THE PERCEPTIONS OF PROFESSIONAL NURSES ON STUDENT MENTORSHIP IN CLINICAL AREAS: A STUDY IN POLOKWANE MUNICIPALITY HOSPITALS, LIMPOPO PROVINCE

by

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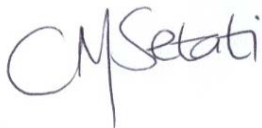
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DECLARATION

I declare that **THE PERCEPTIONS OF PROFESSIONAL NURSES ON STUDENT MENTORSHIP IN CLINICAL AREAS: A STUDY IN POLOKWANE MUNICIPALITY HOSPITALS, LIMPOPO PROVINCE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of compete references and that this work has not been submitted before for any other degree at any other institution.

CMSetati

Chokoe Mable Setati   10 January 2013
Full names   **Date**

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ABSTRACT

The purpose of the study was to explore the perceptions of professional nurses on student mentorship. A qualitative, explorative, hermeneutic phenomenological research was conducted to determine the meaning of mentoring as perceived by professional nurses and to identify the successes and challenges encountered by professional nurses with regard to student mentorship during clinical practice. A face-to-face semi-structured interviews were done to collect data from operational managers (n=16) who were managing all unit activities, student mentoring included. Each interview lasted for ± 45 minutes. A hermeneutic data analysis (hermeneutic circle) was followed for data analysis. Four (4) themes and 15 sub-themes emerged from data collected from operational managers. The findings revealed that mentoring was perceived as a valuable phenomenon to apply in the preparation of student nurses for future professional role. In the process of mentoring, the caring attitude is revealed. Factors found to drive mentoring process successful was amongst other commitment, interest and partnership which guarantee the mutual efforts to the process. Though it is beneficial to mentor, mentee and the organisation as according to findings, challenges were also seen impacting on this process limiting its intentions.

KEY CONCEPTS

Challenges, clinical practice, mentorship; operational managers, perceptions, successes; students nurse

ACKNOWLEDGEMENTS

Dedication

I dedicate this thesis to the following special people:

My parents, Chekishe (father) and Seemole (mother) Mabutla for the support throughout my life.

My husband, MaleselaSetati, for his endless support and understanding that I had to spend sleepless night and even time away from home. You ensured the best for me during my stay in Pretoria when I had to be there. Thank you MOROLONG.

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List of abbreviations

ANC   African National Congress

DENOSA   Democratic Nurses of South Africa

DOH   Department of Health

DPSA   Department of Public Services and Administration

NHS   National Health System

PHC   Primary health care

SANC   South African Nursing Council

UNISA   University of South Africa

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CHAPTER 1

Orientation to the study

1.1   INTRODUCTION

Throughout history caring or patient care has been central to the nursing profession. Quality of patient care is a primary concern for health care providers and consumers. Measuring quality care has become an essential goal to justify organisations' existence. Quality improvement has become essential in all health sectors with health institutions required to have domain-specific standards and ensure that they are effectively implemented, in an attempt to improve quality and meet clients' needs. Specialised health services are an increasingly expensive commodity. These health services have become almost unaffordable for the majority of South Africans and makes primary health care (PHC) services more relevant in that services are offered free of charge (Blackie, Appleby & Orr 2000:6).

The Government's role is to ensure that health services become accessible and affordable to all citizens of South Africa. Accordingly, the Government introduced a National Health System (NHS) for the provision of health services with the PHC clinic as first-line entry to service delivery (ANC 1994:10). In PHC, community members are encouraged to take charge of their health. PHC services are offered free of charge and community members are encouraged to utilise them (Blackie et al 2000:6).

In 1997, in an effort to improve the quality and accessibility of all public services, including health care services, the Department of Public Services and Administration (DPSA) introduced the *White Paper for the Transformation of Public Service Delivery*, which included the *Batho Pele* ("Putting people first") *Principles*, and the Department of Health (DOH) introduced the *White Paper for the Transformation of the Health System in South Africa*. In 1999, the *Patients' Rights Charter* was adopted (DOH 1997:33). The Batho Pele Principles cover consultation, service standards, accessibility, courtesy, information, openness and transparency, redress, and giving value for money (DPSA 1997:5). Giving value for money is about giving clients the best service in the most

efficient way. Working together as a team helps to make sure the best possible service and value for money is given. However, society, government reports, and health professionals indicate that quality in caring seems to be clouded. There is concern that patients' safety and professional integrity will be compromised (Roos 2012:3).

Quality patient care is impacted by various factors, including shortage of personnel, availability of material resources, clinical competence, and strategies employed in the training of student nurses for this profession that values quality. Mentoring, which applies to both theory and practice in the training of students, also affects issues of quality. Mentoring is a way of socialisation and a supportive teaching-learning strategy for those new to the practice (Lloyd & Bristol 2004:130).

Mentoring is valued in industries for reasons of socialisation, competency in execution of duties, and quality in the end product. These reasons are applicable in nursing as it is also industrialised. Mentoring is a strategy in facilitating development of clinical nursing skills and competencies, strengthening nurses' self-efficacy, reducing stress and strengthening abilities (Meretoja, Erikson & Leino-Kilpi 2002:95; Ronsten, Anderson & Gustafson 2005:312).

Mentoring is an interactive, mutual and personal experience where novice nurses are helped to build self-confidence while developing as nurses and as individuals (Cherry & Jacob 2011:509). Wroten and Waite (2009:106) emphasise that the principle of a caring relationship in nursing should not only be related to patients, but should apply to nurses as well. Nurses are also human and require a human relationship of caring, support and encouragement that come from good mentorship.

Mentoring entails a relationship in which a more experienced person contributes directly to the growth and development of a less experienced or inexperienced person in the workplace. This relationship facilitates the formulation and realisation of a person's own dream through an evolution of personal growth and development. It is seen as a bridging process between theory and practice enabling the mentee to become an autonomous professional (Smith, Howard & Harrington 2005:32; Pololi & Knight 2005:867). According to Pololi and Knight (2005:868), mentoring is a developmental life stage, a time when seasoned professionals give back to their profession.

Provision of mentors for today's unique, diverse student populations is also essential to enable students to cope with the complexity of their personal lives. Mentoring focuses on establishing personal connections and using the mentoring relationship as a vehicle for personal and professional development rather than fulfilling a regimen of explicit tasks.   A mentor thus fulfils the role of counsellor, teacher and sponsor, is knowledgeable, experienced and powerful, and performs the functions of teaching, nurturing, guiding, and promoting the learning potential (McCloughen, O'Brien & Jackson 2010:98).

1.2   BACKGROUND TO THE PROBLEM

Although a long-standing legacy of informal mentoring has served as a primary method of professional socialisation in academic medicine, health care specialties that have traditionally focused on practice and service face a death of senior mentors to assist junior faculty as academicians (Pololi & Knight 2005:867). This is also the situation in nursing today.

Mentoring in nursing, medicine, and other disciplines in the health sector faces increasing challenges, including time limitations; dual responsibilities; high workload; limited personnel; burnout; a high attrition rate, and poor productivity (Ali & Panther 2008:38; Pololi & Knight 2005:867).

At meetings in institutions where students are placed for clinical practice, nurse lecturers and professional nurses mainly discuss the approach to clinical teaching. For some, clinical teaching has become an added responsibility because of limited personnel overburdened by increased patients' demands due to the growing burden of disease. Mentors' clinical and administrative responsibility is increased by the changing nature of the current health care environment (Pololi & Knight 2005:867). This reduces time and collegial support for scholarly activity and teaching, and lack of access to mentors thus hinders faculty scholarly productivity and career satisfaction. Performing the skills procedurally while teaching the student is time consuming. Harris (2007:57) reports that some mentors were stressed and found it difficult to set time aside to meet with students. A mentor and a protégé in a formal programme also found it extremely difficult to find time for mentoring despite their voluntary enrolment in the programme (Pololi & Knight 2005:869).

Greenwood (2003:3) found that students meet mentors who are burnt out due to lack of satisfactory working environments, long work hours, diminished professional respect, and inability to cope constructively with levels of anxiety. This situation prevails in most health facilities and predisposes many professionals to work-related stress. This practice-learning environment, in which students find themselves, carries poor communication and negative relationships which hamper the teaching-learning process. Students are consequently unable to gain access to professional practice knowledge and there is a potential sense of isolation and neglect created by lack of attention from qualified staff (Greenwood 2003:2).

These observations can be related to students' behaviour of clustering together when they perform duties. This may be a way of communicating a message of anxiety as they are now expected to practise in real-life situations. In Limpopo Province, Mongwe (2007:76) found that students faced with real-life situations and were anxious and afraid of making mistakes on patients. Students' clustering might be a means of supporting each other because of the anxiety experienced when they are expected to perform unfamiliar procedures with no guidance and support. In a study on student nurses' perceptions of their clinical learning experiences in a corporate workplace context, the respondents indicated that negative staff attitudes left them struggling on their own with difficult or unfamiliar tasks (Volschenk 2009:6).

Mabuda, Potgieter and Alberts (2008:58) found that delegation of duties for students without a supervisor to teach and support them had a negative impact which delayed students' acquiring and practising skills with teachable moments missed where students' critical thinking could be tested. Moreover, inappropriate allocation of work resulted in students' performing menial tasks without being allocated to challenging work in line with their learning needs (Mabuda et al 2008:58).

A further cause of concern was that students in other units were missing during periods of work without the professional nurses noticing. The respondents reported a feeling of being abandoned, which could indicate not having a sense of belonging to the health team (Mabuda et al 2008:51). According to Volschenk (2009:58), some respondents reported that they felt unappreciated or just a pair of hands, and were often left to their own devices. These findings underline the necessity of mentor-mentee communication and relationships in student training. Nursing is an interactive nurse-patient, nurse-

nurse, and nurse-other multidisciplinary team members' process. Teaching and learning in nursing require an interactive, harmonious relationship that will lead to attainment of desired goals. Mabuda et al (2008:66) found limited support and teaching, and a negative relationship.Many professional nurses report that students are stubborn, irresponsible and uncontrollable. The researcher is of the opinion that this could to some extent limit support and teaching to mentor nursing students. Without a positive relationship, choosing a mentor on an informal basis is most difficult.

In Scotland, Greenwood (2003:3) found that the neglect of students was due to mentors who either misunderstood their role or were too preoccupied with their own responsibilities to engage students on their anticipated agenda. Mentoring is not only confined to students. It is also important to practising nurses who should be supported in this risk-laden profession to keep them motivated and to help them cope with the dynamic changes. If mentoring is not done, risks in practice will increase thereby leading to lawsuits adding stress to already stressed practitioners.

In their study among final-year nursing students, Carlson, Kotze and Van Rooyen (2005:67) found that the respondents felt that they were not prepared to fulfil their new roles as professional nurses. This left them with a feeling of powerlessness, fear and frustration. Assessors had reported that students memorised skills with lack of insight and failed to give the rationale for the activity done. They showed a lack of confidence coupled with a lack of competence, which was an indication of theory-practice gap. This is confirmed by the findings by Rikhotso (2010:28) that revealed the theory-practice discrepancies, as reported by professional nurses that nursing students lacked the ability to correlate theory and practice. In a study on students' perceptions of work-based mentoring, Harris (2007:59) reported that mentoring promotes integration of theory and practice; develops competent clinical nurses, and mentees find courage within themselves to do the assigned duties.

Theory and practice are interlinked and mutually influence each other. A well-prepared nurse must be theoretically and practically balanced. Embracing the comprehensive (holistic) nature of mentoring as a supportive-teaching and professional socialisation strategy in closing the theory-practice gap is challenging to all professional nurses and nurse educators who participate in student training (Harris 2007:53; Lekhuleni, Van der Wal & Ehlers 2004:15).

Students have further been found to lack the skills to manoeuvre effectively through and respond to challenges encountered in the culture of nursing academics. This has resulted in academic failure that requires a solution, using multiple strategies. Effective mentoring is thus seen as one strategy that can mitigate a culture of academic failure (Wroten & Waite 2009:107).

In the light of the above and in own experience, the researcher was motivated to explore the South African context of mentoring.

1.3   RESEARCH PROBLEM

Mentoring as a supportive teaching strategy in the practice of nursing is gradually detaching from the process of student training (Pololi & Knight 2005:867). This, in turn, leads to a decline in students' skills acquisition including clinical competency and problem-solving. If mentoring is not intensified at student level, they feel inadequately prepared for their future role and are challenged during transition to professional level where they are expected to practise independently (Pololi & Knight 2005:867).

There is a conflict of interest in the professional nurses' roles between rendering of care and facilitating the professional aspirations of students. This is further compounded by a conflict of values between education and management that prevails in the units where students do their clinical practice (Kilcullen 2007:100; Pololi & Knight 2005:867). These factors leave little room for students to be mentored because everybody seems to be too occupied to attend to their learning needs. This is confirmed by Volschenk's (2009:7) finding that the respondents felt like a pair of hands rather than students when they helped out in units with a staff shortage.

If this is the situation where shortage of personnel is a problem, preparing students for their future roles through mentoring, will be a challenge as student nurses will be moved around in units to supplement the shortage.Kersbergen and Hrobsky as quoted by Stokes and Kost (2009:293), explain that the clinical environment provides opportunities for professional socialisation and bridges the gap between theory and practice. In the practice environment where there is shortage of personnel, student nurses are deprived

of the opportunities to apply theory to practice under the guidance and support of knowledgeable and experienced professional practitioners.

1.4 PURPOSE OF THE STUDY

The purpose of this study was to explore the perceptions of professional nurses on student mentorship in clinical areas in order to improve or strengthen training strategies, to develop guidelines for tutors and professional nurses to improve student mentorship in clinical areas and to provide recommendations on mentorship so that students are developed professionally and personally.

In order to achieve the purpose, the objectives of this study were to

- determine the meaning of student mentorship by professional nurses
- describe professional nurses' perceptions of student mentorship in the clinical area
- identify professional nurses' successes and challenges encountered with regard to student mentorship during clinical practice
- to develop recommendations for tutors and professional nurses to improve student mentorship in clinical practice

Research question
What are the perceptions of professional nurses on student mentorship in the clinical areas?

1.5 SIGNIFICANCE OF STUDY

The views of professional nurses will help guide in planning future training of student nurses who enter the nursing profession. The findings will also help improve and strengthen strategies in use for student training in clinical areas. As the study is focused on student mentorship, the recovery of the essence of student mentorship would assist in student nurses acquiring professional skills and develop personally. Accordingly, the study will have short- and long-term benefits as follows:

1.5.1 Short-term benefits

- All personnel responsible for student training would be challenged to reinvest in the present student nurses by passing on their knowledge and acting as role models.
- An understanding of what student mentorship entails, would help improve their mentorship strategies to benefit the student nurses, the profession and the society at large.
- Guidelines would be developed to help professionals accomplish their mentorship role.

1.5.2 Long-term benefits

- The Department of Health would achieve the goals set for better health for all.
- Effective training strategies would be developed and implemented for a better nurse-product
- Quality patient care - a quest for society, would be upheld as student nurses would have been effectively mentored in developing them as competent and confident professional nurses

1.6 THEORETICAL FRAMEWORK OF THE STUDY

A theoretical framework guides and helps researchers to formulate ideas for research (Brink, Van der Walt & Van Rensburg 2006:66). The researcher conducted a literature review and adopted Yoder's three domains (Hein & Nicholson 1994:189-191) as a theoretical framework for this study. The three domains are:

- *empirical referents*, which are the critical attributes of the concept
- *antecedents*, which are the events or incidents that must occur prior the occurrence of the concept
- *consequences*, which are the events that result from the occurrence of the concept.

Concepts related to mentorship identified from the literature were placed under the relevant domain. What was of importance in these domains and the identified concepts for each was that the three are interrelated, with other concepts applicable in all domains. Figure 1.1 depicts the domains and applicable concepts that the researcher identified to describe mentorship.

ANTECEDENTS

- Personalities
- Relationship
- Attitudes
- Knowledge
- Skills

MENTORING

- Support
- Communication
- Duration
- Visibility
- Involvement
- Motivation

- Competence
- Self knowledge
- Self relation
- Professionalism

CONSEQUENCES   CRITICAL ATTRIBUTES

MENTORING WITHIN THE ORGANISATIONAL CONTEXT
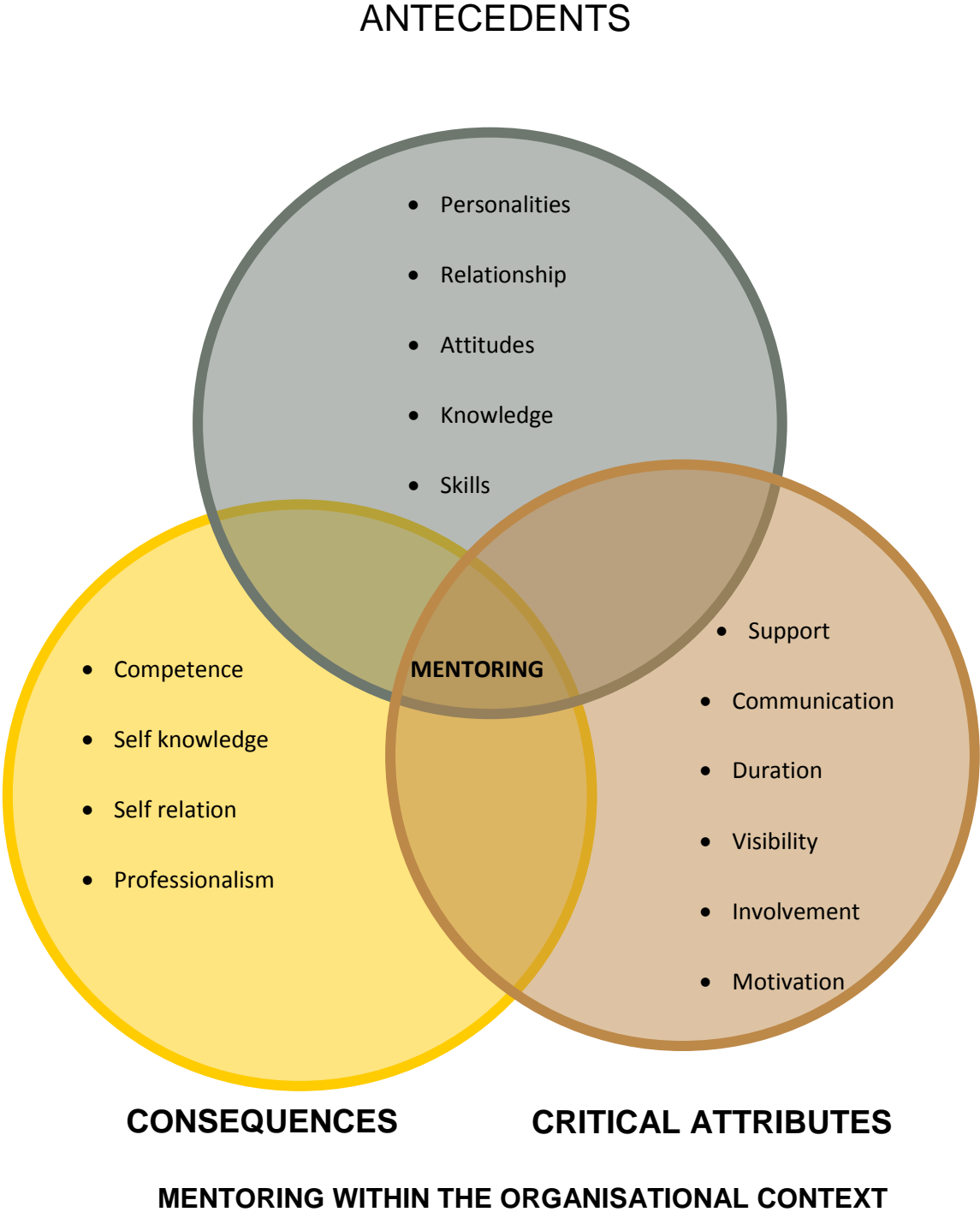
Figure 1.1   Theoretical framework for the study
Adapted from: (Hein & Nicholson 1994:191)

1.7   RESEARCH DESIGN

A research design is an overall plan for obtaining answers to research questions (Polit & Beck 2008:66). A research design is the set of logical steps taken by the researcher to answer the research question (Brink et al 2006:92).

In this study the researcher selected a qualitative, explorative, hermeneutic, phenomenological design to explore professional nurses' perceptions of student mentorship. A qualitative design is a systematic subjective approach used to describe life experiences and give them significance. The researcher can explore the depth, richness and complexity of the phenomenon. The approach also allows the researcher to interact with the participants in the environment (Burns & Grove 2009:59).

Qualitative research entails an enquiry in which qualities, characteristics or properties of the phenomenon under study are examined for better understanding and explanation. The researcher shows commitment to the participants' viewpoints and there is no intrusion into the natural setting where the phenomenon takes place (Henning, Van Rensburg & Smit 2004:4).

