

## Development of Conceptual Framework for Introduction to the Mentorship Programme for Qualified Nurses

Olga Riklikienė<sup>1</sup>, Erna Tichelaar<sup>2</sup>

<sup>1</sup>Department of Nursing and Care, Medical Academy, Faculty of Nursing, Lithuanian University of Health Sciences, Lithuania,

<sup>2</sup>Windesheim University of Applied Sciences, The Netherlands

**Key Words:** nursing, mentorship models, conceptual framework, clinical environment, clinical learning.

**Summary.** The aim of the study was to review the literature on the theoretical models of mentorship between the nurse and the student in clinical environment. The objective was to build a conceptual framework for the development of Introduction to Mentorship Programme for Qualified Nurses.

**Methods.** First, the literature search was conducted from five electronic databases and manually from grey literature, published in 2000–2011. Thirty-nine sources were chosen and primarily analysed by deductive content analysis. Then, the conceptual models and other practices found in the first phase of the study were analysed thematically, amplifying the concepts, core ideas and main perceptions.

**Results.** The models, as found in the review, were diverse by their interrelated concepts (their spectrum and abstraction level). For the development of Introduction to Mentorship Programme for Qualified Nurses, it was decided to work with a new approach and to adopt three concepts along with their underpinning philosophies (flexible learning, work-based learning and evidence-based practice) linking them with the nature of clinical training of student nurses and features of the student-mentor relationship.

**Conclusions.** In this study, an attempt to discover the existing conceptual models for mentorship in nursing focusing on the benefits of their use was made. The arguments and rationale for a distinctive conceptual framework of Introduction to Mentorship Programme are discussed in the paper.

### Introduction

The European Union (EU) aims to improve transparency between and an integral development of professional training opportunities throughout Europe (1). Within nursing, the importance of sharing knowledge and harmonisation of education programmes is emphasised for several reasons. Firstly, it is assumed that nurses' mobility in Europe can be promoted by tuning theory with practice. Professional mobility of nurses is considered necessary because of the capricious labour market. Secondly, mobility of patients has become a challenge for service providers to create equal accessibility or/and high quality nursing care across Europe. The understanding is that only nurses with similar education (outlined theoretical content and adequate clinical training) and similar competences would be able to provide high standard nursing care in any country of the European region (2, 3). Thirdly, there is a need for qualified nurses in aging societies in and beyond Europe (4) where the nursing profession remains highly requested. Finally, the Bologna declaration stresses the need for development of modules,

courses and curricula at all levels, with European content that could lead to joint accreditation (5).

In fact, the profession of nursing varies greatly in how it is delivered and developed across Europe. In part, this is a consequence of significant differences in the way nurses are educated. Learning in clinical practice provides up to half of the educational experiences for student nurses undertaking pre-registration programmes. Clinical training is, therefore, one of the most important aspects in student nurses' preparation to develop knowledge and skills to become a professional nurse (6–8).

During this educational experience, the contribution of qualified nurses in the supervision of student nurses during their clinical placements becomes essential. It is noted that for successful learning in practice experience of a student nurse, a crucial factor should, therefore, be the mutual relationship between qualified nurses and students (9). In order to enhance this clinical experience, it is important to provide students with appropriate support and guidance (10, 11). Effective mentoring can support such facilitation.

Correspondence to O. Riklikienė, Department of Nursing and Care, Faculty of Nursing, Medical Academy, Lithuanian University of Health Sciences, Eivenių 4, LT- 50009 Kaunas, Lithuania  
E-mail: olga.riklikiene@ismuni.lt

Adresas susirašinėti: O. Riklikienė, Lietuvos sveikatos mokslų universiteto Medicinos akademijos Slaugos fakulteto Slaugos ir rūpybos katedra, Eivenių g. 4, 50009 Kaunas  
El. paštas: olga.riklikiene@ismuni.lt

The importance of mentorship goes back to Greek mythology (12, 13). They paint the history of Mentor, a friend of Odysseus, who was asked to guide and advise his son Telemachus. In the nursing history, as Pellatt (13, p. 336) suggests, Florence Nightingale may have been the first mentor. Nowadays, the role of the mentor is extremely important, which influences the learning experience in practice and, therefore, the professional and personal development of student nurses. Student nurses benefit from being taught by a trained mentor and receiving practice-based teaching relevant to their specific needs (14). The mentor is a role model and the key person in the clinical environment who supports and helps nursing students to develop the necessary skills to become competent and knowledgeable practitioners (11, 15).

