

## STUDENT NURSE PERCEPTION ON MENTORSHIP IN THE CLINICAL PLACEMENTS: A CASE STUDY IN A KENYAN HOSPITAL

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### ABSTRACT

**Background:** Mentorship is an important component in the training of nurses because it enhances clinical nursing education. It creates opportunities where students integrate theory with practice thus, developing them as future professional nurses. However, various factors that are common especially in developing world, Kenya included are understaffing, heavy workload as well as inadequate training for mentors tend to affect its implementation. In Kenya, there is inadequate data on mentorship. This study was aimed at assessing the student nurse perception on mentorship in the clinical placements in Kenyan hospitals. **Methods:** An exploratory qualitative design was

used to explore the student nurse's perceptions on mentorship in their clinical placements. Purposive sampling was used and participants with desired characteristics were selected. In this study one sample forming three discussion groups of nursing students was used. Out of a population of 200 students, 38 were selected. Out of these, 18 were selected for the study based on their academic performance. Three groups were formed from the sample each comprising of six students. Data was collected through Focus Group Discussion. **Results:** The data generated observed that that mentorship is critical in facilitating learning in clinical setting and that the five roles of a mentor namely assisting, guiding, advising, befriending and counseling are necessary in mentoring. The roles of assisting, guiding and advising were reported by students as very crucial in enhancing the acquisition of clinical skills. **Conclusion:** The five roles of the mentor were all found to be necessary in making it effective. Positive relationships between students and mentors are crucial in executing the roles. The assisting, guiding and advising roles have a direct role to facilitating learning.

Befriending and counseling roles have an indirect role to learning but are more effective in promoting positive learning relationships.

**KEYWORDS:** Mentorship, Mentors, Focus Group Discussions, Clinical learning, Nurses.

## INTRODUCTION

Mentorship is affected by a variety of factors among them, learning culture of the placement, workload and the level of patient's needs (Webb and Shakespeare 2008; Bray and Nettleton 2006; Ebby et al 2004; Pearcey and Elliott 2004; Andrews and Roberts 2003). In these circumstances, it is necessary to address the roles and responsibilities of mentors so that clinical learning facilitation for student nurses is carried out in a supportive environment. In addition, it promotes learning throughout the placement period regardless of the circumstances at hand (Houghton et. al., 2013; Huybrecht at. al., 2011).

Mentors are significant and have an impact in students learning when their roles are recognized and supported without which their mandate is compromised and cannot effectively facilitate learning (Prescott 2009; Mills et. al., 2008). Consequently, they are in a position to provide students with guidance and leadership which they need in order to develop psychomotor skills, competence and orientation to the world of nursing (Zilembo and Monterosso 2008; Kopp et. al., 2006). There is therefore need for the training of mentors and their roles defined so that the nurses who interact with students on day to day basis in the clinical area have an idea what they are expected to do and equally get recognized and supported (Mills et. al., 2008). It has been argued that putting students in a placement does not guarantee that leaning will take place unless they are under the supervision of mentors executing deliberate roles which can facilitate learning (Prescott, 2009).

According to Watson (200), mentors are expected to teach students and colleagues how to teach patients, assess students and staff. The most appropriate number of students for a mentor to supervise in an ideal set up is in a ratio of 1:8 because the number is manageable (Dickson and Bourgeois, 2006). However, in many Kenyan public hospitals a mentor is expected to handle a bigger number of students and sometimes in more than one placement. In these circumstances one may be unable to account for their learning needs. This may be attributed to understaffing, heavy workload or lack of recognition by management of the importance of mentor's role in clinical learning. Accordingly; the mentors are required to supervise the students learning experience from a supernumerary position (Dickson et. al.,

2006) during that time.

It is common practice that mentors in many Kenyan hospitals is involved in mentoring without clear guidelines on how to facilitate clinical learning. As it is indicated in some studies not done in Kenya but relevant, there is lack of clarity regarding the role of a clinical mentor (Myall et. al., 2008; Webb and Shakespeare, 2008). The mentors are expected to provide positive learning encounters where access to learning and support is guaranteed (Bulut et. al., 2010; Nettleton and Bray 2008). When access to learning is diminished, then student's confidence to seek for positive learning is affected (Bulut et. al., 2010).