A hermeneutic phenomenological design guided the study following Heidegger's approach of *Dasein* or being-in-the-world. Heidegger believed that the aim of hermeneutic enquiry is to elucidate the subjective and humanistic meaning of an experience. The design is interpretive and an attempt to analyse and understand the overall perception of individual experiences from different angles rather than specific phenomenological event (Fillippo 1991:4). The nursing profession has a social, cultural and historical background that forms a frame of reference for socialisation of new entrées. A hermeneutic approach was thus appropriate as it uses lived experiences to better understand the social, cultural, political and historical context in which the experiences occur (Polit & Beck 2010:263).

1.8   RESEARCH METHODOLOGY

The research methodology describes the techniques and research procedures followed when conducting a study, including the population, sample and sampling, data

collection and analysis, trustworthiness and ethical considerations. The research methodology in this study included population, sample, and data collection and analysis (see chapter 3 for detailed discussion).

1.8.1 Population and sample

A population is the entire group of persons or objects of interest to the researcher and to which the researcher wishes to generalise/transfer the research results (Cormack 2000:23; Brink 2006:126).In this study the target population was all professional nurses at the level of operational managers working in hospitals accredited by the SANC for training students in the R425 programme in Limpopo Province, South Africa.

The accessible population is the portion of the target population to which the researcher has reasonable access (Burns & Grove 2005:342).In this study, the accessible population were professional nurses at operational manager's level working in two level 3 (tertiary) hospitals

A sample is an element of the population considered for actual inclusion in the study (De Vos, Strydom, Fouche & Delport 2005:193).The researcher used non-probability, purposive sampling to select the study participants. In non-probability sampling, the researcher judges and selects those participants that know most about the phenomenon and are able to explain and relate the differences within the information provided (Burns & Grove 2006:132). In purposive sampling, information-rich cases for in-depth study of a phenomenon are selected (Streubert Speziale & Carpenter 2007:79). The sample consisted of sixteen participants (n=16).

1.8.2 Data collection

Data collection is the process of selecting subjects and gathering data from these subjects, and is dependent on the research design and measurement methods (Burns & Grove 2005:430). In this study, semi-structured face-to-face interviews were used to collect data from the participants. The researcher tape-recorded the interviews and took field notes on observable behaviours (non-verbal cues).

In hermeneutic phenomenology, unstructured interviews are conversational and interactive thus allowing the researcher to interact with participants to explore a phenomenon of interest in details (Polit & Beck 2010:341). Additional data was from the field notes which are observations of non-verbal communication in the course of the individualised interviews (Creswell 2005:213).

1.8.3 Data analysis

Hermeneutic data analysis was used in the study. Fillippo (1991:4) describes hermeneutic data analysis as a process of continuously researching into the understanding of a phenomenon which creates new question, resulting in new understanding which then creates new questions. This circular process is called a hermeneutic circle.

According to Ajjawi and Higgs (2007:623-626), hermeneutic data analysis takes place in six stages, namely

- Stage 1: Immersion – organisation of the content
- Stage 2: Understanding – identifying first-order constructs
- Stage 3: Abstraction – identifying second-order constructs and grouping them to create themes and sub-themes
- Stage 4: Synthesis and theme development
- Stage 5: Illuminating and illustrating the phenomenon
- Stage 6: Integration, testing and refining the themes

1.8.4 Trustworthiness

Trustworthiness refers to the rigour in qualitative study, the measures taken by the researcher to evaluate whether the research findings are a true reflection of the data collected from the participants and not the researcher's perceptions (Babbie & Mouton 2001:276-277; Polit & Hungler 2001:304-308). Lincoln and Guba's (1985:290) model of trustworthiness was utilised. The four criteria for establishing trustworthiness are credibility, transferability, dependability and conformability (see chapter 3).

1.9   SCOPE AND LIMITATIONS OF THE STUDY

Limitations consist of restrictions that may decrease the generalisability of findings (Burns & Grove 2005:46).   The scope of this study was confined to Polokwane municipality in Limpopo Province therefore the findings cannot be transferred to other clinical settings in other municipalities or provinces.

1.10   ETHICAL CONSIDERATIONS

Ethics deals with matters of right and wrong. *Collins English Dictionary* (1991:533) defines ethics as "a social, religious, or civil code of behaviour considered correct, esp. that of a particular group, profession, or individual". In this study, the researcher obtained written permission to conduct the study, and respected the respondents' right to self-determination; privacy, anonymity and confidentiality; fair treatment, protection from harm and discomfort and scientific honesty. Chapter 3 discusses the ethical considerations in detail.

1.11   DEFINITION OF KEY TERMS

For the purposes of this study, the following terms were used as defined below:

- **Clinical practice**

Clinical practice refers to the learning opportunities which the learner utilises in the health service under the supervision of a registered nurse/midwife and other experts in the health service (SANC 1992:7).

For the purpose of this study, clinical practice means that clinical areas where student are placed for their practice which is both the two province hospitals at the level 3 in Polokwane Municipality, Limpopo Provence

- **Mentoring**

Mentoring refers to a developmental, empowering and nurturing relationship that extends over time and in which mutual sharing, learning and growth occur in an

atmosphere of respect, collegiality and affirmation. Smith et al (2005:32) define mentoring as "a relationship in which a more experienced person (mentor) contributes directly to the personal and professional growth and development of the less experienced person (mentee)".

- **Student nurse**

A "student" is a person studying at a university or place of higher education and training (*Oxford Advanced Learner's Dictionary* 2012:1434).

A student nurse refers to a person undergoing education and training, who has applied for the Council to be registered as a student according to the Nursing Act (33/2005:32). For the purpose of this study, the student nurse will mean a student nurse from first year (level I) to fourth year (level IV) allocated in clinical areas for the clinical exposure.

- **Professional nurse**

A professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice (SANC 2005:17).

In this study, a professional nurse means an operational manager, in charge of the unit and overseeing all activities, including student mentorship.

1.12 OUTLINE OF THE DISSERTATION

Chapter	Title	Overview
1	Orientation to the study	The chapter discusses the background to, problem, purpose and significance of the study; briefly describes the theoretical framework, research design and methodology, and ethical considerations, and defines key terms.
2	Literature review	The literature review conducted for the study is discussed. The review covered mentoring, perceptions, successes and challenges of mentoring.
3	Research design and methodology	The research methodology is described in detail.
4	Data analysis and interpretation	The data analysis and interpretation, using a hermeneutic circle, and results are presented.
5	Conclusions and recommendations	Conclusions drawn are discussed and recommendations made for practice and further research.

1.13 CONCLUSION

This chapter described the background to, purpose and significance of the study, outlined the research design and methodology, and defined key terms.

Chapter 2 discusses the literature review undertaken for the study.

CHAPTER 2

Literature review

2.1   INTRODUCTION

A literature review is an organised, written presentation of what has been published on a topic. The purpose of the review is to convey to the reader what is currently known regarding the topic of interest (Burns & Grove 2009:92). A literature review refers to a scrutinity of all relevant sources of information. It is an excellent source for selecting or focusing on a topic as it reduces the chances of selecting an irrelevant or outdated topic by investigating what has already been done in a particular problem area. The researcher also ensures that nobody else has already performed what is essentially the same research. It further demonstrates the underlying assumptions of the general research questions and that the reseacher is knowledgeable about related research (De Vos et al 2005:124-127).

Databases that were sourced were Science direct, Ebsco, Africa wide and Sabinet using the key words that are: student nurses, mentoring, clinical areas and professional nurses.

This chapter discusses the literature review conducted for the study. The review was guided mainly by the following aspects:

- The meaning of mentoring as a concept in an organisational (workplace) context, including health practice.
- Yoder's three domains (empirical referents/critical attributes, antecedents and consequences) as a theoretical framework for mentoring (see chapter 1, section 1.6).
- Professional nurses' perceptions of student mentorship.
- Successes and challenges encountered by professional nurses in student mentoring during clinical practice.

2.2   CONCEPT OF MENTORING

The researcher found much international but scant South African literature on mentoring. Mentoring applies in all areas of life especially in the developmental area.

Kelly and Lauderdale (1999:20) state that the importance of mentoring lies in its potential to increase individual and organisational capacity, enhance career advancement and successes for individuals, and help organisations reach developmental goals.

Mentoring in professional training and development programmes in education, health care, business and industry is increasingly recognised as a key strategy. It is a concept applicable in all fields of practice but difficult to define (Jones, Nettleton & Smith 2005:1). According to Ensher and Murphy (2010:2), mentoring has become an integral part of many organisations' approach in human resource development.

Bray and Nettleton (2007:850) point out that there is no consensus on a definition of mentoring and the confusion in defining mentoring is further compounded by the interchangeable use of terms such as preceptor, co-ordinator, facilitator, supervisor, and educational supervisor. Stewart and Krueger (1996:312) studied Yoder's (1990) concept analysis of mentoring and found that literature is not clear about what is meant by this concept as it occasionally confuses the concept with those of role modelling, sponsorship, preceptorship, and peer strategising.

Stewart and Krueger (1996:312) emphasise that mentoring should be defined rigorously and its effectiveness evaluated in various teaching and learning situations. Stewart and Krueger (1996:311) state that Yoder analysed mentoring across the disciplines of business, education and nursing, having identified interdisciplinary consistency in the definition of mentoring.

The definitions in the literature reviewed indicated that mentoring pertained to medicine, nursing, occupational therapy and social work and that there is also a notable variation in the meaning of mentoring. This implies that it derives its meaning in its application in a specific context or area of practice.

2.3   MEANING OF MENTORING

Provident (2005:2) states that the construct of mentoring remains unclear as there is lack of agreement in the literature on a single definition of the mentoring. Mentoring is

defined best by those in a specific area of practice where prevailing conditions are suitable and thus defining mentoring is contextual.

In occupational therapy, Provident (2005:2) refers to Torres-Guzman and Goodman's definition of mentoring as "an intense, dyadic relationship in which a mentor furthers the professional and personal development of the protégé by providing information, assistance, support and guidance".

In psychology, mentoring is a developmental, caring, sharing, helping relation where one person invests time, know-how and effort to increase and improve another person's growth, knowledge and skills. In industrial psychology, mentoring is a dynamic, developmental relationship between two individuals, based on trust and reciprocity, leading to the enhancement of junior members' psychological growth and career advancement and to achieving mutual benefits for the mentor, mentee and organisation (Pinho, Coetzee & Schreuder 2005:20; Stone & Coetzee 2005:33).

Mentoring is a nurturing process in which "a more skilled or experienced person, serving as a role model, teaches, sponsors, encourages, counsels, and befriends a less skilled person for the purpose of promoting the latter's professional and personal development" (Dorsey & Baker 2004:261).

According to Hayes (2005:442), the purpose of mentoring is to promote the new-comer's career advancement, educational and personal development and further to meet the goals, role fulfilment and self-efficacy of the novice. The success of mentoring depends on the qualities of both mentors and mentees, which influence the relationship and outcomes to those involved. Mentors need to have strong self-esteem, a positive attitude and outlook, and effective communications skills. They balance personal and professional responsibilities, are highly knowledgeable in their field, and are interested in new challenges. They possess previous successful mentoring experience, are willing to mentor and are motivated to mentor well (McCloughen, O'Brien & Jackson 2009:327).

Mentees as participants in the mentoring process are expected to possess characteristics of being interested in the subject and possess initiative, ask for and be receptive to help when needed, critically self-evaluate for strengths and weaknesses,

trust and accept the mentor's advice, be willing to receive constructive feedback, and be able to act responsibly and independently (McCloughen et al 2009:327; Smith, McAllister & Crawford 2001:103).

Career and psychosocial mentoring are functions of mentoring relationships (Harrington (2011:169). Career mentoring concerns growth within the organisation and psychosocial mentoring promotes personal and professional growth. In the medical field, Kalen, Stenfors-Hayes, Hylin, Larm, Hindbeck and Ponzer (2010:315) describe the functions of mentoring as to develop professional attributes, facilitate socialisation in the profession, and reduce student anonymity at university level.

2.4   PERCEPTIONS OF MENTORING

Mentoring is seen as an important strategy that can be utilised in this era where there is changing demographics within the acute care hospital setting and changing health care environment (Bally 2007:144). This demands that efforts need to be made to support and encourage new and senior nurses in order to retain competent nursing staff. Nursing leadership must emphasise the importance of mentoring in their work environment as there is a connection between mentoring and organisational culture (Bally 2007:144).

Ensher and Murphy (2010:2) indicate that social exchange theory and the norm of reciprocity provide a reasonable explanation for understanding the mentoring processes. Social exchange theory suggests that mentors provide certain resources to their protégés which might include their connections, their skills, feedback or any number of instrumental or psychosocial dimensions. In turn, mentors expect reciprocity from their protégés whether that might be an appreciation or a fresh perspective. This means that what mentors and protégés give and receive might be different but must be seen as valuable by both parties (Ensher & Murphy 2010:2). Grossman (2007:35) states that a mentoring relationship has reciprocal roles between the mentor and mentee which gives mentorship a classical definition.

According to Grossman (2007:34), mentoring is a teaching and learning strategy but there is no evidence whether mentoring is an effective teaching and learning format, which mentoring process has the largest impact on learning, or a rationale for how

mentoring can facilitate a comprehensive body of nursing knowledge. Professional organisations recommend that every nurse have a mentor and some organisations try to match their members with nurses interested in the organisation's focus. Mentoring is perceived as a valuable concept (Grossman 2007:34). Mentors who have been mentored see mentoring as a way to repay past dues .Having served as a mentor before, makes mentoring become more natural and easy, thus making teaching and leading joyous, stimulating and inspiring (Smith et al 2001:105).

Mentoring is a collaborative process and occurs in a favourable, encouraging environment. According to Papp, Markkanen and Von Bonsdorff (2003:262), a good clinical environment is established through good cooperation between the school and clinical staff. A school should provide a suitable learning environment at the right time, so that theory and practice complement each other. The teacher was an expert on nursing education, the aim was set for each practice, the student nurses and their skills, and the nurse mentor knew the ward on which students were practising. This is why collaboration between nurse mentors and nurse teachers is considered very necessary (Papp et al 2003:262-268).

2.5   BENEFITS OR SUCCESSES IN MENTORING

Mentoring benefits are substantial not only for mentees and mentors, but also for the organisation. Mentees with mentors have greater career mobility than those with ineffective or no mentoring at all. Mentors report a renewed sense of commitment, excitement in their professions and organisations and a sense of satisfaction at being part of the development and growth of their mentees. Organisations benefit as employees communicate more effectively, increasing their sense of loyalty and organisational commitment, and turnover is reduced (Ensher & Murphy 2010:2). Mentoring programmes are exciting avenues for stimulating professional growth, career development, staff morale, and quality in the nursing workplace.

According to Smith et al (2001:104), mentoring has many benefits including promoting growth and development of nurses, and enhancing thinking, risk taking, self-esteem, professional development and job enrichment. The benefits for managers include balance, wisdom, commitment, growth, power, political awareness and improved

performance. Client outcomes and satisfaction are also improved which is politically important for public health institution.

Mentors and mentees benefit from mentoring (Smith et al 2001:105). Benefits for mentors include a keen sense of pride and fulfilment that comes from watching another nurse grow and develop. Mentors have reported feeling challenged by the experience and achieving increased self-esteem and job satisfaction. The loyalty felt by mentors from mentees is a benefit along with a sense of having helped create new leaders. Mentees learn new skills and sharpen existing ones. The mentor/mentee relationship provides them with opportunities for promotion, career development, personal and professional growth and a strong, clear socialisation within the nursing. Self-discovery is one of the greatest advantages as mentors identify strengths and skills almost invisible to mentees themselves (Smith et al 2001:105).

With regard to socialisation, Woten and Crane (2003:277) maintain that the most critical stage of socialisation is the first year of employment which is the staff nurse's best opportunity to mould the newcomer into a team player and help the individual adapt to the organisation's culture.

Career support, also known as instrumental support, helps the protégé advance professionally and psychosocial support fosters the social and emotional well-being of the protégé (Haynes & Petrosko 2009:41). Mentoring is essential to career growth and development, and facilitates career development (Haynes & Petrosko 2009:41). According to Bally (2007:144), mentoring is a research-based intervention that addresses the improvement of nurses' confidence, promotes professional development and encourages life-long learning. Moreover, mentoring is intended to achieve safe and competent nursing practice through influencing the form, quality and outcome of the career path for both mentee and mentor.

Leaders in the acute care setting should ensure that mentoring is embedded in the culture in which it is to exist. Mentoring goals and values are thus aligned with organisational values, and should be incorporated into various aspects of organisational life (Bally 2001:145). According to Kalen et al (2010:e315-e321), mentoring is rewarding, reassuring and is rated high when emotional support is given to mentees because it is mostly supportive rather than the supply of knowledge.

2.6   CHALLENGES OF MENTORING

Although mentoring has proved highly useful, it has some negative aspects in terms of relationship referred to as "the dark side" of mentoring. For example, some mentors are said to be bad mentors based on behaviour including neglect, abuse, and credit-stealing (Ensher & Murphy 2010:2).

The challenges facing health care settings today, such as low morale, general apathy towards professional collegial support, heavier workloads, reduced resources and higher patient acuity, contribute to job dissatisfaction, poor work performance and may put positive patient health outcomes at risk (Bally 2007:143). Most of these challenges have an impact on mentoring. Rikhotso (2011:53) found the problem of limited resources acknowledged by professional nurses also had an impact on clinical accompaniment.

Mogobe, Beukes and Muller (2010:5) found that the lack of resources, including human and material resources, in the primary health care (PHC) clinical practice field led to poor clinical competencies as there is lack of mentoring due shortage of staff. Wilkes (2006:42) emphasises that mentors want to provide a valuable practice experience for students but are constrained by multiple demands and limited resources. The increased workload and growing number of students to be mentored further complicates the problem of shortage of personnel and it has been suggested that the number of students per mentor in mentoring groups should be reduced (Bally 2007:143; Nettleton & Bray 2008:207).

Apart from a shortage of mentors, mentor-mentee relationships are also a challenge or barrier. Kalen et al (2010:e320) found that personality clashes in poor mentor-mentee relationships, which resulted from incompatibility in personal chemistry, proved a barrier in meetings which are essential to the effectiveness of mentoring. Kilcullen (2007:102) found that students pulled out of the programme because they had mentors they did not like. This behaviour may have been the result of mentors' own personal problems and the mentees were just unlucky to be around at that time.

Time is also a resource necessary for mentoring. The higher acuity level of patient care and evolving complexities in the health care system put added demand on nurses' time. Mentors are thus always busy and finding time for mentoring is a persistent and serious difficulty despite the mentors' voluntary enrolment in the programme (Harris 2007:59; Pololi & Knight 2005:869).

Beecroft, Santner, Lacy, Kunzman and Dorey (2006:738) found a conflict in mentoring between patient care demands and fulfilling the mentoring role, and mentors needed more time for mentoring. Since there is never enough time, commitment by both mentor and mentee is the key to achieving maximum results in the available time. The amount of time students spent with mentors was seen as essential and influential to the quality of their placement experience (Beecroft et al 2006:739).

Mentoring can be time-consuming and emotionally draining especially in the initial stage of the relationship (Smith et al 2001:103). Some mentors can cause rather than reduce anxiety, and manipulate and inappropriately demand loyalty from mentees. Mentors may present with possessiveness, rejection and misuse of power and these behaviours can be harmful. Creating a mentor clone was also seen as harmful. Mentees with more than one mentor may be inclined to play a blame game when something goes wrong, pitting mentors against each other rather than taking responsibility for their own behaviour (Smith et al 2001:104).

2.7   CONCLUSION

This chapter discussed the literature review conducted for the study. The literature indicated that mentoring is a valuable tool in preparation for students' professional role. Its success is determined by the characteristics of both mentor and mentee encompassing their level of commitment and interest in the process. Interpersonal relationships and considering both partners in the programme positively enhances value and interdependence for the process. Leaders' support of mentors, especially in the contemporary nursing era, is crucial.

Chapter 3 covers the research design and methodology in detail.

CHAPTER 3

Research design and methodology

3.1   INTRODUCTION

This chapter discusses the research design and methodology used to conduct the study.   The research design and methodology included the population; sampling technique data collection and analysis are discussed.

3.2   RESEARCH DESIGN

A research design is an overall plan for obtaining answers to research questions (Polit & Beck 2010:66). A research design is the set of logical steps taken by the researcher to answer the research question (Brink et al 2006:92). Burns and Grove (2005:211) describe a research design as "a blueprint for conducting the study that maximises control over factors that could interfere with the validity of the finding".

