



## The competence of nurse mentors in mentoring students in clinical practice – A cross-sectional study<sup>☆</sup>

Tuomikoski Anna-Maria<sup>a,\*</sup>, Ruotsalainen Heidi<sup>b,e</sup>, Mikkonen Kristina<sup>b,e</sup>, Miettunen Jouko<sup>c,e</sup>, Kääriäinen Maria<sup>d,e</sup>

<sup>a</sup> Nursing Research Foundation, Finland

<sup>b</sup> Faculty of Medicine, Research Unit of Nursing Science and Health Management, University of Oulu, Finland

<sup>c</sup> Center for Life Course Health Research, University of Oulu, Finland

<sup>d</sup> Faculty of Medicine, Research Unit of Nursing Science and Health Management, University of Oulu, University Hospital of Oulu, Finland

<sup>e</sup> Medical Research Center Oulu, Oulu University Hospital, Finland

### ARTICLE INFO

#### Keywords:

Clinical practice  
Competence  
Mentors  
Mentoring  
Nurses

### ABSTRACT

**Background:** Nurses play an important role in developing the competence of nursing students and acting as role models for students during clinical practice placements. Nurses need diverse competence to successfully mentor nursing student.

**Objectives:** This study aimed to describe and explain nurse mentor competence in mentoring nursing students in clinical practice settings based on self-evaluation, as well as identify different mentor profiles.

**Design:** This study employed a cross-sectional, descriptive design involving a self-administered electronic version of the Mentor Competence Instrument.

**Settings:** The study population included nurse mentors from all five university hospitals in Finland.

**Participants:** Through random sampling, 3355 nurse mentors were invited to take part in the study in 2016.

**Methods:** Data was collected using Mentors Competence Instrument, which consists of 63 items structured in 10 mentoring competence categories.

**Results:** Mentors ( $n = 576$ ) evaluated their level of competence in various categories as middle- to high-level. They evaluated reflection during mentoring and identifying a student's need for mentoring the highest, whereas student-centered evaluation and supporting a student's learning process were rated lowest. Three distinct profiles of mentor competence were identified. These profiles differed in evaluation of mentoring competence level, previous participation in mentoring education, and time spent on reflective discussions with students.

**Conclusions:** According to their profiles, mentors have diverse needs for support in building their mentoring competence. We suggest that healthcare organizations should provide nursing mentors with education that is based on their individual levels of mentoring competence. Nurses should also be encouraged to use time for reflective discussion with students during clinical practice.

### 1. Introduction

Nurses play a significant role in developing the competence of nursing students, and further serve as a source of support in the clinical practice setting to strengthen students' professionalism (Hilli et al., 2014; McIntosh et al., 2014; Jokelainen et al., 2011; Omansky, 2010). There is empirical evidence that mentoring is a complex and dynamic

educational perspective that can have both positive and negative aspects (Omansky, 2010). A positive mentor experience can affect a student's decision to remain in the nursing profession (Hilli et al., 2014; Flott and Linden, 2016). In this way, it is important to assess mentoring competence as a mentor can significantly impact a student's learning (Mårtensson et al., 2013; Walker et al., 2012). Nursing education research has mostly focused on students and their learning; thus, clinical

<sup>☆</sup> Source of support: First author has been received funding from by the Finnish Cultural Foundation, North Ostrobothnia Regional for make possible to make this review.

Presentation at a meeting: none.

No conflict of interest has been declared by the authors.

\* Corresponding author at: Asemamiehenkatu 2, 00520 Helsinki, Finland

E-mail address: [annukka.tuomikoski@gmail.com](mailto:annukka.tuomikoski@gmail.com) (A.-M. Tuomikoski).

learning has not been extensively studied in Finland or on the international level (Vierula et al., 2016). Therefore, a study that evaluates how mentors perceive their own mentoring competence in the clinical learning environment is relevant.

Mentors can also be defined as facilitators, peer instructors, preceptors (Walker et al., 2012), clinical guides (Quattrin et al., 2010), clinical instructors (Glynn et al., 2017) and supervisors (HWA, 2014). In this study, a mentor is defined as a registered nurse who supports undergraduate students in their learning and is responsible for teaching and assessing students in clinical practice. The mentor is not an employee of the education provider. The mentoring takes place in a clinical learning environment, a dynamic that can strongly influence students' learning experiences. The clinical learning environment includes a physical space, psychosocial and interaction factors, the organizational culture and teaching and learning components (Flott and Linden, 2016).

