Support Received by Nursing Clinical Mentors of Undergraduate Nursing Students

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Abstract: Undergraduate nursing education involves the development of safe and effective practice through theoretical and clinical experience. This requires effective relationships between the higher education institution (HEI), clinical nursing mentors (CNM), and students. CNM hold various views of their role including knowledge of pedagogy and fluency of reflection, evaluation, and assessment skills. However, other evidence claims that CNM are inadequately prepared to work with students secondary to the unclarity of role expectations, role conflict, work overload, and lack of support. The CNM is crucial to ensure that students are fit for practice and thus need to be supported throughout. The purpose of this research was to explore the CNM perceptions of support received whilst mentoring undergraduate nursing students. Eight CNM participated in this qualitative research. Data was collected using semi-structured interviews and analysed thematically using an inductive approach. This research was approved by the Malta College of Arts, Science, and Technology Research Ethics Committee. Three main themes were identified: (1.) ‘Multifaceted support’ addresses the meaning of support and the multiple realities of how ‘support’ is experienced by CNM; (2.) ‘Experience as a problem solver’ explains how problem solving relied on pervious mentoring experience; and (3.) ‘Challenges and barriers’ explore the situations that leave an impact on mentoring practice and require support. The findings of this feasibility study will serve to inform and support the main research design for a project that will lead to the establishment of a program to support clinical nurse mentors. Further implications for practice include suggestions for areas to improve such as improved communication with academic staff, regular updates, and mentor role clarification.

Keywords: nursing; mentoring; mentor; support; undergraduate

Introduction

Undergraduate nursing education involves the development of safe and effective practice through theoretical and clinical components which takes place in higher education institutions (HEI) and clinical settings. Nursing students are expected to develop professional competency through clinical practice placements within various healthcare settings (Rush et al. 2012) which consequently leads to the need of high-quality learning environments to optimise clinical experience and enhance professional development (Helminen et al. 2016). However, clinical practice is faced with several challenges which are limiting the pathway for nursing students to become competent practitioners (Mannino and Cotter, 2016). These challenges include lack of human resources, inadequate training, and high workloads (Schwerdtle, Morphet, and Hall 2017).

Clinical mentoring is an adjunct in undergraduate nursing education to address the theory practice gap and equip students with clinical practice skills (Arnesson and Albinsson 2017).
A clinical mentor is a registered nurse who is responsible for nursing students during their clinical placement and has the role to facilitate learning by proper guidance, counselling, teaching, and sharing of experiences (Matin 2017). Thus, as highlighted by Winterman et al. (2014), clinical mentors share a vital responsibility in undergraduate nursing education because they act as gatekeepers to the profession and safeguard ongoing excellence in the delivery of patient-centred care whilst making a significant contribution to the future development of the nursing profession.

A clinical mentor should be knowledgeable in pedagogy and fluent with reflective, evaluation, and assessment skills. This requires back up by a network of support from the HEI. Despite the utmost significance of the clinical mentor role in nursing student’s clinical education (Hilli et al. 2014; Papastavrou et al. 2016), mentors have reported feeling inadequate and uncertain about taking on the role (Bos et al. 2015) secondary to limited time to carry out the mentoring role, lack of support, unclear roles and responsibilities, differences in interpretation of students’ learning objectives, and limited collaboration between education and practice (Hall-Lord et al. 2013; Roberts et al. 2017).

As outlined by the European Union directives (2005/36/EC and 2013/55/EU), all undergraduate nursing programmes must span three years in duration and include a minimum of 2300 hours of practical training in various clinical settings which amounts to fifty per cent of the total programme. This further affirms that the role of the clinical mentor is crucial to ensure that students are fully qualified and competent to practice. However, as discussed in the literature review, current literature shows that despite being a pivotal role, the clinical mentor has not always been acknowledged to a point of it being poorly supported which eventually makes the role a difficult one. As constantly highlighted, the clinical mentor is playing a crucial role in the undergraduate nursing education and thus it is equally important that the role is supported throughout. Examples from literature of adequate support include the importance of good mentorship, investment in mentorship and mentors, relationships to enable and support mentorship, the context within which mentorship occurs, and different approaches to mentorship (McClure and Black 2013; Omansky 2010). Furthermore, the importance of having clarity about the roles, responsibilities, training, and expectations are crucial to support clinical competence and provide a positive clinical experience.

