

**EXPLORING CLINICAL MENTORING OF THE
STUDENTS IN THE CLINICAL SETTINGS AS
PERCEIVED AND EXPERIENCED BY THE STUDENT
NURSES AND CLINICAL MENTORS IN A SELECTED
NURSING COLLEGE CAMPUS IN DURBAN**

**A Dissertation Submitted to Faculty of Health Sciences, School
of Nursing University of KwaZulu-Natal in partial fulfilment for
the Masters Degree in Nursing (Education)**

By

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DEDICATION

This dissertation is dedicated to my sisters and brothers, my nephew Dr. Bongani Nxumalo and my late parents Titos Mcond'iyacasula and Albertina ka Mazibuko Nxumalo as well as to my late baby boy for all their love, support and prayer for my success.

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DECLARATION

Except for referenced citations in the text, this is the researcher's original work and has not been submitted for a degree in this or any other university.

Signed

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Supervisor..... Date.....

ABSTRACT

Background: Within nursing and other health professional education, clinical mentorship is an integral part of students' clinical learning experiences. Clinical mentorship is a widely relied upon strategy to ensure that students benefit positively in the clinical placements and is perceived as not just as a support mechanism for students but also as the main vehicle for the activities associated with learning, teaching and assessment of practice. In South Africa, mentoring in the clinical settings is not yet formalized, there are no guidelines from the regulatory body to serve as a guide to mentors in clinical settings and mentors do not undergo special preparation and it is not yet a common practice in South African nursing.

Purpose: This study was aimed at exploring and describing the phenomenon of clinical mentoring as perceived and experienced by the student nurses and clinical mentors in a selected hospital in Durban.

Methodology: A qualitative approach guided by the naturalist interpretive paradigm was used in this study. The research designed used was a descriptive phenomenological approach. The total population for this study was 48 registered nurses working in medical and surgical wards at a selected nursing college campus in Durban, and 47 first and second year students who were doing the Diploma in Nursing (General, Psychiatry, Community) and Midwifery. The sample size consisted of eight mentors and eight mentees working at the selected wards in the selected hospital. Individual interviews were conducted to collect data.

Findings: The findings revealed that mentorship in nursing education and training remains an integral part for student's clinical learning experiences. The nature and

quality of the relationship between the mentor and the student continues to be of vital importance for an effective mentoring process. It emerged that the assistance and guidance that the clinical mentors are offering to students are most crucial for growth and the development of students and gain of quality clinical skills. While the befriending role of clinical mentors perceived as useful to facilitate students' settling into the clinical milieu. The roles of mentors emerged as assisting, supporting, teaching, motivating, befriending and advising students. The ability to give feedback, experience, availability of time and a positive attitude were the elements considered important qualities for a good clinical mentor.

The benefits of clinical mentoring outweighed the drawbacks. The benefits of mentoring were both for the student and for the mentor. For mentors, benefits were immaterial and included closer follow-up of new developments, teaching and sharing of experiences. For the students, benefits are based on the level and quality of grooming and nurturing students gets that help to bridge theory-practice gap, motivating students to be highly interested to what they do in the clinical settings. Challenges included limitations on time, shortage of resource, dual responsibilities of patient care and student teaching, high workload and lack of formalised mentoring programmes.

Recommendations: This study suggests that the educational and clinical settings needs to work together to ensure that a formalised mentorship programme is put in place where clinical mentors will be trained for the role and formally appointed to the roles. Further research is suggested where the operational management staff of the organisations and academic college staff will participate to understand how

mentoring is done in the clinical settings, and what criteria the clinical mentors use to measure the student performance who properly or poorly mentored.

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BACKGROUND OF THE STUDY

1.1 Introduction

In nursing, clinical learning is an important part of the curriculum and accounts for approximately 50% of the pre-registration nursing programme. According to Andrews and Roberts (2003), supporting students to learn in clinical settings is an important function for both educators and practitioners, “...yet there is little consensus in the literature as to what constitutes appropriate support and more importantly which methods promote deep learning” (p. 471). Andrews and Roberts (2003) state, furthermore, that mentorship is widely relied upon, not just as a support mechanism for students, but also as the main vehicle for the activities associated with learning, teaching and assessment of practice. Within nursing, mentorship is integral to students’ clinical placement experiences and has attracted increasing interest among researchers (Myall, Levett-Jones & Lathlean, 2008).

Several researchers (Brigden, 2007; Gilmour, Kopeikin & Douche, 2007) referred to mentoring as a key strategy for supporting nursing students and new practitioners in clinical settings. Gibbs, Brigden and Hellenberg (2005) asserted that mentoring is the most effective method to shape and develop professionalism, ethics, values and the art of a discipline because the mentors are role models of these critical attributes through their day to day involvement with the students. According to Spouse (2001), mentoring may be a formal structured process, but can also be informal, where clinical practitioners, by virtue of having students working under their

supervision, serve as mentors. Whether formal or informal, Gibbs et al. (2005) state that mentoring is a protected relationship that encourages the holistic development of a person and it requires the development of bounded and purposeful relationships, which are underpinned by knowledge, experience and opportunities for reflection. In this relationship, according to Spouse (2001), learning and experimentation can occur, potential skills can be developed and results can be measured in terms of competencies and attainments.

Hartrick (1998) states that mentors facilitate proper breaching of the theory-practice gap by guiding and supporting students in their day to day clinical practice where they are afforded an opportunity to link what they have learnt in the classroom with what is taking place in practice. The roles of mentors may go beyond supporting and facilitating learning and also include the assessment of learning. However, according to the English National Board (1989), the mentor may not necessarily be involved in both the formal supervision and assessment of a particular student. The reviewed literature shows that there is no agreed upon definition of the term mentoring (Bray & Nettleton, 2007). The term mentoring is sometimes used interchangeably with terms such as coaching and preceptorship (Gibbs et al., 2005; Hallsworth et al., 2000; Oliver & Enderby, 1994). Gibbs et al. (2005) explain that mentoring is a relationship rather than an activity and this is what clearly distinguishes mentoring from most other forms of learning and development. The above authors state that coaching is often more specific and of a convergent purpose. According to them, a coach is a trainer, who is available to train the students on a particular skill and their relationship lasts for as long as the learning need exist. Smith, (2006) defines a preceptor as a competent, confident and

experienced nurse who assists another nurse or nursing student in giving quality nursing care by guiding, directing or training and states that the relationship that develops during preceptorship is for a short period of time. A mentor, on the other hand, is a guide, a facilitator and a support to the students and there is a special relationship that develops during the mentoring process. Mentoring relies heavily upon self-directed and student-centered learning, whereas coaching is much more didactic and teacher-centered (Robison & Boder, 2009; Gibbs, et al. 2005).

The studies conducted by Wright (1990) and Collins et al. (2006) reflected that for effective learning to take place, it is critical that both mentors and mentees are thoroughly prepared for their roles. Atkins, Suen, and Williams (1995) conducted a study exploring registered nurses' experiences of mentoring undergraduate nursing students. Their findings indicated that mentoring undergraduate nursing students is a complex activity that needs educational preparation, and support and recognition for the person concerned. The findings pointed out, furthermore, that the mentors had not been formally prepared, nor were they aware of the mentoring requirements or roles and responsibilities of their job description, which had an impact on the quality of their mentoring. Sharing similar findings, the study done by Mlambo (2003) revealed that nurses in clinical settings were not adequately prepared for their roles as mentors because the academic institutions did not communicate directly with them, but rather with those in management positions in the clinical settings, and that the information did not filter down to those involved in the day to day dealings with the students. As a result, although the mentors supported the students in the way they thought best, it was not according to what the academic institutions expected of them.

The survey conducted by Harrison, Lyons and Fisher (2009) revealed a number of challenges related to the mentoring of students in clinical settings. These included staff shortages, time constraints, students being used as part of the workforce, competing commitments and lack of resources and infrastructure to support the role of mentor. Challenges highlighted by Clutterbuck (1995) included a working culture that is too rigid and hierarchical or where disabling strategies prevail, or the organization being inundated by heavy politics, high staff turnover and poor morale. According to Clutterbuck (1995) these challenges may render mentorship to be unfruitful and ineffective.

In the study conducted by Henry and Zane (2006), the findings showed that due to the shortage of nurses, there was no specific person who was assigned to assist and guide the students in the process of day to day correlation of theory with practice.

The students were left unguided, thus putting the lives of patients in danger.

Andrews and Roberts (2003) indicate that mentoring is usually done by nurses who have not been formally appointed, but who avail themselves and they noted that some of the clinical staff has no interest in the mentoring of students, as they feel it is additional work. Andrews and Roberts further highlight that this can lead to inappropriate staff being utilized as mentors. White et al. (1994) are of the view that a lot still needs to be done regarding mentoring in nursing. According to these researchers, the preparation of mentors is still inadequate, especially in relation to their roles and responsibilities, mentor-mentee relationship, content to be covered in mentoring and the required academic level, but little has been done to address this omission.

1.2 Problem Statement

The regulatory bodies in countries such as UK, America and Australia have introduced formal mentoring programmes for student nurses and provided guidelines for these mentors in the clinical settings (Myall et al., 2008; Henderson, Twentyman, Heel & Lloyd, 2006; Levett-Jones, Fahy, Parsons & Mitchell, 2006). It is mandatory in these countries that those students on training are assigned a formal mentor who will work with them through the duration of their training. These mentors undergo special preparation for their roles. This model of mentoring afforded supernumerary status to students and replaced the previous apprenticeship type model of 'learning on the job'. It is noted that researchers such as Henderson et al. (2006) and Levett-Jones et al. (2006) reported that although mentors in these countries undergo special preparation, research studies indicate that many mentors still feel ill-prepared to carry out their roles (Webb & Shakespeare, 2008).

In South Africa (SA), mentoring in the clinical settings is not yet formalized, there are no guidelines from the regulatory body to serve as a guide to mentors in clinical settings and mentors do not undergo special preparation. Although mentorship is not a common practice in South African nursing, preceptors are frequently used in a variety of health care settings where student nurses undertake their clinical learning. Preceptors are customarily experienced nurses with clinical expertise, who act as role models as they guide, teach and assess the students, as directed by curriculum outcomes (Harris, 2007). Preceptors liaise with students and health service staff, and are accountable to the educational institution. This is usually a short-term engagement (Northcote, 2001).

According to South African Nursing Council (SANC), clinical accompaniment is one of the strategies that are used to guide and support the student nurses in the correlation of theory to practice when they are placed in a clinical setting. This is done by the nurse educators. The students utilize the clinical learning opportunities in the health service under the supervision of registered nurses, midwives and other experts in the health service. Watson (1999) reported that while there is much written about mentoring, the majority of the work is not research-based, but is anecdotal and descriptive in nature.

Andrews and Frances (2000) indicate that there remains little agreement on the role of the mentor and the most effective method for mentoring. Furthermore, there is confusion on the meaning of the term (Byrne & Keefe, 2000; Yonder, 1994) and the possible effect on its application in practice, thus making it difficult to evaluate the value of the phenomenon in nursing. Wendy (2002) asserted that if students are to achieve a positive learning experience, it is vital that they receive adequate mentoring in their day to day clinical learning experiences.

Compounding the challenges related to mentoring is that student numbers are increasing while staff numbers, on the other hand, have been depleted in many hospitals. Mentoring students in clinical settings is becoming a burden as a result of the depleted pool of nurses that are expected to serve as mentors to student nurses, while at the same time providing quality care to their patients. It is against this background that the researcher developed an interest to explore the phenomenon mentoring as perceived and experienced by both the students and those expected to serve as mentors in the clinical settings.

1.3 The Purpose of the Study

The purpose of the study was to explore and describe the phenomenon clinical mentoring as perceived and experienced by the student nurses and clinical mentors in the clinical setting at a selected hospital in Durban.

1.4 Significance of the Study

Clinical mentoring is widely accepted as a strategy for facilitating the professional growth and development of students while they are socialized into a discipline. This study may assist in ensuring that the students are really guided in the application of theory into practice when they are in the clinical settings. The nursing profession may benefit from the findings which may indicate where the problems lie in the proper mentoring of students, and recommendations may improve the mentoring process so that students become more competent. Recommendations may also provide opportunities for further studies relating to the mentoring of students in clinical settings.

In terms of education, the results of this study may assist in diagnosing the problems in clinical placements and the clinical mentoring of students, thus coming up with effective strategies to help in planning and implementing effective clinical learning experiences for students in the future.

1.5 Research Objectives

The objectives of this study were:

- (a) To describe the term mentoring in the clinical settings as perceived by the students and clinical mentors.
- (b) To explore the process of mentoring in the clinical settings as perceived and experienced by the students and clinical mentors.
- (c) To describe the benefits and challenges of mentoring in the clinical settings as perceived and experienced by the students and clinical mentors.

1.6 Research Questions

The research questions for this study were:

- (a) How do students and clinical mentors perceive the term clinical mentoring?
- (b) How do students and clinical mentors perceive the current mentoring system in the clinical settings?
- (c) What are the benefits of clinical mentoring as perceived by the students and clinical mentors?
- (d) What are the challenges of the mentoring process in the clinical settings?

1.7 Conceptual Framework

The conceptual framework used in this study is based on the Mutual Benefit Model by Zey (1991). According to Zey (1991), a mentoring relationship is a triad, which means that it involves a mentor, a protégé and the organization in which they work. According to this model, mentoring is defined as an interaction between an experienced and inexperienced member of the organization, where the experienced individual takes a leading role in the professional and personal development of the junior person. This model further indicates that the mentor

guides the protégé through four levels of mentoring, which are teaching, supporting, providing organizational intervention and facilitation. Each of these levels has an associated outcome which denotes that a certain level of mentoring has occurred. The outcomes are knowledge, personal growth, protection and career advancement (Zey, 1991).

