly nursing managers meetings with the college staff where the issues and problems pertaining to students learning in the wards are discussed...

By working together, clinical and college staff can teach and prepare the students for proper placement and to work with confidence (Curtis, 2009).

According to Gibbs et al. (2007), the mentoring process incorporates a relationship that occurs between the clinical mentor and the educator that is characterised by trust and respect to ensure that learning and experimentation can occur and that potential skills can be developed in terms of competencies, attainment and confidence.

The majority of the mentors emphasised that teaching and clinical support of the students in the clinical setting should be done according to the students' needs, level of training and learning outcomes. It was indicated that the mentors followed the clinical learning outcomes in teaching and guiding students allocated in the clinical settings. One mentor stated that:

When the students come to the ward, I ask them about their learning objectives to ensure that they know their expectations in that ward... this will also inform me as to what I should cover in teaching them in accordance to their level.

According to Hayes (2008), the training levels and learning outcomes are important when planning clinical learning and teaching so that theory and practice can complement each other. Learning outcomes act as evidence that teaching standards and curriculum have been maintained and covered. The mentors identified that organisational factors also played an important role in the mentoring of students to ensure that the environment is favourable for teaching and learning to take place in terms of clinical resources and requirements needed for clinical practice. According to Cherian (2007), in order to provide a quality mentoring process, training institutions must ensure that there are sufficient working resources and equipment available for the students. Healthcare organisations need to strive for the establishment of an environment that is acceptable for nurses and quality care so that proper mentoring takes place (Owen & Patton, 2003). Mlambo (2006) note, however, that the availability of equipment alone cannot guarantee the provision of quality care, but it may provide an important first step towards promoting it.

Qualities of a good mentor

Most students agreed that a good mentor must be approachable and always be available when students are in need of support as highlighted by one

student that:

... Someone that I could always go up and ask a question... and feel like they can give me an answer without judging me... Someone that would talk to me on a personal basis... not make me feel intimidated... not indicating to me that she is smarter or something... demonstrates willingness to assist and support me.

Pitney and Ehler (2004) indicated that accessibility, approachability and availability, when the need arises, are the key factors to the effective clinical mentoring of students. It is important that mentors are organised, friendly and approachable (RCN, 2005).

The students also felt that a good mentor needs to be a good role model for the students. This finding is underpinned in the results of the study by Gray and Smith (2000) which emphasised that clinical mentors need to lead by example to instil the sense of being professional, organised and self-confident. Students felt that a good mentor needs to have good communication skills, be knowledgeable with current clinical practices and not afraid to correct the students. One of the students stated that:

Open lines of communication and accessibility are important traits in a mentoring relationship... a student must be able to rely on this person for honest contribution in their growth and development with current knowledge... a wrong must be wrong and commend me for right actions.

Myell et al. (2008) are of the view that mentors must always be up-to-date with current information and must also be experts in their own field of practice. Sherman (2005) indicates that mentors must be trained for this role so as to be able to display the 'necessary and expected' qualities. These qualities, according to Sherman, are good communication skills, ability to teach, openness, critical patience and a good attitude to others (2005).

Benefits of clinical mentoring

It was reported that clinical mentoring was essential for grooming and nurturing students to become critical and mature professionals as stated by one participant:

In the clinical settings, we exposed to the foundations of nursing for clinical growth ... I can learn so much from her in a more relaxed and comfortable realistic setting in the ward... my clinical mentor is a clinical specialist with high clinical expertise.

Some studies suggested that mentoring is important and effective in supporting the personal and professional development of trainees in the clinical area (Marable & Raimondi, 2007). The novice practitioners need to be mentored in order to develop professionally, acquire ethical standards, and learn about general nursing routines and responsibilities (Chapman & Orb, 2010).

Clinical mentoring benefited students to link theory to practice while in clinical placement. Brown, Birk, and Bennett (2008) are of the view that clinical mentors play an important role in supporting and assisting the students to apply theory into practice. This, according to Brown et al. (2008), is beneficial to the students because it links what was covered in the classroom to the realistic settings and, thereby, makes full sense to the learner.

