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The perceptions of professional nurses on student mentorship in clinical areas: A study in Polokwane municipality hospitals, Limpopo province



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ABSTRACT

The purpose of the study was to explore the perceptions of professional nurses on student mentorship in clinical areas. A qualitative 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.

Data was collected using in-depth individual interviews to collect data from sixteen operational managers who were managing all unit activities, including student mentoring. Each interview lasted for ± 45 min. A hermeneutic data analysis (hermeneutic circle) was used to analyse data. Four (4) themes and fourteen (14) sub-themes emerged from data collected from operational managers.

The findings revealed that mentoring was perceived as a valuable tool to apply in the preparation of student nurses for future professional role. In the process of mentoring, the caring attitude is important. Factors that facilitated the mentoring process were good communication, time and available resources.

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1. Introduction

Quality of patient care is a primary concern for health care providers and consumers. 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*. Despite these means of sustaining quality patient care, the government and the health professionals still indicate that quality in health care services remains clouded (Department of Public Services and Administration, 1997).

Quality patient care is impacted by various factors, including shortage of personnel, availability of material resources, clinical competence, and strategies employed in the

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training of student nurses for this profession that values quality. Focussing on strategies like mentoring in the training of students, affects issues of quality in the health care (Johnson, Billingsley, Crichlow, & Ferrell, 2011, p. 122). Mentoring is a way of socialisation and a supportive teaching–learning strategy for those new to the practice (Lloyd & Bristol, 2006, p. 130). It is valued in industries for reasons of socialisation, competency in execution of duties, and quality in the end product. Provident (2005, p. 2) states that the construct of mentoring remains unclear as there is lack of agreement in the literature on a single definition of 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, p. 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.

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 dearth of senior mentors to assist junior faculty as academicians (Pololi & Knight, 2005, p. 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, p. 38).

The purpose of the article was to explore the perceptions of professional nurses on student mentorship in clinical areas. The objectives were to: determine the meaning of student mentorship by professional nurses and identify professional nurses' successes and challenges encountered with regard to student mentorship during clinical practice.

Mentoring as a supportive teaching strategy in the practice of nursing is gradually detaching from the process of student training (Pololi & Knight, 2005, p. 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 practice independently (Ali & Panther, 2008, p. 38). 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, p. 100).

2. Materials and methods

2.1. Research design

A qualitative and hermeneutic phenomenological design following the Heideggerian approach was used to explore professional nurses' perceptions on student mentorship. An exploratory design was selected as the researcher intended to

assess and understand the participants' experiences and understanding of mentoring. It was intended to increase knowledge of the field of study and **not to generalise findings to large populations** (Burns & Grove, 2009, p. 359).

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 (Ajjawi & Higgs, 2007, p. 616). According to McConnell-Henry, Chapman, and Francis (2009, p. 3) no interpretation is devoid of judgement or that interpretive research is never free from the researcher's judgement or influence.

Heidegger's concepts of "being" (*dasein*), care (*sorge*), space and disposition were relevant to the study. "Being" referring to being-in-the-world and, most importantly, a persons' awareness of being in the world (Joubert, 2005, p. 66). 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.

Space and disposition are other concepts that are related to this study. Heidegger refers to space as a feeling of being in a particular place and a sense of what it means and this influences one's experience (Joubert, 2005, p. 66). 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 and how it affects how one approaches the situation (McConnell-Henry et al., 2009, p. 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.

2.2. Population and sample

The target population in this study was all professional nurses at operational managers' level working in hospitals accredited by the South African Nursing Council (SANC) for training of students under Regulation 425 (SANC, 1992), which is a comprehensive nursing programme leading to registration as a professional nurse in accordance with the requirements of Regulation 425 (SANC Regulation R425 of 22 February 1985). Students are placed in these hospitals in various units (wards) for clinical practice.

A non-probability, purposive and convenience sampling was used to select the study participants from the accessible population. According to Creswell (2007, p. 180), convenient sampling saves time, money and effort at the expense of information and credibility. 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, p. 132). In purposive sampling, information-rich cases are selected for in-depth study of a phenomenon (Burns & Grove, 2009, p. 355). 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.

2.3. Data collection

Data was collected by means of in-depth individual interviews guided by an interview guide, until data saturation. Permission to collect data was sought from the Ethics and Higher Degrees committee of the University of South Africa, the Provincial Department of Health in Limpopo and the CEO of the hospitals where participants were employed. Consent was obtained from all the participants and they were also informed of freedom to withdraw. Principles of confidentiality, privacy and respect were taken into consideration. Responses were audio-recorded as agreed with participants and data was transcribed verbatim to ease data analysis. The researcher also captured field notes to collect data including the non-verbal cues (Brink, Van der Walt, & Van Rensburg, 2006:146).