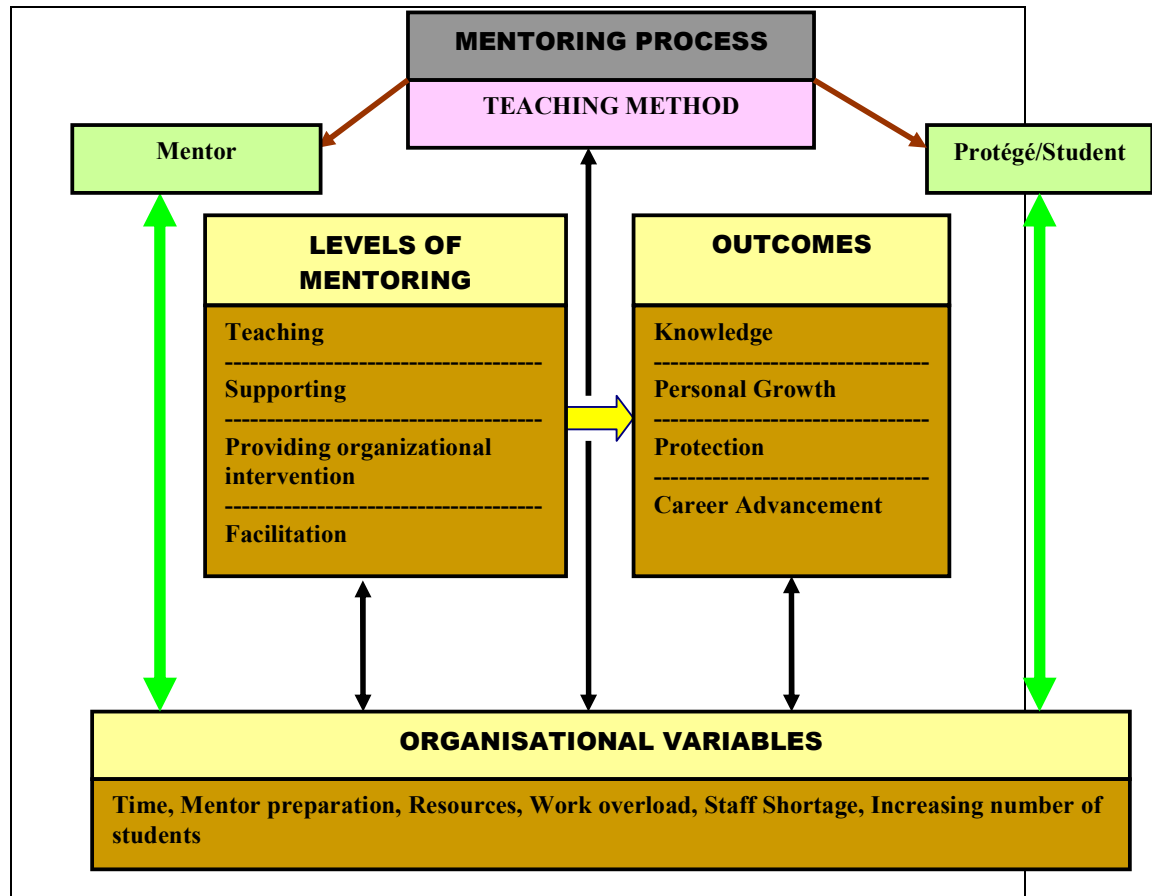


Figure 1.1: Conceptual Framework Adapted from Zey (1991)

1.7.1 The Mentoring Process

The mentoring process, according to Zey (1991), denotes the teaching/learning process which is characterized by the mentor and mentee having different roles during this process. This process can have organizational variables, which are the

factors that can hinder its success if they are not taken into account (Zey, 1991). These factors include time, skills, work overload, staff shortages and insufficient resources within the organization. The *role of the mentor* is to serve as a facilitator to guide the mentee in the application of theory to practice in the clinical settings. The mentor acts as a key role player in creating learning opportunities and a favourable environment to maximize the students' learning. The mentor is also viewed as important in helping the students to feel connected to the clinical placement. Furthermore, the mentor is responsible for identifying learning experiences for the students (Buerhaus et al., 2005). The students expect the mentor to ensure that the clinical environment is conducive for learning. According to (Bartram 2004), the students are responsible for their own learning in accordance to their learning objectives under the guidance of their mentor.

The mentor uses a variety of teaching methods including case studies, that is, if there is a case of interest that has been admitted in the ward. They give students the opportunity to read about the case and encourage active discussion during the learning process. The mentor may make use of unplanned learning opportunities which present themselves to guide their students. Ward rounds, such as doctors' and matron's rounds (Quinn, 2007), feedback and reflective sessions may also be used for teaching purposes (Branch & Paranjane, 2002). Branch and Paranjane (2002) pointed out that different teaching encounters call for different types of feedback. Although most clinicians are familiar with the principles of giving feedback, many clinicians probably do not recognize the many opportunities presented to them for using feedback as a teaching tool. Reflection facilitates learning that takes into consideration the larger context, the meaning and the

implications of an experience and action. Branch and Paranjane (2002) emphasize that these allow the assimilation and re-ordering of concepts, skills, knowledge and values into pre-existing knowledge structures. When used well, reflection promotes the growth of the individual (Branch & Paranjane, 2002).

1.7.2 Organizational Variables

A number of variables either facilitate or hinder the mentoring process in the clinical settings (Harrison, Lyons & Fisher, 2009). Organizational variables may jeopardize the process of mentoring if they are not taken into consideration. These variables include availability of time, skills required to serve as mentors to the students, work overload, shortage of staff, increasing numbers of students and inadequate resources (Munro, 2005).

According to Zey (1991), the mentor needs to have *enough time* to be with the students if mentoring is to be successful. In addition, the *preparation of the mentor* is essential to the process of mentoring, which is the duty of the organization where the students are training. The mentor should receive some form of prior training in order to attain the necessary skills for the task of mentoring (Beecroft, Santner, Lacy, Kunzman & Dorey, 2006; Pinker, 2003). *Work overload* may interfere with the process of mentoring in cases where the mentor is too committed with other clinical work and does not have enough time for mentoring. If there is a shortage of staff in the wards, there is no one to take care of the students (Hom, 2003; Garvin, 2002). There should be *sufficient equipment and resources* available and they should be in good condition to facilitate the learning opportunities of the students. If there is insufficient

equipment the mentoring process will not succeed, which will have a negative impact on the students' readiness to learn (Munro, 2005).

1.7.3 Benefits and/or outcomes of mentoring according to the different levels

Zey (1991) states that the mentoring process incorporates different levels which have different benefits and/or outcomes, including knowledge, personal growth, protection and career advancement. *Knowledge* is the outcome of the basic level of mentoring and includes the teaching which occurred at college. Students at this level receive accurate information through teaching and demonstrations so that when they are placed in a clinical setting, they will be able to correlate it with practice. *Personal Growth* is the outcome of the first two levels of mentoring, teaching and personal support. It involves the development of confidence, perspective, responsibility and balance (Zey, 1991). The mentor guides, supports and nurtures the student. *Protection* is the outcome of the third level of mentoring which, according to Zey (1991), involves the creation of a conducive and supportive organizational environment in which the student can learn. The mentor acts as an advocate on behalf of the protégé to ensure that the environment is really favourable for learning and for bridging the gap between theory and practice (Beecroft et al., 2006). *Career advancement* is the outcome of fourth level of mentoring and involves the protégé's attainment of competency and responsibility in the doing or execution of his duties (Zey, 1991). This occurs through the mentor's formal and informal recommendations to the protégé (Donelan, Ulrich, & Dittus, 2005).

1.8 Operational Definitions

1.8.1 Clinical mentor: According to this study, a clinical mentor is a registered nurse or any experienced practitioner (nursing manager, assistant nursing manager and operational manager) who works closely with the students on day to day basis in a clinical setting.

1.8.2 Clinical mentoring: According to the study, clinical mentoring is the process where experienced members of the clinical staff guide and assist student nurses in the clinical settings in the application of theory into practice.

1.8.3 Mentee: The term mentee will be used interchangeably with student or protégé in this study. It refers to first and second year student nurses who are in the process of doing the four year comprehensive basic nursing programme to qualify for a Diploma in Nursing (General, Psychiatry, Community) and Midwifery, according to South African Nursing Council Regulation No. 425 of February 1987.

1.8.4 Student: A student, according to this study, is an individual who is undergoing training at the selected institution and who is studying full time towards the attainment of the Diploma in Nursing (General, Community, Psychiatry) and Midwifery, and whose name appears in the register or roll of nursing students in the SANC (Regulation No. R425 of February, 1987).

1.9 Conclusion

The role of a mentor is significant in providing students with clinical skills and experience, and enabling the students to link theory to practice through the assessment, evaluation and provision of feedback on their performance when in a clinical setting. A mentor is also important in ensuring that students remain connected with clinical practice at all times. Therefore, the success of mentoring depends largely on the ability of the mentor to assist the students in taking the lead in clinical learning by making good use of the opportunities that are available.

1. 10 Dissertation Outline

Chapter one presents an overview of the study. The background is presented followed by the problem statement, purpose, research objectives, research questions and significance of the study as well as the conceptual framework and operational definitions of concepts.

Chapter two presents a review of literature related to the subject under study. A synthesis of related literature on clinical mentoring in nursing education, the various models of mentoring, and the benefits and challenges to clinical mentoring are presented.

Chapter three presents the research methodology of the study. A qualitative research design, guided by the naturalist interpretive paradigm, was employed in this study. An outline of how data was collected and analyzed is also presented.

Chapter four presents the analysis of research findings.

Chapter five presents the interpretation and discussion of research findings.

LITERATURE REVIEW

2.1 Introduction

The primary focus of the literature search for this study was; firstly, to look at the evolution of the concept mentoring; secondly, to provide an outline of different models of mentoring; thirdly, to explore the benefits of mentoring; and lastly, to explore challenges to the mentoring process. The literature was searched through the use of the internet, Google scholar, Advanced Cumulative Index for Nursing and Allied Health Literature, as well as Pub Med and Ebsco Host.

2.2 The Evolution of Mentoring

Mentoring is a protected relationship, in which learning and experimentation can occur, potential skills can be developed, and results can be measured in terms of competencies and attainments, rather than territory covered (Anderson, Harris & Elstein, 2003). Mentoring has been discussed both inside and outside the nursing field and the concept is not new. Historically, mentoring had its origins in Greek mythology, from where it has taken its prototype (Clutterbuck, 1995). In Homer's epic poem, *The Odyssey*, King Odysseus, who had a son by the name of Telemachus, left home to participate in the siege of Troy. In his ten year absence, Odysseus appointed his good friend, Mentor, to educate and guide his son. Mentor nurtured, protected, taught and guided Telemachus to take his rightful place in Greek society. Taken from this context, the concept mentoring was thus conceived and became associated with a person facilitating the personal and social

development of someone who is being prepared for a profession (Coates, Gormely & Fowler, 1997).

According to Eps, Cook, Walker (2006), mentoring is not restricted to the nursing profession alone, but is also used in other areas of health education and, more generally, in all walks of life. Steward and Kruger (2001) have similar views, saying that a mentoring relationship can occur outside of clinical practicum arrangements, as in cases such as Telemachus and Mentor. When the emphasis is placed on health care, however, the mentoring system helps to support, guide and assist student nurses to practice the skills they have learnt at college. Therefore, according to (Oliver & Enderly, 2004), when student nurses are placed in a clinical area, they need an experienced individual to take an active role in guiding and assisting them in their personal and professional growth and development. It follows that the success of mentorship, in as far as clinical skill acquisition is concerned, lies in the hands of a good mentor.

2.3 Models of Mentoring

Models of mentoring are the different methods used to familiarize newly qualified personnel with their jobs or to assist students in applying the theory they have learnt into practice (Yonder, 1990). Models of mentoring in nursing are divided into two categories. The first category pertains to newly qualified nursing personnel who come into the ward for the first time and are orientated to the physical layout of the ward and assisted to familiarize themselves with the principles and procedures that are relevant to the unit or area of work (James, 2000). According to Yonder (1990), the second category relates to student nurses

when they are placed in clinical settings, who are also orientated, but, in addition, are guided, supported and assisted to correlate theory into practice by their mentor. Mentoring models for nursing should be shaped according to the level of training of the students, learning objectives and needs, individual priorities, clinical resources and to the given professional setting (Highofer, Szallcay & Wiltshire, 2006). The models of mentoring system that will be discussed in this section include: (a) the traditional model, (b) the formal model, (c) the informal model and (d) the peer model.

2.3.1 Traditional model of mentoring

Restifo and Yonder (2004) described the traditional model of mentoring as a one-to-one, long term involvement between two individuals. In a professional environment, they are usually paired up by a supervisor but, in a more social environment, a parent or elderly person in the family becomes a role model to a child about social norms and values. Thus, in the traditional model of mentoring, the mentor tends to be either an old person in the family assisting a younger member, or a person with advanced work related experience, knowledge and power in an organisation guiding and supporting a younger, less experienced colleague. In both cases, close relationships develop between the individuals. Weil (2001) argues that these relationships in career-based settings are usually not assigned, but are spontaneous and evolve over time, and are critical for leadership succession in any profession. Ehrich, Tennen and Hansford (2002) pointed out, however, that traditional mentoring was not only expensive in time, but also limited to the number of matching that could be made between mentor and

mentee. These researchers argue that the traditional model limits the evaluation of the mentee because the mentor, by the virtue of his position, knowledge and experience, can evolve into a parental figure to the mentee, which cannot be properly evaluated.

According to Restifo and Yonder (2004), any senior experienced and knowledgeable person in an organisation can be a mentor in the traditional model. In the nursing profession, a long term involvement would help student nurses who still need support and guidance in breaching the gap between theory and practice. In the South African context, a registered nurse could take the role of the senior experienced person in the ward or unit where a student nurse is allocated for clinical practice. Harris, (2007) conducted a qualitative approach study on the traditional mentoring model to explore the students' perceptions of work-based mentoring experiences, using students as participants. The findings indicated that students commended the traditional model, saying that if it was promoted, good relationships and meaningful learning would occur through the guidance and support of junior student nurses by senior staff in the profession. The students also recognised the value of experienced and knowledgeable people in their professional development and noted the need for mutual commitment for both the mentor and the student to achieve mutual benefits (Harris, 2005) in line with Restifo and Yonder (2004).

According to Gordon (2000), during the mentoring process a clinical mentor assumes the roles of teacher, counsellor, assessor and intervener to help the mentee's personal and professional growth and development. Gordon further

indicates that a clinical mentor also facilitates the development of the independence, self confidence, job satisfaction, decision making and problem solving skills of the protégé during the process of linking theory to practice. Many researchers (Fawcett et al., 2000; Oemann & Garvin, 2001) who have conducted research studies in this area reported that the quality of mentoring is the single best predictor of the benefits to the protégés of student nurses. Findings further indicated that the nursing organisation, in conjunction with its leaders, could make a lasting impact on the nursing profession through high quality mentoring relationships, even when time and resources were limited. Harris (2005), however, recommends that triad mentoring, where there is a mutual relationship between the leaders, the organisation and the protégé, is more effective than the dyad model. This is in contrast to the traditional model, where there is one-to-one involvement within the relationship (Fawcett et al., 2000; Garvin, 2001).

2.3.2 Formal model of mentoring

The formal model of mentoring refers to an assigned structured programme of relationships, in which an organisation oversees and guides the mentoring programme in order to promote the development of its employees (Buell, 2004). The programme generally lasts for a specific period of time, which is usually until the mentees have learnt the skill required to assume the responsibilities. This type of a model, according to Phelps (2005), can be relevant to newly qualified personnel in the workplace and, more specifically, to student nurses who still need continual guidance and assistance in applying theory to practice. Changua and Hu (2008) conducted a survey on the examination of relationships between mentoring

functions and protégés' outcomes in a military academy which was using a formal model of mentoring. The findings revealed that formal mentoring was positively related to mentor satisfaction, the participants' commitment to a military career as well as leadership competency. It also emerged from the findings that the use of the formal mentorship model is ranked as one of the most important factors in the overall adjustment of military academics. Changua and Hu (2008) agreed with Buell (2004) that when the mentoring process is structured by the organisation, the outcomes not only depend on the clinical mentors, but also on the satisfaction and commitment of the participants.

According to the study conducted by Phelps (2005) on what impact a formal mentoring programme had on the development of leaders in a nursing organisation, the findings identified that formal mentoring programmes positively influenced the development of leadership and management skills among the personnel. It further indicated that with a process of formal mentoring in place, the turnover rates decreased, patient satisfaction scores were high and the productivity level was raised. Changua and Hu (2008) and Phelps (2005) agree that while formal mentoring has positive results in those who are already qualified, student nurses need more continuous guidance and support throughout the journey of acquiring clinical practice when in clinical settings. Bedine and Anderson (2003) have similar views as Capella (2001) in that the advantages of formal mentoring include positive effects on motivation, performance, retention, commitment, and reducing gender stereotypes and inequalities in areas of corporate business in South Africa, as well as in health care settings.

