Students’ Opinions About and Expectations of Effective Nursing Clinical Mentors

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ABSTRACT
Nursing practice is an integral part of nursing education in which clinical mentors play an important role. Mentors’ attitudes, experience, and knowledge influence nursing students and help them to complete their nursing practice with success. The purpose of this qualitative study was to determine nursing students’ opinions about and expectations of effective nursing clinical mentors. Focus group interviews were used to obtain data from 24 students after completion of their third year of nursing school. The students, who had nursing practice experience in internal diseases, surgery, gynecology, pediatrics, psychiatry, and public health, were divided into three groups of 8 students. The students noted that effective clinical mentors should be able to communicate without prejudice, give positive feedback, have empathy, require students to do their own research, and offer the students information.

In Turkey, students must pass the National University Entrance Examination after 12 years of general education to be considered for acceptance into nursing school. The Turkish nursing education program lasts 4 academic years (2,300 educational hours and 2,300 clinical hours) and leads to a bachelor’s degree in nursing. The curriculum is geared toward general practice rather than specialty practice.

Clinical training usually begins in the second semester and continues concurrently with theoretical courses until the end of the fourth year. Student nurses are trained in university and government hospitals, gaining experience caring for patients in many wards. Clinical nursing education is conducted by nursing school faculty, who accompany students one-on-one in contacts with patients. The faculty member who is present at the clinical site acts in cooperation with the clinical nurse and takes full or partial responsibility for patient care. There are 13,000 nursing students in Turkey, and student-faculty ratios range from 5:1 to 15:1 (Ulker et al., 2001).

The study setting, a nursing school, has used problem-based learning as a method of teaching and learning since the 1999-2000 academic year. The average student-faculty ratio in clinical placements is approximately 7:1. During the first 3 years in the clinical environment, students are guided and supervised by a nurse educator. The final year is allocated to clinical training, and students work under self-confidence and the ability to make decisions and act independently (Löfmark & Wikblad, 2001; Papp, Markkanen, & von Bonsdorff, 2003; Sundstrom, 2000). Nursing practice offers opportunities for nursing students to improve these skills, which are critical in patient care, and enables them to put their theoretical knowledge into practice.
METHOD

Design
Data for this descriptive study were collected at focus group interviews, a particularly useful method for exploring opinions, feelings, and attitudes about issues of interest.

Sample
The sample consisted of 24 students who had completed their third year of nursing school. Approval was obtained from the administration and ethics committee of the nursing school. Students were recruited on a voluntary basis, were informed of the purpose and design of the study, and gave written, informed consent to participate. The interviews were held at the end of the academic term after students had received their final grades.

Students were divided into three groups, each with 8 students. Students’ mean age was 21. Of the 24 students, 23 (95.8%) were women and 1 (4.2%) was a man. At this point in their nursing education, students had completed 1,950 hours of theoretical courses (180 credits) and had experienced nursing practice in internal diseases, surgery, gynecology, pediatrics, psychiatry, and public health.

Data Collection
Content themes had been established during the research planning, and an interview form was prepared to keep the aim of the research under the guidance of literature. The semi-structured interviews took place in a quiet classroom, lasted for 75 to 90 minutes, and were audiorecorded. One of the investigators conducted the interviews as the other observed and took notes. A questionnaire composed of open-ended questions to determine students’ opinions about and expectations of effective clinical mentors was prepared. The questions were:

- What characteristics should nursing clinical mentors have?
- What are the roles of nursing clinical mentors?
- What do you expect from nursing clinical mentors?

During the interview, additional questions were asked for clarification, definition, or reaffirmation.

Data Analysis
After the interviews, all recordings were transcribed and analyzed. Analyses revealed that the characteristics of effective nursing clinical mentors mentioned by the students were similar to the five overlapping categories reported in the literature (Gignac-Caille & Oermann, 2001). Therefore, the characteristics were classified under the headings of:

- Interpersonal relationship.
- Evaluation.
- Teaching ability.

the direct guidance of staff nurses and are supervised by nurse educators from the school.

