

The development of students' competences from the perspective of a clinical environment and the mentor's role

Scientific article

UDC 378.147:616

KEY WORDS: *clinical practice, mentors role, clinical environment, nursing*

ABSTRACT - *The clinical settings and mentor's role are relevant for successful clinical practice, and thus, for the quality of the nursing study. The aim of this study was to determine the effect of a clinical environment on the mentor's role. A combination of qualitative and quantitative research design was implemented. A survey was performed in four Slovenian psychiatric hospitals or departments of psychiatry where the clinical practice for nursing students was performed. The final sample consisted of 52 clinical mentors. Furthermore, 15 randomly selected clinical mentors participated in focus groups, where the aforementioned effect was discussed. Survey results indicate a strong ($\varphi = 0.732$), statistical significant ($p < 0.001$) correlation between clinical environments and the mentor's role. A qualitative analysis of the focus groups' transcripts confirms this correlation and indicates different categories relevant for improving the mentor's role: e.g. the mentor's lack of knowledge, the unpreparedness of the organisation for encouraging the mentor's role. This study shows that a clinical environment has a strong effect on the mentor's role.*

Znanstveni prispevek

UDK 378.147:616

KLJUČNE BESEDE: *klinična praksa, mentorska vloga, klinično okolje, zdravstvena nega*

POVZETEK - *Klinično okolje in mentorska vloga so ključni za uspešno klinično prakso in zato tudi za kakovost študija zdravstvene nege, ki večinoma poteka v obliki klinične prakse. Cilj pričujoče raziskave je bil ugotoviti učinek kliničnega okolja na mentorsko vlogo. Uporabljena je bila kombinacija kvantitativnega in kvalitativnega pristopa k raziskovanju, v štirih slovenskih psihiatričnih bolnišnicah ali oddelkih, kjer se izvaja klinična praksa za študente zdravstvene nege. Končni vzorec je zajemal 52 kliničnih mentorjev, od katerih smo 15 naključno izbranih vključili v fokusno skupino, kjer je potekala razprava o omenjenem učinku. Rezultati študije kažejo na močno ($\varphi = 0,732$), statistično značilno ($p < 0,001$) korelacijo med kliničnim okoljem in mentorsko vlogo. Kvalitativna analiza zapisov posnetkov fokusnih skupin potrjuje omenjeno korelacijo in nakazuje na številne kategorije, ki so ključne za izboljšavo mentorjeve vloge v povezavi s kliničnim okoljem (npr. pomanjkanje znanja mentorjev na področju učenja/poučevanja, nepripravljenost organizacije za spodbujanje mentorske vloge). Pričujoča raziskava kaže, da ima klinično okolje močan vpliv na mentorsko vlogo.*

1 Introduction

Changes in society and the rapid development of science and technology have a significant impact on the health care system. Consequently, nurses require more knowledge, especially critical thinking skills, which are a prerequisite for effective decision making (Hoffman, 2008). Hence, during the study, students must develop competences required in the clinical environment.

Nursing educators have a difficult task to design study programmes which support the development of nursing competences. These can be developed by implementing acti-

ve teaching and learning methods in the pedagogical process and by reducing the traditional ones that merely promote rote memorization (Clayton, 2006).

One of the most effective active teaching and learning methods in nursing are simulations. These can be performed as clinical simulations or as a part of laboratory practice. During the simulations, students develop nursing skills in a controlled environment by using their theoretical knowledge (Comer, 2005). Another effective teaching and learning method is role play, i.e. a type of simulation, which allows practicing the skills required in real clinical practice (Clapper, 2010).

For the development of competences, the collaboration in a particular social context is very important. Hence, clinical practice is an ideal environment for the acquisition of nursing skills and competences. Successful clinical practice is relevant for the quality of the nursing study. The goals of the clinical practice are: the development of key and specific competences, the development of ethical decision-making, and the development of critical thinking. Kolb (1984), Dewey (1997), and Jarvis (2002) emphasize the importance of practical experience and the importance of the progressive learning environment, where these experiences can be achieved. These have an immediate effect on the perception of the clinical situation and on the students' approach in real settings. Clinical settings offer the students situation-, problem-, and experience based learning. Furthermore, the students interact with patients and other member of health care team.

