# *Critical review on the strategic management of the mentor's role within the project "Sykepleierutdanning for framtida"*

Ambra Fani

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Department of Health Management and Health Economics

The Faculty of Medicine

Supervisor: Lars Erik Kjekshus

UNIVERSITY OF OSLO

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# Acknowledgments

*"Grazie Mamma, perche´ mi sei sempre stata accanto anche a distanza. Grazie per aver gioito con me dei miei successi e avermi consolata dopo le piccolo sconfitte: la prima telefonata dopo gli esami era sempre per te. Grazie Papa´, per avermi insegnato a guardare al di la´ del mio orizzonte, a essere sempre curiosa verso altre culture e a essere onesta con me stessa e con gli altri. Senza di voi non sarei mai arrivata dove sono! Vi voglio bene."*

Ambra Fani

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# Abstract

**Aim.** The purpose of this study is to clarify the role of personal mentors within the project "Sykepleierutdanning for framtida" in order to contribute ideas for good practice guidelines, which then can improve action learning processes and student retention. This study attempts to examine the mentor role from the perspective of tutors and leaders. Additionally, it investigates the management of the municipality expectations towards the trained mentors involved in the project. Furthermore, after understanding how the role is perceived and how learning process are initiated, the researcher aims to analyze if all the parts are more or less in line with the organization´s prospect.

**Background.** The pilot project "Sykepleierutdanning for framtida" is focused on capturing, developing and disseminating the knowledge and the skills required for competent nursing personnel in the future. The purpose of the project is to develop and implement a nursing program that qualifies for comprehensive patient work between the hospital and the community health services. The mentors are recruited from the local authority (preferably from Larvik), and they receive a mentor training for nurses of 30 ECTS at Vestfold University College. The program´s duration is one year (part-time).

**Methods.** Nineteen health professionals were interviewed on a one-to-one basis about their experiences within the project. The adoption of semi-structured interviews allowed covering the study objectives.

**Results.** The common role shared by the mentors appears to be defined by the ability to be a guide in the students' clinical practice. The mentor was not perceived as an instructor, but as a supporter, who should stimulate critical thinking towards questions, explore students' answers and provide feedbacks. A positive experience within the project was attested by most of the participants. Indeed, the majority hopes that the project will be implemented in the future, due to the importance of having a good personal tutor in the clinical practice.

**Conclusion.** The organization is open to a constant dialogue with its members and mentors are not only the main actors, but also the principal individuals to actively challenge the existing system. However, the degree of awareness of the organization´ expectations appears to be low among the participants. This might be caused by lack of definition of the expectations within the pilot project. Perhaps, the organization did not stress enough its own objective towards the

mentors, or the dialogue is more oriented in reporting facts and challenges rather then in confronting those with the organization´s perspective.

The Larvik municipality plans to continue offering this program.

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*"Nothing can be achieved without people, nothing endures without institutions." (Jean Monnet)*

## 1. Introduction

Personal tutor is a key leader in supporting and influencing student nurses not only in their clinical practice, but also in their decision-making. The quality and clinical relevance of the professionalization of the mentor's role can be significant on retention and ultimately on the quantity of nurses successfully completing programmes. The need for support has grown, and is likely to continue to grow, as people live more complicated lives and the diversity in student populations continues to increase (Rhodes et al, 2005).

Mentoring programs have been shown a positive impact on developing relationships within nursing, and on promoting sense of well-being (Mitchell et al., 2014). Indeed, effective personal tutoring is one of the possible strategies and initiatives to produce graduates who not only fulfill professional registration requirements, but who are also able to actively participate in the provision of community health care (Barrie, 2007).

Tackling nurse shortage is still a priority. Increased demand for nurses is expected and nurse workforce ageing predicted to reduce the supply of nurses. Shortages (especially of bedside nursing) are likely to persist or even increase in the future (OECD, 2005).

Aiken at al. (2002) found that one in every three nurses under the age of 30 intend to leave their job within one year and the top reasons are poor interdisciplinary communications, stress, and lack of autonomy. Lynn and Redman (2005) stated that two of the top five reasons nurses cite for leaving an organization are lack of satisfaction with colleagues and lack of administrative support. It was also showed that in Norway further education and opportunity for development increased nurses' intention to stay in the organization (Bjørk et al., 2006).

The Norwegian government has so far met the shortage of nurses by increasing the number of nursing students, and by expanding international nurse recruitment. In fact, there is no shortage of educated nurses in general, but they do not work as nurses (Kyrkjebø et al., 2002). So, how to keep nurses in practical nursing? Can one way be towards the professionalization of the mentor role?

Although the concept of the personal tutor is not new, and it has evolved over time, the role is not only poorly defined, but it is relatively scant within healthcare literature (Parnell et al., 2011). If mentoring in nursing affects nurse retention and nurse retention influences issues such as patient satisfaction, then mentorship should be recognized as vital to healthcare organization. Ergo, it is crucial for the municipality of Larvik to clarify the role, characteristics and self-perception of the mentor in order to fulfill role successfully.

## 1.1 Mentoring

Mentoring is difficult to define. There are many different definitions in the literature, but two have been selected here, as deemed more adequate:

1. Mentoring has been defined as *"a relationship between two people with learning and development as its purpose"* (Megginson and Garvey, 2004: 2).
2. The European Mentoring and Coaching Council's definition of mentoring is *"Off line help by one person to another in making significant transitions in knowledge, work or thinking"* (Clutterbuck, 1998: 87). The expression *"significant transitions"* implies transformative learning outcomes, but the definition does not explain the nature of the relationship mentor-mentees and whose goals are addressed in the mentoring process.

A mentor is therefore someone who helps another person through an important transition such as coping with a new situation like a new job or a major change in personal circumstances and in career development or personal growth. The person being helped is often called the "learner" or the "mentee".

It is important to recognize that an individual may have a variety of support, for different reasons, including more than one mentor, and this mix of support may vary over a period of time. The traditional form of mentoring is one to one mentoring, but there are other models of mentoring such as co-mentoring or peer mentoring and group mentoring (McKimm et al., 2007).

Mentorship in nursing has been introduced as a mean to help students and novice nurses to develop competencies, values, self-confidence, socializing, and career opportunities. Mentors need to be inspirers, investors and supporters (Darling, 1984; Barkun, 2006). They also serve as a role model for good practice (Koskinen and Tossavainen, 2003). They give the tools to get the work done in a safe and reasonably way. Mentoring is considered as a key strategy in professional health care education (Bray and Nettleton, 2007).

## 1.2 Aim

The purpose of this study is to clarify the roles of personal mentors within the project "Sykepleierutdanning for framtida"[1] in order to contribute ideas for good practice guidelines, which then can improve action learning processes and student retention. At the same time, the aim of the study is to exploit the experience and expertise of the main respondents (mentors and leaders) to obtain insights from different perspectives.

The research concerns with exploring the understanding of the mentor role in the various departments. These perceptions will be compared with the municipality expectations towards trained mentors. Analyzing how leaders and mentors initiate learning process will serve to highlight the quality of the clinical learning environment and how the interactions with staff and preceptors directly impact students' clinical practice (Henderson et al., 2009; McKenna et al., 2010).

Furthermore, it will be using research as a basis for strengthening the mentoring program and to investigate whether the educational experience is enriched by the existence of a mentorship. The study is conducted in collaboration with Larvik[2] municipality, in order to support its work within the project "Sykepleierutdanning for framtida".

In the following, background information will be given upon the traditional nursing education in Norway and the pilot project "Sykepleierutdanning for framtida". Thereafter, Larvik´s challenges and the research question of the study will be clarified.

## 1.3 Nursing Education in Norway

It is a fact that the development of the Norwegian society has seen a strong growth in the elderly population, with the increase of number of people affected by dementia. This leads to constant participation at the household level in the care of elderly dependent parent and consequently a decrease in the labour force by caregivers. In this scenario, the training of nurses changed a lot compared to the first training that Norwegian nurses received for the first time in Oslo in 1886. It has required new ways of thinking and a multi-disciplinary eye

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[1] "Sykepleierutdanning for framtida" Norwegian for "Nursing education for the future"

[2] Larvik is a town and a municipality in Vestfold County, which is located west of the Oslofjord.

towards patient care. The support is extended also to family members in order to ensure a meaningful existence even to those indirectly affected by the illness.

The current nursing curricula in Europe are based on the competence-based approach defined by European Union Directive, European Commission, and International Council of Nurses. In Norway, the plan for nursing education is regulated by the government that set the general plans and standard nationally. Twenty-eight universities and university colleges offer a basic training programme in nursing. Each study programme makes its own curriculum guidelines based on the national general plan. These guidelines include a description of working and teaching methods, types of evaluation and examination requirements, detailed information about organization, progression, practical training, and about the relationships between theory and practice. College Board must approve the curriculum guidelines.

The present general plan of nursing education, which was approved by the Ministry of Education, Research and Church Affairs in January 2000, defines both the medical and natural science subjects, and states an increment by 10 weeks in the clinical part of the training. Furthermore, university colleges have the duty to formalize collaboration with the places were the students will have their practical training, and nursing teachers are required to be present in the clinical areas together with the students. A 3-year bachelor programme at university colleges consists of 180 European Credit Transfer System (ECTS) and the qualified nurses can work both in hospitals and in the community health service. There is no State Examination, but student nurses should develop five competence components during their training:

1.      Theoretical-analytical competence;
2.      Practical competence;
3.      Learning competence;
4.      Social competence;
5.      Professional ethics competence (Kyrkjebø et al., 2002).


The supervised practice is the clinical placement that accounts for 42% of the total education time. Five placement areas are obligatory: surgical nursing, medical nursing, mental health care, home care and nursing homes. Students must be assigned to any three of these areas for at least eight weeks and the other two for at least six weeks, and they study for 30 hours/week in the clinical area. During clinical practice a registered nurse coaches the students, while the

teacher is mostly there to represent the university college, arranging meetings with student and mentors, discussing the students' objectives and results and carrying mid-term and final evaluation. In few schools the teachers supervise in the clinical setting during the students' first year of education. Unlike many other western countries, Norwegian nursing students have been assigned to clinical placements in mental health care and nursing homes since 1962 and home care since 1975 (Bjørk et al.,2014).

The demand for nurses in a large range of health care services requires nurses with comprehensive and multidisciplinary knowledge, accompanied by a variety of skills from administration, teaching to leadership and professional development. Thus, it seems reasonable that Norwegian student nurses are concerned with the gap between the standard provided by the educational environment and those in the clinical practice. They also ask for a longer placement practice, and academic subjects closer to the skills needed when they perform nursing care (Kyrkjebø et al., 2002).

## 1.4 Sykepleierutdanning for framtida

The Coordination Reform, which took effect in 2012 in Norway, known as *"Right care – in the right place - at the right time"* (Report No. 47, 2008-2009) identified several challenges for improving patient care in the future. In order to improve outcomes at the municipal level, it is important to:

- Increase health promotion, especially in relation with the demographic trends.

- Provide a valuable training of health professional that will need new interdisciplinary skills in the coming years.

- Implement cooperation between higher education and working life to make a greater impact on the community.

- Strengthen the "new future municipal role".

These are the main reasons why Larvik municipality and Vestfold University College (VUC) have been working diligently to lay the foundation for a new nursing program that better meet the local health needs. Indeed, the project is in line with Strategidokumentet for Larvik Kommune[3] 2007 – 2010 and it is based on the Coordination Reform, in particular on the

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[3] Strategic Plan for the Larvik municipality. It has a timeframe of 4 years and it gives specific guidelines for each year.

National "Rammeplan for sykepleierutdannning"[4] and "Stortingsmelding 13. Utdanning for velferd"[5].

The pilot project "Sykepleierutdanning for framtida" is focused on capturing, developing and disseminating the knowledge and the skills required for competent nursing personnel in the future. The purpose of the project is to develop and implement a nursing program that qualifies for comprehensive patient work between the hospital and the community health services.

