



The Role of Mentors in Supporting Nursing Students

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ABSTRACT

Mentors play a key role in enabling the transition of students from a theoretical understanding towards successful, confident application of these principles to live patients (Corlett, Palfreyman, Staines, & Marr, 2003). The aim of this study was to investigate the factors contributing to positive mentorship experiences in nursing in Jeddah by exploring mentors' and mentees' positive experiences. The qualitative study was conducted from the theoretical perspective of appreciative inquiry (AI). Data were collected in semi-structured focus groups (total of six) with mentees (n=20) and mentors (n=20) at three settings. Findings showed that mentors' role, including its characteristics, preparation for it and feedback are important factors contributing to a successful mentor-mentee relationship. It is recommended that national standards regarding nursing mentorship be issued to avoid conflict in roles and expectations, and that mentors attend a mentorship training programme to gain understanding of the process and be prepared for their role.

KEYWORDS : Mentor, Nursing, Saudi Arabia.

Introduction

The mentorship period in the clinical setting was found to be critical to the experiences of student nurses, as it influenced their motivation to acquire full qualifications (Grossman, 2013). Many studies have demonstrated that students recognise the benefits of having a mentor (Earnshaw, 1995; Wilson-Barnett, Butterworth, White, Twinn, Davies, & Riley, 1995). Webb and Shakespeare (2008) found that the mentor-mentee relationship enhanced the competence, confidence, and personal and professional development of new nursing graduates.

Mentoring as a pedagogic form of support has found great support in the literature, with many researchers proclaiming that mentees have a professional advantage over the non-mentored (Chao, 2009). However, it can be argued that mentoring is a western concept, primarily practised and reported in western nursing and professional literature. In contrast, many non-western nations do not practise mentoring in nursing in a similar manner. While the mentoring literature highlights the positive aspects of mentoring in the western context, it is important for the researcher studying this concept in a non-western context to understand what is already happening and working in that context.

Literature Review

The UK Nursing and Midwifery Council (2008) defined a nursing mentor as a nurse who supervises and assesses students in the clinical setting and facilitates their learning process. There are few formal definitions of nursing mentorship within Saudi Arabia, and no clear policy about mentorship (Bukhari, 2011).

However, mentorship experience is an important aspect of nursing education; helping students to gain practical skills and exposing them to the reality of their future career. The quality of the relationship between mentors and mentees affected mentees' learning, especially when the two parties had different expectations (Hodges, 2009; Spouse, 1996). High-quality mentoring relationships were found to motivate mentees, increase their self-esteem and confidence, assist in socialising them within the institution, improve their future career prospects and allow them to maximise their capabilities (Neary, 2000a). Successful mentors should support their mentees in three ways: offering educational support in the form of assessing practice and providing feedback to facilitate learning; offering psychological support and assuming the role of advisor, friend, and motivator; and supplying managerial support by creating a learning environment conducive to effective mentorship (Neary, 2000b). Good mentors use feedback during teaching and mentoring; however, some students have issues receiving constructive criticism from their mentors (Gray & Smith, 2000), but it is necessary for them to be given performance feedback in order for them to reflect on their development and achievements, and to set goals and targets for their future progress (Webb & Shakespeare,

2008; Greene & Puetzer, 2002).

In the UK there is a clear national policy about mentorship which provides clear guidance about the role and responsibilities. Myall, Levett-Jones & Lathlean (2008) suggested that introducing national standards in countries where mentorship forms a key part of preparation for nursing careers would be beneficial

Design and Methods

Aim

The aim of this study was to investigate the factors contributing to positive mentorship experiences in nursing in Jeddah, Saudi Arabia.

Study Design

This study employed a qualitative design, with an Appreciative inquiry (AI) theoretical perspective to explore positive mentorship experiences in nursing among a diverse team of RNs and student nurses. Appreciative inquiry is an approach to organisational development that positively promotes organisational change by appreciating what the organisation does best (Cooperrider, Whitney & Stavros, 2008)

Setting

Potential participants from three different settings in Jeddah where mentoring is practised, were invited to join in this study. Two study sites are administered by the government of Jeddah, Saudi Arabia: the hospital where the nursing students and interns of the nursing college undertake their clinical placements and its collaborative nursing college. The third site is a private setting, which is a nursing college. Both nursing colleges offer a BSc nursing degree, which includes 4 years of classroom instruction and a 12-month internship.

