



DEVELOPMENT OF AN EVIDENCE-BASED NURSE MENTOR'S COMPETENCE MODEL



Celje, 2019



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Authors

dr. Kristina Mikkonen¹, dr. Marco Tomietto¹, dr. Maria Kääriäinen¹, Ashley Oikarainen¹, dr. Anna-Maria Tuomikoski¹, dr. Olga Riklikienė², Erika Juskauskienė², dr. M Flores Vizcaya-Moreno³, dr. Rosa M Pérez-Cañaveras³, dr. Paul De Raeve⁴, dr. Bojana Filej⁵, dr. Nadja Plazar⁵, dr. Vesna Čuk⁵, dr. Boris Miha Kaučič⁵

¹University of Oulu, Faculty of Medicine, Research Unit of Nursing Science and Health Management, Finland

²Lithuanian University of Health Sciences, Lithuania

³University of Alicante, Faculty of Health Sciences, Spain

⁴European Federation of Nurses Associations, Belgium

⁵College of Nursing in Celje, Slovenia

Peer Reviewers

Professor dr. Helvi Kyngäs, Finland

Assistant Professor dr. Robert Lovrić, Croatia

Adjunct Professor dr. Mikko Saarikoski, Finland

Proofreading

Ashlee Oikarainen

Published by

Visoka zdravstvena šola v Celju / College of Nursing in Celje

Front page design

Tina Červan

Available at

<http://www.vzsce.si>

<http://qualment.eu>

Year of issue

2019

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CIP - Kataložni zapis o publikaciji

Univerzitetna knjižnica Maribor

616-083:005.963.2(082)

DEVELOPMENT of an evidence-based nurse mentor's competence model [Elektronski vir] / [authors Kristina Mikkonen ... [et al.]. - El. publikacija. - Celje : Visoka zdravstvena šola, 2019

Način dostopa (URL): <http://www.vzsce.si>. – Način dostopa (URL): <http://qualment.eu>.

ISBN 978-961-6889-35-3

1. Mikkonen, Kristina

COBISS.SI-ID 97447169



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Review Reports

This report is very interesting, clear and is build on evidence-based knowledge. The project used a sound methodological approach, which makes the validity of the new knowledge more precise and evidence-based. The systematic review of mentors' competence addresses the main issues on the topic and draws the implications for improving mentorship clearly. A cross-sectional study of mentors' competence describes the studied phenomenon within five European countries. The model is easy to understand, theoretically consistent and presents key factors involved in the mentorship of nursing students.

**Professor Dr. Helvi Kyngäs
Finland**

The QualMent project approaches the phenomenon of mentoring in nursing systematically and comprehensively. Through relevant descriptions of situations and modalities in mentoring, the project identifies specific mentoring issues and challenges in the participating countries. Also, the project methodologically addresses key points of mentoring. It offers a proposal for a new model to the professional community, which addresses key issues of mentoring in nursing in the participating countries in an understandable way. The presented model is clear, realistic, and applicable in daily education and practice and it is based on relevant and current professional literature. The purpose of the model is to focus on core concepts of the role of mentor, help to develop mentor competencies, support positive mentor-student relationships, and ultimately raise the quality of mentoring in nursing in the participating countries.

With its content and quality, the QualMent project will have a significant positive professional and academic contribution to the phenomenon of mentoring in nursing and ultimately contribute significantly to the quality of patient care in the participating countries.

**Assistant Professor Dr. Robert Lovrić
Croatia**

This report addresses key points in mentorship focusing primarily on needed improvements. The report describes the mentoring situation in each participating country and addresses their main challenges. The report offers a new evidence-based perspective on the clinical competence of mentors in five European countries. It is a promising model for implementation in the development of mentoring in clinical practice. The report uses a detailed and systematic methodological approach in developing the theoretical model. However, the research findings are the most important part of this report.

Adjunct Professor Dr. Mikko Saarikoski
Finland

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About the QualMent project

The College of Nursing in Celje is the coordinator of the European development and research project Quality mentoring for developing competent nursing students (QualMent), which was selected under the Erasmus+ Program, Strategic Partnerships in Higher Education.

The project includes as partners: The College of Nursing in Celje, University of Oulu (Finland), University of Health Sciences (Lithuania), University of Alicante (Spain), and European Federation of Nursing Associations (EFN).

The project will be conducted during the timeframe of the 1st of September 2018 and the 31st of December 2020.

The project is intended for the development of the education of clinical mentors with the objective to increase the quality of clinical practice for undergraduate nursing students, which complies with the EU directive. The project has three main outcomes:

1. to develop and validate an evidence-based clinical mentors' competence model in five European countries;
2. to develop, implement and evaluate the effect of a clinical mentoring educational intervention in four European Union (EU) countries (Finland, Lithuania, Spain, and Slovenia);
3. to develop international mentoring guidelines on the clinical practice of nursing students.

The aim of this scientific book is to report the outcome of evidence-based clinical mentors' competence model in five European countries. The process of the report is presented in Figure 1.

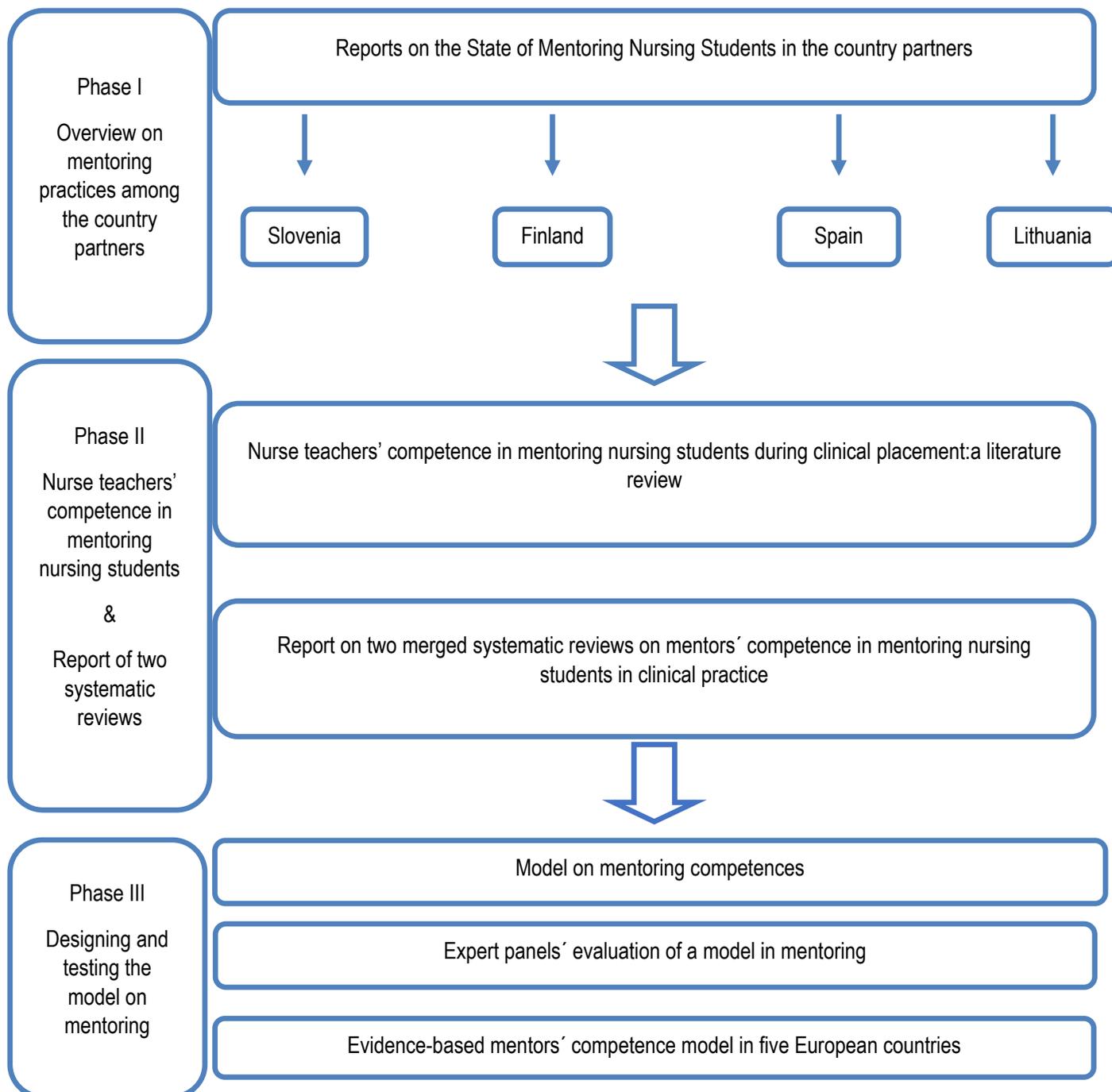


Figure 1. The process of outcome I in QualMent project.

OUTCOME I:

EVIDENCE-BASED CLINICAL MENTORS' COMPETENCE MODEL

Phase I. Overview of mentoring practices among the four-country partners



Report on the State of Mentoring Nursing Students in Slovenia

About the College of Nursing in Celje

College of Nursing in Celje was accredited in 2009 with the decision made by the Accreditation Senate of the Council of Higher Education of the Republic of Slovenia. College of Nursing in Celje is now performing a 3-year professional study programme of the first-degree Nursing Care and 2-year master programme of the second-degree Palliative care.

College of Nursing in Celje has set its aim to become an attractive HE institution for domestic and foreign students and HE lecturers and researchers. Locally, nationally and globally the College of Nursing in Celje would like to serve the community as a higher education center that encourages, expands and uses professional knowledge in the field of nursing care and other health-related sciences, and it encourages life-long learning activities and initiatives.

A central concept of nursing care is a human as an individual, a family member, a member of the local and larger community. The quality and progress of nursing care depends to a great extent on people being employed in this huge work area. The professional staff in nursing care is the one that creates real positive changes in the everyday life of people including patients/clients, individuals, and the social community.

That is why the main **mission** of the Health College in Celje is carrying out good quality study programmes and scientific research programmes in the field of nursing care and other health care programmes being developed within a couple of years at undergraduate and postgraduate level in accordance with the Bologna processes. Our **vision** is to become an equal member of European and world-famous institutions known for their good quality providing the highest educational and research standards which would make the college attractive even to foreign students, and their graduates would be attractive to Slovene and international health care.

Organizational, legislative and professional foundations for the implementation of mentoring in Slovenia

There exist different models of mentoring at Slovenian faculties (7) and at the College of Nursing in Celje (1), depending on many factors, such as, for example, the number of students, the number of higher education teachers in the educational institution, the distance of the education institution from the head office of the educational institution, the requirements of the education institution, the number

of clinical mentors in the education institutions. The ways of mentoring in the clinical education of nursing students are as follows:

- the nurse teacher teaches competence while being present at the education institution throughout the duration of the clinical education,
- a nurse teacher is present in a clinical setting every day, but only for a certain period of time,
- the nurse teacher is present only occasionally - before the beginning and at the end of the clinical practice and when solving problems that occurred in the educational institution,

Choosing an appropriate model depends on the individual educational institution.

Clinical mentors who are employed in the education institution (health or social care institution) and meet the requirements of the faculty/college are actively involved in the process of clinical education of nursing students (Table 1). The student does clinical practice directly with a patient/client in a clinical setting under the supervision of a clinical mentor.

The process of mentoring students of undergraduate study programme nursing care at clinical practice is not legally defined, which means that the criteria for selecting the most appropriate mentor in the clinical practice and for the mentoring process are not specified. Clinical education of nursing students is carried out in accordance with the provisions of the European Directive (2005/36/EC and 2013/55/EU) and can only be carried out in those institutions that received the status of an education institution by the Ministry of Health of the Republic of Slovenia on the basis of the Rules on the conditions to be fulfilled by the institute for practical teaching of students of secondary schools of nursing and students of higher education institutions for the title "education institution" (Pravilnik o pogojih, ki jih mora izpolnjevati zavod za izvajanje praktičnega pouka dijakov zdravstvenih šol in študentov visokošolskih zavodov za podelitev naziva učni zavod, 2005).

The second article of the above-mentioned Rules (Pravilnik o pogojih, ki jih mora izpolnjevati zavod za izvajanje praktičnega pouka dijakov zdravstvenih šol in študentov visokošolskih zavodov za podelitev naziva učni zavod, 2005) stipulates that a health care or other institution or a private health care professional must meet the following conditions in order to receive the title education institution:

- It must have an organised professional unit in which the practical education of students is possible.
- It must have at least three experts educated for pedagogical work. The experts must have education in accordance with the requirements of the programme and at least three years of work experience in health care.
- The professional unit where practical education takes place must be adequately equipped, including suitable premises and necessary aids.
- It must ensure safety in accordance with the occupational safety regulations.
- At the time of practical education, it must have at least 10 professional cases in the field, which is the subject of practical education.

The fulfillment of conditions for acquiring the status of education institution is examined by a four-member committee appointed by the Minister of Health. In case of fulfilling the required conditions, the status of education institution is granted by the Ministry of Health for a period of five years. Before the expiry of this term, the education institution must re-submit the application for the renewal of the status.

In the education of graduate nurses, we strictly follow the provisions of European Directive 2013/55/EU of the European Parliament and of the Council of 11 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications, which states in Article 31 that clinical education is a task of educational institutions, which means that students do not seek opportunities to do clinical education by themselves, instead it is an organized learning process. We also comply with the EFN Guidelines (2015).

Educational institutions establish contact with an appropriate clinical practice institution, with which they agree on the number of students, time schedules, education fields and the competencies that a student needs to acquire at the clinical education. Student progress in the process of competency can be monitored through documentation prepared by each educational institution separately.

Analysis of the implementation of mentoring

In order to more closely examine the process of mentoring in Slovenia, we invited all the educational institutions that educate Registered Nurses (seven faculties and one college) to participate. Four faculties (one within an independent university) and one college responded. Two faculties within universities refused to cooperate, one faculty, also within a university, did not respond to the invitation. Below we present the process of mentoring (Table 1) in educational institutions that participated in the research in the frame of the QualMent project.

Educational institutions that participated (*alphabetically in English*):

- Alma Mater Europaea – ECM, Department of Nursing.
- Angela Boškin Faculty of Health Care Jesenice.
- College of Nursing in Celje.
- Faculty of Health and Social Sciences Slovenj Gradec.
- University of Novo Mesto, Faculty of Health Sciences.

Table 1: Characteristics of the process of mentoring in educational institutions

Institution Criterion	Faculty/College 1	Faculty/College 2	Faculty/College 3	Faculty/College 4	Faculty/College 5
ways of implementation of mentoring	-mentoring is conducted in accordance with the Rules on the implementation of clinical education	-80% by the nurse teacher in the 1st year (full-time, part-time) -in 2nd and 3rd years 100% by clinical mentors	- a coordinator in the clinical practice institution assigns students to clinical mentors	- students are assigned to pre-selected clinical practice institutions with which a contract is signed	- every student generally has their own clinical mentor; -clinical education at the school is coordinated by the main school coordinator (for each year of study) who connects and coordinates the implementation of clinical education with the school coordinator (for a specific field of expertise) and clinical mentors; -main school coordinators are regularly/complementary employed; -school coordinators are employees or contractors of the school; -clinical mentors are employed in clinical practice institutions.
a formulated rule book or instruction for implementation of clinical practice	yes	Yes	yes	yes	yes

Institution Criterion	Faculty/College 1	Faculty/College 2	Faculty/College 3	Faculty/College 4	Faculty/College 5
who can be a mentor to a student in clinical practice	-a Registered Nurse	-a Registered Nurse	-an employee of a clinical practice institution	-a Registered Nurse; -Master of Nursing Science	-a Registered Nurse
conditions to be met by the mentor	-high professional education - five years of work experience in practice	-a Registered Nurse -Master of Nursing Science -three years of work experience	-1st Level of education; - does mentoring only for the field where he/she is employed; -personal characteristics: ability to motivate and communicate, tolerance	-a Registered Nurse; -Master of Nursing Science; -5 years of work experience; -participated in an introductory seminar	-a Registered Nurse; -at least three years of work experience; - a valid license for independent work; - participated in education for mentors; -personal characteristics: motivation, communication skills, ability to transfer knowledge and skills, teamwork skills
who determines the conditions that the mentor must meet	-Department of Nursing of the faculty	-NMC guidelines (Nurse and Midwifery Council)	-Rules about conditions to be met for the implementation of practical education for students of secondary schools of nursing and students of higher education institutions to get the title of clinical practice institution (The Official Journal of the Republic of Slovenia,	-management of the faculty in cooperation with the Department of Nursing	-the school senate at the proposal of the Department of Nursing

Institution / Criterion	Faculty/College 1	Faculty/College 2	Faculty/College 3	Faculty/College 4	Faculty/College 5
			number 103/05)		
who chooses and appoints mentors in the clinical practice institution	-the nursing board in the clinical practice institution	-a coordinator in the clinical practice institution	-the institution, that is the person in the institution responsible for the reception and distribution of students	-the main coordinator in the clinical practice institution	-the clinical practice institution
payment of mentoring	yes	Yes	yes	yes	yes
the cost of one hour of mentoring	-depending on the institution	1,10 EUR /per hour/ per student	-depending on the contract with the clinical practice institution - at least 1,10 EUR	no information	1,00 EUR/per hour/ morning/student 1,40 EUR/per hour/ afternoon/student or more, depending on the requirements of the clinical practice institution
financial compensation for mentors in the clinical practice institution	-no information available; it is a business secret of the institution	-no information	-in most institutions, mentors are not compensated for their work	-depending on the management of the institution	-carried out by the clinical practice institutions themselves, depending on their rules. They don't have information about this.
professional education for mentors	yes	Yes	yes	yes	yes
professional education for beginner mentors	yes	Yes	-if the need is expressed by the clinical practice institution	yes	yes, depending on the interest of the clinical practice institution or the number of new mentors

Institution Criterion	Faculty/College 1	Faculty/College 2	Faculty/College 3	Faculty/College 4	Faculty/College 5
frequency of professional education	1x per year	1x per year	1x per year	every two years	1x per year
the contents of professional education in the last three meetings	<ul style="list-style-type: none"> -the role of the mentor in evaluating the student; -new developments in the field of nursing; -communication with a violent patient/client 	<ul style="list-style-type: none"> -development of a mentor's role in the clinical environment -importance of interpersonal relationships in the mentoring process -professionalization of mentoring in the clinical environment 	<ul style="list-style-type: none"> -discussion about an incident-an unwanted event during the clinical practice of students; -communication between employees and nursing students during clinical practice; - the importance of ergonomics in nursing 	<ul style="list-style-type: none"> -psychological approaches; -personal characteristics of mentors; -competencies; -documenting; -examples of good practice in individual departments; -potential problems; - questions and initiatives of mentors 	<ul style="list-style-type: none"> -use of NANDA International Nursing Diagnoses in practice; - responsibilities and obligations of a student in clinical practice; - presentation of the booklet of nursing activities, nursing education documentation, and instructions for filling in a case study; -testing and assessment of knowledge
who evaluates students' competence at clinical practice	-mentor	<ul style="list-style-type: none"> -clinical mentors -nurse teacher that is in the clinical setting with students 	-mentor	-mentor	<ul style="list-style-type: none"> - clinical mentor (direct student work in the clinical setting through the entire clinical practice, practical and theoretical preliminary exam in the field of expertise); - nurse teacher (case study)
type of evaluation – numerical/descriptive	-descriptive evaluation	-numerical evaluation	-numerical and descriptive evaluation	-numerical evaluation	-numerical evaluation (direct student work in a clinical environment, practical and

