

**THE MENTORING ROLE OF UNIT MANAGERS IN A
CLINICAL PSYCHIATRIC SETTING**

by

MOLEBOGE ANTONIA CHABEDI

**A dissertation submitted in fulfillment of the requirements for the
degree**

MAGISTER CURATIONIS

In

ADVANCED PSYCHIATRIC NURSING SCIENCE

in the

FACULTY OF HEALTH SCIENCES

at the

UNIVERSITY OF PRETORIA

SUPERVISOR: DR. S. J. MARAIS (DCur.)

CO-SUPERVISOR: DR. R. LEECH (PhD)

NOVEMBER 2010



DECLARATION

**I, MOLEBOGE ANTONIA CHABEDI, DECLARE THAT THE DISSERTATION
HEREBY SUBMITTED IS MY OWN WORK AND THAT NEITHER I NOR
ANYONE ELSE AT ANY OTHER UNIVERSITY, FACULTY OR DEPARTMENT
HAS PREVIOUSLY SUBMITTED IT FOR EVALUATION.**

SIGNATURE

DATE



DEDICATION

I dedicate this dissertation to my family, for their continuous moral support and their prayers throughout my studies:

My husband, Peter

My daughters, Bonolo and Nthabiseng

My granddaughter, Keratiloe

My mother, Mary

**PHILLIPIANS 4:13 "I CAN DO ALL THINGS THROUGH CHRIST
WHO STRENGTHENS ME"**

ACKNOWLEDGEMENTS

God Almighty has given me the strength, knowledge and wisdom to complete this dissertation.

My sincere gratitude to the following:

Dr. S. M. Meyer and Dr. S. J. Marais for their supervision and support.

Dr. R. Leech for mentoring and for ensuring completion of this dissertation.

Mr. Isaiah Maluleke, Andries Mohlamme and Itumeleng Mathe for their assistance with computer technology and typing.

Ms. M. Ntswane-Lebang and Ms. R. M. D. Makgolo for their assistance in data handling.

The personnel of University of Pretoria Medical Library for their support.

All the unit managers, nursing students who participated in the research study.

Friends and colleagues who supported me throughout the study.

Weskoppies Hospital Management and S.G. Lourens Management for granting me permission to study.

All the different Departments and Colleges that gave permission for conduction of the study.

TABLE OF CONTENTS

	PAGE
DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENTS	iii
SUMMARY	xi
LIST OF FIGURES	xiii
LIST OF FIGURES	xiii

CHAPTER 1: BACKGROUND AND RATIONALE FOR THE STUDY

	PAGE
1.1 INTRODUCTION	1
1.2 BACKGROUND	2
1.3 PROBLEM STATEMENT	5
1.4 RESEARCH QUESTION	7
1.5 AIM AND OBJECTIVES OF THE STUDY	7
1.6 PARADIGMATIC PERSPECTIVE	8
1.6.1 Meta-theoretical assumptions	9
1.6.2 Theoretical assumptions	10
1.6.3 Methodological assumptions	12
1.7 CLARIFICATION/DEFINITION OF KEY CONCEPTS	12
1.7.1 Clinical Competence	12
1.7.2 Clinical learning environment/clinical psychiatric setting	13
1.7.3 Clinical supervision	13
1.7.4 Mentoring	14
1.7.5 Perception	14
1.7.6 Student nurse	14
1.7.7 Unit Manager	15
1.7.8 Nurse educator	15
1.8 RESEARCH METHOD	15
1.8.1 Research design	16
1.8.2 Research methodology	16
1.8.2.1 Research question	16
1.8.2.2 Population	17
1.8.2.3 Selection of participants	17



1.8.2.4	Data Collection	18
1.8.2.5	Data analysis	18
1.8.2.6	Ethical considerations	18
1.8.2.7	Quality enhancement	19
1.9	SCOPE OF STUDY	20
1.10	CHAPTER DIVISION	20
1.11	SUMMARY	20

CHAPTER 2: RESEARCH METHOD

		PAGE
2.1	INTRODUCTION	21
2.2	Research Design	21
2.2.1	Exploratory design	21
2.2.2	Descriptive design	22
2.2.3	Contextual design	22
2.3	RESEARCH METHODOLOGY	22
2.3.1	Research Setting	22
2.3.2	The researcher as instrument	23
2.3.3	The population	23
2.3.4	Selection of participants	24
2.3.4.1	Unit managers	24
2.3.4.2	Student nurses	25
2.3.5	Data collection	26
2.3.5.1	Introducing the group	28
2.3.5.2	Conducting the group	29
2.3.5.3	Closing the group	29
2.3.6	Data analysis	30
2.3.7	Enhancing the quality of the study	31
2.3.7.1	Credibility	31
2.3.7.2	Dependability	31
2.3.7.3	Confirmability	32
2.3.7.4	Transferability	32
2.3.7.5	Authenticity	32
2.3.8	Ethical considerations	32
2.3.8.1	Principle of beneficence	32
2.3.8.2	Principle of respect for human dignity	33
2.3.8.3	Principle of justice	34
2.3.9	Limitations	34
2.4	SUMMARY	35

CHAPTER 3: DATA ANALYSIS AND DISCUSSION OF THE FINDINGS

		PAGE
3.1	INTRODUCTION	36
3.2	DATA ANALYSIS	36

3.3	FINDINGS OF THE DATA ANALYSIS: UNIT MANAGERS	37
3.3.1	THEME 1: MENTORING AS A CONCEPT	40
3.3.1.1	Giving advice to a student nurse	40
3.3.1.2	Guidance of student nurses in a psychiatric clinical environment	41
3.3.2	THEME II: EXPECTATIONS OF THE MENTORING ROLE	43
3.3.2.1	Mentoring as the responsibility of the unit managers	44
3.3.2.2	Preparation of unit managers for mentoring role	45
3.3.2.3	Workbook guides unit managers' mentoring role	47
3.3.3	THEME III: ENABLING FACTORS OF MENTORING	47
3.3.3.1	Feedback to unit managers on their mentoring role	48
3.3.3.2	Provision of learning outcomes	50
3.3.3.3	Self-directed student nurse learning	52
3.3.4	THEME IV: DISABLING FACTORS OF MENTORING	54
3.3.4.1	Student nurses' lack of prior theoretical knowledge and orientation	54
3.3.4.2	Organisational and allocation problems	56
3.3.4.3	Student nurses' attitudes regarding learning in the psychiatric clinical environment	58
3.3.4.4	Unit managers' lack of knowledge on mentoring student nurses	60
3.3.5	THEME V: PLANS TO ENHANCE MENTORING	61
3.3.5.1	Unit managers' training	61
3.3.5.2	Student nurses to receive prior knowledge	63
3.3.5.3	Enhance collaboration between nurse educators and unit managers	63
3.4	FINDINGS OF THE DATA ANALYSIS: STUDENT NURSES	64
3.4.1	THEME I: MENTORING AS CONCEPT	67
3.4.1.1	Assistance and guidance of student nurses	67
3.4.1.2	Supervision and teaching of a student in the psychiatric clinical learning environment	68
3.4.2	THEME II: EXPECTATIONS OF THE MENTORING ROLE	71
3.4.2.1	Orientation of a student nurse in the psychiatric clinical learning environment	71
3.4.2.2	Basic theoretical preparation in psychiatric nursing science	73
3.4.2.3	Role of the mentors in the clinical area is not explained	75
3.4.3	THEME III: ENABLING FACTORS OF MENTORING	76
3.4.3.1	Collective mentoring function	76

3.4.3.2	Personal characteristics of unit managers	79
3.4.3.3	Knowledgeable mentors	80
3.4.3.4	Theoretical preparation of the student nurse is important	81
3.4.4	THEME IV: DISABLING FACTORS OF MENTORING	82
3.4.4.1	Negative behaviour of unit managers	83
3.4.4.2	Limited time for clinical practice for student nurses	85
3.4.5	THEME V: PLANS TO ENHANCE MENTORING	86
3.4.5.1	Team work between unit managers, nurse educators and student nurses	86
3.4.5.2	Unit managers to change attitude	89
3.4.5.3	Training for unit managers on mentoring	88
3.4.5.4	Theoretical preparation of the student nurse prior to clinical placement	90
3.5	SUMMARY	91

**CHAPTER 4: SUMMARY OF FINDINGS, LIMITATIONS,
RECOMMENDATIONS AND CONCLUSION**

		PAGE
4.1	INTRODUCTION	93
4.2	SUMMARY OF FINDINGS	93
4.2.1	THEME I: MENTORING AS A CONCEPT	93
4.2.1.1	Assistance and guidance	94
4.2.1.2	Supervision and teaching	94
4.2.1.3	Taking care, leading and giving advice	94
4.2.2	THEME II: EXPECTATIONS OF THE MENTORING ROLE	94
4.2.2.1	Orientation of student nurses to the clinical learning environment	94
4.2.2.2	Mentoring as a responsibility of the unit managers	95
4.2.2.3	Basic theoretical preparation in psychiatric nursing science	95
4.2.2.4	Workbook guides the unit manager' mentoring role	95
4.2.3	THEME III: ENABLING FACTORS OF MENTORING	95
4.2.3.1	Collective mentoring function	95
4.2.3.2	Feedback to unit managers on their mentoring role	96
4.2.3.3	Provision of learning outcomes	96
4.2.3.4	Self-directed student learning	96
4.2.3.5	Personal characteristics of unit managers and their knowledge	96
4.2.4	THEME IV: DISABLING FACTORS OF MENTORING	96
4.2.4.1	Student nurses' lack of prior theoretical knowledge	97
4.2.4.2	Student nurses' attitudes regarding learning in the psychiatric clinical learning environment	97
4.2.4.3	Organisational and allocation problems and limited time for clinical practice for student nurses	97
4.2.4.4	Unit managers' lack of knowledge on mentoring student nurses	97
4.2.4.5	Negative behaviours of unit managers	98
4.2.5	THEME V: PLANS TO ENHANCE MENTORING	98
4.2.5.1	Training of unit managers on the mentoring role	98
4.2.5.2	Theoretical preparation of student nurses	98
4.2.5.3	Team work between nurse educators and unit managers	99



4.2.5.4	Unit managers and student nurses to change attitudes	99
4.3	LIMITATIONS OF THE STUDY	99
4.4	RECOMMENDATIONS	100
4.4.1	Nursing practice	100
4.4.2	Nursing education	101
4.4.3	Nursing research	104
4.5	CONCLUSION	104

REFERENCES

LIST OF REFERENCES	105
--------------------	-----

ANNEXURES

ANNEXURE A	111
ANNEXURE B	112
ANNEXURE C	113
ANNEXURE D	114
ANNEXURE E	115
ANNEXURE F	116
ANNEXURE G	117
ANNEXURE H	118
ANNEXURE I	119
ANNEXURE J	120
ANNEXURE K	121

SUMMARY

The concept 'mentoring' in nursing is not a new concept as such and has probably been used in a variety of situations and given many interpretations. In healthcare, mentoring is aimed at facilitating professional learning and it enables a student nurse to gain clinical skills during practice placements (Gopee 2008: 7). In the psychiatric clinical learning environment, unit managers play a vital role regarding student nurses' attainment of clinical skills during their practical placements. Lack of mentoring can adversely affect the student nurses' ability to achieve clinical learning outcomes and this will affect their competency as professional nurses at the end of their training.

The aim of this study was to explore and describe the perceptions of the student nurses and unit managers in a specific public psychiatric hospital regarding the mentoring role of unit managers within a psychiatric clinical learning environment.

The objectives of the study were to explore and describe the perceptions of student nurses regarding the mentoring role of unit managers within the psychiatric clinical learning environment, to explore and describe the perceptions of unit managers regarding their mentoring role within the psychiatric clinical learning environment and to make recommendations to enhance the mentoring of student nurses by unit managers in a psychiatric clinical learning environment.

A qualitative, exploratory and descriptive research design was utilized to address the aim and objectives outlined. Semi-structured focus group interviews were conducted separately with a purposefully selected sample of unit managers and student nurses.

The data analysis was guided by the constant comparative method of qualitative data analysis of Tesch (1990: 113). The process of transforming data into research results led to the emergence of the following themes for student nurses and unit managers: mentoring as a concept, expectations of the mentoring role,

enabling factors of mentoring, disabling factors of mentoring and plans to enhance mentoring. Though the two groups of participants were interviewed separately common perceptions emerged in relation to the themes identified.

Mentoring as a concept was viewed as a process of teaching, guiding, supporting, leading, supervision, role-modeling and assistance by an experienced, knowledgeable unit manager. Regarding expectations of the mentoring role, participants were of the opinion that unit managers were not prepared for this role through specific training, but used their experience, to guide student nurses. Furthermore, they perceived it as one of the unit manager's responsibilities.

Disabling factors of mentoring encompassed lack of student nurses' theoretical background knowledge in psychiatric nursing science, unit managers' lack of knowledge of advancement in the educational arena, the attitudes of student nurses and unit managers, lack of unit managers' preparation for mentoring, organizational problems and lack of communication between nurse educators and unit managers.

Enabling plans for mentoring encompassed training of unit managers for the mentoring role, theoretical preparation of student nurses prior to placement for psychiatric clinical learning experience, student nurses and unit managers to change their attitude addressing organisational problems and enhanced collaboration between educational and clinical facilities.

Recommendations were made regarding nursing practice, nursing education and nursing research for future improvements on the mentoring role of unit managers in the psychiatric clinical learning environment.



LIST OF FIGURES

Figure 1.1: Contextual Framework	11
----------------------------------	----

LIST OF TABLES

TABLE 2.1: Unit managers	24
TABLE 2.2: Student nurses	24
TABLE 2.3: Interview sessions with unit managers	26
TABLE 2.4: Interview sessions with student nurses	27
TABLE 3.1 Unit managers: themes, categories and sub-categories	38
TABLE 3.2 Student nurses: themes, categories and sub-categories	65

CHAPTER 1

BACKGROUND AND RATIONALE FOR THE STUDY

1.1 INTRODUCTION

The concept 'mentoring' in nursing is not a new concept as such and has probably been used in a variety of situations and given many interpretations. (Gopee 2008:7) views it as a common practice related to facilitating professional learning in healthcare. Mentoring occurs when a professional person guides and supports a junior/inexperienced personnel member. A mentor is defined by the Oxford Dictionary (2003:275) as "a trusted advisor and a counselor". The mentor acts as a teacher, friend or guide and is actively involved in the empowerment and professional development of the junior member (Meyer, Naude & van Niekerk 2004:167). According to Gopee (2008:7), being a mentor entails that a designated person will take time out to help others to learn during their developmental years, to progress towards achieving maturity and establishment of identity. In nursing education mentoring is implemented as a formal role that directs focus on enabling student nurses to gain clinical skills during their practice placements.

Student nurses are placed in the clinical learning environment for skill development and integration of theory and practice to enable them to render quality psychiatric nursing care (Newton, Jolly, Ockerby & Cross 2010:1372). Student nurses should be taught in the clinical environment by those with practical and recent experience of psychiatric nursing. It is expected of nurse educators, who are presenting the theory, to accompany student nurses during their clinical learning, as nursing workplaces are intense, complex and demanding environments, which ultimately has an impact on learning. Unfortunately nurse educators are not always able to do so. Therefore, it is expected of unit managers, who are considered experts or the more clinically competent, to guide and support the student nurses in the workplace learning environment to enhance their correlation of theory and practice (Cele, Gumede &

Khubheka 2002: 42). A unit manager should be able to lead and create an environment conducive to learning (Meyer, Naude & van Niekerk 2004: 92).

Lack of mentorship could adversely affect the student nurse's ability to achieve goals and learning outcomes and this will affect their competency as professional nurses at the end of their training. Mentorship within a psychiatric clinical learning environment is necessary for linking theory and practice, provision of appropriate knowledge, encouragement, sharing of experiences, development of one's work role, guidance and support and to structure a working environment for learning (Gopee 2008: 12).

1.2 BACKGROUND

As nursing education progresses in the 21st century, new directions in clinical teaching are required to maintain a high standard of nurses who are adequately prepared to perform. Clinical teachers should not only help student nurses to develop their clinical competencies, but also create a climate conducive to learning (Lau, Chuk & So 2002: 202). Clinical nursing practice is an important part of development of a competent student nurse, and forms part of the curriculum. Theory and practice have to be correlated for the student nurse to be viewed as a competent nurse. The nurse educator and the clinical facilitator both have a function to support the student nurse to learn. It is not clearly stated in the literature as to how these individuals should relate in ensuring student nurses' support and what methods they can use to ensure the promotion of deep learning on the side of the student (Andrews & Roberts 2003: 474).

The main reason for placing student nurses in a clinical learning environment is to enable them to correlate theory and practice. This can be achieved if students are mentored, learning facilitated and assessed within that environment. A clinical learning environment may not only be looked at as an environment for development of clinical practice, but can also be considered to be an environment whereby the student nurses also get satisfaction with their clinical experience. Student nurses should feel

competent and confident about their clinical experiences (Edwards, Smith, Courtney, Finlayson & Chapman 2004:248). A clinical learning environment encompasses the clinical settings, the equipment, the personnel, student nurses and patients. This environment cannot be controlled but the mentor has to ensure that within that very uncontrollable environment, student nurses' mentoring takes place. Student nurses have already been prepared during their theoretical blocks regarding what to expect in the clinical learning environment and that a mentor will be required to ensure adequate integration of the theory and practice (Pap, Markkanen & von Bondshoff 2003:263). In a clinical learning environment student nurses are provided with an opportunity to link theory and practice as well as to practice skills that will enable them to be able to develop in their competencies in clinical practice and face the ever-changing world as competent professional nurses (Burns & Paterson 2005:6).

In the psychiatric clinical learning environment, as in any clinical learning environment, unit managers play a vital role regarding attainment of clinical skills by the student nurses during their practical placement. Their knowledge and expertise is of utmost importance for student nurses to attain their learning outcomes and be competent health practitioners. This can be achieved through the mentoring of student nurses. Mentoring plays an important role in the support of the student nurses, and is closely related to learning, teaching and assessment of practice. Learning can take place effectively where there is a person who guides and support, and gives affirmation that there is progress between the theory and practice gap (Andrews & Roberts 2003:474).

Mentoring is a complex and important activity and it cannot be explained how mentors are being chosen. It is considered as a helping relationship that is aimed at achieving goals, and involves a more experienced and a less experienced individual. Emotional support, career assistance and role modelling are what mentoring entails. Effective mentoring requires personal interaction and exchange between two parties, where one has a broader and powerful experience within an environment (Scott 2005:52).

Gopee (2008:7) further elaborates on the fact that mentoring enables the student nurses to gain clinical skills during practice placements. It serves as a formal role whereby teaching and practice facilitate professional learning within the healthcare system.

Mentorship preparation is done in a variety of ways, from observing how others function to more formal arrangements such as mentor training courses. The key elements of mentorship are teaching, support and assessment of the student nurses' performance. Mentors may experience conflict between mentoring and providing patient care. Mentors have the responsibility to ensure a learning process takes place in their presence within a clinical learning environment and that the student is influenced and prepared to learn (Andrews & Chilton 2000:556).

No individual in any specific field of work has been able to be competent and independent without having had the opportunity to be mentored, guided and supported by those who already had the know-how in that specific job. There has to be a partnership between student nurses and unit managers within the psychiatric clinical learning environment, for the student nurses to achieve personal growth, personal development, professional growth, expansion in professional knowledge as well as career progression (Dorsey & Baker 2004: 260). It is also a programme objective of the South African Nursing Council (SANC) that student nurses should be provided with effective clinical training to ensure personal and professional development in their acquiring specific skills and knowledge that would enable them to practice as independent and competent professional nurses (SANC 1985:3).

Lack of mentoring affects learning within a psychiatric clinical learning environment. Gray and Smith (2000:1546) state that poor mentors have the following weaknesses; they brake promises, lack knowledge and expertise, have poor teaching skills, have no structure in their teaching, and consequently chop and change their minds about aspects. Some may even not allow the student nurses to practice, but just expect them to learn by observing. This hampers the student nurses in the correlation of

theory and practice. Therefore, it is imperative to conduct a study to explore and describe the perceptions of both student nurses and unit managers regarding the role of unit managers in mentoring student nurses in the psychiatric learning environment.

1.3 PROBLEM STATEMENT

The aim of nursing education within a psychiatric context is to train student nurses to become competent and knowledgeable nursing professionals. Therefore, a positive clinical learning environment should be created to facilitate the integration of theoretical knowledge into clinical practice (Lau, Chuk & So 2002:202).

Within the South African environment, in particular, the Gauteng Province, much media coverage and attention was given to the incompetence of professional nurses in the clinical practice, not only in the psychiatric clinical practice but in general. This generalised concern regarding the professional nurses' incompetence within all clinical practice environments is a concern that one cannot ignore. Instances of such incompetence are evidenced by newspaper articles where nurses' incompetence and poor skills put the patients' lives as well as that of relatives in danger. Neglect and incompetence of the "supposedly experienced" nurses, raise concern. Furthermore, unit managers raised a concern that when student nurses complete the four-year comprehensive training in educational institutions in Gauteng, they are not able to act as independent professional nurses. This is because they have not been effectively mentored to master their nursing skills and become competent in their clinical practice (Pretoria News 2007:1).

According to Cele, Gumede and Khubheka (2002:41), it is difficult for student nurses to become competent in clinical psychiatric skills, as nurse educators who are expected to accompany these student nurses in the clinical area are not able to do so due to their teaching responsibilities. However, it is expected of unit managers to act as mentors of student nurses placed in their units for clinical practice learning. Andrews and

Chilton (2000: 555), and Cele, Gumede and Kubheka (2002: 42) state that unit managers have various roles to play in a unit, such as administrators, patient carers and researchers. In addition to these roles, they also have an educative and mentoring role to play. Unit managers are not mentors by choice as mentoring has become a compulsory part of their job. Mentors who are not be in the position by choice, serves to compound the difficulties that students may encounter with being mentored within a psychiatric clinical learning environment. This situation does nothing to ensure that appropriate standards of learning are consistent. Unit managers are expected to be effective mentors and should be willing to lead by example as mentors. Some mentors may feel inadequate regarding their roles, either because their own training has not equipped them for that practice or because they do not wholly understand their role as mentors (Andrews & Chilton 2000; Cele, Gumede & Kubheka 2002: 42).

The researcher had an opportunity to work with the student nurses within the psychiatric clinical learning environment. During her encounter with the student nurses they revealed that they felt frustrated with the clinical learning environment and perceived it as unfriendly. It was difficult for them to correlate theory and practice as the unit managers and professional nurses of their respective units were too busy to guide them in meeting their learning outcomes that had to be met during their specific weeks of placement in the different units.

Furthermore, the researcher also attended a unit managers' meeting during this time at the psychiatric hospital. The unit managers shared some of their concerns with regards to their role as mentors with the researcher. They were concerned with the type of student nurses placed under their supervision, as well as the learners' interest in the psychiatric clinical practice. They reported that the student nurses seemed not to be interested in psychiatry, as they never showed any interest in the activities done in the units, had a tendency to absent themselves without valid reasons and looked down on the unit managers in the units they were allocated in. In addition, they indicated that the number of student nurses they had to mentor added to their already heavy workload. These

student nurses were also on different levels of training and differed in relation to learning outcomes that needed to be achieved. Unit managers verbalised their concerns in relation to how they were going to mentor these learners looking at the challenges mentioned.

In some instances in the specific psychiatric clinical learning environment, clinical instructors or preceptors accompany the students, but they are few in number. Sometimes these clinical instructors manage to demonstrate clinical procedures only and may not be able to accompany and mentor the student nurses on a daily basis. Unit managers expect of the nurse educators to accompany and mentor the student nurses during their psychiatric clinical allocation, and the nurse educators expect the unit managers to support and mentor the student nurses within that psychiatric clinical environment as unit managers are considered to have the expertise in clinical practice. This concern has created a theory-practice gap whereby the student nurse ends up not being mentored efficiently, which indicated the need to the researcher to conduct a study regarding the mentoring role of unit managers and the perceptions of the student nurses and unit managers thereof.

1.4 RESEARCH QUESTION

What are the perceptions of student nurses and unit managers in a public psychiatric hospital regarding the mentoring role of unit managers in the clinical learning environment?

1.5 AIM AND OBJECTIVES OF THE STUDY

The aim of the study was to explore and describe the perceptions of student nurses and unit managers in a specific public psychiatric hospital with regards to the mentoring role of unit managers within the clinical learning environment.

The aim of the study was broken down into three objectives, namely:

- To explore and describe student nurses' perceptions regarding the mentoring role of unit managers within the psychiatric clinical learning environment.
- To explore and describe unit managers' perceptions of their mentoring role within the psychiatric clinical learning environment.
- To make recommendations to enhance the mentoring of student nurses by unit managers in a psychiatric clinical learning environment.

1.6 PARADIGMATIC PERSPECTIVE

Rolfe (2001:1) states that the most problematic issue in nursing is the correlation of theory into practice. Student nurses find themselves caught between the two phases, whereby the lecturer expects them to put into practice what has been learnt in theory and the unit managers expect them to conform to the daily challenges within a unit.

A paradigm shift is to occur in the psychiatric clinical learning environment when unit managers close the theory-practice gap through mentoring the student nurses in their units to ensure that correlation of theory and practice occur. Rolfe (2001:232) defines a paradigm as "a shared set of rules and beliefs about how a discipline functions, including what counts as knowledge, how it can be generated, and how and by whom it can be disseminated." Polit and Beck (2008:761) view a paradigm as "a way of looking at natural phenomenon that encompasses a set of philosophical assumptions and that guides one's approach to inquiry". Qualitative research is more focused on the naturalistic enquiry.

The researcher conducted a qualitative research study regarding the perceptions of the student nurses and unit managers about the mentoring role of unit managers within a psychiatric clinical learning environment. In naturalistic enquiry, the emphasis is on the collection of narrative and subjective data as experienced by others (Polit & Beck 2008: 17).

1.6.1 Meta-theoretical assumptions

Meta-theories analyse the theoretical underpinnings on which a study is grounded (Polit & Beck 2008:683). According to these authors meta-theoretical assumptions form part of the researcher's paradigmatic perspective in research.

