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A Cross-sectional Study to Assess the Nursing Students' Expectations and Experiences of Mentorship

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Mentorship in nursing is integral to under-graduate nursing education and affects every nursing student. It is a requirement under the nursing governing body that all students are supported and assessed by mentors when in clinical placement (Gardiner, 1998). However, mentoring is not a simple activity as it involves the development of "complex, bounded and purposeful relationships supported by knowledge, experience and opportunities for reflection" (Gilmour et al, 2007).

The education of nursing students takes place at multiple learning environments. In India, 50 percent of their time is spent at class room teaching and the remaining 50 percent is spent in practice, here referred to as clinical placement. While students are on clinical placement they receive support from the clinical placement and from the class room teaching, for example through support from practice personnel, mentors, practice educators, lecturer-practitioners, clinical tutors. Although clear guidelines have been introduced related to the accountability and responsibilities of a mentor it has been widely agreed that mentorship includes more than supervision and also involves building professional relationships between the mentor and the mentee, consisting of nurturing, and includes educative and protective elements.

Effective communication systems are essential to cope with issues and changes that may affect mentorship. In addition, measures for quality control are in place to audit clinical placements to determine whether they are appropriate in learning environments. Due to the variety and quantity of clinical placement required within a student's nursing programme covering a range of community, hospital and other settings, there are concerns regarding equality of learning opportunities and clinical experiences of students.

The existing literature related to nursing students' mentorship experiences is surprisingly limited and research findings related to students' experiences of mentorship is often integrated with other components of clinical placement experiences.

The aim of the study was to determine the nursing students' expectations and experiences regarding mentorship.

Objectives

The study was conducted with a view:

1. To assess the nursing students' expectations regarding mentorship
2. To assess the nursing students' experiences with mentorship
3. To identify the kind of support provided by the mentor that is most valued by the students.
4. To identify the methods to enhance mentorship for the nursing students.

Hypothesis

1. Expectations and experiences

   H_{01} - There is no relationship between experiences and expectations regarding mentorship among nursing students.

2. Experiences and selected demographic variables

   H_{02}- There is no relationship between experiences and selected demographic variables regarding mentorship among nursing students.

3. Expectations and selected demographic variables

   H_{03}- There is no relationship between expectations and selected demographic variables regarding mentorship among nursing students.

Review of Literature

Understanding mentors' roles/ responsibilities: "Mentoring involves primarily listening with empathy and learning (usually mutually) professional friendship, developing insight through reflection, being a sounding board, encouraging" (Gardiner, 1998).

Disinterested: Although being a mentor is not compulsory for nurses, yet introduction of the Knowledge and Skills

Table 1: Socio demographic & baseline data

Parameters		f	%
Age	≥ 20	82	27.3
	21-25	201	67.0
	26-30	17	5.7
Educational qualification	10+2	265	88.3
	Graduation	35	11.7
Year of study in Nursing	II	100	33.3
	III	100	33.3
	IV	100	33.3
Marks obtained in last academic year	≤ 60%	12	4.0
	> 80%	37	12.3
	61% - 70%	115	38.3
	71% - 80%	136	45.3
Type of family	Joint	51	17.0
	Nuclear	249	83.0
No of siblings	0	14	4.7
	1	135	45.0
	2	109	36.3
	3	32	10.7
	4	9	3.0
	5	1	.3
Birth order	1	165	55.0
	2	98	32.7
	3	34	11.3
	4	2	.7
	5	1	.3

Framework (KSF) in 2004 linked promotion with obtaining additional skills and competencies, of which mentorship is one. Although this framework may ensure adequate and constant numbers of mentors to support students, it does not necessarily result in mentors who are interested in mentorship (Gray & Smith, 2000). It has been suggested that a good and effective mentor is enthusiastic, understanding, approachable and someone with a good sense of humour, and who is professional and confident. The idea of good mentors being described as role models reflects the idea of professionalism and it has been suggested that the characteristics of a positive role model are closely linked to that of a good nurse (Dotan et al, 1986).

Feedback value: Gray & Smith (2000) found that student dependency on a mentor reduced/changed as the programme progressed and their mentorship needs changed. This was further developed by Chow & Suen (2001) who indicated that mentors were unaware of the different objectives that students at different levels might have.

Support for mentors: "Each instance of mentorship is perceived differently based on both the mentor and the person being mentored". Descriptions of a poor mentor were reported by students who found mentors lacking clinical knowledge in nursing. They were either over-or under-protective of students, and had poor teaching skills. The mentors were unclear about what the students' capabilities were and students described being "thrown in the deep end".

Methodology

Descriptive approach was adopted in this multi-centric cross-sectional study conducted during June 2016 to March 2018 among 300 students of selected nursing colleges from different states of India.

Inclusion criteria: Nursing students who were admitted in selected nursing colleges, aged above 18 years and willing to participate in the study.

Exclusion criteria: First year nursing students were excluded from the study and those unwilling to participate in study.