In other studies, mentors understand their roles in the placement in different ways just like the students have their own different expectations from mentors, which sometimes can cause conflict when they are unrealistic (Brammer 2006; Midgley 2006). This calls for cooperation between mentors and tutors so that students' expectations in the clinical placements are harmonized. This study has been undertaken to explore what constitutes mentorship from the perspective of students. When student's perceptions are finally accommodated and implemented, it is likely to create satisfaction in the clinical learning (Prescott 2009). There are no studies done in Kenya which have explored adequately and contextualized mentorship from the student's perspectives thus, the reason for carrying out the study.

## RESULTS

### Demographic Information

The participant's demographic information presented below mainly provides the information regarding all the study participants. In spite of the fact that this data did not impact much on the results; it does provide the information needed for the purpose of identifying the participants. It is therefore possible to link participants comments in the various themes presented.

**Table 1: Students Nurses Demographic Information for groups A, B and C Group A: Third Year Students**

Code	Sex	Age(yrs.)	Yr. of Training
1A	M	21	3 <sup>RD</sup>
2A	F	22	3 <sup>RD</sup>
3A	M	23	3 <sup>RD</sup>
4A	F	22	3 <sup>RD</sup>
5A	F	23	3 <sup>RD</sup>
6A	F	23	3 <sup>RD</sup>

**Group B: Third Year Students**

Code	Sex	Age(yrs.)	Yr. of Training
1B	M	23	3 <sup>RD</sup>
2B	M	23	3 <sup>RD</sup>
3B	M	22	3 <sup>RD</sup>
4B	M	23	3 <sup>RD</sup>
5B	F	22	3 <sup>RD</sup>
6B	M	23	3 <sup>RD</sup>

**Group C: Second Year Students**

Code	Sex	Age(yrs.)	Yr. of Training
1C	F	21	2 <sup>ND</sup>
2C	M	20	2 <sup>ND</sup>
3C	F	22	2 <sup>ND</sup>
4C	F	21	2 <sup>ND</sup>
5C	M	22	2 <sup>ND</sup>
6 C	F	21	2 <sup>ND</sup>

**Link between data with the participants**

The participant's responses derived from the focus group discussion (FGDs) were presented under each theme against the code number which represents mainly the participant's names and the groups they belonged to as shown in the demographic data. There were three groups of student nurses participants categorized as A, B and C respectively. The student participants were six in each group and were numbered 1 to 6 respectively. Therefore, a participant's quotation in the text bearing for example, a code number "1A" means that the response was from a participant number 1 and in group A. Accordingly, the research team was able to extract the individual responses captured during the data collection against their codes.

**Assisting role**

Assisting role was identified by participants as an important activity which makes mentorship effective. It was reported to be about all activities which involve organizing learning opportunities as well supervising learning in the clinical placement thus, narrowing the gap between theory and practice. The students reported that majority of the mentors were able to identify their learning needs and strived to facilitate in meeting them. Students noted that clinical learning objectives were very crucial in determining the kind of assistance they needed because they formed the framework of their learning needs. They observed that mentors were happy with those who were conversant with their learning needs. However, it was most convenient for mentors to respond to students requests than to initiate a learning opportunity especially when they were busy. A student commented.

*“We give out our learning objectives. Yes, but you get assistance only when you ask for it. They are normally very busy and rarely do they initiate to assist you unless you request them”. (3a).*

However, in situations where the learning objectives were missing, then students were assisted to develop them while in the clinical area in order to focus their practice. Despite the fact that not all mentors were very keen in meeting students learning needs, most likely attributed by the pressure of work, in many instances students were not only assisted in formulating objectives but also in carrying out procedures. However, students acknowledged that the mentors were always very busy to conduct supervision as expected. Two students commented:

*“They sit with us when formulating and discussing learning objectives in a group. They insist we must have learning objectives. They can ask you to do certain procedures and if you are not able they will assist you to do it. When they are doing certain procedures they will ask you why it is done that way”. (3c).*

*“In some wards they emphasized that one must meet the learning objectives. When the ward is very busy you carryout procedures together then you later discuss whether you have met your objectives”. (6a).*

Despite the fact that mentors had overburdening clinical duties they ensured that students were in most cases allocated activities they were conversant with or at least to work under somebody else. Sometimes when there was heavy workload the priority was to finish the work and therefore there was minimal supervision. Students were required to seek for assistance from the mentors otherwise; they could end up just working to clear the workload. It was reported that duty allocation under supervision was mostly done during the initial days in the placement. Most likely this was done to ensure that students were conversant with what took place in the placement than to facilitate learning. A student commented:

