



Seamless and committed collaboration as an essential factor in effective mentorship for nursing students: Conceptions of Finnish and British mentors

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SUMMARY

Background: The effective mentorship of nursing students requires that mentors have a range of personal qualities. However, it is also essential to consider the role of other participants, such as colleagues in placement settings and educators in educational institutions, as well as the relationship with students.

Objective: This aim of this study was to describe Finnish and British mentors' ($n=39$) conceptions of the factors that affect the provision of effective mentorship for pre-registration nursing students in healthcare placements.

Design and methods: The data in this qualitative study were collected by focus group interviews and analysed using a phenomenographical approach.

Results: The findings highlighted the factors governing seamless and committed collaboration with all stakeholders involved in student mentorship. Mentors considered that their own advantageous attitude, capabilities and competence, supportive co-operation with colleagues and lecturers, and enthusiasm and active participation of students were all significant factors determining the effectiveness of student mentorship.

Conclusions: Nursing organisations and educational units need to develop a well-defined and robust partnership strategy for student mentorship, which would clarify the roles of all stakeholders. This would help to ensure the availability and quality of students' placement learning and mentorship, and develop the joint preparation programmes for student mentorship.

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Introduction

Student mentorship primarily involves a student working under the guidance of a mentor in a mutual mentor–student relationship. However, the involvement of other participants in student mentoring is also important. Healthcare settings and nursing education are currently undergoing significant changes due to an increasing contribution of nursing professionals and mentors in students' placement learning. Such changes, for example in the United Kingdom (UK), have been driven by the latest standards for students' placement learning (NMC, 2008, 2010). Consequently, the development of effective co-operation and

partnership between all the stakeholders involved in student clinical practice is considered essential (NMC, 2008; MSAH, 2009).

To date, the literature concerning the support of nursing students in placements has mainly focused on mentors' abilities to mentor students (Webb and Shakespeare, 2008). However, the provision of adequate resources and support, particularly from other personnel involved in student mentorship, is regarded as essential to enable mentors to develop their capabilities in mentoring and gain satisfaction from their role (Pellatt, 2006).

Background

A mutual student–mentor relationship is considered crucial in student mentoring (Wilkes, 2006), whereby a mentor guides, supports, advises and helps a student in the placement and also acts as a role model (Moseley and Davies, 2008; Myall et al., 2008). The mentor requires a range of personal qualities and competencies in order to mentor students effectively, including motivation, empathy, enthusiasm, communication skills, competence and experience in nursing, teaching, evaluation and giving feedback to the student (Webb and Shakespeare,

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2008). However, mentors' abilities to carry out their role have been reported to be inadequate (Myall et al., 2008).

To enable effective student mentorship, multifaceted support systems for mentors are required (Nettleton and Bray, 2008). This may include resources and protected time for mentoring as well as support from the other stakeholders discussed above (Pellatt, 2006; Wilkes, 2006). Although the support given to mentors is frequently regarded as insufficient, and mentors are often unclear about their role as mentors (Myall et al., 2008; Webb and Shakespeare, 2008), it is possible to develop mentors' mentoring skills through a variety of approved mentor preparation programs (Watson, 2004; Myall et al., 2008), or for example via online mentorship programs (Myrick et al., 2011). However, to date, the provision of mentor preparation programs in different countries has been inconsistent. For example, nurses in the UK must participate in an approved mentor preparation program as well as annual updates before they can act as mentors (NMC, 2008), whereas in Finland, there are currently no national requirements for mentor preparation programs.

Although the mentor is viewed as the main advocate for and implementer of nursing student mentoring, there is also a need for close co-operation between other stakeholders, for example managers and colleagues in healthcare settings, and educators in educational units (Wilkes, 2006). Chapple and Aston (2004) suggested that practice learning teams, including expert nursing staff in practice settings and lecturers from higher education institutions, should employ a partnership approach to support students' learning and assessment, and also provide support to mentors. Furthermore, a framework of strategic partnership for nursing education and practice has been recommended by Henderson et al. (2007) and Casey (2011), which would help to clarify the governance, responsibilities and accountabilities of stakeholders and ensure the quality of students' placement learning.

