STUDENTARBEID

Studium: Global Knowledge

Emnenamn: Global Knowledge

Emnekode: GK 301

Vurdering: Project
(kode og type vurdering – mappe, heimeeksamen, prosjekt)

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Innlevert dato: 20-05-11

Tal nummererte sider: 49

HØGSKULEN i SOGN OG FJORDANE

Title: Effective communication in mentorship speaks millions

Subtitle: Mentor's perspective on effective communication in teaching and learning of student nurses in the clinical area in Norway.

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ABSTRACT

The title of the study is “Mentors’ perspective on effective communication in teaching and learning of student nurses in the clinical area in Norway”. Effective mentorship is critical in delivering high quality care, ensuring patient safety, and facilitating positive development of staff. The mentor needs to provide an appropriate learning environment, relevant resources, and the desirable level of structured support and guidance to promote professional growth and development. In order to encourage reflection and afterthought, teaching programmes and mentorship should encourage creation of learning situations in which both student and teacher/mentor experience themselves as subjects, actively involved in the learning process. Open dialogue and a sense of security and closeness influence and enhance learning. According to Freire, dialogue underlines a belief in the value of individual human beings, and creates an arena for enrichment of human contact

The main aim of the study was to explore the mentors’ perspective on effective communication in teaching and learning of student nurses in the clinical area in Norway. Extensive literature search from studies conducted on nursing communication particularly between mentors and student nurses in the clinical area was done to ascertain what was already known on the study topic to avoid duplication. A qualitative Research method was used for this project. The study was conducted in western Norway which was purposefully selected since the researchers were based there. The sample population was made up of practicing nurses who have been working with student nurses in the clinical area and have the experience as mentors for at least a year in Norway within the researchers’ practicum area. The study sample comprised of 5 respondents who were purposefully selected. A semi-structured interview guide was used to collect the data as well as the researchers’ experience in Førde hospital. The data was analysed after developing categories of responses from participants. Constructs, themes and patterns were generated from the categorical data and descriptive coding was used.

The study revealed that most mentors facilitate and promote student learning by ensuring that students are allowed to do as much as possible. The study also revealed that most mentors value conversation with their students in other words dialogue is

being promoted to enhence critical thinking. Almost all the mentors allow their students to plan and organize their own work and inform them well in advance when they are to be assessed. Additionally almost all the respondents felt that students are good resource persons and that mentors learn a lot from them which promotes effective learning relationship since students do not feel left out. The study further revealed that most mentors mentioned assisting students where it is difficult; giving encouragement and guidance to students; and providing opportunities for students to learn as some of their roles and responsibilities. The results of this study show that all mentors received a positive feedback from students. The students like the way they are followed by their mentors and they say that they learn a lot. Nevertheless, one mentor added that sometimes students are afraid to say things out.

Despite the mentors and students belonging to the low context culture which has a direct way of communication, it was observed from the study that mentors still encountered barriers to effective communication with students in the practical placement. However this study did not explore the barriers to effective communication between a mentor from a low context culture and a student from a high context culture and vice versa.

From the study findings, it is evident that effective communication is very important if the learner and the teacher are to achieve positive results in the learning process. The way mentors communicate makes it easy for the students to freely approach their mentors and learn. Talking to their students face to face is also a good way of ensuring contact and promotes learning.

INTRODUCTION

1.1 BACKGROUND

Nurse education has a long tradition in Norway. The oldest nursing school was opened in 1868 by deaconesses in Oslo, following a German model. Around the year 1900, hospitals and humanitarian organizations started education following the Nightingale model. The curriculum was different in each school, because it was mainly determined by the owners' needs for nurses (Mathisen & Bastoe, 2008). When the Norwegian Nurses Association (NNA) was founded in 1912, one of the first and absolutely most important challenges was to standardize nurse education. It took the Organization nearly 40 years of hard work before the first law regulating nursing activities was founded (Mathisen, 2006). The NNA is both a professional organization and a trade union and organizes about 95% of the nurses, including a branch for student members. It has played an active role in discussions about the content and quality of nursing education (Kyrkjebø et al, 2002).

In Norway, the government regulates nursing and other health and social work education. The general plans are made nationally and is a standard set for all types of health and social work education including nursing education. The plans include the aims, scope and contents of all training programmes, and they offer guidelines for evaluation, working and study methods. Other examination regulations have been set out in the Universities and University Colleges Act (2005). Both university colleges and a few other universities make their own curriculum guidelines based on the national general plan. These include the contents based on the main and minor subjects in the general plan, and they give a more detailed description of each subject. There is a description of working and teaching methods, types of evaluation and examination requirements. The curriculum guidelines include detailed information about organization, progression, practical training and about the relationships between theory and practice.

The authors of this paper are exchange students from Zambia, of which three are from Livingstone General Hospital; one from the practical area and the other two work at Livingstone school of nursing. The fourth student is from the University of Zambia.

They had 6 weeks of practice plus 2 weeks of observation before the actual practice at Førde Central Hospital in Norway.

During their eight weeks of practice at Førde Hospital, they had a close contact with the mentors (contact nurses). Though mostly Norwegians, the mentors were able to interact with them in English and this enabled them to dialogue more freely and comfortably. This gave them an opportunity to socialize with the mentors and see how they teach and interact with students in the clinical area. There were other students from Sogn og Fjordane University College who had practice in the same wards where they were, and each one had a contact nurse.

The contact nurses gave them an opportunity to come up with their own learning outcomes based on the requirements for practice and plan their own work for the patients they were allocated to in the shift. Moreover, the mentors were always ready for consultation whenever need arose. They felt part of the team with the staff involved in patient care because their mentors were approachable and encouraged them to take part in the procedures that needed to be done. The mentors created time at regular intervals with students where they talked about students' expectations and if they were being met. This was very important as students were able to express themselves and re-plan their activities according to need. During this time, students were also given feedback on their performance.

These contact nurses were well versed with the routines of the ward. They took time to update students on the patients available on the ward in terms of diagnosis, treatment, any special tests/ investigations to be done and if they needed help with meals, hygiene etc. This was done at every shift since the in-patient list was written in Norsk, a language the authors were not able to understand. This helped the authors to have a general understanding of all the patients and not just the ones allocated to them.

As the authors carried out their tasks, they observed that mentors talked to their students openly and in a direct way throughout their interaction. Students received direct and specific instructions from their mentors which promoted quick understanding. The students also approached their mentors freely whenever they were not sure of what to do and mentors responded very positively.

Throughout their span of duty, mentors showed a lot of interest/enthusiasm to teach and mentor students. During provision of nursing care, it was observed that the mentors worked with the student nurses instead of leaving the work to the students alone. Additionally, mentors were always following up on most of the activities of the ward. Through this, they were able to provide more opportunities for student learning. This motivated the authors to explore more on what makes the mentors manage with this kind of exhausting task, how they communicate, facilitate teaching and learning of student nurses in the clinical area, hence the need for this study.

Communication and interpersonal skills are essential components in delivering good quality nursing (Webb, 2011). DeVito (1988) as quoted by Webb (2011) defines communication as: "the act, by one or more persons, of sending and receiving messages that are distorted by noise, occur within a context, have some effect, and provide opportunity for feedback". This definition implies an interaction of some kind between at least two people. It also suggests that the interaction is two-way and that the person sending the message receives some sort of feedback, even if it is non-verbal, or even silence.

The ability to effectively send and receive messages is essential to communication and allows individuals to interact with one another (Williams and Davis, 2005). The interaction may be difficult when the sender and receiver do not share the same cultural background or language. Culture influences how each individual perceives and responds to the world, solves life's problems and interacts with others. According to Williams and Davis (2005), culture can be defined as the sum total of behavioural norms, methods of communication, and patterns of thinking, beliefs, and values of designated group of people. These can be passed down from one generation to the next and may be evident in day-today interactions, during which one is made to be aware of the influence of culture on communication regardless of how brief it has been (Williams and Davis, 2005).

Within the health sector, nurses and other health care providers understand the importance of communication with one another when working with clients. However, there is less understanding of the impact of communication on teaching and learning of students in the clinical area. Traditional ways of leading and communicating in modern nursing has its origins in the military and wartime during the reign of Florence

Nightingale. She set about her task of modernization and central to her approach were rigid ideas on discipline and hierarchy. These attitudes penetrated deeply into the nursing profession and influenced how generations of nurses communicated (Wainwright, 2010).