Klopper (2008:67) emphasises that meta-theoretical assumptions are concerned with the researcher's beliefs about the human being (patient, healthcare professional), society (community), the discipline (nursing, medicine, physiotherapy), and the purpose of the discipline (health).

For the purpose of this research, the human being that the researcher is concerned about is the student nurse and the unit manager. The researcher is focused on getting the perceptions of the students and unit managers regarding the mentoring role of unit managers within a psychiatric clinical learning environment. The researcher is of the assumption that the student can develop into a competent psychiatric nurse with the assistance of the unit manager as the mentor. Mental health care users within a psychiatric clinical learning environment need the nursing care of a competent psychiatric nurse.

In addition, the researcher assumes that when student nurses are placed in the psychiatric clinical learning environment, to close the theory-practice gap, they enter a community of mental health care users. It is within this community that the unit managers have a mentoring role towards the student nurses.

The researcher's assumptions are based on the constructivist approach to learning in the nursing science, which entails interaction between a learning accompanist and an adult learner within an environment conducive for the development of holistic lifelong learning (Klopper 1999:12). A unit manager has a responsibility of engaging and interacting with a student within a psychiatric clinical learning environment to enable the student to develop psychiatric nursing science skills.

1.6.2 Theoretical assumptions

Theoretical assumptions are a reflection of the researcher's view of valid knowledge in an existing theoretical or conceptual framework (Klopper 2008:67). The researcher's focus in the study was on the student nurses and unit managers in the psychiatric clinical learning environment. The study focused mainly on the role that the unit managers played in mentoring student nurses, within a psychiatric clinical learning environment, as well as the perceptions of student nurses relating to this mentorship role of the unit managers. The nurse educators were not included within this framework of study, as accompaniment is mainly done by the clinical staff, and specifically the unit managers placed within that environment.

The researcher developed a contextual framework for the study that related to the aspects as depicted in Figure 1.1 on page ten. This framework was based on Klopper's model for constructivist learning in the nursing science (Klopper 1999:12). The purpose of this framework in the study was to indicate how mentoring, the psychiatric clinical learning environment, student nurses and unit managers are interrelated in the achievement of the learning outcomes.

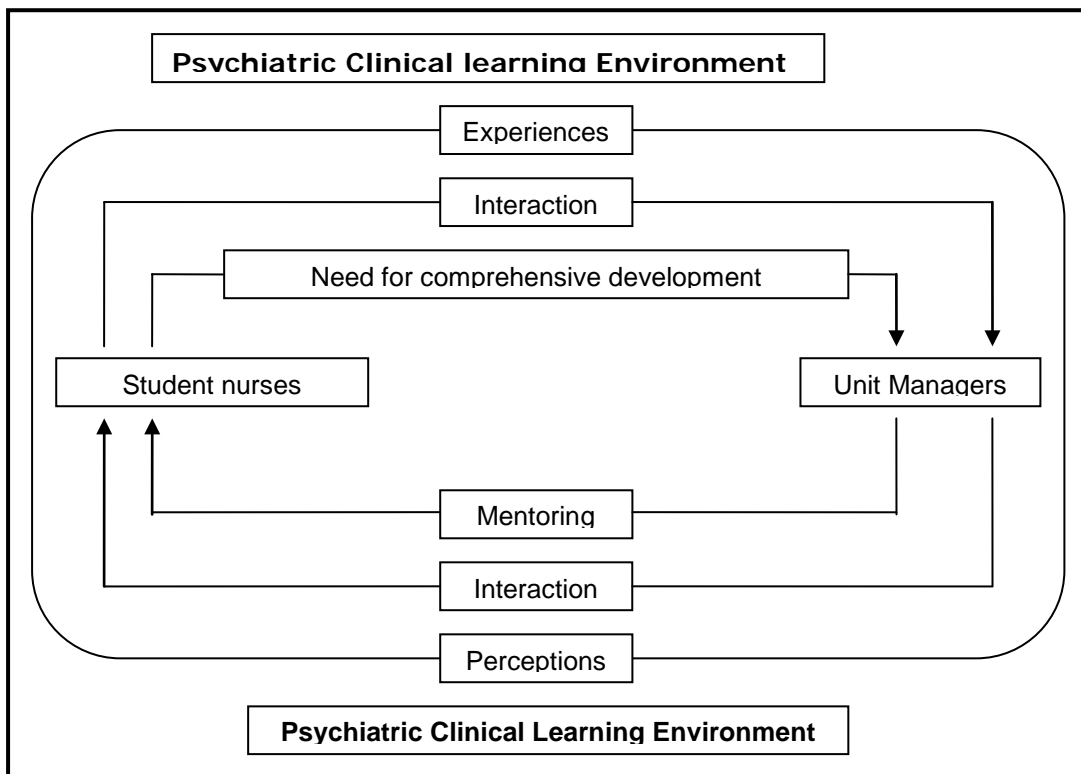


Figure 1.1: Contextual Framework (Adapted from: Klopper 1999:12)

Following is a brief discussion of the contextual framework as utilised in this study:

A psychiatric learning environment serves as a framework of reference for the unit manager and the student nurses. Clinical competence of student nurses in psychiatric nursing science takes place in a psychiatric clinical learning environment that is provided by the unit manager. There has to be a close interaction between the student nurses and the unit managers for student nurses to achieve a comprehensive development of their skills in psychiatric clinical practice. The unit manager has to emphasize that the knowledge gained in the classroom has to be utilised as guidelines and principles in the clinical learning environment (Meyer, Naude & van Niekerk 2004:105). Unit managers have to act as mentors for the student nurses for the attainment of their psychiatric nursing science learning outcomes within the clinical learning environment.

The perceptions of the student nurses within that environment need to be clearly indicated for attainment of clinical competence. The unit managers, due to their clinical expertise and competence, play a role with regards to clinical orientation and professional development of the student within the psychiatric clinical learning environment. They have to provide the student nurses with a nurturing environment where they can practice and apply their skills and knowledge (Meyer, Naude & van Niekerk 2004: 115).

1.6.3 Methodological assumptions

Methodological assumptions explain what the researcher believes in what good science practice should be and how it can be stated and implied explicitly (Klopper 2008:67)

In this research, the researcher based her assumptions regarding mentoring on the constructivist learning approach where there is interaction between two individuals within a context conducive to learning, that will bring about deep holistic lifelong learning. The researcher assumes that the mentoring of student nurses by unit managers within a psychiatric clinical learning environment will make them competent psychiatric nurses.

1.7 CLARIFICATION/DEFINITION OF KEY CONCEPTS

1.7.1 Clinical competence

Clinical competence for student nurses, according to Ajiboye (2000:53), evolves around “knowledge, understanding, practical and technical skills, as well as the attitudes and values of the clinical supervisor.” The clinical competence of nurses depends on their ability to correlate theory with practice, that is, they need to correlate their theoretical knowledge (acquired in the classroom) with practice and the development of clinical skills. Moeti, van Niekerk and van Velden (2004: 72) support the above statement by stating that the quality of clinical exposure is determined by the developmental skills among professional nurses in the clinical learning environment.

For the purpose of this study, clinical competence was defined as the acquisition of knowledge and skills by student nurses in a psychiatric clinical learning environment.

1.7.2 Clinical learning environment/clinical psychiatric setting

This entails “an environment where clinical learning opportunities are available and evolves around the patient, the learners, the unit manager and other nursing personnel as well as members of the multi-disciplinary team” (Meyer, Naude and van Niekerk (2004:105). Unit managers are responsible for creating an environment that is conducive to learning. This implies that they have to be informed about the following: goal achievement in nursing education and clinical practice, competence levels expected of student nurses, the professional and personal developmental needs of student nurses and perceptions and expectations of student nurses of a psychiatric clinical learning environment. Edwards, Smith, Courtney, Finlayson & Chapman (2004:248) indicate that clinical educational settings play a very important part in the development of nurses’ skills, knowledge and socialisation abilities. These settings provide student nurses with opportunities to practise clinical skills, thereby enhancing their abilities to become skilled professionals.

For the purpose of this study the clinical learning environment was a psychiatric clinical environment that is conducive to learning and provides conditions that allow student nurses to attain learning outcomes. In the clinical psychiatric setting, such an environment should be created by the unit manager in conjunction with professional nurses working in the unit.

1.7.3 Clinical supervision

This entails the assistance of a student nurse to obtain and practice new skills. A student nurse has to learn and internalise the clinical aspects of being a nurse under careful care and assistance of a clinical expert (Meyer, Naude & van Niekerk 2004: 115).

1.7.4 Mentoring

The term 'mentoring' is defined as "a self-limiting relationship between an expert and a novice nurse that involves role-modelling, counselling and coaching" (Craven 2002:15). According to Scott (2005:52) mentoring is "a helping relationship aimed at achieving goals that involve a more experienced mentor and a less experienced mentee."

In this study, mentoring referred to the supervision, support, and teaching of a student through the role-modelling and leadership of a unit manager within a psychiatric clinical learning environment.

1.7.5 Perception

The term refers an ability to become aware, see, hear or regard something in a particular way. One is able to show insight and understanding of an aspect (The Oxford Dictionary 2003: 377).

For the purpose of this study perception will mean showing understanding and insight relating to the mentoring role of unit managers in a psychiatric clinical learning environment.

For the purpose of this study, clinical supervision meant the assistance and support given to a student nurse by a unit manager with the aim of helping the student nurse to develop into a competent psychiatric nurse.

1.7.6 Student nurse

The Oxford Dictionary (2003:514) defines a student as "a person who is studying at a university or a college".

A student nurse is either "a student nurse in basic training or the nurse in post-basic training" (SANC 1993:6).

For the purpose of this study a student nurse means a fourth year diploma student nurse who receives clinical training in psychiatric nursing science as part of a comprehensive four-year nursing course at diploma level.

1.7.7 Unit manager

Meyer, Naude and van Niekerk (2004:103) define a unit manager as “a member of the multidisciplinary team, who has a supportive and accompaniment role towards learners”. Furthermore, a unit manager has a responsibility to create a learning environment that enhances clinical learning for student nurses and also provides them with a role model to follow and look up to.

For the purpose of the study a unit manager is described as a professional nurse who is qualified in psychiatric nursing, registered with the SANC, and in charge of a psychiatric unit.

1.7.8 Nurse Educator

The term educator refers to an individual who provides training to others for them to acquire knowledge and develop skills (The Oxford Dictionary 2003: 161).

A nurse-educator is an educator who assists a student nurse to develop the cognitive, affective and psychomotor levels in the nursing profession and to achieve the prescribed learning outcomes in a nursing programme (SANC 1993:3).

For the purpose of this study, a nurse educator teaches the theoretical component of psychiatric nursing science to student nurses at a nursing college or university and accompanies these student nurses to the psychiatric clinical learning environment to enable them to acquire the necessary practical skills.

1.8 RESEARCH METHOD

Research methods are the tools of the trade of research. They are used to structure a study to allow researchers to collect the best possible evidence to support or refuse a particular argument, to minimise the risk of biasness in the collection of evidence, to be practical and efficient, as well

as to conform to certain ethical positions in relation to the collection of evidence from human subjects (Crafts, Kitson & Tarling 2002:66).

This section is discussed in detail in chapter two.

1.8.1 Research design

The research design is seen as the “blueprint for conducting a study” (Burns & Grove 2009:696). Considering the research objectives, a qualitative, and in particular an exploratory, descriptive and contextual research design was used to explore and describe the perceptions of the student nurses and unit managers regarding mentoring in a psychiatric clinical learning environment.

Qualitative research is concerned with meaning and understanding and may also be used to generate knowledge (Burns & Grove 2005:24). Hence, the researcher was able to explore and describe the perceptions of the student nurses and unit managers regarding mentoring in a psychiatric clinical learning environment. Detailed information on the design is outlined in the second chapter.

1.8.2 Research methodology

According to Burns and Grove (2009:719), in research methodology, the researcher plans a process that can be used to conduct research in specific steps. The steps may include aspects such as population, research setting, selection of participants, data collection, data analysis, ethical considerations and quality enhancement.

1.8.2.1 Research setting

The research setting was a public psychiatric hospital where student nurses from two nursing colleges, one in Gauteng province and one in North West province, were assigned for their psychiatric clinical learning practice.

1.8.2.2 Population

Burns and Grove (2005: 41) define a population as all the participants that meet the criteria for inclusion in a given universe. In order to explore the perceptions of unit managers and student nurses, two groups of participants were involved in this study. Unit managers working in a public psychiatric hospital and student nurses from two nursing colleges, one in Gauteng province and one in North West province, who were assigned to this hospital for their psychiatric clinical learning practice, comprised the population.

1.8.2.3 Selection of participants

A purposive sample was used for the research where the researcher consciously selected certain subjects or elements for inclusion in the study" (Burns & Grove 2005:747). The sample size of both groups depended on the number of participants who volunteered to be part of the research.

- **Inclusion criteria**

The researcher considered the following as inclusion criteria for the participants in the research:

Unit managers

Both male and female unit managers were selected because of their expertise and them having more than one year experience in the psychiatric clinical environment.

Student nurses

Both male and female, who were already in their fourth year of study, were requested to participate in the study as they had reasonable experience with regards to psychiatric clinical placement in the specific public psychiatric hospital.

- **Exclusion criteria**

The researcher excluded other registered nurses from participation in the study as she was interested in the perceptions of the student nurses

regarding the mentoring role of the individuals who were appointed as the unit managers.

1.8.2.4 Data collection

The researcher ensured that an effective data collection plan was in place for the study to be conducted effectively. Data collection is defined as “a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypothesis of a study” (Burns & Grove 2005: 733).

Focus group interviews were used as a data collection method. The researcher utilized an interview guide where questions were prepared in advance. (See Annexure G for the interview guide: 117).

Furthermore, field notes were compiled during and after the different focus groups by the researcher and research assistant. The field notes entailed personal, observational and theoretical aspects about the participants.

Detailed information on the focus group interviews and field notes are provided in the second chapter.

1.8.2.5 Data analysis

The researcher tape recorded the interviews with the permission of the participants, transcribed verbatim (Annexure H & I: 118 – 119) and analysed the data. Burns and Grove (2005:548) define coding as a method used to classify words or phrases in data. The researcher coded the data and requested an independent coder to do the co-checking. The compiled field notes were also used during data analysis as it provided important information about participants. Detailed information regarding the data analysis is outlined in the second chapter.

1.8.2.6 Ethical considerations

The researcher, at all times adhered to the ethical considerations, as discussed in chapter two, during conduction of the research and no mental

health care users were used in the research. To conform to the above, the researcher got permission from different institutions as indicated.

Approval from the Research Ethics Committee of the University of Pretoria was obtained. This is a committee that oversees and approves any research proposal of students registered for a masters or a doctoral degree prior to the student undertaking this research. (See Annexure A: 111).

Permission to conduct the research study was obtained from Gauteng Department of Health. (See Annexure B: 112).

Permission from the principals of the educational institutions where student nurses came from was obtained as they could not be part of the research without first informing the relevant educational institutions concerned. (See Annexure C and D: 113 - 114).

Permission to conduct the research study was also obtained from the Chief Executive Officer of the Hospital where the research took place. This was done because unit managers who had to take part in the research were from that hospital, and students took part in the study during their placement at the hospital. The Chief Executive Officer had to be aware of what was taking place within the hospital. (See Annexure E: 115).

An informed consent was obtained from the different participants in the research, namely unit managers and student nurses. The participants had to know what was expected of them and how they were supposed to give the required information. (See Annexure F: 116).

1.8.2.7 Quality enhancement

The researcher enhanced the quality of the research by ensuring trustworthiness of the research. Trustworthiness parallels the standards of validity and reliability in quantitative research (Polit & Beck 2008:537). To develop the trustworthiness of this study, Lincoln and Guba's framework (as cited by Polit & Beck 2008:539) was utilised. The five criteria for

developing trustworthiness, namely credibility, dependability, confirmability and authenticity as applicable to the research are described in full in chapter two.

1.9 SCOPE OF STUDY

The scope of the proposed study was limited to the unit managers of a public psychiatric hospital and the student nurses from the two nursing colleges for convenience and cost-effectiveness regarding the study. The study populations were therefore not representative of all psychiatric nursing students or unit managers in South Africa.

1.10 CHAPTER DIVISION

The chapters for this dissertation are outlined as follows:

Chapter 1: Background and rationale for the study

Chapter 2: Research method

Chapter 3: Data analysis and discussion of findings

Chapter 4: Summary of findings, limitations, recommendations and conclusion.

1.11 SUMMARY

In the first chapter the researcher gave an overview of the research study that was undertaken. The background and rationale of the study, the research problem, research questions and objectives, research design and methodology were outlined.

In the second chapter, the researcher will give detailed information regarding the research method that includes the research design and methodology.

CHAPTER 2

RESEARCH METHOD

2.1 INTRODUCTION

In this chapter the focus is on the research method that was used to conduct the study. The research design and the methodology, which include the population, sampling technique, data collection and analysis as well as ethical considerations, are discussed in detail.

2.2 RESEARCH DESIGN

Research design is an overall plan for addressing a research question, and includes specifications for enhancing the integrity of the study (Polit & Beck 2008:765) Considering the research objectives, a qualitative, exploratory and descriptive research design was utilized. Qualitative research is investigative in nature and it depicts an in-depth, holistic fashion of collection and narration of data (Polit & Beck 2008:763). According to Boyd (cited in Streubert Speziale & Carpenter 2007:21) “qualitative researchers direct their attention to human realities rather than to the concrete realities of objects”. Furthermore, qualitative researchers use multiple ways of understanding to discover the many truths of the participant’s viewpoint (Streubert Speziale & Carpenter 2007:21 - 22).

2.2.1 Exploratory design

In exploratory research a researcher plans to shed light on the various ways in which a phenomena and its underlying processes are manifested (Polit & Beck 2008:21). An exploratory design was relevant for this research study as the researcher focused on exploring the perceptions of both student nurses and unit managers with regard to the ways in which mentoring between the student nurses and unit managers manifested within a clinical learning environment. The researcher also focused on the underlying processes of mentorship.

2.2.2 Descriptive design

The objectives of descriptive research focus on the accurate portrayal of the characteristics of persons, situations or groups, and/or the frequency with which certain phenomena occur (Polit & Beck 2008:752). The researcher described the perceptions of student nurses and unit managers regarding the mentoring role of unit managers in the psychiatric clinical learning environment.

2.2.3 Contextual design

Qualitative researchers are obliged to conduct their studies in a way that does not disturb the natural context of the phenomenon studied (Streubert Speziale & Carpenter 2007:22). The researcher conducted the research within a specific setting where the phenomenon of mentoring, between the student nurses and unit managers, occurred in the clinical psychiatric learning environment.

2.3 RESEARCH METHODOLOGY

Following, the research methodology chosen to accomplish the research objectives are discussed.

2.3.1 Research setting

A research setting plays an important role in relation to collection of data from participants, as they should not feel threatened or intimidated, to allow them to express their views openly (Greeff 2005:295).

The setting for this study was a public psychiatric hospital in Gauteng province. Student nurses from two nursing colleges, one in Gauteng province and one in North-West province, were placed at this hospital for exposure to the psychiatric clinical learning environment. The researcher established that this hospital had ten acute units and five chronic units where unit managers were working for at least a year. The student nurses were allocated in groups to these units to work under the supervision of the unit managers. The researcher deemed this setting as "suitable for the research problem and feasible for the researcher's resources, time ..."

(McMillan & Schumacher 2000:432). Both groups of participants could be obtained at the same psychiatric hospital. The setting also saved the researcher time as she did not have to travel to different venues for the interviews, and this also helped to keep costs manageable.

To gain access to the setting the researcher prepared a written statement that specified the site, the participants and activities, the length of time for the entire study, and the research role (McMillan & Schumacher 2000:432).

2.3.2 The researcher as instrument

The researcher acted as the instrument through which the information was gathered when the focus group interviews were conducted. In qualitative research because the researcher is part of the study, richness is added to the collection and analysis of data. However, this could be seen as a potential limitation due to the researcher's (human tool) subjective nature but qualitative researchers accept that all research is conducted with a subjective bias (Polit & Beck 2008:17; Streubert Speziale & Carpenter 2007:23).

2.3.3 The population

The researcher targeted two populations, namely student nurses and unit managers because the researcher wanted to obtain perceptions about the phenomenon of mentoring, from both the mentees and mentors. A population should consist of all individuals, participants or elements that meet the sample criteria for inclusion in a research study (Burns and Grove 2009:714).

Population 1: Unit managers

The target population, from which the participants was selected for the study, included all the unit managers working in a particular public psychiatric hospital in Gauteng province, who had previously been involved with mentoring of student nurses in the clinical psychiatric learning environment.

The total population of unit managers was thirty per the requirement of that public psychiatric hospital.

Population 2: Student nurses

The population included all the fourth year student nurses from two public nursing colleges, one in Gauteng and one in North West province. These student nurses have been exposed previously to the psychiatric clinical learning environment and could share their perceptions regarding mentoring role of the unit managers.

The total population of student nurses for both colleges was sixty-two at the time the study was conducted.

2.3.4 Selection of participants

The researcher wanted information-rich informants from which to select participants for more in-depth information. As is usual in focus groups research, the researcher utilised purposive sampling where small groups of student nurses and unit managers, likely to be informative about the phenomenon of interest were selected for this study (Macleod Clark et al. cited in Mansell, Benett, Northway, Mead & Moseley 2004: 80; McMillan & Schumacher 2000:433). The researcher consciously selected participants for inclusion in the study (Burns & Grove 2009:716).

2.3.4.1 Unit managers

After permission was granted by the Chief Executive Officer of the hospital for the study to be conducted, the researcher approached the unit managers to request their participation (See Annexure E for the permission letter: 115). The researcher met with them after the unit managers' meeting at the hospital to brief them on what the research entailed and what was expected from them as participants.

The inclusion criteria for the unit managers were:

- To be registered as a general and psychiatric nurse with the South African Nursing Council
- To have more than one year experience or service, in a psychiatric hospital

- They could be either male or female

In Table 2.1, the sample size for the group of unit managers, as well as information regarding their years of service and managerial experience are provided.

TABLE 2.1: Unit managers

Population size	Sample size	Years of service	Experience as unit manager
30	15	5-9: 1 10-14: 12 15-19: 2	0-2 years: 4 3-5 years: 9 6-8 years: 2

2.3.4.2 *Student nurses*

The researcher approached the fourth year student nurses as a group after their general orientation session at the psychiatric hospital, and invited them to participate in the study. This was only done after the researcher was granted permission by the nursing colleges and the hospital to include them as participants in the study (See Annexure C, D and E respectively for the permission letters: 113-115). These student nurses were assigned to the units that were managed by the unit managers who were willing to participate in the study.

As with the unit managers, the sample size for the students depended on data saturation. In Table 2.2, the population and sample size for the student nurses, who participated in the study are indicated.

TABLE 2.2: Student nurses

Nursing college	Population size	Sample size
A	28	12
B	34	20

The researcher used the participation information leaflet (see Annexure F: 116) as a means to orientate student nurses and unit managers, regarding the research study. The leaflet provided information with regard

to the title, introduction about the research under study, purpose of the study, expectations of the researcher from participants, rights of the participants, and the researcher's personal details as well as her supervisor's and co-supervisor's details.

The student nurses and unit managers were also informed that the researcher planned to tape-record the interviews, but only with their permission. A schedule with the dates and times for the interviews and the venue was provided to the participants. These groups were homogeneous in terms of belonging to a specific group, namely the unit managers who provided the mentoring, and the student nurses who were mentored. This promoted a comfortable group dynamic as the researcher did not want any of the participants to feel intimidated when sharing their perceptions regarding mentoring. As the focus groups included participants who shared a similar background they felt more at ease to express their views (Polit & Beck 2008:394-395; Redmond & Curtis 2009: 63; Streubert Speziale & Carpenter 2007: 39).

2.3.5 Data collection

The process of data collection is where information is gathered with the aim of addressing a specific research problem (Polit & Beck 2006:498). The researcher used focus groups as a method of data collection because what participants say can be confirmed, reinforced or contradicted during the group discussion (Webb & Kevern 2000:800).

Focus groups "capitalize' on the interaction within a group to elicit rich experiential data (Webb & Kevern 2000:799). The researcher actively encouraged group interaction among the participants to obtain rich data regarding the different perceptions on mentoring (Webb & Kevern 2000:800).

The focus groups were held in a board room at the chosen public psychiatric hospital. It was within walking distance for both student nurses and unit managers. Each participant was provided with a schedule indicating the different days for the focus group interviews, the venue, the

time and the duration for the focus group interview to enable arrangement of work schedules accordingly to avoid disruption of patient care. Although participation was voluntary, the researcher phoned the participants on the given days of the focus group interviews, to remind them about the interviews. The researcher made participants aware that the focus group would last approximately an hour.

The student nurses and unit managers had an information session with the researcher, where the researcher introduced herself, explained the topic of the study and briefed the participants about the information on the participation information leaflet. Four focus groups were conducted with unit managers and five groups with student nurses in the period of June 2006 to September 2006. The number of student nurses who were targeted as a purposive sample was higher than the number of unit managers in the hospital, hence five focus group sessions were held with the student nurses To encourage in-depth discussion of the topic, the focus group interviews lasted between one and two hours (Redmond & Curtis 2009:64). Each focus group session had a different number of participants. In Table 2.3 and Table 2.4, the researcher provides information regarding the number of participants per group and the gender of the participants.

TABLE 2.3: Interview sessions with unit managers

Session	Number of participants	Female	Male
1	3	2	1
2	4	4	0
3	4	3	1
4	4	4	0

TABLE 2.4: Interview sessions with student nurses

Session	Nursing college	Female	Male
1	B	5	1
2	B	8	0
3	B	5	1
4	A	6	0
5	A	2	4

The researcher obtained permission from the participants to use a tape-recorder to capture their views. The researcher ensured that the tape-recorder was in good working condition, and had batteries at hand in case of a power outage.