1.3.3 Informal model of mentoring

According to Buell (2004), informal mentoring often involves a relationship that develops spontaneously or when the need arises. In such cases, a person approaches a possible clinical mentor and that person agrees to form a mentoring relationship. Informal mentoring involves unspecified goals, unknown outcomes, limited access to the programme, self selection of mentors and mentees, long term mentoring, and no expert training or support (CNA, 2004). This model gives little attention to the learning needs of students in practice settings, as it emphasises getting work done and providing a service contribution

Singh and Vinnicombe (2002), using a qualitative approach, conducted a study on the benefits of informal mentoring to the managers of an organisation. Findings revealed that both mentors and mentees perceived mentoring as an investment in a future pool of managers and a tool for management change. Furthermore, informal mentoring was also seen as assisting the transfer of knowledge, organisational learning and cross departmental communication to the managers. The findings also revealed that although the model was good for mentoring managers, it would be less effective in student nurses (Singh & Vinnicombe, 2002). While managers are qualified in their field and may only need a mentor to help orientate and familiarize them to the surroundings of organisation, students, on the other hand, are new in their chosen profession and still need guidance and support from a more experienced person in order to acquire the clinical skills and knowledge they need. Melia (1987) and Backet (1987) argue that an apprenticeship model has many positive aspects, and suggested that student supervision will serves as a

useful way of linking theory to practice. In the South African context, however, students are given theory at the college of nursing before they are placed in a clinical setting.

2.3.4 Peer mentoring model

The peer mentoring model uses a person of the same status and situation to guide and assist others. In the context of students being placed in a clinical setting, it would involve students helping each other to correlate theory into practice.

According to Glass and Walter (2000), a student's initial clinical experience can be stressful and intimidating, particularly for young nursing students who have had no prior healthcare experience. In such cases peer mentoring can be helpful in reducing the anxiety of a student's first hospital experience (Glass & Walter, 2000). Donga, Robinson and Bader (2009) conducted a study on the effectiveness of perceived physical, mental and social functions of a peer mentored older adults' fitness programme. The participants were a group of older adults who were trained by peer mentors as opposed to a similar group who were trained by young qualified mentors. The findings indicated that those who participated in the programme with peer support perceived more benefits than the other group and reported overall improvement in physical and mental well being, better social functioning, improved general health and increased level of vitality. Gilmour (2006) had similar findings from a study conducted on the effectiveness of peer mentoring on first year students who were mentored by second year students. The findings identified that peer mentoring proved very effective and beneficial to groups of students because they shared the same status of being a student. When

they were mentored by other students in a clinical setting, junior students experienced less anxiety and fear in the linking of theory to practice. The senior students also benefited from the exercise as they gained confidence in the role of teaching (Gilmour, 2006).

Glass and Walter (2000) conducted a survey, using reflective journaling and interviewing, on whether the experience of peer mentoring enhanced the personal and professional growth of student nurses in an Australian University. The findings indicated a strong relationship between the process of peer mentoring in nursing education and personal and professional development of the students, as they all had the same feeling of being a student. Therefore, peer mentoring will be of much benefit to junior student nurses to help orientate them in their clinical placements.

Another study on the evaluation of the effects of peer teaching and learning among junior community nurses was done by Aston and Secomb (2008) in one of the Nottingham Clinics. Findings revealed that peer teaching and learning in clinical settings can increase students' knowledge and confidence and also can improve learning in the psychomotor and cognitive domains. The findings did also identify, some negative factors, however. Poor student learning occurred if the personalities of the mentor and mentee on learning styles were not compatible or if students were not getting enough individualised time.

Alexander and Molassiotis (2003) did research examining the dynamics of peer support among students using medical interns and senior medical students.

Findings revealed that both sets of students found peer mentoring to be a useful

and supportive scheme that improved the teaching and mentoring skills of senior students and reduced the initial anxiety of the medical interns with respect to their placements. In support of this Eisen (2001) asserted that peer learning is valued by all levels of all educational faculties and is regarded as one of the preferred strategies in developing clinical knowledge competence and lifelong learning skills. Several other researchers (Barker & Neuwirth, 2002; Hughes et al., 2003; Wright, 2003) agree with Eisen (2001) in that peer learning is used to enhance personal and professional development. Kopeikin and Douche (2006) pointed out that peer mentoring programmes provide rich learning opportunities for the development of qualities and skills required for mentoring roles and that they can also be regarded as a vehicle for encouraging collegial interaction and learning. Beecroft, Santerand and Frederick (2006) conducted research on new graduate nurses' perceptions of mentoring using new graduate nurses and registered nurses. Findings indicated that peer mentoring facilitated the transition of new graduate nurses into the workplace and social culture of the organisation. In addition, they further suggest that peer mentorship increases staff retention by decreasing stress and promoting positive self-esteem and confidence.

Jacelon, Zucker, Staccarin and Hennema (2003) conducted a study on peer mentoring at Tenue-Track Faculty of Nursing using four tenue-track faculty members. The findings indicated that peer mentoring helped to build relationships among diverse faculty members, thus creating opportunities for collaboration on research projects.

2.4 Benefits of Mentoring

According to Watson (2000), in nursing, mentoring is of vital importance to the personal and professional growth and development of the students when they are in clinical settings. The students need to be guided and supported by well prepared clinical mentors to integrate theory to practice and become competent clinical practitioners with good judgement (Creswell, 2003). This is in line with other studies (Clark et al., 2005; NMC, 2006) which assert that all students on approved programmes must be guided and supported by appropriately prepared mentors during their clinical placements in order to gain clinical learning experiences. This is in line with Webb,(2005) which asserted that clinical learning amongst all professions enables the development of knowledge , skills and attitudes of an individual and grounded in practice through the use of reflection on actions. In the study conducted by Eps, Cook, and Walker (2006) on a mentorship programme of final year students in Australia, the findings revealed that the students were well prepared for their transition from students to registered nurses. Eps et al. (2006) suggested that the development of a year-long mentorship programme for final year nursing students was of value in preparing them for the workplace.

A study of nursing students' experiences and perceptions of mentoring was conducted by Watson (2000), who used a qualitative research approach. The findings indicated that students understood the role of mentors in clinical settings as assessors, facilitators, role models, planners and supporters. Busen (1999) concurs with these findings and defines mentoring as a process whereby an

experienced member of an organisation takes an active role in guiding and supporting an inexperienced individual for professional growth and development.

Cooper (2003) and Zey (1999) agree that mentoring develops leadership qualities and abilities in final year students. These researchers further emphasised that mentoring can assist in developing leaders by cultivating their flexibility, adaptability, creativity and sound judgement within the organisation. Wright (1990) had a similar view as other researchers (Cooper, 2003; Spouse, 2001; Roberts, 2000) in that clinical support and mentoring of final year nursing students motivated them to undertake the role of being a leader in the allocated activity in the ward, thus enhancing leadership skills and self esteem

Myal et al. (2008) conducted a study on mentorship in a contemporary practice as experienced by nursing students and practice mentors. The findings suggested that mentors were viewed by students as having a key role in creating opportunities to maximize their learning. In addition, it was also evident that some mentors felt that providing clinical support to students allowed them to keep up-to date with their own clinical skills and knowledge. McKenzie (2004), researching students' mentoring experiences, highlights that mentoring tends to be more successful when there is a good relationship between the clinical mentor and the mentee. Thomla (2004), furthermore, suggested that mentors should have a sense of humour, be friendly and trustworthy and be able to role-model to the juniors, thus playing an important role in supporting and guiding the students in relating theory to practice.

Bonett and Deshebecq (2008) state that a mentoring programme in pre-qualifying students has a positive impact if they are supported and guided by an experienced clinical member of staff because it helps them to have high self-confidence, low anxiety and low intention to leave the training. In addition Allen, Eby, Poteet and Lima (2004) agree with Bonett and Deshebecq (2008) that mentored protégés tend to attain higher personal and professional goals, have a stronger intention to stay with an organisation and feel less stressed in general. Graf and Sullivan (2008) conducted a study on the impact of a mentoring programme to new graduate paediatric nurses. The results suggested that there was improved job satisfaction and reflected a lower staff turnover in the organisation. This is in line with Manning, Cronin and Anderson's (2009) study of students' experiences of support in a clinical practice, which used first and third year students as participants. The findings indicated that mentoring sessions helped the students to cope with the overwhelming demands of the clinical environment, and also helped them to see issues from a variety of perspectives.

Jeanne and Madison (2007) conducted a study on the value of mentoring in nursing leadership as perceived by nurse administrators of California Society Hospital. The results appreciated the importance of mentors in improving the mentees' self-confidence in taking decisions and highlighted the effectiveness of the mentoring relationship, particularly in the nursing leadership arena. Gordon (2004) indicated that during the mentoring process, a mentor will use the roles of teacher, counsellor, respectful intervener and sponsor to develop their protégé's independence, self-confidence, job satisfaction, decision making and problem solving skills. Spouse (2001) agreed with Gordon (2004) in that the influence of

the clinical mentor and nature of the relationship was the core to the student's knowledge growth. Similarly, Morton, Cooper and Palmer (2000) pointed out that students' learning will be enhanced if the mentor-mentee relationship is based on mutual respect and sense of partnership.

2.5 Challenges of Mentoring

In spite of the benefits that a mentoring process may have on the clinical placement of students, it is noted that there might be some constraints that can have negative implications (Edmond, 2001). Harrison, Lyons, and Fisher (2009) conducted a survey evaluating the mentorship of primary care graduates and mental health workers using supervisors and mentors as participants. The findings revealed that certain factors limited the support available for students which were identified as the lack of readiness of the mentor and the lack infrastructure to support the role of the mentor. In addition to these, staff shortages, time constraints and competing commitments posed challenges to the quality and success of mentoring. According to Mlambo (2003), clinical nurses are not adequately prepared for the role of mentor because academic institutions communicate with those in charge of the management of clinical settings and the information does not reach the people who are actually involved in the mentoring of the students. Many researchers (Andrew & Wallis, 2001; Clutterbuck & Ragin, 2002) reported that preparation for the mentoring role is considered to be of vital importance to the success of the mentoring process. Research has shown that individuals who receive broad educational preparation for the position are more effective in fulfilling the role.

Various studies (Elmond, 2001; Hutchings, 2005) have indicated that the amount of time a mentor can spend with a student is influenced by various factors, including workload, increased number of students in the ward in relation to the number of registered nurses and a shortage of staff, all of which can result in inadequate mentoring. According to Levy, Katz, Wolf and Sillman (2004), lack of time and workload to carry out the mentoring role can have an impact on the learning experiences of the students. Levy et al. (2004) further indicated that students can be made to feel a burden to clinical staff if there are staff shortages or if their mentors are experiencing an increased workload. These findings are supported by Maselesele and Mochaki (2001) who suggest that an increase in the number of students in clinical settings brings about an additional strain to the already short-staffed and overworked registered nurses. In such instances, opportunities for learning, such as role-modelling clinical supervision, ward rounds and teachable moments, are compromised when registered nurses focus their energies on patient care instead of teaching.

Penhey, Shannon and Murdoch (2005) indicate that if students are allocated to specific wards for a short period of time (about two weeks) and are then sent back to college, the interruption of clinical practice can affect the learning opportunities as well as clinical experiences. Fullbrook, and Jennings (2003) conducted a study on why student nurses leave their pre-registration education programme. The findings indicated that the students felt that there was too much emphasis on the academic side of their training and not enough time on the practical nursing issues, which compromised their understanding of the professional roles and confused them. The lack of orientation of students to clinical settings hinders them

in fully participating in clinical practice (Seun & Chow, 2000). Spiers (2002) and Foster (2003) state that orienting students to clinical settings enhances their adjustment and transition from being dependent to becoming independent clinical practitioners.

Bonett, Deshebecq and Nucchi (2008) conducted a study on the relationship between mentors and novice nurses in an intensive care unit, using a qualitative phenomenological approach. The findings showed that during the first three months, nurses experienced a reality shock as the intensive care environment was very different from the other wards, patients were complex and unstable and there were too many things to learn, leaving them feeling frustrated and inadequate. Bonett et al. (2008) stress the need of strong mentorship programmes in such instances.

2.6 Conclusion

This chapter presented the evolution of mentoring, different models of mentoring, benefits of mentoring as well as the challenges of mentoring.

RESEARCH APPROACH

3.1 Introduction

This chapter describes the research approach and the details of the methods used in this study to explore the phenomenon of mentoring as perceived and experienced by the student nurses and clinical mentors in the clinical settings. Other information in this chapter includes the description of how the data was managed and analysed, as well as how the ethical issues related to the study were negotiated.

A qualitative approach, guided by the naturalist interpretive paradigm, was used in this study because the researcher wanted to understand the human thoughts and actions and also obtain deep insights and information about the phenomenon of clinical mentoring in health professional settings (Lincoh, 2000). This approach enabled a mode of systematic enquiry oriented towards the understanding of human beings and the nature of the interactions of clinical mentors and the students in their natural settings. The aim was discovering or uncovering new insights, meanings and understandings (Brink & Wood, 1998; Chenitz & Swanson, 1985). It examined life experiences in an effort to understand and give meanings to the phenomenon (Bryne, 2001).

The purpose of the study was to explore and describe the phenomenon mentoring in clinical settings as perceived and experienced by the mentees (student nurses) and clinical mentors (registered nurses), in a selected hospital in Durban. The objectives

of the study were to: (a) describe the term mentoring in the clinical settings, as perceived by the students and clinical mentors, (b) explore the process of mentoring in the clinical settings as perceived and experienced by the students and clinical mentors and, (c) describe the benefits and challenges of mentoring in the clinical settings as perceived and experienced by the students and clinical mentors.

3.2 Research Approach

A research approach is a set of logical steps taken by the researcher to answer the research questions (Burns & Grove, 2009). According to these authors, the design determines the method to be used to collect and analyze data and interpret the results. It forms the structured framework for the study. The selection of the approach depends on the purpose of the study and the research problem. In this study, a phenomenological design was used because the researcher intended to explore the phenomenon mentoring as perceived and experienced by mentors and mentees in the clinical settings. Phenomenology considers the whole person and values their experiences (Ball, 2009). According to Bryne (2001), phenomenologists believe that knowledge and understanding are embedded in the everyday world of the informants. They believed that truth and understanding of life can emerge from people's taken-for-granted experiences. A descriptive phenomenological approach attributed to Hurssel (1963) was used in this study.

According to Hurssel (1963) and Bremmer (2006), a descriptive phenomenological approach is a field of descriptive research that is concerned with different ways of experiencing and understanding people's views of various phenomena.

3.3 Research Setting

In phenomenological studies, the selection of settings is directed by theoretically relevant concepts. The researcher selected settings that provided relevant data by selecting a nursing college campus in Durban which has a hospital linked to the campus with general wards where first and second year students are placed for their clinical learning experiences. The selected nursing college campus is one of the campuses of the KwaZulu-Natal College of Nursing (KZN CN) offering a four-year comprehensive basic diploma nursing programme.

3.4 Population

According to Hycner (1999), the phenomenon under study dictates the type of participants to be used. The population of a study are all the subjects or elements that can take part in the study if they meet the set criteria. It forms the entire group of individuals or objects that the researcher is interested in studying (Burns & Grove, 2009). In this study, the participants consisted of the first and second year nursing students participating in a four year comprehensive diploma nursing programme at the selected nursing college campus and the registered nurses (RNs) who were working in the wards or units of the hospital where the students were allocated for their clinical learning experiences. 25 first year students and 22 second year students at the nursing education institution (NEI) and a total of 48 RNs, who were working in the wards or units of the hospital, were selected for this study. The reason for selecting these categories of student nurses was that they were more accessible to the researcher in terms of allocation, than the third and fourth year students who were doing midwifery and psychiatry. The first and

second year students were also the best candidates for this study because they were novices who still need guidance and support through mentoring. This particular college campus was chosen because it was convenient for the researcher.