Flanagan et al. (2000) state that teaching and learning in a clinical environment is connecting self-knowledge, expertise at work, and formal knowledge. Gopee (2000) defines that work-based learning is an important characteristic of health profession courses and as the body responsible for approving the educational programmes. According to the 77/452 EEC and 77/453 EEC Directives, approximately half of the direct contact hours is performed in clinical learning environments. Work-based learning in clinical practice provides an opportunity to learn and acquire professional skills, builds self confidence in performing nursing interventions, involves multi-professional working and is grounded in the real world and in realistic situations with variable resources.

Zachary (2011), states that motivation has an impact on sustainability and commitment. Mentors who facilitate effective learning relationships are comfortable using an assortment of related process skills (Zachary, 2011). The process tool kit consist of twelve generic skills: brokering relationships, building and maintaining relationships, coaching, communicating, encouraging, facilitating, goal setting, guiding, managing conflict, problem solving, providing and receiving feedback and reflecting.

Besides clinical settings, mentors play a prominent role in clinical practice. In nursing and health care in general, mentorship has become one of the most important strategies for teaching and learning. Jarvis (2002) and Herman & Mandell (2004) define mentorship as a relation, where the mentor guides and supports the student in the learning/teaching process by helping them to: achieve self-confidence, achieve the required skills, and socialize in the clinical settings. Thus, a good relationship between the mentor and the students is very important for successful clinical practice. Mentors

must be aware of the students' expectations, and vice versa; also the students must be informed about the mentor's expectations (Bartlett et al., 2000; Guilbert, 2004). Öhrling and Hallberg (2000) found the aspects of themes in the process of being a preceptor in nursing, i.e. place, time and security, creating space for learning, providing concrete illustration, exercising control and seeking reflection.

In some clinical learning environments the role of the mentor is even more crucial due to extreme situations which students experience for the first time (e.g. psychiatric hospitals). Kragelund (2011) found that student nurses learning during their clinical placement had to do with how they learned to interact and develop a therapeutic relationship with a psychiatric patient and the barriers associated with it.

Unfortunately, many institutions are not motivated to perform clinical practice. According to our experience not all clinical settings encourage the development of the mentors' role. Hence, many mentors are not motivated to perform clinical practice with the students. This can result in a reduction in the quality of clinical practice or even the abandonment of this important activity in some institutions. The aim of this study was to determine the effect of the clinical environment on the mentor's role. According to the literature review and our experience in this field, no relevant study has been conducted in Slovenian psychiatric hospitals.

2 Methods

To determine the aforementioned effect, a combination of qualitative and quantitative research design was implemented. The study was performed in the academic year 2011/12 in four out of six psychiatric hospitals or departments of psychiatry, where clinical practice for nursing students was performed. The managements of the four institutions under consideration approved our study. The study was performed with the help of the institutions' head nurses or clinical practice coordinators. Questionnaires were distributed to the clinical mentors and sent by post to the researchers.

Furthermore, after the survey, approximately one third of the participants were invited to participate in the focus group, where the effect of the clinical environment on the mentor's role was discussed. The focus group took place in one of the participating institutions and was conducted by one of the authors (VČ). Special attention was made to avoid reflexivity (where the participants of the focus group express what the researcher wants to hear).

2.1 Questionnaire

The questionnaire consisted of three sections: (I) basic demographic questions (gender, age, years of working experience); (II) 10 items regarding the variable mentor's role – the items were adopted from CLES+T (Clinical Learning Environment, Supervision and Nurse Teacher evaluation scale) questionnaire (Saarikoski et al., 2002); (III) 10 items regarding the variable clinical learning environment – the items were adapted from Chan (2002), Henderson et al. (2006), and Newton et al. (2010).

The items were translated from English to Slovenian through the following steps - adopted from Råholm et al. (2010): (S1) forward translation by two researchers, independently; (S2) back translation, without any reference to the original instrument wording; (S3) comparison of the original and the translated version by another expert; (S4) revision of the translated questionnaire version according to the third researchers' knowledge and experience; (S5) examination of the translated questionnaire for clarity by five Slovenian clinical mentors; (S6) conducting a pilot study. All items in sections 2 and 3 were evaluated on a five-point Likert scale ranging from total disagreement to full agreement, mirroring the extent to which the individual item described the participant's personal opinion. The items are presented in Table 1.