The participants were informed about the role of the research assistant during the focus group sessions. Before the focus group interviews took place, the researcher briefed the research assistant regarding what was expected of her regarding the detailed notes. She had to write down what each participant said, the order of speakers, as well as observe the group dynamics during the interview. Furthermore, she focused on significant non-verbal communication, the number of participants per session, the gender of the participants, and any aspects related to disturbances during the interviews (Kidd & Parshall 2000:298).

According to Hudson (2003:206) a focus group session has three distinct segments: introducing the group, conducting the group, and closing of the group:

2.3.5.1 *Introducing the group*

Before the focus group sessions commenced the researcher asked the participants to introduce themselves and briefly tell the other participants about the unit they are working in. This helped to create a non-threatening and supportive climate in which the participants could relax and feel free to exchange their views. Participants may feel tense and nervous, when an interview is tape-recorded, but will relax if small conversation is held before the actual questioning (Polit & Beck

2008:400). The researcher once again stressed confidentiality and participants were informed that they could stop or leave the focus group session at any time.

2.3.5.2 Conducting the group

Before commencing with the focus groups the researcher explained that her role was to ask questions and seek clarification whilst staying neutral. The participants were requested to speak one at a time for the sake of the recording. Furthermore, as it was impossible to facilitate the focus group as well as take notes simultaneously, the research assistant was asked to keep detailed notes. (Kidd & Parshall 2000: 298).

The researcher utilised the questions (Annexure G, the interview guide: 117) that were prepared prior to the focus group sessions. This interview guide served as a useful map for the researcher to plot the focus group interview from start to finish. During the sessions the researcher not only focused on the verbal communication but on the non-verbal communication as well. To ensure the researcher understood the participants correctly, she used feedback, where necessary, to validate her understanding of the message. To further enhance understanding of the participants' responses, the researcher gave her complete attention through active listening (Stuart 2009:22-27). Non-verbal encouragement such as facial expressions and smiles was used to encourage participation. The researcher was attentive to ensure that the more vocal group members did not dominate the sessions (Streubert Speziale & Carpenter 2007:39).

2.3.5.3 Closing the group

The researcher provided a brief summary of the focus group session to get feedback from the group on any omissions or any questions (member checking (Vaughn et al. cited in Redmond & Curtis 2009:61). The researcher also thanked the participants for participation after each session.

In addition to the focus groups the researcher used descriptive and reflective field notes (Polit & Beck 2008:206). The use of multiple methods

to collect data helped the researcher to develop a comprehensive understanding of the phenomenon under study (Polit & Beck 2008:543). The descriptive notes indicated the events and conversations observed; information about actions of the participants and the context of the focus group (See Annexure J & K: 120-121).

The reflective notes included issues about the strategies and methods used during the interview to guide subsequent sessions where necessary. In addition the meaning that the researcher attached to the observations, as well as the researcher's own personal feelings during the sessions (Polit & Beck 2008: 406-407) (See Annexure J & K: 120-121).

2.3.6 Data analysis

Polit and Beck (2008:751) state that data analysis emphasises the synthesis and systematic organization of research data. The researcher prepared the data for analysis by transcribing them verbatim. Thereafter, the quality of the transcripts was checked to ensure that nothing was omitted (Polit & Beck 2008: 401).

The researcher commenced with data analysis independent of the co-coder. The analysis was mainly guided by the constant comparative method of qualitative data analysis of Tesch (1990:113). It explains that data is segmented and these segments are then categorized according to an organized system. The researcher read the transcripts, highlighted and wrote down the topics that were addressed by the participants.

Field notes were read in conjunction with the transcripts and identified topics in the field notes were compared with the highlighted topics in the transcripts. The researcher wrote these topics as themes, categories, and sub-categories.

The researcher discussed data analysis in detail in chapter three.

2.3.7 Enhancing the quality of the study

The researcher enhanced the quality of the research by ensuring trustworthiness of the research. Trustworthiness parallels the standards of validity and reliability in quantitative research (Polit & Beck 2008:537).

To develop the trustworthiness of this study, Lincoln and Guba's framework was utilised (as cited by Polit & Beck 2008:539). The five criteria for developing trustworthiness, namely credibility, dependability, confirmability, transferability and authenticity as applicable to the research are described.

2.3.7.1 Credibility

A researcher should ensure that there is confidence in the truth of the data collected and that the data is interpreted correctly (Polit & Beck 2008:539). It involved the following strategies: purposeful sampling ("participants were sought on the grounds that they were likely to have and share their understanding of truth-telling") (Tuckett 2005:34); prolonged engagement and persistent observation where the researcher ensured that sufficient time was spent with the participants before and during the focus groups sessions to capture their views and behaviour displayed; method and investigator triangulation, where the researcher combined dissimilar techniques (such as focus group interviews and field notes - the research assistant took field notes during the focus group sessions) for data collection (Tuckett 2005:37 – 38); external checks (peer debriefing and member checking) (Tuckett 2005:35); and searching for disconfirming evidence where 'different' views were not set aside (Tuckett 2005:35).

2.3.7.2 Dependability

In qualitative research dependability of the qualitative data will be noted if the data is stable over a period of time and conditions (Polit & Beck 2008:539). The researcher had a moderator during the interviews, to ensure that all objective data was noted for use during data analysis. The researcher also involved her supervisor who was conversant with qualitative research to confirm whether she was adhering to the correct principles regarding focus group interviews. Data was transcribed and

analysed by the researcher, and a qualified qualitative researcher was requested for the verification of the coded data as part of adherence to trustworthiness. This researcher was requested as she has extensive experience in analysing data. She is a nurse educator who holds a master's degree in social sciences.

2.3.7.3 Confirmability

Confirmability is maintained if there is objectivity or congruency between two or more independent people's data in relation to accuracy, relevancy or meaning (Polit & Beck 2008:539). The researcher tape-recorded the focus group interviews with the permission of the participants. Data was thereafter transcribed verbatim, analysed and coded and was handed to the independent qualified qualitative researcher (co-coder) for co-coding. After the co-coding, the researcher and co-coder (the qualified qualitative researcher) had a discussion to reach consensus on the identified themes, categories and sub-categories.

2.3.7.4 Transferability

Transferability is feasible if the findings of the research data obtained, can be transferred to other settings or groups, or be applicable in other groups (Polit & Beck 2008:539). Transferability of the findings was not the aim of this study, as only unit managers from one public psychiatric hospital and student nurses from one nursing college in Gauteng province and one nursing college in North West province were included in the study.

2.3.7.5 Authenticity

A researcher's data is authentic if it fairly and faithfully shows a range of different realities (Polit & Beck 2008:539). Through the use of an audit trail the researcher provides readers with essential information to authenticate the findings of the study (Pitney 2004:28).

2.3.8 Ethical considerations

The following ethical principles were taken into consideration by the researcher with the aim of protecting study participants: beneficence,

respect for human dignity and justice. The researcher applied these ethical principles with regards to the participants in the following manner:

2.3.8.1 Principle of beneficence

Any researcher has to minimize harm and maximize benefits. Human research should be intended to produce benefits for participants themselves or for other individual in the society (Polit & Beck 2008:171). The researcher ensured the right to freedom from harm and discomfort for the participants by preparing the right venue that was free from noise and any discomfort, by briefing the participants what was expected of them during interviews, informing them of their voluntary participation and also of termination if feeling uncomfortable, getting permission to use a tape-recorder and not asking any questions that were personal in nature.

The participant's right to protection from exploitation was ensured by making participants aware during the pre-interview phase that the information provided was not going to be used against them in any way. No coercion was used in any manner with participants as they consented voluntarily to participate in the research.

2.3.8.2 Principle of respect for human dignity

The above-mentioned principle includes the right to self-determination and the right to full disclosure.

The principle of self-determination means that the prospective participants have the right to decide voluntarily to participate in a study, without risking any penalty or prejudicial treatment. It means that the study participants had the right to ask questions from the researcher, to refuse information or to withdraw from the study at any given time they felt uncomfortable (Polit & Beck 2008:172).

Full disclosure entailed that the researcher had fully described the nature of the study, the persons' right to refuse participation, the researcher's responsibilities and likely risks and benefits (Polit & Beck 2008:172). The

researcher adhered to the above ethical principle by issuing participation information leaflets, with information about the purpose and objectives of the study, what was expected from them and their rights, as well as the researchers' contact details.

2.3.8.3 Principle of justice

The ethical principle of justice involves the participants' right to fair treatment and the right to privacy. The right to fair treatment means that the researcher must treat people who decline to participate in a study or who withdraw from the study after agreeing to participate, in a non-prejudicial manner and that the participants must have access to the research personnel for any desired clarifications and that participants have to be treated in a courteous and tactful manner at all times (Polit & Beck 2008:174). The researcher adhered to this principle by availing her contact details on the participation information leaflet as well as by explaining during the recruitment phase, their voluntary participation.

The right to privacy was adhered to as participants were informed that the information that they were going to give was going to be kept in the strictest confident manner possible. No participant names were indicated in the research study.

2.3.9 Limitations

The researcher conducted a study with unit managers from one public psychiatric hospital in Gauteng Province and did not include other unit managers from any other hospitals in Gauteng Province. The researcher also conducted this research with fourth year student nurses from one public nursing college in Gauteng and one in North West and did not include any other colleges or student nurses in other levels of training. This implies that the research findings cannot be transferred to all hospitals and colleges in Gauteng or North West.

2.4 SUMMARY

In this chapter, the researcher discussed the research design and methodology that included selection of participants, data collection and data analysis. Measures to ensure trustworthiness and ethical considerations which were adhered to in this research were also addressed. Chapter three will focus on data analysis and discussion of findings.

CHAPTER 3

DATA ANALYSIS AND DISCUSSION OF FINDINGS

3.1. INTRODUCTION

In this chapter, the focus is on the research findings as obtained during the data collection process. The researcher validated the findings with literature to indicate any new contributions (Burns & Grove 2009: 720).

3.2. DATA ANALYSIS

Tesch's approach of comparison and interpretation was used to analyse the data. In an interpretational approach, a constructive way of analysing the data is used to find meaning which will make it easier to grasp the phenomena under study. Parts that identify the phenomena are identified and their relationship is detailed. Interpretational analysis can also be guided by the research questions, the research instrument, concepts / categories used by other authors in previous related studies, as well as the data itself (Tesch 1990:141). The researcher was guided by the research questions that were used, which were adapted from previous research done by Watson (1999:258). Data analysis was commenced immediately after every session that was held as the researcher did not want to forget some aspects of importance observed during the focus group interviews.

In qualitative data analysis the researcher has constant interaction with the data. The constant comparative method of data analysis guided the interpretation of the data. In this method, data is segmented and these segments have to be categorised for them to formulate an organized system. Tesch (1990:142) outlines eight steps in the development of an organised system for qualitative data analysis and these were adhered to by the researcher in the following manner:

- To get the sense of the whole data, the researcher read the transcripts to get a general impression of the data collected and jotted down ideas that came to mind.

- The researcher picked the most interesting data document to read through, and started writing in the margin thoughts that emerged from that data;
- The researcher made a list of topics that emerged from the data and divided them into major topics, unique topics and leftover topics;
- Using the list of topics as a preliminary organizing system, the researcher abbreviated the topics as codes, which were then written next to an appropriate segment of the text. Any other topics or codes that emerged were also written next to the appropriate segment of the text.
- The researcher used the most descriptive wording of the topics and grouped them into sub-categories;
- Related topics were grouped together and a list of categories emerged.
- The researcher did a preliminary analysis of the data, by assembling data that belonged to each category and themes emerged;
- The existing data was re-coded. The researcher indicated in the second chapter that she requested an independent coder to code the data as well as a measure to enhance trustworthiness (Polit & Beck 2008:539). This independent coder was given the transcripts for coding. This individual was a nurse educator and had a master's degree in social sciences, which she obtained cum laude. The coder also had the expertise and experience relating to coding data as she was assisting masters degree students in coding data at the university. The researcher and the independent coder arranged a meeting where the analysed data was compared to verify the accuracy of themes, categories and subcategories and have been identified. The independent coder's analysis corresponded with that of the researcher.

3.3. FINDINGS OF THE DATA ANALYSIS: UNIT MANAGERS

The process of transforming the data into research results led to the emergence of the following five themes for the unit managers:

- Mentoring as a concept
- Expectations for mentoring role
- Enabling factors of mentoring
- Disabling factors of mentoring
- Plans to enhance mentoring.

In addition, for the unit managers, fifteen categories and twenty-nine sub-categories emerged.

Table 3.1 is indicative of the concluded data analysed for unit managers.

TABLE 3.1: Unit managers: themes, categories and subcategories

THEMES	CATEGORIES	SUB-CATEGORIES
I Mentoring as a concept.	<ul style="list-style-type: none"> o Giving advice to student nurses. o Guidance of student nurses in the clinical learning environment. 	<ul style="list-style-type: none"> ▪ A mentor gives advice, leads and directs. ▪ Mentors are like role-models in what they do, so that others can follow in their steps. ▪ Student nurses have to be guided in their clinical practice for achievement of learning outcomes. ▪ A mentor assists student nurses to grow in what they do. ▪ A mentor is expected to be knowledgeable, experienced and skilled to give guidance.
II Expectations of the mentoring role.	<ul style="list-style-type: none"> o Mentoring as a responsibility of the unit managers. o Preparation of unit manager for mentoring role. o Workbook guides the unit managers' mentoring role. 	<ul style="list-style-type: none"> ▪ Mentoring of student nurses is seen as the responsibility of the unit managers. ▪ As a unit manager, one is expected to mentor student nurses. ▪ Mentoring largely depends on existing experience that the unit manager accumulates in practice. ▪ No formal preparation is given in relation to expectations as a mentor. ▪ Student nurses' workbooks from different institutions serve as a guide for mentors.
III Enabling factors of mentoring.	<ul style="list-style-type: none"> o Feedback to unit managers on their mentoring role. o Provision of learning outcomes. 	<ul style="list-style-type: none"> ▪ Lecturers (tutors) give unit managers feedback. ▪ Unit managers participate in the evaluation process of the student nurses. ▪ Student nurses give unit managers a written feedback on completion of clinical allocation. ▪ Nursing colleges provide unit managers with learning outcomes (objectives) and learning requirements prior to student nurses' allocation in the clinical learning environment. ▪ Student nurses submit their workbooks to unit managers.



<p>IV Disabling factors of mentoring.</p>	<ul style="list-style-type: none"> o Self-directed student nurse learning. o Student nurses' lack of prior theoretical knowledge and orientation. o Student nurses' attitudes regarding learning in the clinical learning environment. o Organisational and allocation problems. o Unit managers lack of knowledge on student nurses' mentoring. 	<ul style="list-style-type: none"> ▪ Student nurses are given tasks to do on their own. ▪ Discussions are held with student nurses about what they have learnt. ▪ Student nurses' active participation in own learning. ▪ Lack of prior theoretical learning of students. ▪ Student nurses' placement in clinical learning environment prior to theoretical orientation. ▪ Negative student nurses' attitudes towards unit managers and the learning environment. ▪ Psychiatric nursing science is seen as a difficult subject. ▪ Staff shortages in the unit. ▪ Large numbers of student nurses allocated to one unit in the clinical learning environment. ▪ Unit managers lack knowledge pertaining to outcomes-based education (OBE) and student nurses' mentoring in their units.
<p>V. Plans to enhance mentoring.</p>	<ul style="list-style-type: none"> o Unit managers' training. o Student nurses to receive prior knowledge. o Enhance collaboration between nurse educators and unit managers. 	<ul style="list-style-type: none"> ▪ Unit managers to be updated on new developments in student nurses' learning (e.g. OBE) ▪ Regular in-service training for unit managers on mentoring ▪ Student nurses need to be exposed to theoretical background before clinical allocation. ▪ Enhance effective communication between nurse educators and unit managers in the psychiatric learning environment.

Following is a description of the different themes, categories and subcategories for unit managers. Quotes are used to demonstrate the specific category and sub-category under discussion.

3.3.1 THEME I: MENTORING AS A CONCEPT

Unit managers shared their views with regards to mentoring as a concept and each one gave a different and personal understanding of the concept. Their inputs regarding understanding the concept 'mentoring' included giving advice, guiding student nurses in their practice and knowledgeable person's guidance will be discussed in the section below. Mentoring is an integral part of career development and is a vital tool for professional growth and maturation. It plays a critical role for professional development for the mentor as well as the mentee. In mentorship, the mentor is self-limited, knowledgeable, more powerful and experienced than the mentee and acts as a role-model. (Craven 2002:15; Garmel 2004:1351). Effective mentoring is characterized by personal characteristics of a mentor, namely, approachability, effective interpersonal skills, adopting a positive teaching role, paying appropriate attention to learning, providing professional supervisory support and professional development ability (Darling et al. as cited by Andrews & Wallis 1999:204).

3.3.1.1 Giving advice to a student nurse

The unit managers strongly believed that student nurses needed to be guided and be given advice. For student nurses to learn, the person who knows better has to give the advice as to how to go about. Mentors give advice to the subordinates. In this study the unit managers give advice to the student nurses.

A mentor gives advice, leads and directs

Unit managers were of the opinion that student nurses depend on them for direction and guidance to be able to meet clinical learning outcomes. This was evidenced by the following statements expressed by the unit managers:

"I understand it to be like giving advice to somebody else."

"As a mentor you are leading and directing."

"It is like being a role model in anything that you do, so that others can follow your steps."

In mentoring, when one has to give advice to the other, and this implies that the advisor has to be enlightened, trusted and experienced in directing and developing the educational expectations of another individual. The mentor has to have wisdom in developing a process of giving advice in a manner that the mentee will be able to understand. A mentor should be able to impart advice and wisdom so that the mentee may mature and develop own identity (Garmel 2004:1351). Nurse mentors are considered as experts, who are able to listen, affirm, advise, guide and encourage student nurses, for development of their expertise in clinical learning (MacDonald & Gallant 2007:58).

3.3.1.2 Guidance of student nurses in a psychiatric clinical learning environment

Unit managers indicated that the student nurses have to be taken through their clinical learning experience, for them to achieve their learning outcomes. They were of the opinion that when student nurses are in practice, someone has got to be there to ensure that they are being shown what they need to do. Student nurses cannot grasp anything without first being shown what to do and how to do it. The managers indicated that a mentor should be knowledgeable to be able to give guidance. They expected this person to have the knowledge and skill on clinical learning and will be able to support the student nurse in closing the theory-practice gap.

Mentors are like role-models in what they do

The unit managers perceive themselves as playing an important role as mentors for the student nurses. Student nurses copy from them, how they need to conduct themselves as well as how they need to perform within a psychiatric clinical learning environment. This is evidenced by the following statements:

"...It is like being a role-model, so that others can follow in your steps."

"...others may learn from you by just watching what you do."

"...unit managers know that students are looking at them and are learning."

Watson (1999:259) indicates that mentors facilitate and support the learning of students and also act as role-models for them. Student nurse mentors are selected, based on their qualities, rather than academic accomplishments, and many mentors act as role-models for these student nurses (Garmel 2004:1353).

Student nurses have to be guided in their clinical practice to achieve learning outcomes

Unit managers felt that they really have an important role to play in the development of student nurses; for them to achieve their learning outcomes. Student nurses cannot be left in isolation in a unit if they have to meet specific learning outcomes, but need their guidance. This was evidenced by the following statements:

"...it is like taking students through the practical procedures on a daily basis, to ensure that they receive necessary learning requirements."

"A mentor is like a guide, a person who guides people in what they have to do."

A student nurse comes into the clinical learning environment, with insufficient practical guidance, and expects a unit manager to direct and guide. A mentor pushes the student nurse forward (Papp et. al 2003:267).

A mentor assists student nurses to grow in what they do

Growth does not only entail physical strength, but in this context it entails that the student nurses develop in their clinical practice skills. The student nurses depend on the unit manager for this type of growth within a psychiatric clinical learning environment. The student nurses gave the following perceptions on the above:

"... someone is assisting another to grow into something."

"... others can follow in your steps."

Mentors facilitate the acquisition of skills and knowledge required by student nurses for their growth experience in the clinical learning environment (Garmel 2004:1353).

A mentor is expected to be a knowledgeable, experienced and skilled to give guidance

Unit managers are usually individuals, who when appointed in that position have knowledge on leading and guiding others, and are experienced in the clinical skills.

"... A mentor is somebody who is knowledgeable and who has skills in that field, guiding or leading the group."

"... It is a process whereby an experienced, knowledgeable person guides and teaches a learning person."

"... mentors have the skills in that field to lead and guide."

A person, who guides, is considered to take the other person by the hand with an aim of ensuring that the individual does not turn into a wrong direction. A clinical guide provides continuous support for a student nurse throughout the educational learning process. The provision of a mentor to a mentee with guidance within a clinical learning environment, leads to professional development for the student nurse (Andrews & Roberts 2003:475).

Mentors are expected to be knowledgeable and skilled in their field of nursing prior to them being able to impart the knowledge to the next person. A clinical nurse practitioner is considered to be an expert in the clinical field and has to be able to facilitate the transition for a mentee being an observer, to being a doer (Gray & Smith 2000:1546).

3.3.2 THEME II: EXPECTATIONS OF THE MENTORING ROLE

The unit managers explained that they were not actually given any formal preparation regarding mentoring of student nurses in the clinical learning environment, but considered it as one of the unit manager's responsibilities as

a nurse leader. They explained that they got information during their training as student nurses, that as a professional nurse they are expected to mentor their sub-ordinates. The other important factor outlined by unit managers regarding expectations on mentoring role was that it depended on the experience that the unit manager had accumulated in the clinical learning environment, and has become part of routine for the unit manager to mentor student nurses.

Although mentorship is acknowledged as a complex and important activity, little explanation is given as to how mentors are prepared or selected. This adds to a concern as to whether unit managers are aware of their expected role of mentoring (Andrews & Chilton 2000:555).

3.3.2.1 Mentoring as the responsibility of the unit managers

The managers seemed to be sharing the student nurses' views that mentoring is part of the unit managers' responsibilities even though they have not been prepared for their role as mentors, they see mentoring is a responsibility of every registered nurse. Andrews and Wallis (1999:206) explain that mentors may be prepared for their role by just observing others, but no national course is available for adequate preparation for mentoring role.

Mentoring of student nurses is seen as the responsibility of the unit managers

Unit managers indicated that there was no official preparation for their mentoring and had the following perceptions to share on that regard:

"During training you are informed that student education is part of your responsibilities."

"... every unit manager has a training role to play as part of your responsibilities in a unit."

"... nobody wants to know whether you understand ... it is just your responsibility."

Clinical nurses have always taken the lead in relation to mentoring of student nurses in the clinical practice, without having been given any formal acknowledgement on the part. Clinical nurses have taken the responsibility of being both clinical practitioners and teachers of student nurses (Andrews & Roberts 2003: 475).

As a unit manager, one is expected to mentor student nurses

A unit manager is like a shepherd who leads a flock, so it is an expectation that he/she has to mentor those under his/her care. Your experience as a mentor may assist in doing a great job of mentoring student nurses. This is evidenced by the following statement:

“As a professional nurse practising, one is expected to mentor students.”

Unit managers are not mentors by choice, but their position as managers and clinical experts, makes it compulsory for them to be mentors. They may feel inadequate in their roles as their training may not have thoroughly prepared or equipped them. Some even take the mentoring role, because of their interest in student nurses and others may have been identified as good role models by the students themselves (Andrews & Chilton 2000:556). Cele, Gumede and Kubheka (2002:42) support this statement by stating the fact that generally in the nursing profession, every professional nurse is required to fulfil a teaching function of the student nurses.

3.3.2.2 Preparation of unit managers for mentoring role

Although the unit managers were not officially informed about their mentoring role or received any formal preparation, they viewed it as part of their responsibilities.

Mentoring largely depend on existing experience

Unit managers said that mentoring within a psychiatric clinical learning environment was not something that they were given a lecture on, but they do

it, out of their clinical experience within that environment. This was evidenced by the following statements:

"... largely it depends on the experience that one accumulated in practice."

"... mentoring becomes a routine thing, even with no guidance."

Unit managers gain experience in mentoring as they get an opportunity to support and work with different student nurses in their units on yearly basis. Mentoring student nurses is not a choice, but a responsibility that is thrust upon the clinical nurses as the student nurse population increases and clinical opportunities are made available (Andrews & Wallis 1999:206).

No formal preparation is given in relation to expectations as a mentor

The unit managers felt that although they mentored student nurses out of their own learning experiences, they were not aware that there has to be some sort of preparation for this mentoring role. The following statements serve as evidence to this effect:

"Formal preparation, no, I was not given any preparation."

"Preparation for us to be mentors was not adequate". Knowledge from college is what we have."

"...most unit managers have no knowledge with regards to preparation for mentoring..."

"...nobody is aware that one should be prepared for mentoring the students..."

Mentors may have doubts with regards to their mentoring preparation and expectations, as there are a variety of ways for preparation for this role. According to Andrews and Chilton (2000:555) one may be prepared by just observing how others do it, or a formal arrangement of mentor training may be instituted.

There is no clarity in relation to the mentoring role of the unit manager within a clinical learning practice environment. The unit managers in the practice learning environment cannot identify their mentoring role if the student nurses

are not clear as to who has to take ownership and responsibility for their support (Drenman 2002: 479).

3.3.2.3 Workbook guides the unit managers' mentoring role

When the student nurses are allocated for clinical practice, they are provided with a practical workbook that clearly outlines their learning outcomes that should be met during their clinical placement. This serves as a guide for the mentors with regards to what they have to guide the student nurses on.

Student nurses' workbooks from different institutions serve as a guide for mentors

The unit managers had the following to say regarding the student nurses' practical workbooks:

"... we are guided by the clinical manuals that the learners bring from their different institutions."

"The mentor is guided by the learner's needs according to the practical guide"

"The student workbooks are the core of what we use to mentor them."

Unit managers are given learning objectives, procedure manuals and evaluation tools so that mentoring of the student nurse may be done smoothly (Murathi, Davhana-Maselesele & Netshandama 2005: 16).

3.3.3 THEME III: ENABLING FACTORS OF MENTORING

The unit managers expressed the fact that they expected to be given feedback in relation to their mentoring role. Either the student nurses or their nurse educators should give feedback after every student nurse exposure in their units with regards to their mentoring experience. This will assist them in knowing what needs to be improved on, or what they have been complimented upon in their mentoring role.