In this study the researcher selected a qualitative, explorative, and hermeneutic phenomenological design to explore professional nurses' perceptions of student mentorship.

3.2.1 Qualitative

Qualitative research is a systematic, interactive, subjective approach used to describe people's life experiences and give them meaning. It is conducted to describe and promote understanding of human experiences such as pain, caring and comfort (Burns & Grove 2009:22). It is a way of gaining insight through discovering meanings. In qualitative studies, researchers begin by talking with or observing people who have first-hand experience of the phenomenon under study (Polit & Beck 2008:17). This approach enabled the researcher to explore the depth, richness and complexity of the phenomenon (Burns & Grove 2009:59). The researcher was also allowed the opportunity to interact with the participants in the environment. The participants in the

study were free to express their views and experiences about mentoring as they understood it or as it gave meaning to them as individuals.

Qualitative research entails an enquiry in which qualities, characteristics or properties of the phenomenon under study are examined for better understanding and explanation. The researcher showed commitment to the participants' viewpoints and there was no intrusion into the natural setting where the phenomenon took place (Henning et al 2004:4).

The holistic worldview of qualitative approach holds that reality is not a single entity, is based on perceptions different for each person, and changes overtime. What is known has meaning only in a given situation (Burns & Grove 2009:59). According to Streubert Speziale and Carpenter (2007:21), multiple realities occur as individuals participate in social actions based on previous experience, leading to understanding the phenomenon in a different way. Thus, multiple realities need to be considered to fully understand the situation.

In this study, the respondents' explained the meaning of mentoring based on their experiences during the process. Out of each respondent's interactions with students, the reality of what mentoring is in the clinical practice was explained differently. Therefore there were multiple realities to consider in understanding what mentoring meant to the respondents. Subjectivity is thus valued as another characteristic of the qualitative approach (Streubert Speziale & Carpenter 2007:20).

The researcher was a co-participant in exploring the phenomenon understudy. The use of interviews and field notes as well as the time spent with the respondents showed the researcher's commitment to exploring the meaning of mentoring to the respondents.

3.2.2 Explorative

Explorative research investigates "the full nature of a phenomenon, the manner in which it is manifested and other factor with which it is related" (Polit & Beck 2008:20). Explorative research begins with some phenomenon of interest and explores the full nature of that phenomenon (Polit & Beck 2008:20-21).

LoBiondo-Wood and Haber (2010:198) state that research is exploratory when the researcher "searches for accurate information about the characteristics of particular subjects, groups, institutions or about the frequency of a phenomenon's occurrence, particularly when little is known about the phenomenon". An exploratory design was selected as the researcher intended to assess and understand the respondents' experiences and understanding of mentoring in a new light, ask questions during the in-depth interviews, and search for new insights (Polit & Beck 2008:21). However, exploratory designs are not intended for generalisation to large populations, they are designed to increase knowledge of the field of study (Burns & Grove 2009:359).

3.2.3 Hermeneutic phenomenology

A hermeneutic phenomenological design guided this study following Heidegger's approach. This design is interpretive in an attempt to analyse and understand the overall perception of the individual human experience from different angles rather than a specific phenomenological event (Fillippo 1991:4). Hermeneutic phenomenology uses lived experiences for better understanding the social, cultural, political and historical context in which those experiences occur. The design also focuses on meaning and interpretations of how socially and historically conditioned individuals interpret their world within a given context (Polit & Beck 2010:263).

Ajjawi and Higgs (2007:616) refer to Smith's (1997) description of hermeneutic phenomenology as a research methodology aiming at producing rich contextual descriptions of the experiences of a selected phenomenon in the life-world of individuals who are able to connect with the experience of others collectively.

The hermeneutic phenomenological design has relevance in the nursing profession because of its historical and social background that forms a frame of reference in the socialisation process. Mentorship as a phenomenon of interest in this study was explored through the respondents' perceptions without disengaging mentoring from the historical and social background of the profession.

According to Heidegger, the aim of hermeneutic enquiry is to elucidate the subjective and humanistic meaning of an experience. It is a way of studying all human activities with the aim of allowing the text to speak for itself. The researcher in hermeneutical

phenomenology is as much part of the research as a participant and the ability to interpret data is reliant on previous knowledge. This affirms that no interpretation is devoid of judgement or that interpretive research is never free from the researcher's judgement or influence (McConnell-Henry, Chapman & Francis 2009:3).

Ajjawi and Higgs (2007:616) found that the use of hermeneutic phenomenology in their study enabled the exploration of participants' experiences with further abstraction and interpretation by the researchers based on their theoretical and personal knowledge.

In this study, the researcher interpreted the participants' narratives and expression of their experiences based on what is already known and on her experience.

Heidegger's concepts of "being" (*dasein*), care (*sorge*), space and disposition were relevant to the study. "Being" refers to being-in-the-world and, most importantly, a person's awareness of being in the world. This refers to being capable of inquiring into one's own being and wondering about one's own existence (McConnell-Henry et al 2009:5). In this study, it meant that the respondents had to know themselves and the reasons for their being in the units not only in relation to patient care, but also to students who are learning.

According to McConnell-Henry et al (2009:5), Heidegger means that "to be" with another person is to care for that person. Taking over others' concern and empowering them via advocacy and facilitation are the two ways in which Heidegger identified caring. In terms of Heidegger's interpretation of caring, professional nurses should show concern for students in their way of mentoring. Professional nurses will be caring if they are interested in the students' learning outcomes, advocate for them, facilitate their learning by planning and involving the multidisciplinary team in student learning, and creating a positive practice environment.

Space and disposition are other concepts that related to this study. Heidegger refers to space as a feeling of being in particular place and a sense of what it means and this influences one's experience. Professional nurses who are supervising the rendering of patient care by subordinates, including students, find themselves in that space of being a supervisor and a mentor. Disposition is explained as a mood in which the experience is lived. This refers to the feelings one has in approaching the situation or

phenomenon. Moods take into account preconceived ideas in relation to the experience of being in the world (McConnell-Henry et al 2009:6). The experience of being a professional nurse in a given unit and the understanding of one's role in a given situation influence one's mood. This can ultimately affect the mood of approaching mentoring.

3.3 RESEARCH METHODOLOGY

Research methodology refers to the logical process followed during the application of scientific methods and techniques when a particular phenomenon is investigated (Polit & Beck 2008:765). The research methodology included the population, sampling and sample, and data collection and analysis.

3.3.1 Population

A research population refers to all the elements individuals, objects or substances that meet certain criteria for inclusion in a given universe (Burns & Grove 2007:42). A population or target population is a collection of objects, events or individuals having some common characteristics that the researcher is interested in studying and to which the researcher wishes to generalise/transfer the research results (Brink et al 2006:206; Cormack 2000:23; Polit & Beck 2008:67). In this study the target population was all professional nurses at operational managers' level working in hospitals accredited by the SANC for training of students in the R425 programme (Burns & Grove 2005:342). Students are placed in these hospitals in various units (wards) for clinical practice.

The accessible population is the portion of the target population to which the researcher has reasonable access (Burns & Grove 2005:342). The accessible population in this study were professional nurses at operational manager's level working in two level 3 (tertiary) hospitals in the Capricorn district in the Polokwane Municipality.

A convenient sampling was used to select the two level 3 tertiary hospitals in the Capricorn district in the Polokwane Municipality. The settings where data was collected are briefly described in table 3.1.

Table 3.1   Description of the research setting

DESCRIPTIVE ITEM	HOSPITAL A	HOSPITAL B
1 Size of the hospital (bed capacity)	509	452
2 Number of units	18	20
3 Medical specialities	13	15
4 Number of operational managers in each unit	1	1
5 Number of operational managers that participated in the study	9	7

3.3.2 Sample and sampling

A sample is a portion of the population considered for actual inclusion in a study (De Vos et al 2005:193).Sampling is a process of selecting a portion or subset of the designated population to represent the entire population. The aim is to get a sample that is as representative as possible of the target population (LoBiondo-Wood & Haber 2010:224; Mouton 2002:110).

The researcher used non-probability, purposive and convenience sampling to select the study participants from the accessible population. In non-probability sampling the researcher judges and selects those participants that know most about the phenomenon and are able to explain and relate the differences within the information provided (Burns & Grove 2009:132). In purposive sampling, information-rich cases are selected for in-depth study of a phenomenon (Streubert Speziale & Carpenter 2007:79; Burns & Grove 2005:355).

For this study, professional nurses at operational manager's level were considered information-rich participants based on their position and categories, the knowledge level relating to years of training, and the mentorship role they have to acquire as they have the expected SANC teaching responsibility to all subordinates, including student nurses. Though mentoring at unit level can be from various categories e.g. enrolled nurses, and amongst students nurses themselves (peer mentoring), for the professional nurses it is an obligatory duty. According to Bally (2007:145), registered nurses, as front-line workers are in an excellent position to embrace and foster positive leadership to support a culture that will enhance mentoring.

Mentoring involves an experienced person and an expert in the specific field of work. Consequently, to be included in this study, the participants had to be professional nurses with four years and more experience in practice, and operational managers working in all units where students of all levels are allocated for clinical practice (Burns & Grove 2009:345; Polit & Beck 2008:338).

Professional nurses excluded from the study were:

- Those working in ICU, High Care, renal and other highly specialised units as students in the R425 programme are not allocated to those units during training.
- Those in accredited clinics and psychiatric institutions.
- Those on vacation or sick leave at the time of data collection.
- Those in managerial positions not directly involved with students during clinical exposure.
- Those with less than 4 years' experience.

The researcher selected a sample of 16 (n=16) from the accessible population (N=26) of professional nurses. The participants were sampled conveniently from the accessible population as only those that were found on duty and consented to participate in the study during the days of data collection, were interviewed.

3.3.3 Data collection

Data collection is "the precise, systematic gathering of information relevant to the research purpose or specific objectives, questions or hypothesis of a study" (Polit & Beck 2010:67, 367). According to Burns and Grove (2005:430), data collection is the process of selecting subjects and gathering data from them and is dependent on the research design and measurement methods. Qualitative research uses several data-collection methods, such as interviews, observation, and written documents and records.

The data was collected by means of semi-structured, face-to- face, in-depth individual interviews on 16 participants (n=16) and responses were tape-recorded as agreed with participants and transcribed verbatim to ease data analysis. The researcher also captured field notes to collect data including the non-verbal cues (Brink et al 2006:146;

Burns & Grove 2005:358). An interview is a structured or unstructured oral communication between the researcher and the participant during which information is obtained for a study (Burns & Grove 2009:705; Brink et al 2006:204). This allowed the participants to freely and fully express their views without any limitations. The length of time spent with the participants to explore the phenomenon was also indicative of the researcher's commitment to allow the participants the opportunity to narrate what they knew about mentoring.

According Ajjawi and Higgs (2007:619) and Polit and Beck (2010:341), in hermeneutic phenomenology, semi-structured interviews provide greater depth or richness in data, allow participants the freedom to respond to questions and probes, and to narrate their experiences without being tied down to specific answers.

3.3.3.1   Data-collection instrument

An interview guide was used to conduct the face-to-face interviews. The participants were asked questions according to interview guide to generate their perceptions of student mentoring. The participants were expected to respond to the question so that the concept mentoring was explored from different viewpoints.

During data collection, probing was done to obtain clarity on participants' responses, when necessary. The participants were asked to explain what mentoring is, the mentoring process, successes and challenges in the mentoring process, and their perceptions on student mentorship. The researcher used a questionnaire to obtain the participants' biographical details of gender, age and years of experience. No identifying personal details were given on the questionnaire.The study had no intention of exploring these variables with regard to mentoring.

The researcher took field notes during the interviews to record unstructured observations. Field notes refer to the things the researcher hears, sees, experiences and thinks in the course of collecting data (Polit & Beck 2008:754).

3.3.3.2　Data-collection process

The researcher obtained permission from the nurse managers of the two hospitals where the study was conducted to brief the operational managers on the purpose and significance of the study. The briefing was done in about 20 minutes allowing questions from participants for clarification. The researcher explained the purpose and significance of the study; assured the participants of privacy, anonymity and confidentiality, and informed them that participation was voluntary as well as that they could withdraw from the study at any time should they so wish. Information letters with consent forms were handed over to them to read individually and sign informed consent. The researcher then arranged appointments with the participants for the interviews.

On the appointed days of the interviews with the participants, the researcher thanked them consenting for participation. The significance of the study was emphasised before the interview to encourage the participants to give truthful and honest information. The researcher established rapport with the participants and again assured them of confidentiality and anonymity by not mentioning their names and units of operation to allay any fear of being victimised (Mouton 2002:157). A questionnaire was used to collect their demographical data, including age, gender and years' experience.The study had no intention of exploring these variables with regard to mentoring.

Before commencing, the researcher obtained permission from each participant to use a tape recorder during the interviews. Data was properly labelled with the date and participant number e.g. 6 and no personal information was written on the scripts for confidentiality purposes.

During data collection open-ended questions were asked following the interview guide though flexibility was allowed. That helped the researcher to follow the participants' interests and thoughts. The participants were allowed to tell their stories freely, at length and with little interruption to obtain richness of data (Holloway & Wheeler 2002:82). The interviews took between 20 and 45 minutes. The interviews were tape-recorded as agreed with participants to capture all the information so that nothing was lost during data analysis. Field notes were also captured.

Probing questions were asked to obtain clarity on participants' responses, when necessary. To protect the participants' privacy, anonymity and confidentiality, the researcher used numbers and not the participants' names and interviews were run in private rooms. Data was collected until data saturation was reached, where no new information, themes or categories emerged (Polit & Beck 2008:357). After each interview, the participants were asked if they would allow the researcher back for a second interview session, to verify other aspects with them should that be necessary.

3.3.4 Data analysis

Data analysis is a process of bringing order, structure and meaning to the mass of collected qualitative data (De Vos et al 2005:333). In qualitative research data analysis begins during data collection, and continues until the end of the study.

The purpose of data analysis is to preserve the uniqueness of each participant's lived experience while permitting the understanding of the phenomenon (Streubert Speziale & Carpenter 2007:60). According to De Vos et al (2005:335), data analysis in qualitative enquiry is two-fold, first at the research site during data collection and second away from the site following the period of collection. The data collected in this study was non-numerical, in the form of written and tape-recorded transcripts. The audio-taped information was transcribed verbatim. By transcribing the interviews and observational notes, the researcher had an opportunity to get immersed in the data and acquire deeper insight into the phenomenon.

Hermeneutic analysis was used in this study for data analysis. A hermeneutic circle was followed which is a metaphor for understanding and interpretation viewed as movement between data and phenomenon (Ajjawi & Higgs 2007:622). The researcher remains open to questions that emerge from studying the phenomenon and allows the text to speak, and the answer is then found in the text.

The six stages of data analysis relevant to interpretive research were followed (Ajjawi & Higgs 2007:623-626). Throughout the stages, there was on-going interpretation of the data (text) and the phenomenon of student mentorship. The six stages of hermeneutic data analysis (Ajjawi & Higgs 2007:623-626) are as follows:

Stage 1: Immersion – organisation of text

The interviews were transcribed verbatim. Texts were constructed for each participant from interview transcripts and field notes, which included the non-verbal expressions of emotions or thought processes such as silence and laughter. The researcher read and reread each interview to become familiar with the text. The researcher listened to the taped interviews repeatedly along with the relevant field notes. The aim was to identify the essence of the experiences or to get the "sense" of the text. That ensured preliminary interpretation which facilitated coding. Emerging thoughts were documented in the form of memos (Ajjawi & Higgs 2007:623; Adolfsson 2010:77).

Stage 2: Understanding – identifying first-order constructs

First-order constructs refer to the participants' ideas expressed in their own words or phrases, which capture the precise details of what the person is saying. To verify the researcher's understanding, first-order constructs were checked with the participants by feeding the ideas raised in the first phase back to the participants and by probing questions. This iterative member check provided a progressively richer and deeper understanding of participants' experiences (Ajjawi & Higgs 2007:624).

Stage 3: Abstraction – identifying second-order constructs and grouping to create themes and sub-themes

Second-order constructs flow from the first-order constructs. The researcher used the interpretation of each interview transcript to form a picture of participant's data as a whole, which then informed understanding of each transcript until a richer, deeper understanding of the phenomenon evolved. At the end of stage three, all text material had been grouped under each construct for each subgroup in order to meet the purpose and objectives of the study (Ajjawi & Higgs 2007:624).

Stage 4: Synthesis and theme development

In this stage, themes and sub-themes were developed and elaborated to identify their relationships through reading and re-reading the data (see chapter 4 for detailed discussion of themes and sub-themes). According to Van Manen (1997:107),

determining the universal or essential quality of a theme is to discover aspects or qualities that make a phenomenon what it is and without which a phenomenon cannot be what it is. This stage involved continuously moving backwards and forwards between the literature, the data and the earlier analysis. This also involved moving from parts to the whole following the hermeneutic circle. The in-depth interpretation helped identify meanings (Ajjawi & Higgs 2007:624).

Stage 5: Illuminating and illustrating the phenomenon

At this stage, literature was examined for links to the themes and sub-themes identified from the previous stages. The themes, sub-themes and their interrelationship were used to illuminate the perceptions about mentorship and highlight key findings from the data (Ajjawi & Higgs 2007:625). Chapter 4 discusses this stage fully.

Stage 6: Integration – Testing and refining the themes

The researcher engaged in a critique through a critical debate of the themes with the final review of literature for key developments that could impact on or increase the understanding of the phenomenon (Ajjawi & Higgs 2007:625) (see chapter 5).

3.4   TRUSTWORTHINESS

Scientific rigor in qualitative studies is measured by its trustworthiness or the extent to which the findings are true to the data and the research context. Trustworthiness refers to validity and reliability or objectivity in research (Babbie & Mouton 2001:276). Measures to ensure trustworthiness of the study evaluate whether the findings reflect the participants' experience and not the researcher's perceptions (Polit & Hungler 2001:312-316). Trustworthiness is ensured by credibility, dependability, confirmability and transferability (De Vos et al 2005:346; Lincoln & Guba 1985:290-294).

Credibility

Credibility includes all activities that increase the probability that credible findings will be produced to ensure credibility (Streubert Speziale & Carpenter 2007:29). The researcher employed the following measures:

- Prolonged engagement with the participants by asking questions until data saturation is reached. Time spent with participants was estimated between 20 and 45 minutes and most interviews were within that time. In the interviews when probing was done, some information was repetitive of what other participants said thus data saturation was reached.

- Performing member checks by consulting the participants with the results to see if they recognised the findings to be their true experiences (Streubert Speziale & Carpenter 2007:29). During interviews the researcher checked with the participants whether she had correctly understood the meaning of what was said. Some transcripts were read back to the participants who were able to confirm that those were their initial responses.

- Referential adequacy is determined by all materials that are available to document the findings (Brink et al 2012:172). In the study, audio recorder, a notebook for taking field notes was used to document the findings. Further, findings were transcribed handwritten then compiled as report on laptop.

Transferability

This refers to the probability that the study findings have meaning to others in similar situations.

- Transferability was ensured through literature control regarding similar findings in other studies (Streubert Speziale & Carpenter 2007:29).

- The purpose was to understand the concept mentoring only in a given context and not to generalise findings.

- Data saturation was reached because the information obtained from other participants was repetitive of information from other participants in the sample of sixteen participants with no new information forthcoming. Data saturation occurs when additional sampling yield no new information, only redundancy of data already collected and themes that emerge are repetitive (Burns & Grove 2011: 317; LoBiondo-Wood & Haber 2010 : 236).

- Thick description was ensured as data was collected using semi-structured, open-ended questions for participants to express themselves. Probing questions

were also asked for further explanation and for clarity. Reporting of findings was also referred to findings from international and national research findings.

- Purposive sampling was ensured as the sample was from a population of professional nurses at operational managers' level who have the responsibility to oversee all activities in the unit including student mentoring. They also are responsible to teach and supervise students.

Dependability

This criterion was met once the researcher had demonstrated the credibility of the findings (Streubert & Carpenter 2007:29). In this study, dependability was ensured through the following:

- Research plan, method and implementation which were checked by the study leader and supported by literature.
- The dense description of research methods and process.

Confirmability

- Interview material, transcripts, documents, findings, interpretations and recommendations were kept for the purpose of an audit trail (Streubert Speziale & Carpenter 2007:29).
- The tape recordings, written participants' consent forms, field notes and transcripts are also kept as evidence that the study was done. Recordings were transferred into the laptop which is personally locked.
- Findings were correlated or supported by literature which was also kept safe for easy retrieval if needed for confirmation.