Nursing education worldwide is faced with the challenge of preparing undergraduate nursing students adequately for the clinical placements and the local scenario is no different. The Northumbria University Bachelor of Science (Honours) in Nursing Studies at MCAST is in its sixth year and is faced with challenges of forming new foundations and frameworks for the future of nursing practice, which includes adequate support for the clinical mentors as well. This leads to the purpose of this study, which is to explore the perceptions of support received by nursing clinical mentors whilst mentoring undergraduate nursing students. This will be explored by addressing the following objectives:

To explore the clinical mentors’ understanding of the concept of support.

To explore the clinical mentors’ perception on the current level of support they receive.

To identify any challenges and barriers clinical mentors experience whilst mentoring undergraduate nursing students.

To explore the type and level of support clinical mentors require to effectively mentor undergraduate nursing students.
Literature Review

Mentoring

In literature, the term mentoring has several definitions which refer to assessor, supervisor, preceptor, and coach. Although these terms are used interchangeably to define mentoring, it is important to understand that they have different meanings. According to Douglas et al. (2016) the assessment of students in clinical practice is an essential aspect of mentoring. On the other hand, clinical supervision by clinical mentors is a formal process which mainly involves guidance and monitoring of students to promote their independence (Moxham and Gagan 2015). Preceptorship is carried out by experienced preceptors in clinical practice and refers to the teaching and learning process which facilitates newly qualified registrants to achieve new knowledge, skills, and attitudes (Miller, Vivona and Roth 2016). Finally, Walker-Reed (2016) defined coaching as a form of learning support that attempts to empower the mentee to adapt to professional changes (Walker-Reed 2016). Morton-Cooper and Palmer (2000) described clinical mentoring as a role comprised of personal work that promoted self-development, confidence, and creativity; functional work that provided a range of interventions including teaching, coaching, counselling, and role modelling; and facilitation to assist in interpersonal relationships, networking, sharing and trust. Spouse (2003) adds that the most significant influence on students’ development relates to the acceptance of the student within the clinical team as it reinforces the process of preparation for practice through socialisation. This indicates that the clinical mentor shares multifaceted roles (Sabog, Caranto, and David 2015) whose importance is further acknowledged by Health Education England (2016) who related high-quality care and the importance of a robust, responsive and quality assured education and training systems.

During the last decade, the role of the mentor in supporting students towards qualification has attracted increasing interest (Royal College of Nursing 2016). However, the effectiveness of clinical mentoring of undergraduate nursing students remains a concern (Royal College of Nursing 2015; Schwerdtle, Morphet, and Hall 2017). According to Lescano et al. (2019), when practised, it is often informal, infrequent, and largely unsupported. Furthermore, clinical mentoring approaches differ in resources, culture, and health structures (De Abreu and Interpeler 2015). It could be argued that the pivotal role of the mentor has not always been acknowledged and indeed a key finding of the Shape of Caring Review (Health Education England 2016) was that registered nurses reported varying infrastructural support for practice-based learning and a lack of acknowledgement of the importance of the mentor role within the education process which leads to the need to review the required support for mentors within the clinical setting.

The Need for Support

Bazian (2016) indicated that clinical mentors should be supported more regarding the issues of resourcing for the role. This includes organisational support which for the context of mentoring is likely to be as important as individual mentoring relationships. In line with this, the Royal College of Nursing (2016) report on mentorship indicated a lack of understanding and acknowledgement of the responsibility and accountability associated with the role of the mentor along with mentors feeling undervalued because of lack of protected time to support students and the scarcity of training and development opportunities related to the role. Similarly, Gray and Brown (2016:213) identified the emotional impact of the role which they described as the “personal investment” required. Participants in their study described the tensions within the role in terms of balancing the commitment to both patient care and the student whilst reaching out further to support students who are struggling. This echoes the seminal work of Duffy (2003) and more recently Black et al. (2014) who
described mentors struggling emotionally with challenges such as having to fail students on placement. The lack of support and such dilemmas increase moral stress because of the dissonance between what they hoped for (their student passing the placement because of their support and guidance) and what occurred (being unable to "rescue" a failing student). Middleton and Duffy (2009) and Rook (2014) featured similar findings in their evaluation of the role which included the additional accountability and lack of specific support. Other areas that have been identified in the literature as potential challenges for mentors include tensions between obligations to students and to patients (McIntosh et al. 2013), lack of protected time (Myall et al. 2008), understanding student documentation (McIntosh et al. 2013), supporting the failing student (Duffy 2013), making fair assessment decisions (Mead, 2011), providing constructive feedback (Moseley and Davies 2008), and making reasonable adjustments for students with disabilities (Howlin et al. 2014).