*“Allocation of duties helped me to learn skills from my mentor. Being with you when you are doing a procedure – but, -yeah-it happens sometimes for very few minutes. This happens mostly on the first week of orientation in new placements”. (4c).*

Allocation of duties in the clinical area was taken very seriously by students because it provided them with an opportunity to carry out activities and practice skills they were

expected to learn. It was mostly based on the student's year of training which determined the student's skills competence and the learning needs. It was reported that all the junior students were allocated work under mentors as compared to senior ones because they could not safely carry out activities on their own. Where it was not possible to work under mentors, they were supervised by senior students in order to meet their learning needs. A student commented:

*"How they allocate tasks depend on your level of training. You are given to carry out procedures which you have already learnt about. They can allocate a senior student so that the junior can get assistance from the senior when the qualified staffs are few". (3b).*

Moreover, the mentors and other clinical nurses were expected to work with students and assist them carry out procedures or help in formulating nursing care tools for example nursing care plans. However, not all were keen, especially the older ones who complained that they were not conversant with the new approach of making care plans. A student commented: students who were conversant with their learning needs because they were motivated to seek for learning as compared to the others.

### **Guiding Role**

Guiding role was reported by students as activities which enable them develop their professionalism. They were guided on how they were expected to behave as a nurse as well as on how to relate with other members of staff. Students reported that it enabled them to achieve their professional growth and prepare them as future nurses. This was done through among other activities developing student's future role as a nurse and giving hints and guidance where necessary related to skills practiced. Some mentors were concerned on how the students carried out the procedures and other activities in the placements. It was reported by students that mentors occasionally conducted follow ups to find out what procedures they had done as well as randomly checking what they were doing in order to provide professional guidance. A Student commented:

*"They go through what you have done randomly and check whether you have done the nursing care plans well. Some congratulate you while others do not". (4c).*

The number of students needing guidance was reportedly always large and that posed a major challenge when it came to conducting individual guidance. However, students felt that some mentors were eager to see that students did the right thing while in the clinical placement. A student commented:

*“Some follow up to see if you have done the procedure or any other activity well. Others do not mind whether you have done it well or not”. (5c).*

Students reported that mentors were concerned about the students who wanted to carry out procedures which they thought they had inadequate skills and therefore discouraged them because they could not be assured of their personal safety. However, very often than not, they failed to help them carry out the procedures. This to some extent brought misunderstanding

*“They say they are not used in formulating nursing diagnosis, some refer you to the nurse in charge”. (3a).*

The students agreed with mentors on many activities but it was obvious that some mentors were reported not keen in prioritizing their learning needs. In many instances they preferred between students who wanted to learn procedures early and mentors who thought they should wait a bit longer. One student commented:

*“They provide good learning environment but some are harsh. Some say students are not exposed enough to carry out procedures safely yet they do not assist you. “If I don’t do it now as a student when will I do it?”” (2b).*

In order to make students make better use of the placement period for learning and behave in the expected professional way they were required to settle early in the ward. Orientation in the ward was reported by students to help them to settle down much faster. They gained the necessary confidence to help them interact successfully with clinical staff thus, enabling them to seek for learning opportunities. They were made to know how to conduct themselves while in the placement especially when dealing with patients. Mentors had the responsibility of making them know the procedures to carryout and which to avoid especially the ones which did not add value to the nursing profession. This was necessary in order to help them know that not all procedures in the ward are supposed to be carried out by nurses even when they appear important. Two students commented the following:

*“They orientate you in the placement so that you can behave as expected in the ward. They tell us if you are not sure of what you are doing do not hesitate to ask”. (4b)*

*“Mostly we are guided on what procedures to do and to avoid others which are not purely nursing for example, cannulation and phlebotomy in the ward.”(2b)*

Accordingly, provision of care to patients was done in such a way that they were helped to develop certain degree of independence before they were discharged home. This was to help

them to learn coping skills and to create a moment where their recovery progress can be evaluated while in the ward. A student commented:

*“We were told to help patients become independent and not to do everything for them. They said, “Don’t allow them to depend on you for everything, they will get used””. (2a)*

Students were emphasized to create good rapport with the patients so that they can co-operate as they carry out procedures in the ward.