2.2 Sample

All clinical mentors of the four institutions were invited to participate in the study. The final sample consisted of 52 clinical mentors in all four Slovenian psychiatric hospitals or departments of psychiatry, where clinical practice was performed. The average age of the participants was 42.6 years with a standard deviation of 8.6 years. The majority, i.e. 39 participants (75 %), were female, 13 (25 %) male. The participants had 18.9 (5.5) years of work experience.

The participation in the study was voluntary. All the participants agreed to take part in the study. Finally, approximately one third of the participants (15 clinical mentors from one clinical learning environment) were selected to participate in focus groups in order to discuss the competences of the mentor's role according to their experience in a clinical learning environment.

2.3 Statistical analysis

Univariate, bivariate and multivariate analysis were performed with the statistical package SPSS 20.0. Initially, Cronbach alpha was computed to determine the scale reliability of the variables; the clinical environment and the mentor's role. The average value, standard deviation, skewness and kurtosis were calculated. To test the correlation between the mentor's role and the clinical learning environment, Spearman's correlation coefficient (φ) was calculated, as the distribution of the variable clinical environment was not normal. Its kurtosis was above 1, which is higher than that recommended in the literature (Leech et al., 2005).

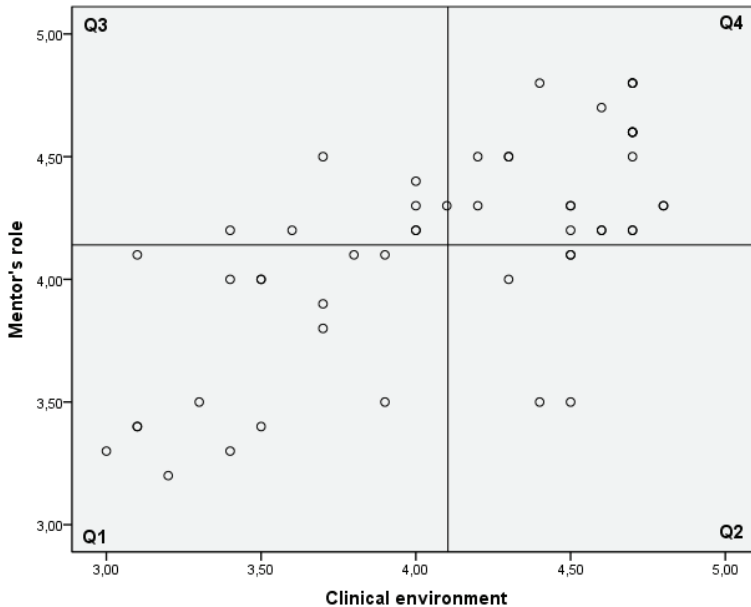
3 Results

Table 1 presents the results of the univariate analysis of each item of the variables mentor's role and the clinical learning environment. Table 2 presents the results of the scale reliability test along with the mean value, standard deviation, skewness and kurtosis of the aforementioned variables. Cronbach's alpha coefficients were higher than 0.7, which is the minimum recommended in the literature (Iivari, 1996). The final

variables mentor's role and clinical learning environment were computed by calculating the average value of their corresponding items.

Results of bivariate analysis indicate a strong correlation between the variables mentor's role and clinical learning environment ($\varphi = 0.732$, $p < 0.001$), which is also evident in the scatter chart (Figure 1). As some dots in Figure 1 overlap, the results are also presented in Table 3.

Figure 1: Scatter chart of the variables mentor's role and clinical environment



Different categories emerged in the analysis of the participants' affirmations in the focus groups. The category »lack of competence« was identified in the affirmations, for example:

»I feel that I am not competent for motivating and evaluating the students correctly.«

The category »unpreparedness of the organisation for fostering the mentor's role« was also identified:

»In the past, the faculty has organised mentorship trainings. Unfortunately, my institution does not recognize these trainings as formal education required for renewing nursing licenses.«

»I wish to gain more knowledge in the field of mentorship, but the organisation does not want to pay for this kind of education.«

The aforementioned correlation is evident in the following participants' affirmations:

»The organisation of the work and the insufficient number of nursing staff does not allow me to prepare for working with students.«

»Besides being a mentor I am also a nurse at this institution. This is my primary role and the work obligation does not allow me to concentrate more on students.«

