

# Skuteczność pielęgniarskich mentorów klinicznych

Effectiveness of nursing clinical mentors

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## STRESZCZENIE

### Skuteczność pielęgniarskich mentorów klinicznych

**Cel.** Zbadanie skuteczności pielęgniarskich mentorów klinicznych.

**Materiał i metody.** Badani, to 56 studentów III roku studiów pielęgniarskich oraz 17 ich klinicznych mentorów z Uniwersytetu Strossmayera, Wydziału Medycznego w Osijek. Badania, podzielono na dwa etapy, przeprowadzono w Centrum Klinicznym w Osijek, w Klinice Chirurgii. W pierwszym etapie badań, przed praktyką kliniczną, badano oczekiwania studentów co do skuteczności mentorów klinicznych. W drugim etapie, po praktyce klinicznej, zbadano i porównano ocenę i samoocenę efektywności mentorów. Narzędziem badawczym był kwestionariusz zawierający 6 kategorii (52 kryteria) do oceny skuteczności pielęgniarskich mentorów klinicznych z Inwentarza Skuteczności Nauczyciela Pielęgniarstwa (Mogan & Knox) oraz z Kwestionariusza Obserwacji Nauczyciela Pielęgniarstwa w Warunkach Klinicznych (Mogan & Warbinek). Dane liczbowe zostały przedstawione za pomocą średnich i miar rozproszenia. Dla zbadania różnic między 3 niezależnymi grupami zastosowano test Kruskala Wallisa oraz do porównania 2 grup – test Manna-Whitneya. Uzyskane dane poddano analizie statystycznej przy poziomie istotności  $p \leq 0,05$ .

**Wyniki.** Najbardziej pożądanymi cechami mentora według studentów są: poprawianie studentkich błędów bez poniżania, bycie dobrze zorganizowanym oraz udzielanie zrozumiałych wyjaśnień. Najmniej ważne cechy to: entuzjazm, dostosowanie instrukcji do poziomu kompetencji studenta, omawianie nowych rozwiązań w danych dziedzinach. Samoocena mentorów była statystycznie wyższa w porównaniu do oczekiwań studentów i ich oceny skuteczności mentorów ( $p < 0,001$ ). Nie ma istotnych różnic między oczekiwaniami i oceną w ramach poszczególnych kategorii chociaż w więcej niż połowie kryteriów studenci zaznaczyli jako ważne: poprawianie błędów uczniów bez poniżania ( $p = 0,001$ ), jest dobrze zorganizowany ( $p = 0,039$ ) oraz udzielanie zrozumiałych wyjaśnień ( $p < 0,001$ ).

**Wnioski.** Ciągłe monitorowanie i ocena procesu mentoringu stanowi kluczowy czynnik wpływający na jakość kształcenia zawodowego oraz rozwój pielęgniarek.

**Słowa kluczowe:** mentor pielęgniarstwa, student, ocena

## ABSTRACT

### Effectiveness of nursing clinical mentors

**Aim.** To explore effectiveness of nursing clinical mentors.

**Material and methods.** The subjects were 56 third-year students of Nursing of undergraduate studies and 17 of their clinical mentors from J.J. Strossmayer University of Osijek, Faculty of Medicine Osijek. The research was conducted at Clinical Hospital Centre Osijek, Department of Surgery, divided in two parts. The first part (prior to clinical practice) examined students' expectations of effective nursing clinical mentors. The second part (after completing clinical practice) examined and compared evaluations and self-evaluations of mentor effectiveness. The research instrument was a questionnaire containing six categories (52 criteria) for assessment of effective nursing clinical mentors taken from The Nursing Clinical Teacher Effectiveness Inventory (Mogan & Knox) and Observations of Nursing Teachers in Clinical Settings (Mogan & Warbinek). Numerical data were described using basic mean and dispersion measures. For exploring differences between three independent groups Kruskal Wallis test was used and Mann-Whitney test was used to compare two groups. The obtained data were analysed statistically at a significance level of  $p \leq 0,05$ .