In European countries and worldwide, different mentorship models are applied and provision is made for the formal education of qualified nurses as students' mentors in the clinical learning environment. However, such a mentorship approach is not universal because some teaching-in-practice models, commonly used by education institutions and health care facilities, in one country can be undisclosed in another; there are countries where qualified nurses do not engage in the mentorship process at all (16). This situation determines the need for more unified formal training of mentors in nursing across the Europe.

The use of a conceptual framework can be of help to make choices about the content and planning of educational programmes and curricula (17). Carroll (2004) and Fulton et al. (2006), both closely associated with mentorship training programmes, emphasise the importance of the use of a theoretical model in the process of programme development and delivery (5, 18). They argue that such a model can be used as a meta-reflective perspective and can serve as a logical framework. The use of a model or framework enables communication and evaluation by articulating the concepts of mentoring to be measured (5, 17, 18). At the same time, conceptual theories and models can be of help in identifying professional roles, functions and responsibilities of health care providers, educators and nurse students in the process of clinical training.

The aim of the study was to review the literature on the theoretical models of mentorship in nursing. The objective was to build a conceptual framework for Introduction to Mentorship Programme for Qualified Nurses that was developed at a European project.

### Background

The EmpNURS project (2010–2013) was a transnational research and developmental project named as 'Empowering the Professionalization of

Nurses through Mentorship'. The mission of EmpNURS was to benefit nurse educators as well as student and qualified nurses through enabling them to experience a model of learning (19).

There are differences in philosophical approaches to education and learning, in social and educational traditions in Europe, in the developmental stage of nursing education and, finally, in conceptual understanding that would influence the content and delivery of mentor training programmes. A theoretical model can be used as a map that gives coherence in providing the mentor training course. All people involved in the mentoring process can work with the model and its underpinning philosophies, in a reliable and structured way seeking the best quality of the programme. Thus, the exploration of theoretical concepts and best practices of successful mentorship in nursing was needed to develop an EmpNURS Introduction to Mentorship Programme for Qualified Nurses.

### Material and Methods

A literature review concerning nursing students' education and training in clinical environment with the particular focus on theoretical models of mentorship was carried out.

*Search.* A search for recent (2000–2011) research studies was undertaken using electronic databases: MEDLINE/PubMed, Academic Search Elite, CINAHL, Eric. The key words (dominated with AND) were *mentorship, model, training, and nursing*. The inclusion criteria were: (1) scientific journals in English published in 2000–2011; (2) studies about mentorship models in nursing education, training of mentors, and mentoring of pre-registration student nurses' in clinical environment. No limits in study designs were applied. The exclusion criteria were: (1) studies published before 2000; (2) studies relating to other target populations in mentoring (e.g., newly registered nurses, staff development, or medical students); (3) studies about long-distance student-mentor relationship or specific clinical learning environment (e.g., community care).

Additionally, grey literature on mentorship was searched from open access education materials (e.g., curriculum, course, core curriculum framework, toolkit, etc.), resource guides or standards for mentorship in nursing, which selected with the same exclusion criteria.

*Data Analysis.* Data were analysed independently by two researchers using deductive content analysis. The conceptual models and other practices were analysed, amplifying the concepts, core ideas and main perceptions to use them in teaching mentors. Later, both authors compared and concluded their findings, discussing on the main categories of data analysis and their presentation. The main concepts

and their implications in the mentoring process found in the first phase of the study were summarised and described.

### Results

Twenty-seven research articles, nine open access sources of grey literature and three books were selected based on the inclusion/exclusion criteria at the preliminary screening stage. In the literature review, six conceptual models of mentorship and one standard of practice emerged as relevant for further analysis (Table 1). Those seven sources were selected for further analysis because of their evidence-based nature and practical application in training mentors in nursing. Moreover, it was argued that the conceptual diversity of the models and the standard selected comply with the international nature of the EmpNURS project.

