

*Monika Govekar-Okoliš, Nataša Kermavnar*

## NURSING MENTORING AND MENTORS' VIEWS ON THE EFFICIENCY OF UNIVERSITY STUDENTS' PRACTICE

### ABSTRACT

*The article describes the views nurse mentors have on the efficiency of their mentoring of nursing students in one of the public hospitals in Slovenia. This is one of the least addressed fields of research, particularly when evaluating the effects of nurse mentors. The purpose of the quantitative study is to ascertain the situation and effects nurses have when mentoring university students during their clinical practice. The descriptive method of empirical research was applied. The research was based on the analysis of a questionnaire for nurse mentors. The goal was to find out how they view mentorship efficiency, how to increase it, and how mentors evaluate their competences, difficulties, etc. The study's findings bring new insights and important recommendations on how to improve mentoring during the clinical practice of nursing students. The research showed that mentors needed pedagogical and andragogical knowledge. The results are important for improving the quality of nursing mentorship and positively affect their further education and professional development. It would also be important to establish a Slovenian, European and international network of nursing mentorship for university students in the future. This would have an impact on the international cooperation of nurse mentors and their mentoring efficiency, as well as better practical training and employment for students of nursing.*

**Keywords:** *nursing mentorship, nurse mentors, views, university students, clinical practice*

### MENTORSTVO MEDICINSKIH SESTER IN NJIHOVI POGLEDI NA UČINKOVITOST PRAKSE UNIVERZITETNIH ŠTUDENTOV – POVZETEK

*Članek opisuje poglede medicinskih sester na učinkovitost njihovega mentorstva univerzitetnim študentom zdravstvene nege v eni od javnih bolnišnic v Sloveniji. To področje je najmanj raziskano, zlasti pri ocenjevanju učinkov mentorstva medicinskih sester. Namen kvantitativne študije je ugotoviti položaj in učinke mentorstva medicinskih sester za študente v času njihove prakse. Uporabljena je bila deskriptivna metoda empiričnega raziskovanja. Raziskava je temeljila na analizi vprašalnika za mentorje. Cilj je bil ugotoviti poglede mentorjev, medicinskih sester, na učinkovitost mentorstva, kako povečati učinkovitost*

---

*Monika Govekar-Okoliš, PhD, Prof., Department of Educational Sciences, Faculty of Arts, University of Ljubljana, [monika.govekar-okolis@guest.arnes.si](mailto:monika.govekar-okolis@guest.arnes.si)*

*Nataša Kermavnar, PhD, University Medical Centre Ljubljana*

*mentorstva in kako mentorji ocenjujejo svoje kompetence, težave itd. Ugotovitve raziskave prinašajo nova spoznanja in pomembna priporočila, kako izboljšati mentorstvo v zdravstveni praksi študentov. Raziskava je pokazala, da mentorji potrebujejo pedagoško in andragoško znanje. Rezultati so pomembni za izboljšanje kakovosti mentorstva medicinskih sester ter pozitivno vplivajo na njihovo nadaljnje izobraževanje in strokovni razvoj. V prihodnje bi bilo tudi priporočljivo vzpostaviti slovensko, evropsko in mednarodno mrežo mentorstva medicinskih sester za študente. To bi spodbudilo mednarodno sodelovanje mentorjev medicinskih sester, povečalo učinkovitost njihovega mentorstva ter izboljšalo zdravstveno prakso in zaposlovanje študentov.*

**Ključne besede:** *mentorstvo medicinskih sester, mentorji medicinske sestre, pogledi, univerzitetni študenti, praksa*

## INTRODUCTION

The Bologna Process has been a huge challenge for the reform of the European higher education system (The Bologna Declaration, 1999). One of the principal aims of the Bologna Process was to adjust study courses to the needs of the labour market. Directive 2005/36/EC on the recognition of professional qualifications (10) regulates embedding practical training into certain professionally oriented study programmes (European Commission, 2015). Practical training for university students has been accorded an important place in the revised university curricula after the adoption of the European Bologna Process.

Most study programmes at different faculties of the University of Ljubljana had to be newly accredited between 2006 and 2009. One of the goals was for more practical training to be introduced into study programmes. Practical training in a working environment is regarded as part of the professional path to gaining professional competences – which increase graduates' employment possibilities and mobility within the European Union. Students can both apply and test their university-gained knowledge in their future work environment. The legal basis for practical training is the Higher Education Act in Slovenia (2006), whereby it is an obligatory component of the curricula at all tertiary education levels. Its evaluation is governed by the Criteria for the Accreditation of Higher Education Institutions and Study Programmes (2004) and the Criteria for the Accreditation of Higher Education Study Programmes in Compliance with the European Credit Transfer and Accumulation System – ECTS (2004). ECTS credits represent the workload and define the learning outcomes (“what the individual knows, understands and is able to do”) of a given course or programme. Sixty credits are the equivalent to a full year of study or work. In a standard academic year, 60 credits are usually broken down into several smaller components. A typical “first cycle” (or bachelor's degree) consists of 180 or 240 credits, whereas a typical “second cycle” (or master's degree) comprises 90 or 120 credits, with at least 60 credits at the second-cycle level. The use of ECTS in the “third cycle” (or PhD level) varies (European Commission, 2020). It should be mentioned that one week of practical training is evaluated with 2 credit points at the University of Ljubljana. The

duration of training in a working environment depends on the curriculum of each course of study (Criteria for the Accreditation of Higher Education Study Programmes in Compliance with the ECTS, 2004).