**Results.** The most desirable mentor qualities, expected by students, are correcting student mistakes without belittling, being well-organized and providing clear explanations. Least important are: enthusiasm, adapting instructions to students' level of competence, discussing new developments in the area they are covering. Mentor self-evaluation was significantly higher compared to students' expectations and students' evaluation of mentors' effectiveness ( $p < 0.001$ ). There are no significant differences between expectations and evaluation within categories, although, they are present within more than half of criteria students marked important: correcting students' mistakes without belittling ( $p = 0.001$ ), being well-organized ( $p = 0.039$ ) and providing clear explanations ( $p < 0.001$ ).

**Key words:** nursing clinical mentor, student, evaluation

## INTRODUCTION

The term “mentor” originates from Greek mythology. It appears in Homer’s “Odyssey”, where it is the name of king Odysseus’ trusted friend who was invited to be a teacher and advisor to king’s young son, Telemachus, while the king was away. Throughout history, there were many examples of mentoring relationships, such as Socrates and Plato, Leonardo da Vinci and Verrochio, Michelangelo and Lorenzo de Medici, Karl Jung and Sigmund Freud. This term has gradually evolved to denote a person who dedicates part of their time to help individuals in learning, becoming mature and building their own identity [1]. According to “The Nursing and Midwifery Council” NMC (2008a) and DH (2001a), a mentor is a qualified nurse that has acquired knowledge, skills and competence (having completed an accredited university programme) and can support, monitor and evaluate students during their clinical practise according to defined outcomes [2].

Mentoring is invaluable in professional education and further development of nurses as a means to transfer professional knowledge and skills from a mentor to a student. The purpose of clinical practise is to teach student nurses how to become qualified nurse applying effective teaching strategies [3]. Student needs to apply theoretical knowledge and skills in clinical environment, working with real patients and in situations that involve life and death of a patient [4]. Interaction with patients and their families during clinical practise helps students to develop technical, psychomotor, interpersonal and communication skills [5]. Clinical mentors work directly with students in clinical environment, unlike other teachers involved in nursing education [6]. Mentors have important role, since they provide opportunities for students to acquire professional knowledge, attitudes, competencies, professional responsibility and identity, self-confidence, independence and autonomy [7]. Jacobsen (1966) describes a student-mentor relationship as a “human component” that is not part of learning in a classroom [4]. Mentors have important influence on students’ developments and therefore it is necessary to ensure mentors’ quality. Student-mentor relationship may vary from informal/short-term to formal/ long-term when a mentor’ experience, knowledge, skills and/or wisdom contribute to student’s professional development [8]. Mentors need to have not only professional knowledge and experience, but also other characteristics, such as: expertise, professional integrity, understanding of human nature, empathy, honesty, being approachable, being able to encourage students to individual development and to work in teams, being able to motivate, support and encourage [8], as well as communication skills, teaching skills and evaluation of students in small groups and in situations “one to one” [4]. To evaluate the effectiveness of mentoring, there need to be clearly defined competencies and criteria according to which mentors are evaluated [4]. Earlier research and evaluation of mentoring have identified mentors’ characteristics and limitations, when a mentor, consciously or not consciously has a negative influence on students’ learning. It has been suggested that most common causes for such problems, ineffective or bad mentoring are lack of mentor’s commitment to mentoring and student’s need to learn and insufficient competencies (lack

of knowledge, skills and experience, bad teaching skills, not being prepared for clinical practise, not being available and approachable for students, intimidating students, criticizing and belittling students, lack of evidence-based practice and research, hierarchy and lack of team work, insecurity and not accepting students’ earlier knowledge, skills and experience, unreal expectations, negative attitude and lack of motivation for novelties and changes in practise) [1]. Ineffective mentoring influences students’ knowledge, skills, attitudes and general competence. It is evident that students are formed according to mentors’ characteristics [6]. Moreover, acquisition of clinical skills takes place in a real environment, where ineffective mentoring may cause mistakes resulting in grievous consequences for patients [4]. It is therefore necessary to identify the competencies mentors need to have ensure their effectiveness [8]. Higher quality of clinical teaching will ensure higher quality of clinical practise [6]. According to Windsor (1987), quality of clinical practise depends on quality of clinical teaching, which, in turn, depends on characteristics of a clinical mentor.