Larvik and the Faculty of Health Science (Fakultetet for Helsevitenskap), Vestfold University College have lunched the project in January 2011. The project is divided in three stages:
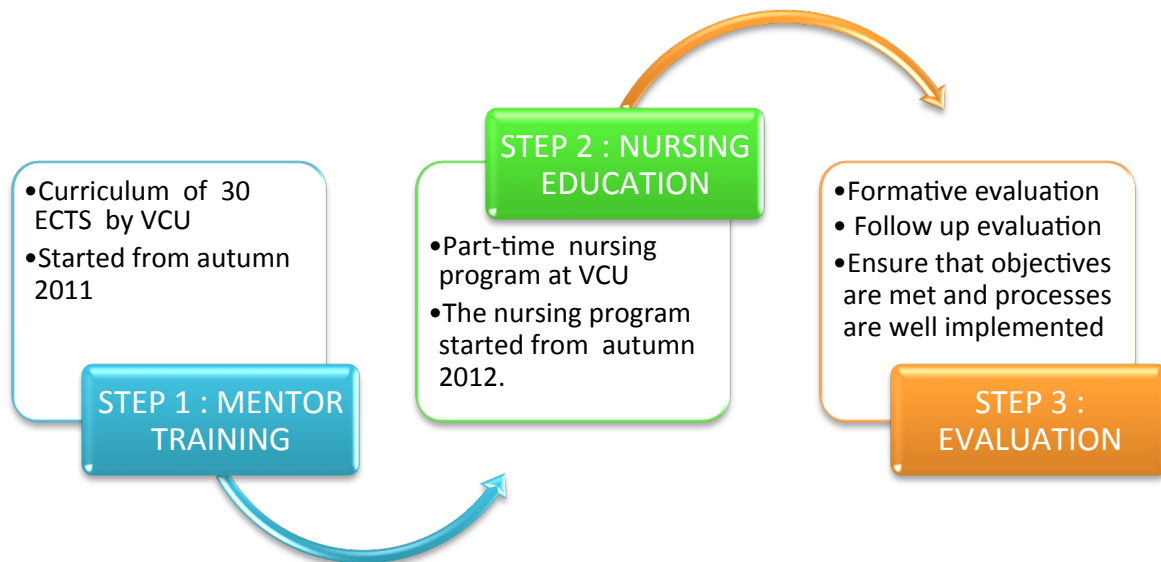


**Figure 1: Project stages**

The mentors are recruited from the local government sector (preferably from Larvik), and they receive a mentor training for nurses of 30 ECTS at Vestfold University College. This program has duration over one year (part-time). Supervisors will monitor each student throughout their academic progresses. The advisory skills of mentors might increase the motivation and practice responsibility in community health.

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[4] Framework for Nursing Education

[5] White Paper No. 13 (2011-2012) Education for Welfare: Interaction as Key

The nursing educational program follows the national curriculum. Nursing students will complete their education part-time over four years and their practice period is organized and implemented in Larvik, within different departments. The students´ goals (*"læringsutbyttebeskrivelsene"*) are defined in the course description (*"emnebeskrivelse"*) of the clinical practice. These goals are both defined by the university and the municipality, but students are challenged to make these goals individual and specific.

The learning situations are distinctive for each department. For this reason, the students are allowed to experience a different department from the one assigned. In this circumstance, the mentor helps the student in finding learning situations suited to their objectives.

Mentors in the clinical practice and lecturers are responsible of students' learning outcomes in working with patient care from community health and hospitals. Thus, the students will be able to experience the practice as an integral component of the theory. This proximity between education and practice fields might provide a fruitful basis for retaining student within the organization.

"Sykepleierutdanning for framtida" is based on a model for continuous improvement that gives room for opportunities and development throughout the project. The project provides insight into mentor role in nursing, patient care and the requirements for nursing students in practice. The Larvik municipality has another understanding of the objectives now, than what it had three years ago.

According with the Chief project manager Tove Akre, the vision of the project is increasing in nursing education the awareness of the municipal sector's challenges, where the patients live and require health care in their own homes or at the municipality institutions. The mission is to develop greater expertise through the project and to increase knowledge on different types of services for patients support.

The most essential value of the project is trust, as the project leader Ingvild Svendsen told me: *"We used a lot of time and energy to have trust between all the parties. When we started to discuss of this project with Vestfold University College, we talked about the university and the municipality as two separate entities. After a while we understood that we could not talk about them in that way anymore, we were separating the interests between the municipality*

*and the university. We needed to solve the challenges together; because we own the nursing education and at the same time the university owns the challenges in the municipality"*

"Sykepleierutdanning for framtida" wants to strength the learning environment in the health care departments and the clinical practice of the students. The main objective is to initiate structures and culture for learning in the municipality settings. This can produce professionals who experience the theoretical and the practical knowledge as valuable and usable in the work with the society.

## 1.5 Larvik's challenges

In order to understand the specific challenges that the Larvik municipality faces with regard to nursing staff in their healthcare clinics, I conducted an interview with the Chief Project Manager Tove Akre. After analyzing the interviews, the current goal emerged to be finalizing the action plan for the future health and social care services. This plan should be elaborated for political considerations by June 2014.

The Larvik municipality is focusing on acquiring enough knowledge to actively work on specialized rehabilitation and dementia care with more treatment options than before and on a larger scale. In addition, alcohol, drug and mental health issues are another important priority. Furthermore, they have recently worked to increase the health care budget and to reorganize health care services in a more efficient way.

Multiple services have been established in order to assist with the aforementioned care such as one composed of several specialized home fitness teams. This one intends to allow seniors citizens unable to easily reach healthcare facilities to participate in physical activity from the comfort of their own home.

Additionally, they have also implemented services geared towards improving elderly citizens' recuperation within their own home. These services include following their discharge from hospital, from providing simple house maintenance to frequent medicinal care, in order to avoid prolonged institutional stay. Hence, the municipality is establishing and developing services that can ensure a continuation of good health status of the community as well as improving their quality of life.

## 1.6 Research question

On this background the following research questions is formulated:

*How is the mentor role perceived and implemented by the participants of the project "Sykepleierutdanning for framtida"? Is this in line with the expectations of the organization?*

There is a scarcity of studies that explore the experiences of the personal tutor role, clarifying the expectations of the organization explicitly (Braine and Parnell, 2011). This study attempts to examine the mentor role from the perspective of tutors and leaders. As well, it investigates the management of the municipality expectations towards the trained mentors involved in the project.

Furthermore, after understanding how the role is perceived and how learning process are initiated, the researcher aims to analyze if all the parts are more or less in line with the organization´s prospect. This will be of relevance to the municipality of Larvik, because better nursing education outcomes might lead to a healthier and happier community.

The research will be conducted through the use of in-depth interviews with the mentors and leaders in the municipality, since taking part of the parties' perceptions may increase our understanding of how nursing education in the future can be planned and implemented.

# Chapter 2, Methodology

*"People being studied are not simply passive subject, but active contributors to the research project"*
*(Immy Halloway, 2005)*

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## 2. Research method

As stated on Chapter 1, the research objectives are to explore the understanding of the mentor role by the participant within the pilot project "Sykepleierutdanning for framtida"; the way mentoring is put into practice and the relevance of the pilot project in initiating learning process not only with students but also among employees.

The goal of this chapter is to explain the methodological approach used to achieve such objectives. After analyzing the advantages of using a qualitative approach, it is described the ways in which one-to-one interviews were carried out, followed by ethical considerations and limitations of the research.

Given the time and the aim of the study, qualitative interviews allowed me to discuss and investigate the respondents' involvement within the project in a more deeply way than questionnaires, or phone surveys. The semi-structured interviews (Appendix A) were useful to explore the topics of interest. Yet I made room for open discussion in order not to miss any interesting and useful directions. This granted also space for unique and unstandardized responses, because the interview will describe subjective meanings, taking into account the background, beliefs and attitude of the participants.

The expressions of real-life experiences were very relevant to capture these topics:

- Self-evaluation as a mentor.
- Personal style in initiating learning process.
- Leaders' opinion of the mentor role within the department settings.
- Evaluation of the pilot project (positive aspects, critiques and suggestions).

## 2.1 My role as researcher

When I discovered that Larvik municipality was searching for a student who could investigate the general understanding of the project "Sykepleierutdanning for framtida" among the participants, I enthusiastically decided to be part of the evaluation.

The main reasons that pushed me to take part of the project are the following:

1. My intension was to write a master thesis on a current project within the Norwegian health care setting and to help with my research the project leaders, looking together into the future of this project.
2. Not only I wanted to explore the emotions, perceptions and leadership style of the people involved in the project, but also I saw in it the possibility to improve my knowledge of the local health sector. I found great interest in discussing with leaders and nurses who face the challenges of the health care sector in loco on a daily basis.
3. The second reason was that I felt I personally lacked knowledge in the field of real-life applications of management and leadership. Therefore I saw the opportunity of working alongside project leaders as a possibility to get to know how the organization works, how they are able to shape and develop a project. This allowed analyzing the degree of the difficulty that they face in coordinating all the parts.
4. Furthermore, I felt a desire to challenge myself with qualitative research. At the beginning of the master program, I was sure I would focus on quantitative research, due to my engineering background.

I found qualitative research stimulating and inspiring, because it is human-centric. I did not collect numbers, but I had the chance to collect people´s ideas, feelings, and perceptions though this made it difficult to "constrain" the interviews into systematic patterns. The participants are the only source of my data and they have primacy, nor my preconceptions, nor the literature connected to the area of inquiry (Immy Halloway, 2005).

## 2.2 Case study design

This study is a case study research design and the selected group - in a context that plays a prominent role - is not representative in a statistical sense. The following definitions elaborate why this paper is a case study.

I.   The first one is the Yin's (2009) definition: *"an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context"* (Yin, 2009, p. 18). According to Yin (1994), the real-life context and no clear boundaries between phenomenon and context are representative for a case study. Further Swanborn (2010) argued against the two additive elements proposed by Yin: the contemporary element and the absence of control by the research, stating that a case study might be retrospective (looking at the past) and having descriptive purpose.

II.  The second definition is proposed by Swanborn (2010) *"a case study refers to the study of a social phenomenon in which the researcher focuses on the description and explanation of social processes that unfold between persons participating in the process, people with their values, expectations, opinions, perceptions, resources, controversies, decisions, mutual relations and behavior"*.

The investigation meets the two proposed definitions, since the purpose of this study is to draw on experience and expertise of mentors and leaders to capture the general understanding of the mentor role within such project and how the mentor role is used in initiating learning process not only with students, but also with other employees. This creates an empirical research set in a real-life context, which the researcher cannot influence (Yin, 2009).

The unexpected and unanticipated information enriched the research. Initially, a broader research question related to drawing a definition of the mentor role was stated. Nevertheless, after negotiating access to people and their experiences, the study progressed more into exploring the understanding of the all parties and comparing it with the organization´s expectations of the management of the mentor role. This is very common in exploratory study where the main challenge is to sharp the research question, while the investigator tends to drift around, with continuous adjustment in following the data acquired (Swanborn, 2010). The intention of this paper is to understand if the propositions for successful mentoring within this specific pilot project is confirmed or challenged by the findings.

## 2.3 Respondents

The primary informants of the research were all the participants within the pilot project: nurses, leaders in the health care sector, a project assistant, the project leaders and chief project manager. I interviewed 19 health professionals in total, **eighteen females** and **two males**.

The communicative reason for using more than one real-life experience is that it provides a broader understanding of the mentor role from different perspectives and working environments. These three informant groups are facing different challenges in the daily work life oriented towards the position within the organization, the department associated, the patient target and the disease treated.

The involvement of the mentors serves firstly in describing the self-perception of the mentor role and secondly in exploring the different approaches in initiating learning process. I thought that interviewing just the personal tutors would be too narrow for my research question, thus I also had included mentors' leaders and project leaders as respondents. This made it possible to inspect whether the understanding and implementation of the project between all parties corresponded to the municipality expectations. It is very important to understand at which stage of the project Larvik is currently in, in order to efficiently design the next plan.

## 2.4 Interviews

Descriptive data was collected through conducting in-depth, one-to-one, face-to face interviews. The use of interview as method of data collection in qualitative research in health care is extensive (Bowling, 2009; Grbich, 1998; Britten, Jones, Murphy and Stacy, 1995) and it aims to understand the quality and delivery of services from the point of view of both patients and healthcare staff (Bowling, 2009).

The adoption of semi-structured interviews allowed covering the study objectives. Interviewing has often been regarded as an active process where interviewer and interviewee can gain knowledge (Kvale, 1999; Taylor et al., 2006). The purpose of the interview in this study is to obtain descriptions of the world experienced by the respondents, with the intention to achieve valid interpretations of the phenomenon's meaning (Kvale, 1999). By grounding

the concept in practical terms, interviews could help clarify mentoring for those who previously have had difficulty in transferring it from theory into practice.

## 2.5 Interview steps

- **Step 1: Preparing the interview guide**

  Semi-structured interview has a defined structure and specific objective but proceeds like a normal conversation (Kvale, 1996). Three interview guides were prepared: one for the mentors, one for the leaders, and one for the project leaders. Thus, the interview were suited to each professional, agreeing with Kvale (1996)´s interpretation rather than the more standardized one by Gillham (2005). Nevertheless, the same open questions around themes such as the mentor role, the style in initiating learning process, and the opinion around the project were asked to the participants.

  The aim was not only to explore in order to generate new knowledge, but also to get all the respondents to reflect on selected topics relevant for such project (Fontana, 2002; Gillham, 2005). The following five of the six question types suggested by Patton`s (2005) were preferred:

  - ➢ Background.
  - ➢ Behavioral/ Experience.
  - ➢ Opinion/Values.
  - ➢ Feelings/Emotions.
  - ➢ Knowledge.