Mentoring helps boost the students' confidence and self-esteem, and reduce feeling of isolation as they communicate with the mentor and other students during the exploration of information. Many studies (Bullough, 2008; Marable & Raimondi, 2007; RCN, 2005) point out that the provision of emotional and psychological support by mentors assist in boosting the students' confidence and enabling them to try some difficult experiences when in clinical practice. From the students' perspective, it was evident that mentoring was viewed as an integral part in the provision of an environment that is favourable for clinical learning to take place. Myal et al. (2008) indicated that a clinical mentor was responsible for increasing the students' learning chances.

The majority of mentors revealed that providing clinical support to the students encouraged them to keep up to date with their own clinical skills and knowledge to ensure that their practices were evidence-based so that they would be able to share them with the students. Some of the participants revealed that:

The students of today are very curious and critical,

as a mentor, I need to be ahead of them and be as informative as they would expect me to be... be able to provide evidence-based clinical practice.

Sometimes it is nice to work in a training hospital because you probably are compelled to read and explore more information at all the time in order to remain informative to be good source of information for the students... as a resource to students, I am needed to give updated information.

Cahill (2006) highlighted that mentors' skills and knowledge increase during the mentoring process. Mentors played an important role in promoting a positive learning environment for students to link theory to practice. This is in line with the study by Myal et al. (2008) which suggests that the role of clinical mentor is important in helping the students to feel connected to their clinical placement.

Challenges to clinical mentoring

While students and mentors identified the benefits of mentoring, they also recognised some challenges that could have an impact on the process of mentoring. The amount of time that the mentors had available to spend with students was limited due to the staff shortages and other clinical commitment affected teaching and support. According to Harrison et al. (2009), mentors have no time to spend on teaching the students due to the pressure of their clinical work. Mentors experience conflict between patients care demands and fulfilling their mentoring roles. They also indicated that they were not adequately prepared for the process of mentoring which hampered their efforts as indicated in the following excerpt:

There are no guidelines for us as clinical mentors on how to go about with mentoring of the student in the clinical setting... I just help students in day-to-day activities in the ward and giving them direction in terms of expectations and decisions in their learning... transition ... as they adapt to a new environment but there is no formal programme to support me playing this role.

Supporting the findings of this study, several researchers (RCN, 2005; Orland-Barak, 2007; Bullough, 2008) state that mentors sometimes feel inadequately prepared for the mentoring role and are

daunted by the prospect of giving lessons and also by the possibility that mentees might present new ideas. It was revealed that students were not properly mentored because of the heavy workload assigned to mentors in their professional capacity as stated below:

I don't have enough time for students... I am supporting too many students at a time and sometimes I feel under pressure... especially when there are staff shortages in our already under resourced clinical areas.

This is consistent with the studies of Lee (2007) and Simpson, Hafler, Brown, Wilkerson (2004) which stated that clinical mentors experience increased and sometimes unmanageable workloads when the role of mentoring is added to their normal daily routine. One of the mentors reflected as follows:

We have huge workloads and mentoring becomes an issue, it waste time because if you are mentoring then you have to take students step by step, slowly, answering their questions and repeating one and the same thing, it just doesn't work... the workload that we have in the ward.

Furthermore, apart from the difficulties mentors might experience in accommodating the students' needs as well as their normal duties, unmanageable workloads can have an impact on their work-life balance and cause stress. In this study, students indicated that they had not been informed about the mentoring process prior to their placement in the clinical settings and were unsure of the role of mentor, their role or what was expected of them. According to previous studies done (Aston & Molassion, 2003; Eby & Lockwood, 2005; Hopkins, 2005) it is indicated that students were not usually prepared for being mentored before the clinical placement whereas, it important for the person who is to be mentored to be introduced to the mentor before they are placed in the clinical settings, in order to have realistic expectations from the mentoring process.

The majority of clinical mentors felt that the number of students being assigned to the clinical setting for their practical training was increasing and that there were not enough trained nurses in place to mentor them, which had a negative impact on the quality of

the mentoring process. Some of the mentors stated the following:

The wards are always full and the staff ratio to patients is terrible, we are always way too short-numbered, so we don't get time to teach and support the students the way we feel we need to, poor students I feel sorry for them... we just throw them in the deep end.