Institution Criterion	Faculty/College 1	Faculty/College 2	Faculty/College 3	Faculty/College 4	Faculty/College 5
					<p>theoretical preliminary exam, case study. All three parts must be assessed positively for the student to pass the clinical practice);</p> <p>-descriptive evaluation (in the information system: passed, did not pass)</p>
<p>formulated criteria for the evaluation of students in clinical practice</p>	<p>yes</p>	<p>yes</p> <ul style="list-style-type: none"> -professional behaviour -communication -cooperation -doing nursing care interventions -documenting nursing care in the teaching base -health counseling -individual student work 	<p>yes</p> <p>Mentors evaluate: student's outer appearance, work discipline, attitude to work, professional competence, attitude to the patient/client, attitude towards professional staff and colleagues and others involved in the clinical practice process</p> <p>Lecturers evaluate: documentation - a study case</p>	<p>yes, written in the Rules</p>	<p>yes</p> <p>Criteria: professional attitude of the student in the clinical setting, communication between the student and patients/clients, health care team members, nursing care team members, family members and others, team collaboration, implementation of nursing care activities (procedures and interventions) and health educational consulting during clinical practice</p>
<p>qualifications of mentors for assessing student's acquired competencies</p>	<p>yes</p>	<p>Yes</p>	<p>yes</p>	<p>yes</p>	<p>yes</p>

Institution Criterion	Faculty/College 1	Faculty/College 2	Faculty/College 3	Faculty/College 4	Faculty/College 5
ways of empowering mentors to assess student's acquired competencies	-with examples at an education workshop	-at the school for beginner clinical mentors	-faculty did not train them	-proposed and explained criteria	-education on topics: Evaluation and assessment of knowledge, Empowerment of clinical mentors with advanced knowledge, Modern approaches to teaching students of nursing care in clinical education
process of monitoring the acquired competencies	-the student carries out a procedure and/or intervention determined by the mentor, the acquired competencies are checked by competent professionals	-in cooperation with clinical mentors and school coordinators	-students fill in the booklet Diary of activities in nursing care	-clinical education booklet; -final exam	-recording of completed nursing care activities in the Booklet of nursing care activities -test of knowledge within a preliminary exam in the clinical environment (practical and theoretical part)
ways of evaluating the process of clinical education and methods used	-mentors and school coordinators provide feedback to the students and evaluate their knowledge and acquired skills	-surveying mentors and students	-students write down a process of nursing care for each field where they do clinical practice	-a survey conducted annually by clinical mentors and students	-in the clinical practice institution among clinical mentors and students; -evaluation interview with the school coordinator (what was good, what needs to be e.g. improved) -questionnaires that are an integral part of the self-evaluation report

Institution Criterion	Faculty/College 1	Faculty/College 2	Faculty/College 3	Faculty/College 4	Faculty/College 5
mentoring students from other cultures willingness of mentors to mentor students of other cultures	-depending on which cultural area they come from; Macedonia	-in some bases, this is accepted, in some not	-a student from another culture is assigned to a mentor who speaks their language or English; -a foreign student works in a pair with a Slovenian student; -mentors agreed to perform mentoring in a foreign language; Poland, Croatia	-Croatia	-we determine the knowledge deficit (knowledge of foreign language is an obstacle)
language of mentoring students from other cultures	Serbo-Croatian, English	English	English, Croatian	Croatian, Slovenian	English
problems with language skills of mentors in the clinical practice institution	usually no	are present	yes, in particular with English and German	no	are present, few clinical mentors who master a foreign language
motivation of mentors to accept foreign students	depending on the mentor	some are motivated	-they have interest, especially for mentoring students that come from countries of former Yugoslavia; -they are more reserved with students from other countries (limited knowledge	yes	yes, those who speak a foreign language

Institution Criterion	Faculty/College 1	Faculty/College 2	Faculty/College 3	Faculty/College 4	Faculty/College 5
			of English and German)		

Source of information: Information about mentoring for each faculty/college was provided by persons in charge of each higher education institution.

Key findings from the collected data

On the basis of the analysis of the collected data, we can conclude that the process of mentoring, both in educational institutions and clinical practice institutions is, according to the data collected from the educational institutions, included in the analysis, carried out in different ways. The organization of clinical education begins in the educational institution and continues in clinical practice institutions. Within an educational institution there exist certain persons, who are responsible for contacting respective clinical practice institutions, for organizing the implementation of clinical practice and to resolve potential problems.

The conditions, which have to be fulfilled by a clinical mentor, are set by the Chair of Nursing, Management of the College, School Senate, whereas others follow guidelines, set out by NMC (Nurse and Midwifery Council - <https://www.nmc.org.uk>) or conditions, which are set out in Regulations. Clinical mentors are appointed by the education institutions themselves, whereby all of them need to have the required level of education, which means, that a clinical mentor can be only a registered nurse with a valid license for independent work in nursing care. Work experience requirements vary from three to five years; also the requirements for personal characteristics of a clinical mentor differ. Only two educational institutions have recommended to the clinical practice institutions what personality traits a clinical mentor is supposed to have. All clinical mentors must, prior to the beginning of mentoring, attend professional education for mentors, which is organized by the educational institutions as a rule once a year. If there is a need, educational institutions organize also education for mentor beginners. The contents of the education courses differ, with the focus on the role of the mentor for successful and quality implementation of the clinical practice of nursing students.

An important role of a clinical mentor is the assessment of competence, which the students have acquired during their clinical practice. The manner of assessment is not unified but is determined by each educational institution itself, of which they notify the clinical practice institutions. Also, the requirements that the students have to fulfill in order to get a grade to differ. Grades can be numerical or descriptive. All of the educational institutions have specific criteria for the evaluation of students, two of the faculties, however, failed to provide the precise information about it.

All of the clinical mentors, with the exception of one participating faculty, were qualified for the evaluation of the acquired competencies of the students. The clinical practice took place at educational workshops, at the education for clinical mentors, or in written and oral form. All of the educational institutions have booklets with laid out interventions and procedures that each student has to master during the course of the three-year education. The booklets have been prepared in such a way, that it is possible to monitor the progress of the development of the student and the development of their competencies in nursing care.

The evaluation of the success of clinical practice and the development of competencies is carried out by the clinical and nurse teachers or coordinators and students. Assessment of the evaluation is an integral part of the yearly self-evaluation report, the drafting of which is a duty of each respective educational institution.

The financing of clinical education in Slovenia is not specified. Educational institutions pay the clinical practice institutions with which they have contracts, in order for the students to receive their clinical practice with them. The cost of an hour of mentoring is approximately the same in the majority of the clinical practice institutions, but there exist certain clinical practice institutions that can set their own, usually higher price. Rewarding of clinical mentors depends on the clinical practice institution itself.

The mentoring of students from other countries is only in its beginning, as we cannot speak about a large number of culturally and linguistically diverse students, more about individual cases. In clinical as well as in nurse teachers, we have identified a knowledge deficit as regards the knowledge about other cultures, as well as a knowledge deficit in the proficiency of foreign languages. The mentoring of nursing students from diverse cultural backgrounds is usually carried out in the English language. Those clinical mentors, who master a foreign language, are motivated for the implementation of mentoring.

Literature review

With a review of the literature we wanted to establish how the process of mentoring in Slovenia is implemented and identify the most common deficiencies.

We reviewed the following journals: *Obzornik zdravstvene nege* (Slovenian Nursing Review), issued by Nurses and Midwives Association of Slovenia – Professional Association of Nurses, Midwives and Health technicians Slovenia, *Revija za zdravstvene vede* (Journal of Health Sciences), issued by University of Novo mesto, Faculty of Health Sciences, and *Zdravstveno varstvo* (Slovenian Journal of Public Health, issued by National Institute of Public Health Slovenia. The inclusion and exclusion criteria for the inclusion of articles in the review are presented in Table 2.

Table 2: Inclusion and exclusion criteria

Criteria	Inclusion criteria	Exclusion criteria
Keywords	Slovenian: <i>mentorstvo, mentor, student, kompetenca, ocenjevanje, zdravstvena nega</i>	Other
	English: <i>mentoring, mentor, student, competence, assessment, nursing</i>	
Type of article	Scientific article, review scientific article	Professional article
Year of Publication	2014-2019	2013 and older
Language	Slovenian, English	Other languages

Results of the literature review

According to inclusion criteria, we got a wider range of relevant articles, namely 10 articles in Slovenian Nursing Review and 1 article in the Journal of Health Sciences. Two of the articles were in the English language and the rest in the Slovenian language. By means of screening of all articles we limited the number of reviewed publications to 8 units, 4 of which were subsequently included in content analysis and synthesis. The course of the acquisition of the relevant articles on the topic of mentoring nursing students and the assessment of the acquired competencies of the students is displayed in Figure 1.

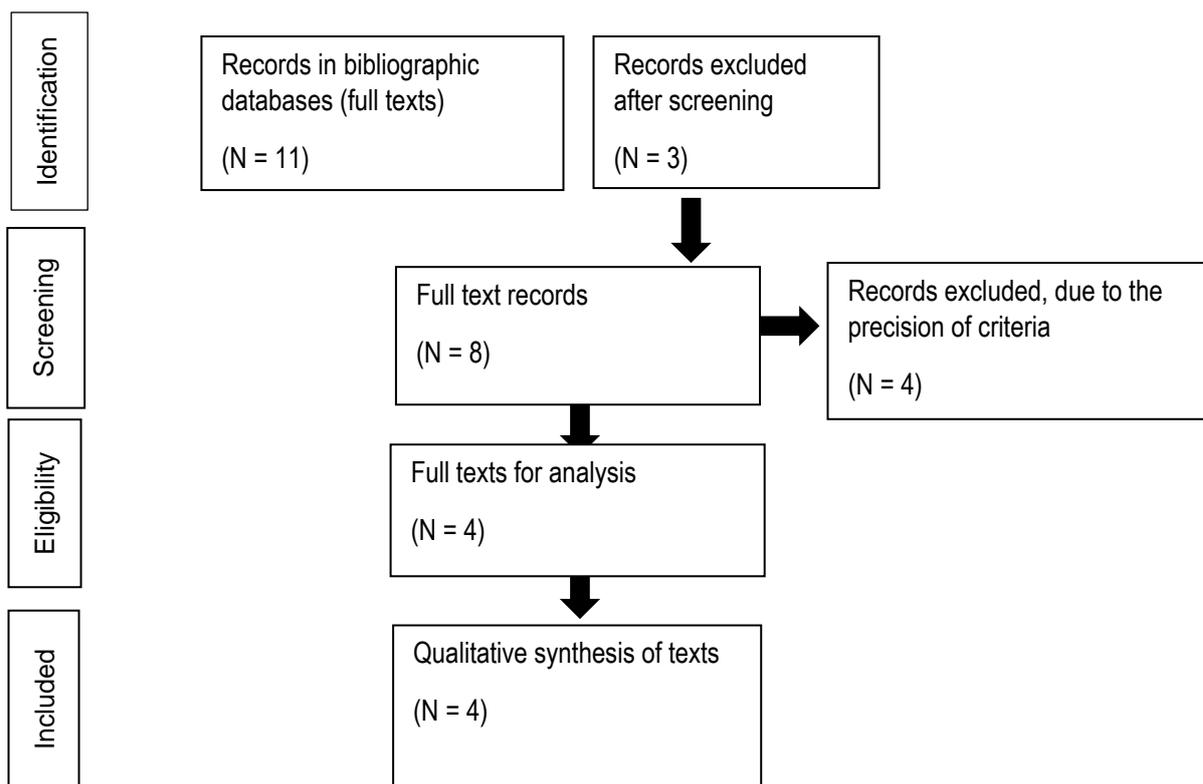


Figure 1: Results of the literature review according to PRISMA review

Assessment of the quality of the review and description of data processing

The used approach on the basis of the inclusion criteria enabled the selection of original scientific articles that reflect the state of mentoring and related problems that we are facing in Slovenia. The review of the narrative synthesis of the articles is presented in Table 3.

Table 3: List of articles, included in the analysis

Authors	Methodology	Purpose	Sample	Findings
Čuk, Trobec, Žvanut (2014)	-quantitative method -qualitative method	-determine the effect of clinical setting on the development of mentors' role and the development of nursing competencies	-52 clinical mentors from four Slovenian psychiatric hospitals, -15 clinical mentors participating in a focus group	-clinical setting has a strong influence of the mentor's role; -mentors lack knowledge in the field of learning and teaching; -lack of knowledge in the operationalization of educational objectives and taking into account different learning needs of the students; -lack of education in the field of mentoring and development of competencies in nursing; -unwillingness of organizations to promote a mentor's role;

Authors	Methodology	Purpose	Sample	Findings
				- ineffective mentor's role due to the organization of work, lack of human resources, lack of time, performing several tasks simultaneously.
Skela-Savič (2015)	-complementary combination of qualitative consensus methods, -quantitative non-experimental descriptive consensus method, -method of literature review	-development of national guidelines for the field of education in nursing care	-150 representatives of higher education and health care institutions, -national nursing association -18 students of nursing care	-recognized were eight subject areas of guidelines as a starting point for the unification of higher education in the field of nursing care (accreditation of the study programme, enrollment in the study programme, accessibility of public information about the study programme, professional title of the graduate, the responsibility of the providers of study programmes for the safety of the users of health care and social services and for the safety of students, conditions and implementation of clinical education, competences of study programme, quality of the implementation of study programme); -guidelines are the starting point for the unification of higher education in the field of nursing care in the country; -they serve as a basis for the evaluation of the quality of education.
Hvalič Touzery, Smodiš, Kalender Smajlović (2016)	-qualitative approach with a case study	-study the experience of clinical mentors and higher education teachers of mentoring foreign students	-4 clinical mentors -2 higher education teachers, all with multicultural experience in clinical setting	-lack of awareness of one's own cultural bias in relation to the representatives of other cultures; -high expectations from foreign students, without checking whether students understand them; -unwillingness for the foreign student exchange from the point of view of cultural background; -language barrier and fear of using a foreign language; -mentors dedicate more time to foreign than to domestic students;

Authors	Methodology	Purpose	Sample	Findings
				<ul style="list-style-type: none"> -mentors have displayed a positive attitude towards work with foreign students; -they are aware of their own lack of knowledge about other cultures.
Meden, Kvas, Hoyer (2017)	quantitative descriptive method	-to find out, what are the views and opinions of clinical mentors and nursing students as regards the assessment of clinical education	<ul style="list-style-type: none"> -84 undergraduate students of nursing care -37 clinical mentors 	<ul style="list-style-type: none"> -clinical mentors are to a greater extent than the students of the opinion that it would be necessary to systematically prepare for clinical education; -all of the respondents would be more satisfied if the assessment took place as they go along and not only at the end; -clinical mentors should better present themselves to the students, they should present the working environment and health care team in more detail; -clinical mentors have too rarely organized meetings, on which they would discuss the events in clinical setting together with students; -the knowledge that the students acquire during clinical education depends to a large extent on their motivation levels; -pay more attention to assessing and recognizing unsuccessful students, who pose a risk in clinical setting; -lack of time for mentoring; -the evaluation sheet is assessed as satisfactory.

The researches, whose results are presented in the analyzed articles, have pointed at the problematics regarding systemic and organizational characteristics of clinical practice environment, a mentor's role in the light of insufficiently developed competencies of clinical mentors, and success in developing competencies of nursing students in a clinical setting.

As a result of excessive workload that clinical mentors have, as in addition to pedagogical work they also perform their regular professional work, clinical mentors are not adequately prepared for the implementation of the mentoring process. They also lack pedagogical skills and knowledge in order to educate and guide

students in clinical practice, they do not know how to operationalize learning objectives, and they assess the competence of students only at the end of the clinical practice in a particular field. They are, however, aware of the fact that it would be more appropriate to assess the competence regularly as they go along, as this would enable them to identify unsuccessful students and provide them additional support in learning. The process of mentoring takes place in a less planned manner than the process itself would require. Clinical mentors are also of the opinion that there is a lack of education in the field of mentoring and developing competencies in nursing care.

Clinical practice institutions do not promote the implementation of the mentoring role of the mentors due to organizational reasons; therefore the mentors are overburdened due to the lack of employees. The research by Čuk (2014) has proven that clinical setting is statistically characteristically of key importance for the development of mentoring and for the development of competencies of the students.

Also the students are of the opinion that clinical mentors should prepare better for the process of mentoring, that they should present to them the working environment and the health care team in a more detailed manner. Students would be more satisfied if the assessment of competence would be carried out regularly as they go along.

Clinical mentors hold a positive attitude towards mentoring students from other countries, they devote more time to them, but they are aware of the language barriers as well as of the lack of knowledge and understanding of other cultures.

Since there is a gap in the educational process of the regulated profession Registered Nurse, a literature review was carried out with the purpose of the unification of education in the field of nursing care. The guidelines have been designed, which also include the area of clinical education and competencies, which the graduates should obtain. The guidelines designed in this way should help eliminate the differences in the process of education and in the acquired competencies of graduates.

Conclusions of report on the State of Mentoring Nursing Students in Slovenia

The research conducted among five educational institutions in Slovenia as regards the implementation of clinical education of nursing students has shown that there exist differences in the organizations as well as in the workflow of the mentoring process. Also the results of the Slovenian studies which were identified in literature review relating to mentoring of clinical practice, have pointed to certain problems within the mentoring process, which depends on the mentors, clinical practice institutions and nursing students.

Taking into consideration the fact that all of the educational institutions, included in the analysis, educate for the regulated profession of Registered Nurse, who has to acquire competencies, laid down in the Directive (2005/36/EC and 2013/55/EU), it would be imperative to unify the process of clinical education for nursing students in Slovenia.

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Report on the State of Mentoring Nursing Students in Finland

About Research Unit of Nursing Science and Health Management

The Research Unit of Nursing Science and Health Management is part of the Faculty of Medicine at the University of Oulu which was founded in 1958 and is an essential part of the Life Sciences Campus Kontinkangas situated next to the University Hospital of Oulu. The University of Oulu is an internationally recognized university with 13 500 students and 2 800 paid employees. The research unit offers studies that provide graduates with a wide range of career opportunities that prepare students for different demanding professional paths in clinical expertise, research, management, education, and planning as well as in other expertise positions. Multidisciplinary studies are offered within the Master of Health Sciences degree programmes, and students can choose from three specialty degree programmes including Nursing Sciences, Teacher Education Programme in Health Sciences, and Health Management Sciences. After completing their Master's degree, students are eligible to apply for the Doctoral Degree programme in Health Sciences offered at the Research Unit of Nursing Science and Health Management.

The Research Unit of Nursing Science and Health Management produces high-quality multidisciplinary research that has a social impact and that is nationally and internationally recognized. The research unit contains a total of five different research categories within nursing science, health care education and health management. Research is focused on adherence to self-care and healthy lifestyle; counseling, health coaching, and healthy lifestyles; competence of health care staff, students and teachers; and management and leadership in social and health care. The research unit actively publishes high-quality scientific publications in educational research and currently leads and collaborates in national and international educational projects with funding worth over 1 million euros. The research unit was awarded a certificate of honor by the Ministry of Education and Culture in Finland for use of an innovative developmental approach in an educational project.

Clinical learning environment and organizational process of nursing degree programmes

Nursing degree programmes in Finland are provided by universities of applied sciences. The programme curricula include 210 ECTS credits which is equivalent to three and a half years of full-time studies. Upon completion of the education, students are provided with a bachelor's degree and professional qualification to practice as a Registered Nurse (Ministry of Education and Culture, 2017). Students are given the opportunity to continue their education and can obtain a Master's degree at a university of applied sciences, or a Master's degree at a university focusing specifically on providing scientific education.