  Since not all the respondents were fluent in English, the questions were articulated into a direct and simple form, hoping to improve the communication between the participants and the researcher. Once the questions were formulated, I abstained from loaded questions, which have an emotional evocation, and at the same time also from double-barreled questions that confuse the interviewee (Oishi, 2003). Furthermore, leading questions were avoided, because they induce a suggestion in the answers and kill the two-way communication between the researcher and the informant. It was important to encourage an active role for the interviewee to explore in depth his experience.

The interview included some basic demographic information, followed by the main set of questions. Monitoring the interviews based on the guide ensured not only to be attentive to each answers, but also to ask more information on remarks made by the participants.

- **Step 2: Conducting interviews**

  The interviews were carried out from the 17th of March 2014 to the 21st of March 2014 at two nursing homes "Furuheim" (Larvik) and "Grevle Sykehjem" (Stavern[6]) and the meetings with mentors and leaders were patiently arranged by the project leader Ms Ingvild Svendsen. The average length of the interviews was approximately 30 minutes. Furthermore, the interviews were recorded with a digital audio recorder on personal laptop.

  The language used to communicate was English. Though the majority of participants were confident and friendly, some were apprehensive and reluctant to engage in English. Instead, others were determinated to find the right phraseology in a language they are not used to.

  To investigate human understanding, I had an extended interaction with the people being studied. The interviews guide was followed just at the beginning of the conversation, giving space for personal ideas from the respondents. For instance, one of the mentors pointed out how this mentoring program can be useful in the communication with the relatives of patients affected by dementia. Working on the acceptance of the disease may be easier with mentoring skills.

  All the participants who volunteered received in advance the interview guide by email and again before the start of the interview. Thus, they were informed about the objectives of the research. In the introductory statement of the meeting, it was explained in which way their response would be beneficial and that the information provided will be used solely for study purpose. Further the main themes were clarified and the expected duration of the interview was specified.

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[6] It is a town located in the Larvik municipality

The interviewees were made to feel comfortable and time was given in order to sufficiently answer questions (Gillham, 2005). Neutrality, sensitivity and clearness (Patton, 2005) were the main elements followed during the conversation.

- **Step 3: Transcriptions**

  The pattern of topics emerging from professional's experiences related to mentoring were the interest of this dissertation. In order to perform the coding process involved in the thematic analysis the recorded interviews were initially listened to provide familiarization with the nature of the data. Later, they were transcribed. This was a useful starting point in compartmentalizing all participants' experiences into initial themes.

## 2.6 Data Analysis

The definition of thematic analysis (TA) -selected as the most comprehensive one- is the following:

*"Thematic analysis is a method for identifying and analyzing patterns of meaning in a data set. It illustrates which themes are important in the description of the phenomenon under study. The end result of a TA should highlight the most salient constellations of meanings present in the data set" (Harper & Thompson, 2011, p.209).*

Thus, thematic analysis was used to extract the main patterns from the data provided by interviews. Examining data with TA has the advantages of flexibility, but it is essential to follow a clear path in conducting it. The whole course of action went slowly.

Some themes initially emerged from drafting the interview guide. The transcripts were reread multiple times, allowing the opportunity to gain preliminary considerations on potential themes. Notes were made on key sentences to identify emerging themes. It was important that these topics were faithful to participants' own words to avoid a degree of bias (Kvale, 1999). Furthermore it was not considered relevant for the research questions to report intonations, pauses and emotional expressions, and some insignificant parts of the interviews. Some notes concerning each interview are reported in Appendix C.

The most recurrent themes were grouped under a broader topic during the coding of all interviews, and new themes continuously created as the transcripts were read one by one. Also relevant individual examples were included to make room for each unique case.

Following the internal homogeneity criterion proposed by Patton (1990), which refers to the shared coherence between the different themes derived from the interviews, the topics emerging from the data set were adhered with the research goals: to understand how the mentor role is perceived and implemented by the participants of the project "Sykepleierutdanning for framtida" and whether this in line with the expectations of the organization.

## 2.7 Ethical considerations

Due to my collaboration with Larvik municipality, the participants were involved voluntary in the study by the organization and they could decline or withdraw without penalty. They were informed towards an email about the study's purpose and they were ensured confidentially and anonymity. Thus the interviewees received all the information in advance (Chambliss et al, 2012). Indeed, interview guides were provided to all the informants in order to allow them to reflect on the questions prior to the meetings. At the beginning of each interview, the aims of the study were presented once more to certify that the participants had read and understood the research objectives. They also signed an informed consent document (Appendix B) in duplicate.

The Principle of Autonomy and Dignity of Persons (Duncan, 2009) was adhered to by assuring voluntary participation and with regards to the informed consent. Anonymity and confidentiality was achieved by using numbers to identify the informants and by ensuring any possible identifying characteristics were expunged (Chambliss et al, 2012). In this way, the Principle of Minimizing Harm was also achieved. Additionally, the management of data recovered was stored in complete confidentiality and security. Interviews were recorded using a password-protected laptop. Audio files were saved and labeled with alphanumeric codes. Transcriptions of the interviews were also labeled with the same alphanumeric codes.

*There is nothing as practical as a good theory (Kurt Lewin, 1951)*

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## 3. Mentoring in the literature

The growing literature on the personal tutoring reflects the increasing need of support and guidance by student nurses, and mentoring continues to be of the findings in research on what nurses want in their leaders. According to Raup (2008), mentoring is a quality of transformational leadership and the most favorite leadership style identified by nursing staff. A study by McKenna et al. (2013) figured out that promoting and nourishing leadership in others should be a relevant function of nurses' leaders, while Feltner et al. (2008) underlined how leaders facilitate the process of setting and achieving objectives, towards role modeling and follow up. The research of Rhodes et al. (2005) explores the personal tutors' views of their role within nursing setting and it concluded that there is no point in recruiting student nurses without offering appropriate and sustainable support to enable success. Furthermore, they identified maximize learning, reduce stress and facilitate personal and professional growth as main activities of a good mentor. A recent study (Athlin et al., 2014) showed that the leader role in bedside nursing were rather indistinct and vague with regard to formal job-descriptions. Thus, mentoring could help to increase the awareness about the formal responsibility in their role and issues concerned nursing quality, nursing administration/staffing, nursing environment and budget.

Although it has been acknowledged the positive correlation between nurse mentorship programs and nurse retention rates (Bowles & Candela, 2005; Hurst & Koplin-Baucum, 2003; Scott, 2007), there is no evidence that students achieve better results with personal tutor support (Gidman et al, 2001). On the other hand, the study of Baillie et al. (2014) in UK found out that *"support from university staff e.g. personal lecturer, practice educator, link tutor"* is the second factor, after attendance of action learning, in helping student nurses' practice. Moreover, Carlson et al. (2014) found out that the supervisory relationship had the greatest impact on how student nurses experienced the clinical learning environment in nursing homes.

The literature identifies various key elements of the role. Phillips (1994) associated the role to three main areas; teaching, counseling and supporting; Gidman (2001) instead to three main

aspects in the health care; clinical, pastoral and academic. Richardson (1998) observed personal tutors acting as "gatekeepers" and "supporters". Being a friend, counselor, critic, career advisor and a monitor of student progress are additional characteristics of the role stated by Por and Barriball (2008), but also enjoyable aspects of personal tutor roles were also described as *"sharing", "connecting with", "developing a rapport"* and *"working with small groups"* (Rhodes et al., 2005). Under the perspective of Warne and McAndrew (2008), tutors can act as catalyst and role model for personal growth and therapeutic endeavor, helping students to express their emotions in an authenticable and safe way.

Despite the fact that the mentor role is a powerful function in tutoring nurses, there is no real consensus on the most appropriate approach or framework to follow in providing it (Gidman, 2001). Numminem et al. (2014) stressed the need of more intensive teamwork between education and practice in order to reach consensus on the personal tutoring role in the complicated multi-layered health care environment. Indeed, a study by Coyle-Rogers and Cramer (2005) identified that student and tutor perceptions of the role and responsibilities were not in agreement. Personal development tutors' roles are often implemented by convenience rather than by design (Gidman et al., 2000).

There is a scarcity of studies that explore the experiences of the PDT role, clarifying the expectations of the organization explicitly (Braine and Parnell, 2011). This study explore how leaders and mentors initiate learning process within their departments, in order to evaluate wheatear the mentor role meet the requirements of current nursing practice and if the actual outcome is close to the organization´s expectation.


## 3.1 Mentoring, coaching, training


Even though mentoring, coaching and training often involve similar features; they are approached through diverse directions with varying support systems and performance goals. Improving performance is usually related with developing job skills whilst getting better competencies with guiding and assistance. As showed in Figure 2, the utility of each approach within organizational learning is different.

**Figure 2: Mentoring, Coaching and Training**

Mentoring is conducted in different forms within an organization in both formal and informal capacities. The nature of this relationship depends primarily on the individuals and the given context. In the last years, the number of mentoring programs has increased and been institutionalized (Kenworthy, 2012).

The mentoring relationship is between a more experienced and a less experienced employee. It is based upon encouragement, constructive comments, openness, mutual trust, respect and a willingness to learn and share (Spencer&Wales 1999). The aim of the mentor is to build the capability of the learner based on his personal objectives. However, mentoring has been described as *"a practice that remains ill-defined, poorly conceptualized, and weakly theorized, leading to confusion in policy and practice"* (Colley, 2003: 13). Indeed, the philosophical standpoint of the definition is often implicit and the approach used and the learning goals not well specified (Brockbank&McGill, 2006).

In the 16th century, the word "coach" refereed to a horse-drawn vehicle, which was used to transport people from where they were to where they wanted to go. Later, the role became associated with a person who instruct and motivate another towards better results than what they would achieve on their own (Kenworthy, 2012). Parsloe (1999) defines coaching as: *"a process that enables learning and development to occur and thus performance to improve"*.

Indeed, coaching focuses on task and performance, suggesting goals for the learner and measuring the results in parallel with skill enhancement. In essence, coaching is goal-oriented and a supportive process to maximize individual potential. Thus, the coach establishes the objectives for the learner, whereas in mentoring the mentee defines his own intents.

Training is an activity to improve the knowledge and the information recipient of the learner through instruction and explanation. The goal of the training is to increase the preparation of the student and to acquire skills. The relationship between teacher and student is detached in comparison to the intimate familiarity of both the coaching and mentoring relationship.

## 3.2 Power and organizational learning

Power is the use of control or influence over another person or over a group. Early theorists defined power as intentional force or control whilst others considered power incidental in the effects of an interactions between persons. Contemporary academics saw power as potential for influencing another person.

Power relations should be identified in order to achieve effective organizational learning and leaders should be interested on how different power levels affect the realization of precise goals. Social, personal and work relationships have a power component, thus mentoring, coaching and training relationship are not excluded from reveling that element (Brockbank& McGill, 2006).

Mentoring relationships can be categorized as socially constructed power relationships. For instance, mentors have a greater knowledge than their protégés and this knowledge gives the mentors the chance to exercise power in a helpful or hurtful way. Even though the mentor´s role implies the empowerment of the mentee; at the same time the relationship between them is power based and may include sponsoring organizational interests (Manathunga, 2007).

Figure 3 summarizes the relationship between the approaches used in tutoring and the tool used within each different relation. The abscissa is the level of power and the ordinate is the tool used in the communication from answers to questions.