The clinical experience for nursing students is still regarded as the cornerstone of professional education. Through clinical experience, the student acquires knowledge, skills and values necessary for professional practice and in turn becomes socialized into the profession. The primary task for nurse educators is to ensure that students acquire sufficient academic preparation and quality 'real life' practical experience so as to be able to work safely and competently upon graduation (Budgen & Gamroth, 2008; Ryan-Nicholls, 2004; Stokes & Kost, 2005).

According to a study done from 2003-2005 in Norway and other European countries entitled 'Learning during Education and in the Clinical Field', it was revealed that nursing education has evolved from vocational on the job training to higher academic education. Integration of theory and practice is basic to the development of professional competence. Students are influenced by role models in the clinical field, and by the quality of their learning environment in practice (Bohler and Hansen, 2006).

Clinical mentorship enables students, as mentees, to increase their professional awareness, both in regard to professional knowledge, and the level and quality of their personal performance in practice. Clinical mentorship contributes to the strengthening of professional and human qualities required of a skilled practitioner, and supports development of the mentees' understanding of theory related to clinical practice (Bohler and Hansen, 2006).

Effective mentorship is critical in delivering high quality care, ensuring patient safety, and facilitating positive development of staff. The mentor needs to provide an appropriate learning environment, relevant resources, and the desirable level of structured support and guidance to promote professional growth and development (Frankel, 2008). In order to encourage reflection and afterthought, teaching programmes and mentorship should encourage creation of learning situations in which both student and teacher/mentor experience themselves as subjects, actively involved in

the learning process. Open dialogue and a sense of security and closeness influence and enhance learning. According to Freire, dialogue underlines a belief in the value of individual human beings, and creates an arena for enrichment of human contact (Freire, 1999).

1.2 STATEMENT OF THE PROBLEM

Nursing is a practice - based profession, and therefore, clinical education is an essential part of the undergraduate nursing curriculum (Twentyman and Eaton, 2006). The quality of nurse education depends largely on the quality of clinical experience. Student nurses require effective clinical placements to allow the application of theory to practice. These experiences are central to the student's preparation for entering the workforce as a competent and independent practitioner (White, 2005).

Clinical placement provides the students an opportunity to observe role models, practice and develop their skills and problem solving abilities, and reflect on what they see, hear and do (Landers, 2000). Clinical teaching or mentoring occurs in the context of a fast-paced and dynamic environment, with mentors struggling to handle the dual roles of patient care and student teaching (Irby and Bowen, 2004). Several factors have shown to influence the effectiveness of student learning in the clinical area such as the supervision they receive, organizational quality, mix of patients seen and the number of students simultaneously learning at the site (Dolmans et al., 2002; Durak et al., 2008). Supervision appears to be the key factor. Additionally, nurse students report that their learning experiences during clinical placement are heavily influenced by the prevailing culture in the ward (Pearcey and Elliot, 2004).

Supporting students to learn is an important function of the mentor and nurse teachers, yet there is little consensus in the literature as to what constitutes appropriate support and more importantly which methods promotes deep learning. Mentorship is widely relied upon, not just as a support mechanism for students but also as the main vehicle for the activities associated with learning, teaching and assessment of practice (Bohler and Hansen, 2006). Mentorship provides an avenue for younger nurses to develop strong relationships with senior nurses that contribute to the development of both individuals and plays a role in the retention of nurses within an organization. Nurse mentors often describe benefiting from the relationship as well (Bohler and Hansen,

2006). While furthering their own learning and professional practice, mentors are able to make a difference in the professional lives of the next generation of nurses! According to Jarjoura (2003), mentoring provides many benefits, it can:

- Bridge the gap between theory and nursing practice.
- Provide guidance for transformational leadership.
- Enhance critical thinking and career development.
- Increase self-esteem, job enrichment and willingness to take risks.
- Enhance productivity, managerial skills and a sense of professionalism.
- Act as a recruitment and retention strategy. Nurses who are mentored are more likely to remain in their current position.

Despite mentorship's many benefits, it faces some major hurdles. There are fewer nurses in leadership positions to act as mentors (Bohler and Hansen, 2006).

Human communication is dependent on the context in which it occurs (Neuliep, 2006). Two cultural contexts exist; high and low context. In high context, interactants know and understand each other and their appropriate role; therefore words are not necessary to convey meaning. Words and sentences may be shortened and collapsed. It also involves using and interpreting messages that are not explicit, minimising the content of verbal messages and being sensitive to the social roles of others.

According to Hall as quoted by Neuliep (2006), in low context transactions the communicants feel a need to speak. People in this context are expected to communicate in ways that are consistent with their feelings. Hence, low context communication typically involves transmitting direct explicit messages. The verbal code is the primary source of information. Norway being one of the Scandinavian countries belongs to the low context culture. The Norwegian nurses are products of a western society that exhibits significant individualistic traits (Hanssen, 2004).

Most nursing research has centred on nurse-client interactions in a variety of settings rather than on the actual observed verbal and non-verbal behaviours of nurses, particularly between mentors and student nurses in the clinical area. In any information exchange, communication encompasses content and relationships (Hays, 2002), thus interaction between mentors and student nurses in the clinical area is key to nursing

outcomes and satisfactory levels. From the above literature, it can be seen that mentorship has a lot of benefits. Nevertheless, it does not highlight the mentors' perspective on effective communication in the teaching and learning of students. In this dynamic and changing society, how can mentors communicate with student nurses for the benefit of student learning?

1.3 PURPOSES OF THE STUDY:

1. To explore the mentors' perspective on effective communication in teaching and learning of student nurses in Norway.
2. To find out the views of mentors on student teaching and learning in the clinical area.
3. To discuss the theories of learning and communication models in relation to student learning in the clinical area.
4. To find out the experiences of mentors as they interact with student nurses in the clinical area.

1.4 RESEARCH QUESTIONS:

1. How do mentors facilitate and promote student learning in the clinical area?
2. What experiences do mentors have concerning teaching and learning of student nurses in the clinical area?
3. What motivates mentors to teach students in the clinical area?
4. What are the roles and responsibilities of mentors in the learning and teaching of students in the clinical area?
5. How do mentors communicate with students in the clinical area?

2.0 LITERATURE REVIEW

Literature review is an organized written presentation of what has been published on a topic by scholars (Burns and Grove, 2005). Literature review helps the researcher to get acquainted with what has been done on a study before, thereby minimizing the possibilities of unintentional duplication and increasing the probability that the new study will make a distinctive contribution to knowledge. Literature review also helps the investigator to have relevant knowledge on the research strategies and specific

procedures and instruments that might be of use during the study. The researchers looked at the studies conducted on nursing communication particularly between mentors and student nurses in the clinical area. Much of the published data that the researchers reviewed was accessed from internet and journals as well as books from the Sogn og Fjordane University/College Library and other libraries. We also had guidance from the librarians on how to search for information from the data base and how to obtain latest publications.

2.1 LEARNING THEORIES

Learning is simply the process of acquiring knowledge. It is not exclusively to the domain of a class room and is both formal and informal (Pritchard, 2005). A basic understanding of processes of learning is essential for those who are involved in facilitating learning of pupils/students. It is also necessary to understand how learning can be affected by the physical, emotional, intellectual, linguistic and social development. For learning to be understood, the following theories were used:

BEHAVIOURISM

Behaviourism is a learning theory focusing on observable behaviours and discounting any mental activity (Pritchard, 2005). It is one of the first theories of learning that was developed by Watson. Behaviourism is based on the central notion of a reaction being made to a particular stimulus. Learning is simply defined as the acquisition of new behavior (Pritchard, 2005). This method of learning is called conditioning. There are two types of conditioning:

i. **Classical conditioning**

   This involves the reinforcement of a natural reflex which occurs as a response to a particular stimulus. According to Pavlov, there are four stages involved in the process of classical conditioning: the first stage is the acquisition phase which involves the initial learning of the conditioned response. Second stage is the extinction stage where the conditioned response learnt disappears due to lack of repeated practice. Third stage is the generalization where once a conditioned response has been learnt, it may also respond to similar stimuli without further training. The fourth stage is the discrimination stage, and in this stage, an

individual learns to produce a conditioned response to one stimulus but not to another similar stimulus.

ii. **Operant conditioning**

It involves reinforcing behaviour by rewarding it. Negatively, it can also work when an undesirable behavior is discouraged by following it with a punishment. In his work, Skinner, a psychologist maintained that rewards and punishments control the majority of human behavior. The key aspects of operant conditioning are reinforcement and shaping. Reinforcement is anything that has an effect on strengthening a particular behavior and makes it likely to happen again. Shaping is a technique of reinforcement used to teach humans behaviours that they have never performed before; reinforcement begins with a simple response and gradually progresses to more complex response.