3.5   ETHICAL CONSIDERATIONS

Ethics deals with matters of right and wrong. *Collins English Dictionary* (1991:533) defines ethics as "a social, religious, or civil code of behaviour considered correct, esp. that of a particular group, profession, or individual". Polit and Beck (2010:167) emphasise that when people are used as study respondents, "care must be exercised in

ensuring that the rights of the respondents are protected".Accordingly, the researcher obtained permission to conduct the study, obtained informed consent from the respondents and respected their right to self-determination, privacy, anonymity and confidentiality, and fair treatment (Burns & Grove 2009:196).

3.5.1 Approval

The researcher obtained ethical approval from the Ethics Committee of the University of South Africa (UNISA) with project number HSHDC/8/2012 (Annexure A).

3.5.2 Permission

Permission to conduct the study was requested and obtained in writing from the following authorities:

- Department of Health, Limpopo Province (Annexure B).
- Ethics Committee (University of Limpopo) Project number PMREC-30/2012 for the two hospitals where the study was conducted. A copy from this committee was handed over to the nurse managers in the two hospitals (Annexure C).
- Consent from individual participants (Annexure D).

3.5.3 Self-determination and informed consent

The right to self-determination is based on the ethical principle of respect for persons, which holds that because people are capable of self-determination, or controlling their own destiny, they should be treated as autonomous agents who have the freedom to conduct their lives as they choose without external controls (Burns & Grove 2009:190).

All the participants were briefed and given information about the study five days before to read and allowed a chance to decide voluntarily whether to participate or not. Informed consent means that participants have adequate information regarding the research, are capable of comprehending the information, and have the power of free choice, enabling them to consent or to decline participation voluntarily (Polit & Beck 2008:176). The researcher informed the participants of the nature and purpose of the study; that participation was voluntary, and that they were free to withdraw from the

study at any time if they so wished (Burns & Grove 2009:201). Their right to refuse to give information even during the study, to ask for clarity or to terminate their participation were also highlighted. No means of coercion was exercised. The researcher also assured them of their right to privacy, anonymity and confidentiality, self-determination, and fair treatment. This information helped those interested to make a conscious decision before giving informed consent for participations by signing informed consent forms (Polit & Beck 2010:122). The participants were promised that the research results would be communicated to them (Polit & Beck 2010:123).

3.5.4 Anonymity, privacy and confidentiality

The right to fair treatment is based on the ethical principle of justice, which holds that each person should be treated fairly and should receive what is due or owed (Burns & Grove 2009:198). It is an individual's right to determine the time, extent and general circumstances under which personal information will be shared with or withheld from others (Burns & Grove 2009:194). Based on the right to privacy, participants have the right to anonymity and the right to assume that the data collected is kept confidential (Burns & Grove 2009:196). Anonymity was assured by using numbers instead of the participants' names without attaching identifying information therefore no informati9on could be linked to a particular participant (Polit & Beck 2010:125). The interviews were conducted in the participants' offices of work. The name of the institution and units were not mentioned and the participants were asked to guard against referring to them in their responses. Confidentiality was assured because the researcher informed the participants that the information would not be shared with anyone other than the researcher's supervisor and the institutions connected with the study. In addition, the audio-tapes and transcripts and demographical forms were stored in a safe place only accessible to the researcher.

3.5.5 Benevolence and non-maleficence

Benevolence is about doing good and promoting it. As an unstructured interview was used, the researcher upheld this principle by carefully structuring the probing questions per individual when necessary. Non-maleficence refers to the duty not to inflict any harm on participants including physical, psychological, social and emotional. There was no anticipated harm in this study to be disclosed to the participants. The researcher

guarded against risks as she participated fully in the study and would disclose any anticipated harm to the participants. The researcher facilitated debriefing by giving the participants the opportunity to ask questions (Brink et al 2006:33). At the end of the interview, participants were asked to say how they felt about the interaction.

Scientific honesty suggests that the researcher has ethical responsibility associated with the conduct and reporting of research. The researcher has proof of how the study was run as explained above. The researcher stayed honestly within the research plan as pre-planned. All sources cited were acknowledged in content and reflected in the list of sources.

3.6   CONCLUSION

This chapter discussed the research design and methodology in detail, including the population, sample and sampling, data collection and analysis, and ethical considerations.

Chapter 4 covers the data analysis and interpretation and the results.

CHAPTER 4

Data analysis and interpretation

4.1   INTRODUCTION

This chapter discusses the data analysis and interpretation and the results. The purpose of data analysis is to preserve the uniqueness of each participant's lived experience while permitting the understanding of the phenomenon (Streubert Speziale & Carpenter 2007:60).   Data analysis is a process of bringing order, structure and meaning to the mass of collected data and transforms data into findings (De Vos et al 2005:337).

The purpose of this study was to explore the perceptions of professional nurses on student mentorship in clinical areas in order to improve or strengthen training strategies, to develop guidelines for tutors and professional nurses to improve student mentorship in clinical areas and to provide recommendations on mentorship so that students are developed professionally and personally.

In order to achieve the purpose, the objectives of this study were to

- determine the meaning of student mentorship by professional nurses
- describe professional nurses' perceptions of student mentorship in the clinical area
- identify professional nurses' successes and challenges encountered with regard to student mentorship during clinical practice
- to develop recommendations for tutors and professional nurses to improve student mentorship in clinical practice

4.2   DATA MANAGEMENT AND ANALYSIS

Qualitative data analysis occurs concurrently with data collection by gathering, managing and interpreting data (Burns & Grove 2009:79).   In qualitative research data

management is reductionistic as it involves converting large masses of data into smaller, more manageable segments (Polit & Beck 2008:515). The data was collected by in-depth individual interviews with 16 participants which were tape-recorded and transcribed verbatim. To protect the participants' privacy, anonymity and confidentiality, the researcher used numbers and not the participants' names.

All the participants were asked open-ended questions following the interview guide though flexibility was allowed. The interviews lasted between 20 and 45 minutes. Probing questions were asked to obtain clarity on participants' responses when necessary.

A hermeneutic data analysis was used in this study, using a hermeneutic circle which is a metaphor for understanding and interpretation viewed as movement between data and phenomenon (Ajjawi & Higgs 2007:622). The researcher remains open to questions that emerge from studying the phenomenon and allow the text to speak, the answer is then found in the text.

The six stages of data analysis in interpretive research were followed (Ajjawi & Higgs 2007:623-626). Throughout the stages, there was on-going interpretation of the text and the phenomenon of mentoring. Table 4.1 lists the stages of hermeneutic data analysis (Ajjawi & Higgs 2007:623-626).

Table 4.1   Stages of hermeneutic data analysis

STAGE	DESCRIPTION	ACTIVITY
Stage 1	Immersion – organisation of text	• Transcription done • Scripts read and reread • Listened to audio recordings along with field notes • Essence identified and memos written
Stage 2	Understanding – identifying first- order constructs	• Member checking • Probing
Stage 3	Abstraction – identifying second-order constructs and grouping to create themes and sub-themes	• Interpretation of transcripts • Grouping text material
Stage 4	Synthesis and theme develop-ment	• Themes and sub-themes developed • Quotations presented without correcting grammatical errors to facilitate
Stage 5	Illuminating and illustrating the phenomenon	• Linking literature to themes and sub-themes
Stage 6	Integration – testing and refining the themes	• Critique on themes • Final literature review

4.3   FINDINGS

4.3.1 Participants' demographical details

Sixteen operational managers from two institutions were participants in this study (n=16). The participants' demographical data of gender, age and years of experience as a professional nurse are presented below. The study had no intention of exploring these variables with regard to mentoring.

Institution A

Total number of participants=9

GENDER	AGE	YEARS OF EXPERIENCE AS PROFESSIONAL NURSE
Females=8 Male=1	40–49=2 50–59=7	20–29=9

Institution B

Total number of participants=7

GENDER	AGE	YEARS OF EXPERIENCE AS PROFESSIONAL NURSE
Females=7	30–39=1 40–49=3 50–59=3	10–19=1 20–29=5 30–39=1

4.3.2 Themes and sub-themes

Four main themes with sub-themes emerged from the data. Each theme is discussed in detail with relevant quotations from participants. The quotations are presented without interfering with the grammar in the statements and are coded to facilitate audit trail. Relevant national and international literature was reviewed and integrated with the findings. Table 4.2 presents the themes and sub-themes.

Table 4.2   Themes and sub-themes

THEME	SUB-THEME
Theme 1: The mentoring chameleon	• Meaning of mentoring • A caring phenomenon • Mentoring is a process
Theme 2: Perceptions of mentoring	• A core concept to apply in student nurses' training • Mentoring is a team effort/partnership • Mentoring is commitment • Mentoring is developmental • Mentoring is role modelling
Theme 3: Successes in mentoring	• Mentee-related benefits • Mentor-related benefits • Organisation-related benefits

Theme 4: Challenges encountered	• Mentor-mentee
	• Communication
	• Time
	• Resources
	   o Personnel
	   o Material
	• Practice environment

4.3.3   Theme 1: The mentoring chameleon

The first theme was the mentoring chameleon. The subthemes in this category will be discussed individually with direct quotations from the participants' and reference to the literature reviewed.

Although mentoring is a globally accepted and applied phenomenon in the nursing profession as in other organisations, the findings in this study indicated that mentoring derives its true meaning as individuals apply it and perceive it as it suits the specific environment. The researcher found that the participants in different units in the same hospital perceived the concept, the meaning attached and how it took shape in its application differently.

Mentoring is universally recognised because of the results it yields to the organisations especially regarding the product yet still cannot be explained, viewed or applied in the same way in organisations. Mentoring is thus context and individual specific. The

findings of this study therefore support Jones et al's (2005:1) description of mentoring as a chameleon. The following sub-themes were identified in the theme of the mentoring chameleon:

- Meaning of mentoring
- A caring phenomenon
- Mentoring is a process

4.3.3.1   Meaning of mentoring

The participants explained mentoring in diverse ways. It was not perceived as an independent or isolated concept, but included other concepts that gave meaning to them of what mentoring is. Some concepts were mentioned by most of the participants while others were mentioned by a few. According to the participants, mentoring is:

> *Mentorship, I think, is like teaching, can also be included in mentoring, discussions also can also be included in mentoring according to my understanding, may even be giving, ehhh, general knowledge ... may the behaviour as they are still teenagers and they need also to be encouraged mostly concerning their career.*

> *According to me, mentoring is mmm ... being a leader, being a teacher, a supervisor, being all what you will be to the students.*

> *Mentoring I can say is guiding, supervising the students in a clinical setting.*

> *According to me, mentoring is accompanying students in the clinical area, show them how to do things, how to demonstrate procedures to them.*

Goals of mentoring in various organisations may be similar though with limited variations, but explaining what it is, is elusive (Ehrich & Hansford 1999:92).

Andrew and Chilton (2000:555) point out that nationally and internationally there is no consensus on the definition of the concept and various interpretations of its roles. The researcher is of the opinion that the meaning may vary, just as operational managers

are individuals and have different styles of management, but the application (process) should be intensified to meet the critical intentions of the process.

Haley-Andrews and Winch (2001:147) describe mentoring as a developmental, empowering and nurturing relationship that extends over a period of time, involving mutual sharing, learning and growth that occur in an atmosphere of respect and affirmation.

Torres-Guzman and Goodwin (in Provident 2005:2) define mentoring as "an intense, dyadic relationship in which the mentor furthers the professional and personal development of the protégé by providing information, assistance, support and guidance". Mentoring is "a developmental, caring, sharing, helping relationship where one person invests time, know-how and effort to increase and improve another person's growth, knowledge and skills" (Stone & Coetzee 2005:33).

According to Hayes (2005:442), mentoring is accomplished through its sub-role functions of teaching, socialising, providing opportunity, sponsoring, coaching, guiding, protecting, advising and counselling, encouraging, inspiring, challenging, role modelling, supporting and befriending. Smith et al (2001:101) state that mentoring encompasses role modelling, precepting and coaching, as follows:

- Role modelling is a passive process of identification that ends when the new nurse becomes skilled. New nurses merely copy behaviours without understanding their rationale. It occurs without any real relationship.
- Precepting takes place when an inexperienced individual works with an experienced individual. The relationship is task-oriented, short-termed, assigned and less intense than mentoring. The outcomes are skill and knowledge attainment, anxiety reduction and safe practice.
- Coaching results when peers or supervisors "train" a person while working on a short-term project. It relates to a problem-solving activity.

4.3.3.2   A caring phenomenon

In explaining mentoring, most of the participants used concepts that indicated that mentoring is a caring phenomenon. For example:

Mentoring is taking the students through every activity.

According to me, mentoring is accompanying students in the clinical area, showing them how to do things, demonstrating procedures to them.

Some of the participants also used terms like guiding, teaching, support, supervision, help and accompanying, which have the same meaning as caring. Some students are new to the practice environment while others are promoted to the next level of study and neither have any experiential background to base their approach or practice in the clinical situation. Student nurses coming to clinical practice are expected to have theoretical knowledge and need to put it into practice with guidance from mentors who are said to be experts in the clinical field. The following participants' responses indicate taking care of students who "need-to-learn":

Mentoring is to teach and take students along with anybody and to make them part of what you are doing in the unit.

Mentoring is providing information step by step theoretically and practically, helping them with information and practice.

The act of caring is inherent in mentoring and thus mentors should reflect a positive and caring attitude towards their mentees at all times (Davis-Dick 2008:3). Sambunjak, Strauss and Marusic (2009:74) state that mentoring includes altruism. Wroten and Waite (2009:106) describe student nurses as human beings who require the human relationship of caring, support and encouragement that comes from good mentoring.

This way of caring ensures that students develop a sense of belonging to a health team and a sense of worth in the nursing practice. Furthermore, students are not left in isolation as they are included as part of the health team, which reduces the potential sense of isolation created by lack of attention from qualified staff (Greenwood 2003:2).

Rohatinsky (2008:9) found that through mentoring student nurses had decreased stress and an increased sense of belonging and support.

According to one participant: "*Students should not be isolated, seeing themselves at a certain corner".* Involving students and taking them along instils a sense of pride in and "a feeling of belonging to a health team" as well as that their efforts are appreciated.

Students coming to the units have theoretical knowledge with little or no practical skills, depending on their level of study. Mentors should give information in a reciprocal way and help them in the practical skills to empower them. Information given will assist them to practise correctly with minimal fear as student nurses feel protected if mentored (Hayes 2005:442). In this case they are cared for with regard to their knowledge deficit pertaining to the practical situation. According to Benner (2004:191), mentors to students at novice level are resources and the clinical supervision on call to deal with questions and emergencies encountered by students.

The participants' definitions of mentoring support the Heidegger's concepts of 'being' (*dasein*) and care (*sorge*) (McConnell-Henry et al 2009:5; McCloughen et al 2011:100). As they "accompany" students, "show them how to do things" and "how to demonstrate procedures to them" it indicates there is an understanding and knowledge of their "being there", why mentors are in the unit. This also indicates that they care for the students."Being" refers to being-in-the-world and, most importantly, a person's awareness of being in the world. This refers to being capable of inquiring into one's own being and wondering about one's own existence (McConnell-Henry et al 2009:5). In this study, it meant that the participants had to know themselves and the reasons for their being in the units not only in relation to patient care, but also to students who are learning.

According to McConnell-Henry et al (2009:5), Heidegger means that "to be" with another person is to care for that person. Taking over others' concern and empowering them via advocacy and facilitation are the two ways in which Heidegger identified caring. In terms of Heidegger's interpretation of caring, professional nurses should show concern for students in their way of mentoring. Professional nurses will be caring if they are interested in the students' learning outcomes, advocate for them, facilitate their learning by planning and involving the multidisciplinary team in student learning, and creating a positive practice environment.

Wroten and Waite (2009:108) emphasise that if "we want to see advances among our students and colleagues, the ethic of true caring needs to be operationalised at many levels and mentoring is a central strategy to professional growth and development". In a study on the mentoring role of unit managers in a clinical psychiatric setting, Chabedi (2010:70) found that the participants reported that mentoring is taking care of and leading a student nurse.

4.3.3.3 Mentoring is a process

The participants accepted that student nurses were entitled to teaching, guiding, supervision and accompaniment. Most of the participants where student nurses were placed for clinical practice needed to have the student nurses' learning objectives to guide them to focus their teaching on a specific level of training and ensure the relevance of information given. According to the participants:

> *Mentoring is taking care of the students, guiding them according to their objectives.*

> *We teach them according to objectives.*

> *We consider their objectives according to their level of training.*

> *We allocate activities according to their level of training and the learning objectives.*

Most of the participants stated that an orientation of students in the units on the environment and other work-related issues was important so that students were introduced into the new practice environment.

> *As it is the first time encounter, we need to clear the students as they are new in the unit. We orientate them on the layout of the unit and their outcomes, working along what they are to achieve.*

> *We consider the learning objectives to check where we are in teaching.*

The participants reported that in-services were done in most of the units as a means of sharing information with students. The in-services included theory, which is a prerequisite for the students to be able to function with insight in the practice environment, and to some extent the demonstrations were done as the practice environment is theory and practice together (psychomotor skills). The participants also held discussions with student nurses in units of practice:

We do in-service, considering level of students and according to conditions.

Students also do choose topics themselves and not that they are going to present during the in-service, but we hold discussions to share the understanding of the topic.

Students were delegated to go with professional nurses who would teach them and, conversely, professional nurses were allocated or delegated to mentor students. The participants indicated that this strategy was reliable in ensuring that teaching did take place as feedback was also requested from those delegated, mentor and mentee. According to the participants:

Professional nurses do everything with the students as they are delegated with professional nurses. The student and the professional nurse are to give feedback on what was learned. Mentoring must take place, like it or not. Assign and request feedback, follow up, demand feedback to check if learners are mentored.

Monthly allocation of professional nurses for teaching. Delegation of a mentor for students, like it or not. Run in-services including students. Daily feedback in the morning by both the professional nurse and the student to check if learning is taking place.

I can teach but no feedback because, as you see, I am here.

Students are delegated with professional nurses, who teach them on procedures and evaluate them on procedures done.

Some of the participants stated that spot teaching is done where students were taught when found doing something in the unit or they observed how the students were

performing and corrected them, when necessary. The students were asked questions that correlated theory to practice. Demonstrations were done where students were allowed to be with professional nurses to observe how things were done. Allowing the student nurses the opportunity to practise was highlighted as a way of seeing how they practised and was regarded as involving student nurses. In addition, the participants emphasised that supervision and accompanying them was another way of supporting student nurses in doing their duties, seeing what they were doing and helping them:

> *We also do observations and spot teaching and if they are not doing what is to be done, we correct them and when professional nurses are doing the procedure they go with them to see how it is done.*

> *Students are given an opportunity to practise but under supervision and we are there with students when doing the procedure.*

> *Supervision is done by an informed, skilful professional nurse and as they combine theory with practice, supervision must be direct. Students should not be isolated, seeing them at a certain corner.*

> *Students are engaged through delegation, they must go with the sisters as we are doing cubicle nursing. Without involving them, we will lose them.*

> *Students to work under supervision and sisters to be supervising all procedures.*

> *Somebody must be with them every time to accompany them during the procedure.*

> *We accompany students, being guided by their objectives.*

The participants stated that communication was the core in the whole mentoring process, which triggered the needed participation, and a powerful tool in building the mentor-mentee relationship and creating an environment conducive to practice. Communication ensured that mentors were approachable and did not scare the students. Some of the participants indicated that they gave students time to talk to them to correct them and help them do things the right way. According to the participants:

Listen to them, give them an ear and at the end you will win them. When somebody misbehaves from the first day, but at the end of the day after they called the very same student to talk to, you may find that he understand that the thing he was doing is wrong.

Sit down with them and explain the importance of learning, how they should behave, and explain everything to them then they will not be problematic.

Talk to them when you are ready and the interaction with students must be positive.

Communication is important. Talk to the students about the importance of being here and the expectations. Motivate them with this motto "Knowledge is power".

As students are still new in the profession, and I see others that show no interest, I call and encourage them. I do not want to destroy, but I want them to develop interest in what they see happen here.

The participants viewed mentoring as dichotomous rendering career and psychosocial support. They also indicated the essence as seeing a mentee as human and that mentoring should be holistic. Accordingly, it is important for mentoring to be multifocal, addressing both curricula objectives and personal aspects. As the participants pointed out,

A *student is also a social being and should thus be supported as a person as this has an impact on mentoring.*

Mentoring also involves social life.

One student was not cooperative because of social problems and nothing was done for her from the tutors' side.

Interview the students to find out what problems they have, because they can have social or family problems.

The findings indicate that it is in the application or implementation that the depth and the intensity of the mentoring are understood .In the same way, mentoring has to be

operationalised in practice to better understand the steps unfolding in the process. This promotes and facilitates its success and strengthens ties in the process. At the same time, it enables identifying challenges (weaknesses) for which strategies need to be devised so that benefits are continually upheld. In a study on mentorship in contemporary practice and the experiences of nursing students and practice mentors, Myall, Levett-Jones and Lathlean (2008:1834) found that its application narrowed a gap between what is said about mentoring (rhetoric) and what its reality is.