*Conceptual Models of Mentorship: Core Ideas and Main Perceptions.* The caring mentorship model was developed by Wagner and Seymour (2007). It is based on caring philosophy and theory (20). Following Mayerhoff (1971), within the context of this mentorship model, caring means helping another grow (21). The assumption is that identified mentoring characteristics are closely aligned with Roach's (2002) caring attributes, such as intentional presence, respect, compassion, competence, confidence, conscience, commitment and comportment (22). The model suggests that 'ideally, the mentees and mentors should be paired based on mutual selection' and 'the mentoring relationship should not be guided by strict rules of time or content but should be based on a caring philosophy and framework' (20, p. 210). Working with this humanistic model can enrich clinical practice with a deeper holistic focus on nurturing the whole person.

Norma Mertz (2004) developed a model of mentoring that it known as Mertz's mentoring model (23). The model is built on the concepts of intent and involvement as important variables in distinguishing the roles and relationships associated with mentoring. The concept of *intent* refers to the reason of the relationship between the mentor and the mentee and focusses on psychosocial and professional development and career advancement (24). The concept of *involvement* reflects on the requirements (willingness) needed from all the partners. Mertz defines mentoring as an intentional relationship and underlines the importance of psychosocial interaction at the same weight as educational duty between mentors and students.

The model for clinical supervision, described by Häggman-Laitila et al. (2006), clarifies the supervision process and can be of help in the selection of mentors, evaluation of clinical supervision, self and peer evaluation and personal plans (25). It can support exploring different roles (teachers, mentors

and students) and moves further from formal technical assistance of the mentor to a student nurse. In this model, the *content* of supervision is divided in four areas: support of professional development (professional growth), pedagogical competence of the mentor, research and development activities, and collaborative working between all parties of mentorship process. The model also includes prerequisites (e.g., individual preceptor) for clinical supervision and influences that are of importance in the clinical supervision.

The National Health Service education for Scotland (26) structured the mentoring process in a schedule *A Model for Learning in Practice: Guided Participation*. This schedule indicates the relation between (available) knowledge and support that is needed. A student develops his/her professional knowledge and skills under effective support of the mentor where the mentor collaborates with the student, guides him/her and participates in problem solving. In this model, the traditional pedagogical approach in mentorship is replaced with mentor's intervention on the learner's request and need that is called *guided participation*.

Fulton et al. (2007) developed the European model for the preparation of mentors (5). In general, the model is based on the Nursing and Midwifery Council Mentor Standard (27). The concept of work-based learning was used in the developmental process and considered as a combination of the traditional approach: master-novice, informal learning, work experience and competence-based learning. Furthermore, the inductive and deductive model based on Kolb's learning theory was suggested to support the integration of theory and practice during supervision.

The model of team mentoring was described by Caldwell et al. (2008) (28). Within this model, students' clinical placements and learning processes are all coordinated by a team mentor. The team mentor can delegate the individual mentoring of the student within the team. The student can benefit from such a mentoring approach by experiencing different role models (e.g., expertise, teaching styles) among nursing staff members.

Since 2006, the Nursing and Midwifery Council (NMC) in the United Kingdom requires the use of a framework as a standard to support learning and assessment in practice (27). According to the NMC, the underpinning principles of training programmes that lead to qualifications and registration for assessments of students should concentrate on the own profession (same register) and lifelong learning (professionalism). NMC mentor standards (2008) enhance the quality, principles and accountability of mentorship being the most comprehensive (in relation to others we analysed) conceptual framework for mentorship (27). The framework includes eight

Table 1. Conceptual Models and Standard of Practice for Mentorship

Reference	Model	Concept	Core Ideas and Main Perceptions
Caldwell et al. (2008) (28)	Team mentoring model	Responsibility Communication	Sharing the mentor role Different role models for students
Fulton et al. (2007) (5)	European model for the preparation of mentors	Work-based learning Reflection	Work-based learning
Häggman-Laitila et al. (2006) (25)	Model for clinical supervision	Prerequisites Content of supervision Influence of supervision	Supervision process Opportunity to explore different roles
Mertz (2004) (23, 24)	Mertz's mentoring model	Intent Involvement	Relationship between mentor and mentee focus on psychosocial and professional development and career advancement
NHS education for Scotland (NES, 2007) (26)	A Model for Learning in Practice: Guided Participation	Communication Collaboration Guidance Participation Problem solving Decision Making Support and challenge Structure Scaffolding	The relation between knowledge and support needed
NMC standards (2008) (27)	NMC mentor standards (NMC, 2006)	Professionalism Lifelong learning Qualification	Description of role functions Quality standards
Wagner, A. L. (2005) (20)	Caring mentorship model	Intentional presence Respect Compassion Competence Confidence Conscience Commitment Compartment	Deeper holistic focus on nurturing the whole person  Mentoring is closely aligned with caring