2.4. Data analysis

Hermeneutic data analysis following a hermeneutic circle was used which is a metaphor for understanding and interpretation of movement between data and phenomenon (Ajjawi & Higgs, 2007, p. 622). The six stages of data analysis relevant to interpretive research were followed (Ajjawi & Higgs, 2007, pp. 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, pp. 623–626) are as follows:

Stage 1: Immersion – organisation of text

The interviews were transcribed verbatim. Texts were constructed for each participant 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 (Adolfsson, 2010, p. 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 understands, 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, p. 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, p. 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. This also involved moving from parts to the whole following the hermeneutic circle. The in-depth interpretation helped identify meanings (Ajjawi & Higgs, 2007, p. 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, p. 625).

Stage 6: Integration – Testing and refining the theme

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, p. 625).

2.5. Trustworthiness

According to Lincoln and Guba (1985, pp. 290–294), trustworthiness is the term used in qualitative research for what is known as validity and reliability or objectivity in quantitative research. Measures to ensure trustworthiness of the study, is a principle of good research, to evaluate whether the findings reflect the experience and discussions of the participants, rather than the perceptions of the researcher (Polit & Beck, 2010, pp. 312–316). The method of establishing trustworthiness was adopted from that of Lincoln and Guba (1985, pp. 290–294) the following being the criteria that apply to the rigour in qualitative research.

2.5.1. Credibility

Credibility includes all activities that increase the probability that credible findings will be produced to ensure credibility; the researcher employed the following measures. Prolonged engagement with the participants by asking questions until data saturation is reached. Time spend participants was estimated for between 45–60 min and most interviews were within that time schedule. In the session of interview when probing was done, some information was repetitive of what other participants said thus data saturation was reached. Member checking was done by consulting with participants with the results to see if they recognize the findings to be their true experiences (Streubert-Speziale & Carpenter, 2007, p. 29). The criteria was met even during interviews where the researcher checked with the participants if the meaning of what was said, was what the researcher understood it to be. Some transcripts were read back to the participants and were able to confirm that those were their initial responses.

2.5.2. Transferability

This refers to the probability that the study findings have meaning to others in similar situations. It was ensured through literature control if there will be similar findings of other research studies (Streubert-Speziale & Carpenter, 2007, p. 29). The purpose was to understand the concept mentoring only in a given context and **not to generalise findings**.

2.5.3. Dependability

This criterion is met once the researcher has demonstrated credibility of findings and can be met through triangulation of methods (Streubert-Speziale & Carpenter, 2007, p. 29). The researcher in this study collected data through in-depth individual interview and triangulated data capturing methods by using an audio recorder and field notes.

2.5.4. Confirmability

Interview material, transcripts, documents, findings, interpretations and recommendations are kept for the purpose of an audit trail (Streubert-Speziale & Carpenter, 2007, p. 29). Audio recordings were kept and data saturation was ensured.

3. Results

Four (4) main themes with fourteen (14) sub-themes emerged from the data. Each theme is discussed in detail with relevant quotations from participants.

3.1. The mentoring chameleon

Participants viewed mentoring as very complex and difficult to define hence the researcher used the concept of 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.

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

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 students.

3.1.2. 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.

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.

3.1.3. 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.

Mentoring is taking care of the students, guiding them according to their objectives. We allocate activities according to their level of training and the learning objectives.

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. The subthemes were a core concept to apply in student nurses' training, mentoring is a team effort partnership, mentoring is commitment, mentoring is developmental and role modelling.

3.2.1. 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.

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.

3.2.2. 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.

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

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.

3.2.3. 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.

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

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

3.2.4. 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.

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.

3.2.5. 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.

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.

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 duties but were also seen as beneficial to the mentors and the organisation. The sub themes are mentor, mentee and organisational related.

3.3.1. Mentor-related benefits

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.

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

3.3.2. Mentee – related benefits

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.

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.

3.3.3. Organisational related

The benefits to the organisation were 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.

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.

3.4. Challenges of mentoring

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. The challenges will be shared under subtheme mentor–mentee, time, communication and resources.

3.4.1. 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. 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.

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.

3.4.2. 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.

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?

3.4.3. 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.

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.

3.4.4. 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.

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.

