

Original Article

Assessment of Mentorship Applications in Nursing Clinical Education

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Abstract

Background: Mentorship practice is indispensable due to various problems in nursing education and having an effective mentorship program is key to the nursing students' successful learning.

Aim: To explore mentorship applications in undergraduate nursing programs in Turkey.

Methods: The study was a descriptive and comparative study. The sample targeted 124 nursing schools, and 71 schools' managers replied (57.2%). The questionnaire comprised of 10 questions regarding mentorship applications. Participants were invited to complete the survey by email between December 2017 and June 2018.

Results: Formal mentorship education was not given in 52.2 % of the schools. The duration of the education ranges from 2 hours up to 19 hours, and the content of the school's mentorship programs were found to be changeable. Also, most of the schools (65.2%) have selection criteria for being a mentor. In addition, 76.1 % mentors work with five or more than five students, and the duration of mentorship practice usage in governmental schools was found significantly higher than that in foundation schools ($p = 0.001$).

Conclusion: Mentorship systems currently in use are not effective. Thus, it is necessary to increase the collaboration between hospitals and schools and to determine mentorship standards at the national level.

Key words: mentorship practice, nursing education, mentoring nursing students, mentorship programs.

Introduction

Mentorship is defined as giving support, assistance and guidance in learning new skills, adopting new behaviors or acquiring new attitudes (Huybrecht et al., 2011). Another way of defining it is that an experienced person shares his/her own knowledge, advice or training with a novice or helps someone to achieve his/her goal or complete a project or facilitate the process in which a person is converting his/her role to another one (Gruber-Page, 2016). In nursing education, the mentor is described as the nurse who facilitates learning and supervises and assesses students in the clinical area (Council, 2008). In Turkey, the terms "preceptor" or "guide nurse" are used as analogous to the term mentor. Mentorship is a good method that can be used not only in the education of nursing students, but also for training new graduates to adapt to specific units of the institution and for nurses who have changed their units (Kocaman et al., 2012).

In Turkey, the standards for opening and maintaining programs have not been prescribed for the bachelor nursing education (Kocaman & Yurumezoglu, 2015). In addition, as a solution to the global nursing shortage, the number of students accepted into nursing programs has increased in many countries (Frank, 2013), including Turkey (Kocaman & Yurumezoglu, 2015). However, the number of students per nursing faculty member has steadily risen over the last 20 years and is now so high that there are insufficient number of faculty members to mentor students effectively. In 2015–2016, the number of students per nursing faculty member was 74 (Kocaman & Yurumezoglu 2015) and for 2017–2018, it is 113 (Higher Education Council, 2017). Due to the time and expense of training nurse faculty members, the ratio of faculty members to students is unlikely to improve in the next decade or so. Moreover, it has been stated that the expectation of the faculty has changed the faculty now deal more with

theoretical courses and research, as a result of which the faculty's clinical practice skills for nursing students' training has diminished (Leonard, McCutcheon, & Rogers, 2016).

It is important that graduate nursing students be competent and maintain the patients' safety in their quest of protecting public health (Kocaman & Yurumezoglu, 2015). An important part of nursing education, clinical practices take place over half the duration of nursing education provided in European countries. (Medicine, Nursing, Midwifery, Dentistry, Veterinary, Pharmacy and Architecture Educational Programs Regulation, 2008). Through mentorship, nursing students can find opportunities to implement the theoretical knowledge obtained in the classes and transform it into behaviors in the clinical area. Therefore, allotting sufficient number of faculty members in clinical education in case of practice-based professions such as nursing and devising and testing new systems/applications to support the faculty can be potential solutions for providing quality practice experience to nursing students. According to nursing regulations published in 2010, nurses are responsible to improve themselves by attending scientific events related to their field and supporting nursing students and contributing to their education (Nursing Regulation, 2010).

Mentorship supports clinical education globally and contributes to nursing students' learning. In countries such as the United Kingdom, this practice is obligatory for nursing students, and the standards of this practice have been established by the Nursing Midwifery Council (NMC). Although there will be some changes in 2019 regarding mentorship applications, these standards have currently defined the conditions and responsibilities of being a mentor nurse. Along with this, to be a mentor nurse, it is required to complete a mentorship program approved by the NMC or a comparable program accredited by approved institutions that meets the NMC's requirements for mentorship. Also, placement providers must check every three years that each mentor on their register is meeting NMC requirements (Clark & Casey, 2016; Council, 2008). The mentor is responsible for organizing the students' learning activities in clinical practices, giving constructive feedback, setting accessible learning goals and observing whether the students reach these goals, assessing the skills, attitudes and behaviors of the students

and providing the evidence and concerns about students' performance to the faculty (Beskin, 2009; Clark & Casey, 2016; Council, 2008).