3.5 Sample and Sampling Procedure

A sample is described as a part or fraction of the whole population selected by the researcher to participate in the research study. According to Burns and Grove (2009), sampling is the process of making a selection of participants from the population. Non-probability purposive sampling was used to select those participants who knew the most about the phenomenon and could give the most information (Burns & Grove, 2009). Firstly, the researcher selected four first year students, four second year students and eight RNs to participate in the study making a total sample of 16 participants. Theoretical sampling was then used because the participants referred the researcher to other informants who were more informed about the phenomenon under study. Finally, the researcher purposively selected those students who had spent more than six months in the clinical settings and those RNs who had had the most experience of working with students from this particular nursing college campus. The majority of RNs (75%, n=6) who participated in the study had clinical experience of more than ten years in the field of nursing as RNs and the other two had five years of clinical experience.

3.6 Data Collection Process

Phenomenological research uses several ways of collecting data, including storytelling, focus groups, and semi-structured and unstructured interviews (Balls, 2009). In this study, the researcher used individual unstructured interviews and focus group discussions for verification process. The researcher firstly conducted individual interviews with the RNs and the students. Then the researcher held three separate focus group discussions, one for the group of first year students, one for the group of second year students group and one for the group of RNs. Questions were posed to the participants to guide the discussion and they were further probed by the researcher to obtain more information regarding their experiences in clinical mentoring. The first part of the questioning was aimed at exploring how participants understood the term clinical mentoring, and the second part explored how mentoring was practiced by both the clinical mentors (RNs) and mentees (students) in the clinical settings in this NEI.

To reiterate, data was collected through individual interviews and focus group discussions. The researcher bracketed her views, preconceptions and judgement first, before engaging in the process of data collection to avoid unnecessary bias, as stated in Burns and Grove (2009). Two mock interviews were conducted on two participants who were first year students nurses before the actual data collection to familiarize the researcher with the process and logistics related to collecting qualitative data, such as the use of an audio recorder and probing, which is the asking of relevant and follow-up questions with aim of clarifying or exploring issues further (Balls, 2009). The mock interviews were transcribed and

shared with the research supervisor for her guidance before engaging in the actual process of data collection. This assisted in ensuring that relevant data was collected by the researcher. The researcher did not use this information.

The process of collecting data started by gathering two groups of clinical mentors as well as that of students separately. The researcher then explained the purpose of the study, the importance of the participants' involvement in the study and their rights as participants. All participants were assured that anonymity and confidentiality would be observed by not using their names as codes would be used when recording data. Data was collected in quiet, private office spaces which had been made available for the study. An empty office at the college was used for the students and a vacant office in the hospital was provided by the nursing service manager to collect data from the RNs. According to Balls (2009), in qualitative research it is advised that researchers do not to use any space that is linked to their power such as their own office spaces, but rather to use a neutral space.

Those who volunteered to participate were requested to sign an informed consent which was kept separately from the data to ensure that there was no way of linking the names of the participants to the collected data. The researcher arranged a time schedule with the participants, taking into consideration their availability so as to avoid disturbing their class sessions. Data was collected during their lunch times when they were free. It took about 30 to 45 minutes to complete the individual interview with each participant. An audio- recorder was used to capture the interview sessions because taking accurate notes and facilitating an interview

at the same time would be a challenge, taking into consideration that the researcher in this study was still a novice. Permission to conduct the study was obtained from the participants before using the audio-recorder.

For the clinical mentors (RNs), the interviews begun with a couple of icebreaking questions where the participants were requested to describe what it was like to work in a ward that was also used as a learning space for the students and how long they had been involved in students' mentoring. Sufficient information was offered, allowing the interview to proceed and covering the critical questions in this study. At the end of the interview, the researcher thanked the participants and provided a brief summary of the collected data for verification purposes. The researcher explained that she might have to come back for further verification of the transcribed data and/or further exploration of issues as and if needed, to which the participants agreed. The researcher also kept a reflective journal for her to reflect on the whole interviewing process and her opinion of how the interviews had gone, including how the rapport had been established and whether her own perceptions had had an influence on the course and content of the interviews, as stated in Field and Morse (1992).

3.7 Data Analysis

A model for analyzing phenomenological data found in Sherwood and Silver (1999), adapted from Schweitzer (1998), was used in this study. The researcher followed this six-staged model of analysing data, stage by stage as depicted in figure 3.1.

Stage 1: In the first step of the data analysis process, the researcher repeatedly read text from each transcript, line-by-line, and compared the data to the notes which had been taken during the interview in order to get a holistic picture of the responses from the participants. As stated in Schweitzer (1998), during stage one, the researcher should have consciously bracketed her pre-conceptions and judgment to allow emergence and understanding of the phenomenon under study.

Stage 2: The researcher then developed a constituent profile and summarized the raw data from each participant, according to Schweitzer (1998). Firstly, the natural meaning units from the transcripts were identified. According to Schweitzer (1998), natural meaning units are self-definable, discrete segments of expression of the individual aspect of the participants' experiences as presented in transcripts. Secondly, the central themes were extracted as they repeatedly occurred in the transcripts. This served to reduce the natural meaning units to recognizable sentences conveying a discrete expression of the participants' experiences.

Stage 3: A thematic index was formulated which highlighted the major themes that emerged from participants. According to Schweitzer (1998), a thematic index contains the constituent profile statements attributed to singular meanings of experience. The thematic index provided a non-repetitive, sequenced list of meaning statements and referents used to search for the interpretive themes. Referents are defined as specific words that highlight the meaning of the experience being researched (Schweitzer, 1998). At this stage, the researcher *delineated the constituent profile* by removing any repeated or non-relevant statements from the data. The researcher then *extracted the referents*. The

researcher searched the constituents for referents which were then isolated and listed separately. The data was then examined and analyzed collectively.

Stage 4: The researcher searched the thematic index, comparing referents, central themes and the constituent profile to form interpretive themes. The focus at this stage was on explicating data that actually reported the meanings of the experiences.

Stage 5: At this stage, an extended description of interpretive themes was made. Interpretive themes were used to rigorously explicate meanings attributed to the phenomenon under study.

Stage 6: Lastly, a synthesis of extended description of interpretive themes was done. This formed a summary of interpretive themes that produced an in-depth picture of participants' understanding and experiences of clinical mentoring while nursing at the selected nursing college campus.

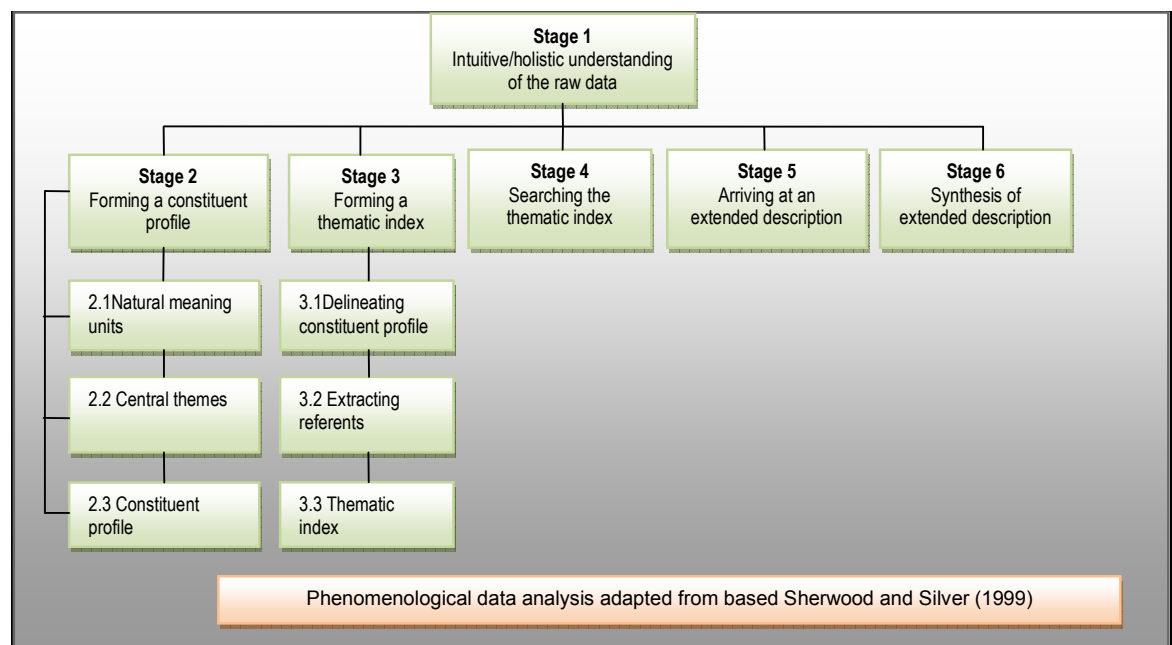


Figure 3.1: The Process of Phenomenological Data Analysis

3.8 Data Management

Each interview was transcribed as soon as practically possible. According to Balls (2009), in phenomenology, it is critical for the integrity of the research that the spoken words are properly transcribed and that the non-verbal aspects of the interview are also included. The data was transcribed and proof read by the researcher and a research assistant who had been requested to listen to the audio-recorded data to check whether the data had been properly transcribed. The audio-tapes and the transcribed data were stored under lock and key in the supervisor's office. As a further precaution, the computer used to store the data has a special password known only to the researcher. The data will be stored for the next five years before being discarded.

3.9 Ethical Considerations

Ethical approval was obtained from the Research Ethics Committee of the Faculty of Health Sciences at the University of KwaZulu-Natal and the Research Committee of the KwaZulu-Natal Provincial Department of Health. Permission to carry out the study was also obtained from the Principal of the KwaZulu-Natal College of Nursing, the Principal at the selected nursing college campus, and the Nursing Service Manager and Hospital Manager of the selected hospital. Written informed consent was obtained from the participants. Informed consent is defined as the measure whereby the researcher obtains the participants' permission for voluntary participation in the study.

Participants were informed that there were no risks or benefits from participating in this study (Polit & Beck, 2007). A letter explaining the purpose of the study was attached to the consent form. Confidentiality and privacy were maintained throughout the research process. Codes were assigned to transcripts instead of the names of participants to ensure anonymity and confidentiality. Participants were informed that they had the right to withdraw from the study at any point if they so wished.

3.10 Academic Rigour and Trustworthiness

Academic rigour refers to the logical accuracy, scientific adequacy or trustworthiness of the research outcomes with respect to openness, scrupulous adherence to the philosophical perspective of the approach and thoroughness in collecting data (Burns & Grove, 2007). The potential strength of a qualitative research theory may be lost if appropriate strategies are not followed to reduce careless handling of data and the researcher biases (Khalifa, 1993). The concept of trustworthiness is used to make certain of the quality and value of the final results and conclusions reached in qualitative research (Lincoln & Guba, 1985). It was important that trustworthiness was reflected throughout the research study. It was also necessary that the researcher specifically addressed academic rigour by using the relevant criteria and appropriate strategies for the qualitative design, as stated by Bhattachaya (2007). The strategies that were used in this study included credibility, transferability, dependability and conformability.

3.10.1 Credibility

The core of credibility in qualitative research is the content of the participants' accounts, as well as the ability to collect information consistently and document it accurately so that a similar study can be repeated (Silverman, 2005). Therefore, the data was checked by the supervisor and one of the school's research committee members to validate the researcher's conclusions. The researcher followed up by asking the students and RNs who had participated in the study to validate the correctness of data and data analysis.

3.10.2 Transferability

Transferability is to do with the stability of the research design and the possibility of generalizing the information of the participants from one study to another group (Beck, 2004; de Vos, Strydom and Deport, 2007). This was done through detailed description of information obtained from the participants so that someone other than the researcher is able to determine whether the findings can be applied to another research study.

3.10.3 Dependability

According to Carpenter (2003), dependability is the stability of data over time. Therefore, the accuracy and authenticity of the data in qualitative research are important to determine the dependability of the data collected. To ensure dependability, the researcher conducted data quality checks or audits, peer review coding and also consulted with an expert in qualitative research (the supervisor)

who monitored the data collection process, the analysis and the interpretation of the data.

3.10.4 Conformability

This is the guarantee that the data was relevant and supported by the literature and that there is a similarity between the researcher's interpretation and the evidence (Polit and Beck, 2007). Confirmation was obtained by doing an audit of the data and by obtaining the participants' responses to the findings for cross checking and verification.

3.11 Conclusion

This chapter presented the research methodology or strategy that was employed in this study. The chosen research design was presented and described, followed by the research paradigm, setting description, study population, sampling description and sampling procedure, data collection process and analysis stages. Ethical considerations and academic rigour, in terms of the trustworthiness of the research, were established and discussed.

PRESENTATION OF THE FINDINGS

4.1 Introduction

This chapter discusses the analysis of data and a presentation of findings. The content analysis that was used to analyze the responses was based on the questions that were used for the interview guides following a model for analyzing phenomenological data which is found in Sherwood and Silver (1999). Audio recorded interviews were transcribed, transcripts were read and re-read and then compared to the notes taken at the time of interviews. The views of students as mentees and registered nurses (RNs) as clinical mentors were compared and contrasted and further scrutinized in the context of the interviews.

The objectives of this study were to: (a) describe the term clinical mentoring as perceived by the students and RNs, (b) explore the mentoring process in the clinical settings as experienced by the students and RNs and (c) describe the benefits and challenges of mentoring in the clinical settings as perceived and experienced by the students and clinical mentors. The themes that were identified were: (a) students' descriptions and understanding of clinical mentoring, (b) clinical mentors' descriptions and understanding of clinical mentoring, (c) students' views and experiences of the process of clinical mentoring, (d) clinical mentors' views and experiences of the process of clinical mentoring, (e) benefits of clinical mentoring and (f) barriers in clinical mentoring.

4.2 Sample Realisation

The population for this study was 48 registered nurses working in medical and surgical wards at a selected nursing college campus in Durban, and 47 first and second year students who were doing the Diploma in Nursing (General, Psychiatry, Community) and Midwifery at the selected nursing education institution (NEI). The sample size consisted of eight (8) registered nurses (RNs) and eight (8) student nurses working in the selected wards at the selected hospital. A group of four first year students and a group of four second year students were selected. The majority of clinical mentors who participated in this study had a Diploma in General Nursing Science. Table 4.1 depict the total number of participants and reflects the years of experience of the clinical mentors or RNs.

Participants	Number	Years of Experience
Registered Nurse (Clinical Mentors)	6	20 Years
Registered Nurse (Clinical Mentors)	2	5 Years
Student Nurses (1 st year)	4	Nil
Student Nurses (2 nd year)	4	Nil
Total	16	

Table 4.1: Total Number of Participants

4.3 Students' Description and Understanding of Clinical Mentoring

This study requested the participants to describe the term 'clinical mentoring' with reference to what a clinical mentor was and the qualities of a clinical mentor. It emerged from the findings that students understood the term 'clinical mentor' as a

person who supported and guided them in performing clinical procedures.

Participants emphasized that clinical mentors should be non-judgmental and have qualities of respect and understanding, as stated in the following excerpts:

For me a clinical mentor is someone that I could always go up and ask a question... and feel like they can give me an answer without judging me.

A clinical mentor is that somebody who do not try to make me feel stupid but relate to me in a respectful manner... she understands where I'm coming from professionally and even personally because it's so easy to relate to.

... Someone that would talk to me on a personal basis... not make me feel intimidated... not indicating to me that she is smarter or something... demonstrates willingness to assist and support me.

Students perceived clinical mentoring as an opportunity of guidance which needs availability of enough time and space for the clinical mentor to assist and support the students when doing procedures in the wards. The views of the participants on describing the assistance and support they received from clinical mentors were as follows:

When I come to the sister in the duty room, she gives me enough time to present my case and she listens to me very attentively... I think that for me demonstrates that this person is by all means here for me.

I booked for clinical assessment with a ward sister, whom I was working in the same cubicle as I... unfortunately I got delayed with ward routine and when she

came, she found me unprepared and not ready. I explained the reason for not being ready, and she gave me time to prepare and do the procedure... that's an understanding I expected... an accommodative and patient mentor.