The aim of this research was to explore effectiveness of nursing clinical mentors. Specific aims were to investigate students’ attitudes toward expected and real mentors’ competencies, mentors’ opinion of their own competencies in performing clinical practise, to determine whether there are differences between expected and real competencies of mentors and to determine whether there are differences between students’ evaluation and mentors’ self-evaluation.

## MATERIAL AND METHODS

Subjects were divided into two groups: the first group included third year students of undergraduate nursing programme in academic year 2011/2012, N=56 (100%), while the second group included nursing clinical mentors responsible for clinical practise in third year of undergraduate nursing programme. Mentors have bachelor’s degree in nursing, N=17 (100%).

Research instrument was a questionnaire for students and mentors. The first part of the questionnaire contained five questions regarding general information on students (sex, age, year of study, employment status, work experience as a nurse) and mentors (sex, age work experience as a nurse, work experience as a mentor not/participation in theoretical education). The second part of the questionnaire were modified structured instruments NCTEI (The Nursing Clinical Teacher Effectiveness Inventory) and ONTICS (Observations of Nursing Teachers in Clinical Settings) consisting of six competence categories of nursing clinical mentors, 52 parameters in total [1,10]. Prior to their clinical practise students marked the competencies of mentors they considered important and they expected of their clinical mentors on a seven-rate liker scale. After completion of their clinical practise with a certain mentor, students evaluated how often the mentor applied certain competence category. Also, mentors did self-evaluation of their competencies following the clinical practise. The research was carried out in clinics and departments of Clinical Hospital Centre Osijek that are used as teaching basis of the Faculty of Medicine Osijek.

Numerical data were presented as mean value and distribution. To analyse differences between three independent groups Kruskal Wallis test was used, and for difference between two groups Mann-Whitney test. The significance level was determined at 0.05.

The research was approved by Faculty of Medicine Osijek Ethics Committee. All subjects were informed about the research aim in writing and they signed informed consent to participate in the research. Anonymity of subjects was guaranteed both during and after the research.

## RESULTS

The research included 56 students (100%), out of whom 46 (82.1%) were women and 10 (17.9%) men. Regarding the age 38 (67.9%) students were 18-24 years. 22 (39.3%) students were employed, out of whom 20 (90.9%) were employed as nurses (Table 1). Self-evaluation was done by 17 clinical mentors, out of whom 13 (76.5%) were at the age range of 36 to 55 years, 3 (17.6%) at the age range 56-65 and 1 (5.9%) at the age range 25-35. Only one mentor (5.9%) was involved in theoretical education (Table 2).

■ Tab.1. Distribution of students regarding their age, sex and employment

Parameters	N (%)
<b>Sex</b>	
men	10 (17.9)
women	46 (82.1)
<b>Age group</b>	
18-24	38 (67.9)
25-35	11 (19.6)
36-55	7 (12.5)
<b>Employment status</b>	
yes	22 (39.3)
no	34 (60.7)
<b>Employed as nurses</b>	
yes	20 (90.9)
no	2 (9.1)
<b>Work experience (years)</b>	
1-5	15 (53.6)
6-10	2 (7.1)
11-20	10 (35.7)
21-30	1 (3.6)

■ Tab. 2. Distribution of mentors regarding their work experience and mentor's status

Parameters	N(%)
<b>Work experience</b>	
1-5	0 (0)
6-10	4 (23.5)
21-30	3 (17.6)
31-40	8 (47.1)
41	2 (11.8)
<b>Mentor's status (years)</b>	
1-5	0
6-10	17 (100)
<b>Working in theoretical education</b>	
yes	1 (5.9)
no	16 (94.1)
<b>Total</b>	17 (100)

According to students' attitudes and expectations prior to clinical practice, the most important competencies of a mentor are: corrects students' mistakes without belittling, appears organized, explains clearly, takes responsibility of own actions, does not criticize students in front of others (Table 3).