This legislation governs access to regulated professions, including the nursing profession. Regulated education and training encompass a programme with professional training or internship, i.e. professional practice, in accordance with Directive 2005/36/EC of the European Parliament and the Council of the European Union (Kristl et al., 2007). The principle of mentoring and monitoring students during nursing training is an important and already standard part of the education process, i.e. the professional development of healthcare workers. In the field of nursing, goals are listed in the description of the obligations and duties of nurses, while some can also be found in the Codex of Ethics for Nurses (Nurses and Midwives Association of Slovenia, 2005), which is the fundamental document on the ethical stance for all who are employed in the field of nursing in Slovenia.

In compliance with the law, student training in healthcare can only be carried out in institutions that have the status of educational institutes. Nurses perform their professional tasks and duties within the framework of healthcare. As has already been stated, the nursing profession is a regulated one. The duration of university studies in nursing at the Faculty of Health Sciences, University of Ljubljana, is 6 semesters; it encompasses 5,400 hours, whereby the student earns 180 ECTS credit points (Nursing Level 1, 2009). Their clinical practice takes place in learning bases outside the faculty in hospitals. The number of clinical practice hours is greater now compared to the programme before the Bologna Process. The increased number of hours also has a strong bearing on mentorships in clinical environments. These changes call for highly effective practical training and require new tasks to be delegated to the nursing employees, as well as setting high standards for introducing students into the work environment.

In this study the researchers wanted to explore the views of nurse mentors on how efficient mentoring is during the clinical practice of nursing students in a public hospital in Slovenia. A questionnaire was used to find out the mentors' views on the efficiency of their mentorship of nursing university students in clinical environments. The main aim was to identify the views of the mentors and to make important new recommendations based on their views on how to improve the effectiveness of mentoring in the clinical environment.

## **THEORETICAL BACKGROUND**

### **Features of nursing university students and their mentors in clinical environments**

Before turning to nurse mentors and their views on mentoring, let us mention some general features of the nursing university students during clinical practice and the general features of nurse mentors in clinical environments.

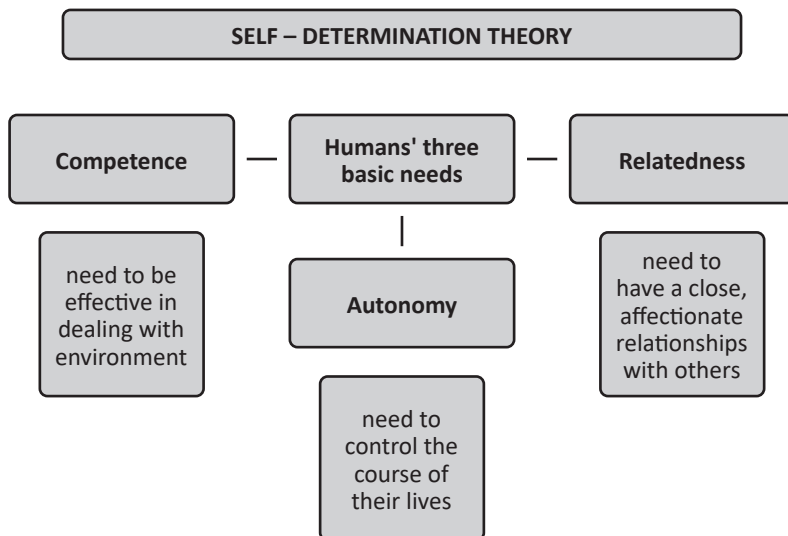
*Nursing university students during clinical practice*

The nursing university student, under the supervision and guidance of their mentors in clinical environments, develops a host of instrumental competences and interpersonal competences – which also poses an organisational challenge for the institution where the student is doing their clinical practice. The latter is a transfer of skills, knowledge and experience required to perform a given task within the clinical environment, and is comprised of three components: guidance, direction, and demonstration. The emphasis here is on career-oriented education and gaining professional skills and competences (O’Connell, Gardner, & Coyer, 2014; Krmac & Lepičnik Vodopivec, 2018), which is why one can also classify the practical training goals in nursing as character development and instilling good habits by means of gaining professional skills and competences. None of the above goals can be achieved quickly and directly, as they each demand the investment of time, effort, assistance, cooperation and establishing connections between the faculty and the working clinical environment where the practical training is taking place.

The clinical environment offers students an opportunity to acquire experience and competences (Flott, 2016) and is a real-life rendering of their future professional working environment. By carrying out medical interventions in this environment, students can integrate theory and practice and cement their practical skills (Hooven, 2015). Such work must be carried out humanely and the element of selfless human interaction must be present. Mentors are aware of the specific learning environment (Shellenbarger, 2016) and therefore must utilise the existing learning opportunities in an appropriate manner. Such learning and teaching interactions do not always present themselves in a formal or ideal shape (O’Mara, McDonald, Gillespie, Brown, & Miles, 2014). The nature of the work also requires a team-oriented approach (Dimitriadou, Papastavrou, Efstathiou, & Theodorou, 2015) and close cooperation between the co-workers in the nursing and the broader medical team. An important factor for ensuring quality nursing is maintaining good relations within the healthcare environment and a positive working atmosphere (Kajander-Unkuri et al., 2015; Shaikh, 2017), as well as openness and acceptance towards the young and less experienced (Lane, 2016). The clinical practice environment is a place of complex interpersonal interactions and problem-solving (Rees, Monrouxe, & McDonald, 2015), a place of cooperation, sharing, and developing new competences (D’Souza, Karkada, Parahoo, & Venkatesaperumal, 2015), and an entity in itself, capable of learning and adapting according to its own rules. An encouraging learning environment affects the individual’s readiness to learn. According to the self-determination theory (SDT), three conditions must be fulfilled for the development of intrinsic motivation: support for competency, autonomy, and social belonging (Wilding, 2015). This theory grew out of Edward L. Deci and Richard M. Ryan’s work on motivation in the 1970s and 1980s. SDT is a theory that links personality, human motivation, and optimal functioning. It posits that there are two main types of motivation—intrinsic and extrinsic—and that both are powerful forces in shaping who we are and how we behave (Deci & Ryan, 2008; Ryan & Deci, 2017). Both intrinsic and extrinsic motivation are highly influential determinants of our behaviour, and