Sample

Purposive and convenience sampling techniques were used. Those invited to participate in the study were mentees (student nurses), mentors (registered nurses teaching assistants). The selection of participants and the research settings were purposive and criterion-based (Mason, 2002; Patton, 2002).

Convenience sampling was also used to select individuals from the purposively selected groups, based on their availability and willingness to participate (Gravetter and Forzano, 2011; Burns & Grove, 2007; Marshall, 1996).

Inclusion criteria

The diversity of participants' backgrounds was considered important in recruitment to ensure that the experiences investigated would be seen from the different perspectives held by the diverse population of the study sites.

Ethical considerations

This research received ethical approval from the School of Health Sciences Research Ethics Committee at City University London and the Research Ethics Committee of the hospital and the nursing colleges in Jeddah.

Data collection and analysis

Data were collected through focus groups. Six focus groups were conducted. From the invited sample of 72, 40 took part in the focus groups. RNs who participated in this study came from a range of different units in the hospital. The focus groups were semi-structured, which allowed flexibility and encouraged participants to give their own broad and deep perceptions of reality (Dunn, 2005). All the focus group discussions lasted for approximately 80 to 90 minutes which was considered adequate to obtain a satisfactory amount of qualitative information from a group of respondents (Yin, 2009).

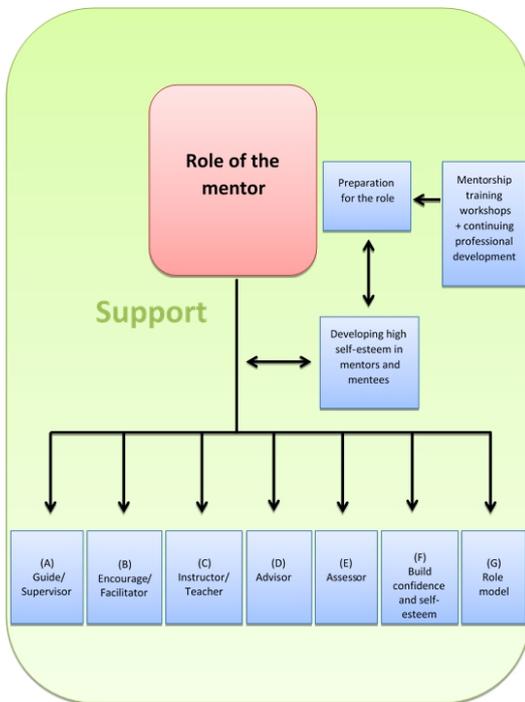
Results

Role of the Mentor

Elements/Characteristics of the Role

Mentees described a number of different elements of the mentors' roles: an advisor, facilitator, instructor/teacher, guide, challenger, assessor and role model. More details are shown in Figure 1.

Figure 1: Role of the Mentor



Mentors and mentees agreed that the mentor needs to guide mentees' everyday experiences in the hospital and share their knowledge and experience of the difficulties and challenges. According to mentors, this should allow mentee to trust their mentor and become a better learner. Mentees noted that they like to feel challenged but also supported.

Mentees began learning practical skills in nursing with no sense of trust in themselves or their skills, as all their training so far has taken place in a closed classroom and with simulated patients. They do not work with any patients until their first clinical placement in the second semester of their second year of nursing education.

According to one mentee:

'The mentors give help to students to build and gain self-trust because when you come here for the first time you don't have adequate trust in practical experience.'

According to mentors, the mentee needs support in the journey from novice student to qualified practitioner, which itself is the start of a continuous journey of improvement and the development of new skills. Mentee cannot get there on their own; therefore, one aspect of mentors' role is that of guide. As one mentor stated:

'The mentor nurse tries to advise the trainee student to proceed on the right track and help her to transition from being just a student to a qualified nurse.'