*“We were told not be harsh to patients regardless of how uncooperative they may be. That, we are reminded almost every day, it has improved the way I handle patients. We are encouraged to provide good environment during provision of patient care””. (3b).*

The students reported that they were sometimes encouraged to provide holistic care to the patients so that all the needs were met during their stay in the placement. Holistic care was reported to happen only when provided through patient’s allocation. However, it was noted by students as a problem in the placements because it was not preferred by staff who were used to task allocation. A student commented:

*“They assign a particular patient to us and expect us to do everything for that patient. When you are through, then they come to find out what you have done. We are expected to talk to the patients after the procedures so that we get to know them better””. (1a)*

*“It was not possible to get patient allocation everyday unless you are very lucky, the following day you find yourself allocated to carry out tasks””. (3c)*

Senior students were mostly allocated to provide holistic care because they needed less supervision as compared to junior students. However, they still got close supervision before they could be trusted. A student commented:

*“They allocate you so that you can know your particular patients. Sometimes they come to see and supervise when you are doing the procedures especially during your first time””. (4b).*

Students were comfortable with how mentors related with them. However, they were disappointed when denied a chance to carrying out activities which mentors thought they had inadequate knowledge and skills. Instead of being shown how to do them they were instead discouraged. It was also noted that not all mentors were comfortable in students providing holistic care as student would have wished because they were usually allocated to carry out tasks as compared to patients.

### Advising Role

Students felt that mentors had a responsibility in advising them when in the placements on issues concerning their practice. The overall goal, just like in guiding role was to promote professionalism. This was best done when evaluating student's performance as well as when giving feedback. The common activities which were reportedly mentioned to some extent in both guiding and advising roles are providing the following, safe practice, feedback, supervision and ethical practice.

Students reported that the interactions they had with mentors in the placement helped them to take their training positively thus, enhancing their skill acquisition. They felt motivated by mentors who reminded them to take their studies seriously in order to become professional nurses and to avoid wasting time. They were further encouraged to discuss patient's conditions using updated information from the internet. This was meant to make them gain confidence and to use current information when providing care to patients. Two students commented:

*"When there is new information needed they tell us to search in the internet and bring the feedback to the ward for discussion". (4b)*

*"It was common to hear them say, "You go and Google about that", sometimes we are reminded to share what we found out the following day". (6c)*

Documentation of the new skills learnt and done in the relevant record books was emphasized as a proof of accomplishment. They were encouraged not to fear asking questions or to do a mistake, because that would limit them to explore and get more knowledge consequently, affecting their practice. A student commented:

*"A mentor told us one time: It is time to practice what you have learnt in the class so that when you do a mistake we correct you in good time". (2c)*

Accordingly, student's and patients safety during practice was taken very seriously while in the clinical area. Infection prevention in the clinical area was an activity which was taken very seriously by the mentors. The students reported being advised to be extra careful when carrying out procedures in order not to get infected or to spread infection. They were reminded for example, to wear groves before attending to any patient and to drop used needles and syringes in a safety box all the time. A student commented:

*“They always emphasized we do the procedures correctly and avoid the consequences of spreading infection, to be cautious while injecting and therefore to carry a safety box for dropping used syringes and needles”. (1c)*

In an effort to make students become safe while they practiced, they were encouraged to report any exposure of needle prick so that they could receive prophylactic treatment for example, HIV/AIDS. The mentors emphasized on universal precautions when involved with all ward activities including attending to emergencies in order to avoid contracting or spreading infections which could curtail their profession in case they fell sick. A student commented:

*“In case there is an emergency and there are patients to be attended to, they remind us to put on gloves, caution us about infection prevention and also orientate us on waste disposal”. (5b)*

In connection with that, the mentors created forums where students could share the learning experiences so that they could reflect and make changes in their performance. The students reported that the mentors sometimes held meetings with them to discuss their clinical practice in order to improve it. The idea was to evaluate their performance and provide appropriate timely feedback on the performance and provide the necessary advice and assistance. Feedback is meant to promote reflection about practice and consequently enhance critical thinking. It was reported that the feedback student received on how to improve their clinical performance did not only enhance their confidence but also promoted their motivation to seek for further learning. After one such feedback session, a student reported:

*“One day a few of us had an opportunity to share experiences with the mentor; she told us we had done our best despite the fact that we had committed several mistakes as we carried out our procedures. We felt encouraged to perfect our skills”. (4a)*