both drive us to meet the three basic needs (competence, autonomy, and relatedness) identified by the SDT model in Picture 1 (taken from Deci & Ryan, 2008, in Ackerman, 2018).

Figure 1: Self-determination theory



Source: Deci & Ryan, 2008, in Ackerman, 2018.

This SDT model can be applied to nursing students during clinical practice: (1) *Competence*: concerns achievements, knowledge, and skills; nursing students have a need to build their competence and develop mastery in professional tasks that are important to them; (2) *Autonomy*: nursing students have a need to feel that they are the “masters of their own destiny” and that they have at least some control over their practical training; most importantly, students have a need to feel that they are in control of their own behaviour; (3) *Relatedness (also called Connection)*: nursing students need to have a sense of belonging and connectedness with others in the clinical environment; each student needs a mentor to some degree (modified by Deci & Ryan, 2008, in Ackerman, 2018). It is important to stress the role the mentor plays in creating an encouraging learning atmosphere and also in utilising the advantages, possibilities, and diverse opportunities the working environment offers the nursing students for learning, growth and development.

### *Nurse mentors in clinical environments*

Mentors in clinical environments are usually experts with many years of varied experience in their professional field who have an affinity for working with the young. Various authors (Govekar-Okoliš, 2018; Kermavnar & Govekar-Okoliš, 2016; Metcalfe, 2019; Shellenbarger, 2016) have listed the numerous desirable character traits of mentors. Motivation and a responsible approach to one's duties (Eller, Lev, & Feurer, 2014) as well as a healthy relationship to the concept of self, continuing professional education and the

nursing profession contribute towards effective mentoring. A good mentor knows his own cognitive style, discovers the cognitive style of the students and has the ability to pass his knowledge on to them. Tailoring learning to various cognitive styles is not only one of the virtues of a good mentor, but also a precondition for the individualisation of teaching in healthcare. A conducive atmosphere without personal pressures and time constraints is where better conditions for the motivation of future experts can be created, to encourage their will to learn, be active, self-affirming and self-confident (Chesser-Smyth & Long, 2013; Metcalfe, 2019). This increases the quality and improves the results of the mentor's work in guiding students during their practical training.

Yet the nurse mentor is also an expert, employed in an institution, required to perform his regular duties as determined by his station, competences, and responsibilities. Balancing these two tasks is of key importance for the successful mentoring of students. The nurse mentor's busy daily schedule at work often interferes with their work with the student (Read, 2014), prevents them from being attentive to the student's needs and causes them problems in organising their own work (Cheng, Karimi, & Leggat, 2013) so as to ensure efficient mentoring. Providing continuous guidance for the student (Serçekuş & Başkale, 2016) not only saps the mentor's resources of knowledge and energy but also his time. At the same time the continuum of guiding the student enables the mentor to make realistic evaluations and assessments of the student's work and progress. In this way, the mentor can also evaluate his own contribution (Ludin & Fathullah, 2016), i.e. the efficiency of the mentorship during the student's clinical practice. However, the mentor is not solely responsible for the quality of the student's practical training. The other employees in healthcare and education institutions also carry part of the responsibility (Dahlke, O'Connor, Hannesson, & Cheetham, 2016) of providing future generations of nurses with support and education. Ensuring the quality implementation of practical training (Suplee, Gardner, & Jerome-D'Emilia, 2014) brings numerous benefits – not only for the students but for the education institution and the institution where clinical practice takes place as well, and it also provides opportunities for the mentors' further professional development. It is a challenge to research and determine the views of nurses regarding their effectiveness in mentoring, the possibilities to improve this and for their further professional development.

## **METHODOLOGY**

### **Purpose of the research**

The purpose of the research is to find out the mentors' views on the efficiency of mentoring university students in nursing training, to identify the effects of nurses' mentorship in a public hospital in Slovenia, evaluate their competences, pedagogical and andragogical knowledge, difficulties in mentoring and to find out their success in mentoring. Finally, the purpose is to make important recommendations for improving the effectiveness of mentoring based on the nurse mentors' views.

## Research method

This quantitative research study was conducted among nurse mentors (hereinafter referred to as mentors) within a big public hospital in Slovenia in the academic years from 2015/16 to 2016/17, where university students of nursing from the Faculty of Health Sciences, University of Ljubljana, undertake their clinical practice.