Factors influencing Clinical Mentoring in Nursing

Factors which influence clinical mentoring in undergraduate nursing education is a common focus of research in literature (Al-Hamdan et al. 2014; Anarado, Agwu, and Nwuno 2016). According to Al-Hamdam et al. (2014), the knowledge, skills, and mentors’ clinical teaching expertise are vital for quality mentoring of students during their practice placement. In line with this, De Abreu and Interpeller (2015) highlighted that the three most important areas of mentoring are the mentor’s qualities and ability to facilitate learning, the relationship between the mentor and the mentee, and support and provision of feedback. Rylance et al. (2017) further adds that supporting students in achieving their goals and developing competencies should always be considered during mentorship. This shows that the mentor’s engagement is a critical aspect of the mentor-mentee relationship. In a systematic review of qualitative studies, Peake and Kelly (2016) concluded that it is the mentor’s responsibility to integrate students within their clinical placements, provide the right experience and instil professional attitudes. Setati and Nkosi (2017) adds that effective mentoring should be built on responsive feedback from trained mentors, adequate resources, and mutual responsibility which will help reduce the theory-practice gap.

Using observational data, Froiland et al. (2021) found that variability and uncertainty are other factors which influence pedagogical supervisory approaches. The observed variability included the amount of feedback provided to the students, its character, its type, its subject, and where it was given. In line with this, Hall-Lord et al. (2013) and Hilli et al. (2014) reported that mentors lacked pedagogical competence and academic understanding of student learning, with Tuomikoski et al. (2018) adding that mentors rarely have previous training in mentoring. McSharry and Lathlean (2017) recommended that clinical mentors should have extensive educational preparation and support to ensure they have the pedagogical competencies necessary to foster student learning and development in clinical practice. According to Froiland et al. (2021), clinical mentors should receive appropriate guidance and support regarding supervisory approaches and how to give students constructive feedback. This will enhance the clinical mentor’s pedagogical competency to support their mentorship practices and make them feel more confident about their ability to mentor students. Finally, clinical mentoring should be supported by clinical settings which meet the requirements for the practice placement of students and make it easier for mentors to perform according to professional standards and share their knowledge and experiences to facilitate the integration of theory into practice (Sabog, Caranto, and David 2015).

Assessment and Feedback

As already stated, an aspect of the mentor’s role within the literature was assessing and providing feedback to the student. Retrieved literature shows that this is another challenge which clinical mentors face whilst performing their role and for which they require support.
Froiland et al. (2021) claimed that mentors should be involved more in the assessment rather than taking a peripheral and passive role in assessment. A barrier to this was the lack of involvement in meetings with the nurse educator which led to frustration and strained collaboration with nurse educators. Similarly, Bos et al. (2015) has reported insufficient communication and collaboration with nurse educators. In line with Froiland et al. (2021), Christansen et al. (2020) found that the clinical mentors experienced a passive role in the assessment and a feeling of being assessed along with the student along with a perceived mismatch between the learning outcomes given in the assessment form and the learning environment. Furthermore, Christansen et al. (2020) explained that clinical mentors were worried about the differences of expectations of the students’ competences between them and the lecturer which led to the clinical mentors asking for more regular contact with the university lecturer during the clinical placement. Clynes and Raftery (2008) and Henderson et al. (2012) also reported that when facing challenges with student assessment and feedback, clinical mentors wanted better collaboration with the university lecturer. Helminen et al. (2016) specifically points that this is disturbing because apart from providing feedback, the summative assessment also includes grading the student’s clinical performance.

Although the importance of feedback in clinical practice is widely acknowledged, it appears that there is inconsistency in its provision to students. Christansen et al. (2020) claims that the learning outcomes are not realistic along with unclear and insufficiently concretised style of language further worsens the problem of providing feedback. Froiland et al. (2021) recommended that this can be improved with a positive and satisfactory collaboration with the nurse educator within the assessment of student competence and performance which include factors such as good preparation and planning by the nurse educator, acknowledging the mentor’s role, and valuing their input. The same authors explained how mentors felt more prepared to provide feedback when they experienced well-informed nursing students and received all relevant documents before the assessment discussions and shared pre-assessment discussions with the nurse educator. Froiland et al. (2021) adds that clinical mentors should be supported with increased collaboration and dialogue with the nurse educators which is imperative to raising the quality of student learning and professional development in this setting. Brown, Jones, and Davies (2020) recommend collaborative working between HEIs and placement providers is vital in ensuring that students are prepared to have difficult conversations in practice with their mentor and clinical managers.