Table 1: Variables and the corresponding items of the questionnaire

Variable	Item of the questionnaire	Mean	SD
<i>Clinical learning Environment</i>			
	1. Mentors in the clinical learning environment promote students' learning with planned activities.	4.46	0.61
	2. A positive atmosphere for teaching and learning was present in the clinical learning environment.	3.73	0.99
	3. A safe working environment for learning was guaranteed to students in the clinical learning environment.	4.38	0.63
	4. In the clinical learning environment the relationships between students and mentors is based on trust.	4.15	0.83
	5. The clinical learning environment fostered the transfer of knowledge and experience between the staff in the ward and with the students.	4.15	0.78
	6. The clinical settings are characterised by well-developed teamwork.	4.04	0.74
	7. Mentors in the clinical learning environment regularly discussed the effectiveness of learning with the students.	3.62	1.12
	8. Staff in the ward encouraged students to learn and gain new work experience.	4.08	0.84
	9. Students have enough opportunities to get involved with the process of handing over to the staff in the ward.	4.23	0.78
	10. Mentors in the clinical learning environment offered sufficient support.	4.19	0.63
<i>Mentor's role</i>			
	1. Mentors considered the characteristics of the clinical learning environment.	4.23	0.81
	2. Mentors considered the different learning needs of the students.	3.98	0.80
	3. Mentors operationalized learning goals in the clinical learning environment.	3.81	0.84
	4. Mentors in a clinical learning environment collaborated with the students.	4.31	0.70
	5. Mentors in a clinical learning environment linked theoretical knowledge and everyday clinical practice.	4.27	0.74
	6. Mentors in a clinical learning environment were able to create learning activities for students.	4.27	0.63
	7. Mentors have helped to increase the use of theoretical knowledge and practical skills.	4.25	0.76
	8. Mentors encouraged and supported the students' learning in a clinical learning environment.	4.46	0.64
	9. Mentors encouraged students to be active and autonomous at work in the clinical learning environment.	4.33	0.71
	10. As a mentor I promptly provided feedback about the effectiveness of the learning in the clinical learning environment.	4.04	0.84

Table 2: Descriptive statistics and the scale reliability test of the variables mentor's role and clinical learning environment (N=52)

Variable	No. of items	Cronbach alpha	Mean	SD	Skewness	Kurtosis
Mentor's role	10	0.897	4.10	0.54	-0.35	-0.43
Clinical learning environment	10	0.875	4.19	0.56	-0.49	-1.11

Table 3: Distribution of mentors according to the relative mean of variables clinical learning environment and the mentor's role (N=52)

Number (percentage) of mentors		Clinical environment		Total
		< rel. mean	≥ rel. mean	
Mentor's role	≥ rel. mean	8 (15.4 %)	23 (44.2 %)	31 (59.6 %)
	< rel. mean	16 (30.8 %)	5 (9.6 %)	21 (40.4 %)
Total		24 (46.2 %)	28 (53.8 %)	52 (100 %)

4 Discussion and conclusion

Advance reflective practice in nursing education is changing the processes of teaching and learning in a clinical learning environment and allows the development of nursing competencies. Furthermore, it is also an important element of the mentor's professional development. The characteristics of the mentor's roles are associated with professional, communication and social capabilities.

All the items of the variables mentor's role and the clinical learning environment were evaluated with relatively high values, considerably above the middle of the scale. The lowest values of the variable clinical learning environment received the item 7 (»Mentors in the clinical learning environment regularly discussed the effectiveness of learning with students«), followed by item 2 (»A positive atmosphere for teaching and learning was present in the clinical learning environment. This indicates that a lot has to be done towards the improvement of the discussion between mentors and students, which has an impact on the atmosphere for teaching and learning. Item 3 (»Mentors operationalized learning goals in the clinical learning environment«) and 2 (»Mentors considered the different learning needs of the students«) received the lowest values of the variable mentor's role. Our results indicate the lack of knowledge required for the operationalization of learning goals and consideration of the different learning needs of students, and therefore also the lack of education in the field of mentoring and nursing competence development. In the clinical learning environment the relationships between students and mentors are based on trust (item 4) and well developed teamwork (item 6).

The clinical learning environment fosters a positive atmosphere and promotes the transfer of knowledge and experience between the staff of the ward and the students. In the process of teaching and learning in the clinical learning environment, mentors should promote students' learning with plan activities. Our study shows that regular discussion with students (item 7) and a positive atmosphere (item 2) were evaluated

with the lowest values of the clinical learning environment items. However, both values were significantly above the middle of the scale.