LITERATURE REVIEW

It is known that nursing clinical mentors’ attitudes, experience, and knowledge influence nursing students (May & Veitch, 1998; Nahas & Yam, 2001), and numerous studies on the characteristics of effective nursing clinical mentors have been done (Benor & Leviyof, 1997; Chow & Suen, 2001; Gignac-Caille & Oermann, 2001; Nehring, 1990). These characteristics have been organized into five overlapping categories in the literature (Gignac-Caille & Oermann, 2001):

- Clinical competence and subject knowledge.
- Interpersonal relationships with students.
- Teaching skills.
- Evaluation strategies.
- Personal characteristics.

Clinical mentors give students advice on nursing practice, are role models for students, defend them, and evaluate their performance (Chow & Suen, 2001). Good clinical mentors help students apply their theoretical knowledge to practice, provide learning opportunities, and help students to do their best (Nahas & Yam, 2001; Neary, 2000). In addition, clinical mentors should be able to make use of all educational strategies to facilitate learning (Löfmark & Wikblad, 2001; Nolan, 1998).

Chow and Suen (2001) noted that organization of learning opportunities and facilitation of learning in the clinical environment was the most important role of clinical mentors. Other studies revealed that professional competence was the most important characteristic of clinical mentors (Benor & Leviyof, 1997; Nahas et al., 1999). Lee, Cholowski, and Williams (2002) found that the most important characteristic of effective clinical mentors was being a role model for students.

However, most of the studies on nursing practice in Turkey have been focused on determining problems encountered during nursing practice and not the characteristics of clinical mentors (Bayik, 1993). In a study by Gümlekiz and Teme (1993), 56.4% of the students reported that clinical mentors did not show sufficient interest and support. In addition, Atalay, Tel, Altun, and Tel (1994) reported that 28.3% of first-year students were anxious before and during nursing practice out of fear of facing negative reactions from health staff and clinical mentors.

It is not clear what nursing students in Turkey think of and expect from clinical mentors; therefore, our qualitative study set out to determine students’ opinions about and expectations of effective nursing clinical mentors.

According to focus group findings, the most important feature of effective clinical mentors was communication capabilities.
Nursing competence.

Personal traits.

The results of the study were defined on the basis of these five principal themes (Table).

### RESULTS

#### Interpersonal Relationship

According to focus group findings, the most important feature of effective clinical mentors was communication capabilities. The students noted that the communication between themselves and their clinical mentors greatly influenced the efficiency of practice hours, as the students were worried about being criticized when they asked a question. In addition, students reported that mentors’ body language influences their performance. One student stated:

> A clinical mentor should have communication capabilities. Body language is also important. In fact, if a clinical mentor looks at me as if I were inferior, I feel discouraged. She does not have to say anything. Just a humiliating look is enough.

The students, noting that they needed their mentors’ attention and care, also thought that empathy was an important feature. They wanted the mentors to appreciate them when they did well, and added that this appreciation would motivate them. One student said:

> I feel discouraged unless my mentors give support and show appreciation, but I become a more enthusiastic learner when my mentors give support. We really need their support and motivation during the learning process.

Availability and understanding were also considered important characteristics of interpersonal relationships. The students expected understanding from mentors, especially if the students’ intense workload limited the number of patients they could see or interfered with their ability to recall information. For example, one student stated:

> Mentors should have understanding. In fact, when I have a problem or when I get confused, they should help me and give sound advice. Further, mentors should not stop communication when we ask for help. Actually, they are the source of information during practice hours and when we need information about something, they should offer it.

#### Evaluation

Almost all of the students stated that they feel judged by educators in practice hours. They also emphasized that evaluation should encourage students to learn more. In addition, the students noted that feedback was important and that mentors should be motivational, not critical, when providing feedback. Students mentioned that positive feedback increased their motivation but negative feedback discouraged them from attending practice hours. One student said:

> We’re not saying that there shouldn’t be feedback, but it should be without judgment. We get most of our positive feedback from patients. This, of course, does motivate us, but we inevitably want the same positive feedback from our educators.

The students also believed that feedback should not be given in front of patients or nurses, which made them feel inferior. One student said that “negative feedback should be given one to one.”