In addition, mentees reported that a crucial part of guiding and supporting mentees in learning clinical skills is attempting to keep them interested and engaged with the work they are doing. A key technique to accomplish this engagement is to provide mentees with adequate opportunities to try the work themselves. According to one mentee:

'Some mentors are not interested in teaching you: They just do their job by making you observe and telling you 'just be my shadow'.

Mentees also mentioned that mentors should have the required teaching skills to teach mentees and that mentors should discuss patient cases more frequently with their mentees.

'My dream is to spend more time in discussing patient cases, having nurse educators who are competent in teaching the student's.

Mentors also discussed their role as instructor. However, they pointed out that it is also important to highlight what this entails for mentors learning how to best 'fit' with their designated mentee.

'Well, it's just trying to, how can I say this, trying to moderate your own self to fit, just to work smoothly with this person'.

In addition, mentees stressed the importance of mentors teaching mentees at their level of knowledge and understanding and understanding mentees' feelings. As with the mentees' perspectives of the positive mentor-mentee relationship, mentors highlighted the importance of learning how to teach, listen and react differently to various types of people.

Some students have different ways [of perceiving] what you're saying, so here you have to understand that each student has a different learning process and they improve in time.

Mentees mentioned that a good mentor gives advice and that they wanted more feedback from their mentors to feel supported. It was noted that mentors do not always provide positive feedback and constructive criticism. When asked to define mentorship, one mentee stated:

'It is a relationship between the student and the nurse who provides continuous feedback.'

Mentors and mentees highlighted that the mentor should continually assess the mentee's performance and provide feedback in a sensitive and accessible way. Feedback was an important way for mentors to support mentees' enthusiasm and motivation. Mentors also noted the importance of having clear learning objectives in order to appropriately assess mentees' learning needs and progress. Mentors also highlighted the need to provide mentees with constructive feedback and to regularly assess and evaluate them.

My dream is to graduate students from our college who are knowledgeable and skilful. ... I said before, positive supportive attitude; assist, help, evaluate them; good communications, positive assessment and evaluation; let them seek information, education.'

Mentors also believe that a high level of self-esteem for both mentors and mentees is an important factor for a powerful

mentorship experience. When asked for opinions on the factors contributing to positive mentorship, one mentor said:

Factors are helping to develop high self-esteem in yourself and in your mentee and having good communication skills.

Another mentor suggested that mentors and mentees need to have the required knowledge, skills and attitudes if they are to achieve high self-esteem.

'I find knowledge as the most important thing because without the knowledge you cannot develop your skills. The second is I find the skills important, and then the third is attitude. If you have these three, then you have very high self-esteem as a mentor and as mentees.'

Mentors noted that one of their main responsibilities was to act as a role model while supervising the mentees. They acknowledged that mentees need role models and that mentors should demonstrate the appropriate attitudes and constantly update their knowledge to help guide the mentee. According to one mentor:

'Mentorship means teaching the students the skills, knowledge and attitude for them to become a better nurse in the future. ... It's like being a role model!'

In addition, mentees pointed to certain characteristics the mentor and the mentee both need if they are to empower each other. These are; communication, support, respect, patience, encouragement, trust, a collaborative approach, motivation, teaching skills, adequate knowledge, independence, initiative, confidence and adaptation to the surroundings. Mentees listed many of these characteristics when interviewed.

'In order to have a powerful mentorship...first, the nurse has to be supportive, respectful, encouraging, believe in the student's abilities, collaborative, motivated, educator, have the ability to teach. ... The student has to have the knowledge, be independent, initiative, confident, respectful, collaborative. The student should have good communication skills to communicate with her mentor; also she has to be able to adapt to the clinical environment. ... Both should empower each other and have one goal and good communication skills.'

Preparation for the Role and Feedback

Mentees stressed that, in order to achieve the best mentor-mentee relationship, the mentor also needs to feel supported and encouraged to learn. Mentees suggested that one of the best means to support and encourage mentors is to offer them training and evaluation so that they do not lack confidence to perform the role. Mentees suggested that providing staff with mentorship training workshops would be highly beneficial at increasing mentors' awareness of the mentorship process.

'My dream is to have a beneficial relationship with the preceptor to gain a sufficient amount of knowledge. ... To achieve this dream, the preceptor needs to be aware of the importance of her role, and there should be mentoring workshop for the mentors and for the students so that they can understand the dynamic of this process.'