The current curricula of Bachelor level nursing education are based on theoretical and practical education with an increasing emphasis on working life (University of Applied Sciences Act A1129/2014, L 2015/325). Organizations, representing working life, needs to provide authentic clinical learning settings (FINHEEC,

2012a; FINHEEC, 2012b). The clinical competence of a future professional nurse includes competencies *in knowledge and skills in nursing process, procedures and diagnostic tests, nursing interventions, infection control, pharmacological treatment, anatomy and physiology, pathophysiology, nutrition therapy, clinical and nursing guidelines* and additional field-specific specializations in the relevant health care sectors (for example, medical nursing, surgical nursing, family nursing etc.) (YleSHarvointi, 2019). Higher educational institutions and health care organisations that provide clinical placements to students make collaborative agreements in order to provide real working environments for students to develop their professional nursing competence.

Clinical practice in nursing education

In Finland, nursing students need to complete examinations testing their clinical competence in simulation environments prior to entering clinical practice. The aim of simulation environments is to reduce the risk for clinical errors and to increase patient/client safety. Mentors who represent members of the nursing staff are responsible for mentoring students in clinical practice. In Finland and in all European Union countries, up to 50% of nursing education should be completed in clinical practice (EU 2013/55). In practice, after completion of half a year of studies, nursing students start their first clinical placement commonly in primary health care. Most of the time students are able to arrange their clinical placement through recruitment services at the Finnish universities of applied sciences. The student may complete a clinical placement throughout Finland or abroad as long as the required clinical area is relevant to the study. A nurse teacher from the university of applied sciences confirms the student's choice of where to complete the clinical placement. Each university of applied sciences has an agreement with primary or specialised health care organisations, which provide the universities of applied sciences with percentages on how many students will be taken annually to complete clinical practice.

The Chief of Nursing of a health care organisation is in charge of the agreements made with educational institutions interested to have students complete clinical placements within the organisation. Educational nursing directors are responsible for developing and coordinating the mentoring process of students in clinical practice. However, educational nursing directors are not always available in every health care organization. Head nurses are in charge of practical issues and in managing the supervision of students amongst mentors and staff members. After these steps have been completed, the mentor agrees on the goals set by the student and provides feedback to the student in order to develop the required competencies according to the learning opportunities provided in the clinical practice.

Clinical learning environments that are provided in real clinical settings allow nursing students to interact and care for real patients/clients. This provides them with the opportunity to integrate theory with practice and helps them develop clinical competencies, generic skills in decision-making, ethical reasoning, critical thinking and professional communication (Mikkonen, 2017; Pitkänen et al., 2018).

Mentoring practices in nursing education

Following the reservation of a clinical placement, students send their personal portfolio to the health care organisation where they will complete their clinical placement. Some health care organisations provide an introduction day to students where students are familiarised with the organisation and common policies. On a general national level, mentors are a represent members of nursing staff that take the responsibility of

facilitating students' learning, creating a safe and open learning environment, guiding student through their learning process, evaluation and strengthening students' professionalism (Mikkonen, 2017; Tuomikoski et al., 2018). Additionally, mentors need to consider the use of versatile teaching approaches, nursing task orientation, provide clear instructions, reflect upon their own competence, help students integrate into the nursing team and work as role models of the nursing profession (Tuomikoski et al., 2018).

According to present knowledge, the role of nurse teachers (represent higher education institutions) in clinical learning environments has been reduced to the minimum. Nurse teachers have an organisational role in the clinical practices of students. In some areas of Finland, nurse teachers attend either the students' formative (half-way term) clinical evaluation or summative (final) evaluation, and in some cases, they do not attend clinical practice at all. The changing role of nurse teachers has greatly influenced the responsibility placed on mentors (Jokelainen, 2013; Mikkonen et al., 2017; Mikkonen, 2017; Saarikoski et al., 2008).

National laws and regulations as the basis for the implementation of mentorship in the field of nursing

The EU directive (2013/55) and University of Applied Sciences Law (2014/932) regulate the requirements for students to conduct professional practice education during nursing education. National level criteria do not exist for the selection of who can work as clinical mentors of nursing students. Clinical mentors can be Registered Nurses and each individual health care unit decides upon who is responsible for mentoring students. In 2003, the Ministry of Social Affairs and Health developed a recommendation on mentoring quality in clinical practice. The recommendation emphasises the importance of the effective exchange of information in education and education between higher education institutions and organisations representing working life. An emphasis was also placed on providing sufficient resources for the education of mentors, and for attention to be paid on teaching evidence and facilitation of multi-professional cooperation. A recommendation was made that mentors be given the opportunity for adequate education in mentoring that contains topics such as pedagogical competence, the curriculum of students and interactive teaching skills (Heinonen, 2003).

Criteria used for the selection of clinical mentors of nursing students

The criteria for the selection of clinical mentors are defined by each individual clinical practice institution. There is no clear criteria set on mentoring in Finland. The collaboration between higher education institutions and clinical practice organization is the only quality assurance for clinical practice of a student. Leaders from each individual unit choose who will work as clinical mentors and be responsible for mentoring nursing students, which commonly includes nurses who have at least one year of working experience. However, according to our research findings, it is known that also nurses with less than one year of professional experience mentor nursing students in certain situations (Oikarainen et al., 2018; Tuomikoski et al., 2018).

Financing of mentorship

The Ministry of Education and Culture in Finland provides funding to universities of applied sciences so that they can arrange clinical practices in organisations representing working life. Each unit in the health care facility receives funding, which is not paid directly to mentors. The amount can vary between approximately 8 to 10 euros per student per day of mentoring. Mentors do not directly receive financial compensation for

mentoring. The financing of mentorship is a commonly discussed issue at the political level with possibly coming up with changes in the near future.

Clinical practice and preparation of mentors for mentoring nursing students

Despite organisational changes, in our latest study (N=3355; n=576), more than half of mentors who work in university hospitals in Finland had not previously attended nurse mentor education (Karjalainen et al., 2015; Oikarainen et al., 2018; Tuomikoski et al., 2018). In Finland, all five university hospitals have developed a network (VALOPE), which enhances consistency in mentoring practices through the development of mentoring recommendations, mentoring education and development of a clinical learning environment. All five university hospitals provide volunteer mentoring education to mentors, which is provided as face-to-face teaching, or online learning format, or in a blended environment utilizing both face-to-face and online learning. In some cases, educational institutions organise education for clinical mentors.

Competence assessment of nursing students in clinical education

The competence of nursing students in clinical education assessed with numerical and descriptive evaluation. Finland does not have one single consistent set of evaluation criteria for the assessment of nursing students' knowledge. Each university of applied sciences develops its own evaluation criteria and practices. Mentors are not required to be educated on a regular basis to perform evaluations. Evaluation is conducted during students' clinical practice and is given final approval by the nurse teacher. Evaluation is based on the personal study plan of each nursing student.

Reflection during mentorship

During students' clinical practice, mentors are recommended to provide time for reflection as part of a daily mentoring practice. According to our latest research, nurses' responses showed that 39% had completed mentoring education and 71% used less than 10 min for reflective discussions with students each day (Tuomikoski et al., 2018).

Learning contract between mentors and students at the beginning of clinical placement

Students bring their own personal portfolio to clinical practice, which represents their professional profile, and contains their short and long-term learning outcomes for the clinical practice. There is no concrete learning agreement between students and mentors.

Assessment methods of the students' learning process of clinical education

The evaluation of the students' learning process of clinical education is carried out differently by each university of applied sciences. Learning outcomes are set according to the curriculum of nursing students, which are guided with evaluation criteria. Evaluation of students' learning process includes students' self-evaluation and the evaluation by the mentor and by the nurse teacher.

Mentoring of nursing students from diverse cultural backgrounds

In Finland, there are three types of culturally and linguistically diverse nursing students: international students studying in English-language degree programmes, immigrant students studying in Finnish-language degree programmes and exchange (i.e. Erasmus) students studying nursing in their own degree programmes and visiting Finland for short period of time. Students studying in degree programmes offered by Finnish higher education institutions need to conduct their clinical practice in the Finnish language. Clinical practice and evaluation is performed in Finnish according to the standards set for national students. Exchange students are mentored in English with evaluation criteria also set in English. Mentors are not specifically educationally prepared to mentor culturally and linguistically diverse nursing students (Oikarainen et al., 2018).

Students who study in English-language and Finnish-language degree programmes conduct their clinical practice mainly in Finnish. According to evidence-based knowledge, mentors have evaluated their mentoring competence in mentoring culturally and linguistically diverse students highly. However, they acknowledged that they had a tendency to stereotype culturally diverse students in certain situations. Language was a key factor playing in mentors' decision in integrating culturally diverse and national students to work together, finding out sufficiently about students' background, and spending time to discuss cultural differences with a student. When mentors reported a lower level of English language competence they also felt that they needed more support from their colleagues when mentoring culturally diverse nursing students (Mikkonen, 2017; Oikarainen et al., 2018).

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Report on the State of Mentoring Nursing Students in Spain

About University of Alicante

The University of Alicante (UA, www.ua.es), was created in 1979 and the Schools of Nursing located in Alicante province were ascribed to the new university by law. Today the University of Alicante educates more than 20,000 students, plus 3,000 internationals and offers 43 undergraduate and 80 postgraduate programmes: consequently it is proportionally one of the fastest-growing universities in Spain. The UA employs over 3.500 researchers and management staff (44% women), which involves an annual budget of 200 million Euros. Currently, UA is investing near to 34M Euros for boosting frontier research and technology transfer processes via a spin-off, licensing and international promotion mainly. In 2015 the University generated an income of nearly 14.8 million Euros from research funded projects on a National, Regional, European level, and private companies level thanks to its 227 research groups in many knowledge areas in 6 Faculties, 1 Polytechnic School, 1 Doctoral School, and 15 Research Institutes. The UA is within the 200 top universities in the Chemistry subject, and it ranks 14th in Spain (according to the ARWU published by The Chinese Shanghai Jiao Tong University Institute of Higher Education). It is also an appreciated reference point for international relations. UA will provide grant support to its researchers involved (ER and Supervisor) via its International Project Management Office (OGPI), which managed the IPR-Helpdesk project for nine years (until 2010) and the Regional Node of Enterprise Europe Network for 13 years now. Finally, underline is the effort performed by UA in order to meet the commitment with the principles set out in the European Charter for Researchers and in the Code of Conduct for the Recruitment of Researchers, signed in 2013.

UA has successfully acted as coordinator of many Tempus, Alfa, Edulink projects involving Third Countries and Lifelong Learning and Framework Programme (FP) Projects. Regarding participation in FP, UA has taken part in 25 FP5, 24 FP6 and 48 FP7 projects (13 of them coordinated by UA) and, nowadays 16 projects in H2020 (2 coordinated). About ERASMUS+ programme, UA has been involved in more than 40 projects, acting as coordinator in 21 of them.

The Nursing School of the University of Alicante changed its denomination to the Faculty of Health Sciences in 2011. The Faculty has three affiliated departments (Nursing, Health Psychology and Community Nursing, Preventive Medicine, Public Health and History of Science). Several of the Faculty's research groups have been awarded funding from the Spanish national R&D plan, the Valencian Regional Government and the European Union, and have invested significant efforts in research and the internationalisation of their activities through student and teaching staff exchanges.

The Faculty of Health Sciences currently offers two-degree courses (*Nursing and Human Nutrition and Dietetics*), six master's degree courses (*Research in Health Sciences, Nutrition and Food, Public Health, Active Aging and Health, Emergencies and Catastrophes, and History of Science and Scientific Communication*). The Faculty of Health Sciences also has the Doctorate Programme of Health Sciences.

Clinical learning environment and organizational process in nursing degree programme

Depending on the Bologna Declaration and the guidelines published by the Spanish Government in 2005 (Royal Decree 55/2005), the structure of the degree in nursing has been changed. Since 2007, the syllabus of the nursing degree consists of 240 ECTS (European Credit Transfer System) studied over four academic years (Royal Decree 1393/2007). In compliance with the European Directive, the clinical education component of a nursing degree in Spain now accounts for a minimum of 90 ECTS. Clinical placements are distributed in the syllabus, although most of them are undertaken during the third and fourth academic years (Vizcaya-Moreno, Pérez-Cañaveras, De Juan & Saarikoski, 2015).

Clinical practice in nursing education

In nursing education, students do pre-professional practices in the form of a suite of clinical placements, and they have a final evaluation of competences. Clinical placements take place in health care centers (primary care), hospitals and other health care centers (as community care centers). Clinical practice allows to the nursing students the incorporation of professional values, care communication skills, clinical reasoning, clinical management and critical judgment, integrating in professional practice the knowledge, skills and attitudes of nursing, based on principles and values, associated with the competencies described in the general objectives and in the subjects that make up the Title (Nursing Degree) (Order CIN/2134/2008).

Mentoring practices in nursing education

There is a wide variety of supervisory models for nursing students address in the scientific literature (Budgen et al., 2008; Dobrowolska et al., 2016; Saarikoski et al., 2013; Warne et al., 2010).

In line with the cultural characteristics of nursing work in Spain, the most widespread model is the Model of Team Supervision (Vizcaya, 2005). During the mentoring practice, different nurses from the clinical and academic spheres, jointly develop the activities that the concept of supervision implies. That is, full-time and part-time teachers, the teaching managers of the health institutions, the wards managers, and nurses (clinical mentors) develop the supervision of the students as a team (Figure 1).

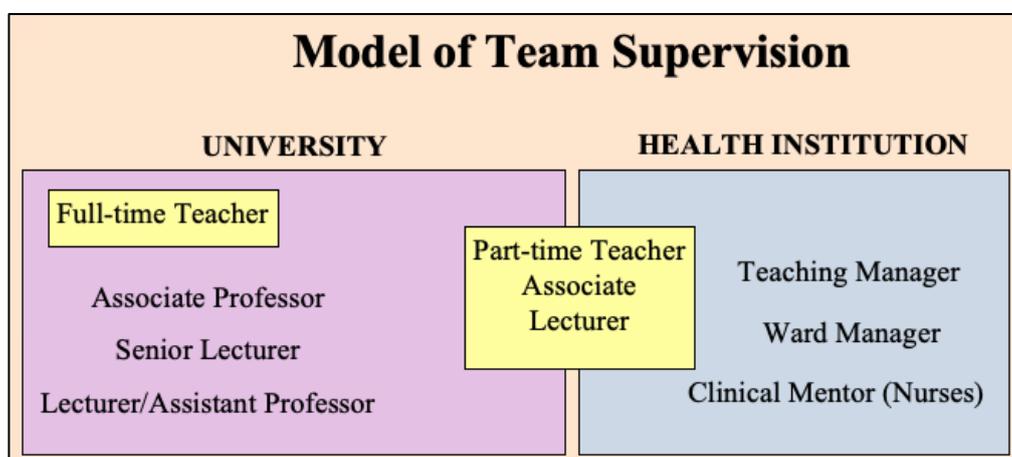


Figure 1. Model of Team Supervision (Updated from Vizcaya-Moreno, 2005)

The role of the full-time teacher is to planning an environment in which students can learn during clinical practices and defining students' learning outcomes. The full-time teacher follows the student learning and has individual and group meetings with the students in the health institution during the clinical placement. The part-time teacher is a link between the university-hospital-clinical unit and also, a facilitator of student learning.

In health institutions, the teaching manager and the ward manager planning the clinical placements for students, and they stimulate the commitment and participation of nurses in the process of training students as mentors. Many authors have coincided in pointing out the figure of the nurse as the key to generate and maintain a climate in the clinical unit of "role simulation" or acculturation and a feeling of "being working" which favour the application into the practice of the knowledge theoretically acquired (Vizcaya et al., 2015). Mentors generally receive too little preparation before facing their role in mentoring.

Currently, the team supervision organisation model coexists with the student-clinical mentor assignment organisation model, the change has occurred unequally in the different institutions and has not yet been evaluated, nor is there public data available. The student / clinical mentor model has been prevalent in primary healthcare institutions since the healthcare and community health centres in our country were introduced.

National laws and regulations as the basis for the implementation of mentorship in the field of nursing

We have revised the Spanish laws and regulations that the National Council in Nursing compiles in its web site (NCN, 2019). After the analyses of the found resources, we are not aware of any national or regional laws and regulations that serve as the basis for the implementation of mentorship in the field of nursing.

It is possible that some university or healthcare institution (hospital, healthcare centre, community health centre, etc.) has its regulation. At this moment, it is not the case of the University of Alicante.

Criteria used for the selection of clinical mentors of nursing students

No academic requirements are needed (Master or PhD degrees), only be a nurse. It is voluntary and unpaid in our region (Comunidad Valenciana). In other areas, there may be recognised by healthcare institutions. The clinical mentors (called in Spain, nurse tutors) have no contractual relationship with the Universities. They usually volunteer for doing this task.

Financing of mentorship

Clinical mentors are not financially compensated for their work in mentoring by public universities. They only receive one certificate and the university card that they can use in the university sports centre or university library. Some healthcare institutions give career points to their clinical mentors. It is possible that private universities can apply different criteria.

Clinical practice and preparation of mentors for mentoring nursing students

Clinical mentor education programmes depend on the link of the clinical mentor with the university. For example, if the clinical mentor has a part-time work with the university as an associate lecturer (Fig. 1), each Nursing Department or Faculty / Nursing School, offer them a short and non-specific education programme. However, if she/he works only for the healthcare institution (hospital or healthcare centre), the preparation programs depend on the healthcare institution. We have not got any consensus program in our country at this moment.

Competence assessment of nursing students in clinical education

For each competency, there is a numerical evaluation; students are required to provide evidence about the acquisition of competences in their field diary. There is a handbook to guide clinical mentors, students, and teachers in the evaluation process. The competencies are distributed in fifteen practice periods through second, third and fourth academic years.

Course content (verified by ANECA in official undergraduate degrees)

Specific Competences (CE)

- E-2: Base the interventions of Health Science professionals on scientific evidence and the available resources.
- E-3: Establish evaluation mechanisms, taking into account scientific, technical and quality aspects.
- E-4: Understand health care information systems.
- E-5: Apply the necessary methods and procedures in your field to identify health problems.
- E-18: Identify and understand the experience of suffering from a chronic process (or illness) and being dependent.
- E-22: Capacity to lead, manage and work in groups.

General Competences of the Degree Course (CG):>>Common basic training module

- 4: Use of medicines, evaluating the expected benefits and the associated risks and/or effects derived from their administration and consumption.

General Competences of the Degree Course (CG):>>Nursing sciences module

- 15: Identity, integrate and relate the concept of health and caring from a historical viewpoint to understand the evolution of nursing care.
- 17: Apply the nursing process to provide and guarantee the well-being, quality and safety of those being cared for.
- 19: Direct, evaluate and provide integrated nursing care for individuals, families and the communities.
- 20: Capacity to describe the foundations of the primary level of health and the activities to be carried out to offer integrated nursing care to individuals, families and societies.
- 21: Understand the function, activities and cooperative attitude that a professional needs to develop in a Primary Health Care team.
- 23: Identify the factors related to health and contextual problems to attend individuals in situations of health and illness as components of a community.