■ Tab. 3. Ten most important competencies of a mentor according to students' attitudes and expectations

Mentor	EX Mv*	EX-EV†	EV Mv*	EV-SE†	SE Mv*
Corrects students' mistakes without belittling	6.6	0.001	5.9	0.001	6.8
Appears organized	6.6	0.039	6.2	0.061	6.6
Explains clearly	6.5	<0.001	5.9	0.001	6.7
Takes responsibility of own actions	6.5	0.156	6.3	<0.001	6.9
Does not criticize students in front of others	6.5	0.010	6.0	0.004	6.4
Is well prepared for teaching	6.4	0.063	6	<0.001	6.8
Is in positive interactions and consulted with health team	6.4	0.172	6.2	0.003	6.8
Is open-minded and non-judgmental	6.4	0.033	6.0	0.013	6.6
Emphasizes what is important	6.3	0.012	5.8	<0.001	6.9
Demonstrates clinical skill and judgment	6.3	<0.001	5.6	0.001	6.4

EX – expectations; EV – evaluation; SE – self-evaluation; Mv\* – Mean value; † Mann Whitney test

Least important competencies of a mentor according to students' attitudes and expectations prior to clinical practice are: demonstrating enthusiasm, gearing instruction to students level of readiness, discussing current development in his/her field, recognizing own limitations, being a dynamic and energetic person (Table 4).

■ Tab. 4. Ten least important competencies of a mentor according to students' attitudes and expectations

Mentor	EX Mv*	EX-EV†	EV Mv*	EV-SE†	SE Mv*
Demonstrates enthusiasm	5.5	0.011	5.9	0.011	6.5
Gears instruction to students level of readiness	5.4	0.277	5.5	<0.001	6.6
Discusses current development in his/her field	5.4	0.563	5.4	0.002	6.4
Recognizes own limitations	5.3	0.301	5.6	0.020	6.1
Is a dynamic and energetic person	5.3	0.241	5.9	0.025	6.5
Reveals broad reading in his/her area of interest	5.1	0.008	5.6	0.023	6.4
Demonstrates a breadth of knowledge in nursing	5.0	0.001	5.7	0.001	6.5
Encourages active participation in discussion	4.9	0.007	5.5	<0.001	6.7
Has a good sense of humour	4.8	0.126	5.3	0.043	5.9
Enjoys teaching	4.3	<0.001	5.4	<0.001	6.7

EX – expectations; EV – evaluation; SE – self-evaluation; Mv\* – Mean value; † Mann Whitney test

According to students' evaluation after completion of clinical practise, most frequently applied mentors' competencies are: taking responsibility for their own actions, appearing organized, being in positive interactions and consulted with health team, listening attentively, being approachable (Table 5).

■ Tab. 5. Ten most frequently applied competencies of a mentor according to students' evaluation

Mentor	EX Mv*	EX-EV†	EV Mv*	EV-SE†	SE Mv*
Takes responsibility of own actions	6.5	0.156	6.3	<0.001	6.9
Appears organized	6.6	0.039	6.2	0.061	6.6
Is in positive interactions and consulted with health team	6.4	0.172	6.2	0.003	6.8
Listens attentively	6.3	0.201	6.1	<0.001	6.9
Is approachable	6.2	0.580	6.1	0.001	6.7
Informs patient/family	6.1	0.570	6.1	0.027	6.4
Self-confidence	6.0	0.241	6.1	0.025	6.6
Does not criticize students in front of others	6.5	0.010	6.0	0.004	6.4
Does not criticize students in front of others	6.4	0.063	6.0	<0.001	6.8
Is open-minded and non-judgemental	6.4	0.033	6.0	0.013	6.6

EX – expectations; EV – evaluation; SE – self-evaluation; Mv\* – Mean value; † Mann Whitney test

Competencies of a mentor that are least applied according to students' evaluation are: directing students to useful literature in nursing, having a good sense of humour, identifying students' strengths and limitations objectively, interrogating students to elicit underlying reasoning and discussing current development in his/her field (Table 6).