With regard to linking theory with practice in mentoring to narrow the gap between the two, Rikhotsto (2011:48) found theory-practice discrepancies. Hewison and Wildman (2008:754) reported that there are still fundamental divergences of approaches used in the clinical area.

All the participants indicated the need for students to be taught. Most of the participants accepted that for the student nurses to be functional or operational in the practice of nursing, teaching, support, supervision and motivation have to take place through all members of the health team. As one participant stated:

> *Provide information step by step theoretically and practically.*

According to Wroten and Waite (2009:109), students lack the skills to manoeuvre effectively through and respond to the challenges encountered in the "culture of nursing" academics. Expertise in nursing practice consists of caring, clinical judgement and ethics (Benner, Tanner & Chelsa 1996:143). When student nurses have learned what is being taught to acquaint them with what is expected they are then socialised into the profession.

In an academic setting mentoring includes transmission of skill (i.e. job preparation) as well as socialisation into academia and includes one-on-one teaching. The orientation of students into the clinical placement area is part of what is needed to build a good mentor-student relationship (Ali & Panther 2008:38).

Most of the participants indicated that consideration of clinical learning objectives/ outcomes for each group and level of students was the basis and frame of reference in teaching student nurses. These help mentors to gradually guide and help student

nurses to be functional in the clinical area and meet the specific learning outcomes. In Sasketchwan, USA. Rohatinsky (2008:8) found similar perceptions of the respondents on mentoring.

In principle, learning starts from simple to complex so objectives are subdivided according to the various levels. Having objectives per levels in training allows the gradual socialisation of student nurses into academia and the transmission of skills for job preparation (Hinkle & Kopp 2006:197).

Myall et al (2008:1838) found the preparation undertaken for arrival in the clinical environment was important to welcome a student to a new practice area. Ali and Panther (2008:38) emphasise the significance of orientation in building a good mentor-mentee relationship where other strategies of teaching including in-service are employed.

The participants indicated that "in-services" are run as strategies to involve students and assist them to learn by discussing topics specific to the units. In-services are run in specific units to address topics relative to patients nursed in those units. The respondents stated that the in-services were valuable as some student nurses freely chose, prepared, presented and discussed topics with personnel. Mentoring involves interaction between mentors and mentees and elicits discussion to show mutual commitment to the whole process (Provident 2005:3). In-services were run mostly in the morning as formal presentations and afterwards the mentors and student nurses proceeded with daily activities in allocated cubicles where further teaching and feedback took place.

Myall et al (2008:1838) support allocating mentors to work with students and mentors should always endeavour to provide students with effective and constructive feedback. In this study few participants indicated the provision of feedback which was actually demanded and given in the morning. Some requested feedback at the end of the exposure which was fruitless as weaknesses were diagnosed when student nurses were returning to college, thereby leaving no room for correction.

Gray and Smith (2000:1548) equate incorporation of feedback with good mentors. Allocating mentors to student nurses is a preferred and successful means of mentoring

since a responsibility delegated holds one accountable. If students are not allocated to professional nurses to mentor, learning will be and remain an unachieved goal as one of the participants emphasised: "Without involving them, we will lose them".

Mentors should be allocated to students to facilitate learning and mentoring considered a moral obligation to the next generation of nurses (Kilcullen 2007:95; Wroten & Waite 2009:107). As part of support, guidance and supervision, it is important that students are given timely and constructive feedback. According to Wieck (2003:157), students want frequent feedback and to know how they are doing and how they can improve.

Volschenk (2009:8) found that some operational managers gave feedback at the end of the clinical exposure to identify gaps and help prepare for the next group of students. Kilcullen (2007:101) reported that feedback was often given at the end of the placement and this provided an opportunity to improve or discuss progress with the mentor.

In this study, some of the participants gave feedback on a daily basis, especially in the morning, but one participant indicated that no feedback was given. This was of concern because the effectiveness of mentoring was not monitored. Such disparities lead to weaknesses of the process of mentoring not being diagnosed and dealt with while students are still in placement, thus disadvantaging those with whom feedback was given on exit or those who received no feedback at all. The finding that some participants kept quiet on this issue could indicate little or no feedback which, then, might be due to staff unwillingness to praise students or attempting to protect the students' feeling.

"Credit stealing" is a toxic mentoring behaviour associated with unwillingness to give feedback which denies the mentee the opportunity to celebrate big and small milestones and recognise the achievements which foster feelings of acceptance, value and pride (Ensher & Murphy 2010:2; Bally 2007:146). Feedback is important as it enables the role players to diagnose their strengths and pitfalls and thus derive means of rendering the whole mentorship process effective. Sambunjak et al (2009:75) refer to giving positive feedback and constructive criticism as actions of a good mentor.

Most of the participants upheld student support and mentioned that students are supervised on duties delegated to them as follows:

correcting them if going wrong
going with them
being with students during the procedure

Myall et al's (2008:1838) findings affirmed the aspect of support from both the mentors and the mentees. Mentors understood their role and the importance of supporting students during their clinical placements. Mentees viewed mentors as the source of support and that the level of support given was adequate to meet their needs. Mabuda, Potgieter and Alberts (2008:66) found that the majority of unit managers gave students the necessary support.

The support given to students in practice makes them feel part of the health team and safe when executing duties as they are with those who are experienced in the practice. This kind of support encourages students to participate in unit activities. The support and reflection provided by mentors during placement serve to reaffirm the validity of students' work and to justify that they are not being used as another pair of hands (Greenwood 2003:4).

The activities of spot teaching, observation, demonstration and supervision also indicate that mentors ensure that student nurses are taught "hands on" and guide them where necessary. In this study the participants emphasised the need for student nurses to learn and be allowed the opportunity to practise, thereby involving them and regarding them as part of the health team. This result supported Chabedi (2009:53)'s findings that students enjoy active participation in their learning*.*

McConnell-Henry et al (2009:6) state that mentoring helps students identify with the health team and understand their "being" (*dasein*) and their "authenticity", that is being aware of what it means to exist. Ali and Panther (2008:36) point out that mentorship provides opportunities for students to practise the theory they learned outside the practice setting and helps them develop a professional identity. Volschenk (2009:6) found that students who were not mentored felt unappreciated and were left to struggle with difficult or unfamiliar tasks.

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According to Rikhotso (2011:4), mentorship contributes to positive clinical experience, including support for learning, and feeling part of the clinical team. Regardless of the level of study, it remains essential to support students depending on their level of competence which dictates the intense supervision needed. This supervision enhances clinical experience and in the whole interaction mentor-mentee communication is deemed important (Ali & Panther 2008:36).

Mentoring cannot be mentoring if mentor and mentee do not communicate. In the process of communication, "how" and "when" they communicate determines or helps build the mentor-mentee relationship that is crucial.

Communication in mentoring serves to build a relationship in which a mentor is involved in a powerful interpersonal relationship with a less experienced, normally young person. Wieck (2003:156) maintains that students expect instructors to be good communicators. Interpersonal relationships between mentor and mentee are at the heart of mentoring. Mutual sharing of information through good communication skills is one of the aspects that build a successful mentoring relationship (Harris 2007:54; Davis-Dick 2008:3).

Wroten and Waite (2009:106) contend that it is important to provide mentors for today's unique and diverse student population to enable them to cope with the complexity of their personal lives. This supports Grossman's (2007:35) finding that mentoring is a long-term, close, personal and guiding relationship between an expert and a novice in a practice field. The prime focus of mentoring is on personal and professional growth that takes time and is determined by the holistic learning needs of the mentee, not the curriculum objectives (Harris 2007:53).

4.3.4 Theme 2: Perceptions of mentoring

The participants were asked how they perceive the concept mentoring in the nursing practice in terms of space and disposition. Heidegger refers to space as a feeling of being in a particular space and a sense of what it means and this influence one's experience. Professional nurses who supervise the rendering of patient care by subordinates, including students, find themselves in that space of being a supervisor and a mentor.

Disposition is a mood in which the experience is lived and refers to the feelings a person has in approaching the situation or phenomenon. Moods take into account the preconceived idea in relation to the experience of being in the world (McConnell-Henry et al 2009:9). The experience of being professional nurses in given units and the understanding of their role in a situation influence their mood. This can ultimately affect the mood of approaching mentoring.

The participants' perceptions referred to describing what mentoring is and eliciting what their feelings are about it. The participants advocated for mentoring and that it must be cherished in the nursing practice if its goals are to be achieved and a high standard sustained in the profession.

The participants described mentoring as good, important, useful, interesting, serious and valuable.

4.3.4.1   A core concept to apply in student nurses' training

Most of the participants regarded mentoring as an important tool in the preparation of student nurses for their future roles as professionals. The participants indicated positive and negative aspects of mentoring. According to the participants:

> *Without mentoring we are going nowhere* (emphatic emphasis with hands, and eyes closed)*. We need mentoring in nursing. Nursing is a profession never to say "I know so much".*

> *Mentoring is good and fruitful and students appreciate it and are able to participate in tasks.*

> *It is very important and very useful because the students are teenagers and still naughty and need to be mentored. Students, they love it, they love it and it is a success.*

> *Mentoring is a good concept. It must take place, like it or not. It is very interesting* (eyes closed) *and it is also serious, but is not given the necessary support.*

Other professional nurses do it as their responsibility and they are aware of their four core functions, teaching is one of them.

It is a valued, important activity to be done by all in the clinical area as it prepares the students who are the future of the profession.

One of the participants indicated that mentoring was either not done at all or was not well done because it should take place every time students were in the unit:

Mentoring is not happening, is not well done. Tutors are not coming. It is not done on a daily basis. Mentoring is a worrisome concept and the problem will just continue because there is no one based in the hospital. It is not well done.

Most of the participants indicated mentoring was the way to go in nursing practice to prepare students nurses as future professionals. Wroten and Waite (2009:107) found that mentoring should be done, was a part of professional responsibility and a moral obligation to the next generation. In their study, Block, Claffey, Korow and McCaffery (2005:138) found that mentoring is valued by nurses as they have the responsibility towards the profession and the newest members in the profession.

According to Pololi and Knight (2005:868), many operational managers regard mentoring as "ploughing back" to the profession where seasoned professionals give back to their profession. According to Wroten and Waite (2009:108), phrases like "passing it forward" "giving back" and "lifting as we climb" are commonly used about mentoring.

The finding in this study that mentoring was "not taken serious[ly]" and also referred to as a "worrisome concept" raised concern. At the same time it supported Ali and Panther's (2008:38) statement that mentoring is an often-overlooked career development strategy.

Most of the participants indicated that taking students along during activities and teaching them during the execution of these activities frequently ran concurrently. In other cases student nurses were just taken along for observation if teaching was not possible then and procedures explained later. That means that it was accepted that in

nursing one is taught as one observes and gets involved in the activities as expressed by one participant: "*We are doing next to Nelly*". Nursing is essentially not learned or practised in a simulation room, it is real and practical and thus those taught should preferably be taught in real life.

Rikhotso (2011:2) emphasises that the SANC (1992:6) stipulates that students in the clinical area should be taught as part of mentoring, but in practice those who are expected to mentor often view it differently. Mentoring is a professional responsibility and is either compulsory or voluntary dependent on the type of mentoring programme applied in the institution (Haley-Andrews & Winch 2001:147; Ehrich & Hansford 1999:94). Andrew and Chilton (2000:555) point out that in practice mentors often do not do so by choice, but it has become a compulsory part of their responsibilities.

The study found these differences among the participants not only in the hospital, but in a unit where mentors have close interaction. This raised the question in the researcher's mind of whether mentoring really took place. However, some of the participants set the researcher's mind at ease when they reported that those who viewed it differently were persuaded and motivated by the idea of being responsible for student nurses to participate in mentoring.

According to one participant, mentoring was not done the way it used to be, because there was no longer a clinical department where tutors were based in the hospitals solely for clinical teaching and coordinating the whole process. The participant stated that this department had had direct communication with units and student nurses were taken out of units for simulation on schedule and back to units for follow up. This activity yielded best results with regard to student nurse training.

Although the researcher found no supporting literature for this finding, the researcher's own and most professional nurses' experience attested to the reality and benefits of mentoring. This is what the National Department of Health (2012:29) plans to re-establish as a new model for clinical nursing education and training. In this model, clinical teaching departments/units will be re-established at all nursing education institutions or hospitals, supported by a coordinated system of clinical preceptors and clinical supervisors.

4.3.4.2   Mentoring is a team effort/partnership

The participants stated that even though they mentored student nurses, they were not the only ones in the units doing it.   Other professionals also formed part of the mentoring team, teaching and showing students nurses what they need to learn, and expert knowledge was also shared with students. According to the participants:

> *Professors are also involved and they are able to come down to the level of the students.*

> *The competent staff come to show students, all categories, those that excel and have recent information so that students get first-grade information by those competent.*

> *Everybody is involved, the professional nurses, enrolled nurses, enrolled auxiliaries, cleaners on mob coding and fire extinguishers.*

> *Mentoring is the development of nurses into professionals through teaching, evaluation and supervision; all are involved and doctors in here do teach.*

However, some participants indicated that they did not see tutors coming to see the student nurses. According to one participant:

> *Mentoring is not happening. It would happen daily if tutors were there.*

A few participants described mentoring as a calling, indicating that it can best be done only by those that love and understand it:

> *Mentoring is a calling because not everybody can mentor the students on training. Love what you are doing and impart it in a beautiful way.*

> *It is a gift to teach. I am not gifted in teaching, but I make sure that as long as students are on duty, teaching must occur.*

The participants' understanding of who could or should mentor students varied. Since the concept of teaching features in the definition of mentoring, it sounds reasonable and

acceptable to refer the process of mentoring to professional nurses as they have a teaching function. Many regard mentoring as a professional responsibility, an important role to be assumed by every nurse (Bally 2007:143-149; Bray & Nettleton 2007:849; Ehrich & Hansford 1999:102).

In a study on the lived experiences of mentoring nurses in Malaysia, Enrico and Chapman (2011:100) found that many respondents maintained that not all could mentor students effectively, thus raising the question of who should actually do mentoring effectively. In this study, some participants indicated that they did not have the knowledge and skills to mentor student nurses nor did they know what to do or expect from mentoring. According to Andrew and Chilton (2000:556), this may be because of fear and doubts about their own level of preparation and knowledge that they have not been adequately prepared.

Some of the participants referred to the use of a multidisciplinary team. That indicated how participants valued the contributions made by all members of the health team and trusted them to impart specific knowledge to empower student nurses in the practice. At the same time, however, a few participants reported that teaching was done by professors during unit rounds, but also by enrolled and auxiliary nurses, and even by cleaners. Chabedi (2010:76) found that student nurses deemed it advantageous to have managers involving other personnel in the unit for their mentoring. The researcher found little literature to support this approach. Smith et al (2001:103) found that type of approach and caution that mentees with more than one mentor may be inclined to play a blame game when something goes wrong, pitting mentors against each other rather than taking responsibility for their own behaviour.

Many of the participants indicated teaching as the key element in mentoring, which also concurs with the findings of Hayes (2005:442) and Smith et al (2001:101). However, Kalen et al (2010:317) found that medical students emphasised that mentoring was more supportive than supplying knowledge.

As many of the participants indicated, since teaching was to take place in whatever form, any expert knowledge that would help the student nurses to grow into the profession was acceptable. They referred to professors who taught student nurses as they were involved in doctors' rounds. Furthermore, the participants referred not only to

expert knowledge but also included even the lowest category of personnel (e.g. cleaners), who were seen to have knowledge in their area of work. Brathwaite (2002:4) emphasises that learning becomes a journey of discovery guided by the mentor but enriched by the participants of the group.

Some of the participants stated that if tutors accompanied student nurses, they would suitably form a team with the unit personnel to mentor student nurses. They assumed that this would help in understanding students better, accepting them as individuals and winning them to the profession in the early stages because the participants are the first contacts for the student nurses. One participant emphasised that mentoring should be mostly strengthened from level one so that student nurses are moulded and groomed to fit into the profession. Wooten and Crane (2003:277) maintain that socialisation is critical in the first year of employment and it is the staff nurse's opportunity to mould the newcomer into a team player and help the individual adapt to the organisation.

Provident (2005:5) points out that mentoring has changed overtime from a hierarchical model to one that encourages equal partnership in the process. It is also referred to as collaborative mentoring where there is mutual empowerment and learning. According to Hinkle and Kopp (2006:198), mentoring is collaborative and a reciprocal process and therefore mutually satisfying.

4.3.4.3   Mentoring is commitment

The participants indicated that mentoring calls for commitment of both the mentor and mentee. Without commitment, the goals of mentoring would never be achieved. According to the participants:

> *Commitment oh!!! It is important.*

> *Professional nurses are with students during the procedure. Students also do participate as they are encouraged.*

> *Students are involved in everything, given topics and others choose topics themselves.*

Willing to present as they want to show their potential. They are given a chance to participate.

As students are involved, they participate actively (laughing)*.*

The participants stated that they expected student nurses to come prepared to the clinical area; that is, to have sufficient information necessary to help in the practice according to the level of training. They also indicated that this was not the case with many student nurses as they lacked the basic knowledge to kick start their clinical practice as practice is co-joined with theory. In addition, the participants regarded student nurses' initiatives important in considering the student nurses' commitment to learning.

Students do not have basic knowledge and this takes time as they are to start afresh. This information will help them combine theory and practice and will help them in their practicals.

Ah ... you see, [kasesotho bare "kgomo go tsoshwa ye e itsoshago] (taking an initiative).Some students do not show interest in learning even if they are pushed to learn but I call them to the office to encourage them as they are still new in the profession.

Some students are not keen to learn. They do not show any initiative, they have no direction, it is like, "I am on duty, what else?" They are not keen and you have to keep looking for them.

Concerning professional nurses who are to serve as mentors, the participants also reported that there was an element of lack of interest and unwillingness to be with student nurses and teach them.

Professional nurses don't care about students, they do not involve students. They lack interest in teaching and don't see the value of involving them. Some do, some don't.

The participants regarded commitment as important for effective mentorship. This was consistent with Harris' (2007:58) findings that there has to be commitment on the art of

the mentee and the mentor. Based on the findings, the researcher concluded that the key determinants for commitment were willingness, interest and cooperation from both mentor or mentee.

Most of the participants reported that willingness, interest and cooperation presented a challenge in the whole process of mentoring, for both mentors and mentees. The challenge in these aspects was short-lived though because encouragement and motivation for both mentors and mentees brought a marked change in interest, willingness and cooperation. Interest of other professional nurses was sparked through motivation and it is thus, according Andrew and Chilton (2000:555), that to others it was just observing how others were doing it. This talks to operational mangers that mentors need motivation and support with their mentees too.

The reverse or opposite of the above challenge was evidenced as some of the participants reported that a few student nurses were coming forth and asking to be given specific topics to prepare, present and discuss with the staff members. That indicated that mentoring was viewed as collaborative, reciprocal, a two-way process where the efforts of all involved should be brought together to ensure its effectiveness and mutual satisfaction (Provident 2005:2; Hinkle & Kopp 2006:197). Mabuda et al (2008:59) found that students reported that they enjoyed being given or assigned challenging activities.

Some of the participants indicated that there were professional nurses who were not willing to mentor student nurses because they did do nursing education. They felt inadequate and embarrassed that they would fail to meet the student nurses' needs. In Malaysia, Enrico and Chapman (2011:100) found that the participants experienced stress as they were not well prepared for mentoring. According to Myall et al (2008:1836), commitment to mentoring on the part of professional nurses who were to mentor was hampered by feeling unprepared for the role and a lack of confidence in their ability to support students.

Taking initiatives from the mentees is also vital in the mentoring process because that means that student nurses are able to diagnose their learning needs. In this study, the participants said that student nurses had had no initiation or showed no responsibility for their learning with some lacking basic knowledge of the previous theoretical work

done. Enrico and Chapman (2011:101) found that participants revealed that mentees had no initiative and were not up to standard.

The desire to learn and feeling passionate about their profession, motivation and commitment, demonstrating initiative, using all opportunities to consult mentors and other resource people and the ability to act responsibly and independently are the responsibilities of the mentees (McCloughen et al 2009:327; Rohatinsky 2008:6). In this study, some of the participants indicated that they took time to speak to the student nurses in their units about what was expected. This indicated that if expectations are not communicated, there could be misunderstanding among mentors and mentees.

4.3.4.4 Mentoring is developmental

Student nurses are new in the field of nursing and for them to acquire the skills needed to make them fit for practice, they should be mentored.