- 24: Identify and analyse the influence of internal and external factors on the health levels of individuals and groups.
- 25: Apply all necessary methods and procedures in one's field to identify the most significant health problems in a community.
- 26: Analyse statistical data referring to population studies, identifying the possible causes of health problems.
- 27: Educate, facilitate and support the health and well-being of the members of a community whose lives are affected by problems associated with health, risk, illness, disability or death.
- 29: Identify the caring needs derived from health problems.
- 30: Analyse data gathered during the assessment, prioritise the problems of adult patients, establish and implement care plans and evaluate them.
- 31: Carry out nursing care techniques and procedures, establishing a therapeutic relationship with the patient and their relatives.
- 32: Select interventions aimed at treating or preventing problems associated with health deviations.
- 33: Show a cooperative attitude with other team members.
- 34: Identify the characteristics of women at different stages in their reproductive cycles and during the menopause and any alterations that may appear, providing the care required at each stage.
- 35: Apply general care during the maternity process to facilitate the adaptation of women and the newborn to new demands and avoid complications.
- 39: Analyse child assessment data, identifying nursing problems and any complications that may arise.
- 40: Apply nursing care techniques, establishing a therapeutic relationship with the children and their carers.
- 41: Select interventions aimed at healthy and sick children, as well as those derived from diagnosis and treatment methods.
- 42: Be able to offer health education to parents and/or primary carers.
- 46: Select care interventions aimed at treating or preventing health problems and adapt them to daily life using proximity and support resources for the elderly.
- 49: Understand and be able to apply group management techniques.
- 51: Provide care, guaranteeing the right to dignity, privacy, confidentiality and the capacity of patients and their families to make decisions.
- 52: Individualised care according to age, gender, cultural differences, ethnic groups, beliefs and values.
- 53: Understand the most relevant health problems at different stages of the life cycle, providing comprehensive and effective care, in the field of nursing.
- 54: Understand palliative care and pain management to provide care that alleviates the situation of advanced and terminal patients.

Specific transversal competences of the degree course :>>Foreign language proficiency

CT1: Read and understand texts in a foreign language.

Specific transversal competences of the degree course :>>IT and information competences

CT2: Show computer and information system skills and abilities.

Specific transversal competences of the degree course:>>Oral and written communication competences
CT3: Show oral and written communication skills.

Reflection during mentorship

Students write field diaries, and they have clinical sessions with their clinical mentors, full-time teachers and part-time teacher with a variety of periodicity (daily, twice a week, weekly).

Learning contract between mentors and students at the beginning of clinical placement

Learning contracts between clinical mentors and students at the beginning of clinical placement is not used as a formal contract.

Evaluation methods of the students' learning process of clinical education

The student, the clinical mentor and the teacher (full-time and part-time), complete an online evaluation of the competencies acquired by the student.

Mentoring of nursing students from diverse cultural backgrounds

Mainly the clinical mentors that are mentoring foreign nursing students are volunteers that are fluent in English. The language used by ERASMUS nursing students is English because they do not feel confident speaking in Spanish.

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Report on the State of Mentoring Nursing Students in Lithuania

About Lithuanian University of Health Sciences

The Lithuanian University of Health Sciences (LSMU) was established after merging the Kaunas University of Medicine and the Lithuanian Veterinary Academy which was rooted in medical studies since the 1920s. Nowadays LSMU is the largest institution of higher education for biomedical sciences not only in Lithuania but also in the Baltic States. With almost 100 years of academic experience, the Lithuanian University of Health Sciences successfully integrates, research and clinical practice.

LSMU has 7 faculties (Medicine, Odontology, Pharmacy, Nursing, Public Health, Veterinary Medicine, and Animal Science) and 4 research institutes. Altogether, the academic community of LSMU is over 25 000 staff members, including more than 7900 Lithuanian students and more than 1000 international students.

Clinical teaching and research are mainly based on cooperation with the largest health care institution in the Baltic States – the Hospital of the Lithuanian University of Health Sciences Kauno Klinikos which provides specialized health care services to patients/clients from all over the country and abroad. Established in 1940, the hospital today comprises 4 affiliated hospitals and 38 specialty clinics with the total number of beds exceeding 2200.

The mission of the Faculty of Nursing is to educate and improve the qualifications of nursing, midwifery, physiotherapy and occupational therapy specialists. Increasing knowledge and professional skills, influencing attitudes and values, conducting research in nursing, midwifery, rehabilitation, gerontology, physical therapy, and occupational therapy and participating in the creation and implementation of the health policy and strategy are the ultimate goals for all health care professionals. The Faculty of Nursing promotes the international cooperation of teachers and student exchange programmes.

The Faculty consists of 6 departments: Department of Rehabilitation, Department of Pediatric Rehabilitation, Department of Geriatrics, Department of Behaviour Medicine, Department of Nursing and Care, and Department of Sports medicine. In the Faculty of Nursing, students are actively involved in various academic activities.

The Faculty of Nursing offers a full range of undergraduate and graduate degree programmes and ensures that students gain the necessary qualifications and professional identities. The devoted, diverse and professional teaching and research staff make a major contribution to knowledge, health policies and future practice. The diplomas of the graduates are recognised internationally.

The Faculty offers 4 baccalaureate degree programmes, i.e. Nursing, Midwifery, Physiotherapy, and Occupational Therapy, and 4 masters degree programmes, i.e. Nursing Leadership, Advanced Nursing Practice; Health Promotion and Rehabilitation, and Art Therapy. The Faculty offers 3 programs in English: 2 baccalaureate degree programmes i.e. Nursing and Occupational Therapy, and 1 masters degree programme - Advanced Nursing Practice.

In 1990, a Department of nurses with higher education was established at the Faculty of Medicine of Kaunas Medical Academy. With the enhancement of the studies of nursing and in accordance with the regulations and requirements of the University, the Department of Nursing and Care was established in 1994. This was the first department of nursing to be established in Lithuania.

The majority of teaching staff at the Department of Nursing and Care are nurses, graduates of the Department of Nursing of Kaunas Medical Academy with MAs in clinical nursing, management or public health management, administration and PhDs in biomedical sciences with specialisation in nursing.

Clinical learning environment and organizational process in nursing degree programme

In Lithuania, there are two universities and seven colleges/Universities of Applied Sciences (UoAS) that provide nursing education at higher levels (in 2019). Each higher education program is responsible for the organization of students' clinical education. This element of education is assessed during each program's self-assessment, organized by the Centre for Quality Assessment in Higher Education by the Ministry of Education, Science and Sport. The maximum duration for accreditation is six years, minimum – one year. Nursing students undergo their clinical education in different settings according to their program. During the first year, they mostly practice in nursing hospitals, general hospitals, acute care hospitals and the community. Hospital level may be different as well – from district to university level.

Clinical practice in nursing education

It is not possible to make generalizations about clinical nursing education in the country. The nursing programs differ slightly in each higher education institution and clinical education is also organised differently. At LSMU nursing students begin their studies at the University with general subjects and focus more on nursing as their studies continue. Much emphasis is placed on clinical practice and direct work with patients/clients. The LSMU Hospital, Kaunas Red Cross Hospital, Kaunas Clinical Hospital, Nursing and Supportive care hospitals and units are excellent environments for gaining practical skills.

Clinical education starts from the first semester with introductory practice at a health care institution (4 ECTS). In subsequent academic years, clinical education periods are longer: after the first-year students experience general nursing practice (8 ECTS), after the second year practice is oriented to patient/client care on medical units (12 ECTS), after the third year the focus is on surgical nursing (17 ECTS) and during the last year nursing students enter several units: mental health, intensive care, community and pediatrics (16 ECTS). After some modules, there are specific clinical education periods, such as geriatric nursing practice, specialised nursing practice, etc. The total duration of clinical training in the nursing program at LSMU complies with European Union standards (Directive, 2005/36/EC and updated in 2013 in Directive, 2013/55/EU) and exceeds the required 2300 hours.

At the University The Description of Organization of Students' Clinical Education is issued by the Board of the Faculty [1]. Three party contract is signed for each clinical education period by student, health care institution, and higher education institution.

Mentoring practice in nursing education

LSMU was the first institution with a nursing program that started to implement scientifically based mentorship in the workplaces of nurses and clinical education placements of nursing students. The experience was enriched by international projects: TENN (Thematical European Nursing Network), EmpNURSE. The first professional development program about mentorship was developed and introduced for nurses in 2009 at the LSMU Postgraduate study center. As of this date, almost 150 nurses and 30 midwives have been educated as mentors at the LSMU University Hospital Kaunas Klinikos. Other mentors may not have completed the mentorship program, but have experience and skills to work on an individual basis with nursing students.

At LSMU clinical education is organized in such a way that a student, after signing the clinical education contract, meets with a tutor who is responsible for the current clinical education period. The tutor is a lecturer approved by the university's unit (Department of Nursing and Care) as responsible for practice, and guarantees planning, organization, and evaluation of the student's practice. The tutor instructs students before placement, explains the purpose of completing the student diary, meets students in their placement at least once per education period, solves problems if any arise. A mentor is a health care specialist, a nurse, who practices and has at least 3-years work experience by professional qualification as a nurse. The roles and functions of tutors, as well as clinical mentors, nurse managers, and students, are described in the Description of Clinical Nursing Education Organization and repeated in the diary for practice.

In addition, LSMU introduced the scientific foundations of mentorship in the Master's degree program in *Nursing Leadership*. The goal is to inform nurse leaders about the main principles and developmental strategies of mentorship in nursing, relying on scientific evidence. Students in this Master's degree program, as well in the BSN program, are able to choose mentorship in nursing as a topic for their final theses (Riklikiene & Nalivaikiene, 2013; Kontrimaitė, 2017).

National laws and regulations as the basis for the implementation of mentorship in the field of nursing

In relation to EU directives (Directive, 2005/36/EC and updated in 2013 in Directive, 2013/55/EU) and national minimum requirements for nurse education, clinical education takes no less than half of the total credits in the nursing program. The National Nursing Policy 2016-2025 was issued by the Ministry of Health [2] in which trend 2, task 2.2. reflects the development of the professional competence of nurses. For that measure 2.2.4. is for the preparation of a program for mentors in nursing education and measure 2.2.5. is for the preparation of the qualification requirements for mentors in nursing. The term for the implementation of such measures was 2016-2018.

Despite such vision, few developments occurred at the national level, and, therefore, a national program for education of mentors is lacking.

Criteria used for the selection of clinical mentors of nursing students

Studies on mentorship highlighted the individualized supervision model as a crucial factor for Lithuanian students' total satisfaction during their clinical training periods (Antohe, Riklikiene, Tichelaar & Saarikoski, 2016; Mažionienė, Staniulienė & Gerikiene, 2018).

The list of students from higher education institutions is provided to nursing directors (head nurses) of health care institutions with a request to distribute the students at the units with regard to the aims of education and learning outcomes that should be achieved. Head nurses and their team make a final list of students in practice and inform units about students arriving. The same list is provided to the University. Tutors inform students about the exact sites for their clinical education.

No official specific criteria have been established to select mentors for student nurses. The requirements from the University for mentors include no less than 3 years in nursing practice with mostly day shifts. The personal willingness of a mentor-student is also taken into consideration.

Financing of mentorship

Mentors are not paid for their service. This role is accepted as a professional competency of a nurse to disseminate nursing practice that is stated in a national Standard for Nursing Practice MN 28:2011 „General practice nurse. Rights, obligations, competency and responsibility“, Art. 7, point 15.9. (Standard for Nursing Practice, 2011). Without direct financial remuneration, higher education institutions may provide other privileges for mentors such as inviting them to conferences, national and international workshops, and/or providing EN language courses for mentoring Erasmus+ or foreign nursing students.

Clinical practice and preparation of mentors for mentoring nursing students

As previously mentioned, the first mentorship in the nursing program was started at LSMU in 2009. It is still continued as a thirty-six contact hour professional development program. The program is open to nurses and midwives. This course may be planned in advance and funded by the Ministry of Health by special request or participants may pay a fee. After ten years of mentors' education, the need for an advanced level mentorship program is clear. Mentors report the most common issues involve students' assessment, reflection, feedback – they have to be more informed and supported on such strategies.

At Kaunas College/(UoAS) a similar program was started in 2018 with 40 contact hours. At Utena College/(UoAS) a program on mentorship was confirmed by the Ministry of Health in 2018 and the first group of nurses will be trained in April, 2019. This 28 hours program consists of 8 hours of theory and 20 hours of practice. Siauliai State College and Klaipeda College/(UoAS) do not have a specific program but arrange meetings with mentors regularly to deal with the quality of training and issues of mentorship.

In Lithuania, the goal is to increase the number of mentors in nursing education and many more in the country.

Competence assessment of nursing students in clinical education

In the past at LSMU nursing students were assessed by quantitative measures according to the number of procedures done, the number of patients/clients cared for, etc. With the development of mentorship, assessment moved to qualitative methods: student diaries were introduced where students and mentors write not only the number of clinical skills completed but also reflect on daily experiences.

At LSMU students in practice are assessed in a cumulative manner. Parts of their final grade for clinical depends upon demonstration of professional values and behavior, clinical skills, and tasks completed. Clinical skills and demonstration of professional values and behavior are assessed by the mentor.

The tutor completes the final evaluation and signs off on the clinical education period. The final grade is numerical from 4 to 10, in accordance with the general assessment system of the university. The final evaluation must be positive (5 and higher). If a student receives a lower grade and does not pass, the clinical education is repeated.

Mentors are qualified to assess students and their diaries with special forms and checklists. Nonetheless, student assessment and evaluation remain the most difficult tasks for mentors mentally and pedagogically. Mentors need much more guidance on how to cope with failing students.

Reflection during mentorship

Reflection and constructive feedback are limited and without a set structure as mentors, as well as tutors and teachers, are lacking the same experience of reflection and constructive feedback. The recent study of Baltinaite et al. (2019) on mentors' competence revealed that despite a high overall level of clinical mentors' competence in nursing, mentors lack knowledge about the process of clinical learning and competence, which would help them in giving constructive feedback.

Riklikiene & Tichelaar (2018) reported on the assessment of the content of the pilot mentorship programme as tested in Czech, Hungarian, Lithuanian and Romanian under EmpNURS project. The authors highlighted that the most significant parts of mentors' training, from the perspective of mentors who participated in the course, were those concerned with learning styles, assessment of students, reflection techniques and feedback, along with how to cope with failing students. Reflection and constructive feedback skills must be developed in student nurses and their mentors during undergraduate and professional education.

At LSMU there is no specific learning contract between a student and mentor at the beginning of clinical placement. Learning outcomes for student clinical education are listed in the course description of the clinical practice period and are available to teachers, tutors, and students in electronic form on the university internal information system. For mentor and student, the description of his/her learning outcomes for a specific clinical education period is provided in the diary for clinical education.

Evaluation methods of the students' learning process of clinical education

The Study Program Committee discusses and deals with any problems related to nursing student education. Students, as well as teachers and social partners from health care institutions, participate in the committee. The head of the department and tutors regularly meet the administration of health care institutions to plan and to assess the quality of clinical training of student nurses. Therefore, the most common methods of assessment of quality of education are discussions and reports concerning needs (conflicting situations, if any).

Mentoring of nursing students from diverse cultural backgrounds

This is rather a new reality of mentorship in Lithuania as the number of foreign full-time nursing students is still relatively low. At present, the majority of students from abroad who stay in clinical placements are coming as exchange students within the Erasmus+ program or as mobility students within other programs. The number of these students increases each year. LSMU peer clinical learning is applied when two students – local and foreign – are merged for the practice period. In this way the mutual language and cultural support and development are available. The English language courses were also provided by the University for a group of mentors.

For full-time foreign students clinical training diaries in English are used. Mentors are rather excited to mentor foreign students if no language barrier exists. The culture may differ very much as the university welcomes students from India, Korea – not only Europe.

The first subjective assessment of foreign students' experiences during clinical training began last year using CLES and CALD tools.

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Phase II. Literature reviews

Nurse teachers' competence in mentoring nursing students during clinical placement: a literature review

Introduction

This literature review followed standard approaches to systematically identify and examine key nursing literature on the topic of nurse teachers' competence for supporting nursing students in clinical placements. Following a comprehensive and structured electronic search of the largest bibliographic database in nursing (CINAHL) thousands of potential articles were filtered through to identify current, best international evidence on the topic to inform policy discussions.

In the sections that follow, a Background to the topic is introduced to contextualise the work in historical and contemporary discussions within nursing education and policy. The Method followed for the undertaking of the review is then presented in detail to increase rigour and transparency, as well as allow replicability of the results. The findings of the included papers are synthesised, and key themes discussed, teasing out both the knowledge gain and gaps in the literature. The review concludes with a summary and recommendations moving forward.

Background

The subject of nurse teachers' competence for supporting nursing students in clinical placements has been a 'hot topic' in nursing, with initial debates traced to the early years of professionalisation in nursing and nurse education (Machan, 1980; Batey, 1969). A complicated subject, affected by a number of interrelated issues, is at its core a problem of workforce – the diminishing nurse teacher workforce (Westphal, Marnocha, & Chapin, 2016; WHO, 2016). For the purpose of this document, 'nurse teacher' is used to refer to the range of education and clinical instruction roles undertaken by nurses with primarily an education, rather than a clinical focus, in association with an institution of higher education. For clarity, nurse teachers are distinguished from clinical mentors; the latter are nurses in clinical practice primarily responsible for delivering people-centered care while mentoring student nurses placed with them for a short period of time on fundamental patient/client care skills.

While the shortage of the nursing workforce and the need for more degree-prepared nurses are widely regarded as key workforce priorities (Aiken, et al., 2014; GHWA, 2016), the policy discussion around nurse educators has lagged. It is inevitable that with the gradual and steady increase of nurses, especially degree-level prepared nurses, a growing number of adequately prepared nurse teachers are required to match. However, there is yet no internationally accepted nurse teacher workforce strategy.

The issue is further confounded by the realities of nurse education, especially in the European context, where student nurses are trained 50% in universities and 50% in clinical practice (EC, 2013). Effectively, this necessitates close collaboration between universities and hospitals to ensure a smooth and quality educational experience for student nurses. While the majority of clinical education takes place in the clinical environment by practicing nurses, i.e. mentors, there is nevertheless a requirement for significant university involvement from nurse teachers.

The challenge of remaining clinically competent while also meeting expectations in terms of research and pedagogy has frustrated nurse teachers for years, and the debate is far from settled (Andrew & Robb, 2011). The ways in which nurse teachers support student nurses in the clinical environment can vary from institution to institution, and from hospital to hospital. In part, this variability can stem from a lack of common understanding of the needs and expectations of student nurses in clinical placement from their nurse teachers. In 2016, the World Health Organisation coordinated an international initiative leading to the proposal of core competencies for nurse educators (WHO, 2016) however specific competencies for teaching in the clinical environment were not elaborated. Within that work, one domain attempts to explore 'nursing practice' and proposed three loosely worded competencies (Table 1):

Table 1: Nurse Educator Core Competencies (WHO, 2016)

Core Competency 3: Nurse educators maintain current knowledge and skills in theory and practice, based on the best available evidence.
Competency 3.1: Maintain competence in nursing practice.
Competency 3.2: Practice nursing in ways that reflect evidence-based, up-to-date knowledge.
Competency 3.3: Plan a variety of teaching and learning activities that foster creativity and innovation of nursing practice and the health-care environment.

While a helpful start, the above do not go far enough to illustrate the competence and function expected of nurse educators when supporting student nurses in clinical settings. In addition, it implies nurse teachers are active practitioners in the clinical environment rather than based at universities, and so applies more readily to the function of clinical mentors. There is a need for further clarity in this area if debate and practice is to move forward, toward ensuring quality and adequate educational preparation of future generations of nurses. By understanding stakeholders' views on the role of nurse teachers in supporting student nurses in the clinical environment greater clarity of the role can be achieved, which can, in turn, lead to clearer guidance in terms of competency expectations - this is precisely the area to which the current literature review ambitions to contribute.

Method

Standard literature review techniques provided a robust methodological frame to ensure rigour and transparency in the conduct and reporting of the current review (Tricco, Langlois, & Straus, 2017). Below, the review parameters are elaborated including the aim, data sources, search string, inclusion criteria, quality assessment and approach to data synthesis.