In addition, the students believed that feedback should be given during nursing practice, not at the end of the practice, and they preferred an evaluation of their knowledge and skill in patient care, not an evaluation of their personal traits. One student noted:

> I don’t want the mentors to evaluate my performance according to my personal traits. The mentors say I’m quiet. Does it influence the communication between patients and me? The mentors say, no. They seemingly want me to be a little more talkative. However, this is not a thing I can change. Therefore, an evaluation made according to personal traits has a negative effect on me.

#### Teaching Ability

The students expected clinical mentors to be advisors and guides and to offer information or give explanations about clinical practices. Students also wanted to receive answers to their questions or to be provided with a list of needed sources. They believed that clinical mentors should be able to demonstrate skills new to the students and be able to help them while they practiced these skills. One student said:

> The mentors should ask questions directed toward cause-and-effect relationships. If I can’t answer those questions, the mentors should provide me with the necessary
sources. If I can’t find the sources, they should answer the questions themselves. They shouldn’t keep their knowledge secret.

Another student said:

We first practice nursing skills in a laboratory and then in the clinics. However, the mentors should demonstrate these skills in the clinics as well. We could go to the clinic where the nursing skill we have just learned is practiced most.

Another student noted:

Teaching role of the clinical mentors is really important. The clinical mentors should introduce devices and routine practices typical of each clinic.

In addition, one student said that “the mentors can ask questions, provided they explain them if we can’t answer the questions.”

Nursing Competence

Noting that they wanted to work with mentors who were experienced in the field, the students suggested that clinical mentors be knowledgeable and competent in their specialty. They expected mentors to offer information that was not accessible by the students in practice hours.

One student said:

When a nursing clinical mentor asks a question, naturally we should give an answer, but if we don’t know the answer, we should search for it. Although we can give the answer, there is always something which we may not explain clearly, so nursing clinical mentors should be able to give practical information and set extensive discussions, which is really motivating and helps us to learn better.

Another student said:

Nursing clinical mentors keep track of the relevant literature. I expect them to guide me in searching the relevant literature. I like [researching] and learning new things. However, I always look into certain books and magazines. They should help us to read the updated information about recent changes and improvements.

Personal Traits

As previously stated, the students gave importance to mentors’ communication capabilities, patience, and consideration; however, other personal traits were also mentioned. Some students noted that clinical mentors should smile more often and defend their students when the situation arises. This expectation is exemplified by the following remark: “The teacher should say that she taught the students anything they needed and the students can care [for] their patients well.”

DISCUSSION

The data gathered from the focus groups showed that most students agreed that the five mentor roles established in the literature were indeed essential for mentors (Gignac-Caille & Oermann, 2001). The students noted that the most important trait they wanted from mentors was communication capabilities. They emphasized the importance of empathy and the ability to ask questions without being critical of students. Interpersonal relationships with students reflect instructors’ ability to interact with students; items such as “conveys confidence in,” “respects the student,” “is honest and direct with students,” and “encourages students to ask questions and ask for help” reflect this ability. Communication between mentors and students is an important part of education (Allison-Jones & Hirt, 2004), and good communication requires all parties to trust each other, to be honest and tolerant, and to have empathy for each other. A strong mentor-student relationship based on good communication enables students to learn more and allows both students and mentors to enjoy learning. Using the Nursing Clinical Teacher Effectiveness Inventory, several studies revealed that relationships are the most important subscale in determination of the personal traits of effective clinical mentors (Kotzabassaki et al., 1997; Lee et al., 2002; Nehring, 1990).

All of the students agreed that evaluation was an important feature of clinical mentors. How a nursing clinical mentor evaluates and gives feedback to students is an important part of clinical education; in fact, it has been noted in the literature that students give more importance to evaluation than do mentors (Lee et al., 2002). Evaluation can also affect self-respect and self-confidence (Gignac-Caille & Oermann, 2001; Li, 1997). Viverais-Dresler and Kutschke (2001) found that nursing students noted that evaluation was the most important behavior of nursing clinical mentors and that fairness and constructive criticism contributed to learning. Several studies revealed the importance of evaluation in both teaching/learning interaction and motivation (Benor & Leviyof, 1997; Gignac-Caille & Oermann, 2001; Lee et al., 2002; Li, 1997). However, Kotzabassaki et al. (1997) reported that evaluation was the least important characteristic.