As shown, training is power based content focus thus answers are given under an instructive form. Mentoring is less power based than training, because the mentee sets their own goals

and there is a theoretical balance between answers given and questions formulated towards the mentee.
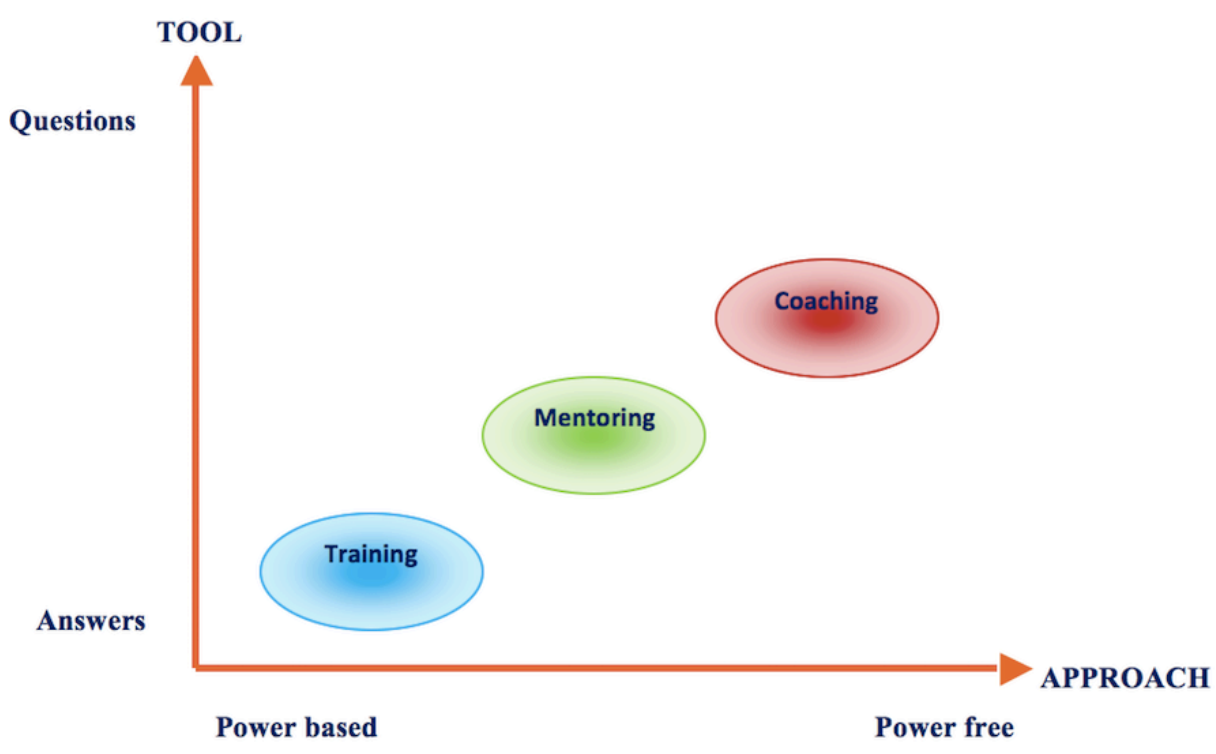


**Figure 3: Tutoring approaches and tool used**

Every mentoring or coaching has a political dimension. It is important to understand the degree of the mentor´s influence within the settings in which the mentoring program is placed. The form of power can be implicit or explicit. Implicity might result in non-effective tutoring and the probability of mirroring other power relations - existing in the organization- increases. In fact the organization is not neutral territory, but an entity with power structures among different actors. Thus how the organization establishes its objectives might impact the commitment of its members. If the organization encourages its affiliates to challenge existing systems, this organization is opened to reflective learning and gives the individuals or groups a chance to be aware of other realities (Brockbank& McGill, 2006; Ragins, 1997).

# Chapter 4, Finding and analysis

*Whether we are apprentices or pioneers, newcomers or old-timers, knowing always involves these two components: the competence that our communities have established over time, and our ongoing experience of the world as a member (Etienne Wenger, 2000).*

## 4. Results

As mentioned on the Methodology chapter, nineteen health professionals were interviewed on a one-to-one basis about their experiences within the project. This chapter tries to summarize the relevant findings after performing thematic analysis on the data. The themes presented on this section are closely related to the main research goal: understanding the mentor role. All themes are followed by an overall discussion.

The richness of the data gathered from the experience of pathway participant - both mentors and leaders - allowed to explore the understanding of the mentor role in the learning environment offered by the Larvik municipality. When analyzing the data, I expected to find out different ideas around the mentor role and its implementation. The data were categorized according to the relevance to the research question and to the theoretical framework. To denote the mentors and the leaders quote, the following abbreviations have been used: M (x) = mentor number x, and L (y) = leader number y.

More than half of the mentors had an average around 10 years experience, whereas in the leader group, the majority had work experience lasting longer than 10 years. Most mentors and leaders hold a Bachelor of Science in Nursing with some of them holding Master of Arts in Leadership, Management or Human Resources. Mentors and managers represented four nursing care fields: nursing home, home care, dementia care, and rehabilitation care.

### 4.1 Global themes from thematic analysis

Three primary themes were identified from the thematic analysis:

1. The expectations of the organization

2. The mentor role according to the personal tutors

3. Perception of the leaders

## 4.2 The expectations of the organization

- **Professionalization of mentor's role -** It is hard to recruit nurses to work in the municipality. Professional mentors who happen to also be good practitioners may make the municipal nursing role more appealing to the students' eyes. Furthermore they may strengthen the reputation of the municipality as its representative and as an expert of specific health care areas.

  Expectation: To communicate the nurse's role in the municipality and to train the students for this role in order to put their theoretical knowledge into practice.

- **Method for collaboration** - The mentors are divided in 4 groups when it comes to counseling. Additionally, a lecturer from Vestfold University College participates in the group counseling. They plan group counseling in an independent way. The themes for counseling are defined by the content of the nursing bachelor program.

  Expectation: To coordinate the theory received at the university level with the clinical practice and to train mentors for group counseling in order to develop organizational learning.

- **Evaluation of the students** - The mentors have the responsibility and authority to evaluate the students at the end of the clinical practice. They do not assess the students alone, but with a lecturer from the university college.

  Expectation: Improving skills in evaluating nursing practice in order to ensure the quality of clinical practice within the departments.

- **Organizational learning to sustain "pasientforløpet"[7]** - The mentoring relationships allow the mentors to assign challenging learning situations not only within the mentors' working place, but also in other departments and offices.

  Expectation: To support the knowledge on "pasientforløp" and the ability to coordinate it. Learning processes based not only on the education outcomes that the student should achieve, but also on the possible real-life situations that community care can offer.

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[7] Patient trajectory

- **Initiating learning processes -** The mentors have potential to strengthen the learning environment within their work place in collaboration with the leaders.

> Expectation: To develop mentoring towards not only students, but also other employees who may need it and to promote action learning for effective outcomes such as insight, skill development, and for a better use of human resources.

## 4.3 The mentor role according to the personal tutors

There was a common role shared by the mentors when it comes to mentoring nurses. The role appears to be defined by the ability to be a guide in the students' clinical practice. The mentor was not perceived as an instructor, but as a supporter, who should stimulate critical thinking towards questions, explore students' answers and provide feedbacks. Also the study of Phillips et al. (1996) recognized feedback as one of the key function of the mentors under the students' perspective. Little or no feedback might delay the development of self-confidence (Mackay 1989, Watts 1989, Cahill 1996).

None of the mentors described their role as a role model, and in this regard the finding diverges from previous researches on mentoring. At the same time, some mentors identified the need to make an individual plan for each student, discussing with them individually which skills they should improve. In this sense, according to the theoretical framework, it appears clearly that the way mentors experienced their role is closer to the coaching approach rather than the mentoring one. Indeed, the mentors explained their role as tutor who focuses on helping the students in maximize their individual potential and who makes them break out of their comfort zone.

Stephen et al. (2008) highlight the importance of monitoring student progress as tools to understanding oneself and one´s learning needs. One mentor expressed the importance of allowing gradual independence with the use of progressive tasks, which increased in difficulty each time. In her opinion, the methodology of mentoring with progression generates awareness of the students' objective. This supports the definition of coaching exposed in the framework; because coaching is goal-oriented the coach establishes the objectives for the learner, whereas in mentoring the mentee defines his own intents.

*"I think you have to talk with them (the students) and find where they are, because I got two students very different from each other [...] one she was very cleaver and she needed more challenges, so we made her work with the ambulance team [...]. Instead with the other one we had to work on basic things"* (M3).

The most frequently cited methods for successful mentoring revolved around good communication, being a great listener and the ability to make the students see problems, solutions and their own mistakes without directly tell them. Indeed, the words repeatedly used in discussing the role of the mentor were "listener" and "coach". Being a good listener, being passionate for the role and giving room to create confidence in the students underpinned most of the areas discussed. Additionally, one mentor described motivation and passion for the role as important aspects to inspiring the mentee, and another identified calmness as crucial in attempting to make students feel safeguarded.

When interviewees were asked to describe their mentoring style, most of them based it on developing the student's independent critical thinking and problem solving. The most common style in initiating learning process is asking the mentees, before commencement to perform a clinical task, the manner in which they would ordinarily proceed. The mentors then give credit to the student and they explain that it is better to understand each step taken rather than practicing procedures automatically. Thus, the mentors' time is more devoted to moving the students along the continuum between observing and doing whilst giving feedback on their performance, rather than explaining theoretical medical concepts. This result is half way in line with the mentoring literature (Tobin, 2004; Gidman, 2001; Phillips, 1994) where the mentor role is associated not only with coaching and supporting, but also with teaching and counseling.

*"If I am not agreeing with them (the students), then I let them practice in the way they think and then we discuss if it was a good solution or a bad one"* (M7).

One of the mentors reported her personal experience with the student. When the mentee described all stroke patients as "smell(ing) the same and (that) they all tend to be aggressive", the personal tutor thought that she needed to work on the mindset of the student to make her see the differences between patients. The mentor´s solution was to place the student in a real life situation with stroke patients.

This style ensures that the students are not overprotected while encouraging and allowing involvement and participation in patients care rather than simple observation. As the findings of Gray&Smith (2000) revealed, having a good role model to emulate is really important for the students and this affects the results of the tasks, which they perform.

The majority of the mentors attempt to treat all students equally and often try to establish mutual trust and respect in a professional way. Furthermore, they meet most of the characteristics of the pastoral tutor role, such as helping to identifying solutions and to facilitate and nurture personal growth (Gildman, 2001). However, when it comes to being friend, most of them would consider friendship out of the clinical practice period. Only one mentor thought that being friend would be a good way to connect and create complicity.

> *"You have to be a friend with the students to let them open for you and taking down the distance" (M2).*

Another relevant finding concerning the mentor-student relationship is on the balance between guidelines and free style. Most of the mentors believe that an important component of free style must be given to a personal tutor. Free style allows the mentor to be informal and approachable and this let them to create a good connection with students, patients and other employees. In fact, having committed, supportive, approachable and accessible personal tutors facilitate the academic development of the students (Wilcox et al., 2007; Stephen et al, 2010).

> *"Mentoring has to be free to find a good connection with students, patients and other employees" (M1).*

On the other hand, mentors see the utility of the guidelines as a framework and as a tool to make sure the steps taken are correct; they currently follow a checklist during clinical practice with the students. The checklist helps in their awareness of the contents of the students' education and to bridge the gap between theory and practice. Nevertheless, sometimes there is no correspondence between theory and practice. For instance, while students are focusing on maternal and childcare, they are practicing in nursing homes. This might be a weakness for the students development planning and in particular for their reflection skills (Braine&Parnell, 2011).

Concerning the implementation of the role, several interviewees identified three areas of concern: lack of time, the mentor-student relationship, and finding the role as mentor. The first two are the most common ones within the mentoring literature.

Lack of time was a challenge for four out of ten mentors. Generally, it was felt they like to work as mentor and they find the role exciting, but at the same time the role took up a lot of time that they did not have. This generated stress and unhappiness, indeed one mentor said:

> *"Maybe I am not so good as mentor then… I got so stress and I could not focus on my student […] I did not enjoy the role, just the study […] I could not help and support my student, as I wanted" (M4).*

Also Braine&Parnell (2011) identified the need for more timetabled structured tutoring work between the mentee and the personal tutor, with contact time with the mentor formally planned. Another mentor complained on how the lack of time affects the quality of the mentoring as the time constraint means clinical practice often has to be rushed.

I found that participants chose when and how to apply mentoring according to their availability and to what they have learned during the education received. Three personal tutors are mentoring other health workers and colleagues within the department setting. Therefore, the potential of the mentor role is not totally developed yet. Leonard and Lang (2010) reported that the use of action learning as a competence-based intervention for leadership development contribute to strength participants´communication, team building and determination.

> *"I have a mentoring group once a month with my colleagues and we do training on mentoring. […] During this coaching session, I use the techniques that I learnt from this education and I coach to other eight employees with no mentoring education" (M7)*

Three out of ten mentors expressed that it is easier to mentor students with no work experience because they are more open-minded and willing to learn from them.

In addition, some mentors were physiotherapist and occupational therapist and found it challenging to tutor nursing students with a different background to their own. Consequently mentoring, for them, focused more heavily on reflection than actual clinical skills. This shows the need for better matching of mentors with mentees.

## 4.4 Perception of the leaders

Leaders viewed the personal tutor as a "role model" who may provide an example for both professional and personal life. The mentors did not intentionally wish to be a professional type to emulate, thus they did not specifically mention role model as attribute to have. According to the managers, the mentor should not simply guide students, but he should also enable individuals to develop their clinical leadership in the context of their professional role. In order to do so, the mentor should trust the students and he should give them a sense of what they are becoming, stimulating growth and expanding the difficulties of each task. As a result, the coaching approach seems the most efficient in this context, because it places individuals into real life situations in which they go through the unique problems that occur in their practice (Byrne et al., 2007).