Review aim

To ensure wide and rapid coverage of the international literature, this work was designed as a mixed-method, rapid and exploratory literature review. To ensure focus and structure, the widely recommended PICO mnemonic was used (Booth, Sutton, & D, 2016). PICO stands for: P – Population, I – phenomenon of Interest, and Co – Context. For the purposes of the current work the aim was broken down into its constituent PICO facets to form:

- P – Nurse teachers;
- I – Competence to support nursing students, and;
- Co – Clinical placements.

Consequently, the aim for the current work became: *To examine the nursing literature on nurse teachers' competence to support nursing students in clinical placements.*

Data sources

CINAHL, the largest, international bibliographic database for nursing literature was systematically searched over December 2018 and January 2019 following a systematic approach (Table 2). CINAHL indexes papers from over three thousand nursing and allied health journals, providing access to more than four million records dating back to 1971 (Wright, Golder, & Lewis-Light, 2015). The use of database tools and a structured approach enabled focussed retrieval of only the most relevant work.

Table 2: Database search history

(MM "Faculty, Nursing")
nurse teacher
nurse teachers
nurse educator
nurse educators
nurse faculty
S1 OR S2 OR S3 OR S4 OR S5 OR S6
(MM "Professional Competence")
teacher competence
teacher competencies
educator competency
educator competencies
educator competence
faculty competence
faculty competencies
faculty competency
S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16
(MM "Learning Environment, Clinical")
student placement
clinical placement
clinical practice
practice learning

clinical rotation S18 OR S19 OR S20 OR S21 OR S22 OR S23 S7 AND S17 AND S24

Inclusion criteria

Inclusion criteria ensured consistent and transparent selection of work that explicitly addressed the review aim. These were based on and reflected the aforementioned PICo framework and allowed exclusion of work outside the PICo parameters. Only those articles with an explicit focus on nurse teachers' competence to support nursing students in clinical placements were selected for detailed examination.

Data extraction and synthesis

Standard review techniques were adopted, which were aided through data tabulation using an Excel document. Synthesis followed a narrative approach whereby significant and recurrent themes were identified, grouped and thematically synthesised (Booth, Sutton, & D, 2016).

Quality assessment

Grading of evidence was not an aim of the review and therefore no papers were rejected based on quality or strength of evidence alone. Quality assessment was undertaken using established methodological frameworks produced by the Critical Appraisal Skills programme. This only aimed to ensure included work was conducted following accepted principles of rigorous and ethical research.

Findings of the review

The findings of the review are presented below under the three overarching themes. First, the role of nurse teachers in clinical practice is considered from the view of teachers themselves. Second, the student nurses' perception and experiences of receiving support from nurse teachers in clinical placements are shown. Finally, competencies of nurse teachers are proposed, informed by the synthesis of the first two themes.

Student nurses' expectations

The student-centred approach to nurse education permeates the literature identified, whereby different studies sought to uncover the student experience and expectations of nurse teacher support in clinical placement (Benor & Leviyof, 1997; Price, Hastie, Duffy, Ness, & McCallum, 2011; Brown, Herd, Humphries, & Paton, 2005; Meskell, Murphy, & Shaw, 2009; MacIntosh, 2015; McSharry, McGloin, Frizzell, & Winters-O'Donnell, 2010; Lovrić, Prlić, Barać, Plužarić, Pušeljić, Berecki, & Radić, 2014; Lovrić, Prlić, Milutinović, Marjanac, & Žvanut, 2017).

Student nurses from a range of settings, hospitals, and universities who participated in the research summarised here noted high expectations of their nurse teachers when in clinical placements. In a quantitative survey of 123 student nurses, from three different institutions, high practice nursing competencies were expected from nurse teachers (Benor & Leviyof, 1997). Such clinical competencies superseded in importance

teachers' personality traits and interpersonal skills. These views were corroborated in another study using qualitative focus group interviews with 40 students (Meskell, Murphy, & Shaw, 2009). Here, students emphasised the importance of nurse teachers appreciating the current realities of clinical practice, especially in terms of the time, workload and resource pressures under which clinicians and students in clinical placements provide people-centered care.

Not all students hold the same beliefs, however. Price et al. (2011) online survey of student nurses (n=389) in the United Kingdom (UK) identified contrasting comments, with some students not seeing the value of nurse teachers unless a problem existed with their clinical placement or mentor. By contract, student nurses expected nurse teachers to provide one-to-one support for university assignments rather than provide clinical teaching. An interesting area of responsibility for nurse teachers, according to the students in this study, was the provision of emotional support and creating a space for them to reflect on their practice. The pressures of the clinical environment were such that taking time away from people-centered care, however brief, was difficult to justify for students without the presence of the nurse teacher. Indeed, these clinical pressures can promote a sense of disconnect from the university as students in a Scottish hospital reported through focus group interviews (Brown, Herd, Humphries, & Paton, 2005). For these students, their nurse teacher had an important function of bridging the gap between their hospital and university experiences.

Finally, students also gave examples of strained relationships between university and practice-based staff with potential for role duplication, which sometimes contributed to them feeling disloyal to their clinical mentor if the sought university support (MacIntosh, 2015; McSharry, McGloin, Frizzell, & Winters-O'Donnell, 2010).

Nurse teachers' concerns

The international literature reveals a long-standing debate and concern among nurse teachers from various universities around their role and competence to support nursing students in clinical placements (Williams & Taylor, 2008; Choudry, 1992; Ousey & Grallagher, 2010; Andrew & Robb, 2011; Meskell, Murphy, & Shaw, 2009; MacIntosh, 2015; McSharry, McGloin, Frizzell, & Winters-O'Donnell, 2010). Key challenges that concern nurse teachers include issues of role ambiguity, credibility, job strain, and inconsistent expectations.

Through focus group interviews with nurse educators, a study in the UK found concerns around role clarity and expectations (Williams & Taylor, 2008). Interviewees' perceptions of their role in clinical placements were reportedly different from other stakeholders and included undertaking joint research projects with practitioners, publishing, joint education as well as supporting and supervising student nurses. However, nurse educators also expressed concerns and anxieties because of insufficient time, high workload and diverse institutional priorities. The competing demands of their university role meant that nurse teachers effectively had very little time to engage with clinical practice in the way they aspired to.

The above view resonates with concerns expressed over 20 years ago from across the Atlantic, such as from Canada, demonstrating the pervasive and long-standing nature of this debate (Choudry, 1992). In a survey of nurse teachers from across Ontario, problematic conceptions of their role were identified stemming from excessive and multiple role demands. Nurse teachers reported role overload, leading to job strain and burnout. In addition to struggling to meet the ever-increasing demands from Universities, nurse teachers also had to contend with having low clinical credibility among hospital-based nurses. Remaining clinically competing was

an ambition too far for some, but regarded essential to enable greater integration between research, education and clinical practice. More recently, in Ireland, nurse teachers remained concerned about the ambivalence of their role in clinical placements (McSharry, McGloin, Frizzell, & Winters-O'Donnell, 2010). However, while maintaining clinical competence remained a challenge, nurse teachers highlighted the value of fostering relationships in clinical practice. Avoiding duplication and clashes with clinical mentors, they saw value in their role as a resource to clinical staff, as well as providing opportunities for assessing students in practice. Nurse teachers were also regarded as having a key position to contribute to in-service and practice development.

Contrary views to this debate are not difficult to find, with some arguing that contemporary realities of higher education mean that the role of nurse teachers in clinical practice is effectively one of social relations (Ousey & Grallagher, 2010; Meskell, Murphy, & Shaw, 2009). Nurse teachers in this work were argued to perceive their role as primarily supporting clinical staff and mentors, acting in an advisory capacity on educational matters. Given that the majority of student nurses' clinical teaching is undertaken in hospitals and the community, nurse teachers have a responsibility to develop strong partnerships between the academic and clinical areas to ensure the two align and prepare students for the realities of their future employment.

The above concerns notwithstanding, the function of nurse teachers in clinical environments remains largely welcomed and positively received. In-depth qualitative work with nurse teachers from one University in Scotland revealed a range of supportive functions undertaken by nurse teachers (MacIntosh, 2015). These included sharing updates about the university curriculum, contributing to educational audits, collating and responding to student concerns from placement evaluations and contributing to mentor preparation programmes. A key responsibility concerned providing advice for problem-solving and conflict resolution among student nurses and/or their mentors. Nurse teachers, however, seemed concerned the teaching element of their role in clinical placements remained concealed and unacknowledged.

Competencies for effective student support

Examination of the international literature for the purpose of the current review did not reveal any evidence-based, rigorously validated or widely regarded competency frameworks for nurse teachers supporting student nurses in clinical placements. However, research with different health stakeholders have concluded with a number of different proposed competencies for nurse teachers, which are summarised below (Matthew-Maich, et al., 2015; Brown, Herd, Humphries, & Paton, 2005; Lovrić, et al., 2014; Hsu, 2006).

Through a prospective cohort study involving surveys with student nurses (n=135) from Croatia, a number of key competencies were identified as significant for nurse teachers to demonstrate (Lovrić, et al., 2014). Key among these were knowledge and skill about clinical procedures and techniques, guiding students' clinical skill development and questioning students to elicit underlying reasoning. In addition, positive attitudes demonstrating work enjoyment and stimulation of student interest were highly regarded.

Similar competencies have been advocated by educators in Taiwan; however in actual practice, few of these were demonstrated by nurse teachers observed in a hospital (Hsu, 2006). Specifically, the following competencies were promoted: clinical knowledge, instructional skills, monitoring student attainment, and teaching manner. Through observations from the actual practice, they found nurse teachers questioning and guiding students to think more critically through organising clinical learning experiences. However, nurse

teachers focussed more on task completion, treatment and medication delivery, and vital signs assessments rather than on wider nursing care planning. Additional skills and attitudes observed of nurse teachers included attentive listening, respect, empathy and caring.

Complementing the above-mentioned survey and observational research, nursing students in the UK interviewed via focus groups shared a number of nurse teacher competencies they experienced as positive and enabling (Brown, Herd, Humphries, & Paton, 2005). These included knowledge to direct and facilitate learning; skills for problem-solving, troubleshooting and monitoring; and positive attitudes promoting advocacy and motivation.

The international dimension of this debate is perhaps not surprising, although the complementarity of research findings from different countries is impressive. In Canada, a large survey among over 1,200 student nurses revealed five sets of competencies for nurse teachers supporting student nurses in clinical placements (Matthew-Maich, et al., 2015). First, effective teachers were identified to be well prepared, with rich nursing and teaching knowledge as well as experience. Second, successful teachers were student-centred in their approach to teaching and interacting with their students. Students perceived such teachers to be caring, supportive, patient, encouraging, approachable, open and flexible in their interactions. Third, student nurses identified passion to be a key motivator for them, which inspired them to work hard and be excited about their practice. Fourth, nurse teachers in clinical placements were expected to role model professionalism, use professional communication, maintain professional barriers, show respect and fairness. The fifth set of competencies centred on preparing students for success and encompassed skills around setting clear goals and expectations, coaching, providing constructive feedback and encouraging reflection on practice.

Discussion

As the above synthesis of research findings illustrated, the literature on nurse teacher competence for supporting student nurses in clinical practice is rich yet inconclusive. Student nurses have high expectations from their teachers, although it appears their expectations are less to do with hands-on clinical teaching, which they seem happy to leave to their clinical mentors, and more about facilitating a positive learning experience.

Nurse teachers on their part would seem to find their role in clinical placements quite challenging and unclear, although that may in a large part be attributed to wider university pressures rather than difficulties with delivering on the role in practice. The international calls to address the nursing shortage may have started to gain traction but they have not necessarily been accompanied by a strategy encompassing the nurse teacher workforce. This incongruity appears to be having a ripple effect on nurse teachers, with concerns over job strain.

Well-rehearsed and validated competency sets are still missing from the international literature but are perhaps a worthy endeavor to pursue moving forward. High-quality clinical education is paramount to the development of a competent workforce of nurses able to deliver safe people-centered care. Giving some much-needed structure and guidance to nurse teachers would ensure greater consistency in approaches and foster positive learning environments for the future nursing workforce.

Drawing from the international literature, the beginnings of a competence framework for nurse teachers supporting student nurses in clinical placements may be sketched out along the following principles. Nurse teachers supporting student nurses in clinical placements should be expected to demonstrate:

A. Knowledge of:

- Common patient conditions and relevant pathophysiology, as applied to the clinical areas of their expertise;
- Clinical procedures, protocols and/or policy as it applies to the delivery of common treatment and care approaches;
- Educational standards and levels of proficiency expected by student nurses in the context of particular clinical areas and stage of educational programme;

B. Skills concerning:

- Frequent nursing care interventions relevant to the clinical area of their expertise and condition of the patient population;
- Facilitation of learning through questioning and instilling an ethos of critical enquiry and clinical reasoning;
- Communication, troubleshooting, conflict resolution and partnership working;

C. Attitudes that:

- Motivate students to learn about their profession and maximise their clinical learning opportunities;
- Foster trusting relationships leading to a positive culture of care within a supportive learning environment;
- Inspire students to practice safe, high-quality, people-centered care and compassionate health care;

Embodiment of the above principles by nurse teachers may allow for greater clarity in their role of supporting student nurses in clinical placements, as well as better manage students' expectations from their teachers. Moreover, it could allow nurse teachers to more readily role model the eight competencies for general care nurses enshrined in European Union legislation (EC, 2013) (Table 3).

Table 3: Directive 55 competency framework for general care nurses (EC, 2013)

<p>Under the European Union Directive 55, general care nurses are expected:</p> <p>To independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients;</p> <p>To work together effectively with other actors in the health sector, including participation in the practical education of health personnel;</p> <p>To empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired;</p> <p>To independently initiate life-preserving measures and to carry out measures in crises and disaster situations;</p> <p>To independently give advice to, instruct and support persons needing care and their attachment figures;</p> <p>To independently assure quality of and to evaluate nursing care;</p> <p>To comprehensively communicate professionally and to cooperate with members of the other professions in the health sector;</p> <p>To analyse the care quality to improve their own professional practice as a general care nurse.</p>

Within the European Union, all registered nurses are required to practice within the above eight competencies, and, by extension, it is the responsibility of nurse teachers to ensure their student nurses develop these competencies through their education. Future work should seek to align nurses' practice-based competencies with their teaching-based competencies, and the principles proposed in the current paper could serve as a useful starting point. This would foster consistency, reliability, and validity in approaches, which should ultimately help ensure the development of high-quality, highly-competent, professional nurses.

Nurse teachers' competence to mentor nursing students in clinical placements – strength of Directive 2013/55/EU

The literature review on the topic of nurse teachers' competence for supporting nursing students in clinical placements, shows the importance of teachers' role in reaching the learning outcomes from clinical outplacement perspective. Although we see that less time is available for teachers to support students in clinical outplacements, the European Directive 2013/55/EU, and in particular Article 31, sets out the eight competencies the nursing students need to achieve, both the theoretical and practical learning outcomes.

The literature review, a structured electronic search of the largest bibliographic database in nursing (CINAHL), findings are threefold:

1. Student nurses' expectations: the student-centred approach to nurse education permeates the literature identified. Some studies' findings revealed that nurse students have high-expectations of their teachers. On the other hand, other studies concluded that students not seeing the value of nurse teachers unless a problem existed with their clinical placement or mentor.
2. Nurse teachers' concerns: the literature review showed that some key challenges concerning nurse teachers include issues of role ambiguity, credibility, job strain and inconsistent expectations.
3. Competencies for effective student support: the examination of the literature did not reveal any evidence-based, rigorously validated or widely regarded competency frameworks for nurse teachers supporting student nurses in clinical placements. However, research with different health stakeholders has concluded with several proposed competencies for nurse teachers that could be constituted into a single competence framework.

Altogether, these three findings mean that the embodiment of a competence framework for nurse teachers supporting student nurses in clinical placements may allow for greater clarity in their role of supporting student nurses in clinical placements, as well as better manage students' expectations from their teachers.

Furthermore, the modernisation of Directive 2013/55/EU and in specific the modernisation of Annex V, a specific focus on the quality of the clinical training of education is of high importance. Several studies show that challenges regarding the clinical part of the education need to be addressed as students consider leaving their education because of their experience in the clinical part of the education. Quality, capacity, financing, and legislation are important concepts to focus on when addressing mentorship in the EU.

The strength of the European Directive 2013/55/EU is the dual principle between theory and clinical training and according to the directive the clinical training must cover min. 50% of the education. As such, quantitative and qualitative demands for optimal mentorship needs to be addressed at EU level.

The EU Directive on Mutual Recognition of Professional Qualifications (Directive 2013/55/EU), its article 31 with 8 competencies, implies the EFN leading and supporting nursing schools and student with an EFN Competency Framework to guideline national, regional and local governments implementing Article 31 into the nurses' education programmes/curricula in compliance with the Directive. It is key all nursing students are EU nurses in compliance with Directive 55. Nursing teachers and clinical mentors play a central role in the compliance outcome.

Conclusion

The current review has made a positive step forward in exploring the longstanding and thorny issue of nurse teacher competence to support student nurses in clinical practice. It identified a lack of evidence-based and validated frameworks, but also rich opportunities for making significant progress moving forward. Drawing from the international literature the beginnings of a set of principles, including knowledge, skills and attitudes, is offered to inform future developments.

Within the European Union specifically, the future of student nurses' education and education would seem inexplicably linked with the quality of support they receive from their nurse teachers while in clinical placements, towards achieving the Directive 55 (EC, 2013) competency framework. It would, therefore, be sensible to conclude that to enable student nurses to meet European Union benchmarks, their teachers' own competencies should be developed in such a way as to foster alignment and strengthening of the Directive 55 competencies. Further research seeking to examine, test, elaborate and refine the arguments presented herewith would set the field of nursing education in good stead to take the next step in this significant area of educational practice in nursing.

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Report of two merged systematic reviews on mentors' competence in mentoring nursing students in clinical practice

Background

Nursing education is strongly based on clinical learning and students' clinical placements are pivotal in shaping their clinical competences and professional identity (Johnson et al., 2012). Across Europe, up to 50% of the nursing curriculum is to be conducted in clinical practice and students' clinical learning is shaped by their experiences of clinical settings and by their relationship with health care teams (Warne et al., 2010). Nursing curricula are designed at the academic level and students are prepared for clinical practice through clinical simulation labs, but the main part of clinical competence development in nursing education is guided by clinical mentors in clinical settings (Ford et al., 2016). In this way, nursing education is also workplace-based (Takashima et al., 2019). Collaboration between clinical mentors and health care organizations is essential in guiding the development of nursing education and in order to achieve an effective nursing academic curriculum. It is essential that mentors' competencies are enhanced in order to improve nursing education and students' clinical learning outcomes (Riklikiene & Tichelaar, 2017).

A clinical learning environment is a relational environment in which a student interacts as part of a team of health care professionals into an organizational culture and among different individual- and team-based dynamics (Tomietto et al., 2016). Achievement of clinical learning outcomes depends on how the student adjusts to these environmental and human factors (Flott & Linden, 2016). A core element needed to foster nursing students' clinical learning is the establishment of an effective mentor-student relationship (Mikkonen et al., 2017; Saarikoski et al., 2008). In this way, mentors play a central role in guiding both students' clinical learning and organizational adjustment into the clinical learning environment (Saarikoski, 2017; Tuomikoski & Kääriäinen, 2016). When mentors improve their mentorship competences through specific programs, students' learning outcomes are improved, and their transition from the role of being students to becoming health care professionals is more effective (Lavoie-Tremblay et al., 2019).

The term 'mentor' is associated with various concepts, including preceptor, supervisor, and facilitator (Jokelainen et al., 2013a). In this report, the term 'mentor' refers to a nurse who mentors undergraduate nursing students and has pedagogical responsibility for the mentoring process of students conducting clinical placements (Hurley & Snowden, 2008).