We do not have staff, we have huge workloads and mentoring becomes an issue, it waste time because if you are mentoring then you have to take students step by step, slowly, answering their questions and repeating one and the same thing, it just doesn't work... the workload that we have in the ward.

Myal et al. (2008) state that mentors who support too many students sometimes experienced pressure to accept more students, especially when they are short staffed.

Recommendations

This study suggests some recommendations for the improvement of clinical mentoring in basic nursing education specifically, as this relates to student mentoring in clinical settings as follows:

- Formalised mentorship programme need to be put in place where mentors will be properly trained for the role and formally appointed to the roles.
- The NEIs together with the clinical facilities should ensure that a system of mentorship preparation is put in place which will help clinical mentors to be aware of their role and know what is expected of them.
- Students need to be better informed about the mentoring process before they are placed in clinical settings so that they are aware of what is expected of them.

Conclusion

Mentoring is a dynamic and complex relationship that can support growth, increase synergy and develop ways for students to succeed as mature practitioners. Clinical mentorship in nursing remains an integral part of students clinical learning experiences and has a significant influence on the quality of the students' learning experiences when in clinical placements. The results reported that both

mentors and mentees viewed clinical mentoring as a support and guidance strategy for students when in clinical settings, which needs to be formalised and well organised for effective results.

It is suggested that clinical mentoring should be a process where clinical and college staff work together in linking theory to practice towards ensuring that mentees acquire the best possible clinical skills, applied competence and knowledge that lead to professional and personal development. Through the process of mentoring, students are oriented to the clinical milieu and given guided opportunities to participate in the clinical activities in order to acquire skills they need, while at the same time being self-directed and independent learners.

References

- Andrews, M. & Roberts, D. (2003). Supporting student nurses learning in and through clinical practice: the role of the clinical guide. *Nursing Education Today*, 23(7), 474-481.
- Aston, L. & Molassion, K. (2003). Supervising and supporting nurses in clinical placement: a peer support initiative. *Nurse Education Today*, 23(3), 202-210.
- Bray, L. & Nettleton, L. (2007). Assessor or mentor? role confusion in professional education. *Nurse Education Today*, 27, 848-855.
- Brown, L.R., Birk, M. & Bennett, P.F. (2008). Nursing practice, knowledge, attitudes, and perceived barriers to evidence-based practice at an academic medical centre. *Journal of Advanced Nursing*, 65(2), 371-381.
- Bullough, R.V. (2008). Cognitive complexity, the first year of teaching and mentoring. *Teaching and Teachers' Education*, 24(7), 1846-1858.
- Cahill, L. (2006). A qualitative analysis of student nurses' experiences of mentorship. *Journal of Advanced Nursing* 24(4), 791-799.
- Chapman, R. & Orb, A. (2010). The nursing student's lived experience of clinical practice. *Journal of Advanced Nursing Education*, 5(2), 73-79.
- Cherian, F. (2007). Learning to teach: Teaching candidates reflect on the relational, conceptual and contextual influences of responsive mentorship. *Canadian Journal of Education*, 30(1), 25-45.
- Clutterbuck, D. (2005). *Consenting Adult: making the most of mentoring*. London.
- Collins, T.J., Price, A.M. & Angrave, P.D. (2006). Pre-registration education: making difference to critical care. *Nursing in Critical Care*, 11(1), 52-57.
- Curtis, J.C. (2009). National mentoring and psychosocial outcomes among older youth transitioning from foster care. *Journal of Children and Youth Services*, 31(1), 104-111.
- Eby, L.T. & Lockwood, A. (2005). Protégés' and mentors' reactions to participating in formal mentoring programs: a qualitative inquiry. *Journal of Vocational Behaviour*, 67(9), 441-458.
- Gibbs, T., Brigden, D. & Hellenberg, D. (2007). Mentoring in medical practice. *South African Family Practice*, 47(8), 5-6.
- Gilmour, J.A., Kopeikin, A. & Douche, J. (2007). Student nurses as peer-mentors: collegiality in practice. *Nurse Education in Practice*, 7, 36-43.
- Gray, M.A. & Smith, L.N. (2000). The qualities of an effective mentor from the student nurse' perspective. *Journal of Advanced Nursing*, 32(6), 1542-1549.