domains that are broad role functions: establishing effective working relationships, facilitation of learning, assessment and accountability, evaluation of learning, creating an environment for learning, context of practice, evidence-based practice, and leadership.

### Discussion

The models found in the review are diverse. The interrelated concepts (their spectrum and abstraction level), foci and aims vary in each model. For example, Mertz's mentoring model (23) is based on abstract concepts concerning attitudes, whereas the team mentoring model (28) is more focused on the exact level of daily work and organisation of students' mentoring. One separate model, e.g., model for clinical supervision (25), is broad itself, inter-relating several concepts and variables. The caring mentorship model (20) and Mertz's mentoring model (23) are focused on the quality of the relationship and cooperation between the mentor and the mentee – psychosocial dimension of mentorship. The learning process and the needs for sup-

port of individual students (pedagogical aspects) are more central in the Model for Learning in Practice: Guided Participation (26). The model of team mentoring (28) provides more continuity and gives students the opportunity to experience more diversity of clinical practice and different role models. Fulton et al. (2007) based their framework for a mentorship training programme on the mix of concepts (work-based learning, learning theories and the NMC standards) (5). The NMC standards can be used as a model in the development of the content of a mentorship training programme in nursing. Those standards would be useful in describing requirements and responsibilities of those involved in the mentorship process covering important areas of training students in practice. A good example of a framework that meets the aims of the NMS standards is the core curriculum framework as used in the training process of mentors in Scotland NES (26).

This study revealed that identification and understanding of theoretical models, as well as their underlying philosophies, should, therefore, be the

first step in the developmental process of the mentor training programme. A model can be used as a map that gives coherence in providing the mentor training course. All people involved in the mentoring process can work with the model and its underpinning philosophies, in a reliable and structured way seeking the best quality of the programme. The weakness of working with one well-defined model is that the concepts within the model will possibly be used as strict rules and, therefore, can decrease flexibility as needed in developmental and delivering processes.

### Limitations

Geographical restriction was present in this study focusing mostly on European experience that potentially narrowed the evidence on the topic. Only English literature was extracted for analysis. Other fields of science and practice, like social sciences with management or education programmes with even older traditions of mentorship, were excluded from the search although some specific model from those fields may also be helpful for mentorship in nursing.

### Practical Implication of the Study Results

The aim of the project EmpNURS was not to change educational systems but to empower nurses professionally. Its focus was to develop a basic and flexible programme that can be used as a common base and fits (transfer can be made) to cultural, professional, and organisational needs and peculiarities in European countries.

In spite of models explored in the review, none of the models was recognised as comprehensive and appropriate for the concept of the EmpNURS. After considerations in the team, a shared common philosophy was found. It was decided to work with a new approach and to adopt three concepts along with their underpinning philosophies: flexible learning, work-based learning and evidence-based practice. This conceptual framework ('red thread') was implemented in the mentor training programme that was piloted in four countries. The arguments and rationale for a distinctive conceptual framework of Introduction to Mentorship programme are discussed further.

*Flexible Learning.* The choice to adopt the concepts of flexible learning is considered in order to meet the learning needs of student mentors. The participants of the mentor training course (student-mentors) are all qualified nurses and adult learners. Most of them have multiple commitments in life to family, friends and work. In view of these issues, a flexible approach is important because choices about planning learning activities can be made individually considering personal and professional circumstances. Sadler-Smith and Smith (2004) define the concept of flexible learning as follows: 'flexible learning' indicates a means of delivering learning for

the acquisition of work-related knowledge and skills which include the use of instructional technologies. Flexible learning requires learners to exhibit a degree of autonomy and self-direction in order to engage effectively in a learning process in which the learner and other actors (for example, instructional designers and learning facilitators) may not be physically and/or temporally contiguous' (29, p. 398).