The results of this study indicate the strong effect of the clinical learning environment on the mentor's role. The methodological triangulation was performed by combining the survey (quantitative results) and focus groups (qualitative results). The results of the survey indicate a strong correlation between the variables mentor's role and clinical learning environment ($\varphi = 0.732$, $p < 0.001$), which was also confirmed by the affirmations of the focus group participants. We can conclude that the clinical environment has a strong effect on the mentor's role. Similar results were reported by Ohrling and Hallberg (Öhrling and Hallberg, 2000). They discovered the main point of skills development in the process of being a preceptor in nursing. According to the The Nursing and Midwifery Council (2006) the key responsibilities of nursing mentors include: organising and coordinating student learning activities in practice; supervising students in learning situations; providing constructive feedback; setting and monitoring objectives; assessing students' skills, attitudes and behaviours; providing evidence of student achievement; liaising with others about student performance; identifying concerns; and agreeing the action to be taken about concerns. Kragelund (2011) found that in a psychiatric clinical learning environment the mentor's role is even more crucial due to the extreme situations which the students experience for the first time. She found that student nurses learning during their clinical placement had to do with how they learnt to interact and develop a therapeutic relationship with the psychiatric patient and the barriers associated with this.

The relative means of the clinical learning environment and the mentor's role divide the scatter chart into four quadrants (Figure 1: Q1 – Q4, also refer to Table 1). Q1 includes 16 mentors (30.8 %), who perceived that the clinical learning environment was not on the elevated level and also the mentor's role was relatively low. Q2 includes 5 mentors (9.6 %), who perceived that the clinical learning environment is at the appropriate level. However, they do not perceive themselves as good mentors. Q3 includes 8 mentors (15.4 %) who perceived that the mentor's role was on the appropriate level; opposite to the clinical learning environment, which according to their opinion does not foster the mentor's role. Finally, Q4 includes the majority of mentors ($n = 23$, 44.2 %), who perceived that the clinical learning environment was on the appropriate level and they perceived themselves as good mentors (high level of the mentor's role).

Mentoring is very important for the development of nursing skills. Mentor competences should be improved so that they can consider the different learning needs of the students and the specifics of clinical learning environments. The problem is that mentors do not always operationalize learning goals in the clinical environments and do not promptly provide feedback about the effectiveness of the learning. On the other hand, our study indicated that mentors very often encourage and support students learning (mean 4.3) and also encourage students to be active and autonomous while working in clinical settings (mean 4.5). Mentors also reported they felt most competent in clinical settings but they needed more support from the nursing management and need to develop more skills about the use of active learning and teaching methods.

Participants positioned in Q1, represent clinical mentors whose perceived low level of a mentor's role is probably a consequence of the low perceived level of the clinical environment. Similarly, mentors positioned in Q4, perceive that a high level of a mentor's role is probably a consequence of the high perceived level of the clinical learning environment. Thus, clinical mentors, positioned in Q1 and Q4, follow the correlation identified in our study. Organisations, with the majority of clinical mentors positioned in Q1, should consider the improvement of their clinical learning environment, which as a result will probably improve the level of the perceived mentor's role. In these organisations the development of students' competences and the appropriateness of the institution for the clinical learning environment should be taken into consideration. If there is an interest for performing clinical practice, the organisation should identify the reasons for this situation. Mentors positioned in Q3, probably represent a group of nursing clinical mentors who try to develop their mentor's role no matter that the level of clinical learning environment is low. We believe that this group of mentors represents the opinion leaders, which could provide the organisation with valuable information for improving the clinical learning environment. Special attention should also be given to the participants positioned in Q2, whose high perceived level of the clinical learning environment does not have an effect on their perceived level of the mentor's role. That this group of participants represent clinical mentors, which are critical of their mentor's role and hardly follow the requirements of the clinical learning environment regarding mentoring. Although is a small group (9.6 %), we believe that this group of mentors should be identified by the organisation, which should help them to improve their perceived level of a mentor's role with extra training and supervision.