In addition, mentees said that mentors should be open to being evaluated. Mentees pointed out that mentors should be open to constructive criticism to inform and aid their own development, just as they should feel able to constructively criticise their mentees. Mentees indicated that 'adequate evaluation and assessment' of their mentors would improve their relationships and the mentorship experience as a whole.

'There must be an observation period for the mentors to supervise their practical expertise and the way they communicate with the mentee. This means evaluating the mentors on basis of educational and instructive ways for the nurses, so they can observe their actions and behaviour and find their negatives and positives.'

Discussion

Mentees' views of the mentors' personal qualities which should be developed to enable a successful mentorship were identified, and mentors' role in supporting individuals in developing these attributes was established. The mentees' personal characteristics identified by mentees as the most critical were a sense of self-esteem, self-confidence, enthusiasm for work, self-motivation, belief in their technical competence to achieve quality outcomes and respect for themselves and their mentors. Since the individual's self-perception of these qualities is purely subjective, this could result in over- or underestimation of them. Therefore, mentors need the skills to adapt how they communicate with mentees so as to encourage them to hold a realistic opinion without damaging their self-esteem. One of mentors' responsibilities is to support mentees in self-assessment of their knowledge, skills and attitudes and in identifying and addressing areas for development. Mentees want the mentor to be sensitive to their concerns and potential sensitivities, preserving self-esteem. The importance of self-esteem derived from interactions with a mentor aligns to some degree with findings of Papp, Markkanen and Bonsdorff (2003), so far as the student nurses in this study suggested that effective mentorship could increase their individual self-esteem if they adequately prepared for their practical encounter.

In the present study, mentees also emphasised that their own preparation for practical tasks was a key factor in achieving an effective learning experience. Similarly, Beecroft, Santner, Lacy, Kunzman, and Dorey (2006) and Lis, Wood, Petkova, and Shatkin, (2009) reported that students' preparedness to practise their profession upon graduation was a key factor mentees highlighted when evaluating the effectiveness of mentorship. However, both these studies focus on the mentor demonstrating practice to mentee, not on complementary actions by the mentee, such as reading the relevant materials before learning how to apply theory to practice. Beecroft et al. (2006) also emphasised preparedness, that mentors and mentees should understand what comprised the mentorship process, instead of students having a vague notion of support.

A lack of clear expectations of mentorship was expressed by mentees and mentors in the research by Myall, Levett-Jones and Lathlean (2008) and by mentees in Gray and Smith's (2000) study. Similarly, in a study in an Islamic country (Nahas, 2000), a lack of clarity ultimately led to a gap between expectation and reality. In a number of ways, the mentors and mentees in the present study reinforced and significantly expanded on the practical details of what comprises this initial vagueness and its consequences for the key positive characteristics which should be developed. For example, the mentees expressed concern about not having defined ideas of how regularly they would see their mentor, what the relationship would be like, how to cope with the workload and how to make the mentor-mentee relationship positive and reinforcing one. Mentees, especially those with only classroom-based experience, also experienced a sense of fear because of their lack of understanding of how to apply theory in a practical setting and of the guidance they could expect to receive from the mentor. This study provides important details about what specific processes should be involved in adequately preparing the mentee for the mentorship process and about the content of an initial training programme or information pack for mentors.

In addition, it was suggested that the preparation process include helping the mentee to develop a personal pathway from student to qualified professional, a planning process in which the traits of the latter should be defined for the mentee. In the UK, the Nursing and Midwifery Council (NMC) clearly outlines the competencies and qualities required of a newly qualified nurse and the nursing training to prepare for this (Nursing and Midwifery Council, 2008). Universities work closely with partner hospitals and specify the NMC competencies to be assessed in practice at different points in the training programme. However, in Saudi Arabia, this process is less formal and relies heavily on the socialisation in the clinical

placement. Related to this point is the view that mentees should be involved in planning what they learn and what goals they wish to achieve in order to have a 'stake' in the mentorship. Some mentees described preparedness as the mentor finding out what mentees already know and discussing what they can expect their professional future to look like. Kaviani and Stillwell (2000) suggested that practice preparation days for mentors and mentees to build relationships before the start of placement could be helpful. These were also mentioned by mentees and mentors in this study as a solution to the preparation issues.