The unit managers also felt that if learning outcomes of the student nurses can be made known to them the very first day of their placement in the unit, their mentoring role will be made much easier. Self-directed student nurse learning will assist them to meet their learning outcomes. In-service training programmes for managers in relation to any new educational developments for learners, will equip them for effective mentoring.

3.3.3.1 Feedback to unit managers on their mentoring role

Unit managers expressed that they spend most of the time with the student nurses in the units unlike their nurse educators. They felt that feedback either by the student nurse or by the nurse educator on student nurses' learning progress will enhance their mentoring role. Unit managers can improve on their mentoring role only if they are made aware whether they are really mentoring the student nurses or not.

Nurse educators give unit managers feedback

It is of utmost importance for the unit managers that the nurse educators communicate with them, when coming for student nurses' accompaniment within the clinical learning environment on the student nurses' progress. This is evidenced by the following statements:

"... some tutors do speak to us when they visit the students ..."

"... some feedback from the tutors about whether my mentoring role has been fruitful or not will help."

"I think close communication between managers and the tutors with regards to student progress after mentoring will be helpful."

There is a need for a stronger communication relationship between the clinical nurses as mentors and nurse educators. Nurse educators have an ongoing responsibility of monitoring progress of their student nurses in the clinical area, and that can be done effectively if they closely communicate with their clinical mentors (Andrews & Wallis 1999:206).

Unit managers participate in the assessment process of the student nurses

Nurse educators plan assessment dates for student nurses when they are in the clinical learning environment. Unit managers are of the opinion that they should be involved in the assessments, as that will also serve as a measure for them to check whether their mentoring role is helping in improving the student nurses' clinical skills. Evaluation in nursing practice assists in checking the student nurses' ability to practice as a safe practitioner the end of a course (Klopper 1999: 127). This is evidenced by the following statements:

"We need to participate in the evaluation process in order to know that the mentoring role achieved its goals or not."

"... some colleges allow us to be co-evaluators, others don't ..."

"... we may know whether mentoring is achieved if we are involved in student evaluations."

The professional nurses working in the units play a major role regarding the provision of clinical teaching within a clinical learning environment. They have a responsibility to assess and evaluate the performance of student nurses in the units during their placement (Cele, Gumede & Kubheka 2002: 47).

Student nurses give unit managers a written feedback on completion of clinical allocation

Feedback on a job performed gives one an opportunity to can evaluate whether one is on the right track and is doing the right thing. Without getting feedback, the unit managers may not be aware of the progress that the student nurses made out of their mentoring. This is what the managers had to say:

"In our hospital we request students to evaluate us on their stay in the units ..."

"I think that the feedback from students in the form of evaluation after their stay will help us a lot ..."

Rolfe and Sanson-Fisher (2002:347) perceive feedback as an essential ingredient for effective learning. Student nurses need to be given feedback in relation to their performance and acquisition of knowledge as this brings about motivation for improvement. This process of acquiring feedback is also vital for the unit manager as that will enhance development of their mentoring role.

Feedback plays a positive role for both the student nurse and the supervisor as that will assist in the focus for development that is constructive. Honest and direct feedback will assist the student nurse and the unit manager to seek improvement. Feedback appears to be related to the perception that the mentor cares about the mentee, and that the mentor is also determined to improve on mentoring skills (Higgins & McCarthy 2005:223). The elder mentor provides written feedback for the student nurse on the experiences and progress achieved within a clinical learning environment (MacDonald and Gallant 2007:59).

3.3.3.2 Provision of learning outcomes

Unit managers believe that learning outcomes have to be known to the mentor, to enable them to guide the student nurses. These learning outcomes should not only be known to the lecturer and the student, but should be shared with the unit managers to enhance mentoring within the clinical learning environment.

Nursing colleges provide unit managers with learning outcomes (objectives)

The student nurses shared that on their arrival in the units, the unit managers made them aware of the clinical files that have been provided from the different colleges. This serves as an easier tool for their mentoring role, although not all colleges send in updated documents. Unit managers are provided with student nurses' learning outcomes and this makes mentoring easier for them. This is evidenced by the following statements:

“The colleges send learning objectives and learning requirements to enable our mentoring role.”

“Some institutions inform us of the student need ... the tutors stipulate what they want us to do.”

“Sometimes we get guidance from the tutors ... it assists in mentoring them.”

Effective clinical learning can take place if proper educational resources are provided. It will be unrealistic for the unit manager to try and mentor the student nurses, if learning outcomes are not provided to them to assist them in meeting these learning outcomes (Klopper 1999:77).

Student nurses submit their workbooks to unit managers

It is the responsibility of the student nurses to ensure that the unit managers are aware of what learning outcomes they would like to achieve at the end of their allocation in a unit.

“When students give you their learning objectives it becomes easy to mentor them.”

“The mentoring is guided by the learner’s needs according to their practical guide.”

“The students’ workbooks are the core of what we use to mentor them.”

Student nurses get an opportunity to work responsibly and independently with regards to making diagnostic and managerial decisions in a unit if the unit manager is aware of what their learning outcomes are. Student nurses are allocated to the psychiatric clinical learning environment in their third and fourth year of study and for each of the study years there are different learning outcomes to be achieved. Student nurses can only be given that opportunity to make independent decisions, if their level of experience and their learning outcomes are known to the mentor (Rolfe & Sanson-Fisher 2002: 346).

3.3.3.3 Self-directed student nurse learning

The unit managers expressed the fact that students have to be self-directed and be willing to learn. According to them, no forced learning can take place, but teaching and guiding can be achieved through delegation of different tasks to the student nurses. Being active participants rather than passive receivers regarding learning in the clinical learning environment, contributes to them being responsible for their own learning. Furthermore they end up enjoying their learning.

Student nurses are given tasks to do on their own

Unit managers give student nurses the liberty to develop by allowing them to work on their own. This forms part of their growth and development. This is evidenced by the following statements:

"... by instilling responsibility on the students and not spoon-feeding them."

"Students must consult their textbooks and make effort to learn."

"Students are given support and encouraged to do case-studies on their own."

"... we even give them responsibilities ... this makes them feel positive to work on their own."

Student nurses should have an open-minded attitude and be actively involved in seeking own information, and be able to feel that they are able to do something on their own with patients for them to show a development in their linking of theory and practice. Resources should be made available that will encourage the student nurses to pursue their own learning (Clearly, Horfsall & De Carlo 2006:141).

Discussions are held with student nurses about what they have learnt

In the units there is a specific time for taking over and handing over during the different shifts. This is part of development for the student nurse as the unit manager imparts knowledge to them. The unit managers get feedback from the personnel that have been either on day and night duty. It is during this time of giving reports that the student nurses are asked questions and are

encouraged by unit managers to be actively involved. To support this, the following quotes of the unit managers are indicated:

"I usually give them tasks to do, and we then discuss all what was learned and relate these to the patients."

"... during handing over meetings students are encouraged to raise concerns and ask questions."

"On first day of orientation I normally encourage them to feel free to ask questions."

Informal conversations, assists the unit manager in obtaining information from the students as to whether they have learnt anything in the unit. There are various ways and methods to assess whether the student nurses' learning needs are met. In using these methods the unit manager will be able to have an idea as to whether student nurses have learnt or not. Student nurses have to be actively involved in defining their own needs. This will be a process to motivate them to learn (Klopper 1999:76).

Student nurses participate actively in their own learning

The unit managers were of the opinion that the students should make an effort in their own learning and not expect everything from the unit managers.

"Students enjoy active participation in their learning."

"They have to make an effort to ask questions and not expect everything from the unit manager."

"Learning entails taking effort, researching and everything of that nature."

An adult student nurse has to be able to make independent active decisions for effective learning to take place. Self-directed and not teacher-centred approaches enable the student nurse to be able to identify problems, find questions and explore to find their solutions. In active participation, responsibility is instilled in the learner that assists the learner to develop understanding (Rolfe & Sanson-Fisher 2002:346). A unit manager may support and encourage the student nurse when necessary, to allay fears and anxieties but the whole aspect of learner determination to acquire skills lies

with the student nurse (Cele, Gumede and Kubheka 2002:48). Smith (2000: 147) is of the opinion that student nurses may be given guidance at the beginning of their placement in a unit, and during their stay in a unit, the mentor should allow them to be independent by standing back and letting the student nurses show their potential and self-motivation.

3.3.4 THEME IV: DISABLING FACTORS OF MENTORING

It is clear that mentoring in the clinical learning environment does take place, but there are some shortcomings that the mentor and the mentee find themselves being faced with. Unit managers indicated that lack of prior theoretical learning makes it difficult for them to mentor the student nurses effectively. Student nurses also portrayed a negative attitude towards the unit managers as well as the learning environment and that interfered with their learning. It appeared to the unit managers that some student nurses did not even like psychiatry hence, a lack of interest to learn.

In addition, certain organisational problems contributed to the ineffective mentoring role of the unit managers. The most prevalent was the shortage of staff and the lack of knowledge by other unit managers regarding mentoring of student nurses.

3.3.4.1 Student nurses' lack of prior theoretical knowledge and orientation

According to the unit managers, lack of prior theoretical learning makes it difficult for them to mentor the student nurses. Not all the student nurses who are allocated in the psychiatric clinical learning environment have psychiatric knowledge and this makes the mentoring role of the unit managers difficult. Student nurses who are allocated in the units, are from different colleges, and sometimes are at different levels of training.

Lack of prior theoretical learning of student nurses

Some student nurses are placed in the psychiatric clinical learning environment, prior to them receiving theoretical background information in psychiatry. This may hamper the mentoring role of the unit managers. Unit managers reported that they are sometimes faced with a situation where the learners that have been allocated in their units, hardly have an idea in relation to psychiatric nursing science as they have never been prepared in theory at the colleges. This is evidenced by the following quotes:

"... those who come to the wards without prior theory learning, tend to have an attitude towards learning psychiatry saying the subject is difficult ... it creates a negative impact on the students."

"It is quiet difficult for a person who comes in the clinical area without background information."

Student nurses have to come to the clinical learning setting prepared with adequate theory, prior to their placement. They have to be provided with adequate information including clear clinical learning outcomes (Clearly, Horsfall & De Carlo 2005:146).

Student nurses' allocation in clinical environment prior to theoretical orientation

Unit managers are concerned about their mentoring of students lack knowledge on what to expect in the psychiatric clinical learning environment. This is evidenced by the following quotes:

"Students lack basic knowledge in psychiatry."

"Students come from various colleges and universities with different orientation."

"I expect students to come for clinical practice with some theoretical knowledge, but they do not have."

"Some students are exposed to psychiatry practice, without having done theory."

Orientation of the student nurses regarding the psychiatric clinical learning environment has to start at the college level, where the student nurse receives theoretical background information. Murathi, Davhana-Maselesele and Netshandama (2005:16) indicated that orientation of the student may not be done satisfactorily either by their college or by a clinical department. It is the responsibility of the unit manager to orientate the students to the surroundings, the routine and procedures in the unit for effective learning to take place. Lack of orientation may hamper the mentoring relationship between the unit manager and the student nurse (Cele, Gumede and Kubheka 2002: 48).

3.3.4.2 Organisational and allocation problems

There are some organisational problems which the mentors cannot solve on their own, but through communication and planning in the institution between unit managers and hospital managers, this can also be dealt with. Unit managers expressed their concern about the fact that they have to accommodate a large number of students simultaneously in the unit which could contribute to mentoring being ineffective. Shortage of personnel in the unit also affects the managers and student nurses as managers have other roles in their units, except student mentoring.

The unit managers voiced their concern about the student nurses' limited time in the unit as it interferes with their mentoring role. Just when the unit managers feel they are getting somewhere with the student nurses, they leave for college.

Staff shortages in the units

As much as the unit managers would like to spend time mentoring the student nurses in the psychiatric clinical learning environment shortage of personnel poses a problem. Unit managers have to balance the multiple roles they play and ensure that each role is attended to satisfactorily. Insufficient allocation of personnel in their units makes it difficult for them to strike a balance between their multiple roles. Mentoring becomes the neglected area as unit managers

sometimes thing that they will attend to the student nurses when other duties have been attended to. This is evidenced by the following quotes:

"Sometimes we are short staffed, and cannot attend to the patient's needs and also be expected to be mentoring the students ... it's just too much."

"... you find yourself busy with other ward duties due to other personnel's absenteeism ... you cannot mentor the students."

"There is not enough time to allocate for mentoring ... staffing is a problem."

"Because of the bigger workload due to staff shortage, it is easy to ignore the mentoring role."

Unit managers have an excessive workload to carry; that of being unit managers, providers of patient care, mentors as well as researchers. A shortage of personnel may contribute to this excessive workload of the unit managers, and due to the multiple roles they play it could interfere with their mentoring role (Murathi, Davhana-Maselesele & Netshandama 2005:18).

Large numbers of student nurses allocated in one unit in the clinical learning environment

Placement of a large number of student nurses within a unit at a specific time, makes the mentoring role of the unit managers quite a difficult process to work on as they end up not knowing whether all student nurses have benefited from their mentoring role or not. The unit managers shared the view that because of the large intake of learners at the colleges, they find themselves in the psychiatric clinical learning environment, having to accommodate more student nurses at a specific time. The following quotes illustrate some of the organisational and allocation problems encountered by the unit managers:

"We cannot cope with too large groups of students ... one is unable to mentor them individually."

"If students are allocated in large groups mentoring becomes ineffective."

"I do not know what can be done, but large numbers really are a problem for one to mentor."

“Allocation of more than one college students in a unit at a time, makes mentoring difficult.”

Each student nurse allocated to a unit has to be mentored. Not all student nurses will be supervised effectively, because of their high numbers in one unit. This becomes strenuous for the mentor (Cele, Gama & Kubheka 2002: 47).

3.3.4.3 Student nurses’ attitudes regarding learning in the psychiatric clinical learning environment

During the interviews, some unit managers indicated that the student nurses’ attitudes towards them, and towards the psychiatric clinical learning environment, created an obstacle in their mentoring role. Some student nurses did not want to be delegated tasks by the unit managers; others did not like psychiatry and felt as if learning was not meant for them.

Negative attitudes of student nurses towards unit managers and the learning environment

Student nurses develop a negative attitude that makes mentoring by unit managers a difficult task. Some student nurses even informed the unit managers that they know what they have come for in the psychiatric clinical learning environment and do not want to be asked now and then what it is that they have learnt. Some of the student nurses just perceived themselves as better than the unit managers because of the fact that some unit managers trained years ago and they felt they have better information than them. The unit managers outlined the problems as follows:

“Mentors want to help, but the attitudes of some students are not encouraging.”

You give the learners work to do, only to find it is not done. Learners just sit and say they are doing their assignments.”

“Sometimes the attitude of the students contributes to the poor mentoring by unit managers.”

“Students may just undermine you because you do not have a nursing education bar.”

Negative behaviour of the student nurses displayed in units, makes the mentoring role difficult. Some student nurses may portray a positive attitude, whilst others may portray a negative attitude. Student nurses lack the necessary respect for the unit managers (Murathi, Davhana-Maselesele & Netshandama 2005: 17).

Psychiatric nursing science is seen as a difficult subject

As indicated earlier, student nurses’ lack of the necessary theoretical background in psychiatry could contribute to the fact that student nurses perceive psychiatric nursing science as a difficult subject. Due to this perception the unit managers’ mentoring role becomes difficult to achieve. The student nurses felt that they do not like the subject due to the terminology being used and it is different from other nursing science subjects. Some student nurses felt that being mentored is a waste of time as they have their own workbooks that guide them regarding the learning outcomes that they have to achieve. This is evidenced by the following quotes from the unit managers:

“Most students are not interested in psychiatry ... it just becomes difficult to mentor them.”

“... you end up forcing information on them, but they are not interested.”

“Students are not interested; they just want to meet the learning outcomes they came for.”

“Once the students have reached their learning outcomes, they are no longer interested in what is happening...psychiatry is seen as a difficult subject.”

Chabedi (as cited by Murathi, Davhana-Maselesele & Netshandama 2005: 17) explains that student nurses are no longer sensitive to their clinical learning practice environment and clinical teaching is not of importance to them. It is not considered to be an important component of training; hence the managers are faced with their refusal to carry out delegated tasks. Some student nurses

are not bothered about being accountable and some just lack the respect for the unit managers.

3.3.4.4 Unit managers' lack of knowledge on mentoring of student nurses

The unit managers were of the opinion that the educational systems undergo change and that they may be left behind in the whole process. They raised a concern that some new teaching strategies like Outcomes-Based Education (OBE) have been introduced. Their concern was that they had trained years ago, and may not be in a position to mentor students effectively due to poor knowledge of the new developments within the teaching fraternity.

Unit managers lack knowledge pertaining to outcomes-based education (OBE) and student nurse mentoring in their units

Most of the unit managers who participated in the research study had extensive years of service within a psychiatric clinical learning environment and had not been taught according to outcomes-based education. Some of the unit managers did not even know what it entailed but just heard about it. The other concern raised was that they did not have the necessary knowledge pertaining to the mentoring of student nurses as they were never given any training on mentoring.

The unit managers had the following to say to outline their concerns on their mentoring role:

"I hear them talk about OBE and so I would love to tell us what it is and what is expected of me as a mentor."

"I think OBE has got something to do with my mentoring, and I need to understand to can be able to mentor the students."

"Sometimes you are teaching or mentoring, not knowing whether you are on track according to OBE or not ..."

To summarise, the unit managers' concerns with regards to their knowledge about new developments in education poses a problem for them. Mentoring

has to be done by a knowledgeable person, and if the person lacks the knowledge, it may be difficult to achieve. Unit managers have to be knowledgeable to disseminate up-to-date information about new advances in theoretical and clinical areas (Cele, Gumede & Kubheka 2002: 48).

3.3.5 THEME V: PLANS TO ENHANCE MENTORING

The managers emphasized the importance of student nurses having theoretical knowledge before they are placed in the clinical learning environment. Student nurses should not be sent to the clinical area without prior theoretical knowledge in class. The lecturer-mentor relationship was also emphasised. The lecturer has to interact and share views with the manager, on aspects pertaining to student nurse learning within a psychiatric clinical learning environment to ensure that effective mentoring takes place.

3.3.5.1 Unit managers' training

The unit managers added to the factors that enable mentoring with their own opinions which were more relevant and applicable to them. They were concerned that they had trained years ago and needed to be kept updated on any new system changes in education, for them to be effective mentors. They were concerned about the new system of teaching namely Outcomes-Based Education and raised the importance of in-service training so that they may also be equipped.

Unit managers to be updated on new developments in student nurse learning (e.g. Outcomes-Based Education)

Unit managers viewed themselves as the link for the student nurse between theory and practice. The student nurses come to the unit with theoretical background, if any, and the unit managers have to mentor them to put that theory into practice. A problem for them is that they are not informed of any changes in nursing education or education in general that may interfere with their mentoring role. They further verbalised a concern that new developments of learning such as outcomes-based education may render their mentoring

role ineffective. Student nurses may be expecting them to act in accordance with the new school of thought whereas they are still of their old school of thought which might be a hindrance for them to reach out to the student nurses. The unit managers gave the following opinions on this aspect:

“We have to go by the curriculum of OBE. We are from the old school of thought. We need updating.”

“I hear them talking about OBE ... I would love to know more and what is expected of us as mentors.”

Professional nurses have to be adequately trained as mentors or clinical facilitators to enable their mentoring responsibility. Clear learning outcomes, awareness of the changes in the educational sector have to be made available for them in order that the student nurses' experiences and teaching in the clinical facilities can be improved (Clearly, Horsfall and De Carlo 2006:145).

Regular in-service training for unit managers on mentoring

The fact that the unit managers have to mentor student nurses, serves as motivation for them to be given regular in-service training thereof. They serve as teachers and a support system for the student nurses in the psychiatric clinical learning environment and have to be well equipped to carry out their task of mentoring. The following quotes serve as evidence:

“We trained some years back and things have changed...”

“We need regular in-service training so as to be equipped to guide the students.”

Murathi, Davhana-Maselesele and Netshandama (2005:19) emphasise that unit managers should receive in-service training on aspects that involve teaching of student nurses within a clinical learning environment. They should be informed of any changes in the educational fraternity, that may benefit them and the student nurses they need to mentor. If in-service training opportunities can be made available to them ineffective mentoring might be overcome.

3.3.5.2 Student nurses to receive prior knowledge

The unit managers emphasised the importance of student nurses having prior theoretical knowledge. Theory should be done at the college prior to clinical allocation, to enable the student nurse to relate theory and practice.

Student nurses need to be exposed to the theoretical background before clinical allocation

Effective mentoring of student nurses by unit managers could be enhanced if the student nurses receive their theoretical background at the college prior to their placement within the psychiatric clinical learning environment. This is evidenced by the following quotes:

“Groups of students who come to us without theoretical knowledge are a real problem students must have prior knowledge to enable mentoring.”

“Students with no background must be supported by their tutors.”

Learners should come from the college with background knowledge of what to expect in the psychiatric clinical area.

3.3.5.3 Enhance collaboration between nurse educators and unit managers

There has to be some sort of communication between the nurse educators and the unit managers. This will help to bridge the theory-practice gap. The unit managers were of the opinion that as the lecturers accompany student nurses in the psychiatric clinical learning environment, the lecturers should communicate with them, to get feedback on how the student nurses are progressing. Some of the questions that the unit managers have regarding the student nurses may be answered in such a collaborative partnership between the lecturers and the unit managers.

Enhance effective communication between nurse educators and unit managers in the psychiatric clinical learning environment

The unit managers were of the opinion that although the **nurse educators** provide student nurses with theoretical information at the college, they still have a responsibility of doing student nurse accompaniment when their student nurses are in the psychiatric clinical learning environment. The unit managers gave the following statements to support the above:

“The tutors must come often in the units so that together with the managers, students’ needs can be tackled.”

“The person giving the theory must also accompany them in the practical area.”

“As a registered nurse, teaching is one’s responsibility, but mentoring should be done by volunteers who are interested in teaching.”

Burns & Paterson (2004:6) also support the link between the nursing colleges and managers in the clinical learning environment as evidenced by the following statements: “Schools have to provide effective communication between the school and the clinical area; schools have to act as educational resource centres for clinical staff and teach and assess student nurses; schools need to complete and update with clinical staff the practice placement profile; schools to monitor with clinical staff the clinical learning environment; schools to provide support to clinical staff who supervise and assess student nurses.”

Andrews and Roberts (2003:474) and Murathi, Davhana-Maselesele and Netshandama (2005:16) agree that a nurse educator’s presence will assist in enhancing a shared mentoring role and the ability of the unit manager to be aware of the student nurse’s needs, and that mentoring of a student nurse is an important function of both *the* nurse educators and unit managers.

3.4. FINDINGS OF THE DATA ANALYSIS: STUDENT NURSES

Five themes, fifteen categories and twenty-three sub-categories emerged for the student nurses. Following is the table and discussion of themes, categories and sub-categories for student nurses in relation to their perceptions with

regards to the mentoring role of unit managers in a psychiatric clinical learning environment.

TABLE 3.2 Students nurses: Themes, categories and sub-categories

THEMES	CATEGORIES	SUB-CATEGORIES
I Mentoring as a concept	<ul style="list-style-type: none"> o Assistance and guidance of student nurses. o Supervision and teaching of a student nurse in a psychiatric clinical learning environment. o Taking care and leading a student nurse. 	<ul style="list-style-type: none"> ▪ The student nurse is assisted and guided by the unit manager in a clinical learning environment. ▪ Mentoring is about supervision by a unit manager in patient care. ▪ A unit manager with experience will be teaching a student nurse. ▪ Mentoring is a process of caring and leading student nurses by unit managers through their learning process.
II Expectations of the mentoring role.	<ul style="list-style-type: none"> o Orientation of a student nurse to the clinical learning environment. o Basic theoretical preparation in psychiatric nursing. o Role of the mentors in the unit is not explained. 	<ul style="list-style-type: none"> ▪ Student nurses are given an orientation on the unit layout. ▪ Student nurses are informed about the student nurse development section in the clinical area. ▪ Student nurses are taught basic psychiatric terminology at the college as preparation. ▪ Student nurses at the college are informed that unit managers will assist and guide them in the clinical area. ▪ Student nurses are orientated on the geographical layout in the clinical area, but the mentoring role of the unit manager is not explained.
III Enabling factors of mentoring.	<ul style="list-style-type: none"> o Collective mentoring function. 	<ul style="list-style-type: none"> ▪ The unit manager delegates other professional nurses to mentor student nurses. ▪ The unit managers and the nurse educators to share the mentoring role of the student nurses ▪ The unit managers give the student nurses liberty to learn from them to enable them to mentor other student nurses.



<p>IV Disabling factors for mentoring.</p>	<ul style="list-style-type: none"> o Personal characteristics of unit managers o Knowledgeable mentors. o Negative behaviours of unit managers. o Limited time for clinical practice for student nurses. 	<ul style="list-style-type: none"> ▪ Unit managers are friendly, approachable, willing and prepared to mentor student nurses. ▪ All unit managers and other professional nurses are knowledgeable about psychiatry. ▪ Unit managers attend to their administrative duties. ▪ Some unit managers talk rudely with students. ▪ Unit managers and other nurses distance themselves from the student nurses. ▪ Student nurses are allocated for a short time in the clinical area.
<p>V Plans to enhance mentoring.</p>	<ul style="list-style-type: none"> o Team work between unit managers, nurse educators and student nurses.. o Unit managers to change attitude. o Training in mentoring for unit managers. o Theoretical preparation of the student nurse prior to clinical allocation. 	<ul style="list-style-type: none"> ▪ Unit managers and student nurses should work collectively. ▪ Nurse educators should assist the unit managers in their mentoring role. ▪ Unit managers to be friendly, approachable and willing to mentor student nurses. ▪ Unit managers need to be trained about their mentoring role. ▪ Nurse educators should ensure theoretical knowledge of student nurses.

Below is a description of the themes, categories and sub-categories of perceptions given by the student nurses regarding mentoring by unit managers within a psychiatric clinical learning environment.