For ascertaining the mentors' views on the efficiency of their work and opinions about the clinical practice, the descriptive method of empirical research was applied. The research was based on the analysis of a smaller questionnaire (of eight questions) for the mentors:

1. Would you say that your student mentoring is efficient enough?
2. What, in your opinion, would increase the efficiency of your mentoring?
3. What do you think has the most positive effect on mentoring efficiency?
4. What do you think about your competences in mentoring?
5. How do you assess your mentoring efficiency regarding your need for additional competences?
6. Do you have pedagogical and andragogical knowledge?
7. Would you say that you are efficient enough in your mentoring with regard to your level of education?
8. What kind of difficulties do you have in mentoring?

## Sample

The data was collected by using a questionnaire for the mentors. The sample used in the research survey was random. The sample was selected from a base set comprised of nurses who were mentors within the selected public hospital in Slovenia and included 194 nurses (n=194) from all organisational units. The majority of them, 174 mentors (89.7%), were women, only 20 mentors (10.3%) were men. The majority (39.7%) of mentors who responded to the questionnaire were between 31 and 40 years of age, with higher professional education (52.1%), had between 6 and 15 years of service (33.5%) and up to 5 years of experience in mentoring students.

## Data analysis

Descriptive statistics was used to present quantitative results and descriptions of the study as is common in summarizing data in an organised manner. Since descriptive statistics condenses data into a simpler summary, it enables health-care decision-makers to assess specific populations in a more manageable form. Descriptive statistics seeks to describe the data, but does not attempt to make inferences from the sample to the whole population (Kaur, Stoltzfus, & Yellapu, 2018). The data is described in a sample. Data from the questionnaires was analysed using descriptive statistics such as frequencies (f) and percentages (f%). They were used to describe the study results, and some of them are presented in the form of tables.



## RESULTS

In the study where the views of mentors on how they assess their efficiency in mentoring nursing students were ascertained, mentors answered 8 general questions on the subject.

### *1. What do mentors say about their student mentoring, is it efficient enough?*

More than two thirds (f=153, 78.9%) of the respondents are of the opinion that their work with the students in the selected clinical environment is efficient enough. Roughly one fifth of the respondents (f=41, 21.1%) are not satisfied with the efficiency of their work. This percentage of responses was expected, which is why the mentors were asked what they saw as causing the lack of efficiency in their mentoring.

### *2. What, in the mentors' opinions, would increase the efficiency of their mentoring?*

The majority of mentors (f=118, 60.8%) responded that better organisation of work in the ward would contribute the most towards more efficient mentoring, while considerably less opted for the remaining responses. For example, 18.0% of the mentors (f=35) responded that they need greater pedagogical and andragogical competences. The mentors also responded that they also want commensurate remuneration for the mentoring work (f=22, 11.3%) and better cooperation with the Faculty of Health Sciences, University of Ljubljana (f=13, 6.7%). In the option "Other" (f=6, 3.1%), the mentors listed the need for different staffing norms which "would make the work less hectic", having more time available to work with the students, and that they are "definitely not paid enough" for the responsibility of mentoring. It can be concluded that the mentors closely connect the efficiency of their mentoring with the organisation of work in the wards, and that their workload should be lightened to make more time available for mentoring.

On a similar note is a survey in the Singapore General Hospital (Shaikh, 2017). Shaikh found that the effectiveness of mentoring depends on the cooperation between the mentors and the faculty. This is a formal mentorship, encompassing formalised aspects in the form of agreements such as written consent. A mentoring initiation involves a matching process that assigns a mentee to a mentor usually within the same working unit in a hospital. Ideally the mentoring match should factor in the mentee's needs, faculty curriculum goals, personality, knowledge and capabilities. The formalisation of nursing mentorship programmes means that it is structured around and focused on short term goals. A good mentorship programme needs to provide greater opportunities for the effectiveness of mentoring.

### *3. What do mentors think positively effects their mentoring efficiency?*

In addition to good organisation which includes well-designed clinical practice programmes and reduced workload (f=72, 37.1%), the mentors also regard the professional competences of a mentor (f=70, 36.1%) as a strong factor in achieving efficient student mentorship. They also see a good clinical learning environment as having a significant enough positive effect on a mentor's work with their students (f=51, 26.3%) – and as something they can contribute towards considerably themselves.



The effectiveness of the nursing mentoring is, for example in Singapore General Hospital, influenced by a dyadic relationship which should pivot upon the principles of good communication, connectedness, collegiality and reciprocal learning between the mentor and the mentee (Shaikh, 2017). Since this is pertinent to the mentor's virtues, a question regarding the competences a mentor needs to ensure the efficiency of his work was put forward. The responses were gathered, rated, and ordered in the following table.

#### 4. What do mentors think about their competences in mentoring?

Table 1: The mentors' competences in mentoring

	Average
Personal competences: character traits – patience, accessibility, openness, communicativeness	3.84
Professional competences: good expert and practitioner	3.82
Organisational competences	3.48
Pedagogical and andragogical competences	3.41

Of the above competences that contribute to a mentor's efficiency, the respondents rated character traits (personal competences) the highest. A mentor's professional competences were rated second, i.e. the fact that the mentor is a good expert and practitioner. This is followed by organisational competences, while the pedagogical and andragogical competences were rated the lowest. It is presumed that the mentors rate their organisational competences higher than their pedagogical and andragogical competences due to the working circumstances that make up the reality of their workday in the healthcare institution.