For me a clinical mentor is someone who gives me the opportunity to undertake a wide variety of skills, observing and participating, observing a variety of procedures, tests, interactions and then being supported in having a go-ahead...

The findings of this study also indicated that, according to students, a good clinical mentor is someone who is always available to guide and support them as they partake in a variety of skills, observations and different nursing procedures in the ward. Participants reported:

I have observed that clinical mentor, irrespective of how busy the ward can be, she manages to give us the students all the help and direction in the actual doing of the nursing care.

Mentoring for me is saying to me I am with you at all times, tell me what you want and I will show you, follow me and I will give you time to do it.

The students who participated in this study also revealed that clinical mentors were advocates, role models, facilitators of learning and clinical supporters. The following were the abstracts of the participants' descriptions of clinical mentors:

The main aspect that shone for me was the fact that my clinical mentor stood up for me in cases where other people tried to misuse me and defended me by opening more opportunities for my clinical exposure.

I was allocated to do last offices and it was my first time but my clinical mentor showed me the procedure step by step which gave me courage and confidence.

It also emerged in this study that the students identified a number of qualities that they looked for in a clinical mentor. They explained that a clinical mentor should be someone who was supportive, helpful, knowledgeable, experienced, enthusiastic and committed to them as students.

She is giving me a lot of support... guidance... always there to show me things and encourage me... she also made me realize what I actually do know and do not know.

On the day of clinical assessment, she gave all the equipments that I needed for the procedure and she told me to shout for help if I in need of anything.

Time management emerged as an important aspect in clinical mentoring. Students perceived a good mentor as someone who had good time management skills, as stated in the following excerpts:

What I have noticed is that my mentor is very strict when it comes to proper maintenance of aseptic technique when doing sterile procedure but she also consider that you must be fast when doing the procedure otherwise the patient will get tired in middle of the procedure.

She also emphasized the importance of going for breaks in time as she doesn't like people who take an extended tea or lunch breaks.

The importance of the clinical mentor's role in the quality of students' clinical learning was identified by most of student participants. Students reported that they were welcomed and that an interest shown in them which made them feel special and as if their learning needs were already on the table. The following are the extracts of some of the views of the participants on the quality of the learning offered by clinical mentors:

When you are in that ward the registered nurses make you feel that you are part of the team, protected and supported to suggest or give your opinion towards efficient patient care.

In this ward sister in charge allocated us in pairs with the registered nurses so that we get supported and assisted when linking theory to practice.

Most of the students suggested that clinical mentors had a key role in creating a conducive learning environment to maximize their clinical learning. Clinical mentoring was perceived by students as all about ensuring that the environment was favourable for clinical learning to take place, even if it meant organizing experts and multidisciplinary team members to come and teach them. Some of the participants explained:

I had to go to the clinical mentor to ask about the uronometer in preparation for doing urinalysis as I was going to do practical assessment of which she helped me with.

The sister in my ward told me that she had organized a person from blood bank who was going to come and teach us about blood transfusion.

4.4 Clinical Mentors' Description and Understanding of Clinical Mentoring

The findings of this research suggested that clinical mentors understood mentoring as a way of teaching and learning to facilitate students' integration of theory to practice through observations and supervision in the clinical settings. The following abstracts explain:

I teach and demonstrate some clinical procedures to students and give them an opportunity to demonstrate back under my supervision... during the procedure I ask question for students to apply the theory they covered in class in the practical exposure in the ward.

I involve the students in group discussion of the conditions that are nursed in the ward and assist them when they are nursing patients... This helps them to bring back the theoretical grounding covered in the classroom to actual practice... this makes sense after all.

I am always watching students' actions so that I can then guide them as the need arises.

Clinical mentors perceived that a mentor is someone who is able to provide a conducive learning environment for the students to learn in a clinical setting. Along with a positive environment is the provision of learning-related advice to help students improve their practical skills. The participants explained as follows:

In our ward students are shown common procedures that are usually done and the equipments that are used... this provides them clarity of the expectations in the wards.

I have to create an appropriate learning environment for appropriate learning experiences.

The majority of clinical mentors had similar views about what was necessary to mentor the students effectively, thus ensuring quality teaching. They believed that a specific person should be allocated to the role of clinical mentor and be properly introduced and known to the students and that this person should have a lighter workload in the ward to enable her to be more effective in mentoring the students. Some explanations of the participants were that:

I let my students be aware of my role in the ward so that they are aware of our relationship from the beginning... it helps to set the tone and set expectations from the beginning.

As a mentors to many students, I tell inform students when they come in this ward of my role in their placement, this is my own initiative and I think that I should not be part of working force, but be solely responsible for teaching and guiding students when they are practicing in the clinical setting... and students be introduced to the particular mentor allocated to them prior the clinical placement.

It emerged from the study findings that clinical mentors play an important role in promoting positive learning environments for students to link theory to practice.

The key roles of clinical mentors were identified as teaching, assessment, supervision and evaluation of the students in the clinical area, as stated in the following excerpt:

I ensure that when students are in the ward I demonstrate the procedures and give them an opportunity to demonstrate back and I advised them to always practice under my guidance or supervision of any registered nurse so that they get corrected.

Findings indicated that for clinical mentoring to be successful, clinical mentors need to maintain the good qualities of being a role model for students, being approachable and having good communication skills. A mentor was seen as a person who was able to praise and criticize constructively, and who did not panic when it came to decision making. The following are the excerpts from the participants:

A good mentor is a person who is always willing to be there for the student, and remain calm when it comes to decision making with student's issues.

Open lines of communication and accessibility are important traits in a mentoring relationship... a student must be able to rely on this person for honest contribution in their growth and development. Wrong and rights should be stated as such.

I become a mothering figure to my students... when the student is having a problem... whether personal or academic issues.

4.5 Students' Views of the Mentoring Process

Students felt that their clinical mentors were helpful in guiding and supporting them with the challenges faced when doing clinical procedures although some of the participating students revealed that the depth of the mentoring process depended on the type of the ward they were allocated to. Some of the views of the participants on the depth of mentoring process were:

It was our great day as students in this ward when the sister in charge called us to observe the insertion of nasogastric tube for feeding, and gave us a chance of feeding the patient under her guidance.

In this ward, the registered nurse who is our mentor is teaching us the common ward procedures that are done and is giving us an opportunity to demonstrate the learnt procedures back ... I find this a good way of helping us to learn.

It was revealed from the findings that some students felt for the mentoring process to be effective, the mentees need to actively participate in their own learning process and always take the opportunity of doing clinical procedures so that they gain clinical competencies. Some of the participants stated that:

The process of mentoring for me means being given the opportunities of learning... the clinical mentor then guides me through and through to ensure that I achieve the skill at the end.

I was working in one of the medical wards when there was an update on wound care; the registered nurse encouraged us to attend. While my colleagues were

still thinking who can go I offered myself because I felt that I will gain a lot of information... for me that's what mentoring is about, grabbing opportunities of learning that are put on the table.

Most of the students indicated that they needed to be given opportunities to demonstrate procedures under the supervision of the registered nurse (RN) who is the mentor in order to be corrected. Some of the participants reported that:

The mentor demonstrated to us on how to check blood glucose level, after that she selects one of us to demonstrate back the procedure under her mentorship.

One day the sister that I am working within the cubicle told me that I'm the one who was going to give the report to the domain manager who was coming for the ward rounds; the sister emphasized that she was going to be there with me to supervision me, give me the support and correct me as needed... that gave me the courage and motivation for doing it.

I was doing ward rounds and doctor ordered oxygen per nasal prongs for the patient. I went to the sister to ask for the equipment instead of going to check it from the stock room... the sister willingly assisted me and helped me do the procedure correctly, warned me of the does and don'ts of the procedure.

A number of students viewed feedback as an integral part of clinical mentoring process, as it gave them the opportunity to be corrected and to learn from their mistakes. Some of the excerpts were as follows:

The feedback I get from my mentor helps me develop and gain more insight to the clinical activities in the wards.

I am able to discuss with my clinical mentor the challenges and what I have achieved in terms of the skills and competencies... she will accommodate me and give me tips of handling different situations, she tells me where I went right and where I went wrong.

I enjoy working in this ward because the clinical staff ensures that they correct and give you feedback for each and everything you do, good or bad... it is important to get feedback immediately after demonstration of the procedure while a person still remembers the gap in my performance.

Findings revealed that students viewed mentoring as a process of being supported and assisted by the clinical mentor in doing the difficult and challenging duties in the clinical setting. Some participants reflected that:

The first day I give the injection to a patient was like a night mare and my hand were shaking due to the fear, but with a support of the registered nurse who was mentoring me, I managed to do it.

Initially, I was so scared to give the patient's report in front of many people but with the help of my mentor I'm now so confident.

4.6 Clinical Mentors' Views on the Mentoring Process

Findings indicated that some of the clinical mentors indicated that mentoring process is a form of vehicle where the students are assisted to move from a state of being dependent to being independent. Some of the participants explained that:

Through mentoring, a student is groomed from a novice nurse to a fully grown-up grounded nurse who is able to face the challenges of the practice on her/his own and becoming an independent nurse practitioner.

Grooming a student to become a critical mature person can be a time consuming but at the end you feel that you really done your part.

Clinical mentors explained that one of the first steps of the process of clinical mentoring was the orientation of the students to the ward environment and the activities in the ward. Such orientation was viewed as equipping students with the tools they needed to familiarize themselves with unit they were allocated to. Some of the participants stated that:

Orientation of students in the unit is the actual kick-start of the mentoring process...

I encourage them to ask some questions during the course of orientation if they have something they don't understand so that it is easy for me to explain it while they are still new.

The findings suggest that clinical mentors regarded the process of mentoring as significant in providing students with clinical skills and experience. Teaching and

support to students was done in the form of demonstrating procedures, nursing interventions and patient care in the clinical setting. The following are the abstracts from the participants:

As a clinical mentor, I feel that the clinical learning of students when in clinical area is solely depended on me through my supervision and assessment of their clinical performance.

When it happens that there are some areas that needs to be clarified when students are presenting I do so...

Mentoring enables the students to link theory to practice through assessment and evaluation of their performances while undertaking a placement.

Clinical mentors viewed mentoring as a two-way process of information sharing, learning and development. Mentoring was perceived as a clinical teaching strategy that instilled good professional values. The following extracts are some of the views of the participants on the nature of the process of mentoring:

This is a relationship where we help each other... I help my students and they must be willing to help when I need them to... I must rely on them as they rely on me for guidance.

I learn from the students allocated in my ward just like they learn from me...this is not a one-way ticket where I do everything for them, if you help them, they help you back.

Clinical teaching is an investment... you show them how, they get equipped to help you with ward activities in the future, by that, you have grown up responsible practitioners in the profession.

Clinical mentors viewed mentoring as a relationship of trust, support and guidance. Mentors indicated that they were the providers of all the positive learning tools to students. The following abstracts explain:

The mentoring relationship is a stage for us professionals to instill the correct ingredients to the novice student who are still looking up to us, if we do it right from the beginning, they grow to trust us and imitate us.

Through mentoring, the foundations of a good nurse are planted in the student, close monitoring and leadership helps the student develops good grounding...

Clinical mentors indicated that clinical mentoring involved giving feedback to students on their clinical performance. Student assessment and feedback were perceived as critical elements of the clinical mentoring process. It was also considered essential for clinical mentors to provide students with opportunities for learning and assessment. The clinical mentors reported that:

The process of mentoring is about opening possibilities of learning as much as possible... to confirm learning; assessment comes in as well as feedback to improve on next performance.

I feel that assessment of student's performance when in clinical setting is important because it is where the student is being observed when applying theory to practice and groomed for betterment.

Clinical mentors reported that the process of mentoring included the monitoring of students' progress and assessment to see if they were achieving the clinical learning outcomes. It was also indicated that the clinical mentor had the responsibility of documenting the students' progress in achieving the clinical learning outcomes, as stated in the following excerpts:

The student's progress is done verbally with the student as well as through monthly report that is sent to college... this forms part of the mentoring process.

I am expected to observe students as they do their clinical demonstrations and mark them using provided checklists... that is applied teaching and active learning.

As clinical mentors, we are helping students in meeting the objectives which is a big portion of their clinical learning and development.

Participants revealed that the process of clinical mentoring incorporated the giving of feedback and the creation of the opportunities to discuss progress. These were seen as contributing to a good quality learning experience which promoted confidence in the students, challenged their thinking in clinical practice and offered constructive criticism. The views of the participants on the mentoring process in regards to feedback were that:

After each and every assessment of the student's performance I start by giving the student an opportunity to evaluate herself before I give the feedback, so that she can see where she went wrong.

During the giving of feedback I ensure that the criticism is given constructively so that the student's moral is boosted and confidence is gained in the demonstration of that particular procedure.

It emerged from the findings that most of the clinical mentors emphasized that the mentoring process involved teaching and supporting the students in clinical practice which was done in consideration of the students' needs, level of training and clinical learning outcomes. Some of the participants reported that:

When the students come in the ward I ask them about their learning objectives to ensure that they know their expectations in that ward... this will also inform me as to what I should cover in teaching them.

I told the students to master all the procedures that are relevant to their level before they think about knowing others... This helps them get detailed on procedures at their level as expected by the college.

It is also emerged that some of the clinical mentors viewed mentoring as a form of working together with the college staff to ensure that students become competent and are able to work with confidence when rendering nursing care in the clinical settings. Some of the participants mentioned that:

We have monthly nursing managers meetings with the college staff where the issues and problems pertaining to students learning in the wards are discussed...

When there is a student that is found to have either social or academic problem while in the clinical placement, as clinical staff, it is my role to call the college staff and discuss the student situation with them so as to get the background information and be able to assist the student as much as we can.

Clinical mentors understood their role as being assessors, role models, facilitators and supporters of students in the clinical settings. Some of these roles were explained in the following abstracts:

I must always do things correctly and be able to justify my actions to them because they are looking up to me... I am their role model and must therefore be a good one.

I spend more time with students than their educators... I offer clinical support to students by teaching them, demonstrating to them and allowing them opportunities to ask questions and reflecting on their experiences.

It is important that I facilitate student learning in a more comfortable and supportive learning milieu.

4.7 Students' Views on the Benefits of Clinical Mentoring

Students pointed out some of the beneficial aspects of the mentoring process. The importance of the clinical mentor's role in the quality of students' clinical learning was identified by most of student participants. They reported that they had received a warm welcome and much interest had been shown in them which made

them feel special and as if their needs were already on the table. Some of the participants stated that:

When you are in that ward the sisters make you feel that you are part of the team, protected and supported to suggest or give your opinion towards efficient patient care, that for me indicated that I am in good hands .

It was a theatre day and it was very busy in the ward and we didn't go for tea break but the unit manager acknowledged that by thanking and praising us for working very hard and showing a sense of duty.

The findings of this study revealed that the students felt that the clinical mentors had helped them feel connected to the placement area. They reported that the warm welcome and reception by mentors added value to their clinical expectations and learning. Welcoming the students to the clinical environment was a way of making them feel an important part of the team. The views of the participants on the manner in which they were welcomed were that:

Being welcomed to practice environment, made to join the team and valued as a team member and treated as a valid learner by a mentor is helpful and contributes to my positive learning process as well.

What I realized when I came to this ward was that I was regarded as part of the team as I was taken through a structured orientation programme... something that is not done to other wards.

Other benefits indicated by the students was that their relationship with their clinical mentors equipped them with varied clinical skills and they were given opportunities to learn from highly experienced clinical mentors who handled different clinical situations differently. Some of the participants stated that:

The advantage of having someone who mentors you is that you get to learn and see from someone else's perspective... and get to see how someone else does it.