3.4.1 THEME 1: MENTORING AS A CONCEPT

In the second chapter the researcher indicated that unit managers and student nurses were interviewed separately to give their perceptions regarding mentoring of student nurses by unit managers in a psychiatric clinical learning environment. Some of the views the student nurses shared were the same as those shared by the unit managers. They perceived a mentor as a person who is assisting, guiding, supervising, leading, teaching and taking care of student nurses in a psychiatric clinical learning environment.

3.4.1.1 Assistance and guidance of student nurses

Student nurses perceived mentoring as a process where the unit managers have a responsibility to assist and guide student nurses during placement within a psychiatric clinical learning environment. They were of the opinion that learning within that environment depended highly upon the assistance and guidance of the unit managers, who were acquainted with all that happened in the specific unit.

The student nurse is assisted and guided by the unit manager in a clinical learning environment

The students were of the opinion that in mentoring, the unit managers take care of them, by assisting them in meeting their learning outcomes. They also viewed mentoring as a process whereby the unit managers were upholding, assisting and guiding them like a mother-figure within a psychiatric clinical learning environment. These are some of the statements made by the student nurses:

"... mentoring is a process whereby one assists you and guides you in what you need to do in your clinical learning environment."

"I would like to say it is a process whereby you assist another."

"Again it is like having a role-model. You show me, and you guide me."

Mentorship is widely relied upon not just as a support mechanism for student nurses, but also as the main vehicle for the activities associated with learning, teaching and assessment of practice (Andrews & Roberts 2003:474).

Mentorship is a process through which persons of a superior rank and special achievements and prestige, instruct, counsel, guide, and facilitate the intellectual and/or career development of the student. Through advisement and guidance, a mentor empowers the student nurse to become an independent thinker who is able to become a successful and influential individual (Childs, Cook, Jones & Nugent 2004:91).

In Klopper's model of constructivist learning in the nursing science it is emphasised that for learning to take place, the learning accompanist should act as a reflective practitioner and role-model in order to create a deep-holistic learning (Klopper 1999:15). In this context the unit managers act as role-models for the student nurses and their interaction within a psychiatric clinical learning environment brings about clinical development for the student nurses.

3.4.1.2 Supervision and teaching of a student nurse in the psychiatric clinical learning environment

The students perceived mentoring as a process whereby a unit manager with experience teaches and supervises them in patient care. Student nurses are being placed in the clinical learning environment to learn and meet their learning outcomes. This can be fulfilled if the unit manager supervises them in carrying out procedures in the unit, and ensure that patient care is not jeopardised. The student nurses' ability to reach clinical competency, whether in knowledge, understanding, practical and technical skills, attitudes and values depends on the availability of a clinical supervisor (Ajiboye 2000:53).

Mentoring is about supervision of a student nurse by a unit manager in patient care

Student nurses were of the opinion that the unit managers have a responsibility to supervise them in the psychiatric clinical learning

environment. They perceived that in mentoring, the unit manager will supervise them to ensure that they are doing correct procedures. They were of the opinion that they look upon a unit manager for supervision for them not to feel lost and confused within a psychiatric clinical learning environment. They perceived the unit managers as individuals who will supervise them in their area of expertise on aspects that they do not know. The student nurses gave the following statements:

"... when we talk about mentoring there should also be supervision. "Mentoring is about supervision ..."

"Having someone supervising you in patient care."

Mentors are prepared in a variety of ways, from observing how others function to more formal arrangements such as mentor training courses. They often feel inadequate in their roles, either because their own training did not equip them for current practice or because they do not wholly understand what mentoring is all about. The key elements of the role are seen as: teaching, support and assessment of student nurse performance. Mentors are often conflicted between mentoring and providing patient care. The presence of a mentor means that learning has to be planned and has to influence the student nurses (Margaret & Frances 2000:556).

A unit manager with experience will be teaching a student nurse

The student nurses were able to identify that during mentoring teaching takes place. A person with experience can be the best teacher as this person is already acquainted with what is to be done and can easily transfer these accumulated knowledge and experience to the mentee. The student nurses perceived the unit managers as knowledgeable and experienced people within the psychiatric clinical learning environment; due to the number of years they have worked in that environment. They perceived the unit managers as the most relevant individuals to instruct, teach and guide them during their clinical allocation. This is evidenced by the following statements:

"... it is a process whereby someone with experience will be teaching you and guiding you as to how to go about in what you need to do."

"... the term mentoring means that one person is teaching others, like a professional nurse teaching the student nurses."

"Mentoring is instructions given to students in the clinical environment."

Dorsey and Baker (2004:261) explain that in mentoring, a skilled and experienced person serves as a role-model for a less skilled person with the purpose of promoting the latter's professional and personal development.

The constructivist learning approach focuses on the experiences of an individual and ensures that the learning accompanist manages the learning environment (Klopper 1999: 21). In this context, the unit manager has the experience within a psychiatric clinical learning environment, and will be able to mentor the students. The main aspect of concern for the unit manager is to ensure that the student nurse is mentored effectively to meet the learning outcomes.

Taking care and leading a student nurse

Student nurses perceived that they needed to be taken care of when placed within a psychiatric clinical learning environment. There is so much that they are not acquainted with, and would like to have someone who can be able to care for them, prepare them and help them to adjust to this new environment that they find themselves in. They expected a mentor to take care of them whilst also leading them through in their professional skills development. For them, the unit manager served as a carer and guider through their learning process.

Mentoring is a process of caring and leading of student nurses by unit managers through their learning process

Student nurses perceived unit managers as individuals who could take care of them and assist them during their learning in the psychiatric clinical learning environment. As mentors, the student nurses expect the unit managers to ensure that leading, caring and guidance through the learning process takes place.

Evidence is based on the following statements:

“Mentoring means to me that you have to take care of someone.”

“... it is a process of caring for students though their learning.”

“Mentoring is like leading mother to a child guiding and teaching in many ways.”

Mentorship is often portrayed as an effective mechanism for practice learning. Teaching and guiding student nurse learning is often seen as a major role of the mentor, who also has to make sure that effective clinical learning is promoted for achievement of quality performance and success of the student nurse (Andrews & Roberts 2003:476).

The constructivist model of learning, perceives a learning accompanist as a creator of a climate conducive to learning, which will interact with the student nurse in order to construct meaningful learning (Klopper 1999:15). A clinical learning environment serves as a framework of reference for the unit manager for provision of guidance, caring and leading for the student to be able to put into practice the theoretical knowledge acquired (Meyer, Naude & van Niekerk 2004:104).

3.4.2 THEME II: EXPECTATIONS OF THE MENTORING ROLE

The student nurses felt that the expectations of the mentor within the psychiatric clinical learning environment were not clearly stipulated to them as such. There was however some sort of orientation done with them in the units as to what is expected of them and what the unit managers' role will be regarding meeting their learning outcomes. The student nurses were also prepared at the college by being taught the basic theoretical aspects of psychiatric nursing science.

3.4.2.1 Orientation of a student nurse in the psychiatric clinical learning environment

The student nurses were given orientation regarding the different units that they were going to be allocated in and what they were expected to achieve in the different units according to the unit objectives that were set out for the

student nurses from the beginning of every year. The student nurses were also informed of the staff and student nurse development section within the hospital and the role it plays regarding student nurse placement in the different units as well as the role of the unit managers in meeting their learning outcomes.

Student nurses are given orientation on the layout of the unit

The student nurses reported that they were orientated by the unit managers within the units that they were allocated in. The unit managers orientated them on the geographical layout of the units, the type of mental health care users admitted, and other personnel working in the unit, as well as the unit policies and programmes. Orientation plays an important role in mentoring; as the student nurses felt welcomed and reassured that their clinical learning outcomes will be met. This was evidenced by the following statements:

“On our first day in the unit, the unit manager took us around in the unit for orientation.”

“The unit manager delegated the other professional nurse to take us around in the unit.”

“We were shown files for procedures ...”

Nurse preceptors in the units make it their responsibility to orientate the student nurses of the surroundings of the unit, routine of the unit, as well as the unit procedures (Cele, Gumede & Kubheka 2002: 48).

Student nurses are informed about the student nurses' developmental section in the clinical area

The student nurses were informed that in the hospital, there is a staff development section that deals with student nurses' allocation within the hospital. Student nurses do not just come to the hospital and randomly allocate themselves, but a procedure of allocation is followed. This is evidenced by the following statements:

“We were given orientation about different wards and what we need to do in the hospital.”

“We were informed about the student development section.”

Student nurses may not necessarily know prior to their placement in clinical practice which unit managers are going to mentor them. They do not select prior to placement those who have to mentor them. The process of getting to know a person who will mentor may be lengthy as they still have to acquaint themselves to the clinical placement (Andrews & Chilton 2000:560).

3.4.2.2 Basic theoretical preparation in psychiatric nursing science

The student nurses felt that the theory that they learned at the college, prior to their clinical placement, together with the practical manuals they received assisted them in the clinical learning environment. The nurse educators ensured that they prepare the student nurses at the colleges, by giving them the necessary theoretical background. An explanation is given by nurse educators that they have to integrate the learned theory into practice, during the allocation of the student nurses to the psychiatric clinical learning environment. The student nurses were informed by the nurse educators that the unit managers and other clinical nurses will assist them. The nurse educators also provided student nurses with procedure manuals that clearly stipulated the learning outcomes for student nurses within a psychiatric clinical learning environment.

Student nurses are taught psychiatric nursing science at the colleges as preparation

The student nurses saw it as the colleges' responsibility to teach them basic psychiatric terminology. They did not expect much in relation to them being prepared for mentoring, as they were of the opinion that the clinical nurses were aware of their responsibility to mentor the student nurses. A student nurse had the following to say on this aspect:

“... at the college they gave us something basic, like psychiatric terminology, medication and support interviews.”

Teaching psychiatric nursing science is the responsibility of the nurse educators. They are responsible for theoretical preparation of the student nurses. They leave the clinical practice role to the clinical nurse practitioners, and perform their academic role at the colleges with the student nurses (Chapple & Aston 2004: 144).

Student nurses are informed at the college that the unit managers will assist and guide them in the clinical learning area

Not much information was provided by the college lecturers to the student nurses regarding the mentoring role of unit managers within the psychiatric clinical learning environment. Student nurses were informed by their nurse educators that the professional nurses in the units had a responsibility to guide and assist them to achieve their clinical learning outcomes. This is evidenced by the following statements:

“We were informed that clinical sisters will assist and guide us.”

“We received procedure manuals with objectives one needs to meet at the psychiatric clinical practice.”

Role clarification of the clinical facilitator is not correctly done. Each individual could misinterpret and view the role in different ways. One sees the clinical staff as supporters, coordinators, facilitators and link persons as opposed to those who view a clinical person as a clinical teacher. Awareness of this role is not clear (Drenman 2002: 479).

The constructivist approach emphasises that students are enabled to construct knowledge and transform concepts, using the study guides that serve as a learning accompaniment instrument for learning outcomes self-assessment, reflection and evaluation. Within a psychiatric clinical learning environment, the student nurses expect to interact with the unit managers, with an aim of getting assistance and guidance, and avails the student guide or workbook to the unit manager to enable effective mentoring.

3.4.2.3 Role of the mentors in the unit is not explained

In some instances the student nurses felt that they were not informed about the role of the mentor as such, but were just given the orientation with regards to how the unit looks like, where equipment are stored, but not about who will be taking them through their learning experience. It appears as if the lecturers did not perceive it as important to inform the student nurses regarding the mentoring role of the unit managers. They were given a theoretical background and that was deemed sufficient for them to venture into the clinical learning environment.

Student nurses are orientated on the geographical layout in the clinical area, but the mentoring role of the unit manager is not explained

On arrival to the clinical learning environment, the student nurses were taken through the geographical layout of the unit, by either the unit manager or a professional nurse delegated by the unit manager to do so. The unit managers also did not bother to inform the student nurses as to who will be their mentor during their stay in the different units. The following statement serves as evidence:

“We were just orientated on the geographical layout of the unit ... and not informed about the role of the mentors in the unit.”

There appears to be role confusion for the unit manager in the clinical practice. The unit managers are not clear as to who should mentor the student nurses; them or a specific person who is appointed to be the preceptors in the units. Unit managers, who are not appointed as preceptors, overlook their role in teaching the student nurses (Murathi, Davhana-Maselesele & Netshandama 2005: 14).

The constructivist learning approach does not reflect much on the preparation of a learning accompanist. Also not much is reflected in the literature in relation to preparation of a unit manager in relation to the mentoring role. Klopper (1999:28) states that a learning accompanist has the responsibility to

awaken interest in learning, by giving explanations and defining the applicability of a subject. The unit manager has the responsibility to mentor the student nurses, irrespective of whether the mentoring role is explained or not.

3.4.3 THEME III: ENABLING FACTORS OF MENTORING

Student nurses shared the same views that were given by the unit managers. They felt that their theoretical preparation at the nursing college was to their advantage in enabling mentoring by unit managers in the psychiatric clinical learning environment.

The other student nurses felt that mentoring has to be a collective function of both the unit managers and their nurse educators. Unit managers should not be burdened with mentoring of student nurses and the nurse educators be left behind. Personal characteristics and knowledge of the mentors played an important role in mentoring of the student nurses.

3.4.3.1 Collective mentoring function

Student nurses were of the opinion that the unit managers should be aware that the responsibility of delegation of all personnel in the unit lies with him/her and with regards to mentoring the student nurses; this can also be delegated to the other registered nurses or personnel in the unit. Student nurses will always need someone to guide them. Teaching had to continue even when the unit manager is not around or is busy with other ward chores. The student nurses viewed it as advantageous if the manager involved other personnel in the unit for their mentoring as it happens that she is not always available in the unit to attend to them due to some managerial duties that need to be attended to.

The student nurses were also of the opinion that the nurse educators also need to be involved in their mentoring by being actively involved with the unit managers during their accompaniment visits to the units.

The unit managers delegate other professional nurses to mentor student nurses

The unit managers have multiple roles to play when in the unit, and cannot always be available to mentor the students. Some unit managers involve other professional nurses in the mentoring role, as they are aware that student nurse mentoring may be ignored. Shared mentoring practices play an advantage for the students. The student nurses had the following to say:

“The unit manager delegated student mentoring to various sisters in the ward so that even during her absence teaching continues.”

“They really have time to teach us ... the orientation was good.”

“The unit manager informed all registered nurses in the unit that they must teach us something everyday, and in return we have to give feedback on what we have learned.”

The learning accompanist encourages the student nurse to be responsible, self-directed and motivated to learn and delegates responsibilities and encourages feedback (Klopper 1999:14). Clinical facilitators, contribute to the clinical expertise of the student nurses, by being flexible, creating a culture of own critical thinking, and encouraging linking of theory and practice (Williamson & Webb 2001:289).

The unit managers and nurse educators share the mentoring role of student nurses

Student nurses were of the opinion that nurse educators should accompany them during their placement in the psychiatric clinical learning practice. They should also be concerned with their progress in meeting their clinical learning outcomes. They felt that they cannot just leave the whole responsibility to the unit managers and not bother to be concerned about their progress. By being involved, the unit managers will be encouraged to mentor them. This was evidenced by the following statements:

“I think our tutors too, must check what is happening with us when they come to the units.”

‘The lecturers must not just leave the whole work for professional nurse, but must be involved.’

Good partnerships between nursing education and nursing practice can accomplish an effective clinical learning environment of continuous development. A relationship of mutual trust, respect, and genuineness enables a commitment setting out of clear learning outcomes for the student. Nurse educators and nurse administrators will be able to share credit for the achievement of outstanding student nurse learning outcomes (Cronenwett & Redman 2003:131).

The unit managers give the student nurses liberty to learn from them to enable them to mentor other student nurses

An important and cheerful aspect that the student nurses shared regarding the mentoring role by the unit managers, was the fact that they were not just considered to be another pair of hands in the clinical learning environment, but were delegated duties to perform on their own. This served as a measure for their development and progression into professional competence. The following statements serve as evidence:

“It was a good experience as the unit manager gave us the liberty to learn in order to teach others.”

“The unit manager does not teach as such, but she delegates duties to us to work on and the following day she wants feedback ... if we missed something she is patient with us and allocates a registered nurse to be our supervisor for the day.”

Unit managers provide student nurses opportunities to make independent active decisions that enable self-directedness, rather than utilising a teacher-centred approach. The student nurses will be able to identify problems, pose questions and explore solutions. Before opportunities are created in the clinical learning environment to equip students with the responsibility to make diagnostic and management decisions, the supervisor must ensure that the student has the required skills and knowledge before delegating any tasks (Geyer, Naude & Sithole 2002:12; Rolfe & Sanson-Fisher 2002:346).

The constructivist approach focuses on a learning accompanist who intentionally creates a context conducive to learning, which stimulates critical thinking and facilitates holistic learning (Klopper 1999:15). The unit managers interact with the students within a psychiatric clinical learning environment, delegate tasks to them and expect feedback as part of their mentoring role.

3.4.3.2 Personal characteristics of unit managers

It is evident that for mentoring to be done effectively, attitudes play a very important role. Mentoring will not be feasible if one's attitude is not positive. No one will be able to do something fruitfully if they do not possess the passion or the joy to do it. The student nurses felt that the unit managers had to be positive to mentor the student nurses effectively. They expected the unit managers to be friendly, approachable, willing and prepared to guide them. They also expected the unit managers to be knowledgeable people regarding clinical psychiatric nursing.

Unit managers have to be friendly, approachable, willing and prepared to guide the student nurses

A friendly environment enables the students to ask questions and be at liberty to learn from those mentoring them. Student nurses felt that the characteristics of a good mentor played an important role for them to be able to meet their learning outcomes. They felt that the unit managers were friendly and willing to assist them in their learning. These quotes serve as evidence of how the student nurses felt:

"People here are very friendly; they welcomed us and orientated us well."

"... the interpersonal relationship between the staff, patients as well as the students is good and one can approach them easily for help."

"The unit manager is always willing to help, he is open I am really enjoying it."

"It appears like she comes to work every morning very much prepared for the students in her unit ... she knows how to handle and guide students."

Nurse mentors need exceptional qualities such as being good listeners, guiders, affirmers and encouragers for student nurses, to assist them in developing their expertise in the nursing career path. A mentoring relationship is a mechanism for sharing of knowledge, shaping professional nursing identity, and developing talents in young upcoming nurse professionals (MacDonald & Gallant 2007:58).

3.4.3.3 Knowledgeable mentors

Student nurses feel that a knowledgeable mentor is a good asset and is very helpful. No individual will have the confidence to fulfil an expected role, if they are not knowledgeable. The student nurses felt that the unit managers had to be knowledgeable regarding the psychiatric clinical learning environment, to enable them to effectively mentor student nurses.

All unit managers and other professional nurses are knowledgeable about psychiatry

The student nurses were very impressed by the knowledge portrayed by the unit managers and other professional nurses in their allocated units. This knowledge gave the student nurses the impression that the unit managers' mentoring role was going to be effective and fruitful and that they were going to gain sufficient knowledge in the psychiatric clinical learning environment. This was evidenced by the following statements:

"... he will sort out every question that you have and the sisters are also very supportive to students their approach has helped me."

"So far all the sisters that we have come across really have lots of knowledge in psychiatry ... their explanations make you feel you also like to be a psychiatric nurse."

"All nurses here know their story, even the auxiliary nurses."

A good mentor, according to the student nurses, is someone who is supportive, acts as a good role model, teacher, guide and assessor, and in

general, is someone who has the students' interest at heart (Andrews & Roberts 2003: 476).

Kloppers' (1999) model of constructivist learning in the nursing practice, outlines the learning accompanist as an individual with a spirit, body and mind. It entails that a learning accompanist, should have some characteristics that will enable the student to feel attracted and free to communicate with. The characteristics entail warmth, empathy, communication skills, subject expert and enthusiasm. Within the psychiatric clinical learning environment, the unit manager has to reflect the very same characteristics to be considered an effective mentor. Effective mentoring rotates around a good interpersonal relationship between a mentor and a mentee.

3.4.3.4 Theoretical preparation of the student nurse is important

It is evident that the student nurses shared the same views with the unit managers regarding theoretical preparation. The student nurses should not be sent to the clinical learning environment without first getting the necessary knowledge of what they are going to encounter in the psychiatric clinical learning environment. Theoretical information from the college is a necessity for the students to meet their learning outcomes and for the mentoring role of the unit manager to be efficient.

A student nurse must have the theoretical background information

Student nurses were of the opinion that having theoretical background from the college served to their advantage as the unit managers did not have to start preparing them on the theoretical background on psychiatric nursing science. Some of the student nurses reported that they had experience in their third year of study where they did not have any theoretical background, and that made them to hate the psychiatric clinical learning environment and even the mentoring by the unit managers. The following quotes serve as evidence:

"What we did in the theory went hand in hand with what we learned in the practice."

“It is necessary for our tutors at the college to ensure that we get theoretical knowledge before we come for practical.”

“One should be having background information because otherwise it becomes difficult to grasp what you are being taught.”

Mentorship is a self-limiting relationship between an expert and a novice nurse that involves role-modelling, counselling and coaching (Craven 2002:15). Supporting student nurses to learn is an important function for both educators and practitioners. Mentorship is widely relied upon not just as a support mechanism for student nurses, but also as the main vehicle for the activities associated with learning, teaching and assessment of practice (Andrews & Roberts 2003:474).

Kloppers’ model for constructivist learning, perceives a student nurse as an adult, who is able to interact and exchange ideas, debate, reflect and discuss facts with an aim of understanding and construction of new knowledge (Klopper 1999:13). Within the psychiatric clinical learning environment, as the unit manager mentors the student nurses, opportunities for self-development and reflection are also created as part of the mentoring process.

3.4.4 THEME IV: DISABLING FACTORS OF MENTORING

According to the student nurses they were allocated for a brief period to the clinical psychiatric learning environment. They really felt that learning cannot take place in such a short space of time. They saw learning as a continuous process and more time is needed to achieve it. Furthermore, they also felt that tutors are not always available to assist them in the clinical learning environment. It is not only the responsibility of the unit manager to mentor them, and their tutor should also be interested in their progress.

Some bad mentoring experiences were also noted by the student nurses and they felt excluded in the clinical area. Hence they end up not being competent in what they need to learn and do in the psychiatric clinical learning environment. The student nurses and managers felt that contributions are

needed regarding mentoring to ensure mentoring becomes an effective process within the psychiatric clinical learning environment.

3.4.4.1 Negative behaviour of unit managers

It is still evident that there are some very bad elements that are being encountered by the student nurses within the clinical learning environment that really interfere with their learning. Some of the unit managers are a great stumbling block for learning and mentoring to take place. The student nurses found it quiet difficult to deal with the elements of concern. Some unit managers never bothered to mentor them, but gave an excuse that they were busy with their administrative duties, others were just rude towards the student nurses, whilst others distance themselves from the student nurses, and wanted nothing to do with them.

Unit managers attend to administrative duties only

Student nurses were aware that the unit managers have multiple roles to play, but expected them to strike a balance between their roles. Unit managers gave student nurses excuses that they were going to be behind with their administrative duties if they attend to them, and hence excused themselves from the mentoring role. They felt that the student nurse were more of a burden to them. This was evidenced by the following statements:

"Some sisters just say I am busy and I cannot attend to you."

"They must come to the ward and attend to their own things without even bothering about us"

"Some unit manager said that she is not here for the students ..."

"... Only the staff development personnel mentor the students ... the unit managers fail to continue with the teaching in the unit."

"We depend on our tutors when they come for accompaniment."

Poor mentors distance themselves from the student nurses; some even delegate their unwanted duties to the students. In poor mentoring, there is a possibility that the mentors resent their job, hence they become unfriendly,

unapproachable and even intimidate the students. Some mentors might even be lacking knowledge and see student nurses having unrealistic expectations. Some mentors refuse to help the students, deliberately withhold information and may even inhibit the student nurses' development through too close supervision (Gray & Smith 2000:1546).

Some unit managers talk rudely with student nurses

Students experienced some nasty behaviour from some other unit managers. Some could not even hide their negative behaviours and even displayed that in front of other personnel in the unit. A negative attitude creates a stumbling block for learning. Student nurses will end up even being afraid to ask questions as they do not know what behaviours to expect from their mentors. The following quotes serve as evidence:

"Some mentors are nasty and rude towards the students ..."

"... she started harassing me in front of other personnel ... I am already down and out."

"... I am even afraid to talk to the unit manager the way she is so rude ..."

Some mentors have a tendency of intimidating the student nurses. This happens as the mentors may be protecting themselves from making the students aware that they are unclear of their responsibilities or else are not having a clear structure in their teaching (Gray & Smith 2000:32).

Unit managers and other nurses distance themselves from student nurses

The fact that the students are made not to feel to be part of the unit makes it quiet difficult for them to learn. The issue of dividing personnel in the units according to categories made them feel as if they were worth nothing and this was not good for the mentoring relationship. This was evidenced by the following quotes:

"... sisters, the manager and the permanent staff sit in the duty room and students have to see where to fit in. There is no relationship between us and them."

"... usually as students we feel terrible and not feel home ... you are reminded all the time that you are a student."

"We are not allowed to have tea with them ... we have to go the dining hall ... this makes you feel that you are not part of the unit."

Edwards et al. (2004:252) gave another input regarding positive clinical placement experiences as evidenced by the following statements from the student nurses; support for learning, feeling being part of the clinical team, feeling valued for their contribution to patient care, obtaining diversity of clinical experience and having experienced registered nurses working with them.

Within the nursing science context of constructivist learning by Klopper (1999:12), nursing science rotates around the interaction and the deep-holistic learning environment. The learning accompanist creates this conducive learning environment, by having an intentional, meaningful interpersonal relationship that is dynamic and is value bound. Within a psychiatric clinical learning environment, the unit managers show these characteristics, for mentoring to be effectively and positively perceived by the student nurses.

3.4.4.2 Limited time for clinical practice for student nurses

It has been raised as a concern from the student nurses that their time for exposure into the clinical learning environment is very limited. They may still be learning and exploring some new things, only to find that they are being told that their time has lapsed and they need to give a chance to other student nurses from other learning institutions. That is a concern that needs to be followed up by the different student nurses from their different colleges with their facilitators.