In Turkey, even though nurses working in the clinical practice do not undergo formal mentorship education, they work actively with the students and guide them in the clinical area. However, there is no data about how and how to use mentorship applications in undergraduate nursing clinical education in Turkey. This study was planned as a descriptive and comparative study to reveal the current situation of mentorship applications in undergraduate nursing programs. It is believed that the results of this study will form the basis for the development of further research, projects and mentorship programs in nursing education.

Aim: The aim of the study was to explore mentorship systems in undergraduate nursing programs in Turkey.

Methods

Design: This study was a descriptive and comparative study.

Research questions: The two research questions were as follows:

- (a) What is the situation regarding mentoring practices in Turkey?
- (b) Is there a difference in terms of government and foundation schools when it comes to mentoring practices?

Participants and sample size: Based on the higher education council's report, at the time of the research, there were 124 bachelor's degree nursing schools in Turkey (Higher Education Council, 2017). The sample targeted these 124 nursing schools, and 71 schools' managers replied (57.2%).

Data collection: The study questionnaire was developed by the researchers. It comprised of 10 questions, which included eight close-ended and two open-ended questions about mentorship applications. Upon approval from the institutional ethics committee of the Koç University, online data collection commenced between December 2017 and June 2018. Participants were invited to complete the survey by email with instructions on the survey link.

Ethical considerations: Before the study, approval was obtained from ethics committee of Koç University (2017.171.IRB2.058). Participants were invited to complete the survey by email with instructions on the survey link. Prior to completing the survey, participants were

required to electronically indicate their consent to complete the survey. Once completed, surveys were electronically submitted by the participating manager of the schools without any identifiers.

Data Analysis: The IBM SPSS Statistics 22 (IBM SPSS, Turkey) program was used for statistical analysis. Normality assessment of the variables was conducted through the Shapiro Wilks Test. Descriptive statistical methods (mean, standard deviation, median, and frequency) were used when evaluating the study data. While comparing two groups, the Mann-Whitney U Test was used for quantitative variables. The Chi-Square Test with Continuity (Yates) Correction and Fisher's Exact Chi-Square test were used to evaluate the qualitative variables. For the statistical tests, p-values of less than 0.05 were considered to be statistically significant.

Results

A total of 69% of the participating nursing schools were governmental schools and 64.8 % (n=46) of the schools used mentoring in their clinical education. Also, it was found that 56.5 % (n=26) of the schools had been using the mentorship for one to five years. In addition, 47.8 % (n=22) of the schools using the program were providing formal preparation mentorship education to the mentor nurses. The duration of the mentorship program ranged from 2 hours to 19 hours (mean 6.23±5.00). In addition, 63.6% (n=14) of these schools trained mentor nurses for 1–5 hours. Most of the school's managers (87%) thought that the content and duration of the mentorship programs provided in their schools were not enough.

Table 1: The distribution of the characteristic of the mentorship applications (n=71)

		Min-Max	Mean±SD
The duration of mentorship usage (year) (n=46)		1-20	5,50±4,09
The duration of mentorship program (hour) (n=22)		2-19	6.23±5.00
		n	%
Types of nursing school	Governmental	49	69
	Foundation	22	31
The status of utilization of mentor nurse	Yes	46	64.8
	No	25	35.2
The duration of mentorship applications (year) (n=46)	1–5 year	26	56.5
	6–10 year	15	32.6
	11 years and over	5	10.9
Status of giving formal education to mentor nurses (n=46)	Yes	22	47.8
	No	24	52.2
The duration of mentorship program (hour) (n=22)	1–5	14	63.6
	6–10	5	22.7
	11 and over	3	13.6
Thinking that mentorship program given is sufficient (n=46)	Yes	6	13.0
	No	40	87.0
*The classes using mentorship applications (n=46)	Freshman	18	39.1
	Sophomore	23	50.0
	Junior	22	47.8
The number of students working with a mentor	Senior	28	60.9
	2	2	4.3

in the clinical practice (n=46)	3	4	8.7
	4	5	10.9
	5 and over	35	76.1
The status of mentor nurse payment (n=46)	Yes	26	56.5
	No	20	43.5
Status of having selection criteria for mentor nurses (n=46)	Yes	30	65.2
	No	16	34.8

*More than one option is marked. SD = standard deviation

Table 2: The distribution of the mentorship preparation program content (n=22)