Accordingly, ward rounds were regarded a crucial forum where students and staff equally acquired knowledge because patients' conditions were presented and discussions were held and facilitated by senior health practitioners. This is usually a learning forum where patients' care and management is discussed and therefore frequent participation by students can benefit them significantly. Both students and staff were in many instances encouraged to attend so that they could learn or contribute to the patient's management. However, students reported that workload determined whether they were to join the ward round or not. When there was too much to do in the ward, then it was not possible to be involved. Moreover, to be involved

in the ward round was also influenced by the relationship with the nurse doing the allocation and therefore they felt it was a privilege. All the work in the ward had to be done before any student could be allowed to participate. Students felt that learning opportunity was not well maximized because it was rarely factored as a student learning forum where students must be exposed before leaving the placement. A student commented:

*“If the nurse likes you and the ward is not very busy then you may attend the ward round. They encourage students to attend the ward round, but you must first finish what you are allocated to do”.* (2c)

However, there were a few instances when some nurses were not bothered in what students learnt or did in the ward. In some clinical placements students were in agreement that nurses were always busy doing their own things and quite often than not used their vernacular language to communicate to each other. They felt that the unofficial language was meant to block them out to avoid bothering them. Whenever a student wanted clarification about something it became very difficult for them to cooperate. A student commented: *“They think everybody understands their mother tongue .They will discuss a patient in front of you without caring whether you understand the language or not”.* (2b)

Students were in agreement that ward round was an activity which if well-organized can facilitate clinical learning. However, mentors selectively allowed only few students of their choice to participate and only when all the work had been finished. Despite the fact they knew it was a learning opportunity it was not well utilized mainly because of heavy workload. Providing feedback was reported as a major activity however, some mentors were not very keen.

### **Befriending role**

Warm and friendly personality is an important attribute for mentors because it enables students to relate well as they seek for learning opportunities in clinical placements. The relationship between the mentors and the students influenced the way the students valued clinical practice. Good interpersonal relationship is crucial in motivating students to seek for learning opportunities. Students reported instances where the mentors had positive attitudes towards them and they felt respected, except in a few instances where mentors were unable to control their emotions. Students commented:

*“They will correct you away from the patients, although some may be emotional and shout at you and may make comments like; what are you doing now! You want to prick yourself”.* (3b)

*“Yes, when you are not a threat to them and you are always good to them they may spare you when you do a mistake. So it depends on who you are dealing with. Sometimes we understand their frustrations”.* (1c)

They were sometimes friendly to an extent that even when one did a mistake it was corrected in a respectable manner which made them have confidence and motivation to learn. A student commented:

*“Some appreciate you even when you do a mistake; they make the comment without letting the patient know that you have messed with the procedure. If you do a procedure together, some may offer you a cup of tea. When they think you have done well and you have achieved the objectives of the day, they may allow you to go off in the afternoon and rest”.* (4a)

However, students had to play an active role in learning and portray positive attitudes towards mentors in order to win their confidence consequently, influencing the way they were treated. Those who appeared confident and serious with their work, they were treated well, and very little attention was given to those who appeared not focused. Mentors wanted to relate well with students who were already motivated and ready to seek for learning because they were always busy and had no time for those who were not committed. However, in some instances, the mentors were a bit unfriendly during supervision and made comments which were very demoralizing. Students wished they could be treated with respect and get involved in all the activities which would make them feel like young colleagues. Students had this to say:

*“If someone has confidence in you, they will be bothered with you all through but when they think you are not serious then they do not get bothered with you”.* (1c)

*“It is hard to understand what they want from you. Sometimes you try your best but they will still shout at you. I feel bad”.* (2a)

Students reported that the interaction between them and nurses was generally good and made them feel a sense of belonging. In some instances, the interaction was so close that they were able to discuss both academic and social issues affecting their learning. A student said: *“One day we had a meeting with our mentor. Though she was giving us feedback on our performance, she was able to crack jokes. That day she was in very good mood, she even provided us with tea”.* (1b)

Students appreciated many activities related to befriending but were uncomfortable with conditions mentors brought to enable them relate well. Some mentors were not very friendly especially when they were busy while others selectively preferred working with students who were focused in their studies.