The students emphasized that positive feedback was motivating. Communication between mentors and students affects student success in clinical practice. Feedback helps students recognize their weaknesses and improve themselves; therefore, feedback should be constructive, not destructive. In a qualitative study by Löfmark and Wikblad (2001), students claimed that positive feedback increased their self-confidence. Lee et al. (2002) found that providing feedback without hurting students is 1 of the 10 most important characteristics of a nursing clinical mentor. Papp et al. (2003) reported
that students wanted to be appreciated for their performance. Kotzabassaki et al. (1997) reported that failure to make constructive criticisms is among the worst characteristics of nursing clinical mentors. Evans and Kelly (2004) found that performance evaluations made in front of staff and patients caused stress to nursing students.

The students in this study also noted that being a good advisor and guide are features of an effective clinical mentor. Students expect clinical mentors to offer information about nursing practices or a list of the relevant literature. They wanted mentors to demonstrate nursing skills that the students have not learned yet and to help them perform those skills. Clinical mentors have an important effect on nursing students’ experiences in clinical practice; thus it is important for mentors to support nursing students during this time (Andrews & Roberts, 2003). If clinical mentors do not lend enough support for students in planning and fulfilling nursing practices, students may have difficulty learning in the clinical environment (Papp et al., 2003). Beitz and Wieland (2005) found teaching ability to be the most important subscale. Gignac-Caille and Oermann (2001) found that demonstration of nursing practices and judgment were the most important characteristics of an effective clinical mentor. Other studies revealed that direction of students to the relevant literature (Lee et al., 2002) and educational skills of clinical mentors (Viverais-Dresler & Kutschke, 2001) were important characteristics.

Nursing is a practice-based discipline. It has been demonstrated that both the quality of clinical educators’ theoretical and clinical nursing knowledge and their attitude toward the profession influence the effectiveness of their clinical teaching (Gignac-Caille & Oermann, 2001). The students stressed the importance of working with knowledgeable and experienced nursing clinical mentors and expected mentors to inform them about the results of studies in recent investigations. This is consistent with the literature, as many studies have identified competence as one of three important mentor characteristics (Benor & Leviyof, 1997; Kotzabassaki et al., 1997; Lee et al., 2002; Nahas et al., 1999; Nahas & Yam, 2001; Papp et al., 2003; Viverais-Dresler & Kutschke, 2001). Nahas et al. (1999) explained that nursing competence was important to students because they were exposed to the traditional education model and therefore considered mentors as sources of information. In a study by Chow and Suen (2001), students noted that an assisting role was the most important role of clinical mentors, believing that such a role requires organization of learning opportunities and facilitates learning in the clinical environment.

Some characteristics related to the instructors’ personality also may influence the effectiveness of their teaching, including enthusiasm for nursing and teaching, the ability to admit mistakes honestly, cooperation and patience, approachability, self-confidence and flexibility in the clinical area, and the ability to provide opportunities for students to vent their feelings (Gignac-Caille & Oermann, 2001; Nehring, 1990). In all of this study’s focus groups, students stated that clinical mentors should have communication capabilities and should not have critical or offensive attitudes. In addition, students emphasized that mentors should smile more often and defend students when necessary. A few students gave their opinions about other personal traits. In a study by Benor and Leviyof (1997), students considered personal traits as the least important characteristic.

CONCLUSION AND RECOMMENDATIONS

In the current study, the students expressed that communication capabilities and evaluation were important features of nursing clinical mentors. Clinical mentors who have communication capabilities and use valid evaluation criteria for performance evaluation can play an important role in effectiveness of nursing practice. In conclusion, nursing clinical mentors should pay careful attention to communication and evaluation. It is also suggested that clinical mentors clearly explain at the beginning of practice what they expect from students and what criteria they will use for evaluation, provide positive feedback to increase motivation, direct students to the relevant literature so they can learn the latest developments in nursing, and share knowledge about situations that students may never experience firsthand.

REFERENCES
Atalay, M., Tel, H., Altun, E., & Tel, H. (1994). Nursing students’ difficulties or needs of support in clinical situations. Journal of Hacettepe University School of Nursing, 1, 1-5.
Evans, W., & Kelly, B. (2004). Pre-registration diploma student nurse stress and coping measures. Nurse Education Today, 24,


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