Content of the mentorship program	n	%
Principles of the clinical practice (learning goals, objectives, content of the clinical course, and clinical instructions)	15	68.2
Roles and responsibilities of the mentors	8	36.4
Evaluation process (forms, assessment of the student, and nursing care plan)	8	36.4
Students' responsibilities in the clinical practice (expectation from the students in the clinical practice)	6	27.3
Nursing process and assessment of the process	6	27.3
Definition of the mentor	4	18.2
The goals of the mentorship application	3	13.6
Feedback methods	2	9.1
Nursing practices for patient safety	2	9.1
Professionalism and ethical principles	1	4.5
Teaching and learning process	1	4.5
Case discussion principles	1	4.5
Discussion of the common problems met in the clinical practice	1	4.5

Table 3: Distribution of the characteristics of mentorship applications by type of university

The characteristic of the mentorship applications		Types of nursing school			Z/ χ^2	p
		Governmental (n=49)	Foundation (n=22)	Total (n=71)		
		n (%)	n (%)			
The status of utilization of mentor nurse	Yes	29 (59.2%)	17 (77.3%)	46 (64.8%)	1.457	0,227
	No	20 (40.8%)	5 (22.7%)	25 (35.2%)		
The duration of mentorship usage (year) (n=46)	Mean±SD	7.03±4.24	2.88±2.03	5.50±4.09	-3.773	0.001**
	Median	6	2	5		
The duration of mentorship usage (year) (n=46)	1-5	11 (37.9%)	15 (88.2%)	26 (56.5%)	9.084	0.003**
	6 years and over	18 (62.1%)	2 (11.8%)	20 (43.5%)		
Status of giving	Yes	13 (44.8%)	9 (52.9%)	22 (47.8%)	0.051	0.821

formal education to mentor nurses (n=46)	No	16 (55.2%)	8 (47.1%)	24 (52.2%)		
The duration of mentorship program (hour) (n=22)	Mean±SD	6.46±4.89	5.89±5.41	6.23±4.99		
	Median	4	4	4	-0.510	0.647
The duration of mentorship program (hour) (n=22)	1-5 hour	8 (61.5%)	6 (66.7%)	14 (63.6%)		
	6 years and over	5 (38.5%)	3 (33.3%)	8 (36.4%)	0.001	1.000
Thinking that mentorship program given is sufficient (n=46)	Yes	5 (17.2%)	1 (5.9%)	6 (13%)		
	No	24 (82.8%)	16 (94.1%)	40 (87%)	1.219	0.390
*The classes using mentorship applications (n=46)	Freshman	15 (30.6%)	3 (13.6%)	18 (25.4%)	1.502	0.220
	Sophomore	16 (32.7%)	7 (31.8%)	23 (32.4%)	0.001	1.000
	Junior	14 (28.6%)	8 (36.4%)	22 (31%)	0.144	0.705
	Senior	17 (34.7%)	11 (50%)	28 (39.4%)	0.917	0.338
The number of students working with a mentor in the clinical practice (n=46)	4 and lower	7 (24.1%)	4 (23.5%)	11 (23.9%)		
	5 and over	22 (75.9%)	13 (76.5%)	35 (76.1%)	0.001	1.000
The status of mentor nurse payment (n=46)	Yes	19 (65.5%)	7 (41.2%)	26 (56.5%)		
	No	10 (34.5%)	10 (58.8%)	20 (43.5%)	1.688	0.194
Status of having selection criteria for mentor nurses (n=46)	Yes	20 (69%)	10 (58.8%)	30 (65.2%)		
	No	9 (31%)	7 (41.2%)	16 (34.8%)	0.142	0.707

χ^2 : Continuity (Yates) correction and fisher's exact chi-square; Z: Mann-whitney U test ** $p < 0.01$

Schools used mentor for all classes, and 60.9 % (n=28) of the schools used the mentors for the senior class. Also, it was determined that 76.1 % (n=35) of the nursing schools' mentors worked with five and more than students while caring for patients in the clinical area. Additionally, it was found that 56.5 % (n=26) of the schools paid the mentor nurses. In the study, most of the schools (n=30, 65.2 %) had certain selection criteria for being a mentor (Table 1). These criteria included the following: having graduated from the bachelor's degree nursing program (96.7 %), having clinical experience (50%), being a volunteer (20%), having good communication skills (13.3%), having high performance in their institutions (6.7%), having experience in teaching adults (6.7%), having positive

perspectives about nursing (3.3%), having the ability to determine students' needs and making learning plans for them (3.3%), and giving feedback honestly (3.3%). In the study, it was found that the schools' mentorship programs' content were categorized into the following elements: the principles of clinical practice (68.2%), the mentor's roles and responsibilities (36.4 %), the evaluation process (36.4%), the students' responsibilities (27.3 %), and nursing process and assessment of the process (27.3%). The other content of the program can be seen in Table 2. The duration of mentorship practice usage in governmental schools was found to be significantly higher than that in foundation schools ($p = 0.001$; $p < 0.01$). In addition, the rate of mentorship practice usage in governmental

schools (62.1 %) 6 years and over was found to be significantly higher than that in foundation schools (11.8 %) ($p = 0.003$; $p < 0.01$) (Table 3). There was no statistically significant difference in terms of other mentorship practices in the context of school types ($p > 0.05$) (Table 3).