### **Counseling Role**

The counseling role involves those activities which mentors do to deal with the stress which the students may encounter in the ward setting. These activities include sharing personal experiences as well as showing concern for their learning needs. Students reported that mentors were able to identify their problems and made them comfortable by listening to their emotional and psychological problems. Some students reported that they were not able to concentrate in clinical learning when they had unresolved issues and therefore some mentors were able to note and determine those who needed help and consequently, approached them.

A Student commented:

*“My mentor got interested to know what was happening to me because I appeared withdrawn. I was not feeling well.” She called me aside when she realized I was sick. She allowed me to go and see a doctor”. (3c)*

When students were not feeling well or when they were disturbed by their social issues they required someone they could confide their problems to but unfortunately they had difficulties in trusting some mentors. On the other hand the mentors wanted to help students who could trust them and share with them their problems. They had to be fully convinced that the students had a genuine problem before commencing any counseling. A student commented:

*“Yes, they are able to realize when one is stressed. They will tell you that you are not in the mood of working and may allow you to go and rest.” But you will require sharing with her what is stressing you. You must convince her that you are really stressed”. (3a)*

Counseling activities were influenced by the relationship students had with mentors. Students who were close to mentors had no problems sharing their problems with mentors. Mistrust between students and mentors were the main factor which made fulfillment of counseling difficult. Students could only confide to mentors who showed concern because they feared their problems would be made public and get embarrassed. This is an indication that the counseling roles and befriending roles are interrelated. One student narrated his experience:

*“Counseling rarely takes place in some clinical areas unless a student has a serious problem. Some will advise you what to do when it is necessary. Others will gossip after you have told*

*them or worse more they will include it in the patient report (Laughter). Your problem is reported as part of routine ward report". (4b)*

Counseling role was reported not to have been fulfilled adequately because of the mistrust between students and staff except when student had obvious serious problems which needed urgent attention. Students similarly did not find themselves comfortable with some mentors because they feared they may not be understood and confidentiality may not be maintained. One student commented:

*"We fear that the staff will not trust us. They always imagine we students are faking the problems in order to get attention. Some of them understand but others do not. When you tell them our problem, they will not keep it to themselves but may start a negative rumor about you". (4c).*

Many students did not trust the mentors to counsel them even when a mentor was available and only confined to those mentors who were friendly to them. Similarly some mentors could not trust that students had genuine issues needing counseling and therefore had to convince them first.

### **Participant's suggestions**

Student's participants made their suggestion on how clinical learning should be facilitated in future. They felt that for learning to take place there is need to avoid engaging students with non-nursing duties which does not help them meet their learning objectives. There is need for adequate staffing in the clinical area and collaboration between the mentors and tutors so that they can discuss how best to help students get mentored. The students should always be attached to mentors so that they can supervise them as they carry out procedures until when they have perfected the skills. The mentors are expected to find out how much the students have learnt before they finish their placement. One student commented

*They even call a meeting just to find out how much we have learnt and whether we are meeting our objectives". (5b)*

Students were concerned about how they related with the nurses. They felt that their relationship was not very good and it tended to affect their clinical learning. The students wanted to be treated as young colleagues who are appreciated. When there is positive relationship, it influences the communication between the students and staff which

contributes significantly in promoting a positive clinical learning environment. One student commented.

*“Some of them do not communicate properly to students. We feel demoralized especially when you are carrying out procedures. Then you feel this environment is not nice. In Kerugoya Hospital, they respect students. You do many things the way they do just like you are one of them.” (3a)*

## CONCLUSION

All the five predicted mentors' roles were found necessary in facilitating clinical learning. Assisting role was found effective in facilitation of skills acquisition because it involves allocation and supervision of activities in the placements. Guiding role, though not well fulfilled had a direct effect to learning and their professional growth. Students felt that guiding role was important because it enabled them to practice professionally in the placement. Mentors were involved in encouraging students to seek for more learning opportunities and meeting their objectives while in the placement. Advice was given during feedback meetings which enabled students to know their mistakes thus improving on their performance. Advising role was not fully fulfilled also because the mentors were either very busy or lacked time to give feedback.

Befriending role did not have a direct effect to learning but was reported to be instrumental in establishing a positive learning relationship between mentors and students. Mentors however had difficulties fulfilling this role mainly because they lacked adequate time to create rapport with students. Despite the fact that the mentors were able to identify the issues needing counseling, the role was not fully fulfilled. Poor relationship between students and mentors contributed to mistrust which made students not to seek for counseling services even when mentors had volunteered to help. Clinical assessment was mentioned in the discussion but didn't qualify to be a theme because there were no adequate details given.