Communication and interaction between the student and mentor is an important part of the clinical learning environment (Flott and Linden, 2016). Moreover, a mentor's personal characteristics and motivation are pivotal to effective mentoring (Gidman et al., 2011; McIntosh et al., 2014), creating a supportive, caring relationship, and enabling the individual learning process (Hilli et al., 2014; Jokelainen et al., 2011; McIntosh et al., 2014). Mentors can strengthen students' professionalism by treating them as equals and nursing colleagues, nurturing a co-operative relationship, and promoting commitment to the nursing profession (Jokelainen et al., 2011). A previous study showed that a majority of nursing students are satisfied with their clinical learning environment and report positive clinical learning experience (Lamont et al., 2015). However, students also perceive clinical practice to be stressful, and in these situations mentors were shown to play an important role in the students' experiences of stress (Blomberg et al., 2014). Organizational culture includes managerial and organizational views on the importance of nursing education, organizational policies that determine the scope of practice for nursing students, and emphasis on providing quality patient care (Flott and Linden, 2016; Jokelainen et al., 2011).

Teaching and learning components include effectiveness of instruction provided by the mentor, variation in patient care opportunities, and student engagement in the learning process (Flott and Linden, 2016). The mentor is expected to assess and evaluate students, as well as provide feedback on their performances. A mentor also needs to help a student feel connected to the clinical placement (Myall et al., 2008) by serving as a role model and promoting learning through reflection (Hilli et al., 2014). According to Hilli et al. (2014), mentors need more pedagogical education and tools to be able to support the professional growth of a student and handle the tension between theory and praxis. Mentors should be available for quality time with students and should additionally initiate reflective discussions (Hilli et al., 2014; Myall et al., 2008). Jokelainen et al. (2011) further proposed that mentors play a significant role in guiding students through their personal goal-oriented learning processes as well as helping students assess their learning development and achieve the desired learning outcomes.

In European Union (EU) countries, clinical practice makes up a significant part of the pre-registration nursing program, accounting for 50% of the entire program (with the minimum being a three-year program covering 180 ECTS credits) (EU Directive 2005/36/EU, 77/453/EEC). In Finland, nursing education is a three-and-a-half-year Bachelor's degree program (210 credits), resulting in a Bachelor's of Nursing. As in other EU countries, clinical education is an essential part of the program. During the past few decades, the nurse educator responsibility of teaching has been transferred to nurse mentors in the clinical practice. Registered nurses that work as student mentors are simultaneously directly responsible for patient care. Finnish registered nurses are not required to act as mentors and no obligatory mentoring education exists; rather, recommendations are defined by the Ministry of Social Affairs and Health. Every nursing student is assigned a

reference nurse, who is named as their mentor for the clinical practice. These nurses have no contractual relationship with the university and their purpose is to teach, guide and facilitate students' integration into the clinical learning environment. Nurse mentor education varies between different countries and there is currently no consensus regarding the minimum qualifications or required competencies of a mentor.

This study aimed to evaluate the mentoring competence of Finnish nurse mentors through self-evaluation and identify distinct mentor profiles.

## 2. Methods

### 2.1. Study Design

This was a cross-sectional, descriptive study, involving a self-administered electronic version of the scale.

### 2.2. Population and Setting

The study population comprised mentors from all five university hospitals in Finland, located in the five biggest cities in the country.

### 2.3. Study Sample

A study population of 3355 mentors, of which 576 (17.2%) participated in the survey, was selected by random sampling (Grove et al., 2013). This study population represents 25% of the total registered nurse population ( $N = 13,342$ ) in Finland. The inclusion criteria for participation were as follows: a registered nurse, an employee of a university hospital and experience of mentoring students.

### 2.4. Data Collection

The questionnaire was sent via email using the Webropol online survey tool during spring 2016. Two weeks after the initial survey, two reminder emails were sent to nurses from three of the participating hospitals while one reminder was sent to nurses from the other two university hospitals.

### 2.5. Instrument

The instrument used in this study was the Mentors Competence Instrument (MCI) (Tuomikoski et al., 2018). The MCI was developed for nurses who mentor nursing students in clinical practice. The MCI consists of 63 items structured in 10 mentoring competence categories: student-centered evaluation (10 items); goal-oriented mentoring (nine items); mentoring practices in the workplace (six items); reflection during mentoring (six items); mentor characteristics (seven items); supporting the student's learning process (eight items); mentor motivation (five items); identifying the student's need for mentoring (four items); constructive feedback (four items); and mentoring practices between student and mentor (four items). Each item is scored on a four-point Likert rating scale (1 = totally disagree, 2 = disagree to some extent, 3 = agree to some extent, and 4 = totally agree). In addition to 63 MCI items, the survey included 16 background questions covering factors such as education, discussion time with students, and role of mentoring.

### 2.6. Ethical Considerations

Research permission was obtained from all five university hospitals, with each hospital granting permission based on their own research approval protocol. The study was carried out according to the guidelines for ethical research conduct (RCR, 2012). Formal ethics committee approval was not required for this cross-sectional study (Medical Research Act, 2010/794) since participants were not exposed to any

Download English Version:

<https://daneshyari.com/en/article/11028886>

Download Persian Version:

<https://daneshyari.com/article/11028886>

[Daneshyari.com](https://daneshyari.com)