The factors identified in this study as increasing mentees' motivation to learn were the mentor's professional standards, willingness to provide a range of opportunities for the mentee, allowing mentees to work to their capability level and enabling doing, rather than merely observing. These findings are supported by studies by Papp, Markkanen and Bonsdorff (2003), Lis et al. (2009) and Beecroft et al. (2006). The mentor needed to allow mentees to make errors, ask questions and give feedback. This nurtures self-trust which increases learning by eliminating mentees' fear of making a mistake. Mentees stated that highest levels of confidence resulted from positive encouragement, a mentor receptive to answering questions and step-by-step explanations of techniques. Mentor feedback on errors, good points of practice and how to proceed the next time, delivered in a positive, reinforcing way, encouraged students to learn more. Mentees stated that a good mentor gives advice and that feedback was an important way for mentors to support mentees' enthusiasm and motivation. Similar findings emerged from a western study by Bradbury-Jones, Sambrook and Irvine's (2007) and a study by Elcigil and Sari (2008) in Turkey. For instance, Elcigil and Sari (2008) stated that useful, constructive criticism, patience, answering questions and nursing competence were four core aspects in effective mentorship.

For effective teaching, mentees emphasised that the mentor must have professional expertise (nursing skills and knowledge), agreeing with the findings of Papp, Markkanen and Bonsdorff (2003). Mentors must also employ up-to-date techniques to demonstrate their competence in the nursing field. Mentors regarded solely observing, acting as the mentor's 'shadow', to be an ineffective teaching technique. In an incident of ineffective teaching practice recalled by a mentee, the mentor refusing to let the mentee assist with a patient and referred to the patient as 'my patient', implying that it was inappropriate for the mentee to use her skills. This situation likely resulted in the loss of confidence and self-esteem.

Conclusions and Recommendations

The findings of this study suggested that the views of mentees and mentors in Saudi Arabia are in quite close agreement with the findings of published research conducted in western countries and Islamic nations. However, several new findings have added to previously published knowledge. In addition, some factors mentioned in the literature review were not found to be present in this study.

However, it is recommended that national standards regarding nursing mentorship be issued to avoid conflict in roles and expectations and that mentors attend a mentorship training programme to gain understanding of the process and be prepared for their role.

Limitations of the Study

The researcher's previous experience as a nursing student (mentee) in Saudi Arabia gave her an understanding of and insight into the situation, but also posed a potential source of bias. The researcher made every effort to avoid bias and maximise the trustworthiness of the findings. Both recruitment and focus group management were challenging, but in the end, data were collected from a range of participants.