Mentors' competence is shaped by knowledge, skills, and attitudes regarding specific content (for example of a clinical specialty) and methods (e.g. pedagogical approach) (Benner, 1984). Mentors need to be experts in both their clinical area and in the pedagogical approach of guiding clinical learning in order to perform effectively in mentorship (Jokelainen et al., 2011). The mentoring of students involves various different competencies, from technical skills to value-oriented professional awareness. In detail, mentoring competence encompasses the qualities, performance, attitudes, values, knowledge, and skills necessary for mentoring students during their clinical placements (Kalischuk & Thorpe, 2019). Mentors are more than just clinical experts: they are required to be pedagogical experts in guiding clinical reasoning and to be professional role models for students. In this way, mentors maintain and carry out the culture, ethics, and values of nursing; provide guidance and teaching; use decision-making competences in teamwork; and develop nursing care and nursing leadership with their expertise while providing and planning nursing care (EFN, 2015).

Mentors' competences are increasingly important also within changing nursing educational systems: internationally, the role of teachers in guiding students in their clinical learning has decreased (Jokelainen et al., 2011). Accordingly, mentors have increased the responsibility for the learning process of students. Mentors' workload increases when they work as mentors, and mentors have reported feelings of uncertainty in their role as mentors, and in several countries, there are no educational requirements or education provided for a mentor (Dobrowolska et al., 2016). Clinical mentors need well-established education in mentoring students (Pitkänen et al., 2018) in order to enhance students' satisfaction and clinical learning outcomes. Despite the fact that the role of nurse teachers has changed over time, it is important to support mentors in the development of their pedagogical competences and to support them in the assessment of the clinical competences of nursing students (Arkan et al., 2018). Nurse teachers should share their pedagogical and methodological competence in supporting the role of mentors and students' clinical learning, especially in evaluating students' learning outcomes and in guiding challenging situations (Pitkänen et al., 2018). Both clinical mentors and teachers are responsible for supporting students' learning and they need to effectively interact to better support students' clinical learning.

Aims

This report aimed to summarize two reviews, which identified and summarized evidence-based knowledge on the areas of mentors' competencies needed to perform effectively in the mentorship of nursing students' clinical learning. The research question is: what kind of competences do mentors have and need in mentoring nursing students as experienced and evaluated by mentors themselves?

Design

Qualitative and quantitative research studies reporting mentors' competencies were included in this report and the main results were summarized according to the report aim. The systematic review of qualitative studies has been reported separately in detail in *Nurse Education Today* (Tuomikoski et al., 2019), and the systematic review of quantitative studies has been reported separately in detail in the *Journal of Clinical Nursing* (Pramila-Savukoski et al., 2019). Systematic reviews were conducted according to the Joanna Briggs Institute in Tuomikoskie et al. (2019) (JBI, 2014) and Centre for Reviews and Dissemination guidelines in Pramila-Savukoski et al., 2019 (Centre for Reviews and Dissemination, 2009; JBI, 2014). Both reviews applied the standards of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol (Liberati et al., 2009). The Joanna Briggs Institute Critical Appraisal tools were used to evaluate the quality of the included studies (JBI, 2014).

Search methods

In the systematic reviews (Pramila-Savukoski et al., 2019; Tuomikoski et al. 2019) seven electronic databases (CINAHL, Medline Ovid, Scopus, Eric, the Web of Science, Medic, and OATD) were systematically searched from 2000 to 2018. The inclusion criteria were defined using PICO&PICOS (P=participants; I=Phenomenon of Interest; C=context; O=outcomes; S=study design) according to the interest of study (Centre for Reviews and Dissemination, 2009; JBI, 2014). In line with the PICO&PICOS review form, participants were mentors of nursing students; the context was the clinical learning environment in health care organizations in which clinical placements take place; the phenomenon of interest and outcomes were mentors' competence to

mentor nursing students; and the types of studies were original quantitative and qualitative studies published in English, Swedish, Finnish, Slovenian, Spanish and Lithuanian language. A search for grey literature was not conducted in both reviews. Figure 1 represents the PRISMA flow diagram of the two merged systematic reviews (Pramila-Savukoski et al., 2019; Tuomikoski et al., 2019).

Search outcomes

In the systematic reviews (Pramila-Savukoski et al., 2019; Tuomikoski et al., 2019), 6591 articles were initially identified, and 4319 papers were screened after the removal of duplicate publications. Papers were screened by title and abstract (4319) and by full text (135). A total of 39 studies met the inclusion criteria and were eligible for quality assessment. Following the assessment of the quality by two reviewers, a total of 36 papers were included in the reviews.

Quality appraisal

In the systematic reviews (Pramila-Savukoski et al., 2019; Tuomikoski et al., 2019), The Joanna Briggs Institute Qualitative Assessment and Review Instrument (QARI) for qualitative studies and the Meta-Analysis of Statistics Assessment and Review Instrument (MAStARI) for quantitative studies were used to evaluate the quality of each original study chosen for the systematic review (JBI, 2014). Three out of 39 studies were excluded based on low-quality appraisal scores. The cut-off for exclusion was 50% of total scores in critical appraisal. Quality appraisal was conducted by two researchers separately and an agreement was achieved in the end. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) evaluation chart was adopted to represent the systematic review process from the identification phase to the papers included (Liberati et al., 2009).

Data extraction and synthesis

Data were extracted including the references of each study, country of origin, methodology, phenomena of interest, setting, participants and key findings. Details on data extraction of the studies are reported in Table 1 in the publication by Tuomikoski et al. (2019) and Pramila-Savukoski et al. (2019). The list of references of the included studies can be found in Table 1. In this report, the included original studies are presented using a narrative synthesis approach and the results are presented in Figure 2.

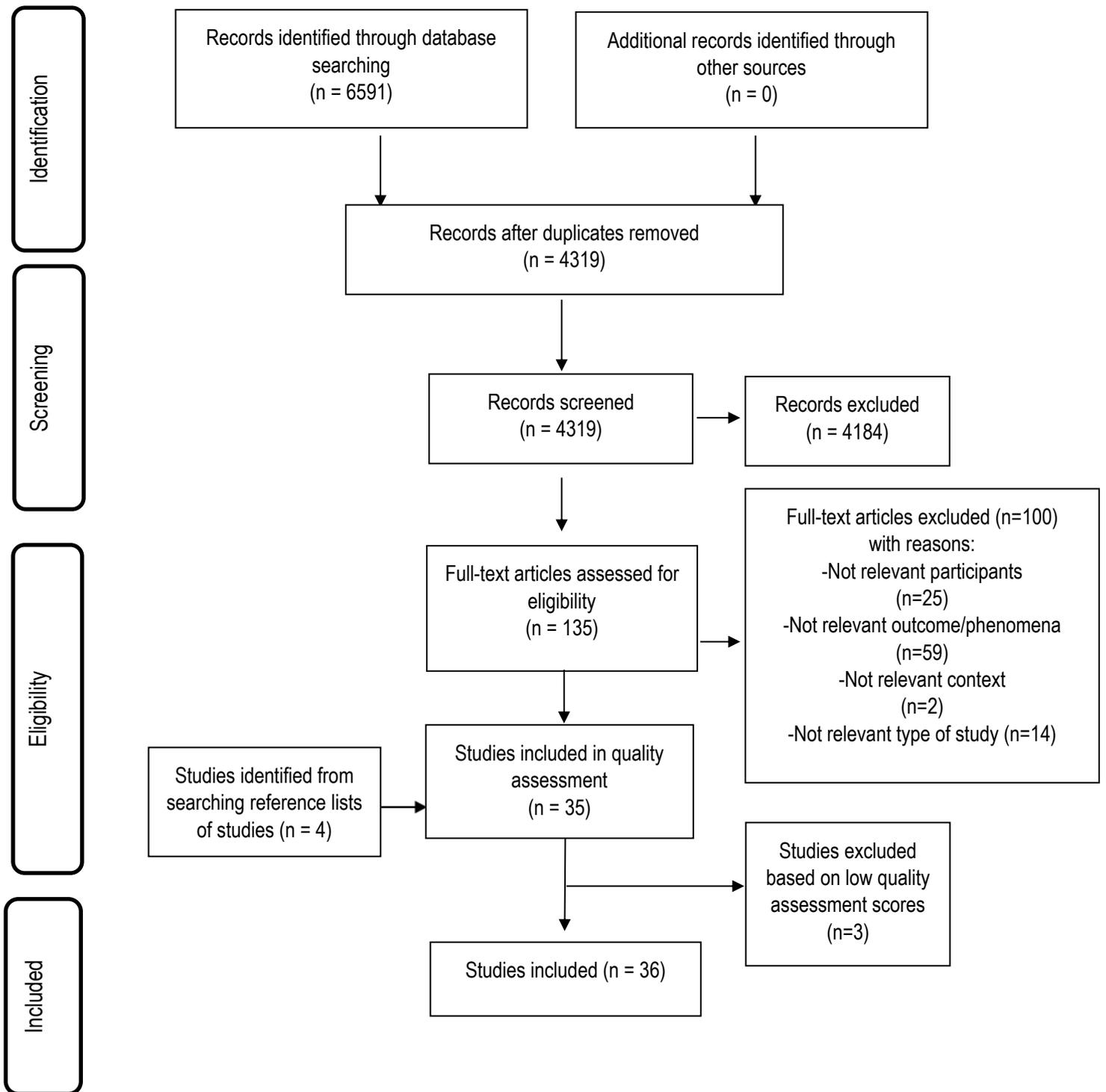


Figure 1. PRISMA flow diagram.

Results

Characteristics of the included studies

The original studies included in systematic reviews were conducted in Finland, Spain, Sweden, Norway, United States, Australia, Ireland, Slovenia, Canada, Uganda, Saudi Arabia, and the United Kingdom. Table 1 includes a list of references chosen in two of the systematic reviews. The quantitative studies mainly consisted of descriptive and cross-sectional studies. Mentors' competences were measured using validated scales or self-developed unnamed tools (Pramila-Savukoski, et al. 2019). The qualitative studies consisted of studies using ethnographic, phenomenographic, hermeneutical, phenomenological and grounded theory approaches. Mentors' competencies were identified using focus groups, group, and individual interviews and analyzed using inductive content analysis, thematic analysis, phenomenographic and constant comparative method. (Tuomikoski et al., 2019).

Mentors' competences

In the systematic reviews (Pramila-Savukoski et al., 2019; Tuomikoski et al. 2019), the main categories that emerged about mentors' competencies were: (1) clinical learning environment; (2) involvement of stakeholders; (3) characteristics and attitudes of the mentor; (4) professional development of competent nurses; and (5) mentor's role in students' learning process. Figure 2 represents the analysis of the main outcomes presented in categories.

1. Creating a clinical learning environment

Mentors are pivotal in creating a safe and permissive clinical learning environment in which students can feel part of the team (Carlson et al., 2009a; Lillibridge, 2007). This fosters a mutual relationship with the team and with patients/clients, and a supportive climate in the learning process (Bos et al., 2015; Hill et al., 2014b; Lapeña-Moñux et al., 2016). Building a permissive clinical learning environment can be challenging: mentors need to balance their responsibilities between nursing care delivery and mentoring students. In this way, mentors could benefit from receiving support by both nurse teachers and the ward manager to effectively address students' clinical learning in a pedagogical way and to balance their workload (Kälkäjä et al., 2016; McInnes et al., 2015; Tuomikoski et al., 2018). Mentor to student ratios could also affect the quality of mentorship, mentors' self-perception of effectiveness of mentoring, and students' satisfaction. Mutual planning between nurse teachers and ward managers is essential to properly balance these issues and to foster positive learning outcomes. Organizational environments should promote stable mentor-student relationships for frequent changes of the mentor during a student's clinical placement has been documented as stressful for students (Meden et al., 2017). A permissive clinical learning environment creates a safe place in which students can experience a welcoming atmosphere within the team and the relationship with the mentor. In this way, the student experiences mutual respect and freedom to work in a relational and emotional safe environment (Meden et al., 2017).

2. Involvement of stakeholders

Mentorship is more than a dyadic relationship between the mentor and student: mentorship needs to connect clinical learning in teamwork and to find support from different health care professionals involved in patient/client caring (Bengtsson et al., 2011; Hall-Lord et al., 2013; Omer et al., 2016). Moreover, mentors need to cooperate with nursing faculty members in order to effectively address challenging situations that emerge during the mentoring of students. Mentors benefit from cooperation with stakeholders through which their pedagogical competence improves along with their knowledge of the nursing curriculum and of the competences that students are expected to achieve. In this way, stakeholders' involvement also helps to solve the theory-practice gap and to better promote students' professional identity and adjustment into health care organizations (Borch et al., 2013).

3. Characteristics and attitudes of the mentor

Mentor's personal characteristics, such as motivation and willingness in mentoring students, also improve students' motivation in clinical learning (Hilli et al., 2014b; Jokelainen et al. 2013b). Personal characteristics foster mentors' ability to recognize students' learning needs and to address clear learning goals and to set a fair evaluation process (Bos et al., 2015; Hilli et al., 2014b; Jokelainen et al., 2013a). Mentors are more than clinical educators for students: they address learning by doing and teaching, but also by being (Oikarainen et al., 2018; Ruuskanen et al., 2017). Mentors develop the core elements of nursing and they are role models for students (Heffernan et al., 2009; Morrison & Brennaman, 2016). Through their thoughts, attitudes, and behaviors they convey the spirit of nursing, their own experiences and values to students. They develop students' professional identity (Hathorn et al., 2009; Hilli et al., 2014b; Jokelainen et al., 2013b) and they enhance students' involvement, satisfaction, and motivation to address obstacles in learning (Cervera-Gasch et al., 2018). Mentors' motivation, fairness, positive feelings, patience and enjoyment in mentoring students are the most highlighted characteristics to improve students' satisfaction and learning in clinical practice (Öhrling et al., 2001; Meretoja et al., 2006).

4. Guiding the professional development of competent nurses

Mentors are the bridge between the nursing theoretical knowledge and its application to clinical practice. From this perspective, mentors share their experience and spirit of nursing with students, and they convey their professional values and vision of nursing (Brammer, 2006; Landmark et al., 2003; Skela-Savic & Kiger, 2015). Mentors are experts in clinical competence, and they make their clinical reasoning and tacit knowledge that has developed during their years of experience in clinical practice explicit to students (Carlson et al., 2010; Smith et al., 2011). In this way, mentors need to be provided organizational support by nurse teachers and by the ward manager in order for them to better balance the mentorship role and nursing care delivery in the everyday practice. This issue is important to ensure an effective mentor-student relationship. The correct balance in mentors' role ensures an effective adjustment in which students can master the basic knowledge and skills to safely perform nursing care according to their learning goals and to properly address the theory-practice link (Mubeezi et al., 2017).

Mentors act as role models for students as was mentioned in the previous section on mentors' personal characteristics. Mentorship enhances professional awareness in students. Mentors guide students' decision-

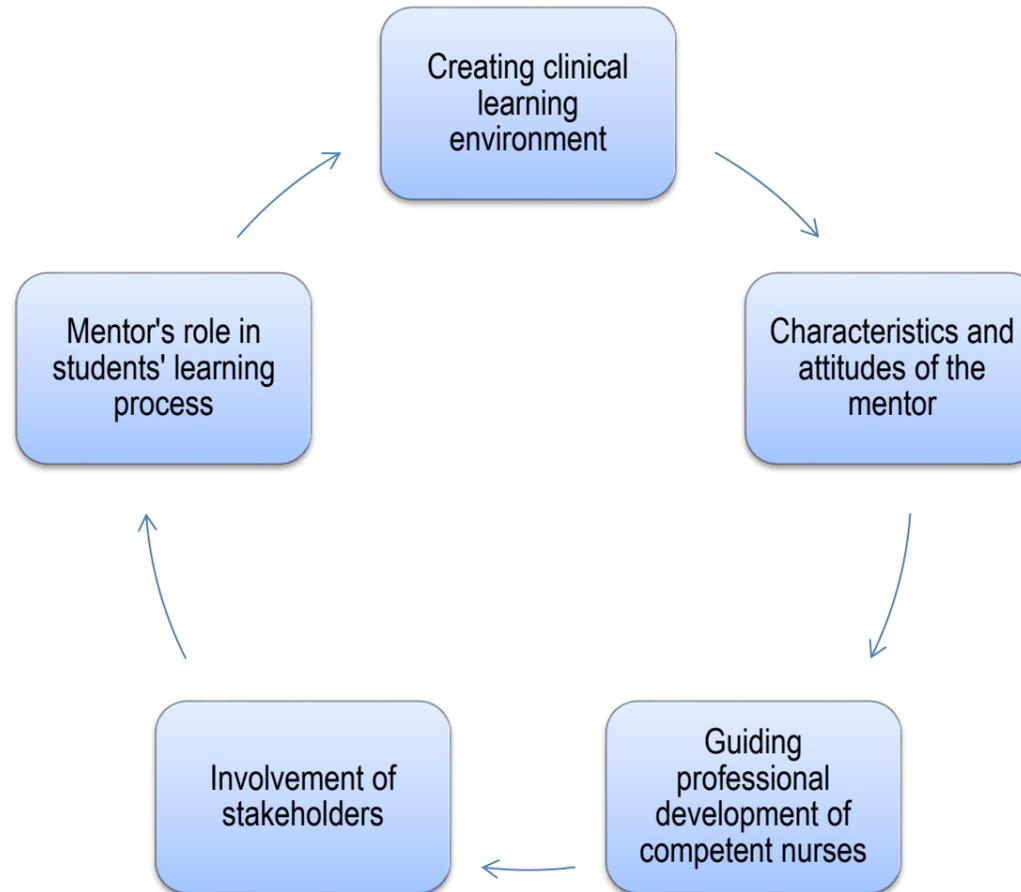
making and clinical reasoning in real-life clinical situations and, through this, they convey a holistic view of nursing in everyday practice (Halcomb et al., 2012; Hathorn et al., 2009; Hilli et al., 2014a; Jokelainen et al., 2013b). Mentors' personal characteristics and their ability to represent the core elements of nursing promotes students' professional growth. From a clinical perspective, mentors guide students' to gradually develop their competence by recognizing their level of autonomy and by delegating the right responsibility at the right time (McSharry et al., 2017).

5. Mentors' role in students' learning process

Mentors support the learning process of students by addressing clinical reasoning and decision-making in clinical practice (Karjalainen et al., 2015; Oikarainen et al., 2018; Ruuskanen et al., 2017; Tuomikoski et al., 2018). Mentors need to have pedagogical and relational competences to create an open relationship in which the student can feel free to interact and to receive continuous feedback (Helminen et al., 2017; Meden et al., 2017). Moreover, mentors support and even protect students during the learning process by building a fair relationship (Bourbonnais et al., 2007; Carlson et al., 2009b; Öhrling et al., 2000). In this way, mentors work to make a connection between students, the team and stakeholders involved in clinical learning, and they guide students' competence development through structured goal-setting approaches and evaluation (Jokelainen et al., 2013a). Supporting the learning process involves all the competences previously described and it merges them in a pedagogical relationship. During the guidance of students' learning process, students' competences and learning needs are identified and addressed to define clear learning goals and a mutual mentor-student agreement. Evaluation tools and criteria need to be agreed upon from the beginning of clinical practice. Along with the pedagogical relationship, feedback that is delivered in a continuous, timely, and in a constructive way, is essential for the realization of fair assessment and evaluation of the student, which finally has an impact on effective clinical learning. By this, students can increase their confidence and responsibility in performing nursing care (Hilli et al., 2014b).