The group of EmpNURS agreed with this definition, emphasising the importance of anticipating on individual differences in cognitive style, learning styles and instructional preferences.

*Work-based Learning.* The project group EmpNURS discussed the importance of paying respect to the professional history and expertise gained by nurses and, therefore, chose the concepts of work-based learning because they are considered to bring together self-knowledge, expertise at work and formal knowledge (30). Formal knowledge has to be understood as gaining new knowledge, skills and competences. Because of the added value of group work, the concept of work-based learning is a good basis because it encourages discussions about shared work related problems, which lead to possible and imaginative and innovative solutions (31).

*Evidence-based Practice.* Mentors have a role in supporting a culture of evidence-based practice (24). The mentoring role includes awareness of research related to the mentor's own area of health care and sharing such knowledge as appropriate (32). Mentors are role models and need to reflect all the time, seek for the highest standards (apply research and evidence-based practice) to provide the best care, as well as the best support in learning in practice; hence, they are capable to support students in applying the evidence base for their own practice (27, 32).

### Conclusions

In education, a conceptual model can serve as a foundation for new programme development. Following this idea, an attempt to discover the existing conceptual models for mentorship in nursing focusing on the benefits of their use was made. This analysis helped to decide on the most appropriate conceptual framework for the Introduction to Mentorship programme of the EmpNURS project employing the principals and approaches of flexible learning, work-based learning and evidence-based practice.

### Statement of Conflict of Interest

The authors state no conflict of interest.

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## Slaugytojų praktinio mokymo pradmenų programos konceptualiojo pagrindo kūrimas

Olga Riklikienė<sup>1</sup>, Erna Tichelaar<sup>2</sup>

<sup>1</sup>Lietuvos sveikatos mokslų universiteto Medicinos akademijos Slaugos fakulteto Slaugos ir rūpybos katedra,

<sup>2</sup>Windesheim'o taikomųjų mokslų universitetas, Zoolė, Nyderlandai

**Raktažodžiai:** slauga, praktinio slaugos mokymo modeliai, konceptualusis pagrindas, klinikinė aplinka, klinikinis mokymasis.

**Santrauka.** Tikslas – išanalizuoti teorinius praktinio slaugos mokymo klinikinėje aplinkoje modelius ir sukurti naujai rengiamos Slaugytojų praktinio mokymo pradmenų programos konceptualųjį pagrindą.

**Metodai.** Iš pradžių ieškota literatūros penkiose elektroninėse duomenų bazėse, taip pat rankiniu būdu papildomų šaltinių, skelbtų 2000–2011 m. Iš viso atrinkti 39 šaltiniai, kurie išanalizuoti dedukcinės turinio analizės metodu. Rasti koncepciniai modeliai ir praktikos pavyzdžiai išanalizuoti teminiu aspektu: apibūdintos sąvokos (tokios kaip lankstusis mokymasis, įrodymais grįstas mokymas ir t.t.), pagrindinės mintys ir esminiai teiginiai.

**Rezultatai.** Literatūros šaltiniuose skelbtų koncepcinių modelių esminės sąvokos skyrėsi: skirtinga jų aprėptis, abstrakcijos lygmuo. Naujai rengiamos programos koncepcijai nuspręsta pasirinkti naują požiūrį į praktinį mokymą ir pritaikyti tris sąvokas ir jas pagrindžiančias filosofines idėjas: lankstusis mokymasis, mokymasis darbo vietoje ir įrodymais grįsta praktika). Šios trys sąvokos susijusios su klinikinio slaugos studentų mokymo pobūdžiu ir studento bei jo praktikos mokytojo santykių ypatumais.

**Išvados.** Atliekant šį tyrimą bandyta rasti egzistuojančius konceptualiuosius praktinio slaugos mokymo modelius ir atkreipti dėmesį į jų taikymo privalumus. Straipsnyje pateikiami Slaugytojų praktinio mokymo pradmenų programos teorinės sąrangos argumentai ir pagrindžiamas naujų požiūrių į praktinį mokymą ir sąvokų pasirinkimas.

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