Most of the participants referred to the students' professional development (into being professionals) in their definition of mentoring. Although it was mostly professional development that emerged, the significant element of social development also emerged faintly from a few participants and this marked the essence of meeting the holistic needs of individuals. According to the participants:

> *Mentoring means guiding so that in the long run to display what to perform on how one is taught.*

> *Mentoring is taking the students through every activity to prepare them as future professionals.*

> *Mentoring is grooming of students, teaching, advise and give information on work-related issues.*

> *During the period of training, level III and IV they are able to do as expected and ... mmm ... they show a level of maturity in the profession. Some of the students after completion come and work with us in our hospital and they are changed and they are from our hands.*

It is an indisputable fact that the people who are currently active in the organisations, keeping it at the level of maximum performance, are aging. Bearing this in mind, it is thus important to prepare and groom young men and women to sustain the organisation at an acceptable standard of performance. It is thus widely accepted that student nurses are the future of nursing profession.

Ali and Panther (2008:39) emphasise that the need to support students who are the nurses of the future cannot consistently be considered a secondary priority in clinical practice if these nurses are to be fully prepared to undertake their clinical roles. The provision of mentors for today's unique, diverse student population is essential to enable students to cope with the complexity of their personal lives (Wroten & Waite 2009:106).

Mentoring is mostly referred to as a developmental strategy, irrespective of the context, and as influencing career development. However, there is little reference to personal growth (Rohatinsky 2008:8; Pinho et al 2005:20).

The students' personal development is also important. Mentoring considers mentees as a whole in that it ascertains that other spheres that contribute to a completely functional being are addressed. In this study, a few participants indicated consideration of student nurses as holistic beings, which essentially means that other life aspects that may have a bearing on the student nurses' performance will not be neglected. According to the participants:

> *Mentorship can also involve the giving of general information about life not only book-related, they are still teenagers and they need also to be encouraged mostly concerning their career. Encourage and teach them about life as they are social beings. They must be mentored, looking at the social life too.*

> *Students are uncooperative due social problems and not learning because of serious problems and nothing was done by the tutors and professional nurses to assist the students.*

> *Students are human beings with personal problems, arrangements should be made if they have problems.*

Students have social and family problems.

Personal problems hinder mentoring and I once followed up a student with personal problems to help improve the career with the tutors involved.

These responses expressed the idea of considering even the students' social aspects (personal and family situations) that have an impact on their achievement, thereby leading to a holistic approach in mentoring. A good mentoring experience is holistic; it involves the whole person and touches the mind and the heart. Davis-Dick (2008:3) states that the vulnerable spirit of the nursing student must be nurtured. Haynes and Petrosko (2009:42) support the idea of social and emotional aspects because that fosters the social and emotional well-being of mentees.

Ehrich and Hansford (1999:93) regard career and psychosocial support in mentoring as the functions of a mentor. Harrington (2011:169) describes career mentoring as concerned with the growth within the organisation and psychosocial mentoring as relating to personal and professional growth.

A humanist element should be incorporated to provide a positive direction for personal and professional development and psychological support makes novices feel comfortable as their personal and emotional needs are addressed (Ligadu 2012:352). Kalen et al (2010:e315) found that 81% of participants reported that they received emotional support from mentors. They rated the programme higher when mentors gave emotional support. For this reason they regard mentoring more as supportive than as supplying knowledge.

Mentoring support is a supportive learning strategy with its prime focus on personal and professional growth, which takes time and is determined by the holistic learning needs of the mentee and not curriculum objectives. Students want and need the support and mentors are equally expected to support mentees. It is therefore generally accepted that the effectiveness of mentoring lies in the equal value of both mentor and mentee (Harris 2007:51, 53).

4.3.4.5   Mentoring is role modelling

Most of the participants indicated that if student nurses are mentored they consciously or unconsciously emulate what they see from the mentor. Through role modelling student nurses thus learn from what their mentors are doing and what they observe happening in the practice situation apart from their delegated mentors. Bandura (1997) (cited in Mwamwenda 2005:203) states that learning takes place through observation or imitation and that social learning guides a person's behaviour so that it is in accordance with societal norms, values and beliefs, thus enabling the person to adjust successfully to the society. It assists a person to be socialised and congruent with the norms and expectations of the society.

The same applies in nursing as student nurses are to be socialised, learn the norms and values and be congruent and fit in the profession to which they belong. Role modelling as one of the expected mentors' role is important for student nurses to learn and copy from their mentors. The participants' responses indicated that this role is realised and upheld:

> *Mentoring is teaching others to do as you do. Mentoring, then, is to give them the way in which things are done correctly.*

> *Mentoring is being exemplary to my juniors, and also encouraging them to go on with whatever good thing they are doing or planning to do and strive to provide quality patient care; to respect self and others.*

> *Mentoring is like role modelling; thus, teach the right things to the students and give the right information.*

Kilcullen (2007:101) found that students considered role modelling the most important aspect of learning and reported that mentors were the role models to emulate. In this study, the researcher understood from the participants' responses that they served as role models and that student nurses would turn to copy everything that their mentors were doing as they are the people leading or socialising them into the profession. Although it is unrealistic for student nurses to be 100% replicas of their mentors or "mentor clones" because they are expected to function at a certain level of

independency in the practice, it is nevertheless accepted that part of what those student nurses will be in the future will radiate the mentors' influence (Smith et al 2001:103).

Some of the participants indicated that there is self-reflection of a mentor in student nurses in that if student nurses are found committing gross mistakes or unable to function, the mentors will conclude that they "failed to play a role in the learner's development". Lippi (2003:136) found that one of the participants indicated that his mentor role model had a deep and transformative effect on him. This was echoed by one of the participants in this study: "It is like what you give, will be given back to you".

As the participants view mentoring as role modelling and themselves (mentors) as role models, it is therefore a requirement for them to equip themselves with all the attributes of a good and effective mentor not only as a professional but as persons, too. Mentees respond to mentors who project poise, verbal and non-verbal strength, and optimism. Hinkle and Kopp (2006:3) caution that mentees who admire a mentor's professional demeanour and personal style may also be inclined to place the mentor on a pedestal. Mentors are thus expected to prepare themselves to take up the challenge so that they are better able to face up their professional mortality. Bally (2007:147) points out that for role modelling to be effective, registered nurses must establish credibility in the work setting and develop trust among staff members.

The aspect of role modelling is also accepted in medicine, occupational therapy and other disciplines. Role modelling is among the roles mentors have to play in the mentoring process (Provident 2005; Pololi & Knight 2005:866).

4.3.5 Theme 3: Successes in mentoring

The effectiveness of mentoring can be measured by its success. In this study, the successes mentioned related mostly to the student nurses' progress in the execution of their duties. Mentoring also benefits the mentors and the organisation. Mentoring of student nurses generated commitment and sparked interest and willingness for both mentors and mentees.

4.3.5.1   Mentee-related benefits

Mentees are regarded as the core in the whole mentoring process, thus benefits for them can be viewed as mentoring being effective and achieving its intentions. According to the participants:

> *Students during their stay develop interest in working in the unit because they have learnt something from the unit. They are involved and become inquisitive.*

> *Students are improved in their practical skills and are willing to present and ask a chance to present. Contributions by students revive others (staff members).*

> *They are now professionals and changed, they are good, matured professionals. Level III and IV are matured and do as expected and are doing well* (laughing). *There is improvement.*

> *There is change in competency and attitude. Students have gained knowledge and are competent.*

Some of the participants stated that a relationship is built between professional nurses and student nurses.

4.3.5.2   Mentor-related benefits

The participants indicated that the mentees' practice suggested self-reflection for the mentors which helped the mentors to identify their strengths and weaknesses and improve on mentoring student nurses, if need be. According to the participants:

> *Professional nurses develop an interest in students.*

> *With time we (mentors) develop interest. Can so-and-so tell you* (laughing) *that she began to shine because she had mentored the student. The in-service training revives professional nurses even though they are not studying.*

There is a remarkable change in the unit. Students have the potential and they do things differently group by group and they give inputs. They make us feel fulfilled.

Mentors should stay abreast and tell the latest information and must be informed themselves.

4.3.5.3 Organisational-related benefits

The benefits to the organisation were not expressed explicitly, but some of the participants indicated that there was improvement in patient care. This is of benefit to the organisation because patient care is the core reason for the organisation's existence. According to the participants:

There is improvement in the unit, including record and patient care.

There is an improvement in the unit with students as we mostly are short staffed. Patients are well cared for, and records are well kept including the nursing care plans.

There is productivity as students are burning to get things done.

There is a remarkable change in the unit; for example, updating records as student are part of the staff and thus increase personnel in the unit. They also do things differently, group by group.

A unit can still run well with one sister and students because they work well if mentored.

The success in every programme undertaken lies in the extent to which the role players channel their efforts or contributions to the programme. In this study, the participants indicated how beneficial mentoring is to the mentees, the mentors and to the organisation; that is, the profession. At the same time, despite the benefits indicated, one of the participants emphasised that mentoring is serious, but not given full support and another participants regarded mentoring as a worrisome concept. These findings call for the support of mentoring from those in top positions for it to be effective and

beneficial to the entire organisation. According to Bally (2007:145), registered nurses as frontline workers are in an excellent position to embrace and foster positive leadership to support a culture that will enhance mentoring.

The whole process, including student nurses' participation in presentations, discussions and demonstrations, indicates how theory is interwoven with practice. Improvement in practice is due to theoretical knowledge being applied in practice; that is, integration of theory in practice which gives individuals the decisive power and rationale for what is to be done (Harris 2007:59). This is seen as career advancement with the theory-practice gap bridged.

A level of confidence and competence is also developed. Block et al (2005:137) point out that the benefits of mentoring are increased confidence in knowledge and skills; ability to give feedback, and identification of their own learning and development needs. As student nurses belong to this community of practice formed through mentoring, there will not be any social isolation as student nurses also require comprehensive acknowledgement to prevent physical and mental exhaustion (Greenwood 2003:3).

The discussions into which mentors and mentees are engaged (participant 3) are important in building the working relationship. The relationships built through these discussions are collaborative, dynamic and creative. This relationship opens the opportunities to share and discuss at levels where the boundaries between expert and learner becomes blurred because of the interdependence and maturity of the relation so that vertical interactions transcends to a horizontal one of collegiality (Harris 2007:54). This indicates that mentors respect the mentees and value the contributions as constructive to them and to the profession. This is motivational as student nurses are not regarded as on the periphery of the practice, and love to be involved and see their inputs taken.

The participants indicated that they also felt self-fulfilled and a sense of accomplishment and rejuvenation as they mentored student nurses and witnessed mentees doing well among peers. The participants found it satisfying to see student nurses leave with the basic knowledge needed to enter the nursing profession and to know that they had played a part therein.

Some of the participants stated that mentoring presented mentors with a positive challenge because mentors had to "visit the books several times as nursing is dynamic and they are expected to rise above the students". The participants indicated that the role players in the mentoring process including the organisation were empowered because there were goals to achieve for the clients and for the profession.

Development was also seen as a benefit to the organisation. Kelly and Lauderdale (1999:20) note that the importance of mentoring lies in its potential to increase individual and organisational capacity, hence career advancement and success for individuals and help organisations reach development goals.

Regarding benefits to the organisation, the participants' referred to patient care because achieving it also met the goal for the organisation. Student nurses (mentees), then, were not only a means of overcoming the shortage of nurses. They were learning "hands on" hence they were both learners and employees in the employing institutions (National Department of Health 2012:17). The researcher clarified this understanding with the participants and they reported that student nurses were being mentored even in the shortage:

> *We try even if we are having shortage of staff and they (student nurses) were delegated those duties according to their level of training.*

> *Even if they get busy and are short-staffed, student nurses are still supervised indirectly and are checked if they were coping.*

The researcher found no literature to support these findings. In the researcher's experience, however, in real practice, students are delegated according to their level of training which is believed to be within their scope of practice and in cases of staff shortages they are advised to ask for assistance if they are not sure.

The benefits of mentoring have to be communicated to all participants to win their commitment to the whole process. This is the responsibility of the nursing education institution and the nursing service management in hospitals. Bally (2007:145) states that providing a clearly articulate vision of what mentoring can achieve will not only provide guidance, but may inspire other nurses, encourage a sense of purpose, and

foster attachment of that purpose to their work. Furthermore, the broader the "buy-in", the greater the chances for success and successful alignment requires effective communication that encompasses on-going rather than on-time efforts (Bally 2007:145).

4.3.6 Theme 4: Challenges encountered

Most of the participants expressed a willingness to mentor even though challenges were encountered. These challenges impact negatively on mentoring but should not be at the forefront in the neglect of student mentoring.

4.3.6.1 Mentor-mentee

Several participants reported students' behaviour that was negative towards mentoring. This type of behaviour has an impact on mentoring. The negative behaviours included dodging, playing around, hiding somewhere and missing the opportunity, not concentrating, running away when things happened, not interested, roaming around, and just sitting in a corner somewhere without doing anything. One of the most serious challenges was students' absenteeism as the students will then also owe hours of training as stipulated by the SANC. According to the respondents:

> *They are not concentrating. They cannot give back answers; the response is only 60%.You have to repeat and repeat and repeat. Students are absent in the unit, gone to the nurse's home, and some sit in a corner somewhere "banging the table". They prefer to sit in a corner, hiding. How can they learn if they are not with us? Some are playful but some are doing well.*

> *Students hide, they are nowhere to be found in the unit. Students, they dodge (laughing).*

> *Students dodge and absent themselves, giving reasons like being sick. When they are needed for the activities, they are not there.*

> *Students absent themselves from the workplace.*

> *Most students absent themselves on pay days and others absent themselves for SRC activities. Others report on duty and request to consult but somewhere outside the hospital just to get themselves out of the unit.*

> *Hee!! Level III and IV are problematic. They absent themselves on Fridays and Mondays. They go home and do not come back. They absent themselves with no report of where the student is.*

Students' lack of interest also impacts negatively on mentoring and they also do not involve themselves, as reported by participants. The level of commitment students have towards their learning environment was also poor and consequently made students dormant with regard to taking initiative as individuals responsible for their own learning. According to the participants:

> *Students, if given topics to prepare on for discussion, no effort is made as they presenting with a force of repulsion.*

> *Commitment, oh, important, but students are not committed.*

> *The students' seriousness is low with no initiative and they are problematic at level III and IV as though seeing the other side of the world* (closing her eyes).*Students are also uncontrollable and not interested.*

In some units, participants reported that the number of students allocated at the same time in the unit could be overwhelming thus impacting on mentoring. In other words, there was overcrowding of students in the unit with the result that some students found themselves underutilised and roamed around and even dodged:

> *Large numbers of students, who are uncontrollable* (laughing) *are allocated from both the college and the university.*

> *Lot of students are allocated in the unit, roam around and it is difficult to monitor them as you cannot engage throughout.*

One the participants referred to the challenge of students' learning ability. Some students are slow learners and need more attention and an extended period of time to acquire a skill, with time also being a challenge:

Other students are slow and they need someone who is patient, understanding, supportive, and these can be the best students if the information is grasped.

The participants emphasised that students' negative behaviour had a serious impact on mentoring. All the participants comprehensively regarded the behaviours mentioned as absenteeism because student nurses were not available to be taught and did not take initiative to show that they were aware of their being in the clinical units. At the same time the participants stated appreciation for the students (mentees) who were committed and were found around professional nurses wanting to know. Rikhotso (2011:42) found that participants also reported negative student nurses' behaviour with some indicating that student nurses just absented themselves from work.

A few of the participants indicated that some students showed no purpose of being on duty and seemed non-verbally to be saying "I am on duty, then what next?*". This indicated no apparent interest or initiative on the part of the students. It is the responsibility of mentees to demonstrate a desire to learn, demonstrate initiative and follow through which is essential for achieving goals.

Contrary to these findings, the students in a study by Wieck (2003:156) revealed that mentors lacked support and understanding of students, and consequently labelled them "troublemakers". According to the students in Wieck's (2003:156) study, it was also because the educational system adopted a one-size-fits-all approach which did not individualise mentoring.

The age gap between mentors and mentees could also be a problem and challenge in understanding students' behaviour and developing strategies to deal with such behaviour. For example, one of the participants stated that the student nurses were "mostly teenagers".

Besides the behaviours that student nurses displayed during their clinical placement that interfered with mentoring, some of the participants indicated the type of student population the operational managers were faced with. One of the participants reported that male student nurses presented themselves as authority figures. The participant explained further that some male student nurses undermined female professional

nurses as authority figures in the unit. One of the participants indicated that level III and IV students "see themselves on the other side of the world" and how they undermined sisters with one bar. Another participant reported that the student nurses gave every kind of reason to prove that they knew better than the manager. In Rohatinsky's (2008:61) study, however, gender had no influence on mentoring perceptions but student nurses did undermine professional nurses based on their qualifications.

The researcher is of the opinion that this situation can lead to disrespect for mentors on the part of students nurses, which could be detrimental now and in the long run. Student nurses are also human beings, rational and worthy of respect, but they equally need to be taught the ethical conduct and other related aspects of the nursing profession.

A factor that often hinders mentoring is ego. Juniors have a superiority complex and think they know better than their seniors as they come from the fast world and have more recent knowledge. They therefore question why they should seek guidance from those with obsolete knowledge, consider themselves better able to handle situations and solve problems. They consider seniors to be living outdated beliefs which are not compatible with the present environment and student needs (Raujan, Tuchin & Zukermann 2011:172-190; Pinho et al 2005:24).

This situation in itself has a negative impact in the mentor-mentee relationship which also plays a role in the process of mentoring and the achievement of organisational goals. These findings indicate some of the challenges that mentors face if mentoring is to be what it should be.

A positive challenge reported by one of the participants was how knowledgeable the present students were, with their level of asking being so high. This emphasises that mentors are expected and need to be knowledgeable so that they are able to mentor student nurses effectively. Andrew and Chilton (2000:556) describe a good mentor as "someone who possesses appropriate professional attributes, knowledge, good communication, skills and motivation to teach and support the students".

Regarding challenges on the part of mentors, a few of the participants indicated no problems. Professional nurses were said to lack commitment in mentoring, a lack of

interest in students and in many cases would not even involve or go along with students. Others indicated feelings of incompetence in fulfilling the role which is likely to impact on the mentor's confidence and could cause embarrassment in front of student nurses. Some of the participants reported negative experiences with mentors and/or of mentoring. According to the respondents:

> *Professional nurses are not having any problems, they are doing formal.*

> *Professional nurses are not interested, but if assigned a learner, she is obliged to.*

> *We have not done education, teaching is hard. But that is not the case with others as they do it because is their responsibility.*

> *To some professional nurses, mentoring student nurses is a burden.*

> *Professional nurses are the cause of student nurses' absence and negative behaviour. They push them away from the unit where things are happening for them to learn.*

> *There is a lack in mentoring as most of the professional do not have nursing education and their presentations are not well done.*

> *Some are not interested in teaching; they do not see the value of involving them. Some do, some don't.*

Mentors need to be positive, enthusiastic, and genuinely interested in students and mentors are the linchpin of mentees' experience (Hinkle & Kopp 2006:197).

Some of the participants raised the issue of holding the professional nurses responsible for mentoring by using a monthly delegation so that this was done "whether they like it or not". The participants stated that the reason for this is that students in the units are to learn, not to be taken as a workforce. Andrew and Chilton (2000:555) state that practice dictates that some nurses are not mentors by choice; it becomes a compulsory part of their job.

The SANC (R425, 1985) stipulates mentoring (teaching) as a responsibility of the professional nurse (SANC 1992). Yet some professional nurses still felt they were not able to teach because they had not done nursing education. This could be interpreted to mean that they were not trained to be mentors. Mabuda et al (2008:49) found that students reported that professional nurses said they were not paid to teach. Andrew and Chilton (2000:556) found that mentors had doubts about their own level of preparation and felt inadequately prepared for the role. According to Raujan et al (2011:173), many mentors themselves are in need of guidance.

Regarding mentoring as a burden, Myall et al (2008:1839) found that students were made to feel a "burden", an "inconvenience" or an "imposition" because of increased workloads. Mentors should be prepared specifically for the mentoring role. Pinho et al (2005:21) identify incompetence and lack of training as problems faced by mentors. Beecroft et al (2006:744) concur, describing incompetency as role inadequacy. The issue of mentor training is further supported by Myall et al (2008:1834) who emphasise the need to provide mentors with adequate preparation and support. In formalised or insti-tutionalised mentoring only a handful of professionals are involved (Ehrich & Hansford 1999:93). Kalen et al (2010:e320) maintain that mentors should not be compelled to fulfil this role, because of personality differences causing incompatibility.

In this study, some of the participants stated that mentoring is a call, not all can be mentors, and some mentors are not good shepherds. In their study, Andrew and Chilton (2000:556, 559) found that many participants stated that mentoring requires aptitude, interest, a teaching skill and mentor preparation courses. On the other hand, some learned from just observing how others did it (Andrew & Chilton 2000:555). The researcher is of the opinion that if professional nurses can be trained to be mentors, they will better understand what it means and how it is done, develop interest and be committed to take up the role. Nevertheless, different people in the same institution, profession, trained the same way can attach a different interpretation to a similar situation therefore diversity in institution is inevitable.