The disadvantages of Operant conditioning are that for example, in a classroom situation it can lead to anger; frustration or aggression may follow if punishment is accompanied by it. It is also likely to cause the learner to lose interest in learning as giving one learner increased attention may have a detrimental effect on the others.

Application of the theory

New behaviors or skills can be learned through repeatedly doing an activity. Practice in varied contexts reinforces learning and widens its application. According to Walsh (2010) positive reinforcement cement learning and shapes behaviors.

According to Pavlov's theory of classical conditioning, learning begins with a stimulus to connection. Hence, teachers are viewed as stimulators of the learning process of the learner. Behaviourist teaching is very much based upon the key concepts of stimulus, response and conditioning. In teaching it is often the teacher's praise which is the positive reinforcement, alongside the student's sense of satisfaction or pleasure at succeeding. It is noted that the more you reward a behavior the more it will be done (Walsh, 2010). Repetition is also a key feature of behaviourist theory especially for skills in the nursing profession.

CONSTRUCTIVISM

Constructivism learning theory is a philosophy which enhances humans' logical and conceptual growth (Schunk, 2009). Constructivism is a contemporary theory of

learning which was created building upon existing learning theories. It is a philosophical explanation about the nature of learning. The underlying concept within the constructivism learning theory is the role which experiences play in human education. Constructivists argue that humans produce knowledge and form meaning based upon their experience. According to Piaget, learning is a process of adjustment to environmental influence. The three basic processes of adjustments are:

- **Assimilation:** Mental structures have to be altered in order to cope with new experiences which have contradicted with the existing model.
- **Accommodation:** This is where new knowledge is incorporated into existing mental structures. The knowledge bank is increased to include new information.
- **Equilibration:** Is arriving at a stable state where there is no longer a conflict between new and existing knowledge.

Constructivists do not view knowledge as the truth, but rather a working hypothesis. Knowledge is formed inside an individual, therefore a person's constructions are true to that person and not necessarily to anyone else (Schunk, 2009). This is because people develop knowledge based on their beliefs and experiences in situations which differ from person to person. Piaget's work of a child as a "lone scientist" formed the basis of constructivism movement in which the key idea was that humans construct their own knowledge: the mind mediates input from outside world to determine what to learn (Woolfolk, 1993). Constructivism can also be explained in the following ways:

- **Social constructivism**

This is interaction between learners and others. This gives priority to language in the process of intellectual development. Dialogue becomes the vehicle by which ideas are considered, shared and developed. It is an individual's prior and current knowledge that forms the basis of any contribution to a dialogue. It is with reference to existing knowledge and understanding that new ideas and understanding can be constructed in the course of dialogue (Pritchard, 2005). Vygotskys' theory asserts three major themes;

i. Social interaction plays a major role in the process of cognitive development: he argues that learning precedes development.

ii. The more knowledgeable other: someone with better understanding than the learner with respect to a particular task or process. The more knowledgeable other can be a teacher or coach.

iii. Zone of proximal development: distance between actual developmental level as determined by independent problem solving and the level of potential development. It represents the amount of learning that is possible by a learner given the proper instructional conditions.

- **Situated learning**

It is observed that learning takes place in a context familiar to the learner. Unfamiliar context makes learning not to proceed smoothly to the learner (Pritchard, 2005). One's knowledge concerning one's cognitive process and products or anything related to the learner, needs enough previous knowledge and understanding to enable the learner to learn new things. Hence the mental activity must be active. It must also be noted that learning is not something that others can undertake on behalf of others. Learning requires effort on the part of the learner and without some effort and some mental activity it is unlikely that learning will take place (Pritchard, 2005).

Application of the theory

Constructivists mainly point out that learning is constructed by the learner. They also clearly point out that construction of knowledge and not reproduction of knowledge is paramount. It is also clearly pointed out that learning is as result of mental construction (Pritchard, 2005). Learning best takes place if a learner constructs his/her own understanding. Thus learners construct their own learning.

According to Piaget's theory, learning is viewed as a process of adjustment to environmental influence. This theory encourages students to construct their own knowledge by being actively involved in the learning process. Hence, teachers need to help students to become critical thinkers and not merely accept information.

Vygotsky's theory point out that learning is a socially mediated activity. He places emphasis upon interaction between learner and others. Dialogue is viewed as a vehicle by which ideas are shared between learner and others (Pritchard, 2005). This theory emphasizes the role of a teacher as a facilitator of learning, who provides more challenges for the learner to achieve more.

2.2 COMMUNICATION MODELS AND THEORIES

According to Nursing and Midwifery Council (2010) as quoted by Webb (2011), communication is identified as one of the essential skills students must acquire in order to make progress through their education and training to become qualified nurses. There is a large number of models of communication which signifies that communication is a vast topic and difficult to pin down to simple explanation. Communication occurs whenever one person, in some way or another, transmits a message of some sort and someone else picks it up and interprets it (Webb, 2011).

Basic models of communication have key factors in common. They usually represent a sender and receiver of a message and some form of distortion of the message between the sender and the receiver. These see communication as linear.

LINEAR MODELS OF COMMUNICATION

In these models, the sender encodes the message and transmits the message through a message channel to the receiver who decodes the message. The sender needs to adapt the message in a way that it can be received accurately and the receiver needs to share many aspects of the sender's context (cognitive, culture, language, and symbolism) in order to decode it correctly (Webb, 2011). An example of such a model is the Shannon-Weaver Mathematics Model of 1949. This is the most commonly used communication model in human communication.

Claude Shannon and Warren Weaver were not social scientists but engineers working for Bell Telephone Labs in the United States. Their goal was to ensure the maximum efficiency of telephone cables and radio waves. They developed a model of communication which was intended to assist in developing a mathematical theory of communication (Shannon and Weaver, 1948). Shannon and Weaver's original model consisted of five elements:

- An ***information source***, which produces a message.
- A ***transmitter***, which encodes the message into signals
- A ***channel,*** to which signals are adapted for transmission
- A ***receiver,*** which 'decodes' (reconstructs) the message from the signal.
- A ***destination***, where the message arrives.

A sixth element, *noise* is a dysfunctional factor: any interference with the message travelling along the channel (such as 'static' on the telephone or radio) which may lead to the signal received being different from that sent. Although the concept of 'noise' does make some allowance for the way in which messages may be 'distorted', this frames the issue in terms of incidental 'interference' with the sender's intentions rather than in terms of a central and purposive process of interpretation. Shannon and Weaver argued that there were three levels of problems of communication:

- A- The ***technical*** problem: how accurately can the message be transmitted?
- B- The ***semantic*** problem: how precisely is the meaning 'conveyed'?
- C-The ***effectiveness*** problem: how effectively does the received meaning affect behaviour?

According to Mortensen (1972), Shannon and Weaver somewhat naively assumed that sorting out Level A problems would lead to improvements at the other levels. The concept reflects Shannon and Weaver's concern with accuracy and efficiency. The strengths of Shannon and Weaver's model are its simplicity, generality, and quantifiability. Such advantages made this model attractive to several academic disciplines. It also drew serious academic attention to human communication and information theory, leading to further theory and research.

The other example of a linear communication model is Berlo's Model of Communication, which seems to emphasize that most problems in human communication can be solved by technical accuracy- by choosing the 'right' symbols. This model has been criticized in that, despite choosing the right symbols, people misunderstand each other. "Problems in meaning or meaningfulness often aren't a matter of comprehension, but of reaction, agreement, shared concepts, beliefs, attitudes, and values" (Mortensen, 1972). Additionally, Schramm's Model provided an additional notion of a field of experience, or the psychological frame of reference which refers to the type of orientation or attitudes which interactants maintain towards each other. Schramm also included feedback and wrote that communication is reciprocal, two-way, even though feedback may be delayed. He points out that some of the communication methods are very direct, as when you talk in direct response to someone. Others are moderately direct, for example, you might squirm when a speaker drones on and on, wrinkle your nose when a message is too abstract or shift

your body position when you think it is your turn to speak. Still other kinds of feedback are completely indirect for example; teachers measure their abilities to get the material across in a particular course by seeing how many students sign up for it the next term (Mortensen, 1972).

Schramm also included context and highlighted that a message may have different meanings, depending upon the specific context or setting. He further said that a message may have different meanings associated with it depending on the culture or society. According to him, communication systems thus, operate within the confines of cultural rules and expectations to which we all have been educated (Mortensen, 1972).