■ Tab. 6. Ten least frequently applied competencies of a mentor according to students' evaluation

Mentor	EX Mv*	EX-EV†	EV Mv*	EV-SE†	SE Mv*
Directs students to useful literature in nursing	5.6	0.008	5.0	<0.001	6.3
Has a good sense of humour	4.8	0.126	5.3	0.043	5.9
Identifies students' strengths and limitations objectively	5.7	0.144	5.4	0.003	6.2
Questions students to elicit underlying reasoning	5.7	0.164	5.4	<0.001	6.4
Discusses current development in his/her field	5.4	0.563	5.4	0.002	6.4
Enjoys teaching	4.3	<0.001	5.4	<0.001	6.7
Stimulates student interest in the subject	5.6	0.659	5.5	<0.001	6.6
Gears instruction to students level of readiness	5.4	0.277	5.5	<0.001	6.6
Encourages active participation in discussion	4.9	0.007	5.5	<0.001	6.7

EX – expectations; EV – evaluation; SE – self-evaluation; Mv\* – Mean value; † Mann Whitney test

According to mentors' self-evaluation, competencies they most frequently apply are: emphasizing what is important, remaining accessible to students, offering special help when difficulties arise, listening attentively, answering carefully and precisely questions raised by students (Table 7).

According to mentors' self-evaluation, competencies they least frequently apply are: having a good sense of humour, recognizing own limitations, identifying students' strengths and limitations objectively, seeking patient/family reactions to the nursing care provided, providing specific practice opportunity (Table 8).

Analysis of parameters grouped into competence categories showed that there was no significant difference between students' expectations and their evaluation. How-

ever, evaluation result following the clinical practise given by students was 5.7 (0.9), which was significantly lower than result obtained by mentors' self-evaluation, 6.7 (0.3) (Mann Whitney test,  $p < 0.001$ ) (Table 9).

■ Tab. 7. Ten most frequently applied competencies of a mentor according to mentors' self-evaluation

Mentor	EX Mv*	EX-EV†	EV Mv*	EV-SE†	SE Mv*
Emphasizes what is important	6.3	0.012	5.8	.001	6.9
Remains accessible to students	6	0.578	5.9	.001	6.9
Offers special help when difficulties arise	6.1	0.440	5.9		6.9
Listens attentively	6.3	0.201	6.1	.001	6.9
Answers carefully and precisely questions raised by students	6.2	0.413	5.8	.001	6.9
Takes responsibility of own actions	6.5	0.156	6.3	.001	6.9
Corrects students' mistakes without belittling	6.6	0.001	5.9	0.001	6.8
Is well prepared for teaching	6.4	0.063	6	.001	6.8
Promotes student independence	5.9	0.226	5.8	.001	6.8
Provides support and encouragement to students	6.1	0.022	5.8	.001	6.8

EX – expectations; EV – evaluation; SE – self-evaluation; Mv\* – Mean value; † Mann Whitney test

■ Tab. 8. Ten least frequently applied competencies of a mentor according to mentors' self-evaluation

Mentor	EX Mv*	EX-EV†	EV Mv*	EV-SE†	SE Mv*
Has a good sense of humour	4.8	0.126	5.3	0.043	5.9
Recognizes own limitations	5.3	0.301	5.6	0.020	6.1
Identifies students' strengths and limitations objectively	5.7	0.144	5.4	0.003	6.2
Seeks patient/family reactions to the nursing care provided	5.9	0.451	5.6	0.038	6.2
Provides specific practice opportunity	6.1	0.001	5.6	0.022	6.2
Gives direct nursing care	6.0	0.334	5.8	0.012	6.2
Directs students to useful literature in nursing	5.6	0.008	5	<0.001	6.3
Questions students to elicit underlying reasoning	5.7	0.164	5.4	<0.001	6.4
Demonstrates clinical procedures and techniques	6.3	0.196	5.6	0.016	6.4
Reveals broad reading in his/her area of interest	5.1	0.008	5.6	0.023	6.4

EX – expectations; EV – evaluation; SE – self-evaluation; Mv\* – Mean value; † Mann Whitney test