I can learn so much from her in a more relaxed and comfortable realistic setting in the ward... my clinical mentor is a clinical specialist with high clinical expertise.

4.8 Clinical Mentors' Views on the Benefits of Clinical Mentoring

The findings suggested that clinical mentors were aware of the importance of their role in providing students with clinical skills and learning experiences to help them in linking the theory they had learnt in college to practice. They identified that one of the main benefits of the mentoring process was that it helped students grasp the main clinical skills that no amount of theory can give them, and that the students will gain valuable experience by learning these skills in an authentic clinical setting. The following are the excerpts from the participants' views:

In the clinical settings its where we expose students to the foundations of nursing... what was covered in class comes to reality in the wards and we as mentors are there to make sure this is applied relevantly, fluently and effectively.

If there is an interesting case in the ward I ensure that all the students are called to observe and learn from it... the kind of clinical skills learnt in the actual setting are realistic and they last forever in students mind, can be recalled easily and applied easily.

Another benefit identified by some of the clinical mentors was that they felt that providing clinical support to the students helped them to keep up to date with their own knowledge and clinical skills so that when they shared their knowledge with students they were sure that it was evidence-based. Some of the participants explained that:

As a sister you need to have more information about the common procedures that are done in your ward... clinical reasoning skills are as much important... students ask and want rationale for your actions and non-actions.

The students of today are very curious and critical, as a mentor, I need to be ahead of them and be as informative as they would expect me to be... be able to provide evidence-based clinical practice.

I always encourage my subordinate clinical staff to attend the workshops or updates that is conducted in the hospital in order to improve their skills and knowledge and share the information with others.

Some clinical mentors also commented that that they found it fulfilling to watch the students developing, increasing their clinical skills base and becoming knowledgeable in the provision of nursing care, knowing that it will equip them

for their chosen profession and contribute to the future of nursing in South Africa.

Some of the explanations from the participants:

To observe a responsible and focused student progressing in acquiring skills and knowledge and in putting theory into practice in clinical settings satisfies my professional contribution ... makes me to say, really I have done my part.

I was very much impressed to find one student I mentored doing wound dressings and observing all the principles of wound care and handling of wound drainage bottle correctly.

Some mentors found it helpful to have students acting as extra hands in the wards.

For them to be effective, however, it is important that students are mentored properly so they are able to become independent and, therefore, participate efficiently in practice. The following are the abstracts explaining:

I was working with a second year student in my cubicle which was very busy. While I was away doctor came to see two patients who was critical ill, the student managed to take doctor's rounds and carries orders appropriately.

Yes students are there to learn, but if the mentoring is effective, they in turn will be able to help us on the busy days particularly on the theatre days... for me this is very important.

I understand that students are not the part of the working force and we have no alternative but to use them to help us with the routine... therefore effective mentoring helps them to grow independent.

4.9 Students' Views of the Challenges of the Clinical Mentoring

While students identified the benefits of mentoring, they also recognized, however, that the clinical mentor and the mentoring process face certain challenges which have an impact on the quality of their clinical placements and hence, their acquisition of clinical skills and knowledge. Findings indicated that students felt that because of the other role commitments of clinical mentors, the amount of time that they spent with them was not sufficient to teach them properly or support them when doing procedures in the wards. Some of the participants reflected as follows:

I was presenting after team briefing when the sister who was facilitating the session was called for an urgent meeting at the zonal manager's office... this had a negative influence in my session because the sister was therefore not there to give me feedback on my presentation... such instances were frustrating.

In one ward where I was allocated, the sister who was my mentor, was allocated for night duty at the middle of the month to cover the shortage, I was left hanging with no mentor... Looking and choosing for another one is a process on its own...

The students also reported that mentoring was sometimes impossible in the wards because of the shortage of the staff and the increased tasks of their mentors. Students felt that staff shortages sometimes led to them being used as an extra pair of hands, which prevented them from being exposed to the wider range of

experiences necessary to meet their learning outcomes. The following excerpts indicate the effects of staff shortages:

The majority of clinical staff was willing to help us but they were unable because of the shortage the staff... if they are short-staffed, then the workload also increases and they therefore can't find time to teach us.

I had a difficult experience in most of the wards as there was nobody to mentor us because of the shortage of staff.

We are sometimes used as extra staff members to fill in shortages in the ward, this practice limit our learning experiences... when the time comes for you to leave the ward, you find that you did not meet the expected outcomes because many the times you were allocated as a working staff and not student, and no mentor was assigned to you or the time for mentoring is simple unavailable.

Students felt that there should be a clinical mentor who is responsible for their clinical learning on a continuous basis when they are placed in a clinical setting. Although they believed that quality time with a mentor during clinical placement was essential, they explained that high staff shortages posed a huge challenge in the institution selected for the study. Most of students indicated that under such circumstances, the students, themselves, had to be very dedicated to the clinical learning process in order to become competent. Some participants explained that:

As a student I don't have to be pushed behind about my work but I need to be part of it in order to learn.

As it was the time of clinical evaluation I ask from the sister a permission to come and practice the wound dressing during the weekend.

It also emerged that students were often used as escorts or porters during their time in the hospital and indicated that doing such errands prevented them from learning from their mentors or practicing clinical procedures in the wards, as stated in the following excerpts:

Most of time we are doing the work that is not the part of our profession... we are out there collecting specimens and patients' medications in pharmacy and joining long queues there... this doesn't add value to my learning.

We want to be assisted and guided on performing the procedures not to do housekeeping errands in the unit, if that's done, it's at our expense... at the end of the day I don't benefit.

In addition, some students indicated that the lack of working resources sometimes prevented them from doing certain procedures and, because of this, they missed learning opportunities. The shortage of working equipment is captured in the following reflections:

Sometimes you find that the ward do not have equipment and you have to borrow from the next-door ward... wait for the piece of equipment if you find them using it, by the time you come with it, your clinical mentor is doing something else and not available to mentor you.

I was preparing for doing simple dressing and needed dressing pack but I had to wait for few hours while the set was autoclaved in CSSD... time was wasted and many a time, we have to improvise and end up doing the wrong things which confuses us.

I wanted to check blood pressure using baumanometer but I found that the ward did not have the machine but have dynamap instead, you see at the college we are taught of using the basic traditional machines, in the wards they are using high-tech equipment which do not have the basics... we examined using college equipment.

4.10 Clinical Mentors' Views of the Challenges of Clinical Mentoring

The results indicated that most of the clinical mentors felt that they were not prepared for the teaching, assessment, supervision and evaluation of the students because they had not received proper training or guidelines for the task. It became apparent that there were no formal induction or training programmes for the mentors, which sometimes left them feeling unsure of their roles. Some of the participants reflected that:

I help students in day-to-day activities in the ward and giving them direction in terms of expectations and decision in their learning... transition ... as they adapt to a new situation or environment but there is no formal programme to support me playing this role.

There is no formal supervision that I provide but I am always there to support, assist, guide and befriend students ... just being there for the student in a

professional manner and I am hoping that I am doing justice as there is no guidance.

There are no guidelines for us as clinical mentors on how to go about with mentoring of the student in the clinical setting.

I'm interested in assisting the students with their clinical practice but the thing is that I don't know whether I'm doing it right or not as I was not prepared on mentoring.

While the need to keep abreast of new developments and practices in the profession in order to guide and support the students was seen as a benefit by some mentors, it emerged that others found it very challenging. Some of the participants explained:

Sometimes it is nice to work in a training hospital because you probably are compelled to read and explore more information at all the time in order to remain informative to be good source of information for the students... as a resource to students, I am needed to give updated information, for me that's a huge challenge.

I need to be dynamic and keep up with what's new in the profession... this is a great and daunting task...

Some of the clinical mentors reported that mentoring is difficult because of the shortage of staff in the wards. Staff shortages were identified as one of the major challenges which put pressure on the mentors, not giving them enough time to

mentor students. The clinical mentors also revealed that, in many instances, there are too many students and not enough RNs, as indicated in the following excerpts:

The wards are always full and the staff ration to patients is terrible, we are always way too short-numbered, so we don't get time to teach and support the students the way we feel we need to, poor students I feel sorry for them... we just throw them in the deep end.

Really we feel that we don't do enough for mentoring of the students in the clinical setting, but there is nothing we can do without enough staff.

We are supporting too many students at a time and sometimes I feel under pressure... especially when there are staff shortages in our already under resourced clinical areas.

Sometimes when you are busy, having a student can be difficult... you can't just get on with it, but have to explain everything and each step you take to them, especially the junior ones.

Many of the participants also explained that having to mentor students added to their workload. It emerged that working with students increased the workload of the mentors, leaving them pressured for enough time to perform their professional nursing roles. In addition, the clinical mentors indicated that they found it challenging to provide proper support, assessment and supervision to an increasing numbers of students. Some of the mentors' reflections were as follows:

Last month we had many students at different levels of the four year programme... the challenge for us was not student numbers but the ration of students against registered nurses to mentor them was a problem...

We finished student's assessment late last week because we had an additional number of students... some of us as clinical mentors are committed with other activities as well...

The amount of time required to be an effective mentor seemed to be one of the biggest challenges mentioned by the participants. It emerged that having enough time was always a problem, which was influenced by a number of factors including workload, staff shortages and the staff-student ratio in the clinical area. The following were the abstracts from the participants:

Time constraints are a big issue, on a busy day you do not always get a chance to explain or give the student the learning opportunity they need.

We do not have staff, we have huge workloads and mentoring becomes an issue, it waste time because if you are mentoring then you have to take students step by step, slowly, answering their questions and repeating one and the same thing, it just doesn't work... the workload that we have in the ward.

Clinical mentors added that completing the students' assessment documents, which are lengthy, tedious and usually repetitive, was another challenge as it was time consuming and added to their workload. Some of the participants' indicated that:

Sometimes I have to take the paper work home and work at my own spare time, mid you we don't get paid for this role.

Mentoring involves the completion of the students records as evidence that student did in fact gained the expected skills... the students files are very tiring and exhausting to fill. One have to sit for long hours doing the record stuff for me it's such a waste of my time, I could be doing other ward activities in that time.

4.11 Conclusion

The success of a mentoring process depends on various factors, such as the type of model used, the availability of resources, the preparedness of the clinical mentor to carry out mentorship and committed students. The students need to be proactive and avail themselves in order to learn when they are in the clinical setting.

The summary of findings as presented in this chapter are that: the students in this study understood mentoring as a form of support and guidance that was given to them by clinical mentors; clinical mentors had a similar understanding that clinical mentoring is a strategy to guide and scaffold students in order to assist them to integrate theory to practice; students viewed the mentoring process as a mechanism where the students were able to become actively involved in their own learning when in clinical settings; the clinical mentors perceived the mentoring process as a good teaching and facilitation tool provided to the students when they were in a clinical setting; the clinical mentors further indicated that the mentoring process was a way of developing and nurturing students to become personally and

professionally mature. They also noted that the mentoring process can be a good strategy in grooming the students to become independent; it was also revealed that clinical mentoring significantly added to the workload of the mentors, especially in cases when there were staff shortages and when other clinical commitments were expected of them; the perceived qualities of a good mentor were approachability, accessibility and availability to students; the benefits of mentoring in clinical settings included the grooming and nurturing of students, the bridging of the theory-practice gap, the stimulation of students' interest in the nursing profession as a whole and the enhancement of mentors' clinical skills. The challenges to the mentoring process included time constraints, shortages of human and material resources in the clinical facilities and lack of systems in place for the preparation of clinical mentors for this role.

DISCUSSION, RECOMMENDATION AND CONCLUSION

5.1 Introduction

This chapter presents an interpretation and discussion of the findings of the study in relation to the reviewed literature. It also makes recommendations and provides a conclusion to the study. The study aimed to explore clinical mentoring of students in the clinical setting as perceived and experienced by the students and clinical mentors. The objectives of the study were to: (a) describe the term clinical mentoring as perceived by the students and clinical mentors and (b) explore the mentoring process in the clinical settings as experienced by the students and clinical mentors and (c) describe the benefits and challenges of mentoring in the clinical settings as perceived and experienced by the students and clinical mentors.

The summary of findings as presented in the previous chapter were that: the students in this study understood mentoring as a form of support and guidance that was given to them by clinical mentors; clinical mentors had a similar understanding that clinical mentoring is a strategy to guide and scaffold students in order to assist them to integrate theory to practice; students viewed the mentoring process as a mechanism where the students were able to become actively involved in their own learning when in clinical settings; the clinical mentors perceived the mentoring process as a good teaching and facilitation tool provided to the students when they were in a clinical setting; the clinical mentors further indicated that the mentoring process was a way of developing and

nurturing students to become personally and professionally mature. They also noted that the mentoring process can be a good strategy in grooming the students to become independent; it was also revealed that clinical mentoring significantly added to the workload of the mentors, especially in cases when there were staff shortages and when other clinical commitments were expected of them; the perceived qualities of a good mentor were approachability, accessibility and availability to students; the benefits of mentoring in clinical settings included the grooming and nurturing of students, the bridging of the theory-practice gap, the stimulation of students' interest in the nursing profession as a whole and the enhancement of mentors' clinical skills and the challenges to the mentoring process included time constraints, shortages of human and material resources in the clinical facilities and lack of systems in place for the preparation of clinical mentors for this role.

5.2 Discussion of the Findings

5.2.1 Students' description and understanding of clinical mentoring

The results of this study indicated that the phenomenon of clinical mentoring was understood according to individual experiences of students. The majority of the students perceived mentoring as a support and guidance of the students when in clinical settings. These findings are in line with Moll, (2007), and Webb, (2008) who asserted that students need to be supported and guided when they are in clinical settings. The students also felt that for mentoring to be successful in clinical settings, they needed to be involved and participate in demonstrations of the procedures. In line with these findings, Sean and Chow (2005) and Gilmour

(2006) pointed out successful mentoring depends on the students' commitment to participate in the rendering of the nursing care in the wards, to ask questions when they are not sure and to be available for any activities that are done in the ward. Furthermore, Gibbs, Brigden and Hellenberg (2007) are in agreement with Sean and Chow (2005) that mentoring depends heavily upon self-directed and student-centred learning. Pitney and Ehlers (2004) report that the students who actively participate in the learning process through clinical mentoring learn more than those who are not. These researchers further emphasised that students must take an initiative when working in the clinical settings so that supportive relationships of mentoring are developed.

From the study findings of this research, it also emerged that most of students saw clinical mentoring as an opportunity for them to learn new things and to practice nursing procedures within a safe clinical environment under the guidance of a mentor. The students reported that working in a clinical setting gave them opportunities not only to practice what they had been taught in college, but also to see unusual, complicated clinical conditions and investigative tests or procedures that they had learnt about happening in real life situations. Along these lines, William; Pitney and Ehlers (2004) explain clinical mentoring as opportunities that the students experience through clinical teaching and the demonstration of clinical procedures.

Various other studies (Brett, 2006; Baird, 2002; Middleton & Duffy, 2009) emphasised that students need to be allowed to spend a specific period of time in

an actual practice setting under the guidance of a practicing professional who is a clinical mentor, so that they get time to practice.

Most of the students understood mentoring as a time of integrating theory learnt from college with practice in the clinical settings. This is in line with the study of Rosser (2004), who emphasised that students need to practice the procedures that were demonstrated in the college under the guidance of a clinical mentor.

According to Carlisle, Calman and Ibbotson (2009), mentors are in a better position to assist students apply theory to practice because mentors have a better understanding of patients' conditions and are more familiar with current clinical practices and would thus be able to assist students in performing the clinical tasks with greater ease and with better skills. In this study, the students reported that through clinical practice and observing their mentors providing care and management to patients, they were able to integrate theory with practice with greater confidence and clarity.