Some leaders stated that it might be natural for a mentor to be scared of giving total independency to the students and to let them explore new procedures. However, the students need to mature and to go out of their comfort zone toward challenges. They enter into the clinical practice with several tasks to do and with specific goal. The mentor should help mentee to reach the objective set and to sense when the individual needs encouragement and motivation. Consequently, emotional intelligence and capacity for empathy are essential (Jackson et al., 2004). When leaders were interviewed on what is a good mentor, the most common attributes were: *"supporter"*, *"guide"*, *"role model"*, and *"coach"*. It appears evident that also the leaders perceive the mentors under a coaching approach. Indeed the personal tutor should have the ability to develop the learning pathways of the students and to strategically advice them in achieving results. Therefore, mentors guide learners into a specific community of practice, allowing the individuals, through active participation to evolve into practitioners (Lave&Wenger, 1991). Indeed, one leader stated:

> *"The scope of mentoring is to empower students" (L6)*.

However, in the specific case of the dementia care, a manager reported the need of mentoring more towards communication skills than medical procedures. In fact, the routine interactions with patient and relatives require interpersonal sensibility and emotional and psychological support, expertise that mentoring should offer (Berk et al., 2005). On the other hand, a poor

mentor was described as a personal tutor that is not able to see the students as individuals who require different plans and mentoring approaches. A "bad mentor" offers passive assistance to the mentees. Nonetheless, it should be specified that most of the leaders were not able to assess the relationship mentor-students during the clinical practice, because they did not experience it.

> *"I did not see them (mentor-student) in action, just in poses. I did not see them when they were together (mentor-student) [...] but the student seemed happy. She told me it was a good clinical practice" (L1).*

Mentoring did not fulfill the expectations of a leader. She experienced that she had to get closer to the students more than what she thought. One morning she asked to a student to assist the patient who she pointed out. The student has been in the nursing home that she leads for six weeks at that time. The leader expected that after six week the mentee would be able to work with all the patients in the nursing home, but the students refused to assist that patient.

> *"I asking to the students to go to that person, after being six week in our workplace and I thought that a person that has been here for six weeks could go to everyone" (L2).*

As previously mentioned, the organization did not provide specific guidelines for the mentor role, but a checklist with the content of the mentees´ studies at the University College. Four leaders out of six expressed their opinion on balance between guidelines and free style. Two of them strict against the guidelines: one leader believes only in individual skills and free style, the other one instead finds in guidelines a safe way to guide the mentors each step, but at the same time a too reductive tool which cannot be suitable for all the students. The other two leaders instead think that a good balance of both is important: the guidelines can be used as reference and then mentors should have room to follow their style.

Most of the leaders spoke in positive term about the mentoring program. The opinion on the pilot project is contrasting between two perspectives:
- Experience can substitute education with the same in mentoring (but not vice versa).
- Both experience and educational mentoring program are important for quality insurance within the project.

The first side is not representative in quantitative terms. According with the point of view of one leader, experience can fill education and a person who has been nurse for several years

might not work differently after this educational program. Furthermore in her opinion, it would be more efficient have some intensive courses rather than an educational program during one academic year.

> *"I can see other nurses that can fill that role with no education […] I do not see so much difference or results in this program […] If you see what education costs and time and the value of that, I am not sure it is worthy […] Focusing in mentoring is very important in our department […] Better doing it at the practical level than theory, first practice. […] You can get a lot also from intensive course of 1-3 days rather than 1 year" (L2).*

Two leaders recognized the value of the project in terms of retaining nursing students within the community settings and in order to discover talent students who will be future good employees. Indeed, this could be helpful in the recruitment process, because it would be possible to "hand-pick" students who proved their capabilities within the clinical practice. Additionally, some managers described the competences received by the mentors as *"useful"*. However, when it comes to identify the differences in the mentors' way of working between before and after the educational program, the same ones replied that they did not see any differences.

> *"The mentor was a good one also before the education received, she is wise and she had a long experience […] we lean more on her now that she got this competences, but I do not see in her differences or progress"(L4).*

# Chapter 5, Discussion and conclusion

*"Not only are facts and theories in constant disharmony, they are never as neatly separated as everyone makes them out to be" (Paul Karl Feyerabend, 1975)*

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## 5. Discussion

This explorative study of the pilot project "Sykepleierutdanning for framtida" produced rich data due to their qualitative nature. It was important to base the discussion around key findings related with the research question. In evaluating participant experiences, the intention was not only to describe the general understanding of the role, but also to compare the perceptions among health professionals and to explore the natural realization of the project.

The implementation of the project did not fulfill the whole spectrum of organizations' expectations, but the overall understanding of the mentor role is in line with the municipality's goals. "Sykepleierutdanning for framtida" reflect the need to initiate structures and culture for learning in the municipality; to strength not only the clinical practice of the students, but also to promote overall leadership development through mentoring.

On the whole, both mentors and leaders evaluated the learning environments within the departments in a positive way. Personal tutors seem to share a common understanding of the mentor role and it is usually rare to find in qualitative study participants with the same definitions. Mentors indicated a lack of knowledge on the difference between coaching and mentoring and a possible explanation might be that the educational program did not make a clear distinction of those at the theoretical level. Indeed, they described the personal tutor role in a coaching approach rather than a mentoring one. However, coaching and action learning might be more effective in real-life simulation, as previous research has shown (Leonard&Lang, 2010).

Seven mentors have expressed their personal opinion on the pilot project and four of them are generally satisfied with the current outcomes. Indeed, most of them hope that the project will be developed and implemented also in the future, due to the importance of having a good personal tutor in the clinical practice. Instead two mentors have expressed their discontent towards the project. They think that the project is confusing and that the mentor role was not clearly defined by the organization. One of them also felt lonelier, because she did not often

meet the teacher from the University College as she was used from previous mentoring experiences. The other one instead assessed the education received as "a bit blurry", because there was an important component based on the exploration of personal feelings.

Furthermore, one mentor proposed of that it would be more efficient create small groups of tutoring (3-4 mentors) who could work together with 3-4 students. In their opinion, this would raise the quality of mentoring in clinical practice. At the same time, the mentors did not express their role as a role model to emulate and this might not accomplish fully the expectation of the organization in communicating the municipal nursing role.

Sustaining "pasientforløpet" in organizational learning is still not practice by all the personal tutors; some of them might take for granted that the students are aware of it. Only one mentor reported to highlight "pasientforløpet", and she decided to send the students to Tuenestekontoret[8] and let them experience in real-life how it works. So, the organization should emphasize yet again the importance of it. On the other hand, initiating learning process towards other employees is becoming more widespread at the department setting and this is coherent with the organization's objectives.

An interesting finding in this sense, it is the potential outcome of mentoring with nurses that time ago dropped the profession. In fact one leader mentioned that a new nurse arrived in her department, who finished school 15-16 years ago, now she wants to go back to nursing. Therefore the manager decided to use the mentor in order to provide her support and to refresh her skills, while she has the chance to gain new experiences.

Most of the mentors who have participated in such pilot project reported improved skills in confidence, self-awareness and sense of community. This is an important finding as the education provided to mentors was helpful in preparing them for this role. However, according to Braine&Parnell (2011) an effective mentoring relationship involves timetabled structured tutoring, with contact time formally planned, which appears not to be consistent with respondents' experience.

Indeed, even though the organization has achieved the professionalization of the mentor through the educational program, the responsibility in finding the time for mentoring is up to the personal tutors. Consequently, some of them suggested a fixed amount of time for

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[8] Tjenestekontoret (literally "service office") is the office that receives all the inquiries for different services. Each municipality has one.

mentoring per week (around 10-15%). Others also declared to use leisure time to perform the duties of mentor. As result, this might generate a mentoring program not well structured and less effective.

Concerning the theory-practice issue, the mentors perceived that sometimes students are unfocused, because of too many assignments from the university college. Furthermore, they observed that the students are not always placed in the ward or department corresponding with the theory that they are studying at the university level. Consequently, if the students do not put in practice the notions acquired from the university within a short range of time, they might tend to forget what they have learned. So, the theory-practice gap can be thinner, but still present. At the same time, given that Bowden (2008) found out that pressures for exams and assignment is the main stressor factor for pre-registration nurses, it is essential in this scenario to provide help in overcome the excessive institutional demand, as previously stated by Tobin (2004).

An interesting point emerged from the leaders' perception, the consideration of the mentor as "role model", a vital resource in challenging at the professional level and also as person to emulate. Overall, leaders framed mentors under a set of skills related to some elements proposed by Tobin (2004)'s mentoring roles: advisors, role models, academic coaches and even confidantes. This is not far away from what the personal tutors and the organization are intending as mentor role. Additionally, the leaders did not observed a change in the way the mentors work after the education received and they were all of them satisfied of their mentors even before the program.

As discussed on the literature review, even though the positive correlation between nurse mentorship programs and nurse retention rates has been recognized (Bowles & Candela, 2005; Hurst & Koplin-Baucum, 2003; Scott, 2007), there is no evidence that students achieve better results with personal tutor support (Gidman et al, 2001). This study did not attempt to provide evidence of mentoring efficiency.

Hence, further research that explores the impact of different tutor styles on the students' experience, progression and retention is advised. It would be clearly justified a research that explore the differences between the student in the traditional educational program and those in this project to fully evaluate the efficacy of such pilot project.

## 5.1 Limitations

As this was a small exploratory study, limitations were clearly present. The capability of capturing long-term outcomes was not present, due to the short timeframe. While the interviews allowed me to look at participants' experiences on mentoring, the small sample does not lead my results and findings to a wider representation of the personal tutor role in Norway. However, the aim of the study was not to draw any significant statistical conclusions, and the rich descriptive nature of the data will be instrumental in improving the program.

The reason to select this informant group was due to convenience and to avoid selection bias through snowball sampling. It was not possible to interview the lecturers from the university college, since it was difficult for them to find space in their schedule to take part in the interview, and since time was limited. All of the accounts used in this work come from mentors, leaders and project leaders who shared valuable views on mentoring. It would be an important addition to consider not only the lecturers' assessment but also the students' experiences. Thus, an approach combining educators, students, and mentors evaluation is recommended to gain a more comprehensive view on the effects of mentoring. At the same time, some of the mentors were not a suitable source of information, because even though they received the mentoring education, they did not have the chance to practice it yet. However, this small sample was enough to achieve the research objective.

Coming from a background in biomedical engineering, I did not have previous experience in conducting result-driven interviews. In this case, the limitation was a degree of inexperience in interviewing health professionals with the intention of exploring mentoring, a topic that I became familiarized with as my work progressed. Another possible barrier could have been language. English was not the mother language for both the participants and the researcher, and for this reason, rehearsals were necessary before engaging in a real interview. Misunderstandings were encountered with couple of respondents who found difficult to understand exactly the line of enquiry. Another limitation might be the gender perspective. Only two interviewees were male and in a leader position. Thus, the mentor role was mostly explored under a female perspective.

The broadness of mentoring as a concept caused the problem of differentiating training skills in mentoring from those related to coaching. This was an important initial step of the research in order to be able to analyze the data. A mentoring relationship is generally long-term,

nurturing, based on a role model. It is both professional and personal in nature and focusing on supporting the ongoing learning needs of the mentee (Nieuwstraten et al., 2011).

The richness of the data and the level of internal consistency among participants suggest a "surface" validity to the results. Validity and reliability assume different connotations under qualitative approach in contrast to quantitative research (Creswell, 2005). The transferring the principles of validity and reliability in qualitative studies as they are used in quantitative investigations is unrealistic and inappropriate (Tracy, 2010). Thus, validity and reliability was gauged based on Guba & Lincoln criteria (1994).

The interviews were clearly recorded, and entirely and accurately transcribed. Furthermore, finding similarities between the results from this study and what other researchers on mentoring program have also found strengthened conformability. Due to the nature of the research, establishing operational measures was not possible. Yet, the phases within the analysis process were reported in order to discuss what it has been done and why, including include the often omitted "how" (Attride-Stirling, 2001). However, organizations with dissimilar environments or with more mature programs may show not only a different strategic implementation of formal mentoring, but also a distinctive perception around the mentor role.

To address credibility, the respondents were asked the same questions guaranteeing a variety of independent and unique answers around the same topics. The information gathered was validated by sending the study for review to the project leaders who acted as key informants and by giving the transcript to the respondents to examine before my analysis (Yin, 2009, p.42). A detailed account of the focus study, the researcher's role, data collection and basis for selection (Creswell, 2008) was given. The study was not supported financially or in any other way by unions and other institutions. Given that the role of the mentor is complex and there is not an exact framework to follow in terms of ideal personal tutor, this research provides interesting material for discussion and further research.

## 5.2 Conclusion

The supervising mentors' main features were to provide students with opportunities to enhance practical skills and to use a coaching approach which is more power free based than mentoring. Indeed, the way used by the mentors in carrying on their work with students was open to reflective learning and to stimulate critical thinking towards questions.

It is interesting to find out that the mentors did not perceive themselves as role model; instead the leader expected them to cover that attribute. This shows how the mentors do not want to build a socially constructed power relationship. They feel the role as a sharing learning experience to empower the students.