Support for Mentors

Brown, Jones, and Davies (2020) suggest that the nurse mentor can play a significant role in supporting and encouraging students during their clinical placements. However, not all mentors proactively do so. This could be secondary to a lack of insight, knowledge, and/or training. Congdon et al. (2013) underlines that ongoing support is a key factor in ensuring high-quality practice learning experience for nursing students which, in addition, is likely to help to mitigate some of the challenges and stresses inherent to the mentor role. The notion of the relationship whereby the mentor, the students, and the university lecturer working in partnership to support the student’s learning needs is widely espoused in the mentoring literature and clearly some excellent practice exists (Fraser et al. 2013; Price et al. 2011). However, the potential for mentor support appears under-researched.

Gray and Brown (2016) suggest that preparatory programmes for clinical mentors are supportive and effective. Findings from their study demonstrated transformative learning in terms of theoretical understanding and professional confidence in their roles as mentors. Similarly, Mead et al. (2011) argued that when well-prepared and supported for the many challenges of supporting learners in practice, mentors in their study did not exhibit anxiety.
about coping with a failing student. This shows that support for mentors needs to start in the initial mentor preparation programme that the trainee mentor undertakes which in theory should adequately and consistently prepare mentors for their role.

**Method**

*Research Design*

To address the research aim, a qualitative methodology was applied. Qualitative research is ideal to obtain rich and deep information from the phenomenon under study (Speziale, Streubert, and Carpenter 2011) and qualitative methodology emphasizes trust, transparency, verifiability, and flexibility, thus making it a good method to develop insight and interpretation in the field of nursing education (Polit and Beck 2013). The study was underpinned by the research paradigm of constructivism (i.e. interpretivism) concerning the study of socially constructed realities, subjective meanings, and social phenomena, where the researcher interacts and facilitates dialogue with the participants (Wahyuni, 2012).

*Population*

Within qualitative research, purposive sampling can offer a research project insight into a particular experience (Smith et al. 2009). As such, in line with Morse (1995), interpretivist research must focus upon the recruitment of a suitable sample size to enable achievement of data saturation which is described as the point at which data collection no longer reveals any new information. Purposive sampling was used to recruit participants for this research. Purposeful sampling is a technique widely used in qualitative research which involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Cresswell and Plano Clark 2011). However, as participants were sought from different working sectors, maximum variation was applied. Maximum variation sampling is a purposeful sampling strategy which allows a population with a wide variety which will add to the richness of the data collected (Higginbottom 2004), thus providing the opportunity for the researcher to collect data from the widest range of perspectives possible about the topic under study. In this case, this allowed the researchers to explore, and understand the clinical mentors’ perceptions of support they received within different settings.

Morse (2000) and Starks and Trinidad (2007) suggest six to ten participants as being ideal for qualitative research whilst Kerr, Nixon, and Wild (2010) argued that it is not possible to predict what will be an adequate sample size and instead call upon researchers to utilise their experience. Considering the above in relation to the current study design, a sample size of eight participants was the estimated sample size required to achieve data saturation. The population was made up of nursing clinical mentors employed with MCAST. The inclusion criteria included clinical mentors with a minimum of twelve months experience of working with MCAST which ensures that they have an experience of clinical mentoring over a sustained period of time.

*Participant Recruitment*

Participant recruitment started when ethical approval from the MCAST Research Ethics Committee was available. This process followed the stages below:

Stage 1: Ethical approval from MCAST Research Ethics Committee.
Stage 2: Eligible participants identified by the Institute of Applied Sciences Director’s office of MCAST.

Stage 3: Participation invitation sent via email to eligible participants. This was forwarded by an intermediary contact at the MCAST Research Ethics Committee. The Research Study Information Sheet was attached to this email.

Stage 4: Eligible participants interested in taking part in this research were contacted via e-mail.

Stage 5: Individual meetings were set up with participants interested in taking part in this research.

Stage 6: The research study was explained to interested participants and any questions were answered.