5.2.2 Mentors' understanding and description of clinical mentoring

It is emerged from this study that the clinical mentors understood mentoring to be a process of mothering, helping, supporting and guiding the students in their development, and acquisition of skills and knowledge when in a clinical setting. Guest (2001) explains that mentoring involves the achievement of personal and professional development in which a more experienced, usually more senior, person offers support and guidance to a less experienced novice. Hudson (2002) furthermore emphasised that mentoring is a supportive learning relationship that

exists between a caring individual who shares knowledge, experience and wisdom with another individual who is ready and willing to benefit from this session.

Clinical mentors perceived mentoring of students as a student support strategy put in place for assisting students to master clinical work through well structured learning experiences. This is supported by several researchers (Ralph, Wimmer & Walker, 2008; Tennent, 2004, Rose & Best, 2005), who suggest that when students are in a clinical setting they need to be supported by mentors until such time that they are well grounded.

5.2.3 Students' views on the process of clinical mentoring

Students in this study reported that they had been made to feel welcome when they arrived at the clinical setting and had been orientated to their new surroundings. Sibson,(2003) and Brown et al.,(2005) suggested that it is important for the students to be orientated and welcomed to the clinical settings in order that they become familiar to the physical layout of the unit and the routine of the ward, so that rather than being dependent, they are in a position to work independently. Marcum and West (2007) are of the view that orientation helps to relieve anxiety and ease the students' transition from the university classroom to the clinical setting. Furthermore Owens and Tollefson (2001) suggested that effective orientation programmes must be done in order to familiarize the students to the routine and clinical procedures. Clinical mentors are the best people to do the orientation to clinical settings.

It also emerged that the students felt that for the mentoring process to be successful, students need to actively participate in clinical learning and be self directed. Ranse and Grealish (2009) agree with this finding and stated that when students partake in clinical work and are mentored, they accept responsibility for work and valued this responsibility. This finding is also in line with Pitney and Ehler (2004), who state that the mentoring process requires an active involvement from the students as they engage in a personal relationship with an experienced individual in order to learn about the profession and promote professional socialisation. Mc Call and Hughes (2010) and Pelgrim (2002) described clinical involvement as important key factor for future practice as it provides hands on experiences and enhances communication and technical skills. Mc Call and Hughes (2010) furthermore emphasised clinical mentoring for an effective gain in these skills.

The students who participated in this study viewed the feedback they receive from clinical experiences as part of the mentoring process because it helped to identify their shortcomings and understand where they went wrong. Mc Kimm (2009) concur with the findings suggesting that a discussion of the student's performance after a procedure at different stages of training helps to increase the potential for learning as well as the professional development of the student, and also encourages the awareness of strengths and weaknesses by clarifying the areas for improvement and actions to be taken to improve performance. Burke and Foley (2006) state that feedback is a vital part of education and training which, if carried out well, helps to develop learners and motivate them to acquire clinical skills and knowledge in the clinical settings.

The findings revealed that clinical mentors play an important role in promoting a positive learning environment for students to link theory to practice. This is in line with the study by Myal et al. (2008) which suggests that the role of clinical mentor is important in helping students to feel connected to the clinical placement. According to Carlisle et al. (2009), the clinical mentors play a crucial part in engendering positive learning experiences.

5.2.4 Clinical mentor's views of the process of clinical mentoring

The findings of this study revealed that the clinical mentors believed that the clinical and college staff should work in collaboration to make the mentoring process more effective. In support of this, Curtis (2007) maintains that by working together, clinical and college staff can teach and prepare the students for proper placement and to work with confidence. According to Gibbs, Brigden & Ellenberger (2005), the mentoring process incorporates a relationship that occurs between the clinical mentor and the educator that is characterised by trust and respect to ensure that learning and experimentation can occur and that potential skills can be developed in terms of competencies, attainment and confidence. In agreement with Curtis (2007), Griffin, Barker and Foley (2006) pointed out that the development of clinical competence and successful transfer of theory to clinical learning can be achieved by collaboration between educators and clinical mentors.

The majority of the clinical mentors emphasised that teaching and clinical support of the students in the clinical setting should be done according to the students' needs, level of training and learning objectives. It was indicated that the mentors

followed the clinical learning objectives in teaching and guiding students allocated in the clinical settings. In line with these findings, Hayes (2008) reported that levels of training and learning objectives are important when planning clinical learning and teaching so that theory and practice can complement each other. Morrison (2003) asserted that teaching objectives act as evidence that teaching standards and curriculum have been maintained and covered.

The clinical mentors who participated in this study identified that organisational factors also play an important role in the mentoring of students to ensure that the environment is favourable for teaching and learning to take place in terms of clinical resources and requirements needed for clinical practice. This finding is in line with studies by other researchers (Cherian, 2007; Cherian, Noel & Salik, 2004) which indicated that in order to provide a quality mentoring process, training institutions must ensure that there are sufficient working resources and equipment available for the students. In addition, Owen and Patton (2003) highlighted the need for healthcare organisations to strive for the establishment of an environment that is acceptable for nurses and quality care so that proper mentoring takes place. Kalda and Lember (2006) note, however, that the availability of equipment alone cannot guarantee the provision of quality care, but it may provide an important first step towards promoting it.

It emerged from the findings of this study that some of the key roles of clinical mentors include teaching, assessment, supervision and evaluation of the student's clinical performance in the clinical settings. Watson (2000) and the National Midwifery Council (2006) agree with the findings and state that all students on

approved programmes must be assessed, supervised and supported by appropriately prepared clinical mentors. In addition, Duffy (2004) agrees with Myal et al. (2008) Watson (2000) and NMC (2002) in that assessment, supervision and evaluation of students' performance are critical elements of the mentoring process and that the mentor, therefore, must ensure that these do occur as required.

5.2.5 Qualities of a good clinical mentor

Most students agreed that a good clinical mentor must be approachable and always be available when students are in need of support. Pitney and Ehler (2004) agree and indicated that accessibility, approachability and availability, when the need arises, are the key factors to the effective clinical mentoring of students. In addition, many research studies (Phillips et al., 1999; Spouse, 2001; RCN, 2005) emphasised the need for mentors to be organised, friendly and approachable.

According to the findings, the students felt that a clinical mentor needs to offer support and guidance to the students so that they are able to make sense of their practice. These findings are in line with the views of Gray and Smith (2000) who highlighted that a clinical mentor is someone who renders support and guidance to the students in the clinical settings. Enns and Sawatzky (2009) suggest the similar view that a clinical mentor is responsible for the provision of a caring environment where students will be able to practice their skills. The students further reported that having a sense of humour is also one of the qualities of a good clinical mentor. .

The students also felt that a good clinical mentor needs to be a good role model for the students. This finding is underpinned in the results of the study by Gray and Smith (2000) which emphasised that clinical mentors need to lead by example to instil the sense of being professional, organised and self confident.

It also emerged that most of the students felt that a good clinical mentor needs to have good communication skills, be knowledgeable with current clinical practices and not afraid to correct the students. This is supported by Myell et al (2008) who are of the view that mentors must always be up-to-date with current information and must also be experts in their own field of practice. Sherman (2005) indicates that clinical mentors must be trained for this role so as to be able to display the ‘necessary and expected’ qualities. These qualities, according to Sherman, are good communication skills, ability to teach, openness, critical patience and a good attitude to others (2005).

5.2.6 Benefits of clinical mentoring

The clinical mentors reported that mentoring was essential for grooming and nurturing students to become critical and mature professionals. Some studies suggested that mentoring is important and effective in supporting the personal and professional development of trainees in the clinical area (Carter & Francis, 2001; Marable & Raimondi, 2007). Furthermore, Chapman and Orb (2000) are of the view that novice practitioners need to be mentored in order to develop professionally, acquire ethical standards, and learn about general nursing routines and responsibilities.

The findings of this study suggest that clinical mentors were aware of the importance of their role in supporting students to acquire good clinical skills and clinical experience. Clinical mentoring was also perceived as a strategy that enabled students to link theory to practice while in clinical placement. In line with this, Sibson (2003) and Brown et al. (2005) are of the view that clinical mentors play an important role in supporting and assisting the students to apply theory into practice. This, according to Brown et al. (2005), is beneficial to the students because it links what was covered in the classroom to the realistic settings and, thereby, makes full sense to the learner.

Most of clinical mentors felt that mentoring helps boost the students' confidence and self esteem, and reduce feeling of isolation as they communicate with the clinical mentor and other students during the exploration of information. Many research studies (Bullough, 2005; Johnson et al., 2005; Marable & Raimondi, 2007) point out that the provision of emotional and psychological support by clinical mentors assist in boosting the students' confidence and enables them to try some difficult experiences when in clinical practice.

From the students' perspective, it was evident that mentoring was viewed as an integral part in the provision of an environment that is favourable for clinical learning to take place. Myal et al. (2008) indicated that a clinical mentor was responsible for increasing the students' learning chances.

The research findings further revealed that the majority of clinical mentors revealed that providing clinical support to the students encouraged them to keep up to date with their own clinical skills and knowledge to ensure that their

practices were evidence-based so that they would be able to share them with the students. Cahill (2006) and Wilson-Barnett et al. (2005) highlighted that clinical mentors' skills and knowledge increase during the mentoring process. Sherman (2005), moreover, suggested that clinical mentors learn new skills and strengthen existing ones, and develop higher levels of self-esteem, self control, pride, confidence and inspiration. Myal et al. (2008) maintain that mentoring helps clinical mentors to develop and increase their skills and knowledge related to assessing, observing, supervising and evaluating the students' performance. Jackson and Mc Allister (2001) agree with Myal et al. in that it is important for the clinical mentor to support the students when doing procedures in the wards in order to ensure that they are in a position to assess the performance.

The clinical mentors also indicated that they found themselves learning from the students during mentoring relationships. They explained that while they may have the most up-to-date clinical techniques, sometimes the students proved them with insight and updated theoretical knowledge. The combination of the two led to a two-way relationship of understanding and learning for both student and mentor. According to Hagger and Mc Intyre (2006), when a clinical mentor is involved in mentoring a pre-qualifying nurse, both may have a positive impact on the professional and personal growth and development of each other. Furthermore, Moor et al. (2005) stated that mentoring helps the clinical mentor to develop the ability to teach and the mentee to learn mentoring through the role modelling of the clinical mentor.

Mentors also reported that it was a fulfilling experience for them to see the mentees growing and becoming competent under their supervision. Levy, Katz and Wolf (2004) and Hopson (2007); Moore et al. (2005) noted that many clinical mentors derive satisfaction and pride from undertaking the clinical mentor's role, especially through seeing their mentees succeed and progress and noticing evidence of their own impact and teaching on their development.

The students revealed that clinical mentors play an important role in promoting a positive learning environment for students to link theory to practice. This is in line with the study by Myal et al. (2008) which suggests that the role of clinical mentor is important in helping the students to feel connected to their clinical placement.

Some clinical mentors reported that the role of the mentor is of value in helping the students to develop an interest in their work when in clinical setting. Pearcey and Elliot (2004) support this by suggesting that the strong connection between the student and mentor can motivate the student's interest to work with focus when in the clinical setting.

5.2.7 Challenges to clinical mentoring

While students and clinical mentors identified the benefits of mentoring, they also recognised some challenges that could have an impact on the process of mentoring students in clinical settings. Findings indicated that students felt that the amount of time that the clinical mentors had available to spend with them was limited due to the staff shortages and other clinical commitment that it affected their teaching and support. These findings are in line with the views of Harrison et al. (2009)

who stated that time constraints and competing commitments hinder the mentoring of the students in clinical settings. Fulbrook (2003) and Jennings (2000) are in agreement that clinical mentors have no time to spend on teaching the students due to the pressure of their clinical work. Similarly, Gray and Smith (2000) pointed out that mentors experience conflict between patients care demands and fulfilling their mentoring roles. Pulsford et al. (2002) state that clinical mentors need more time for mentoring activities, thus less of their time should be dedicated to patient care. Shea (1999) and Zachan (2000) argue, however, that there is never enough time for mentoring and that the commitment of both clinical mentor and mentee is of vital importance in achieving maximum results in the available time. According to Carlisle et al. (2009), mentors can have a number of additional pressures related to their own clinical responsibilities and it is vital that they receive the support they need in order to fulfil their mentor role.

The mentors also indicated that they were not adequately prepared for the process of mentoring which hampered their efforts. The research study done by Orland-Barak (2007) indicated that the mentors sometimes feel inadequately prepared for the mentoring role and are daunted by the prospect of giving lessons and also by the possibility that mentees might present new ideas, as stated by Bullough (2008) as well. In addition, Andrew and Chitton (2000) and Aston et al. (2000) point out that most clinical mentors are not prepared for the mentoring role and lack confidence in their ability to support the students.

From the findings of this study it became apparent that the clinical mentors felt that they were not formally prepared and not aware of their job description or

what was required of them with respect to roles and responsibilities, all of which had a negative impact on the quality of their mentoring. Studies by Wright (2003) and Collins et al. (2006) reflected that preparation of mentors for their roles is critical for effective learning to take place. Many researchers (Williams, Prestage & Crasborn, 2008; Valancic, Zujan & Vogrine, 2007; Orland-Barak, 2007; Bullough, 2008) are in agreement that preparation of clinical mentors needs to go beyond the training. According to these researchers, mentoring is traditionally perceived as being insightful and should, therefore, include planned strategies to assist the individuals to grow personally and professionally. In their studies, Andrews and Wallis (2001) also discovered that the length and level of preparation of mentors for the mentoring role was inconsistent while the NMC (2006) states that organisations where students are training should ensure that clinical mentors are well prepared and supported for their mentoring role. As previously mentioned, Mlambo (2006) revealed that nurses in the clinical setting are not adequately prepared for their roles as mentors because academic institutions communicate with those in managerial positions in the clinical setting and that information does not filter down to those involved in day to day dealings with the students.

The clinical mentors in this study reported that students were not properly mentored because of the heavy workload assigned to them in their professional capacity. This is consistent with the studies of Lee and Feng (2007) and Simpson et al. (2004) which stated that clinical mentors experience increased and sometimes unmanageable workloads when the role of mentoring is added to their normal daily routine. Furthermore, apart from the difficulties mentors might

experience in accommodating the students' needs as well as their normal duties, unmanageable workloads can have an impact on their work-life balance and cause stress. Students also noted that their mentors sometimes remained on the same shifts for long periods of time without the assistance of someone to supervise the students. Gray and Smith (2002) pointed out that the shift assignment for the clinical mentor was one of the key factors in effective mentoring. Several authors (Andrew & Wallis, 1999; Watson, 1999) pointed out that when the contact between mentor and student is minimal, the mentoring process is seen as less effective and this makes it difficult and minimises the opportunities for the mentor to exercise his role realistically.

It also emerged in this study that students had not been informed about the mentoring process prior to their placement in the clinical settings and were unsure of the role of mentor, their role or what was expected of them. In support of these findings, some previous studies (Aston & Molassion, 2003; Eby & Lockwood, 2005; Hopkins, 2005; Sword et al., 2002) found similar results concluding that students were not usually prepared for being mentored before the clinical placement. In addition, Seun and Chow (2001) noted that it important for the person who is to be mentored to be introduced to the clinical mentor before they are placed in the clinical settings, in order to have realistic expectations from the mentoring process.

The majority of clinical mentors felt that the number of students being assigned to the clinical setting for their practical training was increasing and that there were not enough trained nurses in place to mentor them, which had a negative impact

on the quality of the mentoring process. Myal et al. (2008) agree with the finding saying that mentors who support too many students sometimes experienced pressure to accept more students, especially when they are short staffed.

5.3 Recommendations

This study suggests some recommendations for the improvement of clinical mentoring in basic nursing education specifically, as this relates to student mentoring in clinical settings.