The organization is open to a constant dialogue with its member and mentors are not only the main actors, but also the principal individuals to actively challenge the existing system. However, the degree of awareness of the organization´ expectations appears to be low among the participants. This might be caused by lack of definition of the expectations within the pilot project. Perhaps, the organization did not stress enough its own objective towards the mentors, or the dialogue is more oriented in reporting facts and challenges rather then in confronting those with the organization´s perspective.

Indeed, developing mentoring towards other employees within the department settings has not fully reach its potential as well as promoting action learning towards pasientforløpet. Therefore, it is important for the future to use more the personal tutor to mentor other employees who did not receive the mentoring education. Yet few challenges emerged in the process, which require a change in the future implementation.

Lack of time is one of those and it calls for a fixed amount of time for mentoring per week (maybe 10-20%). At the same time, instead of having a one-one relationship mentor-student, mentors suggested that it would be more efficient create small groups of personal tutors (3-4 mentors) who could work together with 3-4 students. There is no consensus in the literature that co-mentoring or peer mentoring would raise the probability of receiving a good supervision. Thus, it could be useful to apply both type of mentoring, because they both present different advantages. Furthermore, mentors also asked for a better theory-practice match. The students should be placed in the department (or ward) corresponding with the theory that they are studying at the university college.

In general, the mentors figure represents an advantage within the educational curricula for nursing in Norway. Particularly for participants in this study, being a mentor represents having a constant support to strengthen the students´ competences. This study could work as a complement in the planning for programs within nursing mentorship in Norway. Nevertheless, it is important to take into account the students' perspective for further research. It is central to make a comparison of the outcomes, especially in terms of retention, between the students in the traditional program and those in such pilot project.

Mentoring programs should not exist independently of the outside world and they require taking into account the changing culture and uncertainty of our times. Thus the organizations should always be able to renovate its way of thinking, mirroring the society changes.

# References

Aiken, L.H., 2002. Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction. *JAMA*, 288(16), p.1987. Available at: http://jama.jamanetwork.com/article.aspx?articleid=195438 [Accessed May 18, 2014].

Athlin, E. et al., 2014. Being a nurse leader in bedside nursing in hospital and community care contexts in Norway and Sweden. *Journal of Nursing Education and* …. Available at: http://www.sciedu.ca/journal/index.php/jnep/article/view/3418 [Accessed May 18, 2014].

Attride-Stirling, J., 2001. Thematic networks: an analytic tool for qualitative research. *Qualitative research*. Available at: http://qrj.sagepub.com/content/1/3/385.short [Accessed June 1, 2014].

Baillie, L., Bromley, B. & Walker, M., 2014. Implementing service improvement projects within pre-registration nursing education: A multi-method case study evaluation. *Nurse education in* …. Available at: http://www.sciencedirect.com/science/article/pii/S147159531300125X [Accessed May 18, 2014].

Barkun, A., 2006. Maximizing the relationship with a mentor. *Gastrointestinal endoscopy*. Available at: http://scholar.google.no/scholar?q=Barkun;+Maximizing+the+relationship+with+a+mentors.&btnG=&hl=no&as_sdt=0,5#0 [Accessed May 18, 2014].

Berk, R., Berg, J. & Mortimer, R., 2005. Measuring the effectiveness of faculty mentoring relationships. *Academic* …. Available at: http://journals.lww.com/academicmedicine/Abstract/2005/01000/Measuring_the_Effectiveness_of_Faculty_Mentoring.17.aspx [Accessed June 1, 2014].

Bjørk, I.T. et al., 2007. Job satisfaction in a Norwegian population of nurses: a questionnaire survey. *International journal of nursing studies*, 44(5), pp.747–57. Available at: http://www.sciencedirect.com/science/article/pii/S0020748906000319 [Accessed May 4, 2014].

Bjørk, I.T. et al., 2014. Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. *Journal of clinical nursing*. Available at: http://www.ncbi.nlm.nih.gov/pubmed/24460862 [Accessed May 18, 2014].

Bowden, J., 2008. Why do nursing students who consider leaving stay on their courses? *Nurse researcher*, 15(3), pp.45–58. Available at: http://www.ncbi.nlm.nih.gov/pubmed/18459486 [Accessed June 1, 2014].

Bowles, C. & Candela, L., 2005. First job experiences of recent RN graduates: improving the work environment. *Journal of Nursing Administration*. Available at: http://journals.lww.com/jonajournal/Abstract/2005/03000/First_Job_Experiences_of_Recent_RN_Graduates_.6.aspx [Accessed May 18, 2014].

Bowling & Ann, 2009. *Research Methods In Health: Investigating Health and Health Services*, McGraw-Hill International. Available at: http://books.google.com/books?id=r56EzT9Q2MEC&pgis=1 [Accessed May 18, 2014].

Braine, M.E. & Parnell, J., 2011. Exploring student's perceptions and experience of personal tutors. *Nurse education today*, 31(8), pp.904–10. Available at: http://www.sciencedirect.com/science/article/pii/S0260691711000189 [Accessed May 18, 2014].

Braun, V. & Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, 3, pp.77–101. Available at: http://www.tandfonline.com/doi/abs/10.1191/1478088706qp063oa [Accessed May 18, 2014].

Bray, L. & Nettleton, P., 2007. Assessor or mentor? Role confusion in professional education. *Nurse education today*, 27(8), pp.848–55. Available at: http://www.sciencedirect.com/science/article/pii/S0260691706002103 [Accessed May 1, 2014].

Britten, N. et al., 1995. Qualitative research methods in general practice and primary care. *Family Practice*. Available at: http://fampra.oxfordjournals.org/content/12/1/104.short [Accessed May 18, 2014].

Brockbank, A., 2006. *Facilitating Reflective Learning Through Mentoring and Coaching*, Available at: http://www.google.no/books?hl=no&lr=&id=oe8ExXyQ8mEC&pgis=1 [Accessed June 1, 2014].

Byrne, G., 2007. Guest editorial: unlocking potential -- coaching as a means to enhance leadership and role performance in nursing. *Journal of clinical nursing*, 16(11), pp.1987–8. Available at: http://www.ncbi.nlm.nih.gov/pubmed/17931307 [Accessed June 1, 2014].

Cahill, H., 1996. A qualitative analysis of student nurses' experiences of mentorship. *Journal of Advanced Nursing*. Available at: http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2648.1996.25618.x/abstract [Accessed June 1, 2014].

Cameron, J. & Roxburgh, M., 2011. An integrative literature review of student retention in programmes of nursing and midwifery education: why do students stay? *Journal of clinical* …. Available at: http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2702.2010.03336.x/full [Accessed May 18, 2014].

Carlson, E. & Idvall, E., 2014. Nursing students' experiences of the clinical learning environment in nursing homes: A questionnaire study using the CLES+ T evaluation scale. *Nurse Education Today*. Available at: http://www.sciencedirect.com/science/article/pii/S0260691714000331 [Accessed May 18, 2014].

Chambliss, E., 2012. Whose ethics? The benchmark problem in legal ethics research. *Lawyers in Practice: Ethical Decision Making in* …. Available at: http://www.google.com/books?hl=no&lr=&id=Nkc-xjB0ICEC&oi=fnd&pg=PA47&dq=chambliss+2006+informants&ots=0RUWHSBg3U&sig=fPvj087eG0qKhp3ZGUV_Xj2AK5g [Accessed May 18, 2014].

Clutterbuck, D. & Garvey, B., 2006. *Mentoring in Action: A Practical Guide for Managers*, Available at: http://www.google.no/books?hl=no&lr=&id=w9IO4CgMVREC&pgis=1 [Accessed May 18, 2014].

Clutterbuck, D. & Megginson, D., 1999. *Mentoring Executives and Directors*, Available at: http://www.google.no/books?hl=no&lr=&id=QizsZQDTr0MC&pgis=1 [Accessed May 31, 2014].

Coyle-Rogers, P. & Cramer, M., 2005. The phenomenon of caring: The perspectives of nurse educators. *Journal for Nurses in Professional* …. Available at: http://journals.lww.com/jnsdonline/Abstract/2005/07000/The_Phenomenon_of_Caring__The_Perspectives_of.7.aspx [Accessed May 18, 2014].

Creswell, J. & Creswell, J., 2005. Mixed methods research: Developments, debates, and dilemmas. *Research in organizations*. …. Available at: http://www.google.com/books?hl=no&lr=&id=AyMZt9AodEEC&oi=fnd&pg=PA315&dq=Creswell,+2003+validity&ots=N4moJyZJ4f&sig=4Ild8oUPVQd5BTAkPMDjUpj1mxU [Accessed June 1, 2014].

Darbyshire, P. & McKenna, L., 2013. Nursing's crisis of care: What part does nursing education own? *Nurse education today*. Available at: http://www.nurseeducationtoday.com/article/S0260-6917(13)00084-1/abstract [Accessed May 18, 2014].

Darling, L., 1984. What do nurses want in a mentor? *Journal of Nursing Administration*. Available at: http://journals.lww.com/jonajournal/Abstract/1984/10000/What_Do_Nurses_Want_in_a_Mentor_.9.aspx [Accessed May 18, 2014].

Davies, W., Neary, M. & Phillips, R., 1994. The practitioner-teacher: a study in the introduction of mentors in the pre-registration nurse education programme in Wales. Available at: http://scholar.google.no/scholar?q=phillips+mentoring+1994&btnG=&hl=no&as_sdt=0,5#3 [Accessed May 18, 2014].

Decety, J. & Jackson, P., 2004. The functional architecture of human empathy. *Behavioral and cognitive neuroscience* …. Available at: http://bcn.sagepub.com/content/3/2/71.short [Accessed June 1, 2014].

Etzioni, A., 1975. *A comparative analysis of complex organizations: on power, involvement, and their correlates*, Available at: http://books.google.no/books/about/A_comparative_analysis_of_complex_organi.html?id=jhFHAAAAMAAJ&pgis=1 [Accessed May 21, 2014].

Feltner, A. et al., 2008. Nurses' views on the characteristics of an effective leader. *AORN journal*. Available at: http://www.sciencedirect.com/science/article/pii/S0001209207004498 [Accessed May 18, 2014].

Fink, A. & Oishi, S., 2003. How to conduct in-person interviews for surveys. Available at: http://scholar.google.no/scholar?q=oishi+2003+interview&btnG=&hl=no&as_sdt=0,5#0 [Accessed May 18, 2014].

Fontana, A., 2002. Postmodern trends in interviewing. *… of interview research: Context & ….* Available at: http://scholar.google.no/scholar?hl=no&q=fontana+frey+2002+interview&btnG=#0 [Accessed May 18, 2014].

Garvey, B., Stokes, P. & Megginson, D., 2008. *Coaching and Mentoring: Theory and Practice*, Available at: http://www.google.no/books?hl=no&lr=&id=0oy_JOVwVEwC&pgis=1 [Accessed May 31, 2014].

Gidman, J. et al., 2011. Student perceptions of support in practice. *Nurse education in practice.* Available at: http://www.sciencedirect.com/science/article/pii/S1471595311000357 [Accessed May 18, 2014].

Gidman, J., 2001. The role of the personal tutor: a literature review. *Nurse Education Today.* Available at: http://www.sciencedirect.com/science/article/pii/S0260691701905659 [Accessed May 18, 2014].

Gillham & Bill, 2005. *Research Interviewing: The Range Of Techniques: A Practical Guide*, Available at: http://www.google.no/books?hl=no&lr=&id=fU_oAAAAQBAJ&pgis=1 [Accessed May 18, 2014].

Gordon, S.P. & Brobeck, S.R., 2010. Coaching the Mentor: Facilitating Reflection and Change. *Mentoring & Tutoring: Partnership in Learning*, 18(4), pp.427–447. Available at: http://dx.doi.org/10.1080/13611267.2010.511851 [Accessed June 1, 2014].

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), pp.1542–9. Available at: http://www.ncbi.nlm.nih.gov/pubmed/11136424 [Accessed June 1, 2014].

Grbich, C., 1998. *Qualitative Research in Health: An Introduction (Google eBook)*, SAGE. Available at: http://books.google.com/books?id=MeMB9wp0p5sC&pgis=1 [Accessed May 18, 2014].

Guba, E. & Lincoln, Y., 1994. Competing paradigms in qualitative research. *Handbook of qualitative research.* Available at: https://noppa.aalto.fi/noppa/kurssi/23e88001/luennot/23E88001_competing_paradigms_in_qualitative_research.pdf [Accessed June 1, 2014].

Harley, D. et al., 2007. Using texting to support students' transition to university. *Innovations in Education and Teaching International*, 44(3), pp.229–241. Available at: http://dx.doi.org/10.1080/14703290701486506 [Accessed June 3, 2014].