■ Tab. 9. Difference between students' evaluation and mentors' self-evaluation for each mentors' competence category

Mentors' competence categories	EX Mv*	EX-EV†	EV Mv*	EV-SE†	SE Mv*
Teaching ability	5.8	0.671	5.7	<0.001	6.7
Nursing competence	5.7	0.679	5.6	<0.001	6.5
Evaluation	6.1	0.183	5.7	<0.001	6.5
Interaction with student	6.1	0.466	5.9	<0.001	6.8
Interaction with patient/family-health team	6.1	0.555	5.9	0.004	6.5
Personality	5.8	0.108	5.9	0.007	6.5

EX – expectations; EV – evaluation; SE – self-evaluation; Mv\* – Mean value; † Mann Whitney test



## DISCUSSION

### Students' attitudes and expectations

Research results showed mean values of all desired and expected mentors' competencies at a range from 4.3 to 6.6. As the lowest mean value 4.3 is above average, it confirmed that all 52 parameters are considered important by students, which is in accordance with other similar research [4, 9]. Ten most important mentors' competencies according to students' attitudes and expectations correspond with results obtained in other research [7,9], particularly with the research carried out in Hong Kong, where seven of these competencies were among ten most desired (not criticizing of students in front of others, explaining clearly, emphasizing the important, correcting students' mistakes without belittling, being open-minded and non-judgemental, being well-prepared for teaching, being well-organized) [9]. Among the first ten characteristics of mentors' competencies there are characteristics from all categories equally, apart from student-mentor relationship. Three characteristics are from category mentors' teaching ability (explaining clearly, emphasizing what is important and being well-prepared for teaching), which is the largest number and corresponds with the results of other similar research [7, 9, 10 11, 12, 13]. This category also includes skills necessary for mentors to transfer knowledge, skills and attitudes to students in a stimulating environment [7]. Two characteristics are from category "professional competence" (demonstrating communication skills and taking responsibility for his/her own actions), two characteristics from the category "evaluation of students", which also belong to first five most important characteristics (correcting students' mistakes without belittling and not criticizing students in front of others). This also corresponds with other research results [4, 9, 7, 14, 15]. Two characteristics are from the category "mentors' personality" (being well-organized and being open-minded and non-judgemental). One characteristic is from the category "interaction with patients and health team" (relationship is positive and in agreement with health team). Characteristics from the category mentor-student relationship do not belong to ten most important characteristics.

Categorization of mentors' most important competencies according to students is almost identical to results obtained in other research, where the most important category is mentor's teaching ability, followed by mentor's professional competence, evaluation of students, mentor's personality and interpersonal relationship as the last one [7]. Mentor-students relationship is extremely important in clinical practise and also a significant factor for learning in clinical environment, which was confirmed in numerous research studies [10, 14, 16, 17, 18, 19, 20, 21, 22, 23]. However, this research showed that the relationship mentor-student was not recognized as one of most important, which partly corresponds to some other research where interpersonal relationships were rated as least important category [7]. This may be a reflection of educational culture where interpersonal relationship is more professional than personal. Mentor is considered a person

with a higher status and more "powerful" than a student [7]. The results showed that students consider interpersonal relationship more professional than personal, which may be the result of their previous education, student-mentor ratio, time a mentor spends with every student, mentor's commitment and students' interest in sharing their problems with a mentor.

Ten least important characteristics of mentors' competencies according to students' attitudes and expectations are in compliance with other research studies in as many as six characteristics (demonstrating enthusiasm, discussing current development in his/her field, recognizing his/her own limitations, revealing broad reading in his/her area of interest, having a good sense of humour and enjoying teaching) [7]. The largest number of least important characteristics [4] is from the category of professional competence. In a hospital programme acquisition of knowledge it might not be intense and obvious [9]. Thirty-nine percent of third- year nursing students are employed, so that they are not only students in clinical environment but also employees providing health care services. This double role makes it really difficult to find time for learning and most students claim that they are exhausted both physically and mentally after a work shift in their wards, which corresponds with results of other research [9]. This stressful and unpredictable nature of clinical environment influences the process of clinical teaching. Three least important characteristics belong to the category mentor's personality and teaching ability. Such low ratings of these characteristics might reflect students' passivity, which is also evident in other research [9]. Characteristics from categories evaluation, mentor-student relationship, interaction with patients and health team were not rated as least important, which showed that students did not consider them either least or more important.