Discussion

Clinical education is an inseparable part of nursing education. For various reasons, the mentor-driven model has become common and necessary for nursing clinical education. The mentor-driven model is cost effective and requires fewer faculty members for supervision than faculty-driven model. Also, mentorship maximizes opportunities for students and mentors to acquire knowledge, skills, and attitudes, and to develop confidence and professional socialization. Furthermore, this model can potentially enhance academic-hospital partnership (Sedgwick & Harris, 2012). Therefore, nursing students may find the opportunity to put theory into practice under the supervision of an experienced mentor (Beskine, 2009). It is crucial to have a standard and effective mentorship preparation program for mentors, so that mentoring systems to be used can improve nursing clinical education. When the effective mentorship preparation program does not exist, mentors may experience some difficulties such as workload pressures, insufficient time, poor preparation for the role, lack of satisfaction, and lack of clear protocols (Nash & Flowers, 2017).

In some countries with effective mentorship programs, the duration and content of the mentorship programs are determined at the national level. For instance, in the United Kingdom, to become a mentor, a registered nurse must pass an approved mentor preparation program that includes both academic and practice learning. In addition, the program duration can be a minimum of ten days, of which five days are allocated to protected learning time (Beskine, 2009; Council, 2008). Goodman's (2013) study suggested that mentors don't have enough time to support students' learning due to heavy workload, apart from facing other problems such as lack of necessary training and support to do so. The current study showed that most of the nursing schools use mentors in their clinical applications, but majority of them had not given formal mentorship education to the

mentor nurses. Also, the duration of the education was very changeable, ranging from 2 hours up to 19 hours. In addition, the content of the mentorship programs varied from school to school. These results showed that there is no standard mentorship preparation program in Turkey, and the mentorship programs already in place was not sufficient. Mentors should have access to protected teaching time, adequate resources and annual training updates to ensure that they promote the quality of the placements and students' experience (Beskine, 2009). The number of nursing students who work with the same mentor varies across the world. Canadian undergraduate nursing programs use the term "preceptor" instead of mentor, and preceptorship is described as a formal one-to-one relationship between a nursing student and registered nurse that extends over a pre-determined length of time. Although nursing programs in Canada have a mentor student ratio of 1:1 as a target, to achieve the learning outcomes of the program, this ratio varies from one school to another, and there are differences in mentor preparation programs as well (Sedgwick & Harris, 2012). In the United Kingdom, based on the NMC standards, mentors should not support more than three students at the same time (Council, 2008). In this study, it was determined that majority of the mentors worked with more than five students while caring for patients in the clinical area. This result also showed that there is no prescribed standard about the mentor-nurse student ratio, and mentor nurses may have experienced difficulty when they are working with more than five students, while simultaneously being responsible for the patients in the clinical area.

The mentor's role is important for the students during their journey towards becoming a nurse. Mentors should be able to facilitate nursing students' transition from student to graduate nurse role, so mentors should be selected from registered nurses who are motivated and have volunteered to enhance student knowledge, skills, and attitudes (Vinales, 2015). Also, good mentors should be knowledgeable, kind, flexible, and determined (Gruber-Page, 2016). The study which was carried out in Turkey that mentor nurses were indecisive about guidance practice; some had negative perceptions regarding mentorship and requested further explanation and clarification about their responsibilities (Cayır & Faydah, 2017).

Mentor selection criteria should be the same at the national level to maximize benefits of students' learning and protecting students from toxic mentors. The current study found that majority of the schools who used mentoring had selection criteria for selecting mentors, but these criteria changed from one school to another.

However, a limitation of the study should be noted: It was not able to reach the whole sample and could only include 57.2% of the nursing schools in Turkey.

Conclusion

Mentorship systems used currently are not effective, mainly due to variations in the mentor preparation programs on offer and the mentor–student ratio in Turkey. Globally, it is obvious that mentoring systems are of utmost importance due to various problems in nursing clinical education. Thus, it is necessary to increase collaboration between hospitals and schools and to determine national mentorship standards. To this end, nursing education authorities need to urgently develop standard mentorship programs and determine their content in terms of program duration, terms of renewal, the criteria for being a mentor, the mentor–student ratio, mentor remuneration, and the frameworks corresponding to all these aspects. This is why, it is crucial for countries using mentor applications to continuously evaluate the quality of such programs.

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