Harper, D. & Thompson, A., 2011. Qualitative Research methods in mental health and psychotherapy: A guide for students and practitioners. Available at:

http://www.google.com/books?hl=no&lr=&id=FhjDYgDE4DQC&oi=fnd&pg=PR5&dq=harper+and+tho
mpson+thematic+analysis&ots=gmmXMWTqWs&sig=MwJq_yduKMoyTNS-rxyr1Amu_x0    [Accessed
May 18, 2014].

Hayes, J. & Scott, A., 2007. Mentoring partnerships as the wave of the future for new graduates. *Nursing
education perspectives*. Available at: http://nlnjournals.org/doi/abs/10.1043/1536-
5026(2007)028[0027:MPATWO]2.0.CO;2 [Accessed May 18, 2014].

Henderson, A. et al., 2012. Nursing students' perceptions of learning in practice environments: a review. *Nurse
education today*, 32(3), pp.299–302. Available at:
http://www.sciencedirect.com/science/article/pii/S0260691711000700 [Accessed April 29, 2014].

Holloway & Immy, 2005. *Qualitative Research In Health Care*, Available at:
http://www.google.no/books?hl=no&lr=&id=qXAwqGCl9rMC&pgis=1 [Accessed May 18, 2014].

Hughes, J. et al., 2011. E-portfolios and personalized learning: research in practice with two dyslexic learners in
UK higher education. *Dyslexia*. Available at: http://onlinelibrary.wiley.com/doi/10.1002/dys.418/full
[Accessed May 18, 2014].

Hurst, S. & Koplin-Baucum, S., 2003. Role acquisition, socialization, and retention: unique aspects of a
mentoring program. *Journal for Nurses in Professional ….* Available at:
http://journals.lww.com/jnsdonline/Abstract/2003/07000/Role_Acquisition,_Socialization,_and_Retention
_.3.aspx [Accessed May 18, 2014].

Koskinen, L. & Tossavainen, K., 2003. Charactersistics of intercultural mentoring – a mentor perspective. *Nurse
Education Today*, 23(4), pp.278–285. Available at:
http://www.sciencedirect.com/science/article/pii/S0260691703000418 [Accessed May 18, 2014].

Kvale, S., 1999. The Psychoanalytic Interview as Qualitative Research. *Qualitative Inquiry*, 5(1), pp.87–113.
Available at: http://qix.sagepub.com/content/5/1/87.short [Accessed May 18, 2014].

Kyrkjebo, J.M., Mekki, T.E. & Hanestad, B.R., 2002. SHORT REPORT: Nursing education in Norway. *Journal
of Advanced Nursing*, 38(3), pp.296–302. Available at: http://doi.wiley.com/10.1046/j.1365-
2648.2002.02179.x [Accessed May 18, 2014].

Larvik Kommune, Fakultet for helsevitenskap (Hive)/Larvik commune, (2011 – 2012) Sykepleierutdanning for
fremtiden, Studieplan, Praksisveilederutdanning. Available at: http://www.pwc.no/no/offentlig-
sektor/publikasjoner/rapport-9k.pdf [Accessed May 31, 2014a].

Larvik Kommune, Sykepleierutdanning for framtida : Sykepleierutdanning med kommunehelsetjenesten som
siktemål - et samarbeidsprosjekt mellom Larvik kommune og Høgskolen i Vestfold, 2010. Available at:

http://www.ks.no/PageFiles/55552/124013 revidert sluttrapport Samarbeid mlm kommsekt og UH-sekt.pdf?epslanguage=no [Accessed May 31, 2014b].

Lave, J. & Wenger, E., 1991. *Situated Learning: Legitimate Peripheral Participation*, Available at: http://www.google.no/books?hl=no&lr=&id=CAVIOrW3vYAC&pgis=1 [Accessed June 1, 2014].

Lynn; Mary R. PhD; RN; Redman; Richard W. PhD; RN, Faces of the Nursing Shortage: Influences on Staff Nurses' Intentions to Leave Their Positions or Nursing. Available at: http://journals.lww.com/jonajournal/Abstract/2005/05000/Faces_of_the_Nursing_Shortage__Influences_on_Staff.10.aspx [Accessed May 18, 2014].

Mackay, L., 1989. Nursing a problem. Available at: http://www.getcited.org/pub/102835399 [Accessed June 1, 2014].

Manathunga, C., 2007. Supervision as mentoring: the role of power and boundary crossing. *Studies in Continuing Education*, 29(2), pp.207–221. Available at: http://dx.doi.org/10.1080/01580370701424650 [Accessed April 28, 2014].

McKenna, A.M. & Straus, S.E., 2011. Charting a professional course: a review of mentorship in medicine. *Journal of the American College of Radiology : JACR*, 8(2), pp.109–12. Available at: http://www.sciencedirect.com/science/article/pii/S1546144010003856 [Accessed May 18, 2014].

McKimm, J., Jollie, C. & Hatter, M., 2007. Mentoring: theory and practice. *London Deanery* …. Available at: http://www.faculty.londondeanery.ac.uk/e-learning/explore-further/e-learning/feedback/files/Mentoring_Theory_and_Practice.pdf [Accessed May 18, 2014].

Mitchell, A., Ahmed, A. & Szabo, C., 2014. Workplace violence among nurses, why are we still discussing this? Literature review. *Journal of Nursing Education and Practice*, 4(4), pp.147–150. Available at: http://www.sciedu.ca/journal/index.php/jnep/article/view/3541 [Accessed May 18, 2014].

Nieuwstraten, C. et al., 2011. Developing, implementing, and evaluating a formal pharmacist mentorship program. *The Canadian journal of hospital pharmacy*, 64(2), pp.124–30. Available at: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3093419&tool=pmcentrez&rendertype=abstract [Accessed June 3, 2014].

Norwegian Ministry of Health and Care Services, 2009. The Coordination Reform Samhandlingsreformen Rett behandling – på rett sted – til rett. *Report No. 47 (2008–2009) to the Storting*. Available at: http://www.regjeringen.no/upload/hod/dokumenter info/samhandling engelsk_pdfs.pdf [Accessed June 3, 2014].

Numminen, O. et al., 2014. Do educational outcomes correspond with the requirements of nursing practice: educators' and managers' assessments of novice nurses' professional competence. *Scandinavian journal of caring sciences*. Available at: http://www.ncbi.nlm.nih.gov/pubmed/24512685 [Accessed May 18, 2014].

O'Connor, T. & Byrne, J.G., 2007. Attachment measures for research and practice. *Child and Adolescent Mental* …. Available at: http://onlinelibrary.wiley.com/doi/10.1111/j.1475-3588.2007.00444.x/full [Accessed June 1, 2014].

O'Donnell, H., 2009. The emotional impact of nursing student attrition rates. *nursing*. Available at: http://www.internurse.com/cgi-bin/go.pl/library/article.cgi?uid=42891;article=BJN_17_12_745_754;format=pdf [Accessed May 18, 2014].

Parsloe, E., 1999. The manager as coach and mentor. Available at: http://scholar.google.no/scholar?q=Parsloe+(1999)+&btnG=&hl=no&as_sdt=0,5#0 [Accessed June 1, 2014].

Patton, M., 1990. Qualitative evaluation and research methods . Available at: http://psycnet.apa.org/psycinfo/1990-97369-000 [Accessed May 18, 2014].

Patton, M., 2005. Qualitative research. Available at: http://onlinelibrary.wiley.com/doi/10.1002/0470013192.bsa514/full [Accessed May 18, 2014].

Phillips, R., Davies, W. & Neary, M., 1996. The practitioner-teacher: a study in the introduction of mentors in the preregistration nurse education programme in Wales: part 2. *Journal of Advanced* …. Available at: http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2648.1996.01163.x/full [Accessed June 1, 2014].

Por, J. & Barriball, L., 2008. The personal tutor's role in pre-registration nursing education. *British Journal of Nursing*. Available at: http://www.internurse.com/cgi-bin/go.pl/library/article.cgi?uid=28136;article=BJN_17_2_99_103;format=pdf [Accessed May 18, 2014].

RAGINS, B.R., 1997. DIVERSIFIED MENTORING RELATIONSHIPS IN ORGANIZATIONS: A POWER PERSPECTIVE. *Academy of Management Review*, 22(2), pp.482–521. Available at: http://amr.aom.org/content/22/2/482.full [Accessed May 22, 2014].

Raup, G., 2008. Make transformational leadership work for you. *Nursing management*. Available at: http://journals.lww.com/nursingmanagement/Abstract/2008/01000/Make_transformational_leadership_work_for_you.13.aspx [Accessed May 18, 2014].

Rhodes, C., Nevill, A. & Allan, J., 2005. How will this help me? Evaluating an accredited programme to enhance the early professional development of newly qualified teachers. *Journal of In-service Education*. Available at: http://www.tandfonline.com/doi/abs/10.1080/13674580500200282 [Accessed May 18, 2014].

Rhodes, G. & Shiel, G., 2007. Meeting the needs of the workplace and the learner through work-based learning. *Journal of Workplace Learning*. Available at: http://www.emeraldinsight.com/journals.htm?articleid=1600888&show=abstract [Accessed May 18, 2014].

Rhodes, S. & Jinks, A., 2005. Personal tutors' views of their role with pre-registration nursing students: An exploratory study. *Nurse education today*. Available at: http://www.sciencedirect.com/science/article/pii/S0260691705000535 [Accessed May 18, 2014].

Rhodes, S. & Jinks, A., 2005. Personal tutors' views of their role with pre-registration nursing students: an exploratory study. *Nurse education today*, 25(5), pp.390–7. Available at: http://www.ncbi.nlm.nih.gov/pubmed/15913851 [Accessed May 18, 2014].

Rhodes-Martin, S. & Munro, W., 2010. Literacy and numeracy for pre-registration nursing programmes: 1. An innovative way to widen access to nursing programmes for students without formal qualifications. *Nurse education today*. Available at: http://www.sciencedirect.com/science/article/pii/S0260691709001646 [Accessed May 18, 2014].

Rigolosi, E.L.M., 1994. *Management in Health Care: A Theoretical and Experiential Approach*, Available at: http://books.google.no/books/about/Management_in_Health_Care.html?id=kPi8QgAACAAJ&pgis=1 [Accessed May 21, 2014].

Skipton Leonard, H. & Lang, F., 2010. Leadership Development via Action Learning. *Advances in Developing Human Resources*, 12(2), pp.225–240. Available at: http://adh.sagepub.com/content/12/2/225.short [Accessed May 25, 2014].

Small, F., 2013. Enhancing the role of Personal Tutor in professional undergraduate education. *Inspiring Academic Practice*. Available at: https://education.exeter.ac.uk/ojs/index.php/inspire/article/view/12 [Accessed May 18, 2014].

Spencer, C. & Wales, N., 1999. Mentoring made easy: a practical guide. Available at: http://scholar.google.no/scholar?q=related:tKnaUxm5lrMJ:scholar.google.com/&hl=no&as_sdt=0,5#0 [Accessed June 1, 2014].

Steinar, K., 1996. Interviews: An introduction to qualitative research interviewing. *Lund: Studentlitteratur*. Available at: http://scholar.google.no/scholar?hl=no&q=Kvale,+S.+(1996).+Interviews:+An+introduction+to+qualitative+research+interviewing.+&btnG=#1 [Accessed May 18, 2014].

Steven Simoens, M.V. and J.H., 2005. Tackiling Nurse Shortages in OECD countries. Available at: http://www.oecd.org/health/health-systems/34571365.pdf [Accessed May 18, 2014].

Svendsen, I., Larvik kommune og Høgskolen i Vestfold, Statusrapport 3, 01.01.12 – 31.12.12, Sykepleierutdanning for framtida- et samarbeidsprosjekt mellom Vår 2011 – Vår 2016. Available at: http://arapp.fylkesmannen.no/(F(DyLsUHrNd7deOg16whmduvjw0Bn8chHswDnkuAnuJB56jvQnhp3VKt YQDW-zuEiMOalwOPoKESJnRoTap-SKDsUJMlPxFwNIxvTl1MDziWcJxnYubJ-0JSogbAyJtX83qwyFFUbBj1jEOJ70ikM2ix2zM-s1))/Pdf/2012/FMVE_Aarsrapport_2012.pdf [Accessed May 31, 2014].

Swanborn, P., 2010. *Case Study Research: What, Why and How? (Google eBook)*, SAGE. Available at: http://books.google.com/books?id=DvyvGmSscQMC&pgis=1 [Accessed May 18, 2014].

Taylor, S. & Littleton, K., 2006. Biographies in talk: a narrative-discursive research approach. *Qualitative Sociology Review*. Available at: http://oro.open.ac.uk/4643/1/QSR_2_1_Taylor_Littleton.pdf [Accessed May 18, 2014].

Tobin, M., 2004. Mentoring: seven roles and some specifics. *American journal of respiratory and critical care ….* Available at: http://www.atsjournals.org/doi/full/10.1164/rccm.2405004 [Accessed June 1, 2014].