4. Discussion

According to [Green and Puetzer \(2002, p. 69\)](#), 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. [Hinkle and Kopp \(2006, p. 2\)](#) emphasise the importance of mentors being positive, enthusiastic and genuinely interested in student nurses as they are the linchpin of their experience.

Mentors take on various roles and like chameleons, transform their roles to fit the needs of their mentees including becoming coaches, supporters, counsellors, educators and sponsors ([Dziczkowski, 2013, p. 353](#)). People describe mentoring in different forms. It is also evident that in common with the literature, no single definition of mentorship is operating within the clinical areas ([Dziczkowski, 2013, p. 353](#)). [Chabedi \(2010, p. 70\)](#) found that participants described mentoring as taking care and leading a student nurse. [Hinkle and Kopp \(2006, p. 2\)](#) state that mentoring in academia includes transmission of skills, socialisation and one-on-one teaching.

According to the participants, mentoring is the core and only means of teaching and socialising student nurses in the profession. [Kilcullen \(2007, p. 101\)](#) found that role modelling was the most important aspect of learning for students and mentors were role models to emulate. The educational use of self offers insight into the lived experiences of mentors and exposes the hidden elements of mentoring experience ([Wilson, 2014, p. 316](#)). [Bally \(2007, p. 145\)](#) 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.

[Block, Claffey, Korow and Caffery \(2005:137\)](#) found that mentoring increased both mentor and mentee confidence and skills, ability to give feedback, and identification of their

own learning and developmental needs. Harris (2007, p. 58) states that commitment on the part of both the mentor and mentee is the key to mentoring. The benefits of both mentors and mentees are extensive, ranging from increased self-esteem, awareness, insight and professional skills to reduction of stress (Dziczkowski, 2013, p. 353). According to Joubert and de Villiers (2015), mentees developed critical thinking skills and were able to apply their knowledge and improved the inability to integrate theory with practice. The value of being mentored is also confirmed in other studies. Dennison (2010, p. 340) describes mentoring as being a valuable educational strategy that correlates positively with the development of trust and fostering a collegial relationship.

Rikhotso (2011, p. 42) found that professional nurses complained of students' negative behaviour who just absented themselves from work. Block et al. (2005, p. 138) found that mentors had a responsibility towards the profession and the newest members in the profession by increasing mentee confidence and skills and assisting them in identifying their own learning and developmental needs. According to Jacobs, Atask, Ng, Haghiri-Vijeh and Dell'Elce (2015:20) helping a fellow student learn to learn is one of the most rewarding outcomes of a mentorship program. Mentoring provided professional development to mentors and also enhances communication skills (Hudson, 2013).

Finding time for mentoring is a persistent and serious difficulty despite mentors' voluntary enrolment in the programme (Pololi & Knight, 2005, p. 869). While the benefits to mentoring are immense, personal and societal constraints such as time, incompatibility and inadequate training show that engaging in mentoring takes immense time, effort and commitment in order to obtain the desired results.

The participants regarded good mentoring 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 (2010:340) found inconsistencies in how skills were taught and Mhlaba (2011, p. 88) also reported shortage of staff as serious problem. Material resources led to improvising when doing skills and impacted on mentoring and quality patient care. Caka and Lekalakala-Mokgele (2013:6) found that the challenges of both human and material resources led to poor clinical competence as this impacted negatively on mentoring.

5. Conclusion

Mentoring is an important tool in the nursing profession especially with student development. Mentoring student nurses should be viewed as a mutual responsibility. This collaboration will help narrow the prevailing practice–theory gap. Professional nurses are willing to mentor students provided there is commitment from mentors, mentees and tutors. The hospitals should also provide enough resources to ensure that mentoring takes place. Good feedback should be given immediately so as to be productive. The study demonstrated that professional nurses should be adequately trained or prepared as mentors.

5.1. Recommendations

Based on the findings of this study, the researcher makes the following recommendations for practice and for further research.

5.1.1. Practice

Student mentorship should be improved in both clinical practice and in the college to develop student nurse professionally and personally. Professional nurses should be adequately prepared for mentorship.

5.1.2. 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.

5.2. Limitations

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. Other areas where student nurses do clinical practice, including community and psychiatry were not visited. The participants worked on a tight schedule and interviews were limited to between 45 and 60 min. Other operational managers declined participation and only sixteen participants were interviewed.

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Authorship

CMS conducted the study, data collection and data analysis. CMS drafted the article and ZZN supervised the whole study and refined the final manuscript.

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