This study indicates an important correlation for the development of nursing competence between the clinical learning environment and the mentor's role. Before generalising the results to broader populations, the following limitations should be considered. The results represent the opinion of mentors from all Slovenian psychiatric hospitals or departments of psychiatry, where clinical practice is performed. Thus, this study should also be further performed in other socio-cultural settings (e.g. different geographic areas, countries) and different nursing clinical settings (i.e. nursing homes, community nursing) before generalising the results to the broader population of nurses. Furthermore, the results reflect on the mentor's personal opinion, which often can be subjective. Hence, the use of other instruments, which will provide objective results, should be considered in future. However, our results provide interesting insights into the development of students' competences from the perspective of the clinical environment and the mentor's role.

The results of our study show a strong effect of the clinical learning environment on the mentor's role. Unfortunately, the mentor's lack of knowledge, the unpreparedness of the organisation for encouraging the mentorship represents a strong barrier for its development. Hence, special attention should be given to the identification of those factors that have a direct effect on the quality of the clinical environment, relevant for the development of mentorship.

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Razvoj kompetenc študentov zdravstvene nege z vidika kliničnega okolja in mentorske vloge

Nagle spremembe v družbi ter skokovit razvoj znanosti in tehnologije močno vplivajo na sistem zdravstvenega varstva, katerega pomemben sestavni del je zdravstvena nega. Sodobna zdravstvena nega je področje, ki mora slediti tem spremembam in se prilagajati zdravstvenim potrebam prebivalstva. Za to pa medicinske sestre potrebujejo več znanja in še posebno kritičnega razmišljanja, ki je nujno potrebno pri odločanju v vsakodnevni praksi zdravstvene nege in tudi v vsakdanjem življenju. Učitelji zdravstvene nege morajo zato razvijati ustrezne študijske programe, v katerih naj bi bodoče profesionalce opremili z znanjem in jih usposobili za učinkovito soočanje z nastalo situacijo. Zato naj bi v programe čim večkrat vključevali aktivne metode učenja in poučevanja. Številni avtorji, ki jih navajamo v prispevku, priporočajo, da se pri poučevanju vseh zdravstvenih strokovnjakov, ne samo medicinskih sester, uporablja kombinacija različnih pristopov izkustvenega in problemskega učenja z uporabo podpornih oblik učenja in informacijske tehnologije. Aktivne metode poučevanja in učenja omogočajo razvoj kompetenc, pomembnih za zdravstveno nego. Skladno z usmeritvami izobraževanja medicinskih sester v Evropi, ki jih navaja tudi Evropska direktiva (2005/36/ES), naj bi polovica predvidenih ur študija potekala v kliničnem učnem okolju. To okolje omogoča pridobivanje izkušenj na podlagi aktivnega dela. Prav zato se mora poučevanje in učenje zdravstvene nege izvajati v kliničnem okolju, med zagotavljanjem neposrednih zdravstvenih storitev in z izvajanjem celovite zdravstvene oskrbe. V kliničnem okolju je treba ustvariti pogoje za poučevanje in učenje sodobne zdravstvene nege, učno klimo ter razviti aktivne metode poučevanja in učenja. Klinična praksa in usposabljanje študentov potekata v realnem delovnem okolju in lahko zagotavljata kakovostno pridobivanje zahtevanih kompetenc.

Klinično okolje in mentorska vloga sta izredno pomembni za uspešno klinično prakso in zato tudi za kakovost celotnega študija zdravstvene nege. Izboljševanje kakovosti izobraževanja, in s tem kakovost pričakovanih izidov poučevanja in učenja, se kaže prav pri doseganju kompetenc, s tem pa tudi sposobnosti za prenos teorije v klinično prakso. Cilj pričujoče raziskave je bil ugotoviti učinek kliničnega okolja na razvoj mentorske vloge in razvoj kompetenc zdravstvene nege. Vsaka klinična situacija ima postavljene učne cilje, ki identificirajo ključne koncepte v zdravstveni negi in uporabo različnih učnih situacij. Pričakovani učni izidi se kažejo v razvoju spretnosti za razumevanje in uporabo znanja v klinični praksi, spretnosti za opazovanje, ugotavljanje potreb ter klinične presoje in odločanja. Na ta način se študenti naučijo reševanja problemov ter pridobijo spretnosti za komuniciranje in refleksijo v obliki povratne informacije, ki jo omogoča reflektivna klinična praksa.