A similar study in Finland (Tuomikoski, Ruotsalainen, Mikkonen, Miettunen, & Kääriäinen, 2018) also highlights the importance of mentoring competences. Nurse mentors need diverse competences to successfully mentor nursing students. According to the research study of Fleming et al. (2014), the successful development of nurse mentors' skills is based on six competences: (1) *Communication*: Listening, Feedback, Trust, Styles, Strategies, Coordinate; (2) *Expectations*: Settings expectations, Aligning expectations Differences, Goals, Strategies; (3) *Understanding*: Knowledge, Ability, Skills; (4) *Independence*: Negotiating, Motivating, Creativity, Confidence, Acknowledging; (5) *Diversity*: Prejudices and Background; (6) *Professional Development*: Network, Acquire resources, Career goals, Role model, Work/life. The description of competences of mentors that are important in the clinical environment interact among themselves. Each competence is also illustrated by two to six mentorship skills (Fleming et al., 2014). In the next part of the survey the interest was in how the mentors' needs for new competences affect their assessment of their efficiency in mentoring.

### 5. How do mentors assess their mentoring efficiency regarding their needs for additional competences?

Table 2: The mentors' assessment of their efficiency with regard to their needs for additional competences

Do you feel a need for additional competences?		Would you say that you are efficient enough in your mentoring?		
		YES	NO	Total
YES	Number (f)	143	41	184
	f%	93.5	100.0	94.8
NO	Number (f)	10	0	10
	f%	6.5	0.0	5.2
Total	Number (f)	153	41	194
	f%	100.0	100.0	100.0

The table shows that the need for additional competences is reflected by 143 (93.5%) of those mentors who believe that they are efficient in the mentoring role. Among them 10 (6.5%) are those who do not feel they need any additional competences. The situation is different with mentors who feel that their mentorship of students is not efficient enough. All of them (f=41, 100%) express the need for additional competences; none of them has circumvented this need.

It can be concluded that the mentors, as a rule, attribute their lack of efficiency to their having an insufficiently broad scope of competences, i.e. seek the cause of the inefficiency within themselves which shows that the mentors are motivated to improve their mentoring skills. Finally, there was a question concerning their pedagogical and andragogical knowledge, which is important for didactical, counselling, and management work in nurse mentoring.

### 6. Do mentors have pedagogical and andragogical knowledge?

Of all the respondents there were 81 (41.8%) mentors with pedagogical and andragogical knowledge, while 111 (57.2%) did not have such knowledge, and 2 (1.0%) did not answer the question.

The result is certainly not encouraging. Mentors need more pedagogical and andragogical knowledge so they can better mentor nursing students during clinical practice. In view of the varying levels of education that the mentors in the clinical environment had, it was interesting to know the effect that a mentor's achieved level of education had on their assessment of their efficiency in mentoring.

7. What do mentors think about their mentorship efficiency with regard to their level of education?

Table 3: The mentors' assessment of their mentorship efficiency with regard to their level of education

Level of education		Would you say that you are efficient enough in your mentoring?		
		YES	NO	Total
1 Secondary	Number (f)	36	9	45
	f%	80.0	20.0	100.0
2 Vocational higher education	Number (f)	19	4	23
	f%	82.6	17.4	100.0
3 Professional higher education	Number (f)	77	25	102
	f%	75.5	24.5	100.0
4 Academic higher education	Number (f)	21	3	24
	f%	87.5	12.5	100.0
Total	Number (f)	153	41	194
	f%	78.9	21.1	100.0

The highest percentage of mentors (f=21, 87.5%) who were of the opinion that they were efficient enough in their mentoring were among those with academic higher education, while the percentage of mentors who assessed their efficiency positively were the lowest (f=77, 75.5%) among the mentors with a professional higher level of education. The last two groups were fairly similar in their efficiency assessments. Here it has to be pointed out that the mentors with secondary school education were the ones with the most years of experience and self-confidence in relation to their work, which is why the researchers did not find this result surprising.

8. What kind of difficulties do mentors have in mentoring?

The majority of mentors (f=92, 47.4%) reported being concerned because they do not have enough time for students and are more burdened compared to other colleagues. More than one-quarter of respondents (25.8%) stated that student passivity was an annoying factor. Among the negative sides of mentoring, (f= 30) 15.5% of the mentors mentioned inadequate instructions on how to lead and monitor students and the lack of feedback on their work. Eleven percent (f=21, 10.8%) of respondents think that the work is not paid and appreciated properly. One mentor (0.5%) additionally wrote that he especially misses mentorship training and feels under pressure because he has to do all the regular work as well as additional work with students.

These results were expected. One can conclude that mentors want to perform their tasks in a satisfactory and efficient manner, indicated by a large proportion of those who answered that they have too little time for students. The passivity of students is, as the results show,

often a rather annoying factor. Mentors see the solution in the lessening of their workload and see the cooperation between the university mentors and the nurse mentors as a way to better and improve mentoring. Shaikh (2017) mentions that mentorship in nursing as a whole is not immune to significant systemic barriers such as time constraints due to tight schedules on both the mentor and mentee side.