The Aim

This study was conducted as part of a larger Finnish–British research project, which was set up to investigate pre-registration nursing education, including clinical practice, in different contexts. The aim of this study was to present Finnish and British mentors' conceptions of the factors that affect their ability to mentor student nurses effectively in healthcare placements.

Data and Methods

Participants

In this study, the participants were nurses ($n = 39$) who mentored student nurses in healthcare placements. Twenty two participants were from Finland and 17 were from the UK. The criterion used for accepting mentors in the study was a minimum of two years' experience as a nursing student mentor. The average age of the participants was 43 years, their ages ranged from 29 to 58 years, and most were women (95%). Participants had graduated as nurses between 2 and 35 years prior to the study, on average 17 years previously. Nearly half of the mentors (46%) had over 15 years of working experience. Most of the British mentors (88%) had participated in an approved mentor preparation program, while about one third (32%) of the Finnish mentors had participated in voluntary preparation courses lasting a few days or longer.

Data Collection

The data from the Finnish and British mentors were collected by focus group interviews conducted as open-ended discussion sessions, which encouraged mentors to express their thoughts, views, and experiences in a safe and unpressured environment through interaction

with each other. The focus groups comprised 4–6 mentors as this was considered optimal due to the large amount of experience that participants had to share on the topic under discussion (Barbour, 2007).

In Finland, focus group participants were contacted via their ward managers. Mentors willing to participate were asked to inform their ward managers of their interest, who then contacted the researcher by email. Some mentors also contacted the researcher directly. In the UK, voluntary participants were obtained during mentor update sessions. The data were collected from similar adult nursing contexts in both countries, such as placements in community nursing, healthcare centres, homecare units, medical, surgical and emergency wards and outpatient clinics in general, private or university hospitals.

Mentors from both countries were provided with information sheets, which detailed the purpose of the study and requirements for participation in the focus groups. In Finland, five focus group interviews were led by a Finnish moderator, with 4–5 mentors participating in each group. In the UK, four focus group interviews involving 3–5 mentors were conducted by a British moderator with two Finnish researchers participating as co-moderators. In both countries, focus group sessions were held during working hours in a separate room at the workplace or respective educational unit. Each interview lasted about one hour and was audio-taped.

Data Analysis

The data were analysed using a phenomenographical approach. The aim of phenomenography is to find out the variations in peoples' conceptions of a phenomenon (Marton, 1994). These conceptions are the qualitative different ways people view, experience and understand a phenomenon. This is known as a second-order perspective, as opposed to a first-order perspective, which focuses on the singular essence of the phenomenon itself. In phenomenography, different conceptions are represented by categories of description after conceptualisation (Marton, 1994; Sjöström and Dahlgren, 2002). Initially, the data were reduced based on mentors' different views and experiences of effective student mentorship. Next, similarities and differences in mentors' conceptions were identified and conceptions were grouped into sub-categories. Finally, the sub-categories were gathered into categories of description. In this study every category of description with sub-categories had equal value and interacted with each other.

Ethical Considerations

Before data collection, formal research approval was obtained from the ethics committees of the organisations involved in the study in each country, in accordance with standard research ethics procedures. Before taking part in the interviews, mentors were aware of the purpose of the study, the methods used to record their contributions, like audio-taped interviews, and that they could ask for further information or withdraw at any time during the focus group interview. Mentors received information which detailed how the confidentiality of their information would be maintained. Voluntary, informed and written consent was obtained from each mentor before the focus group interviews were conducted. The anonymity of each participant was protected during data collection, transcription, analysis and compilation of findings, as is suggested by Iphofen (2005).

Findings

Three main categories of description (Fig. 1) divided into two or three sub-categories were identified based on mentors' initial conceptions of their abilities to provide effective mentorship for nursing students in healthcare placements (Figs. 2–4).

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