Da bi preverili omenjeni učinek, smo izvedli raziskavo, ki temelji na kombinaciji kvantitativnega in kvalitativnega pristopa. Raziskava je bila izvedena v akademskemu letu 2011/12 v štirih od šestih slovenskih psihiatričnih bolnišnic, kjer se izvaja klinič-

na praksa za študente zdravstvene nege. Raziskavo smo izvedli v sodelovanju z glavnimi medicinskimi sestrami omenjenih institucij oziroma koordinatorji klinične prakse, ki so vprašalnike zaprtega tipa razdelili kliničnim mentorjem. Vprašalnik je bil sestavljen iz treh sklopov: (I) vprašanja za zajem osnovnih demografskih podatkov (npr. spol, starost, leta delovnih izkušenj); (II) 10 trditev, ki se nanašajo na spremenljivko mentorska vloga; (III) 10 trditev, ki se nanašajo na spremenljivko klinično okolje. Anketiranci so trditve sklopa II in III ovrednotili s pomočjo petstopenjske Likertove lestvice stališč. Končni vzorec je zajemal 52 kliničnih mentorjev, povprečna starost je bila 42,6 let (standardni odklon 8,6), povprečna delovna doba je znašala 18,9 let (standardni odklon 5,5). Večino anketirancev, tj. 39 (75 %) so predstavljale ženske, v raziskavo je bilo vključenih le 13 (25 %) moških. Po izvedeni anketi smo z eno tretjino sodelujočih izvedli fokusne skupine, kjer je potekala razprava o povezavi med kliničnim okoljem in mentorsko vlogo. Razpravo je vodila prva avtorica prispevka v eni od omenjenih ustanov, ker je potekalo klinično usposabljanje študentov zdravstvene nege. V klinično okolje študenti zdravstvene nege pogosto prihajajo s predsodki in stigmo do oseb z duševnimi motnjami, pogosto pa sta na začetku kliničnega usposabljanja prisotna tudi strah in negotovost. Zaradi pomanjkanja teoretičnega znanja je pri študentih zdravstvene nege ob vstopu v klinično okolje pogosto oviran prenos teorije v prakso in s tem težje pridobivanje kompetenc. Ključne kompetence, ki jih študenti razvijajo v specifičnem okolju na področju duševnega zdravlja in psihiatrije, so povezane z razumevanjem duševnih motenj, spretnostmi za opazovanje in prepoznavanje negovalnih problemov, sposobnostmi klinične presoje in oblikovanjem negovalnih diagnoz ter kliničnim odločanjem in izvajanjem terapevtskih aktivnosti v procesu zdravstvene nege. Prav tako je pomembno, da študenti razvijejo spretnosti terapevtske komunikacije v odnosu do pacientov, svojcev in pomembnih drugih, pa tudi druge sposobnosti za medsebojno komuniciranje na različnih ravneh interdisciplinarnega sodelovanja in timskega dela.

Rezultati naše raziskave kažejo, da sta bili mentorska vloga in klinično okolje ocenjeni razmeroma visoko. Pri spremenljivki klinično okolje je trditev 7 («Mentorji v kliničnem okolju so redno razpravljali o učinkovitosti učenja s študenti») bila najnižje ocenjena. Sledi trditev 2 («Pozitivno vzdušje za učenje in poučevanje je bilo prisotno v kliničnem učnem okolju»). Slednje kaže, da je treba še veliko postoriti na področju komunikacije med učitelji in študenti, saj to bistveno vpliva na vzdušje, potrebno za kakovostno učenje in poučevanje v kliničnem okolju. Pri spremenljivki mentorska vloga sta trditvi 3 («Mentorji so operacionalizirali učne cilje v kliničnem okolju») in 2 («Mentorji so upoštevali različne učne potrebe študentov») bili najnižje ocenjeni. Naši rezultati očitno kažejo na pomanjkanje znanja pri operacionalizaciji učnih ciljev in upoštevanju različnih učnih potreb študentov, kar kaže na pomanjkanje izobraževanja na področju mentoriranja in razvoja kompetenc v zdravstveni negi. Klinični mentorji so zaznali razkorak v pričakovanjih do študentov na začetku kliničnega usposabljanja in so se počutili odgovorni za izvajanje procesa poučevanja in učenja v kliničnem okolju. Kot razloge za neučinkovito mentorsko vlogo so v fokusni skupini navedli organizacijo dela, pomanjkanje človeških virov, pomanjkanje časa in opravljanje več dela sočasno. Študenti se učijo v kliničnem okolju od vseh članov tima ne samo od

kliničnih mentorjev. Ključna prвина komunikacije je medsebojni odnos in ustvarjanje pogojev učenja v kliničnem okolju ter izvajanje različnih učnih aktivnosti. Pomembna za študente in klinične mentorje je tudi povratna informacija o uspešnosti učenja kot tudi možnost refleksije izkušenj o delovanju študentov v kliničnem okolju.