### Students' evaluation

Research results showed mean values of mentors' competencies evaluated by students after completion of clinical practise at a range from 5 to 6.3, which corresponds with other research results where mean values were from 5.1 to 6.4 [3]. Characteristics were grouped into competence categories and analysis of these groups showed no significant difference between students' expectations and their evaluation. However, analysis of 52 parameters within categories revealed significant difference in 17 characteristics. Mentors significantly less frequently explain, emphasize what is important and demonstrate clinical skills that it was expected by students. Results showed that mentors frequently try to be open-minded, not criticizing and belittling in front of others, but in comparison to students expectations still insufficiently frequent.

Results for most important competencies for students showed significant differences between expectations and evaluation. Expectations were significantly higher than evaluation results in 7 out of 10 most important competencies for students.

The fact that there were significant differences between expectations and evaluation might be explained by high level of knowledge, skills and competencies of subjects who were in their final (third) year of nursing programme

and simultaneously employed full-time as nurses. Thus, students had high expectations from their mentors and this represents a challenge for mentors. Another explanation might be that mentors also performed their work activities during mentoring process.

Results regarding most frequently applied mentors' competencies correspond with results obtained in other research where NCTEI questionnaire was used. Results showed that mentors are frequently well-organized [24], but in comparison with students' expectations still insufficiently. Mentors frequently have positive interaction with a health team, listen attentively [24, 25], they are approachable [3, 15, 25, 26]. Mentors' competencies most frequently applied are interpersonal relationship, mentors' personality, professional competencies, evaluation, teaching ability, which corresponds with other research results [3, 15, 25]. Results showed that mentors' most frequently applied competence is directing students to useful literature in nursing, which corresponds with results of other research [3]. Among first ten least frequently applied characteristics are: discussing current development in his/her field, stimulating student's interest in the subject, gearing instructions to students' level of readiness, which also corresponds with other research [3]. Other less frequently applied characteristics (sense of humour, enjoying teaching, encouraging active participation in discussion, discussing current development and gearing instructions to students' level of readiness) were considered less important and less expected by students even prior to clinical practise. The results showed that not a single one of the least applied mentors' competencies was among ten most important and expected by students prior to clinical practise.

## Self-evaluation

The results showed significant difference between students' evaluation of a mentor and mentors' self-evaluation. The rating was significantly higher in self-evaluation in 51 out of 52 characteristics. Analyzing the competencies grouped in categories, the rating obtained by self-evaluation was significantly higher than students' evaluation in all six categories. This might be explained by the fact that mentors do not have proper feedback information on their own work in any form: self-evaluation, evaluation by students or by people authorized to evaluate mentors' competencies in order to improve mentoring process.

## CONCLUSIONS

Competencies that students consider desirable and expect from their mentors include mentors' teaching abilities, professional competencies, evaluation and interpersonal relationship as equally important. According to students' expectations, an ideal mentor is open-minded, well-prepared and well-organized person who demonstrates skills, explains clearly and emphasizes what is important. While doing this, mentor does not criticize or belittle students, takes responsibility for his/her actions and has a good relationship with a health team.

According to students' evaluation of mentors' real competencies, in total, there was no significant difference between expectations and evaluation. However, analysis of

mentors' most important competencies showed significant difference between students' expectations and their evaluation, whereby expectations were significantly higher than evaluation in 7 out of 10 competencies students consider most important. Mentors try to apply competencies important to students more frequently, but still not as frequently as expected by the students. In their self-evaluation nursing clinical mentors overrated application of their competencies in 51 out of 52 parameters in comparison with students' evaluation.

Research in this field ought to encourage all clinical mentors to question and analyse their own competencies. All the research and evaluation of mentors' competencies will be basis for mentors' professional development and improvement in mentoring process in clinical settings.

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