Table: 2 Likert scale to assess experiences of students: An overview

Sl. No.	Criteria	Agree		Disagree		Strongly agree		Strongly disagree		Uncertain	
		n	%	n	%	n	%	n	%	n	%
1	All my mentors are professionally competent and good clinical nurses	138	46.0	7	2.3	115	38.3	24	8.0	16	5.3
2	I received sufficient support from my mentor at the start of my clinical placement	149	49.7	5	1.7	98	32.7	19	6.3	29	9.7
3	My needs from mentoring are very different now than when I first started the course and mentoring also changed according to my requirement	127	42.3	17	5.7	105	35.0	15	5.0	36	12.0
4	Regular appointments with mentor for reflection and feedback improved the mutual understanding and my confidence	115	38.3	20	6.7	107	35.7	16	5.3	42	14.0
5	Difficult situations with my mentors resulted in a negative perception and affected my performance of the clinical studies as a whole	80	26.7	65	21.7	77	25.7	40	13.3	38	12.7
6	Mentors always incorporated technology and evidence-based practice into curriculum and clinical practice	113	37.7	16	5.3	101	33.7	32	10.7	38	12.7
7	I often get stressed and bit anxious to get my assignment corrected	94	31.3	43	14.3	106	35.3	34	11.3	22	7.3
8	All my mentors readily accept responsibility for own behaviour and maintain good interpersonal relationship	90	30.0	31	10.3	91	30.3	38	12.7	50	16.7
9	Staff shortages have affected the mentoring I have received.	82	27.3	71	23.7	90	30.0	23	7.7	34	11.3
10	Many judgements about student competence are made on a fairly subjective (biased) basis	131	43.7	30	10.0	65	21.7	26	8.7	48	16.0

Table 3: Likert scale to assess the expectations of students: Overview

	Criteria	Agree		Disagree		Strongly agree		Strongly disagree		Uncertain	
		n	%	n	%	n	%	n	%	n	%
1	A mentor is easily available on social media: Whatsapp / Facebook / mail	92	30.7	77	25.7	77	25.7	23	7.7	31	10.3
2	A mentor should always keep a distance with students and act in a professional manner only	75	25.0	64	21.3	66	22.0	79	26.3	16	5.3
3	A mentor should not involve students while planning and evaluating learning experience	26	8.7	189	63.0	24	8.0	45	15.0	16	5.3
4	Students should be continuously controlled and criticised in their clinical studies to make the students more competent	70	23.3	91	30.3	65	21.7	55	18.3	19	6.3
5	Mentors should report all the problems of students to higher authority and no need to maintain confidentiality	17	5.7	185	61.7	22	7.3	68	22.7	8	2.7
6	An essential aspect for students to learn is not only the student's motivation to learn but the relationships they develop with their mentor	204	68.0	8	2.7	63	21.0	10	3.3	15	5.0
7	Placement of mentors in clinical field to be changed or rotated frequently so that students will get variety of guidance and can reduce subjective evaluation	205	68.3	25	8.3	46	15.3	14	4.7	10	3.3
8	Students to be made independent and take responsibilities for their own learning and 100% attendance in class room or clinical field should not be compulsory	94	31.3	68	22.7	69	23.0	54	18.0	15	5.0
9	Mentors' absence, leaving the students being without supervision, and feedback makes the students more independent and secured	49	16.3	95	31.7	59	19.7	67	22.3	30	10.0
10	Mentor's lack of appropriate qualifications may affect the students' possibility to improve in their clinical competences	118	39.3	47	15.7	75	25.0	45	15.0	15	5.0

The tool consisted of the following sections:

Section A: Demographic variables like age, sex, year of study, educational qualification, academic performance; **Section B:** Likert scale to assess the experiences of students; **Section C:** Likert scale to assess the expectations of students; **Section D:** Identification of the most valued mentorship activity in your experience; **Section E**: Structured closed and open-ended questionnaire.

Results & Discussion (Tables 1-6)

Statistical package SPSS version 21 was used to analyse the data sheet. Descriptive statistics was used to analyse socio demographic variables and Likert scale. Inferential statistics: non-parametric test chi-square was applied to find the association between selected variables and experiences.

The literature related to nursing students' mentorship experiences is surprisingly limited and students' experiences of mentorship are often integrated with other components of clinical placement experiences.

"Mentoring involves primarily listening with empathy and learning (usually mutually), professional friendship, developing insight through reflection, being a sounding board, encouraging" (Pellat, 2006). This study also emphasised that 68 percent of students' learning will be enhanced by the relationships with their mentor along with the student's motivation to learn. Although mentioned in Greek mythology, it has been suggested that Florence Nightingale may have been the first nurse mentor (Gardiner, 1998). With the move of nursing education into higher education, registered nurses were given the responsibility of being mentors of student nurses (Nettleton & Scrammell, 2010).