CREATING CLINICAL LEARNING ENVIRONMENT
 Mentoring practices
 Learning atmosphere
 Team work

CHARACTERISTICS AND ATTITUDES OF THE MENTOR
 Motivation
 Character traits
 Values
 Attitudes



MENTORS' ROLE IN STUDENTS' LEARNING PROCESS
 Identifying students' competence
 Goal-setting
 Constructive feedback
 Assessment and evaluation

INVOLVEMENT OF STAKEHOLDERS
 Cooperation with nurse teacher
 Cooperation with organizational stakeholders

GUIDING PROFESSIONAL DEVELOPMENT OF FUTURE COMPETENT NURSES
 Clinical competence
 Integrating theoretical knowledge into practice
 People-centered care
 Role modeling
 Decision-making

Discussion

The systematic reviews (Pramila-Savukoski et al., 2019; Tuomikoski et al., 2019) highlighted the main competences need by mentors to effectively support students' clinical learning. The identified themes and categories address the improvement of nursing education and clinical placements. Students evaluate the quality of clinical learning environments mainly based on the organization of mentorship and their relationship with mentors (Sundler et al., 2013). In this way, building a permissive learning environment and supportive learning process are pivotal factors to effectively promote students' clinical learning (Arieli, 2013). Across educational systems in the European countries involved in the QualMent project, mentors' role is acknowledged as central in students' clinical learning due to the reduced role of nurse teachers in clinical practice. Nurse teachers take care of the planning of clinical placements and, in some cases, of half-term or final evaluation of the students' learning. The clinical involvement and credibility of nurse teachers is controversial across Europe, however, there is a wide agreement on the need to address the role of the nurse teacher in supporting mentors, guiding evaluations and sharing their pedagogical expertise, especially in challenging situations.

In this context, providing education for mentors and promoting their continuous education in mentoring is a key factor for nursing education, which could also benefit the management of newcomers' onboarding at the organizational level. Health care organizations should invest in mentoring education, which also provides benefits through higher commitment of newcomers and organizational stability. Collaboration between universities and health care organizations in the implementation of mentoring education programs is beneficial for both institutions (Jansson & Ene, 2016; Pitkänen et al., 2018).

Expert clinical nurses can be novice mentors (Benner, 1984; Distler, 2007; Weidman, 2013). For this reason, mentors' competences need to also develop during their mentorship career: mentors are not able to master all the required competences from the beginning as experts, but they continuously improve themselves from novice to expert through academic support, education, nurse teacher coaching and, of course, experience with mentoring students (Dracup & Bryan-Brown, 2004). Nurse teachers should know the characteristics of students and the level of competence of mentors in order for them to best match the right student to the right mentor so that both students and mentors could share an optimal relationship and an effective clinical learning (Zlatanovic, Havnes, & Mausethagen, 2017).

Mentors also have an impact on clinical learning through their personal characteristics, by acting as role models, and by motivating students (Duchscher, 2009; Elias, 2006; Tomietto et al., 2014). Mentoring is helpful in enhancing students' professional growth and identity. Mentors need to develop pedagogical competencies and to make their clinical expertise visible to students. Moreover, mentors also develop professional awareness and centeredness to effectively convey the core focus of nursing care to students (Hilli et al., 2014a; Jokelainen et al., 2013a). Mentoring education is jeopardized in Europe. Some educational courses have been developed in the different countries involved in the QualMent project but further efforts are needed to implement mentors' competences, for example, in providing constructive feedback and in supporting the development of students' competence (Pramila-Savukoski et al., 2019; Tuomikoski et al., 2019).

Providing feedback is an essential part of supporting clinical learning, however, mentoring education alone is not always adequate in promoting the delivery of constructive feedback in practice and organizational settings often do not provide sufficient time for mentorship (Duffy, 2013). It is important to promote cooperation

between academic institutions and health care organizations in order to provide mentors with tailored education and organizational support to balance mentorship and nursing care demands. In the National Report of the QualMent project, it has been reported how some mentors experience both lack of education and organizational support in their mentoring role. Mentors can easily become overwhelmed by the unbalanced demands of their role as a nurse and role as a mentor.

It is important to agree on clear goals and evaluation criteria, and also to promote a fair mentor-student relationship: it is useful to design integration systems, criteria, and tools to better coordinate all relevant stakeholders involved in clinical learning (Lunenborg, 2012).

Conclusion

Clinical learning is workplace-based learning. A well-organized environment, clear goal orientation, and evaluation process are essential to foster students' clinical learning. Mentoring education is needed to enhance mentorship competencies and to address the tacit knowledge of mentors into an explicit learning relationship, in which mentors convey their expertise, values, and attitudes to students through concrete behaviors. Mentors connect higher education institutions and other relevant stakeholders to improve students' clinical learning. This report of systematic reviews highlighted how mentors need a wide range of competencies to successfully mentor nursing students in clinical practice. Such competencies influence nursing students' clinical learning and professional development. Mentoring education is necessary also on regular bases. According to the reviews, the development of mentors' competences improves the guidance of nursing students' education, increases students' competence in nursing, improves patient/client safety and provides patients/clients with better care. The reviews provided meaningful elements to design the future education of mentors and to shape the future of students' clinical learning (Pramila-Savukoski et al. 2019; Tuomikoski et al. 2019).

Table 1. List of references of the included studies.

Quantitative studies	Qualitative studies
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Quantitative studies	Qualitative studies
<p>(2009). Evaluating a preceptorship programme in South West Ireland: perceptions of preceptors and undergraduate students. <i>Journal of Nursing Management</i>, 17(5), 539-549.</p> <p>Helminen, K., Johnson, M., Isoaho, H., Turunen, H., & Tossavainen, K. (2017). Final assessment of nursing students in clinical practice: Perspectives of nursing teachers, students and mentors. <i>Journal of Clinical Nursing</i>, 26(23-24), 4795-4803.</p> <p>Kälkäjä, M., Ruotsalainen, H., Sivonen, P., Tuomikoski, A., Vehkaperä, A., & Kääriäinen, M. (2016). Opiskelijaohjauksen käytännöt, -resurssit ja ohjaajat terveysalalla : Opiskelijaohjaajien näkökulma. <i>Hoitotiede</i>, 28(3), 229-242.</p> <p>Karjalainen, T., Ruotsalainen, H., Sivonen, P., Tuomikoski, A., Huhtala, S., & Kääriäinen, M. (2015). Opiskelijaohjaajien arviot omasta ohjausosaamisestaan. <i>Hoitotiede</i>, 27(3), 183-198.</p> <p>McInnes, S., Peters, K., Hardy, J., & Halcomb, E. (2015). Primary care clinical placements: The views of Australian registered nurse mentors and pre-registration nursing students (part 2). <i>Nurse Education in Practice</i>, 15(6), 443-449.</p> <p>Meden, E., Kvas, A., & Hoyer, S. (2017). A descriptive research on opinions and views of nursing students and clinical mentors on assessment of clinical practice; <i>Obzornik Zdravstvene Nege</i>, 55(4), 320-327.</p> <p>Morrison, T. L., & Brennaman, L. (2016). What do nursing students contribute to clinical practice? The perceptions of working nurses. <i>Applied Nursing Research</i>, 32, 30-35.</p> <p>Oikarainen, A., Mikkonen, K., Tuomikoski, A., Elo, S., Pitkänen, S., Ruotsalainen, H., & Kääriäinen, M. (2018). Mentors' competence in mentoring culturally and linguistically diverse nursing students during clinical placement. <i>Journal of Advanced Nursing</i>, 74(1), 148-159.</p> <p>Omer, T. A., Suliman, W. A., & Moola, S. (2016). Roles and responsibilities of nurse preceptors: Perception of preceptors and preceptees. <i>Nurse Education in Practice</i>, 16(1), 54-59.</p> <p>Ruuskanen, S., Koota, E., Timonen, L., Haapa, T., Lääperi, M., Kääriäinen, M., & Meretoja, R. (2017). Impact of educational intervention to mentors' competence in mentoring students at the university hospital. <i>Hoitotiede</i>,</p>	<p><i>of Nursing Studies</i>, 43(8), 963-973.</p> <p>Carlson, E., Pilhammar, E., & Wann-Hansson, C. (2009a). Time to precept: Supportive and limiting conditions for precepting nurses. <i>Journal of Advanced Nursing</i>, 66(2), 432-441.</p> <p>Carlson, E., Pilhammar, E., & Wann-Hansson, C. (2009b). Teaching during clinical practice: Strategies and techniques used by preceptors in nursing education. <i>Nurse Education Today</i>, 29(5), 522-526.</p> <p>Carlson, E., Pilhammar, E., Wann-Hansson, C. (2010). "This is nursing": Nursing roles as mediated by precepting nurses during clinical practice. <i>Nurse Education Today</i>, 30(8), 763-767.</p> <p>Halcomb, E. J., Peters, K., & McInness, S., (2012). Practice nurses' experiences of mentoring undergraduate nursing students in Australian general practice. <i>Nurse Education Today</i>, 32(5), 524-528.</p> <p>Hathorn, D., Machtmes, K., & Tillman, K. (2009). The lived experience of nurses working with student nurses in the clinical environment. <i>The Qualitative Report</i>, 14(2), 227-243.</p> <p>Hilli, Y., Melender, H. L., Salmuc, M., & Jonsénd, E. (2014a). Being a preceptor—a Nordic qualitative study. <i>Nurse Education Today</i>, 34(12), 1420-1424.</p> <p>Hilli, Y., Salmu, M., & Jonsèn, E. (2014b). Perspectives on good preceptorship: A matter of ethics. <i>Nursing Ethics</i>, 21(5), 565-75.</p> <p>Jokelainen, M., Tossavainen, K., Jamookeeah, D., & Turunen, H. (2013a). Seamless and committed collaboration as an essential factor in effective mentorship for nursing students: Conceptions of Finnish and British mentors. <i>Nurse Education Today</i>, 33(5), 437-443.</p> <p>Jokelainen, M., Jamookeeah, D., Tossavainen, K., & Turunen, H. (2013b). Finnish and British mentors' conceptions of facilitating nursing students' placement learning and professional development. <i>Source Nurse Education in Practice</i>, 13(1), 61-67.</p> <p>Landmark, B., Hansen, G., Bjones, I., & Bohler, A. (2003). Clinical supervision -factors defined by nurses as influential upon the development of competence and skills in supervision. <i>Journal of Clinical Nursing</i>, 12(6),</p>

Quantitative studies	Qualitative studies
<p>3(30), 191-202.</p> <p>Skela-Savič, B. & Kiger, A. (2015). Self-assessment of clinical nurse mentors as dimensions of professional development and the capability of developing ethical values at nursing students: A correlational research study. <i>Nurse Education Today</i>, 35, 1044–1051. doi.org/10.1016/j.nedt.2015.04.003</p> <p>Smith, C., Swain, A., & Penprase, B. (2011). Congruence of perceived effective clinical teaching characteristics between students and preceptors of nurse anesthesia programs. <i>AANA Journal</i>, 79(SUPPL. 4), S68.</p> <p>Tuomikoski, A., Ruotsalainen, H., Mikkonen, K., Miettunen, J., & Kääriäinen, M. (2018). The competence of nurse mentors in mentoring students in clinical practice – A cross-sectional study. <i>Nurse Education Today</i>, 71, 78–83. doi:9443/10.1016/j.nedt.2018.09.008</p>	<p>834-841.</p> <p>Lapena-Monux, R. Y., Cibanal-Juan, L., Orts-Cortes, M. I., Macia-Soler M. L., & Palacios-Cena, D. (2016). Nurses' experiences working with nursing students in a hospital: A phenomenological enquiry. <i>Revista Latino-Americana de Enfermagem</i>, 24, 1-8.</p> <p>Lillibridge, J. (2007). Using clinical nurses as preceptors to teach leadership and management to senior nursing students: A qualitative descriptive study. <i>Nurse Education in Practice</i>, 7(1), 44-52.</p> <p>McSharry, E., & Lathlean, J. (2017). Clinical teaching and learning within a preceptorship model in an acute care hospital in Ireland; A qualitative study. <i>Nurse Education Today</i>, 51, 73-80.</p> <p>Meretoja, R., Häggman-Laitila, A., Lankinen, I., Sillanpää, K., Rekola, L., & Eriksson, E. (2006). Mentor of nursing students in the clinical practice. <i>Researching Nursing</i>, 4(2), 10-15.</p> <p>Mubeezi, M. P., & Gidman, J. (2017). Mentoring student nurses in Uganda: A phenomenological study of mentors' perceptions of their own knowledge and skills. <i>Nurse Education in Practice</i>, 26, 96-101.</p> <p>Öhring, K., & Hallberg I.R. (2000). Nurses' lived experience of being a preceptor. <i>Journal of Professional Nursing</i>, 16(4), 228-239.</p> <p>Öhring, K., & Hallberg, I.R. (2001). The meaning of preceptorship: Nurses' lived experience of being a preceptor. <i>Journal of Advanced Nursing</i>, 33(4), 530-540.</p>

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Phase III. Designing and testing the model on mentoring

Cross-sectional study on mentors' competence in mentoring nursing students in clinical practice

Introduction

This part of the report focuses on the empirical data collected in five European countries in the QualMent project. Data has been analyzed and a description of mentors' competencies will be presented for each country. The empirical results together with the results of the systematic reviews will be implemented when addressing mentoring education and competence development.

Aim

This report aims to describe mentors' competences in mentoring domestic and culturally and linguistically diverse nursing students and to test evidence-based clinical mentors' competence model for five European countries. The analyses of the empirical data will produce recommendations for the designing of mentoring education in order to improve mentors' competences in mentoring domestic and also culturally diverse students.

Description of the instruments

Mentors' Competence Instrument (MCI)

The MCI scale consists of 10 factors and 63 items rated on a 4-point Likert scale from 1 to 4 (1=totally disagree, 4=totally agree) (Tuomikoski et al., 2018). In detail, the scale assesses the following factors: student-centered evaluation (10 items); goal-oriented mentoring (9 items); mentoring practices in the workplace (6 items); reflection during mentoring (6 items); the mentor's characteristics (7 items); supporting the student's learning process (8 items); the mentor's motivation (5 items); identifying the student's level of competence (4 items); constructive feedback (4 items); and mentoring practices between the student and mentor (4 items).

Cultural and Linguistic Diversity in Mentorship Scale (CALD+MS)

The CALD+MS scale is designed to assess mentors' competences in considering cultural and linguistic diversity during the mentoring of culturally and linguistically diverse students. In detail, CALD+MS includes 8 items and 2 factors: cultural diversity in mentoring (5 items) and linguistic diversity in mentoring (3 items). Items are rated on a 4-point Likert scale of agreement from 1 (fully disagree) to 4 (fully agree) (Oikarainen et al., 2018).

Data analyses

Missingness in data distribution was checked by performing Little's test to state if data were Missing Completely at Random (MCAR) (Graham, 2009; Little, 1988). Missing data were checked, and they were missing completely at random. If over 5%, missing data were deleted listwise (Graham, 2009). Outliers were screened and deleted. Before deleting outliers, the differences between outliers and the remaining sample

distribution were checked. Outliers had significantly lower work experience ($p < 0.05$) and they mentored the last student over one year before the data collection ($p < 0.01$), scores in rating MCI and CALD+MS factors were significantly lower in the outliers sub-sample ($p < 0.01$).

The reliability and validity of the scales were checked using Cronbach's alpha (DeVellis, 2011) and Confirmatory Factor Analysis (CFA) with all fit indexes (Byrne, 2009; Kline, 2010).

Descriptive statistics were performed to describe sample characteristics and mentors' competences. An evidence-based clinical mentors' competence model has been tested using a Structural Equation Modelling (SEM) approach and has been reported in detail in Mikkonen et al. (2019). Additionally, a sensitivity analysis was performed with a balanced sample among countries in order to see the equal representation of sampling and validity of the model. The sensitivity analysis was performed with equal samples of 250 mentors from Finland, 280 from Lithuania, 222 from Italy, 240 from Slovenia, and 85 from Spain (total 1077).

Reliability and validity of the scales

Cronbach's alpha in MCI ranged between 0.81 and 0.93 among factors. In CALD+MS Cronbach's alpha varied between 0.82 and 0.83. CFA was performed and fit indexes in MCI were: RMSEA=0.044, SRMR=0.038, CFI=0.918 and TLI=0.913. In CALD+MS fit indexes were: RMSEA=0.091, SRMR=0.040, CFI=0.959 and TLI=0.939. The adopted instruments are reliable and valid.

Results

Sample description

Data from 1577 mentors were collected in five European countries. In detail, 576 mentors participated from Finland, 334 from Lithuania, 290 from Italy, 268 from Slovenia and 109 from Spain in MCI data collection.

In the sample, 593 mentors had previously mentored culturally and linguistically diverse students and following preliminary data screening of CALD+Ms a total of 500 mentors were included in data analyses. In detail, the sample consisted of 289 mentors from Finland, 134 from Italy and 77 from Slovenia. Table 1 reports details on sample distribution amongst the countries.

Table 1. Sample distribution.

Country	MCI	CALD+MS
Finland	576	289
Lithuania	334	-
Italy	290	134
Slovenia	268	77
Spain	109	-

The mean age of the sample was 43.1 years ($SD \pm 10.12$, median 43, min 22, max 66) and 88% were female. The mean work experience was 19.0 years ($SD \pm 10.63$, median 19, min 1, max 38). A total of 61% of the

sample had attended specific education on mentorship and 73% mentored students in a 1:1 ratio. Table 2 reports the details of sample characteristics amongst the countries.

Table 2. Sample characteristics in the countries.

Country	Age	Gender (%F)	Work Experience	Education
Finland	41.9 ± 11.00	87.4%	16.1 ± 10.32	39.5%
Lithuania	46.5 ± 10.01	98.9%	24.5 ± 11.27	89.1%
Italy	42.7 ± 9.35	77.5%	18.2 ± 9.47	100%
Slovenia	41.5 ± 8.56	90.8%	18.9 ± 9.57	75.0%
Spain	45.0 ± 7.77	76.5%	21.8 ± 7.99	55.9%
Total	43.1 ± 10.12	87.9%	19.0 ± 10.63	61.1%

Mentors' competences

Mentors' competencies were all rated over 3 on the Likert scale from 1 (min) to 4 (max). The student-centered evaluation factor (1) had a mean score 3.32 (±0.54, median 3.40); the average of the mean score in goal-oriented mentoring (2) was 3.46 (±0.50, median 3.55); mentoring practices in the workplace (3) was 3.36 (±0.55, median 3.50); reflection during mentoring (4) was 3.68 (±0.46, median 3.83); the mentor's characteristics factor (5) was 3.61 (±0.44, median 3.71); supporting the student's learning process (6) was 3.57 (±0.45, median 3.75); the mentor's motivation (7) was 3.47 (±0.53, median 3.60); identifying the student's level of competence (8) was 3.58 (±0.48, median 3.75); constructive feedback (9) was 3.50 (±0.50, median 3.50); and mentoring practices between student and mentor (10) was 3.56 (±0.49, median 3.75).

In the European sample, cultural diversity in mentoring (11) was rated on average at 3.59 (±0.47, median 3.80), while linguistic diversity in mentoring (12) at 2.71 (±0.78, median 2.67). The mean values of the factors differ significantly between the countries ($p < 0.001$).

Table 3 reports the scores on mentors' competences in mentoring domestic students and culturally and linguistically diverse students in each country. A summary of the main results has been reported in Figure 1.

Table 3. MCI and CALD+MS scores amongst the countries (mean ± SD).