References

1. Beecroft, P.C., Santner, S., Lacy, M.L., Kunzman, L., & Dorey, F. (2006) 'New graduate nurses' perceptions of mentoring: six year programme evaluation', *Journal of Advanced Nursing*, 55(6), pp. 736-747.
2. Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2007) 'The meaning of empowerment for nursing students: a critical incident study', *Journal of Advanced Nursing*, 59(4), pp. 342-351.
3. Bukhari, E. (2011) Nature of preceptorship and its impact on clinical nursing care from the perspectives of relevant nursing staff. PhD thesis, The University of Manchester, Manchester [Online]. Available at: <https://www.escholar.manchester.ac.uk/api/datastream?publicationPid=uk-ac-man-scw:155973&datastreamId=FULL-TEXT.PDF> (Accessed: 19 February 2017).
4. Burns, N. and Grove, S. (2007) *Understanding nursing research: building evidence-based practice*. 4th ed. Philadelphia: Saunders Elsevier.
5. Chao, J.T. (2009) 'Formal mentoring: lessons learned from past practice', *Journal of Professional Psychology: Research and Practice*, 40(3), pp. 314-320.
6. Cooperrider, D.L., Whitney, D., & Stavros J.M. (2008) *Appreciative inquiry handbook: for leaders of change*. 2nd ed. Brunswick, Ohio: Custom Crown Publishers.
7. Corlett, J., Palfreyman, J.W., Staines, H.J., & Marr, H. (2003) 'Factors influencing theoretical knowledge and practical skill acquisition in student nurses: an empirical experiment', *Nurse Education Today*, 23(3), pp. 183-190.
8. Dunn, K. (2005) 'Interviewing', in Hay I. (ed.) *Qualitative research methods in human geography*. Oxford: Oxford University Press, pp. 79-105.
9. Earnshaw, G.J. (1995) 'Mentorship: the students' views', *Nurse Education Today*, 15(4), pp. 274-279.
10. Elcigil, A., & Sari, H.Y. (2008) 'Students' opinions about and expectations of effective nursing clinical mentors', *The Journal of Nursing Education*, 47(3), pp. 118-123.
11. Gravetter, F.J., & Forzano, L.B. (2011) *Research methods for the behavioral sciences*. 4th ed. Belmont, CA: Wadsworth.
12. Gray, M.A., & Smith, L.N. (2000) 'The qualities of an effective mentor from the student nurse's perspective: findings from a longitudinal qualitative study', *Journal of Advanced Nursing*, 32(6), pp. 1542-1549.
13. Greene, M.T., & Puetzer, M. (2002) 'The value of mentoring: A strategic approach to retention and recruitment', *Journal of Nursing Care Quality*, 17(1), pp. 63-70.
14. Grossman, S. (2013) *Mentoring in nursing: a dynamic and collaborative process*. London: Springer Publishing Company.
15. Hodges, B. (2009) 'Factors that can influence mentorship relationships', *Paediatric Nursing*, 21(6), pp. 32-35.
16. Kaviani, N., & Stillwell, Y. (2000) 'An evaluative study of clinical preceptorship', *Nurse Education Today*, 20(3), pp. 218-226.
17. Lis, L.D., Wood, W.C., Petkova, E., & Shatkin, J. (2009) 'Mentoring in psychiatric residency programs: a survey of chief residents', *Academic Psychiatry*, 33(4), pp. 307-312.
18. Marshall, M.N. (1996) 'Sampling for qualitative research', *Family Practice*, 13(6), pp. 522-526.
19. Mason, J. (2002) *Qualitative research*. 2nd ed. London: Sage.
20. Myall, M., Levett-Jones, T., & Lathlean, J. (2008) 'Mentorship in contemporary practice: the experiences of nursing students and practice mentors', *Journal of Clinical Nursing*, 17(14), pp. 1834-1842.
21. Nahas, V. (2000) 'A transcultural study of Jordanian nursing students' care encounters within the context of clinical education', *International Journal of Nursing Studies*, 37(3), pp. 257-266.
22. Neary, M. (2000a) *Teaching, assessing and evaluation for clinical competence: a practical guide for practitioners and teachers*. Cheltenham: Nelson Thornes.
23. Neary, M. (2002b) *Curriculum studies in post-compulsory and adult education: a teacher's and student teacher's study guide*. Cheltenham: Nelson Thornes.
24. Nursing and Midwifery Council (2008) *Standards to support learning and assessment in practice*. Available at: <http://www.nmc-uk.org/Educators/Standards-for-education/Standards-to-support-learning-and-assessment-in-practice/> (Accessed: 5 March 2017).
25. Papp, I., Markkanen, M., & Bonsdorff, M.V. (2003) 'Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences', *Nurse Education Today*, 23(4), pp. 262-268.
26. Patton, M.Q. (2002) *Qualitative research and evaluation methods*. 3rd ed. London: Sage.
27. Spouse, F. (1996) 'The effective mentor: a model for student-centred learning', *Nursing Times*, 92(13), pp. 32-35.
28. Webb, C., & Shakespeare, P. (2008) 'Judgements about mentoring relationships in nurse education', *Nurse Education Today*, 28(5), pp. 563-571.
29. Wilson-Barnett, J., Butterworth, T., White, E., Twinn, S., Davies, S., & Riley, L. (1995) 'Clinical support and the project 2000 nursing student: factors influencing this process', *Journal of Advanced Nursing*, 21(6), pp. 1152-1158.
30. Yin, R.K. (2009) *Case study research: design and methods*. 4th ed. London: Sage.