## DISCUSSION

The findings of this study show that the majority of mentors (with completed professional higher education) participating in the study are of the opinion that their mentoring is sufficiently efficient, and that better organisation of work in the ward would contribute most towards more efficient mentoring. In addition to good organisation mentors also regard the professional competences of a mentor as a strong factor in achieving efficient student mentoring. The majority of the respondents expressed a need for additional competences, which indicates that mentoring facilitates their professional development (Patten, 2013; Shaikh, 2017), whereby they also set a good example for the students (Hirst, 2016). In order to be successful mentors to their students, they need a wide range of knowledge on mentoring and mentorship (e.g. pedagogical and andragogical competences), which is indicative of a need for the systematic education of mentors (Govekar-Okoliš, 2018). This includes shaping effective programmes whose contents follow the recommendations for mentors in the field of healthcare and which by no means merely stress the virtues required for good mentoring (Patten, 2013). The changes introduced to university study programmes (between 2006 and 2009) after the adoption of the Bologna Process in Slovenia have brought with them an extensive amount of hours spent in nursing training, burdening mentors in hospitals with a large number of additional duties, work and responsibility. This was evident in the research as most of the mentors participating in the survey stated that they found dealing with their regular workload while simultaneously mentoring students strenuous. This sense of being overburdened is a problem that ties in to a certain extent to the quality of practical training (Read, 2014). This problem has become even more pronounced with the introduction of the revised study programmes in Slovenia – also due to the differing levels of education mentors have within the clinical environment. The research showed that the mentors linked being overtaxed at work with the inefficient scheduling of work in the wards. They expect that better organisation will relieve them of some of their workload during the time they are mentoring students. The answers additionally indicate that mentors are also attempting to mitigate the negative effects of poor work scheduling with their approach to mentoring. Preparing in advance for mentoring helps increase the mentor's capacity to accelerate the student's development (Calleja, Harvey, Fox, & Carmichael, 2016), which is something that mentors in the selected institution are obviously well aware of. This helps them avoid possible misunderstandings and problems in their mentoring work with the students, and prevents the students having erroneous expectations of the nursing training. One could conclude that mentors see evaluation and reflection as contributors towards more effective mentoring.

Some mentors highlighted the problem of the lack of instructions for the implementation of the students' practical training. This includes instructions on mentoring the students in a clinical environment, which, as one of the participants additionally wrote, leads to a state where "each mentor does things his own way". These findings are consistent with other studies, for example, in Australia (Broadbent, Moxham, Sander, Walker, & Dwyer, 2014) and Canada (Dahlke et al., 2016). Mentors need to be acquainted with the contents and aims of student training in the working environment (Hirst, 2016) and require training themselves to fulfil their tasks with regard to the education programme if high quality and effective student training is to be assured. According to Wiseman (2013), the quality aspect and the dispersion of the learning bases throughout the institution's various wards delegates specific additional tasks to the mentors, which highlights the need for their duties to be contextualised and defined more accurately.

The findings on the effectiveness of mentorship in nursing have helped to conceptualise how mentoring should move forward. *Seven new recommendations concerning the effectiveness of nurse mentorship for university students in Slovenia emerge from this research.* (1) The formal status of nurse mentors should be legally regulated with a financial reward and an appropriate licence that would be gained through mentorship education. (2) Systematic education for nurse mentors: educational activities would also entail the preparation and shaping of pedagogical and andragogical skills, knowledge and assured understanding of a mentor's roles and tasks. (3) For further professional development, nurse mentors need good personal, professional, and organisational competences. (4) Better organisation of work, reduced workload for mentors in the hospital and a good practical nursing learning environment in the hospital ward would contribute the most towards more efficient mentoring. (5) Individualised preparations for mentoring. The goals of individualised preparations for the student clinical practice plan are the preparation, implementation, and evaluation of a student-oriented training programme – taking into account the faculty curriculum and the opportunities the clinical environment has to offer. In this way, the practical training is suited more to the needs of the students, increasing their motivation to cooperate and participate more actively in the working process (Shin, Sok, Sun, & Kim, 2015). This gives more definition to the sense and meaning of practical training within the concrete working environment and contributes towards the efficiency of the mentoring. (6) Better cooperation between the university mentors and the nurse mentors and good knowledge transfer, teaching, and training evaluation methods. Nurse mentors should receive feedback on the effectiveness of mentoring from the university mentors. Feedback has a significant impact on their further motivation and professional mentoring. For nurse mentors self-determination theory (Deci & Ryan, 2008; Ackerman, 2018) is also important when it comes to their motivation for further personal and professional development. (7) All information between university mentors and nurse mentors is documented, facilitating better shaping and execution of clinical practice, which is also individualised; while at the same time, it helps the mentor guide and direct the student during the process of working in the clinical environment.

After the adoption of the Bologna Process in Slovenia the study programme for nursing determines the goals, the content, the anticipated achievements and competences that should be achieved by the university nursing student. Changes in the education of the regulated professions and the need for high quality practical training, as well as new duties this engenders for the nurse mentors, call for a high standard of mentoring work in introducing students into the working environment. The role of the mentor and the mentoring process have become demanding work, i.e. an additional responsibility and increased workload for the nurses. Well-considered initial preparation should engender an approach that facilitates the efficient execution of training programmes that are optimally rewarding for the students.

Finally, the discussion section can be concluded with a definition. The efficiency of nursing mentorship in hospital can be defined as a good (dyadic) and reciprocal process between an experienced nurse and a nursing university student, facilitating nursing knowledge and skill acquisition while providing psychosocial and emotional support with the goals of fostering both personal and professional development (of students as of mentors) for effective nursing professional work.