CIRCULAR MODELS OF COMMUNICATION

Linear models represent the single exchange of information quite well but often struggle to represent the complexity of communication context and the interference or noise that is inherent in the communication process. This limitation is said to be overcome by circular models of communication (Webb, 2011). Circular models attempts this by representing the feedback to the sender and the adjustments the sender can make in case of misunderstandings. This type of model is more than a two-way interaction. Here the sender is getting the feedback on how the message has been received. The sender does not give any explanation about what has caused the misunderstanding which is often represented in models as noise or interference.

SYSTEMS MODEL OF COMMUNICATION

Some communication models have attempted to construct models in light with General Systems Theory (GST). The key assumption of GST is that every part of a system is so related to every other part that any change in one aspect results in dynamic changes in all other parts of the total system (Mortensen, 1972). For this reason Mortensen points out that it is necessary to think of communication, not so much as individuals functioning under their own autonomous power but rather as persons interacting through messages. According to this model, all face-to-face encounters require some sort of personal recognition and commitment which in turn creates and defines the relationship between the respective parties. Communication does not only convey

information, but at the same time imposes behaviour. Any activity that communicates information can be taken as synonymous with the context of the message regardless of whether it is true or false. Each spoken word, every movement of the body, and all the eye glances furnish a running commentary on how each person sees himself, the other person, and the other person's reactions (Mortensen, 1972). Systems model acknowledges that messages to and from the sender are subject to interference, from the very way the message is encoded, through the environmental distortions, to the way the message is decoded (Webb, 2011).

Application of the models

Communication models suggest that the message from one person to another is encoded in some form and transmitted to the other. This encoding can form many types of format of transmission, or several types combined. For example a person who does not want to engage in a conversation formats the information to the other by giving short answers or mumbling (vocal channels), reduced eye contact and folds their arms (body language). They might also try to change the conversation, look at their watch (behaviour) or simply remain silent (Webb, 2011). Additionally, they may write down the information on flash cards. A mentor for example may decide to send a text message to the student or just release a memo.

Communication is inevitable, no matter what we do; even silence or not responding says something to the other person. All behaviour whether verbal or nonverbal, intentional or unintentional, is a form of communication, including how we dress, walk, or use touch. As communicators, mentors need to be aware of their own intentional and unintentional messages they send to students and also be skilled in reading the messages of others in particular their students as this may have an influence on the teaching and learning of students in the clinical area.

INDIVIDUALISM-COLLECTIVISM

The cultural context in which human communication occurs is the most defining influence on human interaction. Culture provides the overall framework wherein humans learn to organize their thoughts, emotions and behaviours in relation to their environment although people are born into a culture, yet it is not innate. Culture is

learned and it teaches one how to think, conditions one how to feel and instructs one how to act and interact with others, to communicate (Neuliep, 2006).

Individualism-collectivism are a cultural dimension that affects how people communicate. Gayle and Knutson as quoted by Neuliep (2006) states that Norwegians are taught to put the needs of society above their own and embrace a classless society, however Norwegians value personal independence. They strive for personal independency yet do not depend on others to recognize their individual achievements and they believe that they must recognize their own good qualities in order to gain self-esteem. Individualistic cultures social behaviour is guided by personal goals and stress values that benefit the individual person. The self is promoted because each person is viewed as uniquely endowed and possesses distinctive talent and potential. People are taught to be creative, self-reliant, competitive and assertive. In collectivistic cultures group goals have precedence over individual goals and they stress values that serve the in-group by subordinating personal goals for the sake of preserving the in-group. People are not seen as isolated individuals but as a member of a group, and interdependent with others, where responsibility is shared and accountability is collective. In collectivistic cultures, the primary value is cooperation and harmony.

HIGH AND LOW-CONTENT COMMUNICATION

As stated earlier human communication is dependent on the context in which it occurs. Depending on the contextual features present during communication, some persons choose to focus more on the verbal codes than on the non-verbal elements while others will actively monitor the non-verbal elements of the context (Neuliep, 2006). Hall as quoted by Neuliep (2006) described them as high and low-context communication. In high-context communication there is use of restricted code system. They rely on the contextual elements of communication setting for information than on the actual language. The interactants will look to the physical, socio-relational and perceptual environment for information. The interactants know and understand each other and their appropriate role, words are not necessary to convey meaning. One acts according to one's role. The rules for communication are implicit and communicators are expected to know and understand unspoken communication.

In low-context communication however, interactants rely on elaborated codes and use verbal code system for creating and interpreting meaning. Information to be shared is

coded in the verbal message. The rules and expectations are explicitly explained. Users of elaborated codes are dependent upon words to convey meaning and may become uncomfortable with silence. The communicants feel a need to speak and are expected to communicate in ways that are consistent with their feelings while transmitting direct and explicit messages. Many low-context cultures are also individualistic and Norway belongs to the low-context and individualistic culture. The communicants are expected to be direct and to say what they think and not to be silent (Neuliep, 2006).

POWER DISTANCE

Hofstede as quoted by Neuliep (2006) defines power distance as the extent to which the less powerful members of institutions and organizations within a country expect and accept that power is distributed unequally. Power distance can be seen in families, bureaucracies and even in friendships. He categorized cultures as possessing either large or small power distance.

Cultures with a smaller power distance emphasize that inequalities among the people should be minimized and that there should be interdependence between less and the powerful people. In low power distance schools, teachers expect a certain amount of initiative and interaction with the students. The overall education process is student-oriented. In class the students are expected to ask questions and even challenge their teachers.

In large power distance cultures, inequalities among people are both expected and desired. The less powerful should be dependent upon the more powerful. In these cultures, there is strict hierarchy among family members who hold authority according to age and sex. In educational settings the teachers are treated as parents with respect and honor. The students who disobey the teachers are punished severely.

Power distance affects the verbal and nonverbal communication behaviour of a culture. In large power distance cultures, persons of lower status are taught not to give direct eye contact to a person of higher status.

3.0 RESEARCH DESIGN AND METHODOLOGY

3.1 QUALITATIVE RESEARCH

Research design is a term employed to refer to a framework for the collection and analysis of data (Bryman, 2008). The researchers used Qualitative Research method for this project to investigate the perspective of mentors on effective communication in teaching and learning of student nurses in Norway. The researchers used a semi-structured interview guide to collect the data as well as their experience in Førde hospital.

Qualitative research is a strategy used to gain insight into people's attitudes, behaviours, value systems, concerns, motivations, aspirations, culture or lifestyles (Ereaut, 2007). According to Bogdan & Biklen (1992) as quoted by Siegel (2002) data is usually collected through sustained contact with people in the settings where they normally spend their time. The researcher enters the world of the people he or she plans to study, gets to know, be known, and trusted by them, and systematically keeps a detailed written record of what is heard and observed.

Characteristics of qualitative research

Qualitative research aims for a holistic picture from historically unique situations where idiosyncrasies are important for meaning while using inductive mode and letting the data speak (Ospina, 2004). Qualitative research studies things in the natural settings and attempts to make sense of or to interpret phenomena in terms of the meaning that people bring to them (Denzin, 2000). In qualitative methods, the relationship between the researcher and the participant is often less formal and participants have the opportunity to respond more elaborately and in greater detail. In turn, researchers have the opportunity to respond immediately to what participants say by tailoring subsequent questions to information the participant has provided during the interview.

The use of open-ended questions and probing during the interview gives participants the opportunity to respond in their own words and does not force them to choose from fixed responses. The qualitative methods gives the researcher the flexibility to probe initial participant responses that is, to ask why or how. The researcher listen’s carefully to

what participants say, engage with them according to their individual personalities and styles, and use "probes" to encourage them to elaborate on their answers in order to get a clear understanding from the participant's point of view (Family Health International, 2005).

3.2 METHODS OF COLLECTING DATA

Data Collection Tool

A data collection tool is an instrument used to collect data (Polit and Beck, 2008). In this study, data was collected by use of a semi structured interview guide.

Semi-structured Interview Guide

A semi-structured interview guide is a tool used to collect qualitative data by setting up a situation that allows a respondent the time and scope to talk about their opinions on a particular subject (Family Health International, 2005). The objective is to understand the respondent's point of view rather than to make generalizations about behaviour. It uses open ended questions, some suggested by the researcher and others arising naturally during the interview. The wording of questions may not be necessarily the same for all respondents.