Data Collection

Semi-structured interviews were carried out online using Microsoft TEAMS® between November 2021 and January 2022. Semi-structured interviews are regarded as a flexible tool (Smith 2007) that allows a deep understanding of the stories and provides uniform coverage through key questions during interviewing (Kahn 2000). The tool for the semi-structured interviews was informed by recent research about nursing clinical education and mentorship in nursing and was approved by the MCAST data protection officer. To ensure more clarity, the tool was pilot tested before data collection commenced. A minor amendment was made to the tool before data collection. This involved re-wording a question to enhance clarity. Questions were all open-ended to allow us to explore and understand the clinical mentor’s perception about the concept of support. These were then followed up with probes, summaries, clarifications, and reflection on the content. A total of eight interviews were conducted, each by a pair of researchers, with each researcher carrying out two interviews. Each participant received a code (e.g. NM1) to preserve their anonymity. The interviews were audio-recorded with the participant’s permission and lasted for 25-30 minutes followed by a verbatim transcription by the researcher.

Data Analysis

Data was analysed thematically with an inductive approach. In this approach, researchers do not have any pre-conceptions about themes and, instead, researchers immerse into the data for generating themes. The goal of thematic analysis was to identify patterns in the data collected which are important to address the research (Maguire and Delahunt 2017). The process of thematic analysis included coding and thematic interpretation of the transcripts; no software was used during this process. This iterative process consisted of a pattern of reading and re-reading data, a method of analysis which eventually enables the progressive understanding of the interview data to interact with the research team’s own thoughts (Coffey and Atkinson 1996). The authors worked collaboratively to develop overarching themes about the perceptions of support received by nursing clinical mentors whilst mentoring undergraduate nursing students.

Rigour

Each researcher undertook initial coding and preliminary data analysis of the interviews which they carried out. Rigour was maintained through confirmability and dependability which was achieved with each researcher independently writing field notes immediately following every interview and recording and sharing initial data insights with the other
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researchers (Lincoln and Guba, 1985). This helped to start capturing ideas, thematic development, and maintain engagement with the data (Lempert, 2007). Following this, all researchers regularly met to verify the analysis, an iterative process which involved the systematic checking of data to ensure the fit between data and the conceptual work of analysis and interpretation (Morse et al. 2002). This analytical process was underpinned by ongoing critical reflection amongst the researchers which served as triangulation to provide an accurate representation of the participants’ views which further strengthened trustworthiness (Lincoln and Guba, 1985).

Ethical Considerations

Research ethics approval was granted by the MCAST Research Ethics Committee (SOI: I009_2021). Eligible participants received written information about the study that explained the purpose of the study, participant involvement, and the right to withdraw from the study without penalty at any stage, as well as outlining the benefits and any potential risks. Confidentiality and anonymity were assured with all participants being assigned a pseudonym which was used in all generated data. All participants signed an informed consent form prior to the interview, which consent was for participation, audio-recording, further publications, presentations and/or analysis. The data collected was stored electronically within the MCAST cloud storage system and files were password-protected in an encrypted format. Upon completion of the study, all data was destroyed.

Results

The purpose of this research was to explore the clinical nursing mentors’ perceptions of support received whilst mentoring undergraduate nursing students. Thematic analysis has been used to explore patterns across the data. Themes were generated by adopting an inductive approach, analysing data without any preconceptions on the part of the researchers. The researchers moved from several specific statements extracted individually to cross-checking and connecting them to form overarching themes. Three themes have emerged that describe the clinical nursing mentors’ perceptions of the support that they received whilst mentoring undergraduate nursing students. The themes can be found in Table 1 below and will be described further.

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<th>Themes</th>
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<td>1</td>
<td>Multifaceted support</td>
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<tr>
<td>2</td>
<td>Challenges and barriers</td>
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<tr>
<td>3</td>
<td>Experience as a problem solver</td>
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Table 1: Themes

Multifaceted Support

The researchers set off by trying to understand what the nurse mentors understood by the term support. Support was seen as an umbrella term by all participants even though some eventually focused further on specific issues. There was a consensus that nurse mentors need to be supported in practice to be able to mentor students. Bazian (2016) found a lack of such support in the UK but locally this has never been investigated. This issue of support was expanded further to include protected time that one can dedicate to the student, something also identified by Myall et al. (2008). A link was made to managerial issues

1  SOI: Statement of Intent
congruent with the findings of Froiland et al. (2021). One participant (NM3) noted that nurse managers should appreciate more the role of clinical mentors in nurse education. There were also indications of tensions between the responsibilities of mentoring students and caring for patients, findings congruent with those of McIntosh et al. (2014).