## **CONCLUSION**

There has not yet been such a study to determine how nurse mentors view the efficiency of mentoring in Slovenia. This study provides important information on the situation in the area of mentorship for nursing students during clinical practice after the study programmes were renewed following the adoption of the Bologna Process in Slovenia. This information is the basis for the realisation and preparation of a new concept of practical training for students and has an effect on organising mentorships within health institutions in the region. Certain areas of mentoring in nursing are still insufficiently regulated and need specification. It seems that management members are still not sufficiently aware of the value human resources have as the driving force behind the development of all businesses and institutions (Read, 2014) and the shaping of visions and goals that tie in with it. Planning and developing human resources not only mean ensuring a sufficient number of employees, but also the planned selection and systematic training of the employees who will in future fulfil the role of mentors in the field of nursing. At the same time, one must also stress the importance of anticipating and planning for the needs of future mentors to enable them to obtain the skills they will need to do this responsible work and further their professional development – not only because in Slovenia the number of practical training hours and nursing students seeking practical training has increased significantly, but also because the main issue here is the quality of the training of future co-workers, who will in the decades to come be responsible for the development of the nursing profession.

Nevertheless, it can be suggested that nurse mentors create a common web portal and forum involving a list of learning bases in hospitals for university nursing students in

Slovenia, in Europe and in the world, where they can present their work and offer examples of good nursing mentorship practice in the clinical environment. It is also recommended that nurse mentors create a common web portal and a forum to exchange thoughts on mentoring experiences and information on education opportunities to further the personal and professional development of mentors.

## LIMITATIONS

The sample of this research is relatively small, and the findings therefore cannot be generalised to the effectiveness of mentors in other hospitals in Slovenia. Since the results of this study are quite limited, further research is needed to ascertain whether the range of the problem is as described in this paper. If the results are similar, then there is a need to improve the effectiveness of mentorship for nursing university students during their practical training in Slovenia as a whole.

## Financing

*This paper is a result of research, co-financed by the Republic of Slovenia and the European Union under the European Social Fund within the project "Innovative learning and teaching in higher education".*

## REFERENCES

- Ackerman, C. (2018). *What is the Self-Determination Theory of Motivation?* Retrieved February 20, 2020, from <https://positivepsychologyprogram.com/self-determination-theory/>
- Broadbent, M., Moxham, L., Sander, T., Walker, S., & Dwyer, T. (2014). Supporting bachelor of nursing students within the clinical environment: Perspectives of preceptors. *Nurse Education in Practice, 14*(4), 403–409.
- Calleja, P., Harvey, T., Fox, A., & Carmichael, M. (2016). Feedback and clinical practice improvement: A tool to assist workplace supervisors and students. *Nurse Education in Practice, 17*(2), 167–173.
- Cheng, C., Karimi, L., & Leggat, S. G. (2013). The role of team climate in the management of emotional labour: implications for nurse retention. *Journal of Advanced Nursing, 69*(12), 2812–2825.
- Chesser-Smyth, P. A., & Long, T. (2013). Understanding the influences on self-confidence among first-year undergraduate nursing students in Ireland. *Journal of Advanced Nursing, 69*(1), 145–157.
- Criteria for the accreditation of higher education institutions and study programmes. (2004). *Official Gazette of the Republic of Slovenia*, No. 101/2004.
- Criteria for the accreditation of higher education study programmes in compliance with the European Credit Transfer and Accumulation System – ECTS. (2004). *Official Gazette of the Republic of Slovenia*, No. 124/2004.
- Dahlke, S., O'Connor, M., Hannesson, T., & Cheetham, K. (2016). Understanding clinical nursing education: An exploratory study. *Nurse Education in Practice, 17*(2), 145–152.
- Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian Psychology/Psychologie canadienne, 49*(3), 182–185.
- Dimitriadou, M., Papastavrou, E., Efstathiou, G., & Theodorou, M. (2015). Baccalaureate nursing students' perceptions of learning and supervision in the clinical practice environment: Nursing students' clinical learning. *Nursing and Health Sciences, 17*, 236–242.