Characteristics of Semi-structured interviews

In this method, the interviewer and respondents engage in a formal interview using questions that could have been prepared in advance according to the topic of research. Semi-structured interview guide is useful when the researcher does not expect to get more than one chance to interview someone and when you will be sending several interviewers out into the field to collect data. The semi-structured interview guide provides a clear set of instructions for interviewers and can provide reliable, comparable qualitative data (Legard et al 2003).

Family Health International (2005) came up with the following strengths and weaknesses of a semi-structured interview guide;

Strengths

- **Positive rapport** between interviewer and interviewee. Very simple, efficient and practical way of getting data about things that can't be easily observed (feelings and emotions, for example).
- **High Validity**: People are able to talk about something in detail and depth. The meanings behind an action may be revealed as the interviewee is able to speak for themselves with little direction from interviewer.
- **Complex questions and issues can be discussed / clarified**: The interviewer can probe areas suggested by the respondent's answers, picking-up information that had either not occurred to the interviewer or of which the interviewer had no prior knowledge.
- **Pre-Judgement**: Problem of researcher predetermining what will or will not be discussed in the interview is resolved. With few "pre-set questions" involved, the interviewer is not "pre-judging" what is and is not important information.
- Easy to record interview (video / audio tapes).

Weaknesses

- Depends on the skill of the interviewer (the ability to think of questions during the interview, for example) and articulacy of respondent.
- Interviewer may give out unconscious signals / cues that guide respondent to give answers expected by interviewer.
- Time Consuming / expensive
- Not very reliable - difficult to exactly repeat a focused interview. Respondents may be asked different questions (non-standardised). Samples tend to be small.
- Depth of qualitative information may be difficult to analyse (for example, deciding what is and is not relevant).
- Personal nature of interview may make findings difficult to generalise (respondents may effectively be answering different questions).
- Validity: The researcher has no real way of knowing if the respondent is lying.

Data Collection Techniques

Data collection technique is the actual method on how the data is going to be collected (Polit and Beck, 2008). It allows for systematic collection of information from

respondents. In this study, data was collected using an interview schedule in a private place where respondents were made to sit comfortably, permission was sought, consent obtained and confidentiality assured. An interview schedule is a structured or unstructured verbal communication between the researcher and subject during which information is obtained for a study (Burns and Grove, 2005). In this type of interview, well-defined open ended questions were used. The interviewers conducted interviews during the practice period from 9th to 31st March, 2011. Each interview lasted not more than 30 minutes. The respondents were approached with confidence and courtesy with a warm welcome into the interview room.

3.3 STUDY POPULATION

Target Population as defined by Castillo (2009) is the entire group of individuals or objects under study. This is also known as the theoretical population. In this study, the target population were practicing qualified nurses who have been working in Norway.
The accessible population, also known as study population is the aggregate of cases that conforms to designated criteria and that are accessible as subjects for a study (Castillo, 2009). The accessible population in this study were all practicing qualified nurses who have been working with student nurses in the clinical area for at least a year in Norway.

Sample Selection or Sampling

Sampling is the process of systematically selecting that which will be used during the course of study (Robert Wood Johnson foundation, 2008). In qualitative research, the aim is not to get a representative population but to learn how a small collection of cases, units or activities can illuminate key features of an area of social life. This helps the researchers to clarify and deepen understanding based on what they learn from the highlighted cases (Castillo, 2009). In this Qualitative research, the researchers did not typically make external statistical generalizations because the goal was not to make inferences about the underlying population, but to attempt to obtain insights into particular educational, social and practices that exist within a specific location and context (Connolly, 1998). Moreover, interpretivists study phenomena in their natural settings and strive to make sense of, or to interpret, phenomena with respect to the meanings people bring. The study's research objectives and the characteristics of the population determine which and how many people to be selected for the study (Family health International, 2009).

The objective of this study was to know the mentor's perspective on effective communication in teaching and learning of student nurses in Norway. Hence the practicing nurses who have been working with student nurses on the practical area and have the experience as mentors for at least a year in Norway within the researchers' practicum area were the study population. The characteristics of the population in our practicum area were diverse with few mentors who were willing to be interviewed in English. This limited the number of respondents for this study.

A sample is a segment of the population that is selected for investigation. It is also known as a subset of the population (Bryman, 2008). It is important for a sample to provide as much information for the research study as possible.

Inclusion Criteria

The inclusion criterion which is also known as eligibility criteria is defined as the criterion that specifies the characteristics of the population (Burns and Grove, 2005). The investigators established a sampling frame which included all practicing qualified nurses who have been working with student nurses in the clinical area for at least a year in Norway. The investigators selected the nurses who had the experience of mentoring students for at least one year in Norway and were ready to be interviewed in English.

Method of Sample Selection

Qualitative research is generally based on non-probability and purposive sampling (Castillo, 2009). Purposeful sampling selects information rich cases for in-depth study. In this study, the qualified nurses who had been working with student nurses as mentors were chosen for the purpose of the study.

To select the participants in the study, the researchers also utilized the non- probability sampling method which is the convenient sampling design. A convenient sample is one that is simply available by virtue of accessibility (Bryman, 2008). Since the study focused on mentors in communities in western Norway where the researchers were based, this method was appropriate as it helped them to easily collect data and analyze it within the limited time that they had. This method was also used because it is a less expensive way of estimating the truth and it was appropriate for the researchers since they had limited resources.

Sample Size

A sample size is the total number of elements of the population being studied (Polit and Beck, 2008). Determining adequate sample size in qualitative research is ultimately a matter of judgment and experience in evaluating the quality of the information collected against the uses to which it will be put, the particular research method and purposeful sampling strategy employed, and the research product intended (Sandelowski,1995). Although the sample size should be determined on basis of theoretical saturation, the sample size in this study was dictated by the practical situation because interviews were only done in areas where the researchers did their practice and only to mentors who were ready to be interviewed in English.

3.4 DATA ANALYSIS PROCEDURES

Data analysis is the systematic organization and synthesis of research data, and the testing of research hypothesis using those data (Polit and Beck, 2008).

The data was analysed after developing categories of responses from participants. Constructs, themes and patterns were generated from the categorical data. Researchers used descriptive coding which is some kind of summary of the text being examined and constant comparison to refer to this continual process of comparing segments within and across categories. The advantage of this system is that the researcher clarifies the meaning of each category and creates sharp distinction between categories (Simon and Simon, 2007).

Pilot Study

A pilot study is a small-scale version of a proposed study conducted to develop or refine the methodology, such as the treatment, instrument, or data collection process (Burns and Grove, 2005).

The reasons for the pilot study are to acquaint the investigator with the data collection instrument, respondents and analysis of data, to identify any extraneous variables so that they could be eliminated and to provide a miniature trial run of the methodology planned for major project and an opportunity to refine or adjust methods and techniques. It also allows the investigator to find out how feasible the study would be and how valid and reliable the interview schedule would be.

The pilot study was carried out in a small community in western Norway from 9th and 15th March, 2011. The pilot study comprised 2 respondents who were purposefully selected and were convenient for the study since they had similar characteristics as those required in the main study. After analyzing the pilot study a few changes were made to the interview guide, section B question 3 ‘Do you like being a contact nurse?’ was changed to ‘Why do you like being a contact nurse’. Section D question 4 ‘How do you overcome the challenges that you face when communicating with students?’ was changed to ‘How do you overcome the barriers that you face when communicating with students?’ These changes were made because the respondents had difficulties in answering the questions.

3.5 ETHICAL CONSIDERATION

Ethical considerations involve a system of moral values that is concerned with the degree to which research adhere to professional, legal, and social obligations to the study participants (Polit and Beck, 2008).

Permission to conduct the study was sort from the institutions where the research was carried out and a written consent was obtained from the participants. Privacy and confidentiality was maintained by ensuring that no name but only serial numbers appear on the interview guide. This also applied to the time when analysis was being done and all the interview schedules used to collect data were destroyed. The report does not bear any names.

3.6 METHODICAL STRENGTH

According to Pratt (2006), qualitative research has the following strengths and weaknesses;

Strengths

- Qualitative research pays attention to detail and has the ability to embrace both verbal and non-verbal behaviour, to penetrate fronts, discover meanings, and reveal the subtlety and complexity of cases or issues.
- Qualitative research portrays perspectives and conveys feelings and experiences.

- Qualitative researches encompass processes and natural environments.
- The actions are contextualised within situations and time. Theory is generated from the empirical data, and consequently there is 'closeness of fit' between theory and data.