The findings revealed that because of various challenges, students were not properly mentored when they were in the clinical settings. Although the clinical mentors do their best they can under the circumstances, they have not been properly trained in the process of mentoring.

This study suggests that a formalised mentorship programme is put in place where clinical mentors will be properly trained for the role and formally appointed to the roles.

The NEIs together with the clinical facilities should ensure that a system of mentorship preparation is put in place which will help clinical mentors to be aware of their role and know what is expected of them. They need to be encouraged to view mentoring as an important aspect of their profession as they teach students and thus maintain a quality improvement strategy in the clinical settings.

Students need to be better informed about the mentoring process before they are placed in clinical settings so that they are aware of what is expected of them. Both the academic and clinical staff needs to inform the students about what to expect, so that they know their roles and the role of their clinical mentor before being placed. This can be achieved by the NEIs and the clinical facilities working in collaboration. The compatibility of the mentor and the protégé should be taken into account as an important aspect for the strengthening of the mentoring relationship.

It is also important that the students should not be made to run errands when they are in clinical settings, because this tendency compromises their opportunities to learn. The number of students allocated to each unit or ward should be controlled to ensure quality clinical teaching, taking into account the availability of resources, learning opportunities and clinical supervision.

Further research should be done where those involved in the management of the clinical organisation are included as participants. This emanates from the results of this study where clinical mentors reported that they were not supported by management in terms of a reduced work-load when mentoring students in the clinical settings. The academic or college staff should also participate in a study in order to understand how mentoring is done in the clinical settings, what criteria the clinical mentors use to measure student performance and how to assess which students have been properly mentored and which have been poorly mentored. Therefore, the researcher recommended that further research should be conducted so that more information is gathered.

5.4 Limitations of the study

Since the population and sample of this study was only limited to one NEI, the experiences of students and clinical mentors were focused only one Nursing Campus in the district of eThekweni region in Durban and, therefore, the results of the study cannot be generalised to the entire situation in the country.

5.5 Conclusion

Mentoring is a dynamic and complex relationship that can support growth, increase synergy and develop ways for students to succeed as mature practitioners. This study revealed that mentorship in nursing remains an integral part of students clinical learning experiences and has a significant influence on the quality of the students' learning experiences when in clinical placements. The results reported that both clinical mentors and students viewed mentoring as a support and guidance strategy for students when in clinical settings, which needs to be formalised and well organised for effective results.

Clinical mentors suggest clinical mentoring should be a process where clinical and college staff work together in linking theory to practice towards ensuring that the students acquire the best possible clinical skills, knowledge and professional development which will give them the confidence to provide quality care in a clinical setting. Students, on other hand, perceived mentoring as a process of being well orientated to the clinical milieu and being given opportunities to participate in the clinical activities in order to acquire they skills they need, while at the same time being self-directed and independent learners.

The main benefits of the mentoring process are that under the tutorship of their mentors, students acquire good clinical skills and knowledge in the clinical settings, thus linking theory to practice, while at the same time gaining enhanced personal and professional growth and development. The biggest barriers to the effectiveness of the mentoring process were mainly related to the organisational factors which limited the availability of the mentor.

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ANNEXURE 1a: STUDENT INTERVIEW GUIDE

Research Title: Exploring clinical mentoring of students in the clinical setting as perceived and experienced by the student nurse and clinical mentors in a selected nursing campus in Durban.

SECTION A

1. Please indicate to me the clinical areas that you have been allocated in the past six months?
2. Probing: Medical, Surgical, Paediatrics, Orthopaedics, Gynae, OPD Clinics or any other area?
3. Is there a person that serves as a clinical mentor to the students in these wards or units?
4. If the answer to the question above is yes please categorised the person that you have identified as a mentor.

Probing: Professional Nurse, Staff nurse, Enrolled Nursing Auxiliary, another student nurse or any other category.

5. In your experience what is the role of this person in relation to your role as a student?

SECTION B

1. Please understand what you understand by the concept 'Clinical Mentor'.
2. What are your learning experiences under the guidance of a clinical mentor?
3. What do you regard as good qualities of a clinical mentor?
4. Describe the learning process that is followed when you are being taught in the clinical settings.

5. What are your views regarding this process?
6. What do you regard as benefits or/and challenges in the process of mentoring of students in the clinical settings?

ANNEXURE 1b: MENTOR INTERVIEW GUIDE

Research Title: Exploring clinical mentoring of students in the clinical setting as perceived and experienced by the student nurse and clinical mentors in a selected nursing campus in Durban.

1. Please tell me, for how long have you been working in this ward?
2. What do you understand by the term or concept ‘clinical mentoring’?
3. How are you involved in the clinical learning of the students?
4. How do you facilitate their learning of the students?

Probing:

- your role
 - students’ role
 - any teaching method(s) that you use
 - the process that you follow, including how you give feedback to the students regarding their performance.
5. How is it like to work in a ward or unit that is also used as a learning space by the students?
 6. What are the challenges and/or benefits encountered in the process of mentoring students in the clinical settings?

ANNEXURE 2: INFORMATION SHEET

Date : 23 August 2010
Name of Research Student : Getrude Thulisiwe Mhlaba
Address of Student : 6 Westdine Terrace, Reservoir Hills, 4091

Student Number : 206500252
Contact Number : 0730586563

Name of Supervisor : Dr SZ Mthembu
Contact Number : 031-2602497
Name of Department : School of Nursing
Name of Institution : University of KwaZulu-Natal (Howard College Campus)

Dear Participant

I am completing a research project as part of the requirements for Masters Degree (Nursing Education)

Title of the Research: Exploring the clinical mentoring of students in clinical settings as perceived and experienced by student nurses and clinical mentors at a selected nursing college campus in Durban

Purpose of the Research: The purpose of the study was to explore and describe the phenomenon clinical mentoring as perceived and experienced by the student nurses and clinical mentors in the clinical setting at a selected hospital in Durban.

Description of the Procedure: Your participation is requested as you are representative of the population under study. As part of the research process, you will be required to allow the researcher to interview you. It will take you about 30 to 40 minutes to answer all the questions.

Ethical Aspects: Please note that your identity and information will be treated with the utmost confidentiality.

Please feel free to ask any questions you may have so that you are clear about what is expected of you. Please note that:

- you are free to *not* participate
- you are free to withdraw at any stage without repercussions
- your name will not be used nor will you be identified with any comment made when the data is published
- there will be no risks attached to your participation

Advantage to you as a respondent:

The findings of the study will be made available on completion.

Thank you,
Researcher: _____

ANNEXURE 3: DECLARATION

Researcher: Getrude Thulisiwe Mhlaba

Student Number: 206500252

Cell Number: 0730586563

E-mail: 206500252@ukzn.ac.za

Title: Exploring the clinical mentoring of students in clinical settings as perceived and experienced by student nurses and clinical mentors at a selected nursing college campus in Durban

DECLARATION

I

.....

..... (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

Signature of Participant: _____

ANNEXURE 4: ETHICAL CLEARANCE



**UNIVERSITY OF
KWAZULU-NATAL**

*University of KwaZulu-Natal
Research Office
Govan Mbeki Centre
Westville Campus
University Road
Chiltern Hills
Westville
3629*

*South Africa
Tel No: +27 31 260 3587
Fax No: +27 31 260 2384*

E-mail: naidoos4@ukzn.ac.za

28 October 2009

Mrs T G Mhlaba
6 Westdene Terrace
Reservoir Hills
DURBAN
4091

Dear Mrs Mhlaba

PROTOCOL: Exploring Clinical Mentoring of Student in the Clinical Setting as Perceived and Experienced by Student Nurses and Clinical Mentors in the Selected Nursing Campus in Durban

ETHICAL APPROVAL NUMBER: HSS/0769/2009: Faculty of Health Sciences

In response to your application dated 02 October 2009, Student Number: **206500252** the Humanities & Social Sciences Ethics Committee has considered the abovementioned application and the protocol has been given **FULL APPROVAL**.

PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

**Professor Steve Collings (Chair)
HUMANITIES & SOCIAL SCIENCES ETHICS COMMITTEE**

SC/sn

cc: Prof. NG Mtshali
cc: Mr S Reddy

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

ANNEXURE 5a: LETTER REQUESTING PERMISSION

15 April 2010

The Executive Office
The Research Ethical Committee
Department of Health
Private Bag x9051
Pietermaritzburg
3200
Dear Madam/Sir

Re-Request to Conduct a Research Study

I hereby request a permission to conduct a research study at Prince Mshiyeni Nursing Campus. I am a student a student studying Masters Degree in Nursing Education at the University of KwaZulu-Natal School of Nursing at Howard College Campus.

The title of my study is: *“Exploring clinical mentoring of students in the clinical setting as perceived and experienced by students nurses and clinical mentors in a selected Nursing Campus in Durban”*. The target population is first and second year student nurses from a four year comprehensive basic nursing programme, and registered nurse from the wards where the students are allocated. The aim of the study is to explore and describe the phenomenon mentoring in the clinical setting as perceived and experienced by the student nurses and clinical mentors.

I would like to commence data collection process by February 2010. This will be done at your institution during the working hours. The interview will hold confidentiality, anonymity, informed consent and freedom of choice.

Hoping that my request will meet your favourable consideration.

Yours faithfully

Mrs T. G. Mhlaba
Student number: 206500252
Contact number: 0730586563

ANNEXURE 5b: LETTER REQUESTING PERMISSION

15 April 2010
The Executive Officer
The Research Ethical Committee
Prince Mshiyeni Memorial Hospital
Private Bag x 07
Mobeni
4060

Dear Sir

Re: Request to Conduct a Research Study

I hereby request a permission to conduct a research study at Prince Mshiyeni Nursing Campus. I am a student a student studying Masters Degree in Nursing Education at the University of KwaZulu-Natal School of Nursing at Howard College Campus. The title of my study is: *“Exploring clinical mentoring of students in the clinical setting as perceived and experienced by students nurses and clinical mentors in a selected Nursing Campus in Durban”*.

The target population is first and second year student nurses from a four year comprehensive basic nursing programme, and registered nurse from the wards where the students are allocated.

The aim of the study is to explore and describe the phenomenon mentoring in the clinical setting as perceived and experienced by the student nurses and clinical mentors. I would like to commence data collection process by February 2010.

This will be done at your institution during the working hours. The interview will hold confidentiality, anonymity, informed consent and freedom of choice.

I would like to commence data collection process by February 2010. This will be done at your institution during the working hours. The interview will hold confidentiality, anonymity, informed consent and freedom of choice.

Hoping that my request will meet your favourable consideration.

Yours faithfully

Mrs T. G. Mhlaba
Student number: 206500252
Contact number: 0730586563

ANNEXURE 5c: LETTER REQUESTING PERMISSION

15 April 2010
The Executive Officer
KwaZulu Natal College of Nursing
Private Bag x 9089
Pietermaritzburg
3200

Dear Madam/Sir

Re: Request to Conduct a Research Study

I hereby request a permission to conduct a research study at Prince Mshiyeni Nursing Campus. I am a student a student studying Masters Degree in Nursing Education at the University of KwaZulu-Natal School of Nursing at Howard College Campus.

The title of my study is: *“Exploring clinical mentoring of students in the clinical setting as perceived and experienced by students nurses and clinical mentors in a selected Nursing Campus in Durban”*.

The target population is first and second year student nurses from a four year comprehensive basic nursing programme, and registered nurse from the wards where the students are allocated.

The aim of the study is to explore and describe the phenomenon mentoring in the clinical setting as perceived and experienced by the student nurses and clinical mentors.

I would like to commence data collection process by February 2010. This will be done at your institution during the working hours. The interview will hold confidentiality, anonymity, informed consent and freedom of choice.

I would like to commence data collection process by February 2010. This will be done at your institution during the working hours. The interview will hold confidentiality, anonymity, informed consent and freedom of choice. Hoping that my request will meet your favourable consideration.

Yours faithfully

Mrs T. G. Mhlaba
Student number: 206500252
Contact number: 0730586563

ANNEXURE 6: Permission to Conduct the Study (Prince Mshiyeni Memorial Hospital)



PRINCE MSHIYENI MEMORIAL HOSPITAL
Private Bag X07, MOBENI 4060
Mangosuthu Highway
OFFICE OF THE MEDICAL MANAGER
DR ISMAIL JAJBHAY
Tel: 031-9078304/17, Fax: 0866060372
E mail: ismail.jajbhay@kznhealth.gov.za
www.kznhealth.gov.za

Reference: EC 1.2010
Enquiries: Dr. IMS Jajbhay
Telephone: 031 907 8304
Date: 2010.03.08

TO: G T MHLABA

RE: LETTER OF SUPPORT TO CONDUCT RESEARCH AT PMMH

I have pleasure in informing you that PMMH has considered your application to conduct research on **CLINICAL MENTORING OF STUDENTS** in our Institution. We hereby support your research subject to DOH KZN guidelines.

Please note the following:


1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The institution will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the institution.

Should the following requirements be fulfilled, a Permission/ Approval letter will follow.

- Full research protocol, including questionnaires and consent forms if applicable.
- Ethical approval from a recognized Ethics Committee in South Africa.

Thanking you.

Sincerely



MR. NBL GWALA
HOSPITAL MANAGER

uMnyango Wezempilo . Department of Health
Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE 7: Permission to Conduct the Study (Department of Health)



Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM060/10
Enquiries : Mrs G Khumalo
Telephone : 033 – 3953189

06 May 2010

Dear Ms G T Mhlaba

Subject: Approval of a Research Proposal


1. The research proposal titled 'Exploring clinical mentoring of students in the clinical setting as perceived and experienced by student nurses and clinical mentors in a selected nursing campus in Durban' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby approved for research to be undertaken at Prince Mshiyeni Nursing Campus.

2. You are requested to take note of the following:
 - a. Make the necessary arrangement with the identified facility before commencing with your research project.
 - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200 and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mrs G Khumalo on 033-3953189.

Yours Sincerely


Dr S.S.S. Buthelezi

Date: 12.5.10

Chairperson, Health Research Committee
KwaZulu-Natal Department of Health

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE 8: Permission to Conduct the Study (KwaZulu-Natal College of Nursing)

033+3947238



KWAZULU-NATAL COLLEGE OF NURSING
P/Bag X9089, Pietermaritzburg, 3200
Tel.: (033) 264 7800, Fax: (033) 394 7238
e-mail: lulama.mthembu@kznhealth.gov.za
www.kznhealth.gov.za

Enquiries: Mrs. S. Maharaj
Telephone: 033 – 264 7806
Date: 08 April 2010

Principal Investigator:
Ms. TG Mhlaba (206500252)
School of Nursing
University of KwaZulu-Natal

Dear Sir/Madam

RE: PERMISSION TO CONDUCT RESEARCH AT PRINCE MSHIYENI MEMORIAL CAMPUS

Title: Exploring clinical mentoring of students in the clinical setting as perceived and experiences by student nurses and clinical mentors in a selected Nursing Campus in Durban

I have pleasure in informing you that permission has been granted to you by the Principal of the KwaZulu-Natal College of Nursing to conduct research on the "Title of the research study".

Please note the following:

- 1) Please ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
- 2) This Research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
- 3) Please ensure this office is informed before you commence your research.
- 4) The KwaZulu-Natal College (Prince Mshiyeni Memorial Campus) will not provide any resources for this research.
- 5) You will be expected to provide feedback on your findings to the Principal of the KwaZulu-Natal College of Nursing.

Thanking You.
Sincerely


For: Dr. L.L. Nkonzo-Mtembu
Principal: KwaZulu-Natal College of Nursing

uMnyango Wezempilo. Departement van Gesondheid
Fighting Diseases, Fighting Poverty, Giving Hope.

Received Time 13. Apr. 11:03