Tracy, S., 2010. Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative inquiry*. Available at: http://qix.sagepub.com/content/16/10/837.short [Accessed June 1, 2014].

Warne, T. & McAndrew, S., 2008. Painting the landscape of emotionality: colouring in the emotional gaps between the theory and practice of mental health nursing. *International Journal of Mental Health ….* Available at: http://onlinelibrary.wiley.com/doi/10.1111/j.1447-0349.2008.00518.x/full [Accessed May 18, 2014].

Watts, G., 1989. Students' feedback from practical learning. *Nursing Times*. Available at: http://scholar.google.no/scholar?hl=no&q=Watts+G.+(1989)+Students'+Feedback+from+Practical+Learning.&btnG=#3 [Accessed June 1, 2014].

Watts, T., 2011. Supporting undergraduate nursing students through structured personal tutoring: Some reflections. *Nurse education today*. Available at: http://www.sciencedirect.com/science/article/pii/S0260691710001140 [Accessed May 18, 2014].

Yin, R., 2009. Case study research: Design and methods. Available at: http://www.google.com/books?hl=no&lr=&id=FzawIAdilHkC&oi=fnd&pg=PR1&dq=yin+2009+&ots=l YZP6dkU3q&sig=raw7l2Z40Yc5ylQ2jS7n7ylHr8w [Accessed June 1, 2014].

# Appendices

## Appendix A: Interview guide

<table>
<tr><td align="center"><b>Interview guide for mentors</b></td></tr>
<tr><td align="center"><i>Introductions – Introduce myself, the purpose of the study, obtain consent, assure anonymity and confidentiality</i></td></tr>
<tr><td><b>QUESTIONS:</b></td></tr>
<tr><td>1.  Can you please introduce yourself and tell me about your background?</td></tr>
<tr><td>2.  Can you tell me about your experience as a mentor?</td></tr>
<tr><td>3.  Which are the challenges that you face in mentoring?</td></tr>
<tr><td>4.  Can you describe the keys to successful mentoring?</td></tr>
<tr><td>5.  What makes a poor mentor?</td></tr>
<tr><td>6.  Would you like to improve some of your mentoring skills? (If yes, which ones?)</td></tr>
<tr><td>7.  What is your style in initiating learning processes with the students?</td></tr>
<tr><td>8.  Does the experience as mentor help you in your daily work activities? (If yes, how?)</td></tr>
<tr><td>9.  Do you feel more motivated and responsible towards the community after the participation in this project?</td></tr>
<tr><td>10. Would you like to have more guidelines for your mentor role?</td></tr>
<tr><td>11. Have you any suggestion regarding the mentor's role?</td></tr>
<tr><td>12. What is your personal opinion on this pilot project?</td></tr>
<tr><td>13. Is there anything else you would like to tell me?</td></tr>
</table>

| |
|---|
| **Interview Schedule for mentors' leaders** |
| *Introductions – Introduce myself, the purpose of the study, obtain consent, assure anonymity and confidentiality* |
| **QUESTIONS:** |
| 1.  Can you please introduce yourself and tell me about your background? |
| 2.  Can you tell me about your experience as a leader? |
| 3.  Can you describe the keys to successful mentoring? |
| 4.  What makes a poor mentor? |
| 5.  How do you experience the relationship mentors-students? |
| 6.  How do the mentors initiating learning processes in your workplaces? |
| 7.  In which way having a mentor in the department might be useful? |
| 8.  Do you believe the mentors should be free to have a personal style or they should follow specific mentoring guidelines? |
| 9.  Have you any suggestion regarding the mentor's role? |
| 10. What is your personal opinion on this pilot project? |
| 11. Is there anything else you would like to tell me? |

**Interview guide for project leaders**

*Introductions – Introduce myself, the purpose of the study, obtain consent, assure anonymity and confidentiality*

**QUESTIONS:**

12. Can you please introduce yourself and tell me about your background?

13. Can you tell me about your experience as project leader?

14. Which are the mission and the vision of the project?

15. Which are the core values of the project?

16. Which are the strategic goals of the project?

17. How did the understanding of the objectives change from the starting point of the project?

18. How innovative is the project in respect to the traditional nursing education?

19. Which are the main challenges that you are facing during the implementation of the project?

20. What is the future of the project?

21. Can you describe the keys to successful mentoring?

22. What makes a poor mentor?

23. Do you believe the mentors should be free to have a personal style or they should follow specific mentoring guidelines?

24. Have you any suggestion regarding the mentor's role?

25. What is your personal opinion on this pilot project?

26. What do you expect from my research?

27. Is there anything else you would like to tell me?

# Appendix B: Declaration of consent

Please sign up this declaration after you have listened to an explanation about the research.

Title of Study: How is the mentor role perceived and implemented by the partecipants of the project "Sykepleierutdanning for framtida"? Is this in line with the expectations of the organization?

- I understand that it is entirely up to me to decide whether to take part in this study. If I decide at any time during the research that I no longer wish to participate in this project, I can notify the researchers involved and withdraw from it immediately without giving any reason.

- I consent to my interview being audio-recorded.

- I consent to the processing of my personal information for the purposes explained to me.

- I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications from this study.

- The information I have submitted will be published as a report (MPhil dissertation); I would like to receive a copy of the report.

| Yes | No |
|-----|-----|
|     |     |

**Participant's Statement:**

I [write name]

_____

Agree that the research project named above has been explained to me to my satisfaction and I agree to take part in the study. I have received all the essential information about the project, and I have understood what the research study involves.

Larvik, _____/_____ - 2014

_____

**Signature Informant**

**Investigator's Statement:**

I ___Ambra Fani_____

Confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the participant.

Larvik, _____/_____ - 2014

_____

**Signature Interviewer**

# Appendix C: Respondents

**MENTOR 1**

| Profile | Notes during the interview |
|---|---|
| • Mentor 1 is an occupational therapist who has been working for 15 years<br>• Mentor 1 has currently no students.<br>• Mentor 1 was a personal tutor for nursing students before the project "Sykepleierutdanning for framtida". | • Mentor 1 was very calm and confortable.<br>• She found difficulties in speaking in English.<br>• Gender: female |

**MENTOR 2**

| Profile | Notes during the interview |
|---|---|
| • Mentor 2 is a nurse with 8 years of past experiences.<br>• Mentor 2 was a personal tutor for nursing students before the project "Sykepleierutdanning for framtida". | • Mentor 2 was nervous.<br>• The mentor 2 expressed high confidence around her role as mentor.<br>• The mentor 2 said that she could provide more information if the interviews would be in Norwegian.<br>• Gender: female |

**MENTOR 3**

| Profile | Notes during the interview |
|---|---|
| • Mentor 3 is a physiotherapist and she has been working for 10 years.<br>• Mentor 3 offered her participation in the project because she felt a keen desire for teaching. She said with proudness: *"My mother was a teacher"*.<br>• She is currently an instructor in a training group. | • Mentor 3 was confidant and confortable.<br>• Mentor 3 goes in details, making examples.<br>• Gender: female |

**MENTOR 4**

| Profile | Notes during the interview |
|---|---|
| • Mentor 4 is a nurse and she has been a nurse for 10 years.<br>• She is now an assistant leader in a nursing home. | • Mentor 4 had a stressful experience as mentor.<br>• She said: *"I was stressed because I had a lot to do with the students and at the same time with my job. Maybe I am not so good as a mentor then"*.<br>• Gender: female |

**MENTOR 5**

| Profile | Notes during the interview |
|---|---|
| • Mentor 5 currently works as a nurse in a nursing home.<br>• She worked in a nursing home for 3 years and before that she worked in home care for 11 years. | • She felt a bit embarrassed, because she was not able to speak English. Nevertheless, mentor 5 was able to understand what I ask her.<br>• The interview was conducted in presence of another mentor that diligently translates her answers from Bokmål to English.<br>• Gender: female |

**MENTOR 6**

| Profile | Notes during the interview |
|---|---|
| • Mentor 6 has been a nurse for 14 years.<br>• She worked the first 7 years in hospital settings, with acute-chronic diseases, kidney diseases and transplantation.<br>• After that, Mentor 6 has been working in home care for approximately 7 years until now.<br>• She works in the administrative department on daily basis. | • Mentor 6 was very confortable and fluent in speaking English.<br>• She thought it was too early to evaluate the project.<br>• Gender: female |

**MENTOR 7**

| Profile | Notes during the interview |
|---|---|
| • Mentor 7 works as a nurse in both nursing home and home care. She started the profession 14 years ago. <br> • Mentor 7 also worked as a teacher. | • Mentor 7 often repeats that her English is not good enough. <br> • Gender: female |

**MENTOR 8**

| Profile | Notes during the interview |
|---|---|
| • Mentor 8 is a nurse. <br> • She has been working with the elderly for 12 years. Before that, Mentor 8 covered her nursing role focusing on child health. | • Nothing relevant to report. <br> • Gender: female |

**MENTOR 9**

| Profile | Notes during the interview |
|---|---|
| • Mentor 9 has an interdisciplinary background: a degree in nursing and one in human resource management and economy. Later on, she also took the mentoring education. <br> • Mentor 9 has a wide experience both in hospital and private sector. | • She was very enthusiastic and she gave spontaneously a lot of comments. <br> • Gender: female |

**MENTOR 10**

| Profile | Notes during the interview |
|---|---|
| • Mentor 10 is a nurse. <br> • She did not have students within the project because she works just 2 days per week. | • Mentor 10 felt that it is not useful to interview her, because she did not experience the mentor role yet. <br> • Gender: female |

**LEADER 1**

| Profile | Notes during the interview |
|---|---|
| • Leader 1 was a nurse for 14 years.<br>• Leader 1 supervises some students together with the mentor in her department. | • Transformational leadership style<br>• Gender: female |

**LEADER 2**

| Profile | Notes during the interview |
|---|---|
| • Leader 2 has nursing background.<br>• She currently leads a nursing home, which has about 40 employees and 12 patients.<br>• Leader 2 is responsible also for homecare. | • Transformational leadership style<br>• Leader 2 was not enthusiastic regarding such project; she doubts the utility of it.<br>• Gender: female |

**LEADER 3**

| Profile | Notes during the interview |
|---|---|
| • Leader 3 has a background as social worker.<br>• Leader 3 has the responsibility for 50 full-time workers and he works with people with disabilities | • Transformational leadership style<br>• The Leader 3 does not believe in guidelines.<br>• Gender: male |

**LEADER 4**

| Profile | Notes during the interview |
|---|---|
| • Leader 4 is an occupational therapist, with a specialization in psychiatric ward. | • Leader 4 has a paper with all ready answers to my interview guide.<br>• She did not read it, but she used it as a note for her points.<br>• Gender: female |

**LEADER 5**

| Profile | Notes during the interview |
| --- | --- |
| • Leader 5 was a nurse.<br>• She holds a master in leadership.<br>• She leads 80 employees that work in nursing home and home care. | • At the first starting of the interview, she excuses herself for the quality of her English.<br>• Gender: female |

**LEADER 6**

| Profile | Notes during the interview |
| --- | --- |
| • Leader 6 is a manager of a rehabilitation center.<br>• He has worked in management and administration throughout his career.<br>• Leader 6 studied sociology, ethics and also coaching. | • Leader 6 was very nervous in talking in English at the beginning of the interview; later on he became confortable.<br>• I let him take his time and I tried to show him that he was comprehensive.<br>• **Gender: male** |

**CHIEF PROJECT MANAGER**

| Profile | Notes during the interview |
| --- | --- |
| • The Chief project manager is the head of health care services and she has been the Chief project manager from the starting point of the project Sykepleierutdanning for framtida.<br>• She has worked as manager for 25 years and completed many large and small-scale projects. | • The interview was not conducted face to face. The respondents sent the answers through email.<br>• The answers served to collect background information. |

**PROJECT LEADER**

| Profile | Notes during the interview |
| --- | --- |
| • The project leader has a MSc in Nursing from University of Oslo.<br>• She was a regular nurse in Oslo and then she worked as lecture.<br>• The project leader has been working in Larvik for 8-9 years. | • The answers served to collect background information. |

**ASSISTANT LEADER**

| Profile | Notes during the interview |
|---|---|
| • The assistant leader has been working in community care throughout her career. : 15 years in home care as a nurse and about 8 years as leader of a home care department.<br>• She has been leader of the "intermediære"department (department introduced with the Coordination Reform).[9]<br>• The assistant leader is responsible for the project Sykepleierutdanning for framtida and for another project for people with dementia living at home. | • The answers served to collect background information. |

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[9] The "intermediær" department was introduced by Larvik kommune as a response to the Coordination Reform. The "intermediær" department is responsible to identify patients' needs after being discharged from the hospital and to offer the correspondent service.