4.3.6.2   Communication

Some of the participants indicated that there was poor communication between tutors at college and the clinical professional nurses as well as different perceptions of the availability of tutors for students:

> *Their tutors do come around to see them and I am seeing them time and again.*

> *It is difficult to communicate with the tutors and there is a lack of information from tutors with regard to students. Students are mostly out of the unit, between college and unit.*

> *We are not notified on time about students so that we can plan our off-duties and allocate a mentor for students.*

> *Communication with college is poor as we fail to prepare and allocate a professional nurse to go with the student nurses. We are also doing procedures differently with college and this brings confusion and who must the student trust?*

> *Students are not cared for by tutors, their problems are identified but no follow up students.*

Communication is most important in every organisation. It is a means of sharing information and putting forth the ideas that can best be utilised to realise the goals of the organisation. A repetition of others' activities is also avoided if communication is openly practised. Ronsten et al (2005:313) assert that mentoring is based on two-way communication where both parties are made visible.

Rikhotso (2011:48) found that procedures were done differently by the clinical staff and the college tutors, which confused the students and was a source of conflict. According to the researcher, this also creates a lack of or no trust in the mentors as student nurses seem to have built more trust on their lecturers. Dennison (2010:340) found inconsistencies amongst mentors and nurse lecturers on how skills are taught and mentoring (peer mentoring) proved invaluable in this respect.

4.3.6.3   Time

Mentoring needs time and most the participants indicated that time was a challenge either in regard to the duration of students' stay in the unit or to dividing time between other activities and mentoring. According to the participants:

> *They do not stay long with us. They are sent to another unit as they still need to be groomed. Their stay is short; it is as if you stay with them for 1-2 months. There is interference in the relationship.*

> *No time to teach, lunch times are used to teach. Days passed without students learning. Time is an enemy.*

> *Students are not staying longer in the units.*

> *The period of stay is not sufficient, only two weeks and these are less days due to these other things to attend to.*

> *Time is a challenge. I can teach but because I am "now in this" they are not able to give feedback.*

> *Sometimes the managerial role takes a lot of time, thus I delegate the professional nurses to do it.*

> *Students' stay in the unit is short. If they are five you mentor two, then two weeks finish before you mentor others. Two weeks is not enough.*

The participants also indicated some time wasters that actually shortened the time needed for mentoring, such as arriving late in units, knocking off earlier, just disappearing from the unit, and having extended tea and lunch breaks:

> *Time management; tea is not a right, but students take long tea time. Some procedures are done while they are not in the unit and they miss out on learning opportunities.*

> *Students arrive to work late and give reasons for everything to prove that they are better than or above the manager.*

> *Students take prolonged hours of lunch from 12:00–14:00; they knock off at 16h00 instead of 16h30 because of transport problems.*

The practice environment was also identified as challenging. It in this environment that all activities are run, including mentoring:

> *Our unit is busy and professional nurses will not be with students. Each will have own patient though they will be supervised to check if they are coping.*

> *Time to teach students are limited because of the situation that is hectic. If we do mentoring we will not finish work and patient care comes first, not mentoring. We try to involve them and then explain at the end.*

> *We are so busy; people get tired and cannot show them anything.*

> *The unit is overcrowded and we are busy and we fail to mentor students.*

Pinho et al (2005:25) emphasise that it is the quality rather than the quantity of time spent together that is often reported to be of greater importance to both mentors and mentees.

Mentoring is affected by workload and time constraints, which hinders communication. The participants indicated that time was also a factor that failed the mentoring process, no matter how willing the participants were. In the faculty of medicine, Pololi and Knight (2005:869) found that mentors and protégés cited that finding time for mentoring was a persistent and serious difficulty despite their voluntary enrolment in the programme.

In this study, the researcher found that workload and time were two inseparable factors as there seemed to be a relationship between the two. The more the participants spoke of how "hectic" the work environment was, the less time they had to be with students thereby neglecting the teaching function unintentionally. Despite these factors, some participants reported that they used lunch breaks for teaching and one reported that when the unit was "calm", students were called to discuss some of the events witnessed. The researcher found no literature to support these findings.

4.3.6.4   Resources

The participants also indicated a lack of resources to create an environment conducive to learning for student nurses as most of the activities were done by improvising. The participants referred to resources being scarce, shortage of personnel to mentor, a lack of material resources needed to get the work done. According to the respondents:

> *There is a shortage of manpower and when working with students with more theory, they will not gain anything for the day. (Voice low) our equipment is not functioning, they take time to be repaired. There are financial constraints and other treatments are not available. We are running short of treatment.*

> *We do not have books available for reference or easy access during free time to current journals to check. It is not easy to visit the library because is far.*

> *There is no one from the college or someone hospital based to mentor the students. The unit is busy and people are tired and cannot show them anything.*

The participants indicated a shortage of personnel as the main challenge in mentoring, affecting not only the process but patient care as well. This is because mentoring is basically a human encounter. Mhlaba (2011:88) found that staff shortage coupled with clinical commitment affected teaching and support. Mabuda et al (2008:50) emphasise that a shortage of personnel and equipment affect the conduciveness and effectiveness of the learning environment.

One participant highlighted financial constraints which made buying medication a problem. Mabuda et al (2008:53) found that financial constraints exacerbated the situation as staff became frustrated and depressed by lack of resources, leaving them with little energy to efficiently attend to the needs of student nurses.

The issue of not having books and relevant journals in the unit to refer to was a challenge. Moreover, they would be of assistance in drawing up nursing care plans and doing away with excuses for failing to get books for preparing presentations.

4.3.6.5 Practice environment

The participants indicated that the units were busy. The researcher confirmed this through observation during the study. This situation had an impact on student nurses' mentoring. Some participants indicated that because the units were busy, students were not taught, while others indicated that teaching was still done irrespective of the units being busy. According to the participants:

> *We are working in a very hectic situation, going mentoring will mean we will not finish. It is patient care first not mentoring. We involve them, then explain at the end.*

> *You see, our ward is very busy; they are tired and cannot show them anything.*

> *The unit is busy and we find no time to teach the students. Lunch times are used because it bothers me if students are not learning.*

> *It is hectic in the unit because of the different categories of students allocated, up to four including the basic students. Attention to other students is divided with basic students suffering and not much is taught and they are about to leave.*

Creating an environment that is attractive to nursing is not a luxury, but a necessity to have the process run effectively and meet organisational needs (Block et al 2005:139). The clinical environment includes the relationship that prevails amongst student nurses and all the personnel, including operational managers, and the clinical environment where activities take place.

Kilcullen (2007:102) maintains that the quality of the clinical learning environment has a major impact on learning. In this study, most of the participants described the practice environment as "hectic" with mentors always busy. Harris (2007:59) found that operational managers' mentoring and other roles were also affected by the number of patients to be nursed and the severity of their illness which affected their dependency levels. Ali and Panther (2008:38) refers to this as the dual responsibilities of patient care and student teaching. Operational managers had to fulfil their roles despite a gross shortage of staff and still not neglect student mentoring.

All the participants indicated that the shortage of staff was a problem and led to staff doing what was seen as their first priority, namely to get the work done. Most of the participants indicated that the number of students nurses allocated to the unit was overwhelming, which resulted in student nurses not being accompanied but expected to render service. Myall et al (2008:1839) found that shortage of staff resulted in limited time allocated for mentoring; staff-student ratios not right; students being used as a "pair of hands" and feeling like a 'burden', an 'inconvenience' or an 'imposition' to professional nurses. In this study, some of the participants indicated that they felt "bad" if they saw student nurses not taught because they were not the workforce but in the units to learn.

Few participants referred to the relationship which, in the researcher's opinion, is crucial as it talks to the climate in which interaction should occur. Kilcullen (2007:102) describes this as the interpersonal aspect of the mentoring relationship. Some of the participants indicated that the relationship between operational managers and student nurses was challenged by the level of commitment. However, one of the participants reported it to be harmonious as mentoring is going on with student nurses gradually being won to the process. Some of the participants indicated a lack of commitment from both mentors and mentees, which resulted in both parties perceiving each other negatively. The behaviour of student nurses in other units also interfered with the relationship, because operational managers who monitored student nurses' whereabouts were described by student nurses as *"sister o a tshwenya* [this sister is not good]". Harris (2007:58) found that there should be commitment on the part of the mentee as well as the mentor.

The participants indicated that the student nurses' short period of exposure in the units also interfered with the relationship. According to some participants, before student nurses could adapt to the environment, they were moved to other units or back to college. This short period of stay also interfered with the achievement of specific learning goals. Being allocated to specific units for a short period of time (about two weeks) and then sent back to the college interrupts the clinical practice and affects learning opportunities (Chabedi 2010:85; Denz-Penhey, Shanon, Murdoch & Newbury 2005:7).

4.4 CONCLUSION

This chapter discussed the data analysis and interpretation and the findings with reference to the literature review as control.

Chapter 5 summarises the findings, discusses the conclusions drawn and the limitations of the study, and makes recommendations for practice and for further research.

CHAPTER 5

Findings, conclusions and recommendations

5.1 INTRODUCTION

Chapter 4 described the data analysis and interpretation, and the findings on the participants' perceptions on student mentorship in the clinical areas. Themes and sub-themes were identified and validated in conjunction with relevant literature. This chapter concludes the study, summarises the findings, briefly discusses the conclusions and limitations, and makes recommendations.

5.2 RESEARCH DESIGN AND METHODOLOGY

A qualitative, hermeneutic phenomenological design guided this study following Heidegger's approach to explore professional nurses' perceptions of student mentorship. A qualitative design is a systematic subjective approach used to describe life experiences and give them significance. The researcher can explore the depth, richness and complexity of the phenomenon. The approach also allows the researcher to interact with the participants in the environment (Burns & Grove 2009:59).

The design is interpretive and an attempt to analyse and understand the overall perception of individual experiences from different angles rather than specific phenomenological event (Filippo 1991:4). A hermeneutic approach was appropriate as it uses lived experiences to better understand the social, cultural, political and historical context in which the experiences occur (Polit & Beck 2010:263).

Data was collected through semi-structured face-to-face interviews which lasted 40 to 45 minutes from 16 professional nurses sampled using non-probability sampling and captured on field notes and on audio recorder. A hermeneutic data analysis method was followed with data classified into themes and sub-themes.

5.3   SUMMARY OF THE FINDINGS

The findings revealed that the participants shared the same understanding of what mentoring is with regard to the process, their perceptions, successes and challenges. The participants described mentoring differently though some concepts were similar. The following four themes emerged:

- The mentoring chameleon
- Diversity in mentoring perceptions
- Successes in mentoring
- Challenges in mentoring

5.3.1 The mentoring chameleon

The findings indicated that participants accepted and applied mentoring in their practice and clearly mentoring derived its true meaning as individuals apply it and perceive it as it suits their specific environment. The sub-themes were the meaning of mentoring; a caring phenomenon, and a process.

- **The meaning of mentoring**

The participants explained mentoring in diverse ways. It was not perceived as an independent or isolated concept, but the essence was the same.

- **A caring phenomenon**

The participants regarded mentoring as a caring phenomenon, using terms like guiding, teaching, support, supervision, help and accompanying. This caring principle accommodated students at all levels of training, especially the new student nurses who find themselves in a new world. Chabedi (2010:70) found that participants described mentoring as taking care and leading a student nurse.

- **Mentoring as a process**

The participants described mentoring as a process starting with welcoming students which has an impact on mentorship, especially in building interpersonal and work relationships. Further steps in the process included the delegation of student nurses to mentors, the in-service run, spot teaching, observation, and demonstrations up to giving of feedback. According to the participants, the process entails supporting the mentees in acquiring knowledge and competency in building their professional life. Hinkle and Kopp (2006:2) state that mentoring in academia includes transmission of skills, socialisation, and one-on-one teaching.

5.3.2 Mentoring perceptions

The participants had different perceptions of mentoring in nursing practice. All of the participants were personally engaged in the process of mentoring. Mentoring was seen as levelling the playground between mentors and mentees, sharing responsibility for practice, patient and service delivery. Block et al (2005:138) found that nurses mentoring as they had a responsibility towards the profession and the newest members in the profession.

- **A core concept to apply in student nurses' training**

The findings indicate that mentoring is a concept worth applying in the preparation of student nurses for their professional role. Most of the participants indicated that mentoring must be cherished in nursing practice if its goals are to be achieved and a high standard in the profession sustained. According to the participants, mentoring is the core and only means of teaching and socialising student nurses in the profession. Bally (2007:145) maintains that professional nurses should ensure that mentoring is embedded in the culture in which it is to exist so that mentoring goals and values are aligned with the organisational values.

- **Mentoring is a team effort/partnership**

The participants stated that mentoring in the units was a shared responsibility amongst personnel and other professionals also formed part of the mentoring team, teaching and showing students nurses what they need to learn. Expert knowledge is shared with students and mutual commitment and support are vital in this regard.

- **Mentoring is commitment**

The participants indicated that mentoring calls for commitment from both mentors and mentees (professional nurses and student nurses). Without commitment, the goals of mentoring would be a dream never attained. Harris (2007:58) states that commitment on the part of both mentor and mentee is the key to mentoring.

- **Mentoring is developmental**

Student nurses are new in the field of nursing and for them to be fit for practice mentoring should be done. This development included both professional and personal development. Most of the participants reported that the mentees and mentors benefited through professional and personal development. Grossman (2007:35) found that mentoring was an advancement in career for both mentor and mentee and increasing mentoring further developed the profession.

- **Mentoring is role modelling**

The participants indicated that student nurses (mentees) copy what they observe done by the professional nurses (mentors) therefore mentors are role models. This also serves as socialisation into the professional environment and culture. According to Bandura (1997) (cited in Mwamwenda 2005:3), social learning guides a person's behaviour so that it is in accordance with societal norms, values and beliefs thus enabling a person to adjust successfully to the society. Kilcullen (2007:101) found that role modelling was the most important aspect of learning for students and mentors were role models to emulate.

5.3.3 Successes in mentoring

The participants who mentored student nurses themselves and had overseen the process carried out by other personnel stated that mentoring proved effective. The successes related mostly to the student nurses' progress in the execution of dutiesbut was also seen as beneficial to the mentors and the organisation.

- **Mentor-mentee**

The participants indicated that mentor benefits referred to professional nurses being revived theoretically and practically. In order to teach and guide student nurses, they had to keep themselves "sharpened" to be able to address the needs of student nurses. Accordingly, mentors are expected to ensure they are fully prepared for the role.

The participants indicated that the mentees (student nurses) gained a sense of belonging to the group of professionals and developed competency in practice skills thus contributing positively to the organisation. Block et al (2005:137) found that mentoring increased both mentor and mentee confidence and skills, ability to give feedback, and identification of their own learning and developmental needs.

- **Organisational related**

The benefits to the organisation were not so explicit but the improvement in patient care was of benefit to the organisation because patient care is the core reason for existence of the organisation. According to Greene and Puetzer (2002:69), the intention of mentoring is to achieve safe and competent nursing practice through influencing the form, quality and outcome of the career path for both mentor and mentee for the benefit of the organisation.

5.3.4 Challenges of mentoring

- **Mentor-mentee**

The main challenge cited by the participants on the part of the student nurses was the negative behaviour of some. This impacted on time lost for teaching and led to mentor-mentee relationships being weakened as student nurses were seen as difficult to deal with. This was further associated with lack of commitment as it prevailed even amongst mentors themselves. Rikhotso (2011:42) found that professional nurses complained of students' negative behaviour who just absented themselves from work.

The participants referred to some professional nurses who were less or not interested on students nurses and had nothing to do with them. Some of the participants applied their authority to get all involved in student nurse mentoring with no defiance reported. Hinkle and Kopp (2006:2) emphasise the importance of mentors being positive, enthusiastic and genuinely interested in student nurses as they are the linchpin of their experience.

- **Communication**

Most of the participants expressed concern over poor communication with tutors at college and the clinical professional nurses. Tutors from the college were also expected to form part of the team in mentoring and to inform relevant personnel of students who had problems especially social problems. The participants regarded this communication as a means of narrowing the theory-practice gap because of the disparities found in practice between what is taught at college and actual practice. Dennison (2003:340) found inconsistencies in how skills were taught.

- **Time**

Mentoring needs time and most the participants indicated that time was a challenge either with regard to the duration of students' stay in the unit or with regard to dividing the time available between other activities and mentoring. Some of the factors that were reported to impact on time were the unbearable workload faced by a handful of personnel. Student nurses' duration of stay in the unit was regarded as short and that

raised concern. Finding time for mentoring is a persistent and serious difficulty despite mentors' voluntary enrolment in the programme (Pololi & Knight 2005:869).

- **Resources**

Coupled with the practice environment the material and human resources to be used in that environment were reported as a serious challenge. Shortages of staff and materials (e.g., equipment) to fulfil all the requirements for service including mentoring negatively affected the participants. Mhlaba (2011:88) also reported shortage of staff as a serious problem.

Material resources led to improvising when doing skills and impacted on mentoring and quality patient care. Mogobe et al (2010:5) found that the challenges of both human and material resources led to poor clinical competence as this impacted negatively on mentoring.

5.4   CONTRIBUTIONS OF THE STUDY

The study contributed to nursing service and education.

5.4.1 Nursing service

The participants perceived mentoring as valuable because it is meant to prepare the new generation entering the profession for their future roles. The period of training is regarded as the most crucial time for student nurses to be introduced and socialised to the norms and values of the profession before they become autonomous in practice.

The student nurses (mentees) will be expected to function effectively and independently as professional nurses in the same practice. To maintain the quality in the practice, intensive preparation of student nurses is imperative and must take place in a well-resourced practice environment.

This calls for collaboration between all in the practice and the college personnel. Good communication between practice and college about all matters concerning student preparation is essential throughout. This will assure support to the practice personnel

from the college and to the service itself. Support and a positive regard is important to all involved, especially in the contemporary health care settings which are dynamic, have heavier workloads, reduced resources and higher patient acuity. These factors contribute to job dissatisfaction, poor work performance and may be putting positive patient health outcomes at risk.

Managers in the service and tutors from the college should act as role models as far as mentoring is concerned with the aim of inspiring and "buying in" more nurses to encourage them in the process of mentoring.

5.4.2 Nursing education

The relationship with the nursing practice is important and should be strengthened as the two sections are inseparable because student nurses have to benefit from both. The availability and visibility of nurse educators in the units will serve as motivation to service personnel who are also expected to take care of student nurses. Open communication is essential between education and practice on matters of importance in student nurse training.

One of the participants referred to the shift from previous practice and its negative impact of mentoring not done as it used to be. The participant's perception and experience of how things have changed since the section was dissolved is a matter that nursing education should not ignore. This is not taking away the teaching role of professional nurses, it is an education section that works closely with practice, supporting and guiding them and together seeing to it that student nurses' training needs are met. The researcher is of the opinion that mentors need support too and this should also come from the nursing education side.

The participants indicated the challenge of professional nurses not having been adequately trained or prepared as mentors. Myall et al (2008:1834) reported that literature on mentoring, its nature and application is available, but little attention is paid to the extent to which guidelines are provided by the regulatory bodies to inform and influence the practice of mentoring in contemporary health settings. Burns and Paterson (2004:6) state that mentors need adequate preparation, on-going support and encouragement. Nursing education has the ability and means to address this need.

Nurse educators should inform student nurses of their responsibilities in training in the mentoring process. It should be clarified to them that their responsibility to is to be actively involved, and show interest, commitment and enthusiasm in reaching their learning outcome. One of the participants pointed out that the tutors are the first to mentor students as they have first contact with them.

5.5   SCOPE AND LIMITATION OF THE STUDY

The study was only done in two hospitals in Polokwane Municipality where students were placed for clinical practice and the participants were professional nurses at the level of operational managers. The results of this study cannot be generalised. Other areas where student nurses do clinical practice, including for community and psychiatry, were not visited. The non-probability sampling approach used may not have equally represented the population to whom the results may be transferred.

The participants worked on a tight schedule and interviews were limited to between 20 and 45 minutes. Prolonged engagement should have prevailed. Other operational managers declined participation and others were in an acting positions thus only 16 participants were interviewed.

5.6.   RECOMMENDATIONS

Based on the findings of this study, the researcher makes the following recommendations for clinical practice and college as they work collaboratively, and for further research.

5.6.1 Practice

The researcher recommends that:

- Mentoring should be a team effort.
- Tutors (nurse educators) should be visible in clinical units.
- There should be cooperation between clinical units and college.
- Mentors should be identified because mentoring is perceived as a call.