## DISCUSSION

In the current study, assisting role was identified by students as the most important mentor's role because it had a direct contribution in facilitating clinical learning. The findings are similar to several studies on mentorship where mentors need to work very closely with the students in order to give them the necessary support and facilitate learning through appropriate approaches (Moseley and Davis, 2008; Myall et. al., 2008; Brammer, 2006;

Carnwell et. al., 2007). On allocation of duties the findings observed that it was an important activity under assisting role which was always religiously done. This observation was in agreement with a study that found task allocation as the mostly preferred by mentors because it helped them complete the workload though not the most appropriate for facilitating learning (Prescott 2009; Carnwell et. al., 2007; Brammer 2006).

Clinical learning objectives were regarded by students as a very important tool in clinical practice because their learning needs were based on them. The findings confirms various studies that showed lack of clinical objectives affects facilitation of clinical learning because without them, there is nothing to guide what they need to achieve (Andrews et al 2006, Prescott 2009). However, supervision of students in the clinical area was considered an important mentors activity in facilitating learning under assisting role because it enables students to get focused facilitated learning (Nettleton and Bray 2008; Pellat 2006). In the current study, senior students who have been exposed in performing various skills require less direct observational supervision as compared to junior students. This is because the relationship between the mentors and students changes overtime and therefore need less supervision and may require other support mechanism.

Students who lack supervision do not focus to meet their objectives in good time resulting to wasted placement thus, the need for a mentor as they practice (Anatule et. al., 2013). In some instances students get negative experience and especially when they receive inadequate supervision and develop fear which may compromise their ability to seek for any positive learning in future (Nettleton and Bray 2008). However, in an effort to mitigate this lack of supervision in a majority of occasions, peer mentoring is employed where senior students are paired with junior students for the purpose of supervising them (Anatule et. al., 2013; Dennison 2010; Secomb 2008; Andrews and Roberts, 2003).s

In the current study, students expressed that guiding and advising roles were the next most important roles in mentoring after the assisting role. They articulated that both including giving feedback contribute in facilitating clinical learning and promoting the professional growth of the nurse students. Similar studies have shown that the mentor's behavior of giving feedback was regarded a key activity in advising role while promoting safe and ethical practice was considered an activity under guiding role (Lavender, 2011; Prescott 2009; Moseley and Davis, 2008; Myall et. al., 2008). Despite providing feedback and evaluation of the activities in both roles, it was distinctly identified as a key activity under advising role of

a mentor which was mostly used to enhance student's clinical performance (Huybrechts et al 2011; Elcigil and Sari, 2007).

In addition, the findings agree with other observation that the availability of students and giving feedback on time among others, are considered as crucial elements in mentoring (Mudokwyenyu-Rawdon 2014; Huybrechts et. al., 2011). In the study, students were concerned about how feedback was given. They argued that it was not done in a structured manner where students had adequate moments to respond to what they were being told. Although mentors seemed aware that they had a responsibility of guiding and advising students, they were however unable to fulfill them adequately. According to a study by Kwansah et al (2012), this was partly attributed by the difficult situations of dual roles of mentoring and providing care as the main reason which left them with no time for providing feedback.

Under those circumstances, mentors choose to ignore students until when they got time to discuss with them (Dunham-Taylor et. al., 2008). In situations where they were compelled to give feedback, they resulted in doing it in a hurried manner in disregard of whether the environment was appropriate or not. Giving feedback was influenced also by the relationship between mentors and students (Elcigil and Sari 2007; Huybrechts et. al., 2011; Smith and Gray 2001). In the current study, mentors who are friendly to students have no problems giving timely feedback and in a friendly manner because they go an extra mile and sacrifice their time. Students expressed that they preferred feedback given in an environment which is not humiliating and which builds their confidence

Accordingly, student's valued regular meetings with mentors which to promote reflection on performance thus enhancing learning. Learning from experience by means of reflective process is known to promote deep learning (Ehrenberg and Haggblom, 2007; Murphy 2004). It is in such forums where feedback is given consequently, promoting both critical thinking and positive learning relationships (Ehrenberg and Haggblom, 2007; Chain, 2006). In the current study, mentors lacked not only adequate time to meet with students but also the ability to inspire them to do critical analyses of procedures and routines in the clinical area.