Student nurses are allocated for a short time in the clinical area

The students are informed by the staff development area in the unit that they can only be allocated to the clinical area according to the stipulated weeks from the college. The department only plays a role in allocating them to the

unit but the number of weeks for allocation depends upon their clinical hours as stipulated in their training. Student nurses were concerned that sometimes their allocation weeks were not sufficient for them to meet their learning outcomes. This was evidenced by the following quotes:

“The one problem is that the time we spend here is very short we still need to learn more and explore other things.”

“Training facilitators must allow us more exposure in the hospital for us to learn.”

A proper structure has to be in place if student nurses are expected to develop professionally and promote good nursing practices. Student nurses have to be given enough time to do their jobs properly and training has to be provided for them to achieve the required goals. Deficits in preparation and support affect the practice learning experience of student nurses (Walsh & Jones 2005:52). Kloppers’ model for constructivist learning in the nursing practice, does not provide details relating to allocation.

3.4.5 THEME V: PLANS TO ENHANCE MENTORING

The student nurses are in support of team-work within a unit. Where people work hand in hand, smooth running of the environment prevails. They are of the opinion that the student nurses have to support the unit managers in their mentoring role, but the unit managers should also be willing to accommodate them in their units. A collective mentoring practice is of utmost importance.

3.4.5.1 Team work between unit managers, nurse educators and student nurses

The student nurses gave opinions with regards to team-work in the units and attitude change. The fact that mentoring has to take place, depends on team spirit. People’s attitudes can be improved for mentoring to take place effectively. In addition it was mentioned that unit managers need to be trained regarding how to mentor the student nurses.

Unit managers and student nurses should work collectively

It may be difficult sometimes for the unit managers to mentor the student nurses due to their multiple roles in the unit that they have to play, but effective communication can enhance a positive mentoring practice. Unit managers should create an environment where they are able to work as a team with the student nurses to achieve a positive outcome in mentoring. This is evidenced by the following statements:

“When people work as a team in the unit with students ... this will have a positive outcome.”

“Mentoring should be the same in all the units ... they should be willing to guide us.”

Relationships become valuable as individuals sought support and guidance from one another, which in turn, will produce productivity. A time commitment for development and achievement is required to increase productivity in the working environment (Thorpe & Kalischuk 2003:8). Within a welcoming mentoring environment individuals may be helped to obtain skills, knowledge and capabilities that will be needed to achieve personal and professional goals (Wink 2007:96).

Nurse educators should assist unit managers in their mentoring role

The students are of the opinion that a mentor has to be available within the clinical learning environment, for effective learning to take place. Although they are aware that their lecturers may not always be available to accompany them during their allocation in the clinical learning environment, they believe that the ward personnel can play a very important role as clinical facilitators. This is evidenced by the following quotes:

“The tutors travel long distances to come and accompany students ... I think hospital management should allocate sisters responsible for student training in each unit who have Nursing Education.”

“Students from each college must be grouped together.”

A rewarding exchange between service and education can occur if educators and nursing service colleagues share ideas. The support, caring and encouragement received from one another should bring about change in the development of student nurses (Schweer 2004:37). Tutors should, during their visits and accompaniment of learners in the units, assist the unit managers with problems associated with student nurse learning. Communication between the tutors and unit managers should enhance effective clinical teaching (Murathi, Davhana-Maselesele & Netshandama 2005:19).

3.4.5.2 Unit managers to change attitude

It has been emphasised previously that a positive attitude brings about a positive atmosphere of learning. The way some of the student nurses experienced the attitudes of the unit managers was not really conducive for learning and it needs to change. A friendly, approachable mentor is a good asset within a psychiatric clinical learning environment.

Unit managers to be friendly, approachable and be willing to mentor student nurses

The students shared the same opinions with those of unit managers regarding attitudes within a psychiatric clinical learning environment. Unit managers complained about the student nurses' attitude and the student nurses complained about the unit managers' attitude. It is however clear that negativity has to be cleared for effective mentoring. The student nurses gave the following quotes:

"People in general especially managers must forget about being bosses and become good leaders."

"Some managers are cruel and unapproachable ... they are really monsters They must change."

"Managers with bad attitudes must not get students allocated to their units."

"Students must be allowed to evaluate the managers write a report at the end of their stay at a unit."

Ajiboye (2000:53) states that student nurses really need and appreciate the following in a supervisor:

- A designated supervisor who is always ready to facilitate learning and monitor progress and who can delegate supervision even when absent.
- A collaborative relationship that affords a significant degree of autonomy.
- A flexible schedule.
- Occasional one-to-one review sessions to discuss progress and identify emerging needs.
- A resourceful supervisor with considerable academic knowledge.
- A supervisor who will ensure there are adequate opportunities to learn and master core skills.
- The chance to go to lectures, seminars and teaching sessions for staff.
- A supervisor who is aware of different stages of learning and can tailor assistance.
- An approachable and supportive supervisor with good interpersonal and communication skills.
- Recognition of their presence in the ward as student nurses rather than a 'Pair of hands'.

3.4.5.3 Training for unit managers on mentoring

Continuous development in all areas of learning has to take place. Both the unit managers and the learners have got to be on a continuous learning process. In-service trainings should be provided to the unit managers regarding their mentoring role of student nurses in their units.

Unit managers need to be trained on their mentoring role

It is evident from the perceptions given that unit managers have not been trained to mentor, but did that according to their clinical experience. Student nurses experienced some problems with regard to the mentoring role by unit managers within a psychiatric clinical learning environment, hence they were of the opinion that some sort of training could be done for unit managers to improve on their mentoring role. This is evidenced by the following statements from the student nurses:

"I think managers need to be reminded about their mentoring role."

"Student learning outcomes must be discussed with the mentors."

"I think that the role of the unit manager as a teacher should be re-visited ..."

"In-service training for unit managers should also be done to remind them how to mentor students."

"I think unit managers really have to attend the in-service trainings to get to know what they are here for and to remind them to teach students."

Clear nursing objectives and an awareness for a need for flexible change is an important aspect in mentoring to improve student learning (Clearly, Horsfall & De Carlo 2006:145). New directions in clinical teaching are required to maintain high standards in the clinical learning for student nurses. Unit managers have to be familiar with the process of reflective teaching for them to be able to facilitate student nurses' learning in the different clinical settings (Lau, Chuk & So 2002:202).

3.4.5.4 Theoretical preparation of the student nurse prior to clinical allocation

The student nurses raised a concern that they are sometimes sent into the clinical learning environment prior to them receiving theoretical background in psychiatric nursing science. The unit managers shared the same opinion regarding this matter. Theoretical preparation of the student nurses will enable them to have a positive attitude towards psychiatric nursing science and the psychiatric clinical learning environment.

Nurse educators should ensure theoretical knowledge of student nurses

Mentoring of student nurses should not only be the unit managers' responsibility, but the nurse educators need to play a role regarding the preparation of the students for placement in the psychiatric clinical learning environment. They need to ensure that the student nurses gain the necessary theoretical knowledge at the college that will serve as a foundation for the unit

managers to mentor the student nurses within their units. This is evidenced by the following quotes:

“I think it is necessary for our lecturers at the college to ensure that they give us the theory before we come for practical.”

“Firstly if you have to learn something, I believe that you should be having background information.”

“I think our lecturers (tutors) should teach us about the different conditions. This will help our mentors to be able to take us from where we know to where we do not know.”

New teaching methods should be constructed and adopted within a variety of health care settings and learning opportunities. A curriculum that focuses on knowledge, attitudes and skills of the students needs to be looked into. Closing the theory-practice gap is possible by giving theoretical background prior to clinical placement (Lekhuleni, van der Wal & Ehlers 2004:19; Rolfe & Sanson-Fisher 2002:349). The constructivist approach emphasises that the student nurse who has experience will demonstrate learning readiness and learning orientation that is task-orientated and problem-directed. This student nurse will also approach learning intentionally, be an active constructor of own knowledge and will be able to acquire meaning and understanding of what is learned (Klopper 1999:14). The unit manager needs to ensure comprehensive development of the student nurse in the psychiatric clinical learning environment.

It is evident that the data collected in this study, which was specific to the mentoring role of unit managers in the psychiatric clinical learning environment, compare positively with studies done in Scotland (Burns & Paterson 2004:3) and in Ireland (Drenman 2002:475). No contradictory data could be found in any of the sources listed.

3.5 SUMMARY

In the third chapter the researcher focused on the data analysis and a thorough discussion of the findings of the study. The contextual framework

was applied within the context of the psychiatric clinical learning environment by means of appropriate literature. In the next chapter, the researcher will discuss the summary of findings, limitations, recommendations and conclusion of the study.

CHAPTER 4

SUMMARY OF FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION OF THE STUDY

4.1 INTRODUCTION

In the chapter three, the researcher outlined the findings of the data collected with regard to the perceptions of the student nurses and unit managers on mentoring within a psychiatric clinical learning environment. Themes, categories and sub-categories that were identified were also validated in conjunction with literature. In this chapter, the researcher will outline the summary of findings, limitations, recommendations and conclusion of the study.

4.2 SUMMARY OF FINDINGS

The researcher identified that the student nurses and unit managers shared common views regarding their perceptions of the mentoring role of unit managers within a psychiatric clinical learning environment. Though the two groups of participants were interviewed separately, common perceptions emerged under the following five themes: mentoring as a concept, expectations of the mentoring role, enabling factors of mentoring and plans to enhance mentoring. The themes can be summarised as follows:

4.2.1 THEME I: MENTORING AS A CONCEPT

The findings of the study revealed the following perceptions of the participants: assistance and guidance, supervision and teaching, taking care and leading and giving advice to student nurses by experienced, knowledgeable unit managers in a psychiatric clinical learning environment.

4.2.1.1 Assistance and guidance

Participants were of the opinion that student nurses were assisted and guided by unit managers in the clinical learning environment to achieve their learning outcomes. Student nurses perceived unit managers as role-models in what they do; who can be followed in their steps. Unit managers as mentors, assist student nurses to grow in what they do, as they are knowledgeable, experienced and skilled.

4.2.1.2 Supervision and teaching

Mentoring was perceived as a process that is about supervision by unit managers in patient care. Unit managers were perceived as experienced mentors, who were not finding it difficult to teach the student nurses.

4.2.1.3 Taking care, leading and giving advice

Participants perceived mentoring as a process of caring and leading of student nurses by unit managers through their learning process. The unit managers were to give advice, and lead and direct the student nurses placed under their care in the units.

4.2.2 THEME II: EXPECTATIONS OF THE MENTORING ROLE

Participants verbalised the following views regarding expectations of the mentoring role: orientation of student nurses to the clinical learning environment, mentoring as a responsibility of the unit managers, basic theoretical preparation in psychiatric nursing and the workbook as a guidance for the unit manager's mentoring role.

4.2.2.1 Orientation of student nurses to the clinical learning environment

Participants verbalised that student nurses received orientation pertaining to the unit layout, unit objectives, the student development centre that student nurses can utilise for any queries they may have regarding the psychiatric clinical learning environment. According to the participants this was done with the aim of giving support and guidance to the student nurses for easier achievement of their learning outcomes.

4.2.2.2 Mentoring as a responsibility of the unit managers

The unit managers verbalised that they received no specific preparation or training for mentoring the student nurses. They regarded mentoring of the student nurses as part of their responsibilities as managers in the unit. Although the role of a mentor in the unit was not explained, it was expected of unit managers to mentor the student nurses in their units.

4.2.2.3 Basic theoretical preparation in psychiatric nursing science

Before student nurses are allocated to the psychiatric clinical learning environment it is expected that the theoretical component of psychiatric nursing science was taught at the colleges. However, it was experienced by the unit managers that the student nurses lacked theoretical knowledge in psychiatric nursing science.

4.2.2.4 Workbook guides the unit managers' mentoring role

Student nurses from both colleges received practical workbooks with specific learning outcomes that had to be reached in the psychiatric clinical learning environment. These workbooks served as a guide for unit managers in mentoring the student nurses in their units.

4.2.3 THEME III: ENABLING FACTORS OF MENTORING

Participants gave the following opinions regarding enabling factors of mentoring: a collective mentoring function between unit managers and nurse educators, feedback to unit managers on their mentoring role, provision of learning outcomes by the student nurses to the unit managers in the units they are allocated to, self-directed student learning and unit managers as knowledgeable mentors.

4.2.3.1 Collective mentoring function

It was evident that a collective mentoring function could enhance effectiveness of the mentoring role of unit managers. Unit managers tasked other professional nurses to mentor student nurses when they were not able to do so due to other administrative duties. Student nurses

were given the liberty to learn from the unit managers so that they could mentor the other student nurses. The unit managers and the nurse educators shared the responsibility of mentoring the student nurses.

4.2.3.2 Feedback to unit managers on their mentoring role

Nurse educators who accompanied the student nurses during their allocation to the psychiatric clinical learning environment gave unit managers feedback regarding the effectiveness of their mentoring. As unit managers participated in the assessment of student nurses it was easier for them to evaluate if their mentoring was effective or not. Student nurses, on completion of their clinical allocation in the different units gave written feedback regarding their perceptions of the mentoring by the unit managers.

4.2.3.3 Provision of learning outcomes

Participants verbalised that nursing colleges provided unit managers with learning outcomes and learning requirements prior to student nurses' allocation in the clinical learning environment. Student nurses submitted their workbooks to unit managers to enhance their mentoring role.

4.2.3.4 Self-directed student learning

To enhance self-directed learning, student nurses were given tasks to perform on their own. They were then to give feedback to the other student nurses and unit managers regarding what they have learnt.

4.2.3.5 Personal characteristics of unit managers and their knowledge

Unit managers were friendly, approachable, willing and prepared to mentor student nurses. All unit managers and other professional nurses, who mentored the student nurses, were knowledgeable in psychiatric nursing science.

4.2.4 THEME IV: DISABLING FACTORS OF MENTORING

Participants identified the following factors as disabling to the mentoring role of unit managers in the psychiatric clinical learning environment: student nurses' lack of prior theoretical knowledge, student nurses' attitudes regarding learning in the clinical learning environment, organisational and allocation problems, unit managers' lack of knowledge on student nurses' mentoring, negative behaviours of unit managers and limited time for clinical practice for student nurses.

4.2.4.1 Student nurses' lack of prior theoretical knowledge

According to the unit managers student nurses from the two colleges were allocated to the clinical learning environment prior to theoretical orientation. Some student nurses had no theoretical background regarding psychiatric nursing science.

4.2.4.2 Student nurses' attitudes regarding learning in the psychiatric clinical learning environment

Some student nurses had a negative attitude towards the unit managers and the psychiatric clinical learning environment, and others perceived psychiatric nursing science as a difficult subject.

4.2.4.3 Organisational and allocation problems and limited time for clinical practice for student nurses

Participants verbalised that staff shortages impacted negatively on the mentoring role of unit managers. Student nurses were sometimes allocated in large numbers in one unit, which made it difficult for the unit managers to mentor them. In some instances student nurses were allocated for only a short period in the psychiatric clinical learning environment. This made it difficult for the unit managers to evaluate the effectiveness of mentoring.

4.2.4.4 Unit manager's lack of knowledge on mentoring student nurses

Student nurses indicated that some unit managers did not have an idea of how to mentor student nurses in the psychiatric clinical learning environment. The unit managers indicated that they lacked knowledge regarding outcomes-based education and other new curriculum developments pertaining to the training of student nurses'.

4.2.4.5 Negative behaviours of unit managers

Student nurses identified the following as negative behaviours by the unit managers: they ignored their mentoring role and attended to their administrative duties, others talked rudely with the student nurses, and some unit managers distanced themselves from the student nurses. These behaviours contributed to student nurses feeling unwelcome in the psychiatric clinical learning environment.

4.2.5 THEME V: PLANS TO ENHANCE MENTORING

Participants shared the following views regarding plans to enhance mentoring by unit managers in the psychiatric clinical learning environment: training of unit managers on mentoring, theoretical preparation of the student nurses prior to clinical allocation, team work between unit managers, nurse educators and student nurses and change of negative attitudes by unit managers and student nurses.

4.2.5.1 Training of unit managers on the mentoring role

According to the participants unit managers needed training in mentoring as some of them did not perceive it as a vital role. They were of the opinion that regular in-service trainings are necessary to update unit managers on new developments in student nurse learning and curriculum development, such as outcomes-based education.

4.2.5.2 Theoretical preparation of student nurses

Student nurses were sometimes allocated for clinical practice prior to theoretical preparation in psychiatric nursing science. It was indicated that nurse educators should prepare student nurses for the psychiatric clinical

learning environment by teaching the theoretical component of psychiatric nursing science before the student nurses are allocated to the clinical learning environment.

4.2.5.3 Team work between nurse educators and unit managers

Participants felt that nurse educators and unit managers should work collectively to ensure that mentoring of student nurses by the unit managers are effective. Nurse educators should assist unit managers in their mentoring role by availing themselves and provide unit managers with the necessary support. It was indicated that communication between nurse educators and unit managers need to be enhanced. This collaboration between educational and clinical facilities will encourage and strengthen the mentoring role of unit managers.

4.2.5.4 Unit managers and student nurses to change attitudes

Attitudinal problems to psychiatric nursing, negative behavioural patterns of student nurses and unit managers were perceived as additional disabling factors for mentoring. Student nurses and unit managers should be friendly, approachable, willing to be mentored and to mentor respectively.

4.3 LIMITATIONS OF THE STUDY

Although other members of the healthcare team were available at the specific psychiatric hospital to mentor student nurses during their allocation to the psychiatric clinical learning environment, the researcher chose to only include the unit managers, as the mentors, and the fourth year student nurses, as the mentees, to participate in the study. The researcher was of the opinion that these individuals would be representative for the research under study. The unit managers were chosen due to their psychiatric clinical experience, and the student nurses were selected because they had more than one year exposure in the psychiatric clinical learning environment.

The researcher prepared the questions for the focus group interviews in advance. This could influence the findings of the research as it may be indicative of what the researcher herself wanted to interpret from the data collected.

4.4 RECOMMENDATIONS

From the findings of the research study, the researcher proposed the following recommendations regarding nursing practice, nursing education, and nursing research.

4.4.1 Nursing practice

Nurse educators do clinical accompaniment of student nurses within the clinical learning environment to assess them on their learning progress. It will be advantageous for them to utilise this opportunity to interact and communicate with the unit managers, to address the learning needs of the student nurses and narrow or even close the theory-practice gap that has occurred.

Nurse educators also need to utilise the unit managers as co-assessors during their assessments of nursing students as a way of giving feedback to the unit managers with regards to the progress of student nurses whilst being mentored by the unit managers. The unit managers should use these opportunities to communicate their concerns regarding the type of student nurse placed within the psychiatric clinical learning environment.

As some problems are encountered within the psychiatric clinical learning environment, Murathi, Davhana-Maselesele and Netshandama(2005:19) are of the opinion that unit managers should be part of student nurses' learning. Unit manager should be invited to attend ceremonies at the colleges to ensure they feel part of the student nurses' learning. Unit managers should be involved in the student nurses' assessments and receive feedback from colleges on their progress after placement in their units. Nurse educators should communicate with them when accompanying student nurses in their units.

As both student nurses and unit managers felt uncomfortable with the negative attitudes displayed, it is important to determine the cause of these negative attitudes and deal with it accordingly. If the attitudinal problems are due to burnout from the managers' side, workload or staff shortage that should be addressed with the relevant hospital management. If attitudinal problems from the student nurses are due to lack of prior knowledge, that has to be addressed with the relevant educational institution.

It is advisable that nurse educators and unit managers meet and collaborate in such a way to ease any tension present between student nurses and unit managers. Unit managers should also arrange meetings within their units with the student nurses, to clarify any misunderstandings that could interfere with their mentoring role.

Nurse educators should become more involved in the psychiatric clinical learning environment and provide support for unit managers through professional development programmes aimed at addressing needs and shortcomings such as the identified lack of knowledge regarding outcomes-based education. This will promote understanding and assist the unit managers in addressing student nurses' negative attitudes and behaviours. Unit managers should learn to be welcoming, approachable, and supportive to student nurses, to enable them to feel that they are part of the nursing personnel in their units, and are allowed to interact with patients. Student nurses should also portray a positive attitude of open-mindedness, be aware of their goals, needs and interests and be willing to be mentored by the unit managers (Clearly, Horfsall & De Carlo 2006: 145).

4.4.2 Nursing education

Unit managers in the psychiatric clinical learning environment are faced with a dynamic educational system in nursing. To stay abreast of changes, unit managers should be exposed to continuous professional development regarding changes in the educational system. Therefore, it is vital that the staff development section within the specific psychiatric hospital liaise with

educational institutions to arrange in-service-training regarding any changes within the educational sector to promote theory-practice correlation.

Unit managers should be provided with the workbooks that the student nurses receive at their respective educational institutions, to ensure they stay up to date with the new developments in nursing education. By including the unit managers in the nurse educator/student nurse discussions, the theory-base of the unit managers will be improved and be brought up to date.

As mentoring is viewed as a complex role, it is essential that mentors have to be updated on their mentoring role and have access to information which will facilitate their mentoring role. Face-to-face sessions may be employed or supporting learning materials such as videos or pamphlets could be made available to the unit managers to allow them to stay informed and become knowledgeable regarding mentoring. Adequate preparation, ongoing support and encouragement should also be given to the mentors (Burns & Paterson 2004:6).

The educational institutions should ensure that student nurses are allocated to the clinical learning environment with prior theoretical knowledge in place. If this is not the case, the student nurses should be accompanied by the nurse educators to ensure correlation of theory with practice.

In addition, nurse educators need to communicate with the staff development section within the specific psychiatric hospital for inclusion of the student nurses in any in-service training sessions that take place within the hospital to allow student nurses to acquire the necessary competence in the clinical learning environment. The plan to have clinical preceptors may also be considered.

Lau, Chuk and So (2002:204) support the above statement as they emphasise the importance of information sessions being held with student

nurses prior to their allocation to the clinical learning environment. This will assist in providing an overview of what the program entails. Student nurses will be able to integrate the theoretical learning experience to practice.

Unit managers raised a concern regarding outcomes-based education. Outcomes-based education focuses its theoretical foundation on educational objectives, competency-based learning, mastery learning and criterion-referenced assessment. In outcomes-based education, the student nurses' needs to learn become clearly stated, their facilitation towards achievement of learning outcomes is done by the nurse educator and assistance and time to reach their potential in the clinical learning environment is provided for by the unit manager (van der Horst & McDonald 2003:12).

Unit managers should be made aware that outcomes-based education is not new as such, but is just an approach that requires nurse educators, unit managers, and student nurses to focus on the desired end-results of each learning process and the instructive learning processes. The unit managers should be informed that their role in the process will be to continue focusing on demonstration of procedures for student nurses and their supervision so that they can meet their required clinical learning outcomes. Outcomes-based education requires different stakeholders to act as co-operative partners who communicate regularly regarding problems, special needs and the progress of learning for student nurses (van der Horst & McDonald 2003:6). Nurse educators and unit managers can hold meetings to discuss the student nurses' progress.

Student nurses should clearly understand their role in the process of outcomes-based education. It is their responsibility to be actively involved in their learning and to show interest and enthusiasm in reaching their learning outcomes. Nurse educators should inform them of their role as active and interested participants in the learning process. Their expectation of supportive mentors needs to be supported.

4.4.3 Nursing research

Unit managers, from only one public psychiatric hospital, and student nurses from one nursing college in Gauteng province and one nursing college in North West province, were included in the study. Further research is needed to determine if unit managers from other psychiatric hospitals and student nurses from other nursing colleges have similar perceptions regarding the mentoring role of unit managers in the psychiatric clinical learning environment.

Future research would be necessary to evaluate the outcome of the implemented recommendations regarding the mentoring role of unit managers in the psychiatric clinical learning environment.

4.5 CONCLUSION

It is expected of student nurses to be competent professional nurses on completion of their studies. To ensure this, they need to be able to correlate theory and practice to develop the necessary clinical skills. To assist student nurses to achieve this, a satisfactory placement in the psychiatric clinical learning environment where unit managers support them through effective mentoring is vital.

The understanding the researcher gained about the perceptions of both student nurses and unit managers regarding the role of unit managers as mentors, assisted in the development of recommendations for student nurses and unit managers in the psychiatric clinical learning environment. Should these recommendations be implemented, it may contribute to student nurses receiving effective mentoring in the psychiatric clinical learning environment that will assist them to become competent professional nurses.

LIST OF REFERENCES

Ajiboye, P. 2000. Learning partners. *Nursing Standard*, 14(51), 53.

Andrews, M. & Chilton, F. 2000. Student and mentor perceptions of mentoring effectiveness. *Nurse Education Today*, 20, 555–562.

Andrews, A. & Roberts, D. 2003. Supporting student nurses learning in and through clinical practice: the role of the clinical guide. *Nurse Education Today*, 23, 474–481.

Andrews, M. & Wallis, M. 1999. Mentorship in nursing: a literature review. *Journal of Advanced Nursing*, 29(1), 201-207.

Burns, N. & Grove, S.K. 2005. *The practice of nursing research, conduct, critique and utilisation*. 5th ed. Pennsylvania: W.B. Saunders Company.

Burns, N. & Grove, S.K. 2009. *The practice of nursing research. Appraisal, synthesis and generation of evidence*. 6th ed. Philadelphia: W.B. Saunders Company.

Burns, I. & Paterson, I.M. 2005. Clinical practice and placement support: supporting learning in practice. *Nurse Education in Practice*, 5, 3-9

Cele, S.R., Gumede, H.A. & Kubheka, B.A. 2002. An investigation of the roles and functions of nurse preceptors in the clinical areas. *Curationis*, 25(1), 41-50.

Chapple, M. & Aston, E.S. 2004. Practice learning teams: a partnership approach to supporting student' s clinical learning. *Nurse Education in Practice*, 4, 143-149.

Clearly, M., Horsfall, J. & De Carlo, P. 2006. Improving student learning in mental health settings: The views of clinical stakeholders. *Nurse Education in Practice*, 6, 141-148.

Crafts, L., Kitson, K. & Tarling, M. 2002. *The essential researcher's handbook for nurses and health care professionals*. 2nd ed. London: Harcourt publishers Limited.