- D'Souza, M. S., Karkada, S. N., Parahoo, K., & Venkatesaperumal, R. (2015). Perception of and satisfaction with the clinical learning environment among nursing students. *Nurse Education today*, 35(6), 833–840.
- Eller, L. S., Lev, E. L. & Feurer, A. (2014). Key components of an effective mentoring relationship: A qualitative study. *Nurse Education today*, 34(5), 815–820.
- European Commission. (2015). *The European Higher Education Area in 2015: Bologna Process Implementation Report*. Luxembourg: Publications Office of the European Union.
- European Commission. (2020). *European Credit Transfer and Accumulation System (ECTS)*. Retrieved May 14, 2020, from [https://ec.europa.eu/education/resources-and-tools/european-credit-transfer-and-accumulation-system-ects\\_en](https://ec.europa.eu/education/resources-and-tools/european-credit-transfer-and-accumulation-system-ects_en)
- Fleming, M., House, S., Shewakramani, V., Yu, L., Garbutt, J., McGee, R., ... Rubio, D. M. (2014). The Mentoring Competency Assessment: Validation of a New Instrument to Evaluate Skills of Research Mentors. *Academic Medicine*, 88(7), 1002–1008.
- Flott, E. A. (2016). The clinical learning environment in nursing education: a concept analysis. *Journal of Advanced Nursing*, 72(3), 501–513.
- Govekar-Okoliš, M. (2018). Mentors' perceptions on effects of their mentoring with higher education students in companies after the adoption of the Bologna process. *European journal of higher education*, 8(2), 185–200.
- Higher Education Act in Slovenia. (2006). *Official Gazette of the Republic of Slovenia*, No. 119/2006.
- Hirst, S. P. (2016). Nursing students on the unit: Staff nurses' role in the clinical practice setting. *Journal of Gerontological Nursing*, 42(8), 4–6.
- Hooven, K. (2015). Nursing students' qualitative experiences in the medical-surgical clinical learning environment: A cross-cultural integrative review. *Journal of nursing education*, 5(8), 421–429.
- Kajander-Unkuri, S., Meretoja, R., Katajisto, J., Saarikoski, H., Salminen, L., Suhonen, R., & Leino-Kilpi, H. (2015). Self-assessed level of competence of graduating nursing students and factors related to it. *Nurse Education Today*, 34(5), 795–801.
- Kaur, P., Stoltzfus, J., & Yellapu, V. (2018). Descriptive statistics. *International Journal of Academic Medicine*, 4(1), 60–63.
- Kermavnar, N., & Govekar-Okoliš, M. (2016). Pogledi mentorjev in študentov zdravstvene nege na praktično usposabljanje [Mentors' and Students' Views of Practical Training in Nursing care]. *Andragoška spoznanja [Studies in Adult Education and Learning]*, 22(2), 23–37.
- Krmac, N. & Lepičnik Vodopivec, J. (2018). *Employment Model of Career Counsellors at Universities*. Hamburg: Verlag Dr. Kovač.
- Kristl, J., Juriševič, M., Šoukal Ribičič, M. Pucelj, J., Vrtačnik, M., Trošt, Z., ... Kolenc, M. (2007). *Smernice za praktično usposabljanje na Univerzi v Ljubljani*. [Guidelines for practical training at the University of Ljubljana]. Ljubljana: Univerza Ljubljana.
- Lane, A. M. (2016). Educator or counselor? Navigating uncertain boundaries in the clinical environment. *Journal of Nursing Education*, 55(4), 189–195.
- Ludin, S. M., & Fathullah, N. M. N. (2016). Undergraduate nursing students' perceptions of the effectiveness of clinical teaching behaviours in Malaysia: A cross-sectional, correlational survey. *Nurse Education Today*, 44(9), 79–85.
- Metcalfe, D. D. (2019). A personal perspective on mentoring. *The Journal of Allergy and Clinical Immunology*, 143(2), 548–549.
- Nurses and Midwives Association of Slovenia. (2005). *The Code of Ethics for Nurses and Health Technicians in Slovenia*. Retrieved May 13, 2020, from [https://www.zbornica-zveza.si/en/about-nurses-and-midwives/nurses-and-midwives-association-slovenia-code-ethics](https://www.zbornica-zveza.si/en/about-nurses-and-midwives/nurses-and-midwives/nurses-and-midwives-association-slovenia-code-ethics)

- Nursing Level 1. (2009). *Professional higher education study programme, Level 1*. Ljubljana: University of Ljubljana, Faculty of Health Sciences.
- O'Connell, J., Gardner, G., & Coyer, F. (2014). Beyond competencies: using a capability framework in developing practice standards for advanced practice nursing. *Journal of Advanced Nursing*, 70(12), 2728-2735.
- O'Mara, L., McDonald, J., Gillespie, M., Brown, H., & Miles, L. (2014). Challenging clinical learning environments: Experiences of undergraduate nursing students. *Nurse Education in Clinical Practice*, 14, 208–213.
- Patten, C. S. (2013). Mentor and protege: A mutually beneficial relationship. *American Journal of Nursing*, 112(1), 17–18.
- Read, E. A. (2014). Workplace social capital in nursing: an evolutionary concept analysis. *Journal of Advanced Nursing*, 70(5), 997–1007.
- Rees, C. E., Monrouxe, L. V., & McDonald, L. A. (2015). My mentor kicked a dying woman's bed...' Analysing UK nursing students' 'most memorable' professionalism dilemmas. *Journal of Advanced Nursing*, 71(1), 169–180.
- Ryan, R. M., & Deci, E. L. (2017). *Self-Determination Theory: Basic Psychological Needs in Motivation, Development, and Wellness*. New York, NY: The Guilford Press.
- Serçekuş, P., & Başkale, H. (2016). Nursing students' perceptions about clinical learning environment in Turkey. *Nurse Education in Practice*, 17(2), 134–138.
- Shaikh, A. M. (2017). Understanding Effective Mentoring in Nursing Education: The Relational-Reliant Concept. *JOJ Nurse Health Care*, 2(5), 555–596.
- Shellenbarger, T. (2016). Effective mentoring in the clinical setting. *American Journal of Nursing*, 116(4), 64–68.
- Shin, H., Sok, S., Sun, K., & Kim, M. J. (2015). Competency and an active learning program in undergraduate nursing education. *Journal of Advanced Nursing*, 71(3), 591–598.
- Suplee, P. D., Gardner, M., & Jerome-D'Emilia, B. (2014). Nursing faculty preparedness for clinical teaching. *Journal of Nursing Education*, 53(3), 36–41.
- The Bologna Declaration*. (1999). Retrieved May 13, 2020, from [http://www.eurashe.eu/library/bologna\\_1999\\_bologna-declaration-pdf/](http://www.eurashe.eu/library/bologna_1999_bologna-declaration-pdf/)
- Tuomikoski, A. M., Ruotsalainen, H., Mikkonen, K., Miettunen, J., & Kääriäinen, M. (2018). The competence of nurse mentors in mentoring students in clinical practice – A cross-sectional study. *Nurse Education Today*, 71, 78–83.
- Wilding, L. (2015). The application of self-determination theory to support students experiencing disaffection. *Educational Psychology in Practice*, 31(2), 137–149.
- Wiseman, R. F. (2013). Survey of advanced practice student clinical preceptors. *Journal of nursing education*, 52(5), 253–258.