Responsibilities of nursing schools with regard to peer mentoring ☆

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A R T I C L E   I N F O

S U M M A R Y

This article reports on the postgraduate critical care students' mentoring of the third-year undergraduate nursing students during integrated work-based learning in the critical care units. The purpose of the research was to describe what the nursing school could do to improve this mentoring programme. A qualitative descriptive design was used. The nominal group technique was used to gather data from the mentors and mentees. Data from the groups were combined and qualitatively analysed into themes. Thereafter the themes were quantitatively ranked. The themes, ranking from the highest to the lowest, were orientation, organisation, mentoring process, characteristics of the mentor, and feedback to the mentor. Findings suggest that the nursing school does not always optimally support the mentoring programme. It is recommended that more than one communication medium be used to disperse information among role-players. Nursing schools should develop mentors, monitor their interactions with mentees and give them feedback on their mentoring skills. It is also the responsibility of the nursing school to select mentors that match the desired profile of mentors.

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Introduction

In the area of clinical nursing, staff workloads, staff shortages and staff responsibilities to patients influence the attitude of registered nurses towards students. Consequently, undergraduate nursing students are left under the supervision of inexperienced practitioners or unwilling mentors. This results in a negative learning environment (Ousey, 2009). A student stated, "sometimes we are treated as if we are there to invade their space" (MacKenzie, 2010). In addition, work-integrated learning for nursing students is frequently traumatic and stressful. This could be addressed by innovative peer support programmes for example a mentoring programme (Williams and Schmollgruber, 2006). It is generally agreed that effective mentoring is beneficial for the mentor and mentee (Brathwaite and Lemonde, 2011; Kalen et al., 2010; Shin and Rew, 2010). Mentoring refers to a symbiotic nurturing and trusting relationship between two people. In this relationship, one is an experienced practitioner (mentor) who serves as role model, guide and supervisor to the other, a less experienced practitioner (mentee) (Hawkins and Fontenot, 2010). Andrews (2007) asserted that the mentor is an experienced practitioner who is involved with students allocated to the clinical setting. Mentors have to assess, facilitate and evaluate these students in the process of attaining their learning outcomes in partnership with the

university. Mentors are also known for their experience and expertise in their field of practice. They willingly assist those with less experience to grow in their field of interest (Persichilli and Daniels, 2008). A major role of the mentor is to assist and encourage students to link theory to practice in a practical setting. Due to the symbiotic nature of the mentoring relationship, the mentee also has roles and responsibilities to fulfil. A mentee should be passionate, eager to learn and to participate, and committed to make the relationship work. It is the mentee's responsibility to provide the mentor with the learning outcomes and to set clear goals in collaboration with the mentor. Both, mentors and mentees must be punctual and keep with appointment times (Sharon et al., 2009).

Peer mentoring usually occurs within the same educational programme where senior students mentor junior students (Sprengel and Job, 2004). Humphrey (2010: 149) describes peer mentoring as a more experienced peer "showing the ropes" to a less experienced colleague. This article reports on a study where the mentors were also students, but in a postgraduate critical care programme. They were generally older than the average undergraduate student, were registered and experienced professional nurses and were in the process of becoming experts in the field of critical care nursing. The mentees who participated in the research were undergraduate third-year nursing students who rotated through a variety of critical care units and needed to understand basic hemodynamic monitoring and principles of mechanical ventilation. Although the roles and responsibilities of mentors and mentees have been described in numerous articles very little has been said about the role of the nursing school (Happell, 2009). In this article, the viewpoints of both the mentors and mentees on how to improve mentoring of third-year

undergraduate nursing students by critical care postgraduate nursing students are described.

Within a descriptive research design, the nominal group technique was used to gather data from the mentees and the mentors on what should be done by the relevant School of Nursing to improve the mentoring process. A literature review of the responsibilities of the nursing school or higher education institution as regards a peer-mentoring programme is presented. The qualitative data analysis and quantitative ranking process according to the five steps of Van Breda (2005) are described. Findings are discussed and supported with reference to the relevant literature. The article closes with conclusions and recommendations.

Literature Review

For the purpose of the research on which this article reports, the learning theory of Kolb is of specific relevance. Work-integrated learning is a continuous process grounded in experience. In this approach, knowledge is seen as something that is constructed. The way a student interacts with and interprets new ideas and events influences knowledge construction (Yilmaz, 2008). Raeburn et al. (2009) agrees with Yilmaz (2008) that the context in which activities take place is pivotal to learning. Knowledge construction occurs when students reflect on the events they observed or actively took part in, in a specific context. Students thus need to be stimulated or guided to reflect in action and on action (Walsh, 2007). Appropriate non-threatening questioning techniques can be used to facilitate this learning process (Balmer et al., 2009). Work-integrated learning has numerous advantages that are based on the following guiding principles.