Craven, C. 2002. Mentoring: A model method. *Nurse Management*, 89-94.

Cronenwett, L.R. & Redman, R. 2003. Partners in action: nursing education and nursing practice. *Journal of Nursing Administration*, 33(3), 131-133.

Dorsey, E.L. & Baker, C.M. 2004. Mentoring undergraduate nursing students. *Nurse Educator*, 29(6), 260-265.

Drenman, J. 2002. An evaluation of the role of the clinical placement co-ordinator in student nurse support in the clinical area. *Journal of Advanced Nursing*, 40(4), 475-483.

Edwards, H., Smith S., Courtney, M., Finlayson, K. & Chapman, H. 2004. The impact of clinical placement location on nursing students' competence and preparedness for practice. *Nurse Education Today*, 24(1), 248-255.

Garmel, G.M. 2004. Mentoring medical students in academic emergency medicine. *Academic Emergency Medicine*, 11(12), 1351-1357.

Geyer, N., Naude, S. & Sithole, G. 2002. Legislative issues impacting on the practice of the South African nurse practitioner. *Journal of the American Academy of Nurse Practitioners*, 14(1), 11-15.

Gopee, N. 2008. *Mentoring and supervision in healthcare*. 1st ed. London: Sage Publications.

Gray, M.A., & Smith, L.N. 2000. The qualities of an effective mentor from the student nurse's perspective: findings from a longitudinal qualitative study. *Journal of Advanced Nursing*, 32(6), 1542-1549.

Greeff, M. 2005. Information collection: Interviewing. In, A.S. De Vos, H. Strydom, C.B. Fouché & C.S.L. Delport. *Research at grassroots for the social sciences and human service professions*. 3rd ed. Pretoria: Van Schaik Publishers.

Higgins, A., & McCarthy, M. 2005. Psychiatric nursing students' experiences of having a mentor during their first practice placement: an Irish perspective. *Nurse Education in Practice*, 5, 218-224.

Hudson, P. 2003. Focus group interviews: a guide for palliative care researchers and clinicians. *International Journal of Palliative Nursing*, 9, 202-207.

Kidd, P.S. & Parshall, M.B. 2000. Getting the focus and the group: enhancing analytical rigor in focus group research. *Qualitative Health Research*, 10(3), 293-308.

Klopper, H. 1999. *Nursing education: A reflection*. 2nd ed. Lynnwood Ridge: Amabukhu Publications.

Klopper, H. 2008. The qualitative research proposal. *Curationis*, 31(4), 61-72.

Lau, A.K.L., Chuk, K.C. & So, W.K.W. 2002. Reflective practise in clinical teaching. *Nursing and Health Sciences*, 4, 201-208.

Lekhuleni, E.M., van der Wal, D.M. & Ehlers, V.J. 2004. Perceptions regarding the clinical accompaniment of student nurses in the Limpopo province. *Health SA Gesondheid*, 9(3), 15-27.

MacDonald, J., & Gallant, M. 2007. Elders as mentors of nursing students. *Nurse Educator*, 32(2) 58-60.

Mansell, I., Bennett, G., Northway, R., Mead, D. & Moseley, L. 2004. The learning curve: the advantages and disadvantages in the use of focus groups as a method of data collection. *Nurse Researcher*, 11(4), 79-88.

McMillan, J.H. & Schumacher, S. 2000. *Research in education*. 5th ed. New York: Longman.

Meyer, S., Naude, M. & Van Niekerk, S.E. 2004. *The unit nursing manager: a comprehensive guide*. 2nd ed. Sandton: Heinemann.

Moeti, M.R., Van Niekerk, S.E. & Van Velden, C.E. 2004. Perceptions of the clinical competence of newly registered nurses in North West Province. *Curationis*, 27(3), 72-78.

Murathi, L.A., Davhana-Maselesele, M. & Netshandama, V.O. 2005. Clinical teaching of student nurses by unit managers of selected hospitals in Limpopo Province. *Curationis*, 2005, 28(1), 13-20.

Newton, J.M., Jolly, B.C., Ockerby, M. & Cross, W.M. 2010. Clinical learning environment inventory: factor analysis. *Journal of Advanced Nursing*, 66(6), 1371-1381.

Nugent, K.E., Childs, G., Jones, R. & Cook, P. 2004. A mentorship model for the retention of minority students. *Nursing Outlook*, 52, 89-94

Papp, I., Markkanen, M. & Von Bondsdorff, M. 2003. Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences. *Nurse Education Today*, 23, 262-268.

Pitney, W.A. 2004. Strategies for establishing trustworthiness in qualitative research. *Athletic Therapy Today*, 9(1), 26-28.

Polit, D. F., & Beck, C.T. 2006. *Essentials of nursing research, methods, appraisal, and utilization*. 6th ed. Philadelphia: Lippincott Williams & Wilkins.

Polit, D. F., & Beck, C.T. 2008. *Nursing research, generating and assessing evidence for nursing practice*. 8th ed. Philadelphia: Lippincott Williams & Wilkins.

Pretoria News. 2007. Neglect killed my baby; by Poloko Tau and Neo Moilola on page 1 of Pretoria News on 22 November 2007.

Redmond, R. & Curtis, E. 2009. Focus groups: principles and process. *Nurse Researcher*, 16(3), 57-69.

Rolfe, G. 2001. *Closing the theory-practice gap. A new paradigm for nursing*. 3rd ed. Oxford: Butterworth–Heinemann Ltd.

Rolfe, I.E., & Sanson-Fisher, R.W. 2002. Translating learning principles into practice: a new strategy for learning clinical skills. *Medical Education*, 36, 345 -352.

Schweer, K.D. 2004. Increasing cultural understanding between the worlds of service and education. A global nursing exchange outcome. *Nursing Administration Quarterly*, 28(1), 36–38.

Scott, E.S. 2005. Peer-to-peer mentoring: teaching collegiality. *Nurse Educator*, 30(2), 52 – 56.

SANC. South African Nursing Council. 1985. Regulation R.425 as amended. Regulations relating to the approval of and the minimum requirements for the education and training of a nurse (general, psychiatric and community) and midwife leading to registration.

SANC: South African Nursing Council. 1993. The philosophy and policy of the South African Nursing Council with regard to professional nursing education.

Streubert Speziale, H.J. & Carpenter, D.R. 2007. *Qualitative research in nursing. Advancing the humanistic imperative*. 4th ed. Philadelphia: Lippincott Williams & Wilkins.

Stuart, G.W. 2009. Therapeutic nurse-patient relationship. In G.W. Stuart, *Principles and practice of psychiatric nursing*. 9th ed. St Louis: Mosby Elsevier.

Tesch, R. 1990. *Qualitative research analysis types and software tools*. New York: Falmer Press.

The South African Oxford School Dictionary. 2003. 16th Impression. South Africa.

Thorpe, K. & Kalischuk, R.G. 2003. A collegial mentoring model of nurse educators. *Nursing Forum*, 38(1), 5-15.

Tuckett, A.G. 2005. Part II. Rigour in qualitative research: complexities and solutions. *Nurse Researcher*, 13(1), 29-42.

Van der Horst, H. & McDonald R. 2003. *Outcomes-based education: Theory and Practice*. 1st ed. Tee Vee Printers and Publishers.

Walsh, P. & Jones, K. 2005. An exploration of tripartite collaboration in developing a strategic approach to the facilitation of practice learning. *Nursing Education in Practice*, 5, 49-57.

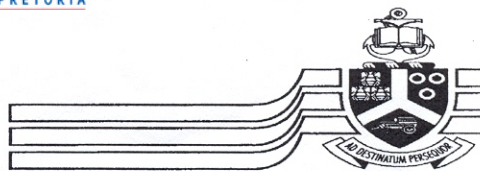
Watson, N.A. 1999. Mentoring today – the students' views. An investigative study of pre-registration nursing students' experiences and perceptions of mentoring in one theory/practice module of the Common Foundation Programme on a Project 2000. *Journal of Advanced Nursing*, 29(1), 254-262.

Webb, C. & Kevern, J. 2001. Focus groups as a research method: a critique of some aspects of their use in nursing research. *Journal of Advanced Nursing*, 33(6), 798-805.

Williamson, G.R. & Webb, C. 2001. Supporting students in practice. *Journal of Clinical Nursing*, 10, 284-292.

Wink, D. 2007. Discovering your mentoring mosaic. *Nurse Educator*, 32(3), 95-96.

**ANNEXURE A: Approval Research Ethics Committee, Faculty of
Healthcare Sciences, University of Pretoria**



University of Pretoria

Faculty of Health Sciences Research Ethics Committee

University of Pretoria

Tel (012) 339 8619

Fax (012) 339 8587

E Mail deepeka.behari@up.ac.za

Soutpansberg Road

Private Bag x 385

MRC-Building

Pretoria

Level 2, Room 20

0001

Date: 26/10/2005

Number : **S195/2005**

Title : The mentoring role of unit managers in a clinical psychiatric setting

Investigator : M A Chabedi, Dept of Nursing Science, Pretoria Academic Hospital / University of Pretoria (SUPERVISOR: DR S M MEYER)

Sponsor : None

Study Degree : **Mcur**

This Student Protocol has been considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 25/10/2005 and found to be acceptable.

Mr K P Behari	B.Proc. KZN; LLM – Unisa;
Advocate AG Nienaber	(female)BA(Hons) (Wits); LLB; LLM (UP); Dipl.Datometrics (UNISA)
Prof V.O.L. Karusseit	MBChB; MFGP (SA); M.Med (Chir); FCS (SA): Surgeon
Dr M E Kenoshi	MB,CHB; DTM & H (Wits); C.E.O. of the Pretoria Academic Hospital
Prof M Kruger	(female) MB.ChB.(Pret); Mmed.Paed.(Pret); Ph.D. (Leuven)
Dr N K Likibi	MB.BCh.; Med.Adviser (Gauteng Dept.of Health)
Dr F M Mulaudzi	(female) Department of Nursing,
Mrs E.L. Nombe	(female) B.A. CUR Honours; MSC Nursing - UNISA
Snr Sr J. Phatoli	(female) BCUR (Et.AI) Senior Nursing-Sister
Dr L Schoeman	(female) Bpharm, BA Hons (Psy), PhD
Prof H.W. Pretorius	MBChB; M.Med (Psych) MD: Psychiatrist
Prof J.R. Snyman	MBChB, M.Pharm.Med: MD: Pharmacologist
Dr R Sommers	(female) MBChB; M.Med (Int); MPhar.Med;
Prof TJP Swart	BChD, MSc (Odont), MChD (Oral Path) Senior Specialist; Oral Pathology
Prof C W van Staden	MBChB; Mmed (Psych); MD; FTCL; UPLM; Dept of Psychiatry

Student Ethics Sub-Committee

Mrs E Ahrens	(female) B.Cur
Dr L Schoeman	(female) Bpharm, BA Hons (Psy), PhD
Dr R Sommers	SECRETARIAT (female) MBChB; M.Med (Int); MPharMed
Dr S.J.C. van der Walt	(female) B Art et Scien (PU for CHE), M Soc Sc (UFS), M Ed (UFS), D.Cur (RAU)
Mrs N Lizamore	(female) BSc(Stell), BSc (Hons) (Pret), MSc (Pret) DHETP (Pret)
Prof R S K Apatu	MBChB(Legon); PhD(Cambridge)
Dr S I Cronje	DD (UP) – Old Testament Theology
Dr M M Geysler	(female) BSc; MBChB; BSc HONS (Pharm); Dip PEC; MpraxMed


PROF J R SNYMAN

MBChB, M.Pharm.Med: MD: Pharmacologist
CHAIRPERSON of the Faculty of Health Sciences Research
Main Ethics Committee - University of Pretoria


DR L SCHOEMAN

Bpharm, BA Hons (Psy), PhD
CHAIRPERSON of the Faculty of Health Sciences Research
Students Ethics Committee – University of Pretoria



ANNEXURE B: Permission to conduct the study – Gauteng Provincial Department of Health



22 De Pers Place
NELLMAPIUS
0162
27 January 2006

Deputy Director
Nursing Education Department
Department of Health
Private Bag X085
MARSHALLTOWN
2107

Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby request permission to conduct research at XXXX Hospital with unit managers and student nurses from XXXXX Nursing College during their psychiatric clinical placement at the hospital as part of a MCur degree that I am registered for at the University of Pretoria.

Title of the study:

The mentoring role of unit managers in a clinical psychiatric setting.

Aim of the study:

To explore and describe the perceptions of student nurses and unit managers in a specific public psychiatric hospital with regards to the mentoring role of unit managers within the clinical learning environment.

Objectives of the study:

- To explore and describe student nurses' perceptions regarding the mentoring role of unit managers within the psychiatric clinical learning environment.
- To explore and describe unit managers' perceptions regarding the mentoring role of unit managers within the psychiatric clinical learning environment.
- To make recommendations to enhance the mentoring of students by unit managers in a psychiatric clinical learning environment.

Research Instrument:

The researcher will conduct focus group interviews with the unit managers as well as fourth year psychiatric nursing students from XXXXX Nursing College

and XXXXX Nursing College, during their placement for practicals at the hospital. Different dates will be scheduled prior to the interviews being conducted.

Confidentiality:

A participation information leaflet, explaining purpose, aim, and anonymity and confidentiality status of the research will be distributed to the participants. Participants will be informed that their involvement in the research is voluntary and no personal identification will be necessary during interviews.

Data collection:

Data will be collected from unit managers and fourth year psychiatric nursing students from institutions stated above by focus group interviews. No patients will be involved in the study.

Hoping that my application will be considered.

Thank You.

Yours faithfully

M. A. Chabedi (Mrs.)

Telephone: 012-803-0326 (Home)

0835038655 (Cell)

012-319-9526\9527 (Work)

Supervisor:

Dr. Salome Meyer

Telephone: 012-354-2129

Fax: 012-354-2125

E-mail: salome.meyer@up.ac.za

Co-supervisor:

Dr. S. J. Marais

Telephone: 012-354-1976\7

Fax: 012-354-2151

E-mail: kobiem@gpg.gov.za

Signature: _____

ANNEXURE C: Permission to conduct study at XXXX Nursing College

22 De Pers Place
PRETORIA
0162
24 October 2005

The Principal
XXXXX Nursing College
Private Bag XXXX
XXXXX
0001

Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby request permission to conduct a research project as part of an M Cur degree that I am registered for at the University of Pretoria.

Title of study:

The mentoring role of unit managers in a clinical psychiatric setting.

Aim of the study:

To explore and describe the perceptions of student nurses and unit managers in a specific public psychiatric hospital with regards to the mentoring role of unit managers within the clinical learning environment.

Objectives of the study:

- To explore and describe student nurses' perceptions regarding the mentoring role of unit managers within the psychiatric clinical learning environment.
- To explore and describe unit managers' perceptions regarding the mentoring role of unit managers within the psychiatric clinical learning environment.
- To make recommendations to enhance the mentoring of students by unit managers in a psychiatric clinical learning environment.

Research instrument:

The researcher will conduct focus group interviews with the fourth year psychiatric nursing students from the college as well as unit managers during the student's placement for clinical practice at XXXX hospital. Different dates will be scheduled prior to the interviews being conducted.

Confidentiality:

A participation information letter, explaining purpose, aim, and anonymity and confidentiality status will be distributed to the participants.

Participants will be informed that their involvement in the research is voluntary and no personal identification will be necessary during the interviews.

Data collection:

Unit managers and fourth year students will be involved during the focus group interviews. No patients will be involved in this study.

Hoping that my application will be considered.

Thank You.

Yours faithfully

M. A. Chabedi (Mrs.)

Student Number: 24365442

Telephone: 012-803-0326 (Home)

0835038655

(Cell)

012-319-9526 (Work)

Supervisor:

Dr. Salome Meyer

University of Pretoria

Telephone: 012-354-2129

Fax: 012-354-2125

E-mail: salome.meyer@up.ac.za

Co-supervisor:

Dr. S. J. Marais

Telephone: 012-354-1976\7

Fax: 012-354-2151

E-mail: kobiem@gpg.gov.za

Signature: _____

ANNEXURE D: Permission to conduct study at XXXX Nursing College

22 De Pers Place
PRETORIA
0162
24 October 2005

The Principal
XXXXXX Nursing College
Private Bag XXX
XXXXXXX
XXXX

Sir

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby request permission to conduct a research project as part of an M Cur degree that I am registered for at the University of Pretoria.

Title of the study:

- **The mentoring role of unit managers in a clinical psychiatric setting**

Aim of the study:

- To explore and describe the perceptions of student nurses and unit managers in a specific public psychiatric hospital with regards to the mentoring role of unit managers within the clinical learning environment.

Objectives of the study:

- To explore and describe student nurses' perceptions regarding the mentoring role of unit managers within the psychiatric clinical learning environment.
- To explore and describe unit managers' perceptions regarding the mentoring role of unit managers within the psychiatric clinical learning environment.
- To make recommendations to enhance the mentoring of students by unit managers in a psychiatric clinical learning environment.

Research instrument:

The researcher will conduct focus group interviews with the fourth year psychiatric nursing students from the college as well as unit managers during the student's placement for clinical practice at XXXX hospital. Different dates will be scheduled prior to the interviews being conducted.

Confidentiality:

A participation information letter, explaining purpose, aim, and anonymity and confidentiality status will be distributed to the participants. Participants will be informed that their involvement in the research is voluntary and no personal identification will be necessary during the interviews.

Data collection:

Unit managers and fourth year students will be involved during the focus group interviews. No patients will be involved in this study.

Hoping that my application will be considered.

Thank You.

Yours faithfully

M. A. Chabedi (Mrs.)

Student Number: 24365442

Telephone: 012-803-0326 (Home)

0835038655 (Cell)

012-319-9526 (Work)

Supervisor:

Dr. Salome Meyer

University of Pretoria

Telephone: 012-354-2129

Fax: 012-354-2125

E-mail: salome.meyer@up.ac.za

Co-supervisor:

Dr. S. J. Marais

Telephone: 012-354-1976\7

Fax: 012-354-2151

E-mail: kobiem@gpg.gov.za

Signature: _____

ANNEXURE E: Permission to conduct study from the CEO of the selected public psychiatric hospital

22 De Pers Place
NELLMAPIUS
0162
27 January 2006

The CEO
XXXX Hospital
Private Bag XXXX
XXXXX
XXXXX

Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby request permission to conduct research at XXXXX Hospital with unit managers and student nurses from XXXX Nursing College during their psychiatric clinical placement at the hospital as part of a MCur degree that I am registered for at the University of Pretoria.

Title of the study:

The mentoring role of unit managers in a clinical psychiatric setting.

Aim of the study:

To explore and describe the perceptions of student nurses and unit managers in a specific public psychiatric hospital with regards to the mentoring role of unit managers within the clinical learning environment.

Objectives of the study:

- To explore and describe student nurses' perceptions regarding the mentoring role of unit managers within the psychiatric clinical learning environment.
- To explore and describe unit managers' perceptions regarding the mentoring role of unit managers within the psychiatric clinical learning environment.
- To make recommendations to enhance the mentoring of students by unit managers in a psychiatric clinical learning environment.

Research Instrument:

The researcher will conduct focus group interviews with the unit managers as well as fourth year psychiatric nursing students from XXXX Nursing College and XXXXX Nursing College, during their placement for practicals at the hospital. Different dates will be scheduled prior to the interviews being conducted.

Confidentiality:

A participation information leaflet, explaining purpose, aim, and anonymity and confidentiality status of the research will be distributed to the participants. Participants will be informed that their involvement in the research is voluntary and no personal identification will be necessary during interviews.

Data collection:

Data will be collected from unit managers and fourth year psychiatric nursing students from institutions stated above by focus group interviews. No patients will be involved in the study.

Hoping that my application will be considered.

Thank You.

Yours faithfully

M. A. Chabedi (Mrs.)

Telephone: 012-803-0326 (Home)

0835038655 (Cell)

012-319-9526\9527 (Work)

Supervisor:

Dr. Salome Meyer

Telephone: 012-354-2129

Fax: 012-354-2125

E-mail: salome.meyer@up.ac.za

Co-supervisor:

Dr. S. J. Marais

Telephone: 012-354-1976\7

Fax: 012-354-2151

E-mail: kobiem@gpg.gov.za

Signature: _____

ANNEXURE F: Informed consent – unit managers and student nurses

Participation information leaflet (Unit managers)

Working title

The mentoring role of unit managers in a clinical psychiatric setting

Introduction

You are cordially invited to take part in the research study. This information leaflet will help you to understand the importance of this research. Your participation is appreciated and is of utmost importance. Do not hesitate to ask the researcher if you have any questions, which are not explained on this leaflet.

What is the purpose of this study?

- To explore and describe the perceptions of student nurses and unit managers in a specific psychiatric hospital with regard to the mentoring role of unit managers within the clinical learning environment.

What is expected of you?

You are requested to participate in a focus group interview on dates that are going to be set by the researcher. During the interview, questions pertaining to the role of unit managers rearing the mentoring role of student nurses in a clinical psychiatric setting will be asked. For the purpose of confidentiality, do not state your name or any information, which will lead to your identification during the interview.

What are your rights as a participant?

Your participation is voluntary and you can refuse to participate if you want to, without stating any reasons. You may even walk out of the interview without stating any reasons.

Sources of additional information

Researcher Name: Moleboge Antonia Chabedi
Tel: 012-319-9526/7 (work)
0835038655 (cell)

Supervisor Name: Dr. Salome Meyer
Tel: 012-354-2129 (office)
E-mail: Salome.meyer@up.ac.za

Co-supervisor Name: Dr. S. J. Marais
Tel: 012-354-1976
E-mail: kobie@gpg.gov.za

Confidentiality

All information obtained during the course of this study will be treated as strictly confidential. Data, which may be reported in the scientific journals as well as research reports, will not include any information that will identify you as a participant in this study. Your consent form will be stored in a safe place and it will only be accessible to the research team. Audiotapes, which will be used for collection of data, will be destroyed on completion of the study.

Informed consent

I, hereby confirm that the researcher, Ms. M. A. Chabedi has informed me of the nature of this study. I have received, read and understood the participation information leaflet. I am aware that the results of the study, including personal details will be anonymously processed into the study report. I have sufficient opportunity to ask questions (of my own will) and declare myself prepared to participate in the study.

Participant's name:

(Please print) _____

Years in service: _____

Participant's signature: _____

Date: _____

Name of witness: _____

Signature of witness: _____

Date: _____

I, Ms. M.A.Chabedi, hereby confirm that the participant has been informed in full of the nature and the manner in which the study will be conducted.

Researcher's signature: _____

Date: _____

Participation information leaflet (student nurses)

Working title

The mentoring role of unit managers in a clinical psychiatric setting

Introduction

You are cordially invited to take part in the research study. This information leaflet will help you to understand the importance of this research. Your participation is appreciated and is of utmost importance. Do not hesitate to ask the researcher if you have any questions, which are not explained on this leaflet.

What is the purpose of this study?

- To explore and describe the perceptions of student nurses and unit managers in a specific psychiatric hospital with regard to the mentoring role of unit managers within the clinical learning environment.

What is expected of you?

You are requested to participate in a focus group interview on dates that are going to be set by the researcher. During the interview, questions pertaining to the role of unit managers rearing the mentoring role of student nurses in a clinical psychiatric setting will be asked. For the purpose of confidentiality, do not state your name or any information, which will lead to your identification during the interview.

What are your rights as a participant?

Your participation is voluntary and you can refuse to participate if you want to, without stating any reasons. You may even walk out of the interview without stating any reasons.

Sources of additional information

Researcher Name: Moleboge Antonia Chabedi
Tel: 012-319-9526/7 (work)
0835038655 (cell)

Supervisor Name: Dr. Salome Meyer
Tel: 012-354-2129 (office)
E-mail: Salome.meyer@up.ac.za

Co-supervisor Name: Dr. S. J. Marais
Tel: 012-354-1976
E-mail: kobie@gpg.gov.za



Confidentiality

All information obtained during the course of this study will be treated as strictly confidential. Data, which may be reported in the scientific journals as well as research reports, will not include any information that will identify you as a participant in this study. Your consent form will be stored in a safe place and it will only be accessible to the research team. Audiotapes, which will be used for collection of data, will be destroyed on completion of the study.

Informed consent

I, hereby confirm that the researcher, Ms. M. A. Chabedi has informed me of the nature of this study. I have received, read and understood the participation information leaflet. I am aware that the results of the study, including personal details will be anonymously processed into the study report. I have sufficient opportunity to ask questions (of my own will) and declare myself prepared to participate in the study.

Participant's name:

(Please print) _____

Year of study: _____

Nursing college: _____

Participant's signature: _____

Date: _____

Name of witness: _____

Signature of witness: _____

Date: _____

I, Ms. M. A. Chabedi, hereby confirm that the participant has been informed in full of the nature and the manner in which the study will be conducted.

Researcher's signature: _____

Date: _____

ANNEXURE G: Interview guide – unit managers and student nurses

QUESTIONS FOR THE FOCUS GROUP INTERVIEWS WITH UNIT MANAGERS

- What do you understand by the term mentoring?
- What kind of preparation did you receive to inform you about the role of your mentor in the clinical learning environment?
- What are the differences/similarities between your understanding of mentoring and your experiences in practice?
- Tell me some more about how you mentor students placed with you?
- What are your views about the present mentoring system for students in the clinical learning environment?
- How do you think the mentoring process can be further developed for students in the clinical learning environment?
- How do you think the mentoring process should be further developed for students in the clinical learning environment?
- Is there any other comment or input you would like to make?

QUESTIONS FOR THE FOCUS GROUP INTERVIEWS WITH STUDENT NURSES:

- What do you understand by the term mentoring?
- What kind of preparation did you receive to inform you about the role of your mentor in the clinical learning environment?
- What are the differences/similarities between your understanding of mentoring and your experiences in practice?
- What are your views about the present mentoring system?
- How do you think the mentoring process can be further developed for students in the clinical learning environment?
- Are there any other comments you would like to make with regards to mentoring in the clinical learning environment?