- All those expected to mentor, especially professional nurses, must receive in-service education.

- Professional nurses should be reminded of their education role to students, when they are allocated in the units.

- There should be adequate resources so as to have mentoring successful.

- Student mentorship should be improved in both clinical practice and in college to develop student nurses professionally and personally.

5.6.2 Further research

The researcher recommends that further research be conducted on:

- The type of mentoring and model guiding mentoring in practice environments.

- Regulatory guidelines for standardising, maintaining, monitoring and sustaining the mentoring process in nursing practice.

- Perceptions of effectiveness of mentoring from student nurses who have transited to professional nurses and now face the practice as independent practitioners (community service practitioners).

- The significance of mentor support and encouragement by nurse leaders in mentoring.

- The influence of mentor-mentee interpersonal relationships on mentorship.

- The nurse educators' role in student nurses' mentorship.

- The value of a clinical teaching department in hospitals for mentoring.

5.7 CONCLUSION

The study aimed at exploring the participants' perceptions of student mentorship and found that mentoring was done and considered critical for practice as it is advantageous for the profession. Addressing the challenges found is of grave concern because their impact that can further destroy the good intentions of mentoring and of the profession because patient quality care is the focal point and rationale for the profession. Mentoring student nurses should be viewed as a mutual responsibility.   This collaboration will help narrow the prevailing practice-theory gap.

Mentoring is an important phenomenon in the nursing profession especially with student development. Professional nurses are willing to mentor students provided there is commitment from mentors, mentees and tutors.

The organisation should also provide enough resources to ensure that mentoring takes place. Good feedback should be given immediately so as to be productive.

The study achieved its aim and objectives and the findings should prove useful to nurse educators, practitioners, institutions and policy makers.

ANNEXURE A

INTERVIEW GUIDE

ANNEXURE B

INFORMATION LEAFLET

ANNEXURE C

CONSENT FOR PARTICIPATION IN THE STUDY

ANNEXURE D

ETHICAL CLEARANCE CERTIFICATE FROM UNISA

ANNEXURE E

LETTER OF REQUEST TO THE DEPARTMENT OF HEALTH

ANNEXURE F

PERMISSION LETTER FROM THE DEPARTMENT OF HEALTH

ANNEXURE G

PERMISSION LETTER FROM INSTITUTIONAL ETHICS COMMITTEE

ANNEXURE H

LETTER OF REQUEST TO INSTITUTION A

ANNEXURE I

LETTER OF REQUEST TO INSTITUTION B

ANNEXURE J

INTERVIEW TRANSCRIPT

APPENDIX A

INTERVIEW GUIDE

Biographical data

1. Age
2. Gender
3. Years of service as a professional nurse

Interview questions:

1. In your own words, explain what mentoring means to you as a professional nurse in the clinical unit where student nurses are doing their clinical practice
2. Describe the process of mentoring
3. Explain the successes and challenges of mentoring

APPENDIX B

INFORMATION LEAFLET AND INFORMED CONSENT FORM FOR PARTICIPANTS IN THE RESEARCH PROJECT

TITLE OF STUDY: THE PERCEPTIONS OF PROFESSIONAL NURSES ON STUDENT MENTORSHIP: A STUDY IN POLOKWANE MUNICIPALITY HOSPITALS – LIMPOPO PROVINCE

Dear Mr /Mrs/Ms

I hereby will like to request you to participate in the research study on the: Perceptions of professional nurses on student mentorship. I am a student in the Department of Health Studies at UNISA. The purpose of this study was to explore the perceptions of professional nurses on student mentorship in clinical practice in order to improve or strengthen training strategies, to develop guidelines for tutors and professional nurses to improve student mentorship in clinical areas and to provide recommendations on mentorship so that students are developed professionally and personally.The perceptions will help guide the future plan in the training of student nurses who enter the profession as its future hope. The Research Committees in UNISA and the Department of Health in the Limpopo Province have approved the study.

Your participation will include that we meet for a semi-structured face-to-face interview that will be recorded on a voice recorder to ease the process of data analysis. The interview will last for about 45 to 60 minutes. The interview will take place in a private room. An appointment will be set with each participant outside working hours including lunch hours. This will prevent service interruptions. No names will be used during the interview and when field notes are taken. Data will be kept in a safe place by the researcher for confidentiality with the researcher being the only one to access the raw data. You can stop or withdraw your participation at any stage without any consequences to you. Your participation will however be appreciated.

If there are any questions concerning the study and your participation in the study, please feel free to ask me at any time. I will appreciate your participation because your input will be valuable in this research and contribute to planning an approach that will best help in the preparation of students for this noble profession.

You are kindly requested, if you agree to participate to sign the attached to confirm that you are willing to participate in the study.

APPENDIX C

AUTHORISATION TO PARTICIPATE IN RESEARCH

<u>**Title of the study**</u>: **The perceptions of professional nurses on student mentorship. A study in Polokwane Municipality hospitals, Limpopo Province**

Introduction
I am **Mrs Setati Chokoe Mable**, the researcher responsible for this study and currently registered for Masters in Health Sciences at the Department of Health Studies at UNISA. The purpose of this research is to explore the perceptions of professional nurses on student mentorship in hospitals in Polokwane Municipality. – Limpopo Province

Procedure
If you agree to participate in the study, you will be subjected to an interview which involves answering questions about your demographic information, what mentoring means to you and the challenges encountered with regard to student mentoring during clinical practice. Please answer all questions honestly. You will not be judge based on your responses as there is no right or wrong answer. If you have any questions feel free to ask the researcher.

Voluntary nature and right to decline
Please be advised that your participation is voluntary. If you decide to participate but prefer not to answer certain questions, you are free to do so and for any reason. You have the right to decline to answer any questions that make you feel uncomfortable, or stop the interview any time. There are no negative consequences if you decline to participate or refuse to answer any question.

Confidentiality and anonymity
The researcher undertakes to maintain at all times strict confidentiality of you as participant and the data collected during the research. All collected data will be stored electronically in a secured location, protected with password and only the researcher will have access to it. No personal identities such as names, birth-date, addresses and e-mail or telephone numbers will be attached to your responses on the questionnaires. Results of the research will be [resented and published in a manner that participants will not be identifiable.

Risks and benefits
No major risk is anticipated to you as a participant, however counselling will be readily available to you should you develop emotional trauma as a result of participating in the study. As a participant you will not receive any monetary benefit; 8 for your participation in the study and will not be coerced into participation, however you will contribute to the existing body of knowledge in the field mentorship and may benefit from the outcome of study through your participation

You will be given a signed copy of the informed consent. If you have any questions or concerns about the study, please contact the researcher Mrs CM Setati on 082 977 1908, chokoes@vodamail.co.za or Prof ZZ Nkosi, 012 429 6758, nkosizz@unisa.ac.za

CONSENT TO PARTICIPATE IN THE STUDY

I……………………………………………….understand that I have been asked to participate in the above-named research which aims to explore the perceptions of professional nurses on student mentorship during their clinical practice.

I confirm that the purpose and details of the research have been fully explained to me and I declare that I fully understand the content of this consent form. I have been given the opportunity to ask questions and I am satisfied with answers. In addition, I have been told that I can decline to participate in the study as is also my right.

I confirm that I have not been forced or put under pressure to participate. Furthermore, I have not been offered any reward in cash or any kind for my participation. I confirm that my participation is voluntary.

I authorise the researcher to use at his discretion the data collected in the course of the study for the purpose of writing the report of this research.

I will be provided with a signed copy of this consent form and the researcher will keep the original copy in a safe place.

I have read this information and hereby volunteer to participate in this study

Signed at:………………………… (Place) on ……………………….. (Date)

…………………………………   …………………………………
Participant's signature   Witness'signature

…………………………………   ………………………………….
Researcher's name   Signature

……………………………………Date

ANNEXURE D

ETHICAL CLEARNACE CERTIFICATE FROM UNISA

UNISA | university of south africa

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

HSHDC/8/2012

Date of meeting: 9 February 2012   Student No: 817-495-4

Project Title: The perceptions of professional nurses on student mentorship in the clinical areas : A study in Polokwane Municipality Hospital, Limpopo Province.

Researcher: Setati Chokoe Mable

Degree: MA (Cur)   Code: MPCHS94

Supervisor: Prof ZZ Nkosi
Qualification: PhD
Joint Supervisor: -

DECISION OF COMMITTEE

Approved   √   Conditionally Approved   ☐

Prof E Potgieter
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

Dr MM Moleki
pp **ACTING ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES**

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

APPENDIX E

PO BOX 1131
FAUNAPARK
0787

February 17, 2012

Enquiries: SETATI C M
Work Tel: 015 267 1114
Cell No: 082 977 1908
Fax: 015 267 1202

To:
The Head of Department
Department of Health
P/Bag X9301
Polokwane
0700

Dear Sir/Madam

RE: REQUEST TO CONDUCT RESEARCH IN YOUR HOSPITALS

I am a student registered for Masters Degree in Health Studies at the University of South Africa (UNISA). Request is hereby made to conduct a study in your hospitals on: The perceptions of professional nurses on student mentorship: A study in Polokwane Municipality hospitals, Limpopo Province.

The hospitals are amongst hospitals in the Capricorn District under Polokwane Municipality where students for R425 programme are doing their clinical practica. It is for this reason that the hospitals are identified as appropriate settings for this study. This research will be conducted in all units.

It is envisaged that the study will contribute towards improving the approach in assisting students in the clinical practice.

The researcher undertakes to observe all ethical principles for conducting the research. All information will be kept in confidence. A copy of the research report will be made available to your office if requested.

Regards

Mrs Setati Chokoe Mable
08297719078

ANNEXURE F

PERMISSION LETTER FROM THE DEPARTMENT OF HEALTH

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

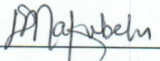Enquiries: Selamolela Donald   Ref:4/2/2

Setati CM

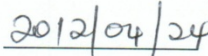University of South Africa

Pretoria

0001

Greetings,

Re: Permission to conduct the study titled: The perceptions of professional nurses on the student mentorship: a study in Polokwane Manucipality hospitals-Limpopo Province.

1. The above matter refers.

2. Permission to conduct the above mentioned study is hereby granted.

3. Kindly be informed that:-

   • Further arrangement should be made with the targeted institutions.

   • In the course of your study there should be no action that disrupts the services.

   • After completion of the study, a copy should be submitted to the Department to serve as a resource.

   • The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.

_____   2012/04/24
Head of Department   Date

18 College Street, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za
The heartland of Southern Africa – *development is about people*

ANNEXURE G

PERMISSION LETTER FROM INSTITUTIONAL ETHICS COMMITTEE

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH & SOCIAL DEVELOPMENT

ETHICS COMMITTEE
CLEARANCE CERTIFICATE
UNIVERSITY OF LIMPOPO
POLOKWANE MANKWENG HOSPITAL COMPLEX

PROJECT NUMBER : PMREC-30/2012

TITLE : The perceptions of professional nurses on student mentorship

RESEARCHER : Ms Setati CM

ALL PARTICIPANTS:

Supervisor : Prof. Nkosi ZZ

DATE CONSIDERED : 01 June 2012

DECISION OF COMMITTEE

- Recommended for approval

DATE : 11 June 2012

25/06/2012

PROF A J MBOKAZI
Chairperson of Polokwane Mankweng
Hospital Complex Ethics Committee

✋ **NOTE:** *The budget for research has to be considered separately. Ethics committee is not providing any funds for projects.*

APPENDIX H

PO BOX 1131
FAUNAPARK
0787

April 30, 2012

Enquiries: Setati C M
Work Tel: 015 267 1114
Cell No: 082 977 1908
Fax: 015 267 1202

To:
The Chief Executive Officer
PietersburgProvincial Hospital
Private Bag X9316
Polokwane
O700

Dear Sir/Madam

RE: REQUEST TO CONDUCT RESEARCH IN YOUR HOSPITAL

I am a student registered for Masters Degree in Health Studies at the University of South Africa (UNISA).Request is hereby made to conduct a study at your hospital on: The perceptions of professional nurses on student mentorship: The study in Polokwane Municipality hospitals, Limpopo Province

The hospital is amongst hospitals in the Capricorn District under Polokwane Municipality where students for R425 programme are doing their clinical practica. For this reason it is identified as the appropriate setting for this study. This research will be conducted in all units.

It is envisaged that the study will contribute towards improving the approach in helping students' clinical practice.

The researcher undertakes to observe all ethical principles for conducting the research. All information will be kept in confidence. A copy of the research report will be made available to your office if requested.

Included please find copy of proposal, UNISA Ethical Clearance Certificate and permission letter from the Department of Health.

Regards

Mrs Setati Chokoe Mable
082 977 1908

APPENDIX I

<div align="right">
PO BOX 1131
FAUNAPARK
0787

April 30, 2012
</div>

Enquiries: Setati C M
Work Tel: 015 267 1114
Cell No: 082 977 1908
Fax: 015 267 1202

The Chief Executive Officer
Mankweng Hospital

Dear Sir/Madam

RE: REQUEST TO CONDUCT RESEARCH IN YOUR HOSPITAL

I am a student registered for Masters Degree in Health Studies at the University of South Africa (UNISA). Request is hereby made to conduct a study at your hospital on: The perceptions of professional nurses on student mentorship: A study in Polokwane Municipality hospitals, Limpopo Province

The hospital is amongst hospitals in the Capricorn District under Polokwane Municipality where students for R425 programme are doing their clinical practica. For this reason it is identified as the appropriate setting for this study. This research will be conducted in all units.

It is envisaged that the study will contribute towards improving the approach in helping students' clinical practice.

The researcher undertakes to observe all ethical principles for conducting the research. All information will be kept in confidence. A copy of the research report will be made available to your office if requested.

Included please find copy of proposal, UNISA Ethical Clearance Certificate and permission letter to conduct the study from the Department of Health.

Regards

Mrs Setati Chokoe Mable
082 977 1908

ANNEXURE J

Interview transcript

Date: 06 August 2012

Researcher = R

Participant = P

	INTERVIEW	
	R: Good afternoon. Let me welcome you and thank you for the session we are about to undergo. As you have read from the information leaflet that I am intending to explore the perceptions of professional nurses on student mentorship	
	P: Good afternoon	
	R: Firstly, if you can tell me in your own words what mentoring mean to you as a professional nurse	
Accompaniment of students (process)	P: Mentoring according to me, is <u>accompanying</u> students to clinical areas and then <u>you show them on how to</u> do procedures (things), how to demonstrate procedures to them	Students accompanied and showed how to do procedures
	R: Is this mentoring happening in your unit?	
Mentoring is a continuous process	P: Mmm, No, it is not, because according to me it must be <u>a daily thing</u>.	A daily thing
	R: How often do you say students are mentored?	
Mentored only by tutors	P: It is done <u>when tutors are there</u>, they come for evaluations, but nevertheless I do not see them	When tutors are there
	R: Does that mean mentoring is only done by tutors?	
Mentoring daily	P: Ja, no, not necessary, but even if is not the tutor, but somebody who will <u>be with the students most of the time.</u> I do not know that person will be able, but somebody who will be with them.	Be with students most of the time.
	R: If then you see there are no tutors, and then what is your role?	
Formally	P: Actually what we do in the morning, we do <u>in-</u>	

and informally teaching	service programme *neh*, and the formal one is what we are doing. Unless if some of the nurses are giving medication or doing dressings, we let them <u>come and accompany this one doing dressings.</u> We let them go and accompany someone to show how to do things, but sometimes you find things are not supposed to be done, but somebody is doing it for the sake of I am on duty and do it so that I can go. R: So it is questionable if students are going to be shown the right thing. Is accompanying sisters done daily or how do you do it?	In-service programme as formal, Come and accompany this one doing dressings
Not caring, not concerned not making students part of the team	P: No it is not done on daily basis. I can find is done by me, but others <u>you find do not care about them.</u> You may <u>find them seated</u>. Other professional nurses <u>don't involve the students</u>. R: If other professional nurses are failing to involve students, what is your understanding about the whole situations	You find ,do not care about them find them seated don't involve students
Lack of interest	P: Sometimes is <u>lack of interest</u>, they are not interested "*you see",* they <u>do not see the value of involving</u> them in some of the procedures they are doing. R: As an operational manager, have you devised a means to curb up the whole thing of sisters leaving out students when doing procedures?	Lack of interest, Do not see the value of involving them
Uncooperative	P: <u>Some they do it, some they don't do it.</u> We requested the sisters verbally to involve them in R: With the request, was there any motivation to these professional nurses?	Some they do it, some they don't do it
Role awareness Students isolation from practice	P: No <u>it is not because they do not know what to do.</u> They know what they are supposed to do, they <u>just don't involve them</u>	It is not because they don't know what to do, just don't involve them

Success	R: As you said you are doing it yourself, has there been any success that you have noticed with the students you have mentored P: Yes, the last time we had level four students and we have engaged them in many things an d <u>they did very well</u>. R: Other categories of students that do come, level I, level III? P*: Hey, hey (in a down, low tone),* I don't want to lie, I don't want to lie R: During this mentoring as you do it yourself, has there been any challenge that you faced?	they did very well
Shared responsibility, Challenge with staffing Overworked and burdened	P: The challenges are not that great, my thinking was that, and according to my observations, as long as the students are here in the clinical there must be <u>somebody from the college coming to, every day,</u> like when they are in class, coming with them, that is my thinking and then show them what and how if is possible if they come *ka gore rena go na bjale,* we are <u>short staffed</u>, by now have been doing ten (10) operations. They will tell you sometimes *nna* I am tired (throwing hands).If a person <u>is tired</u>.If a person is tired, he cannot do anything that is what I think R: The challenge I understand is shortage	somebody from the college coming to, every day, short staffed, is tired
Long standing problem The initial practice	P: Is <u>long that we were complaining of shortage</u>, is not now and even you when you were still in the ward, but even today, we are still short staffed we are having the same problem. I think the person from the college is the right person because *kgale*, initially, years back when we trained there was <u>somebody, a hospital based for those students when</u> they come to learning areas. She is responsible, those from college liase with that person that we will bring so and so students, for when, when, when. That person will allocate that type of students and knows when, how, where do I go. R: According to you there are a lot of changes in the practice	Long that we were complaining of shortage somebody, a hospital based for those students
Difference in the current and previous practice	P*: Ahh,* a <u>lot of changes</u>. Or the management of the college will liase with the management of the hospital to get somebody one or two.	Lot of changes

	R: You mean we must go back to the basics. Now with the shortage of staff and the old practice that you say must be brought back, then what is your perception, how do you view this mentoring?	
Lack of feedback Time constraints	P: Yes of course *nodding his head,* sometimes is that <u>you don't give feedback because of shortage of time,</u> you just show them how to do things but you don't do feedback because of the time constraints Today like now I am in this (office), but today I can do something with them but tomorrow you find that when I was supposed to do feedback, I am held by other things hence I said shortage of staff.	You don't give feedback because of shortage of time
	R: If this is mentoring as you explained with shortage of personnel, how can you explain your view about mentoring?	
Mentoring not well done	P: *Hai,* no *(shaking his head).* If maybe I can hear you, I think it is <u>not well done</u>.	Not well done
	R: Are there things that you will say are not well done?	
Teaching role of professional nurses	P: If really may be had enough staff, we make it a point that every morning to help these students. Like today we have only two professional nurses. One this side and another that side. They are doing operations and you cannot let the "ens' (enrolled nurses) to teach them. The other things they can do but <u>preferably the professional nurse must teach</u>	Preferably the professional nurse must teach
	R: Mentoring is perceived not to be well done and there is shortage of staff.	
Quest to revive the previous practice	P: It is my wish because '*ke a bona"* it is not only this ward alone the whole hospital. That am definitely sure of, that is <u>why I say if we can have somebody who is hospital based who will at least accompany these students</u> when they come from the college but if that cannot happen, that is another *eish (shaking his head),* that is just another problem. The problem just continue.	why I say if we can have somebody who is hospital based who will at least accompany these students
	R: So you say mentoring is not well done and it	

	will be well done if somebody is there in the hospital. Thank you so much for the responses which are so vital to help in replanning for future training of students unless if you have any question for me	
Concern about mentoring Scheduled simulation times Theory and practica correlated	P: I am very happy because this problem of mentoring is long. Is long I <u>have been worried about.</u> During our days we used to have " *mpopinyana so"* which before we go in the clinical area, we all know in this time every day we go to the demonstration room and <u>they demonstrate for us how to give injections</u>. When we go to the college we are able to <u>correlate what we learnt in clinical with theory.</u> I am happy because today "*ge le tlile"* my input and that I think the input will not be only from myself, other people will share the same as mine R: Thank you for the responses that are so important. Goodbye	Have been worried about. They demonstrate for us how to give injections. Correlate what we learnt in clinical with theory.