_We need to value mentorship because it is seen by the department as another role by the management (I have to take care of patients as well) (NM3)._ 

During the interviews, the availability of and access to the module lead has also been identified as a source of support by local nurse mentors. The module lead, in the case of the academic institution in question, is the lecturer who is leading the practice module, during which students go out on clinical placements with their mentors. Given that there is currently no set structure on how much a module lead should be available, the current informal system might give rise to some subjectivity where some module leads might be present in clinical practice more than others. This might explain the expectations of the nurse mentors who identified this as part of support and the suggestion that such support should be structured formally to ensure consistency. This suggestion by the participants is in congruence with the assertions of Aboshaiqah et al. (2018), that effective relationships between the higher education institution, clinical nurse mentors, and students are an absolute requirement.

The third and common issue identified was financial remuneration. This has been identified by most participants who agreed that this is needed to ensure retention of nurse mentors. One should note that such payment is already in place per student mentored but one mentor (NM7) argued further that financial remuneration would also improve existent mentors’ motivation particularly in the current climate of a shortage of staff.

**Challenges and Barriers**

A few challenges and barriers to effective clinical nurse mentoring have been identified. These have been listed in Table 2 below.

<table>
<thead>
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<th>Overcrowding of students on the wards</th>
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<td>Mentoring not being valued by the management of the ward/hospital</td>
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<tr>
<td>Lack of training/preparation for nurse mentors</td>
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<td>Lack of updates for nurse mentors</td>
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<td>Mentoring seen as an extra role in a time of widespread shortage of nursing staff</td>
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<td>Other minor issues</td>
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**Table 2:** Challenges and barriers identified by nurse mentors.

At the time of writing of this article, various mechanisms to address some of the issues identified above have already been set in motion. This is also in accordance with the standards of education required by institutions providing education to undergraduate nurses that can be found in a document issued lately by the Maltese Council for Nurses and Midwives (2022). Overcrowding of the wards has been identified on multiple occasions and is already being addressed by joint efforts between clinical units and educational institutions to decrease the number of students concurrently attending a clinical placement. The lack of training/updates is also being tackled by the institution where the researchers practice,
and an updated version should be offered in due course. When asked about any suggestions to address the issues above, the participants suggested several initiatives, some of which have been mentioned already. Other suggestions have been listed in Table 3 below.

<table>
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<th>Student to mentor ratio 1:1</th>
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<tr>
<td>Named link lecturer per student</td>
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<td>Peer support – lead mentor role</td>
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<tr>
<td>Change in curriculum – mentor upon qualification as a first level nurse</td>
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<tr>
<td>Provision of feedback to mentors after the placement – both by student and by lead lecturer</td>
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<tr>
<td>A more active role of nurse mentors during student assessment</td>
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Table 3: Suggestions for improvement given by nurse mentors.

In relation to the mentor occupying a more active role during a student's assessment (last point in Table 3), Omansky (2010) identified different views of the role of nurse mentors in a number of areas including that of assessment, but a similarity has emerged in studies by Christiansen et al. (2020) and Froiland et al. (2021). In the researchers' institution, during the assessments of practice-based units, mentors are asked for their opinion on the learning that has happened on placement. This is similar to the procedure of the institution in Christiansen et al.'s study whereby nurse mentors felt that they were experiencing their role passively whereas participants in Froiland et al.'s study felt that they were occupying “a peripheral role” (2021:6) during formal assessment discussions.

Experience as a Problem Solver

A recurrent theme throughout the interviews was previous experience being used by clinical nurse mentors to solve problems that arise during the clinical placement. This is congruent with the role of the nurse in any setting. Several suggestions have been put forward by the participants, possibly to decrease the problems that they face and also for the problems to be solved more effectively and efficiently. Some of these issues have already been identified above. Given that the sample of this study was small, these findings might serve as a precursor to another study with a larger sample of nurse mentors to identify other problems and methods of solving them. Foolchand and Maritz (2020) assert that effective nurse mentors should be equipped with core competencies, problem solving being one of them. This might be incorporated into nurse mentor training. Doing so would be in congruence with Weaver’s (2021) argument that adequate preparation is a key factor in nurse mentor preparation and success.

Conclusion

The findings of this study will serve as a further catalyst supporting changes and implementations in practice. Besides what has already been set in motion, it is expected that this research will boost a project that will lead to the establishment of a programme of ongoing support for clinical nurse mentors. Such support has been acknowledged as a key factor in ensuring high-quality practice learning experience for nursing students (Clark and Casey 2016). Furthermore, the results of this study will also serve as an eye-opener for academic staff to improve communication with nurse mentors and also work on strengthening the role of the nurse mentor during the assessment process.
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