V kliničnem okolju je pomembna vključenost študentov v timsko delo, razvoj sodelovanja in možnost aktivnega sodelovanja na strokovnih sestankih, kjer se posredujejo ključne informacije. Klinično okolje lahko spodbudi pozitivno učno atmosfero ter prenos znanja in izkušenj med študenti in vsemi zaposlenimi v kliničnem okolju. Mentor mora študente spodbujati k učenju z ustreznim načrtovanjem pedagoških aktivnosti. Žal pa rezultati naše študije kažejo, da sta bili ravno trditev, ki se nanaša na naklonjenost okolja k razpravi s študenti, in trditev o pozitivnem vzdušju v učnem okolju, najnižje ocenjeni od vseh trditev, ki se nanašajo na spremenljivko klinično okolje. Rezultati študije kažejo na močno ($\phi = 0,732$), statistično značilno ($p < 0,001$) korelacijo med kliničnim okoljem in mentorsko vlogo. Kvalitativna analiza zapisov posnetkov fokusnih skupin potrjuje omenjeno korelacijo in kaže na številne kategorije, ki so ključne za izboljšavo mentorjeve vloge v povezavi s kliničnim okoljem. Tako so se izrazito izpostavile kategorije pomanjkanje znanja mentorjev na področju učenja/poučevanja in nepripravljenost organizacije za spodbujanje mentorske vloge. Klinično okolje na specialnih področjih zdravstvene nege predstavlja izziv za izboljševanje kliničnega usposabljanja zdravstvene nege. Študenti in klinični mentorji imajo na začetku procesa poučevanja in učenja v povprečju različna pričakovanja in predstave o študentih, njihovem znanju in motiviranosti ter pripravljenosti za poučevanje in učenje. Prav tako se razkorak pokaže v spretnostih za prenos teorije v neposredno klinično prakso in uporabo terapevtske komunikacije in sposobnosti za sodelovanje in timsko delo. Klinični mentorji nastopajo v več vlogah, ki se v procesu učenja in poučevanja dopolnjujejo in izmenjujejo. Vloge se kažejo pri organizaciji dela ter vzpostavljanju pogojev in možnosti za učenje, ustvarjanju učne klime in aktivnosti za oblikovanje profesionalne vloge in profesionalnih medsebojnih odnosov.

Pričujoča raziskava kaže, da ima klinično okolje močan vpliv na mentorsko vlogo. Žal pa pomanjkanje znanja mentorjev na področju učenja in poučevanja, zlasti pa nepripravljenost organizacij za spodbujanje mentorske vloge predstavljata veliko oviro za njen razvoj. V bodoče je treba posebno pozornost posvetiti identifikaciji tistih dejavnikov, ki imajo neposreden učinek na kakovost kliničnega okolja in so ključni za razvoj mentorstva znotraj posamezne organizacije, pa tudi širše. Ne glede na to pa ni odveč previdnost pri posploševanju rezultatov, saj moramo upoštevati omejitve pričujoče raziskave. Prva je gotovo ta, da se rezultati nanašajo zgolj na mnenje mentorjev iz slovenskih psihiatričnih bolnišnic oz. oddelkov za psihiatrijo. Ocenjujemo, da bi morali izvesti primerljive raziskave tudi v ostalih sociokulturnih okoljih in na različnih področjih zdravstvene nege, da bi pridobili celovito sliko o omenjeni povezanosti. Prav tako se rezultati nanašajo na samoocenjevanje in stališča kliničnih mentorjev, kar je lahko subjektivno. Zato bi bilo pri tovrstnih študijah smiselno razmisliti o uporabi merskih instrumentov, ki bi omogočali pridobivanje objektivnejših rezultatov.

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ACKNOWLEDGEMENT

This project is financed by ARRS — Slovenian research agency: research J5-4281 »Longitudinal study in the competency potential of university graduates and the gap between graduates' competences and the labour market requirements in technology, education and health«.

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