Weaknesses

- It has been argued that single qualitative studies cannot provide grounds for generalising across cases.
- Immersion in the depths of a qualitative study can lead to either or both 'going native' and 'macro blindness', that is to say the researcher might offer explanations in terms of the situation under observation, oblivious to more powerful forces operating on the situation from outside.
- Qualitative research can be a high-risk, low-yield enterprise. It can take time to negotiate access, assemble a sample, develop trust and rapport, find out what is 'going on' or what people are thinking. 'Hanging around' and 'muddling through' can bring worries. Maybe one will not find 'reefs beneath one's feet' and drown in the maelstrom as a result!
- Qualitative studies are often accused of being impressionistic, subjective, biased, idiosyncratic and lacking in precision.

4.0 DATA ANALYSIS AND PRESENTATION OF RESULTS

4.1 PRESENTATION OF RESULTS

The respondents in this study were aged between 34 and 51 years. They had varying period of experience in nursing, ranging from 4½ to 36years. Mentorship experience also varied from 1 to 12 years.

Students were allocated in the departments 2 to 10 times per year. The respondents had varying frequencies of being with the students; one said it was a regular job to be with students, two times per year, rarely since she was the head nurse and the others said whenever students were in the department.

The qualitative analysis led to the emergence of ten (10) categories derived from the research questions and the interview guide. These are facilitation and promotion of student learning; views of mentors on student teaching; mentors' motivation and who

appoints mentors; roles and responsibilities of a mentor; how mentors communicate with students; feedback from students; barriers to effective communication and overcoming the barriers as well as mentors past experiences. From the above categories, six (6) themes emerged: **facilitation and promotion of student learning**, **views of mentors on student teaching**, **mentors' appointment and motivation**, **roles and responsibilities of a mentor**, **how mentors communicate with students** and **mentors' past experiences.**

Facilitation and promotion of student learning

This theme emerged from the interview where mentors described the strategies they use to facilitate and promote student learning in the clinical area.

Most mentors said they ensure that students are given more time to practice but under supervision. One mentor said:

"*I allow students to do as much as possible but under my supervision*" While another mentor said: "*I make sure students work independently but under my supervision*"

Guidance of the student learning was another issue that was brought out. One mentor said:

"*I show my students on how to carry out procedures*" the other said: "*I do things first time and students observe then next time students try and I observe*"

Planning for the students in the clinical area was expressed as very important by the mentors. One mentor said: "*I plan what to do with the students*" another said: "*I find equipment for the students to use before they come for practice*"

Most mentors felt discussions with the students promote learning. One mentor noted that: "*I have regular conversations with students*" the other said: "*we discuss on what they have to learn and evaluate on their strengths and weaknesses*"

A congestion free environment came out as a very important aspect that promotes learning. One mentor explained that:

"*I monitor only two students at a time for easy supervision*" another one said: "*for each student two days are allocated with the first day from 07 hours to 15 hours and the second day from 07 hours to 12 hours*"

Views of mentors on student learning

This theme sort to note what mentors think about the effect their presence has on the students as they present themselves to them. Most mentors observed that their presence makes most students anxious. One mentor observed that:

"*When I am around students become tensed up, but others react positively meaning that they accept my presence*" another mentor said: "*students are afraid, they are not natural but later they calm down*" the other mentor noted that: "*my presence comforts the students because some students feel nervous to do a procedure on their own*"

Progression of students in their learning brings satisfaction to the mentors. Mentors have good experiences were they feel learning has taken place. One mentor said:

"*I become happy when a slow student catches up*" another said: "*when students do something for the patient and I get positive response from the patient*" the other one expressed that: "*when I teach students they ask questions and when students try and fail but do it well next time, I feel good when a student does something by him or herself*"

Some mentors explained that knowledge does not only come from a teacher but from students as well. One said:

"*Students are also good resource persons*" the other said: "A *student nurse is a good resource and I also learn a lot from the students*"

Most mentors expressed dissatisfaction and bad experiences working with students. One mentor said: "*I do not like it when students are not interested, show disrespect to me and when students make my work stressful".* Another said: "*I do not like it when students do not take their job seriously*"

Mentors' appointment and motivation

The appointment of mentors and motivation theme emerged from the interview where the respondents answered the questions on who decides who should be a mentor when they have student nurses, and why they liked being a mentor. All the respondents had diverse answers on who appoints the mentor for the particular student nurses during the allocation. Some of them were appointed by the University while others were appointed internally as a department with the involvement of all the nurses. This was what one of them said:

"I the head nurse with the other nurses in the department"

Another mentor said: "*The head nurse sits down with the other nurses and decides who should be the mentor"* and another one said: *"The lecturer from the university decides and informs me before the students come"*

The interview also required the mentors to bring out the issues that keep mentors going in their work and the following were the responses:

One mentor said:

"*I like sharing knowledge with the students*" one said: "*I like the job, working with people, being close to patients and communicating with young people*" the other said: "*I want people to be good in what they are doing and want to see people grow*" while another mentor brought back her past memories as she said: "*it makes me remember when I was a student nurse, it is important that someone helps the students to learn*"

Roles and responsibilities of the mentor

This theme emerged from the interview where mentors described their roles and responsibilities as regards to student teaching in the clinical area. Almost all the mentors mentioned assisting students where it is difficult; giving encouragement and guidance to students. Providing opportunities for students to learn was one of the responsibilities that were highlighted.

One of the mentors said;

"I try to provide opportunities for students to learn out of the usual and try to remember issues that will help the students to learn".

Student evaluation was also mentioned as another responsibility of the mentor and one mentor said;

"I also evaluate students at half way to determine their strengths and weaknesses in the practical area as well as the behaviour of the student to see if student is misbehaving. Then at the end of the allocation, I make a decision whether pass or fail"

How mentors communicate with students

This theme also emerged from the interview where mentors were asked to describe how they communicate with their students in the clinical area. A good number of mentors indicated that they talk face to face with their students though mobile short messages are also used as methods of communication. Hand-outs and books are also given to students to read. Almost all the mentors said that students are allowed to plan and organize their own work and are informed in advance when they are to be assessed. The students are also told about ethical issues.

For example one mentor said;

"I tell the students what not to say to the patients"

The mentors also expressed the barriers to effective communication which they faced in the learning and teaching of students. One mentor said:

"Sometimes they (students) tell me they are afraid of saying something which may be wrong and others are shy to talk."

Another mentor said:

"Communication is difficult if the mentor does not want to be with the students."

It was also noted that most of the mentors acknowledged that communication barriers prevented them from effectively achieving their goal of student teaching and learning. One mentor said: *"If you talk to students like one who knows everything, they don't open up."*

Mentors also described the various strategies that they use to overcome the barriers of communication between the students and themselves. Most of the respondents mentioned that effective communication between the student and the mentor influenced

the teaching and learning outcome. Hence mentors had to develop a conducive environment for effective communication to take place as one mentor said:

"We have a conversation with the student before we start to work."

During the interview, it was also revealed that most of the mentors had developed ways of dealing with problems of failure of students to effectively express themselves. One mentor said:

"I am not a strict nurse, I want students to feel free and ask questions and talk to me." While another mentors said:

"For shy students, I make a joke to make everything easy and make them feel at ease."

During the interview all mentors highlighted that they received a positive feedback from students. The students like the way they are followed by their mentors and they say that they learn a lot. One mentor added that sometimes students are afraid to say things out, and she said;

"I receive good feedback from students, but at times they are afraid to say things out. For example, to say out that their mentor is not good"

Mentors past experience

This category emerged from the interview where mentors narrated their own experiences with their mentors as student nurses. They described the good and bad experiences they had as students during their practical experiences. Almost all the mentors expressed having had some good experiences with their mentors that helped them learn a lot during the practice period as they got support and were encouraged to work hard. As one mentors said:

"Some of them not good but mostly good, mentors were helpful and kind and I was not afraid to ask when I needed to"

The support from the mentors helped the slow student to pick up and improved as a result of the encouragement the student got from the staff on the clinical area.

One mentors said;

"I was a little slow initially but I picked up later, I had good teachers"

The students feel very bad when they come across contact nurses or staff that is not ready to allow the students observe or even work with the students. This was expressed by a mentor who said:

"I felt bad when a midwife didn't like being a mentor"

Another mentor mentioned:

"It was bad when mentors were not there, I felt like they said do it yourself"

5.0 DISCUSSION OF FINDINGS

The main purpose of this study was to explore the mentors' perspective on effective communication in teaching and learning of student nurses in Norway. The ability to effectively send and receive messages is essential to communication and allows individuals to interact with one another (Williams and Davis, 2005). The interaction may be difficult when the sender and receiver do not share the same cultural background or language. As earlier noted culture influences how each individual perceives and responds to the world, solves life's problems and interacts with others. Differences in communication across cultures are evident in language, verbal and non-verbal behaviours and silence (Williams and Davis, 2005).