The tenets of work-integrated learning are:

a) that nursing students are actively involved in a real-life clinical situation;
b) that they demonstrate clinical reasoning skills; and
c) that they demonstrate competence in real work related tasks — not decontextualised subject matter (Raeburn et al., 2009).

In such situations, students' motivation to learn is high because they see the application of theory in practice (Walsh, 2007). However, the clinical environment may not always be conducive to learning.

Situations that are too complex and stressful may hinder learning instead of stimulating it. Therefore, mentors are needed to decrease anxiety and build the confidence and self-esteem of students (Yonge et al., 2011). According to Sprengel and Job (2004) peer mentoring decreases stress and anxiety and may therefore enhance learning. Their reciprocal relationships allow for bidirectional feedback and input from a number of sources (Humphrey, 2010). Thus they assist each other in bridging the gap between theory and practice (Carlson et al., 2009). Furthermore, mentors help students develop their professional identity through professional socialisation (Brathwaite and Lemonde, 2011).

Mentoring is a complex process because mentors have numerous roles. Some of roles a mentor are those of role model, advisor, guide, leader, friend, expert, supervisor, assessor and coach (Hawkins and Fontenot, 2010; Giallonardo et al., 2010; Omansky, 2010). To fulfil these roles, mentors need to develop skills that will support them in the roles they assume. These are, for example, facilitation skills, counselling and coaching skills, questioning techniques and briefing and debriefing skills (Omansky, 2010). In addition to these skills, mentors need information about the mentees beforehand to determine where the students stand and what they will be capable of doing (Carlson et al., 2009). Although an open communication channel between the mentor and the nursing school is essential (Brathwaite and Lemonde, 2011), the relationship the mentor has with the mentee is pivotal to work-integrated learning.

Mentees have high expectations of mentors. They expect mentors to clarify ambiguities in order to eliminate anxiety and fear, which are obstacles to effective learning (Kalen et al., 2010). Mentees expect mentors to be accessible and supportive and to give frequent constructive feedback (Sedgwick and Yonge, 2008). Good mentors excel in listening and questioning skills (Humphrey and Physicians, 2010).

Both mentor and mentee are affiliated with the nursing school. The mentor, mentee and nursing school form a triad with the purpose of assisting students in attaining their outcomes in a clinical setting. A supporting structure with relevant policies and procedures should be available (Omansky, 2010). It is the responsibility of the nursing school to enable mentors to fulfil their various roles and meet their responsibilities. Enabling mentors may not only imply training but also creating opportunities where the mentor can establish a positive relationship with the mentee (Mills and Mullins, 2008). In order to assess the effectiveness of the supporting structures and processes, a monitoring and evaluation system should be in place. Monitoring refers to a one-to-one supportive relationship between the nursing school and mentee and the nursing school and mentor. All role-players should have an open communication channel with the nursing school. The person representing the nursing school should be available, accessible and supportive. It is also the responsibility of this person to give feedback to mentors on the quality of the mentoring process (Wade and Hayes, 2010).

Broad guidelines on the responsibility of the nursing school are described in literature. The purpose of the study on which this article reports, was to describe interventions that will improve mentoring of third-year nursing students by postgraduate critical care students in a critical care clinical setting.

Methodology

Qualitative data were gathered through the nominal group technique (NGT) within a descriptive research design. The NGT is a consensus-seeking, problem-solving strategy that was developed by Delbecq and colleagues in 1968 (Delbecq et al., 1975). This strategy was deemed appropriate because we wanted to know what the most important actions should be to improve mentoring in the School of Nursing.

Unit of Analysis

Two population groups, namely the mentors and the mentees, were used. Mentors were defined as professional nurses registered for the postgraduate diploma in critical care nursing, and consisted of four students. These four students comprised the unit of analysis for the mentors.

The second population group comprised the mentees. They were the 58 third-year nursing-degree students. After they had been verbally informed about the research they were requested to participate in the research. Sixteen students volunteered and were divided into two groups of eight per group. A possible reason for the small number of participants may be because data gathering occurred at the end of the academic year and they were an "over researched group". This particular group of students was approached for participation in no less than five projects. Due to time and financial constraints of the researchers the process could not be delayed.

Data Collection and Analysis

Before data collection could begin, the researchers had to obtain ethics approval from the Ethics Committee of the Faculty of Health Sciences at the local university as well as get permission from the Head of the School of Nursing.

All data were gathered by a skilled facilitator who is a psychiatric nurse practitioner and who has excellent communication skills. The