Befriending role was not seen by students as very crucial role in facilitating them accomplish their learning objectives as compared to assisting, guiding and advising roles. They argued that it had no direct effect to learning thus; allowing them to focus more with the roles which

they thought facilitated acquisition of skills and promotion of professional growth. However, the study findings indicate that without it, it would be difficult to implement all the other roles. This observation from the current study agrees with a study that found being friendly enhances interpersonal relationships consequently, contributing to both trust and confidence which is crucial in clinical learning (Papp et. al., 2003; Woo –Sook et. al., 2002).

However; students were concerned about their relationship with the mentors because they were always busy for them and sometimes not very welcoming. On the other hand the mentors blamed students for the poor relationship between them because they argued that they did not appear interested in learning and that they had unrealistic expectations. Mentors had a negative perception that students are lazy and not interested in clinical practice. This attitude affected how students interacted with them because they could not trust them. Students expected to meet in the clinical placement, warmer, very welcoming and friendly mentors but what they found made them disappointed because they were sometimes treated as guests (Beecroft et. al., 2006).

Students were in agreement that mentors need to be supported in order to get the extra energy and motivation to assist them when in the clinical placements. In this case they argued that the management should give them less work so that they have time to share with their experiences and more importantly provide feedback to them. In addition, the findings found that there were some moments when mentors were warm and friendly to them. In those circumstances, mentors could even allow them to discuss their social issues as they worked together. The students felt accepted and treated with respect, a situation which motivated them to seek for more learning opportunities because of their increased confidence. It was however noted that it only happened when there was less work in the placement.

Counseling role was not taken very seriously by mentors and students found it not only poorly fulfilled but also the least important in their training as compared to the other four roles. This observation was similar to studies that found counseling being necessary especially when students encounter job stress which can significantly affect clinical learning and the way they perceive nursing as a career (Chow and Suen 2001). Some of the of the activities students thought a mentor should perform in order to fulfill the counseling role include, encouraging students to share their problems, helping students deal with difficult situations and providing non-threatening environment. However, most mentors were unable

to fulfill their counseling role even when the situation called for it because they did not respond promptly to their issues that need counseling.

## **CONCLUSION**

The Mentors who are friendly and have counseling skills promote confidence and satisfaction which promotes learning. The roles of assisting, guiding and advising have direct effect to learning while the roles of befriending and counseling were found to enhance interpersonal relationships.

## **Recommendations**

Mentorship in clinical placement learning is crucial in the training of nurses and should therefore be supported by all the stakeholders. There is need for the college and clinical area staff to collaborate so that appropriate mentoring approaches can be devised for example, in supporting clinical teaching. Mentors workload need to be reduced so that they can get adequate time to supervise students, otherwise they will not have an impact and this situation may create a strained relationship when they cannot meet students learning needs.

## **Strengths of the study**

To our knowledge, this study is one of the few exploratory researches done to explore the student nurse's perceptions on mentorship in their clinical placements in Kenya. As such, it provides a baseline for further research on the most appropriate approach of facilitating clinical learning among nurse student

## **Limitation of study**

The sample was relatively small and from one institution, however the findings are credible and transferable to similar settings. The study largely addressed the student's perceptions which only provide an individual opinion on an issue. Since participants were students, they could have been inclined to give positive responses to appear good to their teacher. In addition, the study was an exploratory study and though it is limited by nature it was appropriate in this study. Despite these limitations the study offers valuable insights into the student's nurse's perceptions on the roles of mentors in the clinical placement.

## **DECLARATIONS**

### **Competing interest**

The authors declare that they have no competing interests.

**Authors' contributions**

SN designed the study, collected and analyzed data and drafted the manuscript. PH, LM and GK designed the study, critically reviewed and revised the manuscript for important intellectual content. All authors read and approved the final manuscript.

**Ethical approval**

Ethical approval for this study was obtained from the National Council of Science Technology and Innovation, Kenya.

**Consent to Participate**

Informed consent was obtained from students that participated in the study.

**Consent to Publish**

Written Informed consent for publication of the results from the study was obtained from the students on condition that their names should not be used. A copy of the consent form is kept in individual file with their signature and can be available for review by the editor of this journal if needed.

**Availability of data and materials**

The data analyzed during the current study is available from the corresponding author on reasonable request

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