Effective mentorship is critical in delivering high quality care, ensuring patient safety, and facilitating positive development of staff. The mentor needs to provide an appropriate learning environment, relevant resources, and the desirable level of structured support and guidance to promote professional growth and development (Frankel**,** 2008).

In order to encourage reflection and afterthought, teaching programmes and mentorship should encourage creation of learning situations in which both student and teacher/mentor experience themselves as subjects, actively involved in the learning process. Open dialogue and a sense of security and closeness influence and enhance learning. According to Freire, dialogue underlines a belief in the value of individual human beings, and creates an arena for enrichment of human contact (Freire, 2000).

Facilitation and promotion of student learning

A good learning environment where students are given an opportunity to learn enhances a positive learning outcome. Factors that promote good learning environment include; student given responsibility, students made to feel part of the team, mentor being patient and understanding and encouragement from the mentor (Walsh, 2010). The above guidelines are in line with this study which shows that most mentors value the aspect of according the students an opportunity to learn and be integrated into their work. The study further revealed that most mentors facilitate and promote learning by ensuring that students are allowed to do as much as possible but of course under their supervision. By giving Students independence to do procedures on their own, most mentors in this study observed that this has proved to give the students confidence and competence. This finding is in line with a study conducted by Sharif and Masoumi (2005) entitled "A qualitative study of nursing student experiences of clinical practice" which revealed that mentors can play an important role in student nurses' self confidence, promote role socialization and encourage independence which leads to clinical competence.

The study further showed that mentors act as role models by way of showing students what to do for the first time and later mentors observe the student do the procedure while the mentor watches. This is pointed out by Walsh (2010) who states that demonstration and practice are clearly forms of behavioral teaching whereby repetition leads to learning. According to Pavlov's theory of classical conditioning, the acquisition stage involves the initial learning of the conditioned response which involves doing the activity repeatedly. If the conditioned response is not repeated, it can disappear. However, according to Pritchard (2005), learning is not something that others can undertake on behalf of others. It requires some effort and mental activity on the part of the learner for learning to take place. Students also need to develop professional behaviour in delivery of care through role modeling. Hence mentors should act as good role models for their students to be better nurses. This aspect is also supported by Walsh (2010) who states that by watching others we hold in high regard perform and produce positive outcomes, people tend to copy in order to achieve the same outcomes. In line to

this, mentors should provide quality care for the patient and encourage the student to do the same (Twentyman and Eaton, 2006).

Planning for anything helps to do things better. Most mentors revealed that they plan in advance for their students and find equipment for their students. This is supported by Walsh (2010) who notes that a good learning environment is one which has resources available.

One of the major themes of Vygotsky's social constructivism theory states that social interaction plays a major role in the process of cognitive development. He further stated that dialogue is essential for the learner to share ideas with others and emphasizes the role of the teacher as a facilitator of learning by providing more challenges for the learner (Pritchard, 2005). The study revealed that most mentors value conversation with their students. Dialogue also enhances critical thinking (Freire, 2000). It is also important that mentors meet and discuss with their students frequently to monitor progress (Walsh, 2010).

A congestion free environment also helps promote effective learning, the study showed that most mentors would not want to have congestion when teaching students. This is affirmed by Walsh (2010) who noted that it is unsafe practice to try and teach a key skill to a large group

Views of mentors on student learning

From experience, the authors of this work have observed that the presence of someone watching you do something can create anxiety to so many people as they feel uncomfortable. This study also showed that most mentors observed that their presence makes most students anxious. The study further revealed that some mentors felt that students do not appear natural in the presence of their mentors. This is also explained by Walsh (2010) who observed that clinical environments can be strange and stressful places especially to a novice. He also noted that a placement might be a new students' first real life experience of working in a health care setting. He said that many students will be anxious on a new placement and need reassurance as well as encouragement. In situated learning, Pritchard (2005) observed that learning takes place in a context familiar to the learner as unfamiliar context makes learning not to proceed smoothly. It is also a desire for every teacher to see his or her student excel in learning. This study

revealed that mentors feel happy to see their students do well. As the word mentor now means a guardian, advisor and teacher Walsh (2010).

This study also revealed that most mentors feel students are good resource persons. The mentors observed that they also learn a lot from students, and this promotes effective learning relationship since students do not feel left out. This result is in line with Walsh (2010) who observed that effective mentors do not feel that they are perfect nor that they know all the answers. He further reaffirms that good mentors are non-judgmental about their students such that they develop a relationship based upon trust and acceptance. This trusting relationship can make a student feel at ease and free to ask for help and to question their mentors.

Mentors' Appointment and Motivation

From the study, it was revealed that the appointment of the mentor depended on the availability of the individual nurse and also their nursing experience. It was evident that the mentors were also ready for the responsibility of supervising the student nurses in practice.

This is in line with a study done by Dorsey and Barker (2004) that reports the only apparent common theme in the selection of the mentor was willingness on the part of the mentor to participate and his or her availability, familiarity with curriculum, and willing to be a role model. The mentor therefore should have knowledge and be ready to mentor different kinds of students. Some students would be slow learners while others would be self-motivated but as a mentor, the student is to be treated as an individual with individual needs to be met.

The authors of this study have observed that motivation comes from within an individual's passion for their work. Mentorship has shown to be a demanding job. Because of pressure of work it is difficult for some mentors to find time and help students in their learning (Walsh, 2010). However, this study showed that most mentors enjoy working with students as they would like to see the students grow into nurses. The result also revealed that empathy plays a vital role in understanding work as a mentor. This is true as some mentors said past experiences of being a student helps

them like their job and desire to help students become better nurses. Some mentors mentioned that when they remember the time they were students, they feel the need to go on and help others learn. It is also important to note that a bit of self disclosure on the mentor's part can go a long way in trying to reassure the student that they were once novices too and that the student will also become competent (Walsh, 2010).

Roles and responsibilities of the mentor

The role of a mentor is critical in helping to facilitate the development of future generations of nurses and midwives (Royal College of Nursing, 2007). As a mentor one has the privilege and responsibility of helping students translate theory into practice, and making what is learned in the classroom a reality. It is a role that the mentor is entrusted with by students, colleagues and most importantly, patients. Passing on knowledge and skills is one of the most essential roles a mentor can undertake, and it can be very rewarding. Royal College of Nursing, (2007) also stated that a mentor is required to offer support and guidance to students in the clinical area and should be able to identify specific learning opportunities, and ensure that the learning is a planned process.

According to the results of the study, almost all the mentors mentioned assisting students where it is difficult; giving encouragement and guidance to students; and providing opportunities for students to learn as some of their roles and responsibilities. Chow and Suen (2001) in their study entitled clinical staff as mentors in pre-registration undergraduate nursing education: Students' perceptions of the mentor's roles and responsibilities, the results showed that students in general agreed that the five roles – assisting, befriending, guiding, advising and counselling were the necessary roles of mentors. They saw the roles of assisting and guiding as the most crucial, while the befriending role was useful to facilitate their settling into the ward. The advising and counselling roles were seen as less important.

How mentors communicate with students

Effective clinical practice involves many instances where critical information must be accurately communicated (Williamson et al. 2011). Regular communication with the mentor can be face to face, by telephone or video conferencing facilities. Results of the

study have shown that a good number of mentors indicated that they talk face to face with their students though mobile short messages, hand-outs and books are also used as methods of communication. Almost all the mentors allow their students to plan and organize their own work and inform them well in advance when they are to be assessed.

According to systems model, all face-to-face encounters require some sort of personal recognition and commitment which in turn creates and defines the relationship between the respective parties. Communication does not only convey information, but at the same time imposes behaviour. Any activity that communicates information can be taken as synonymous with the context of the message regardless of whether it is true or false. Each spoken word, every movement of the body, and all the eye glances furnish a running commentary on how each person sees himself, the other person, and the other person's reactions (Mortensen, 1972). Systems model acknowledges that messages to and from the sender are subject to interference, from the very way the message is encoded, through the environmental distortions, to the way the message is decoded (Webb, 2011). It is therefore important for mentors to consider this aspect as they communicate with students in the clinical area.