ANNEXURE H: Example of transcribed focus group interview – unit managers

FOCUS GROUP INTERVIEWS UNIT MANAGERS

SESSION 2

18/05/2006 4 Participants (4 females)

Numbers allocated: (7, 9, 11, and 13)

Interviewer: What do you understand by the term “mentoring”?

Participant 7: Guiding the student, taking them through the practical procedures on daily basis, to ensure that they are receiving the necessary requirements and learning objectives. (Participant 9, 11 & 15 nod their heads in agreement to the statement)

Participant 9: To add on that, a mentor must be somebody who is knowledgeable, and has skills in that field, so that you can be able to guide or lead whatever group.

Interviewer: Have you mentored students before?

Participant 11: Yes all of us. (Participant 7, 11 and 13 nod their heads in agreement)

Interviewer: What kind of preparation did you have to inform you about your role as a mentor?

Participant 13: Eh; I am of the opinion that the preparation for us to be mentors was not adequate, due to the fact that as a student nurse, during training, you are informed that that education is part of your responsibilities, as a clinical sister. Now the only preparation was only when you are as student, and as a professional nurse practicing, you are expected to mentor students; so largely, it will depend on your experience you accumulated as you are practicing as a health professional. There is no adequate preparation like I said you just acquire it as you go.

Participant 11: Yes the other thing is that sister Chabedi, we trained some years back, and you are trained for example, on Axis in psychiatry, and

now things have changed, in other levels, and so we do not have regular in-service on changes, to say like for example when students come you are expected to know these like this, but we are not much equipped.

Participant 7: I also wanted to what they have said and even give you an example. We receive different groups of students from different colleges and although we have what we call student files, with different expectations from these different colleges, their workbooks differ with objectives. I think now it is different from what was expected when we trained, so if you have to guide them, it is like you lack information and as a mentor I believe that you must have to continue to learn. You cannot demonstrate anything that is outdated. One's role as a mentor has to be updated with information.

Participant 9: To add to that I believe it the responsibility of the college, to make sure that each time their students are using sent, they have to bring in their learning objectives and learning opportunities requirements. So at least the manager may know what is expected others. If we can get this information and update ourselves before and this will be good, because according to me, as a mentor you have to be knowledgeable.

Interviewer: What are the differences/similarities between your understanding of your mentoring role and your experience in practice?

Participant 7: I believe what was mentioned above cover what is being questioned here. (Participant 9.11& 13.....yes).

Interviewer: Tell me some more as to how do you mentor students placed with you.

Participant 11: Ok, firstly I would like to say, that you look at their learning objectives. Whatever you have to teach them, you have to make sure that it correlates with their learning objectives, but at the same time we look at the needs of the organization, which is also relevant to their

training, because psychiatry is part of their learning, but most importantly we ensure that they have to cover their learning objectives.

Participant 13: Going back to their objectives., when students give you their learning objectives, it is very easy for you to mentor them, to guide the students, but others do not come with their objectives, you teach them according to the needs of the department, they are placed in, whereas if they could come with their objectives then you know you are giving them relevant information.

Participant 7: Still on that, with other colleges they start with their practical before theory, so because we are used to mentoring, you already have an ideas as to how you can guide them. Some other colleges that send students without the theory but others do give them theory first.

Participant 13: To do a follow-up on what she has just said, with students who have come without having done the theory first, it poses a real problem, because you know that they do not know what you are talking about, it will be like you are beginning at the roots, and whatever you are going to say, they have to take. But I believe it is better to do the theory first at least you will have a clue of what is happening because I think even the practical that the students are doing, will be a loss to them, because I don't know whether they will concentrate.

Participant 11: That tends to make us teachers and not mentors, because I believe as a mentor you have to guide them.

Participant 9: And the other thing about mentoring is that I need to guide the students on what I know, but only to find that nowadays, there are different groups. Some for example have to do case studies and only spend a lot of time with patient's files, than being with the patient. This limits their time to be with patients. Sometimes it becomes difficult to mentor them because they leave the unit to attend to the lecturer. I end up not knowing whether I have been able to be of help to the student to achieve what they came for, because in future they will be expected to be professionals running the unit. Although I can see their objectives and

know that they are there, but according to me, I do not know whether I am doing what I am supposed to do correctly in guiding them. Even if they have to meet their learning objectives, they also are part of the ward workforce.

Interviewer: What are your views about the present system of mentoring for students in the clinical learning environment?

Participant 9: I do not know if this is relevant, but I think that even the tutors, must appear more often in the unit so that together with the unit manager, they can meet and talk and tackle the needs of the students together. By the end they will have achieved something with regards to the student. The tutor must not only come when the student has to be evaluated, but must also be there to be able to guide them. Students do not only practice procedures for exams but have got to master the procedures for the future.

Participant 7: To add to that students tend to relax after their evaluations and as a manager you do not know whether to approach them on the matter. Maybe they are still left for example with two weeks in the unit but because they are thorough with exams or evaluations they do not bother to be mentored further. (Participant 11 & 15 nod their heads).

Interviewer: How do you think the mentoring process should be further developed for students in the clinical learning environment?

Participant 9: Preparation by the tutors at the colleges, as the other lady has just said that when they prepare for new syllabuses or something, they must also inform us in the practical area and also inform us how to approach the learning objectives so that when the students come they are being prepared and we know also what to do.

Participant 13: Ja,. One other thing is like communication between mentors in the clinical sector and the tutors. I believe that I am just following up on what has been said, that they should communicate with us

more, give us their learning objectives/outcomes, so that there is adequate interaction between us, them and the students.

Participant 11: I understand that there is somehow communication between us and the colleges through our staff development. I also think that communication should be directed to us and that will improve the mentoring process. Maybe they should also involve us in meeting so, that we can maybe get to know what is expected of us. I know that there is communication but some things do not reach us as mentors on time with regards to learners

Interviewer: What are the shortcomings you encounter relating to mentoring of students within the clinical learning environment?

Participant 13: There is not enough time to attend to the students as much as you would like to, as most of the time you find yourself busy with other ward administrative matters and routine that you cannot attend to the students.

Participant 7: The other thing I can think of is wrong placement of students. I think sometimes for example they are send to a long-term unit and they are expected to cover up procedures like admissions that are done in short-term wards. You have to run around and look for a unit that admits so that you can keep them up to date with what is expected. Maybe that still goes to issue of communication with the tutor prior to student placement.

Participant any 13: If I can go back to my first comment regarding time, it is not only time as such but, is also mainly ad generally problems facing us as nurses, like staffing problems, shortage of nurses, so whatever human resources are there, there is not really adequate time to allocate for mentoring students, so staffing is the problem.

PARTICIPANT 9: I would like to say that the person, who is giving the theory, must also accompany them, to practical situations. I think that is

not well developed. And so I think that, that must also be looked into. To produce better professional nurse. In the future. You find that people have the right objectives, have passed, but in the practical field, they are not functional, so I think somewhere, or somehow,, I think there is a problem.; so maybe if the tutor, can also come in the practical situation, communicate with the manager, then the theory and practice gap can be closed, and mentoring can continue better.

Participant 11: I think of the tutor can also be available in the practical for accompaniment, I think it will also offload the burden on the mentor as nowadays fore example students are send in large numbers at a time, and it become difficult to assist them, but if they can also have a tutor available, it will be easier for the mentor to guide them, unlike taking up the whole responsibility.

Participant 9: And I think also the workload makes it difficult for you to see an individual who may be struggling, because we see different levels of students. If you have a bigger workload, it may be easy to ignore the mentoring role.

Interviewer: Is there any other comment or input you would like to make?

Participant 7: Allocation of more than two colleges of students in a unit, has to be looked into, because you find that sometimes you have more than 3 colleges having allocated students in a unit at a time, and even at different levels and with different learning outcomes, so it is difficult to prepare as a mentor for this students.

Participant 13: One other thing that I would like to put forward, maybe it is somehow personal, but sometimes eh, the attitude of mentors counts. As a registered nurse, you know it is your responsibility to teach, but then those who do not like teaching and maybe you find yourself with students who need help, and you are not interested in mentoring, and then it is a problem. Maybe we need to go back and check what mentoring is all

about, go back and prepare for mentoring. I do not know but our attitude sometimes, as well as the attitude of the students themselves, what can I say, is no good.

Participant 9: Sometimes the attitude of students also contributes a lot, because they will tell you that it is a requirement for hours that they are here, and when they have finishes or completed their assessments, they become negative, very difficult to, handle this type of students. You will find out that these students are disinterested. So, I think that the attitude of students, to add on, contributes a lot and makes mentors also to be discouraged. Mentors do like to help, but the attitudes of the students nowadays from different colleges and universities, has changed. Most students are not interested in psychiatry and it becomes difficult to approach them. I always tell students on orientation that we are here for them and that they should free to ask questions. But students do not come forward, it is like you are forcing them for information, but they are not interested. You end up talking to yourself. (All participants nod and say yes)

Participant 11: To add up on the attitude of students, I do not know if it s trust or if you do not have education bar, they just undermine you and say why should you bother myself mentoring them If the tutor is around I will also talk to the tutor during accompaniment so that then our mentoring can also improve and we know whether what we are doing is right.

Interviewer: If there are no other inputs and comments I would like to thank you for your time.

All participants nod their heads and say Thank You!!!

ANNEXURE I: Example of transcribed focus group interview – student nurses

TRANSCRIPTS WITH STUDENT NURSES

GROUP 2: SESSION 1

NUMBER OF STUDENTS WHO ATTENDED: 6

MALE: 1

FEMALE: 5

Participants identified by even numbers:

Welcoming and explanation again of the information leaflet was done by the interviewer:

INTERVIEWER: What do you understand by the term 'mentoring'?

Participant 2: Thank you, I think the term means that person is teaching other people, like I can give an example of a professional nurse teaching the student nurses. It means that the person is teaching the things that the others do not know. (Participant 6, 8 and 10 nod their heads in agreement.

Participant 4: I think it can be a process whereby a person who is knowledgeable is able to teach those that do not know.

INTERVIEWER: Thank You. What kind of preparation did you receive to inform you about the role of your mentor in the clinical learning environment?

Participant 6: May I ask a question with regards with what you have just asked?

INTERVIEWER: Yes, you are welcome to do so.

Participant 6: Are you meaning the preparation during theory prior to us coming to the clinical learning environment?

INTERVIEWER: Apparently I just want to hear from you as to what you have been informed about in relation to what to expect with regard to mentoring within the psychiatric clinical learning environment?

Participant 6: Ok. They have told us that some of the things we see, we are not going to get them in the books, but the clinical sisters in the wards are going to show us and teach us in the wards. (Participant 8 nods head in agreement.)

Participant 2: One other thing that we were told from the college is that when we come into the clinical area there is er, not going to be someone in the unit to follow us around, but we have to make it our responsibility when we reach the units, that we must ask, follow the personnel that are in the units and learn from them. We should not just sit and relax and expect the ward personnel to follow us around. (Mmmmmm.... Yes... participant 4 and 8)

Participant 8: Ja, the other thing that we were taught was that it is not the responsibility of the professional nurses only in the unit, but all the personnel in the unit are going to be willing to help us and so, from time to time, there will be different people in the unit that we need to interact with and learn from them.

INTERVIEWER: What are the differences/similarities between your understanding of mentoring and your experiences in practice?

Participant 8: Ja, actually eh, I would just comment about a little bit of orientation, that we got, because whatever that we did in the theoretical part when we came here, we did actually, we did not get every detail of what we did, but the sections that we were orientated on, were hand in hand with what we got in our theory. (Participant 2: Yes)

Participant 4: To me the experience that I had with the unit manager is, to me the unit managers are not there to teach us, but they are delegating some of the sisters in the ward so that even during their absence, teaching continues daily, so that is what I have experienced here in psychiatry. (Participant 8 nods the head)

Participant 8: and then the other thing is that the, people here are very friendly, their welcome is very good and their orientation is very good. The other thing is that they do not want to put us up with patients without first orientating us on what to expect or how actually they operate, because one other thing for example is that we know that from first year level to fourth year level as a student the basic thing is to bath a patient, but the managers did not take it for granted that we know, but they made it their responsibility to gave a full orientation of what is expected of us in the psychiatric unit. They really have time to teach us and this is what I can say. Thank you.

Participant 10: I have been to this hospital twice and I have been able to get an opportunity to be placed in two different wards and so what I have observed is that working in different wards, routine is the same though procedures are not the same. You really learn more from the mangers in the different units. Whatever you have not learned from one ward you get from the other ward. You are being taught different skills.

Participant 12: I have realized something in relation to the interpersonal relationship between staff, patients as well as students. It is so good the staff is friendly and you can easily approach them for help.

Participant 4: The other thing that I have learned is that teaching and guiding is not only left for the unit managers only, even the other registered nurse are given the task to guide us. They are also guiding us on the different procedures done in the ward for example, we were being evaluated by the ward personnel how to do groups, interviews and they were teaching us about how to go about. Guidance is so good in the unit where we are. At last the unit mangers and the other professional nurses are guiding and teaching us and not just leaving us there.

INTERVIEWER: What are your views about the present mentoring system and how do you think this can further be developed for other students?

Participant 8: Actually madam facilitator, so far we have moved from one area to the other so, the wards that we have been in the managers were friendly and have been guiding us and so we have never experienced anything that we may say might interfere with our learning. The only problem that we have is that the time that we spend here is very short as we still need to learn more and explore other things, so madam, which is just one of the problems I have.

Participant 2: Mmmm. And concerning the development of this mentoring environment, mmmmm is it not that we have our own tutors that accompany us when we are in the hospital One problem is that they travel from far and cannot come to the hospital on a daily basis. I think that what management of this hospital can do is that they need to can strictly allocate on sister in every unit who has nursing education, if it is possible, to be responsible strictly with all students that come or a re allocated in the unit, so as to can be able to help us with the learning outcomes. This nurse can also just evaluate us before our tutors even evaluate us, so that he/she can just check if we can really manage and whether we really know the procedures.

INTERVIEWER: Are there any other comments you would like to make with regards to mentoring in the clinical learning environment?

Participant 2: Yes, an input that I would like to make is that I think it is necessary for our tutors at the college, to ensure that they give us the theory before we come for practicals. I mean it is very difficult for our clinical mentors to can start us on the theory, so I think it is very important from them to give us the theory before we come to the clinical environment. Firstly if you have to learn something I believe you should be having background information, so if you come not knowing anything then it is going to be very difficult to grasp what you are being shown and taught.

Participant 4: Another thing is that in our theoretical part, like for example when we are in the ward, when we are being told about

conditions, it is not easy. I think our tutors should teach us about the different conditions and even allocate us in the wards where we will learn about those conditions. I think really it is important that we come to the clinical practice with the theory. The sisters will be able to help us link this theory to the practice as we will be having information for example about the different conditions.

This will help our mentors to be able to take us from where we know to where we don't know.

Participant 6: Our tutors before we came here explained to us that we are so many students from different colleges who need to be allocated to this hospital at the same time, so that is why for us we end up being allocated without any theory. So I do not know how that can be worked out that we can be accommodated after having received the theory. It is not to say that it was done intentionally, but were pressed by the fact that other colleges have to allocate their students.

Participant 8: Ja, eh..... (laughs) and again the other thing is that the time that we spent here, according to the way I see it, I really feel that more time for allocation is needed, because I have realized that even if the mentors would like to continue guiding us further on some other things neh, you find that they cannot. So what would like is that the management of the hospital or the training facilitator who controls student allocation should ensure that at least she allows us some more time of exposure in the hospital for us to learn more if that is possible. If we can do more weeks in a year, then even we can be able to see the other good things that our mentors do.

Participant 6: And then I would also like to comment on the aspect of us as different colleges. A ke re (You know) eh, we are student nurses, they should group us together in our different colleges in units, but we should both be having the theory and the practical. The other thing is that same level of students should be allocated in one unit, as we will all be at the same level of learning that will also not be a problem fro the unit manager to mentor us,. Our syllabuses from the different colleges should also be a

t the same level. I do not know if that will still cause congestion in the ward.

Participant 8: Ja..... I talk a lot (laughs). (The other participants laugh too!) The other thing that I would really like to appreciate about our mentors is the way they are really protecting us in the wards. At some stage we know that the patients are used to us and may be violent. The mentors guide us as to how to go about within that and help us in dealing with them.

Participant 2: The other thing that I have observed is the aspect that I came to this hospital not knowing psychiatry and not even knowing how I am going to deal with these patients but I appreciate the teaching and the friendliness of the mentors. I am no longer afraid to work in the psychiatric unit because of their willingness, approachability and help and the guidance as to how to go about in a psychiatric unit. When I came here I was so afraid and even in the community when they used to say there is a psychiatric patient there I was running away, but now the help that I got here has helped me.

INTERVIEWER: Thank you ladies and gentlemen for your inputs. If there is nothing more to add I appreciate your time.

All participants nod their heads in agreement and smile. Participant 8: Thank you too Madam.



ANNEXURE J: Example field notes - focus group interview with unit managers

FIELD NOTES: UNIT MANAGERS: SESSION 2

Number who attended: 4 black female participants.

Venue: Boardroom at the public psychiatric hospital where study has to take place.

Welcoming done by the researcher and the research assistant was introduced. Participation information leaflet information explained again. Participants reminded about feeling free to walk out of the room if feeling uneasy or not interested anymore.

Participants were advised to sit around the table, next to one another, so that the tape-recorder could be placed in the middle of the table for easier recording of all voices without interference.

Role of the research assistant clarified for the participants.

Odd numbers were used as a measure of identifying the different participants.

Question 1: Understanding the term “mentoring”

- Participant 7: **Guiding** through practical procedures. (Participant 9, 11 and 15 nod their heads in agreement.)
- Participant 9: **Knowledgeable, skilled person guides and leads.**

Question 2: Have you mentored students before?

- Participant 11: Yes all of us. (Participant 7,9 and 13 nod their heads in agreement).

Question 3: Preparation for mentoring role?

Participant 13: No adequate preparation.

Information given during training that a registered nurse will mentor students.

Education is the **responsibility** of the registered nurse.

Experience accumulated during practice.

Participant 11: Unit managers trained years ago. Not well equipped for students now.

Participant 7: **Different groups of students**, from different colleges, with different expectations. Unit managers are not show if they are mentoring right.

Updated information is necessary for mentor.

Participant 9: **Colleges have to be responsible on students.** They have to come with own learning outcomes. Unit manager will be able to mentor if knowing student learning outcomes.

Updated and knowledgeable mentors will be able to mentor students.

Question 4: Differences and similarities on the understanding and experiences on mentoring?

Participant 11: Unit manager looks at **student learning objectives.**

Teaching has to correlate with student learning objectives.

Participant 13: Knowing **student learning objectives**, enables mentoring and guidance of students.
Some students do not know their learning objectives.
Without objectives, unit managers are not sure if they are mentoring right.

Participant 7: **Students start with practical without theoretical background.**

Managers are familiar with mentoring. Already know what to do.
Some colleges allocate students prior to theoretical preparation.

Participant 13: **lack of theoretical background** poses a problem.
Students do not know what the unit manager is talking about.
Better to have theoretical background prior to clinical placement.

Participant 11: Unit managers should be mentors, not teachers.
Mentoring is about guiding.

Participant 9: **Mentoring entails guiding a student** on what the unit manager knows.
Students have **limited time** with patients.
It is difficult to mentor students as they sometimes leave the unit and are with their tutors.
Unit managers are not sure if mentoring as taken place as no report is given.

Question 5: Views about present system of mentoring?

Participant 9: **Tutors have to work together with unit managers** in units.

Students' needs have to be tackled together by unit managers and tutor.

Tutors should frequent the units and not only for student evaluation.

Participant 7: **Students are not bothered** after they have been evaluated.

Students never bother to be mentored further after having been evaluated.

(participant 11 and 15) nod their heads in agreement).

Question 6: How should the mentoring process be developed?

Participant 9: Tutors to inform unit managers of any **new updates**.

Students should come to the clinical practice **prepared**.

Participant 13: (First agrees with participant 9's input). Communication between mentors and tutors stressed.

Learning outcomes to be made available for mentors.

Adequate **interaction** between tutors and mentors.

Participant 11: **Direct communication** between colleges and mentors will improve mentoring process.

Mentors should be involved in meetings with the college personnel.

Communication about students should reach the mentors on time.

Question 7: Shortcomings encountered in mentoring students?

Participant 13: **Limited time for mentoring** students due to other **administrative duties**.

Participant 7: Wrong placement of students that does not correlate with their expected learning outcomes.

Lack of communication between mentors and tutors.

Participant 13: **Staffing problems, shortage** of nursing personnel.

Participant 9: **Tutors** have to **accompany students** in the clinical area. **Tutors to communicate with unit managers** in the clinical area about students for mentoring to be effective.

Participant 9: **Workload on unit managers** makes mentoring difficult. Having to mentor **different levels of students** at the same time makes mentoring difficult.

Question 8: Any other comment or input?

Participant 7: **Allocation of students** from different colleges at different to be looked into.

Participant 13: **Attitudes of mentors** count. Some mentors do not like teaching students.

Some unit managers do not want to be mentors.

Students' attitudes also make mentoring difficult.

Participant 9: **Students' attitudes** contribute to mentoring.

Some **students are difficult and negative, and disinterested**.

Most students have **an attitude towards learning psychiatry**.

Students do not come forward to ask questions. Students appear to be forced to learn.

(All participants nod their heads to show agreement to the above statements).

Participant 11: Students attitude still a problem.

Students undermine unit managers who do not have an education qualification.

Communication with the tutors is important.

Observational Notes:

Participants seemed relaxed and were not intimidated by the tape-recorder, the research assistant and the researcher. Participants were free with each other and did not feel afraid to verbalise own opinions.

Participants sat around the table and were not intimidated by the closeness and eye-contact, as they were acquainted with one another.

Participants were happy to be part of the research topic under study and were so eager to give inputs.

The participants were nodding their heads as a sign of agreeing with one another' opinions. They were also able to laugh with one another when

sharing their experiences on mentoring. Some were using “mmmm” as a sign of agreeing with others’ opinions.

All participants were able to come on time for the scheduled interviews. No disturbances of noise or other people coming into the interview venue were encountered.

No participant walked out of the interview room. All appeared interested and active during the session.

The participant gave one another a chance to talk and the information was captured on the tape-recorder.

The session were held for not more than an hour as the participants were active and did not waste time when giving inputs.



ANNEXURE K: Example field notes: focus group interviews student nurses

FIELD NOTES: STUDENT NURSES: GROUP SESSION 1

Number who attended: 6 black participants. (1 Male and 5 Females)

Venue: Boardroom at the public psychiatric hospital where study has to take place.

Welcoming done by the researcher and the research assistant was introduced. Participation information leaflet information explained again. Participants reminded about feeling free to walk out of the room if feeling uneasy or not interested anymore.

Participants were advised to sit around the table, next to one another, so that the tape-recorder could be placed in the middle of the table for easier recording of all voices without interference.

Role of the research assistant clarified for the participants.

Alphabetical numbers were used as a measure of identifying the different participants.

Question 1: Understanding of the term mentoring"

- Participant 2: **Teaching**, things that others don't know.
-
- Participant 4: **Knowledgeable person teaching** those who don't know.
(Participant 8, 9 and 10, just nod their heads in agreement to the facts but do not say anything).

Question 2: Kind of preparation for mentoring.

- Participant 6: Clinical sisters will show them
Clinical sisters will teach in ward.
- Participant 2: **College informs** that no one follows students around.
Responsibility of students.
- Participant 8: **Responsibility of professional nurses.**
Students need to participate from time to time to learn.
- (Participant 4 and 8, say "mmmmmmmm" as a sign of agreeing with what participant 6 said).

Question 3: Differences and similarities on mentoring understanding and experiences.

- Participant 8: **Orientation** is done in unit.
- What has been done in theory is asked for.
- (Participant 2 just said "Yes" to show agreement to statement)
-
- Participant 4: **Experienced unit managers** not there to teach students. **Delegation** is given to other professional nurses.
(participant 8 nods head in agreement).
-
- Participant 8: Very good orientation, **friendly people, good welcome,**
Unit managers are taking responsibility to orientate.

Unit managers have time to teach students.

- Participant 10: **Teaching and guiding** not for the unit manager only, but other registered nurses do it too.
Guidance on procedures, teaching continues.

Question 3: Views on present mentoring system?

- Participant 8: Unit managers have been **guiding and teaching** students. **No interference** experienced.
- Participant 2: Agrees to the statement and adds on to say. **Tutors do accompany** but not everyday. **Strict allocation of a person** to mentor students should be done.
Nurses in the unit should be part of their evaluations.

Question 4: Any other comments.

- Participant 2: Students to get theory prior to placement.
Unit managers cannot mentor if learner has no **background theory**.
- Participant 4: Tutors should teach student different conditions.
Students should come prepared in theory for unit managers to mentor easily.
- Participant 6: Colleges are pressed to allocate student without theory due to their large numbers.
Something need to be worked out for student accommodation in the clinical area.
- Participant 8: Laughs out loud first. More time for allocation for students.
Hospital management to allow more time for student exposure.
- Participant 6 again: Different colleges: Students should be grouped together according to college.
Same level of students to be place in same unit as they have same learning outcomes to meet.
Colleges should follow the **curriculum** in the same manner.
- Participant 8: **Appreciated the protection given** by mentors.
Mentors guide them in how to handle mental health care users.
- Participant 2: **Teaching** and **friendliness** of mentors appreciated even though students come with no background information on psychiatry.
Willingness, approachability, help and guidance of unit managers, appreciated.

Researchers' observations:

- Participants were at ease and were actively participating.
- There were times where participants were able to laugh with on another as a sign of feeling relaxed with each other.
- Every participant was given a chance to talk.



- Some participants did not answer some questions, but were showing by nodding their heads or saying “mmmm” as a sign of agreeing with a statement said by the other.
- Participants were loud and audible and the tap-recorder was able to record all the conversation.
- Good eye contact was present.
- Some participants were shy to answer at the beginning but later opened up.
- No participant walked out of the interview room. All were interested and eager to be part of the session.
- All the participants were able to keep to the appointment scheduled time.
- No interferences in the interview room were experienced.
- The tape-recorder was able to capture all the information as all participants spoke loud and were audible.
- The participants gave each other a chance to talk.