Competences/Country	Finland	Lithuania	Italy	Slovenia	Spain	Total
Student-centered evaluation	3.11 ± 0.48	3.56 ± 0.38	3.27 ± 0.61	3.54 ± 0.51	3.41 ± 0.71	3.32 ± 0.54
Goal-oriented mentoring	3.47 ± 0.43	3.55 ± 0.39	3.25 ± 0.62	3.50 ± 0.50	3.45 ± 0.65	3.46 ± 0.54
Mentoring practices in the workplace	3.33 ± 0.50	3.39 ± 0.54	3.14 ± 0.61	3.58 ± 0.51	3.41 ± 0.63	3.36 ± 0.55
Reflection during mentoring	3.72 ± 0.38	3.76 ± 0.31	3.42 ± 0.62	3.73 ± 0.44	3.66 ± 0.65	3.68 ± 0.46
Mentor's characteristics	3.58 ± 0.39	3.68 ± 0.32	3.43 ± 0.53	3.72 ± 0.45	3.73 ± 0.63	3.61 ± 0.44

Competences/Country	Finland	Lithuania	Italy	Slovenia	Spain	Total
Supporting the student's learning process	3.52 ± 0.38	3.69 ± 0.34	3.37 ± 0.55	3.69 ± 0.43	3.70 ± 0.62	3.57 ± 0.45
Mentor's motivation	3.44 ± 0.49	3.57 ± 0.47	3.39 ± 0.59	3.47 ± 0.56	3.52 ± 0.69	3.47 ± 0.53
Identifying the student's level of competence	3.68 ± 0.42	3.57 ± 0.36	3.24 ± 0.59	3.72 ± 0.41	3.55 ± 0.63	3.58 ± 0.48
Constructive feedback	3.52 ± 0.43	3.54 ± 0.44	3.22 ± 0.60	3.68 ± 0.45	3.51 ± 0.66	3.50 ± 0.50
Mentoring practices between the student and mentor	3.56 ± 0.45	3.75 ± 0.38	3.37 ± 0.61	3.69 ± 0.45	3.54 ± 0.62	3.56 ± 0.49
Cultural diversity in mentoring	3.54 ± 0.43	-	3.63 ± 0.50	3.74 ± 0.49	-	3.59 ± 0.47
Linguistic diversity in mentoring	2.58 ± 0.71	-	2.74 ± 0.84	3.15 ± 0.77	-	2.71 ± 0.78

The evidence-based clinical mentors' competence model

The evidence-based clinical mentors' competence model was developed in three stages: i) creating of hypothetical model in phase I-II; ii) testing and reporting of Structural Equation Model (SEM) in Mikkonen et al. (2019); and iii) finalizing and evaluating of the model in workshops and expert evaluations. During the final stage, model was submitted by a partner in each country to expert panels consisting of mentors, ward managers, and students. Members of the expert panel were asked to evaluate the consistency of the model, its usefulness in understanding mentorship and the practical implications of the model. A total of 45 experts were involved by the partners in Europe, with four to 14 experts participating in each country.

The main definitions of the competencies are described in Table 4. Figure 2 reports the model. In detail, the model includes the main competences involved in mentors' individual competences, interaction in the workplace and resources (including mentors' characteristics, motivation, mentoring practices and resources in the workplace), cultural competence (including cultural awareness, sensitivity, knowledge, communication and skills), and competence to support the learning process of a student (including reflection during mentoring, goal orientation, constructive feedback). The outcome of the mentoring process is student-centered evaluation.

Table 4. Definitions of competences areas required in mentoring.

Main areas of competence	Specific competences
<p>MENTORS' INDIVIDUAL COMPETENCES, INTERACTION IN THE WORKPLACE AND RESOURCES</p> <p>This area focuses on the mentor's individual characteristics in terms of the personal, professional, and pedagogical competences required in mentorship, as well</p>	<ul style="list-style-type: none"> • <i>Mentors' characteristics:</i> <ul style="list-style-type: none"> - creating a supportive climate - building of relational and professional collaboration - integrating students into the team - discussing students' positive experiences in learning - empathetic attitude in mentoring and

Main areas of competence	Specific competences
<p>as on motivational aspects involved in mentorship, and on the competences needed to integrate students in the workplace and in the team. The resources are important elements of successful mentoring of clinical practice. Mentors involve all relevant stakeholders in students' clinical learning. The mentor-student-nurse teacher collaboration can strengthen students' success in learning of clinical practice. This area aims to develop mentors' individual competences so that they are consistent with the role of a mentor.</p>	<ul style="list-style-type: none"> - people-centered care - identifying one's own responsibility in students' learning • <i>Mentors' motivation:</i> <ul style="list-style-type: none"> - willingness and interest in mentoring students in the everyday practice - motivation to develop mentorship as part of their professional career - identifying the importance motivation has on students' learning - identifying the level of their one's own motivation as a mentor - identifying the level of students' motivation • <i>Mentoring practices in the workplace and resources:</i> <ul style="list-style-type: none"> - knowledge of mentoring practices in the organization - knowledge of students' educational context - confidence with nursing tasks and the responsibilities of the mentor role - supporting cooperation between stakeholders - identifying and implementing collaboration with nurse teacher - collaborating in multidisciplinary teams to enhance mentoring for better outcomes in students' learning
<p>MENTORS' CULTURAL COMPETENCE</p> <p>Competences required to provide culturally congruent people-centered care and culturally conscious mentoring to culturally and linguistically diverse students. Mentors' cultural competence encompasses the attributes of cultural awareness, sensitivity, knowledge, and skills along with intercultural communication and interaction and the ability to create a culturally safe learning environment.</p>	<ul style="list-style-type: none"> • <i>Cultural awareness, sensitivity and knowledge:</i> <ul style="list-style-type: none"> - desire and commitment to integrate, mentor, and support culturally diverse students - knowledge of one's own cultural background - willingness to give up possible prejudices and attitudes towards patients/clients or students and to develop cultural sensitivity - recognition of the importance of cultural acceptance of culturally diverse patients/clients and students - fostering a welcoming attitude towards different cultures and views of care - respect for diversity in people-centered care and in the mentoring of students

Main areas of competence	Specific competences
	<ul style="list-style-type: none"> • <i>Intercultural communication and interaction:</i> <ul style="list-style-type: none"> - having the skills to engage in effective communication and to interact with culturally diverse patients/clients and students - having an understanding of the effects of culture on patterns of verbal and nonverbal communication • <i>Cultural skills in nursing and mentoring</i> <ul style="list-style-type: none"> - having the skills to deal with culturally challenging situations in people-centered care and in mentoring - skills to comfortably and effectively work with culturally diverse students while understanding their individual learning needs and communication styles - ensuring the culturally diverse student is able to function in the healthcare context and provide safe, culturally congruent care to the patient/client
<p data-bbox="164 1025 783 1093">MENTORS' COMPETENCE IN SUPPORTING THE LEARNING PROCESS</p> <p data-bbox="164 1124 783 1335">This area defines a reflection-feedback-goal-orientation cycle in which the mentor and student continuously reflect on clinical learning and on achievements made in clinical practice. This area aims to improve the pedagogical competence of mentors to enhance students' clinical learning.</p>	<ul style="list-style-type: none"> • <i>Reflection during mentoring:</i> <ul style="list-style-type: none"> - creating a safe atmosphere in which the mentor and students can share their experiences and turn them into learning - building the mentor-student relationship in the student's learning process - using different methods to promote mutual dialogue with the student • <i>Constructive feedback:</i> <ul style="list-style-type: none"> - providing timely and useful feedback to improve students' learning - implementing student's self-assessment as an opportunity for students to develop - knowledge of the meaning of the set learning goals in relation to giving the student feedback - being open to receive feedback from students and utilizing feedback as an opportunity to develop one's own mentoring competence. • <i>Goal-orientation:</i> <ul style="list-style-type: none"> - knowledge of the learning outcomes relating to the development of nursing competencies - identifying development in a student's competence during clinical practice and according to tasks that have been assigned to the student - implementing learning goals and

Main areas of competence	Specific competences
<p>MENTORS' COMPETENCE IN STUDENT-CENTERED EVALUATION</p> <p>This area focuses on promoting students' self-evaluation and the realization of fair evaluation in which students can further develop their own competences in nursing.</p>	<p>assessment criteria set by the educational institution into the mentoring of students</p> <ul style="list-style-type: none"> • Competence in supporting students to achieve 8 competence areas (EU directive 55 Art.31) <p>Formal qualifications as a nurse responsible for general care shall provide evidence that the professional in question is able to apply at least the following competencies regardless of whether the training took place at universities, higher education institutions of a level recognised as equivalent, or at vocational schools, or through vocational training programmes for nursing.</p> <p>The eight competencies are:</p> <ol style="list-style-type: none"> 1. To independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients; 2. To work together effectively with other actors in the health sector, including participation in the practical training of health personnel; 3. To empower individuals, families, and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired; 4. To independently initiative life-preserving measures and to carry out measures in crises and disaster situations; 5. To independently give advice to, instruct and support persons needing care and their attachment figures; 6. To independently assure quality of and to evaluate nursing care; 7. To comprehensively communicate professionally and to cooperate with members of the other professions in the health sector; 8. To analyse the care quality to improve their own professional practice as a general care nurse.
<p>PEOPLE-CENTERED CARE</p> <p>This competence support students' professional grow in becoming a responsible professional. People-centered care is a focus area of students' clinical learning process. Mentors need to have competence to guide students' clinical reasoning and the decision-making of people-centered care to support their learning.</p>	<p><i>People-centered care:</i></p> <ul style="list-style-type: none"> - involving the patient/client in students' clinical learning - guiding students in providing patient/client care according to EU Directive 55 (Art. 31) – 8 competences

Mentors' competences in 5 European countries



16.1 years



39.5%

FINLAND

1	2	3	4	5	6	7	8	9	10	11	12
3.11	3.47	3.33	3.72	3.58	3.52	3.44	3.68	3.52	3.56	3.54	2.58
±	±	±	±	±	±	±	±	±	±	±	±
0.48	0.43	0.50	0.38	0.39	0.38	0.49	0.42	0.43	0.45	0.43	0.71



24.5 years



89.1%

1	2	3	4	5	6	7	8	9	10	11	12
3.56	3.55	3.39	3.76	3.68	3.69	3.57	3.57	3.54	3.75	-	-
±	±	±	±	±	±	±	±	±	±	-	-
0.38	0.39	0.54	0.31	0.32	0.34	0.47	0.36	0.44	0.38	-	-

LITHUANIA

1	2	3	4	5	6	7	8	9	10	11	12
3.54	3.50	3.58	3.73	3.72	3.69	3.47	3.72	3.68	3.69	3.74	3.15
±	±	±	±	±	±	±	±	±	±	±	±
0.51	0.50	0.51	0.44	0.45	0.43	0.56	0.41	0.45	0.45	0.49	0.77

SLOVENIA



18.9 years



75.0%

1	2	3	4	5	6	7	8	9	10	11	12
3.27	3.25	3.14	3.42	3.43	3.37	3.39	3.24	3.22	3.37	3.63	2.74
±	±	±	±	±	±	±	±	±	±	±	±
0.61	0.62	0.61	0.62	0.53	0.55	0.59	0.59	0.60	0.61	0.50	0.84

ITALY



18.2 years



100%



21.8 years



55.9%

SPAIN

1	2	3	4	5	6	7	8	9	10	11	12
3.41	3.45	3.41	3.66	3.73	3.70	3.52	3.55	3.51	3.54	-	-
±	±	±	±	±	±	±	±	±	±	-	-
0.71	0.65	0.63	0.65	0.63	0.62	0.69	0.63	0.66	0.62	-	-

Mentor competence:

- 1=Student-centered evaluation
- 2=Goal-oriented mentoring
- 3=Mentoring practices in the workplace
- 4=Reflection during mentoring
- 5=Mentor's characteristics
- 6=Supporting the student's learning process
- 7=Mentor's motivation
- 8=Identifying the student's level of competence
- 9=Constructive feedback
- 10=Mentoring practices between student and mentor
- 11=Cultural diversity in mentoring
- 12=Linguistic diversity in mentoring

In red = scores under the 5 EU-countries mean value
In blue = scores above the 5 EU-countries mean value

Figure 1. Summary of 5 EU-countries' results.

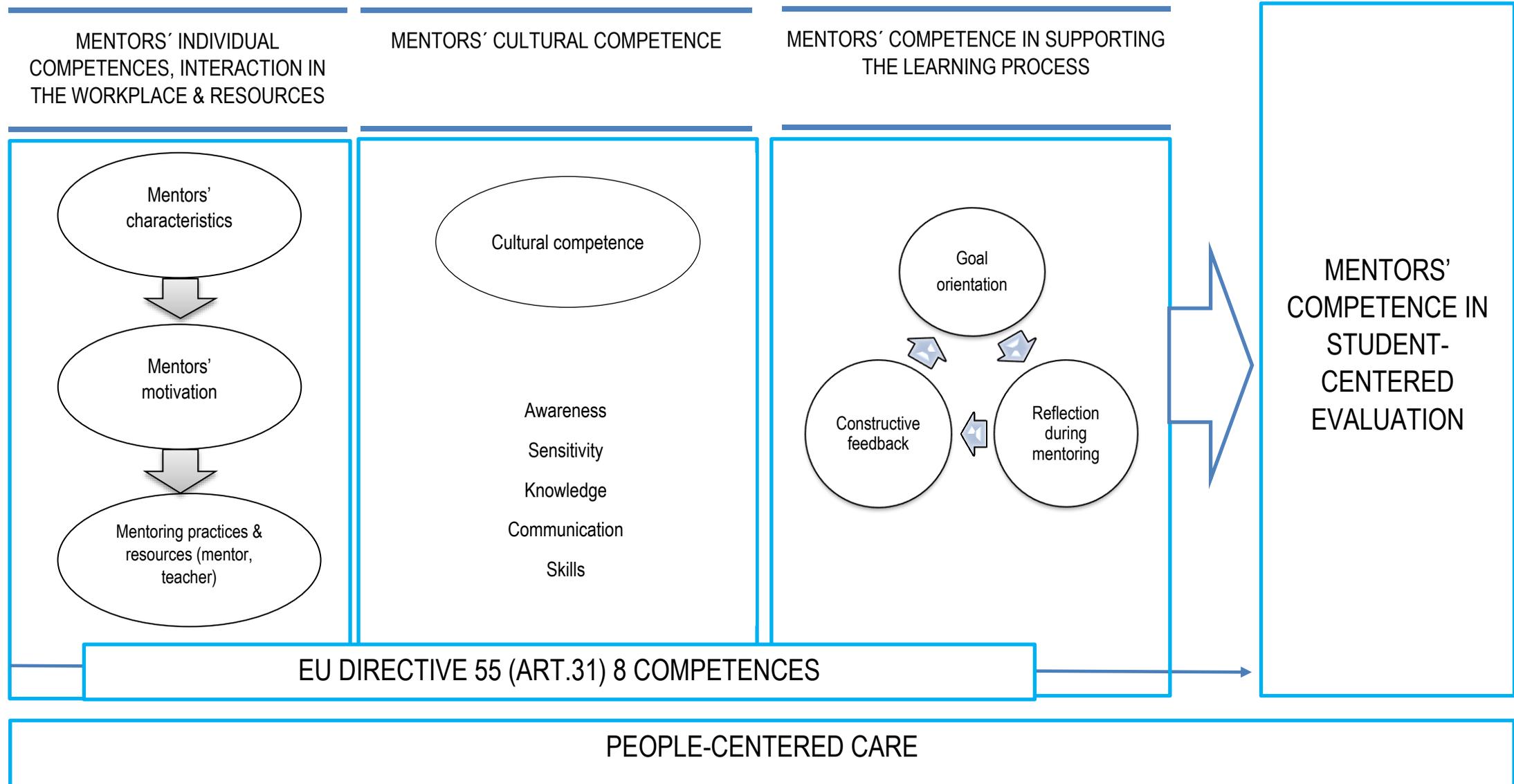


Figure 2. The evidence-based clinical mentors' competence model in five European countries.

Discussion

Mentors are educated in different ways in the countries involved in the project. In Finland, 39.1% of participants had previously attended specific education in mentorship, while in Italy 100% of participants had. Despite these differences, mentors from Italy rated all their competences lower than the European mean value. It is possible that participation in mentoring education caused mentors to underestimate their competences due to an increased awareness of the competences required to perform effective mentorship. Moreover, mentorship is affected by the organizational context, and it is possible that mentors' workload differs amongst countries. The balance between the time dedicated to mentoring students and the time to delivering nursing care in the workplace could be of different concern amongst the countries (Duffy, 2013). In Slovenia and Lithuania, mentors' competences are rated over the European mean. In Lithuania, two different previous European projects developed mentoring education in clinical learning environments and this could have improved mentors' competences (see Phase I. National report – Report on the State of Lithuania). In Slovenia, nursing faculties have adopted different criteria to recruit mentors, in this way mentors already meet some competences before they begin mentoring students (see Phase I. National report – Report on the State of Slovenia). In Finland and in Spain, the education and the criteria to be recruited as mentors are not regulated neither are they mandatory, and some mentors' competences have been rated under the European mean scores. In Finland, the competences to be further developed are related to student-centered evaluation, and the individual characteristics (e.g. motivation) of the mentor, together with the mentoring practices in the workplace. In Spain, the development focus is on the learning process about goal-orientation, reflection in mentoring, identifying the students' needs and cooperating with the stakeholders. The situation described in Finland and Spain is useful to address priorities in building mentoring education, and the National Reports support the need to focus both on individual- and team-based competences and on pedagogical competences. Moreover, student-centered evaluation emerged as a competence that needs to be further developed in each country.

Cultural and linguistic diversity in mentoring was assessed in three countries: Finland, Italy and Slovenia. The mentoring of culturally and linguistically diverse students has started in Lithuania and is not frequent in Spain, therefore data collection in these countries was not possible. In Finland, mentors' cultural and linguistic competences were rated lower than in other countries, although there were more participants in Finland than in Italy and Slovenia. It is possible that a selection bias occurred in these two countries in the recruitment of mentors for data collection. It is also possible that the demands that mentors face in Finland while mentoring culturally and linguistically diverse students are higher and more challenging due to the higher rate of culturally and linguistically diverse students attending nursing education in Finland.

Conclusion

The results of the empirical research traced a roadmap that can be used to implement mentors' competences in five European countries. Mentoring practices vary in different countries included in this study. Nevertheless, a common foundation in designing mentorship was detected and agreed upon both through empirical data, a literature review, a systematic review and the consensus process of expert panels. The results can be implemented in the development of mentoring education in the clinical practice of nursing students.

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CONCLUSIONS

This document described the process of the mentor's role and of mentoring practices across the five Europe countries with the main objective of developing evidence-based clinical mentors' competence model. The implications embrace mentoring practices of the clinical learning environment.

1. Nursing practice can benefit from a clear definition of the mentoring competencies needed to effectively develop students' clinical learning and making sure they achieve the DIR 55 ART 31 competencies. In this way, the evidence-based clinical mentors' competence model promotes nursing students' professional growth and their clinical competencies to deliver nursing care according to the legal criteria as set out by the European Directive 55, of which the most important criteria is having 2300 hours clinical practice.
2. Nursing education benefits from guidance describing how to build effective collaboration with health care settings and organizations, how to enhance mentors' support in students' clinical learning, and that clarifies mentors' role and cooperation with nurse teachers throughout the 2300 hours clinical practice. Educational programs can also be tailored based on mentors' needs, support, and additional involvement of mentors in the nursing curriculum development of students' degree programs.
3. People-centered care is a focus area of students' clinical learning process. Mentors need to have competence to guide students' clinical reasoning and the decision-making of people-centered care to support their learning.

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RESEARCH AND DEVELOPMENT PROJECT:

QUALITY MENTORSHIP FOR DEVELOPING COMPETENT NURSING STUDENTS

"This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein."