Although being a mentor is not compulsory for nurses, the introduction of the Knowledge and Skills Framework

Table 4: Identification of the most valued mentor ship activity in student's experience based on mean and median value

No.	Mentorship activity	Minimum rank	Maximum rank	Range	Mean	Median	Ranking
1	Caring: Empathy, compassion and sensitivity towards students and patients	1	7	6	2.39	2.00	-
2	Altruism: concern for the welfare and cultural beliefs of others	1	7	6	3.91	3.00	-
3	Autonomy: Professional decision making quality	1	7	6	3.76	3.00	-
4	Human dignity: Respect for and sensitivity towards the worth and uniqueness of individuals	1	7	6	3.34	4.00	-
5	Integrity: Adherence to the nursing code of ethics and recognised standards of professional practice	1	7	6	4.42	5.00	II
6	Social justice: Fair non-discriminatory and equal access to all nursing students and patients	1	7	6	4.10	4.00	III
7	Life-long learning: Commitment to maintain professional competency throughout the professional nursing career	1	7	6	4.70	5.00	I

Table 5: Analysis of Positive & Negative experience perceived by students

	Criteria	Positive experience		Negative experience	
		n	%	n	%
1	All my mentors are professionally competent and good clinical nurses	138	46.0	162	54.0
2	I received sufficient support from my mentor at the start of my clinical placement.	149	49.7	151	50.3
3	My needs from mentoring are very different now than when I first started the course and mentoring also changed according to my requirement.	127	42.3	173	57.7
4	Regular appointments with mentor for reflection and feedback improved the mutual understanding and my confidence	115	38.3	185	61.7
5	Difficult situations with my mentors resulted in a negative perception and affected my performance of the clinical studies as a whole	65	21.7	235	78.3
6	Mentors always incorporated technology and evidence based practice into curriculum and clinical practice	113	37.7	187	62.3
7	I often get stressed and bit anxious to get my assignment corrected	43	14.3	257	85.7
8	All my mentors readily accepts responsibility for own behaviour and maintain good interpersonal relationship	90	30.0	210	70.0
9	Staff shortages have affected the mentoring I have received.	71	23.7	229	76.3
10	Many judgments about student competence are made on a fairly subjective (biased) basis.	30	10.0	270	90.0

(KSF) in 2004 linked promotion with obtaining additional skills and competencies, of which mentorship is one. Although this framework may ensure adequate and constant numbers of mentors to support students, it does not necessarily result in mentors who are interested in mentorship (Gray & Smith, 2000). It has been suggested that a good and effective mentor is enthusiastic, understanding, approachable and someone with a good sense of humour, and who is professional and confident. The idea of good mentors being described as role models reflects the idea of professionalism and it has been suggested that the characteristics of a positive role model are closely linked to that of a good nurse (Dotan et al, 1986).

Gray & Smith (2000)) found that student dependency on a mentor reduced/changed as the programme progressed and their mentorship needs changed. This was further developed by Chow & Suen (2001) who indicated that mentors were unaware of the different objectives that students at different levels might have. Our study also revealed that 57.7 percent of students' needs were different from the first started the course and mentoring also changed according to student's requirement.

Implications & Recommendations

The data could be used to guide the nursing institutions to improve preparation and support for students and mentors alike. A study can be replicated in different settings to obtain a generalisable findings and impart in Nursing Education.

Table 6: Association of experiences with selected demographic variables tested using Chi-square test

Criteria	Age			Educational qualifications			Marks of previous academic year			Year of study			Type of family			No of siblings			Birth order		
	λ^2	df	p	λ^2	df	p	λ^2	df	p	λ^2	df	p	λ^2	df	p	λ^2	df	p	λ^2	df	p
Difficult situations with my mentors resulted in a negative perception and affected my performance of the clinical studies as a whole	2.666[a]	2	**0.264**	0.478[a]	1	**0.489**	3.224[a]	3	**0.358**	1.218[a]	2	0.544	2.172[a]	1	**0.141**	4.844[a]	5	0.435	1.315[a]	4	**0.859**
I often get stressed and bit anxious to get my assignment corrected	4.689[a]	2	**0.096**	0.255[a]	1	**0.614**	0.491[a]	3	**0.921**	0.380[a]	2	0.827	0.018[a]	1	**0.892**	3.815[a]	5	0.576	3.213[a]	4	**0.523**
Many judgements about the student competence are made on a fairly subjective basis	0.715[a]	2	**0.699**	0.809[a]	1	**0.369**	3.380[a]	3	**0.337**	0.667[a]	2	0.717	1.158[a]	1	**0.282**	2.784[a]	5	0.733	1.174[a]	4	**0.882**

As all the p values are more than 0.05, there is no statistically significant association between the expectations and selected demographic variables.

Conclusion

This study focused on understanding of students' expectations as well as their own experiences of mentorship and how these align with current policies and procedures regulated by professional bodies. This data contributes to a greater understanding on the issue, thus providing focus on how best institution can prepare and support both the students and mentors for learning in clinical placement. Some of findings of this study supported existing studies of mentorship; however, new insights were gained into students' expectations and experiences of mentorship.

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