A qualitative study was conducted by Atack et al. (2000) to gain an understanding of the lived experiences of staff, and students within the clinical practice model. The most important factor recognized by students was open communication founded on mutual courtesy and respect. Open communication was defined as being direct and not passing the student and going straight to the teacher/mentor or other nurse when conflict or concern developed. This allows the student to reflect on his/her actions and identify their strengths and weaknesses making it possible for them to make necessary corrections for progress. An open line of communication also addresses problems at an early stage and enhances effective learning. For example trainees having difficulty in writing a nursing report can freely ask for assistance from the mentor before report writing is compromised.

According to the Royal College of Nursing (2007), one of the roles of a mentor is to provide constructive feedback with suggestions on how to make improvements to promote progress. It is important for the student to receive regular feedback in constructive and positive form. However, a balance in terms of positive and negative feedback in and of itself fosters acceptability and credibility in the eyes of the

supervisee. Feedback must be clear, specific and credible (Atack, 2000). On the other hand students have been found by many authors to withhold information. For example, Lehrman-Waterman and Ladany (2001) as quoted by Heckman (2003) found that the top four nondisclosures among supervisees were negative reactions to the supervisor, personal issues, clinical mistakes and evaluation concerns.

The results of this study show that all mentors received a positive feedback from students. The students like the way they are followed by their mentors and they say that they learn a lot. Nevertheless, one mentor added that sometimes students are afraid to say things out. These results are similar to the literature above.

Communicants from low context culture feel a need to speak and are expected to communicate in ways that are consistent with their feelings while transmitting direct and explicit messages. As the authors observed during their experience in Forde, mentors spoke to their students openly and in a direct way throughout their interaction which promoted quick understanding. Many low-context cultures are also individualistic and Norway belongs to the low-context and individualistic culture. The communicants are expected to be direct and to say what they think and not to be silent (Neuliep, 2006). This could have contributed to the reasons why mentors in Norway receive positive feedback from their students. Since they are direct in their communication, they are able to provide constructive feedback to the students necessary for behavioral change. In other words they are able to call a spade, a spade.

Despite the mentors and students belonging to the low context culture which has a direct way of communication, mentors still encountered barriers to effective communication with students in the practical placement. There can also be a challenge in situations where mentors communicate with students from high context culture which has an indirect way of communication as this can result in misunderstandings. However this study did not explore the barriers to effective communication between a mentor from a low context culture and a student from a high context culture and vice versa. Barriers to communication as described by medical dictionary (2011) are factors that hinder meaningful interpretation and transmission of ideas between individuals or groups.

Bushnell (2003) in her article on mentor program; describes the common barriers to effective communication during mentor-mentee relationship. These includes; mentors

being authoritarian, admonishing, threatening, or too critical and negative. Similar experiences were highlighted by the mentors during the interview as one explained how she tries to be at the same level with the student so that the student can feel free to talk to her. One other common barrier to communication that most of the respondents highlighted was inability of students to freely express themselves. Anderson (2011) states that breakdown in communication can cause negative outcome especially in students' practical learning. He further encourages mentors to strike the right balance between being overly harsh or coddling the mentee. Feedback was also a necessity for any communication loop to develop and operate properly. Hence the mentor should encourage the mentee to discuss what is and isn't working for him or her.

The study also revealed that mentors had developed strategies to overcome barriers to communication with students on the practical placement, in an effort to achieve their primary goal of student learning. Arkell and Bayliss-Pratt (2007) demonstrates that an effective practical learning environment requires good communication and collaboration between mentor and student. This is also elaborated by the mentors during the study when they explained how they have tried to talk with student before starting work, cracking a joke, etc as a way of creating a conducive environment for communication.

Mentors past experience in practical area

From the mentors past experience, the results shows that students have different experiences during their practice. Some of them have good and bad experiences and their mentors contribute to the type of experience the student would have. The mentors described their own mentors to have been good because they were available and offered support and guidance to them as students. The bad ones were those who did not want the students around them or were not available when the student needed them the most and this made the student feel left alone.

The students learn from the mentors and even those who may be slow learners, with support and patience would become good with a lot of motivation from the mentor.

Saarikoski et al (2007), states that the aim of the mentor role is in supporting and helping the student nurse to develop the necessary skills to become a competent and

knowledgeable practitioner. The aim of the individualized supervision system is to enable a close relationship to develop between the mentor and the student that will facilitate learning and provide individual support and guidance.

Another study suggests that mentoring is therefore linked to learning through observing role models, and good mentoring is heavily dependent on the successful relationship between mentor and mentee. For students, this relationship extends to the clinical team and a feeling of belonging to the clinical team is understood to be a facilitator for learning (Allan, 2010).

CONCLUSION

Effective communication is very important if the learner and the teacher are to achieve positive results in the learning process. Norway has for a long time embraced mentorship in the training of its student nurses. This has yielded positive results since students have someone to guide them through out their period of study. The aim of this study was to explore the mentors' perspective on effective communication in teaching and learning of student nurses in Norway.

It was evident from this study that mentors and students in Norway use different strategies in order to effectively communicate and provide a conducive environment for learning. It was clear that most mentors always talk to their students and plan together for effective learning. The way mentors communicate makes it easy for the students to freely approach their mentors and learn, talking to their students face to face is also a good way of ensuring contact and promotes learning. The mentor's responsibility to teach students plays a very critical role as they are committed to do so. Provision of congestion free environment is ideal for effective learning of the students and as shown in this study should be encouraged. It can also be seen from this study that despite a few bad experiences that mentors have working with students, personal interest in seeing other people progress and become nurses plays a crucial role in the way mentors take their job. This motivates them to carry on as mentors.

From this study it can be seen that, mentorship plays a very significant role in the learning of student nurses and should therefore be promoted even in developing countries like Zambia.

LIMITATIONS OF THE STUDY

1. The findings of this study cannot be generalized because the sample size was small and the study was qualitative in nature.
2. The investigators had problems in getting respondents for the study due to language problems as very few mentors were willing to be interviewed in English. This made it difficult in this study to reach theoretical saturation.
3. Because of language barrier, some respondents could not express themselves fully and this could have affected the results of this study.
4. Distance to where the respondents are located also limited this study because the researchers had to interview mentors that were within their reach.

Recommendations

1. More nurses should be encouraged to take up the responsibility of mentoring students in order to ensure continuity especially when the one assigned is not available.
2. Students should be encouraged to give negative feedback about their mentors to allow for improvement.

Future Research

This study concentrated on the mentors' perspective on effective communication in teaching and learning of students in the practical area. A similar study can therefore be conducted to explore the students' perspective on the same topic. It would also be of interest to carry out the study on a large scale to allow for generalization of results.

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APPENDIX I

INFORMED CONSENT

Dear participant,

My name is ……..; I am a Zambian nurse who is currently a student on exchange programme at Sogn og Fjordane University College. I am studying Global Knowledge.

In partial fulfillment of this program, I am required to undertake a research project. My study topic is **"Mentors' perspective on effective communication in the teaching and learning of student nurses in the clinical area in Norway".**

You have been purposefully selected to participate in this study and I wish to inform you that participation in this study is voluntary and you are free to withdraw at any stage of the study if you wish to do so. You will be asked some questions about your perspective as a mentor on effective communication in student teaching and learning. The information you will give me will be kept confidential and no name will be written on the interview schedule.

You will not receive direct benefits from the study or monetary gain but the information that you will provide will help Sogn og Fjordane University College, Faculty of Health and other relevant authorities concerned with training of student nurses.

I (name) ……..on ……March 2011 declared that I understand the purpose of this study and I am willing to participate.

Signature of respondent…….

Signature of interviewer……

APPENDIX II

INTERVIEW SCHEDULE

SECTION A: DEMOGRAPHIC DATA

1. How old are you?

   ……

2. How long have you been working as a nurse?

   ……

3. How long have you been working as a contact nurse?

   …….....**.....**

4. How often do you have students in this department?

   ……

5. How often are you assigned as contact nurse for students?

   ……

   ……

SECTION B: EXPERIENCES OF MENTORING

1.When you receive students in this department who decides who should be a mentor?

…..……..

……

2. What are the good and bad experiences that you have had when working with students?

……

……

3. Why do you like being a contact nurse?

……

……

SECTION C: TEACHING

1. How do you facilitate and promote learning in the clinical area?

……

……

2. How does your presence as a contact nurse affect the students learning in the clinical area?

……

……

3. What are your roles and responsibilities when teaching students in the clinical area?

……

……

4. How were the contact nurses' you had when you were a student? Any good or bad experiences?

……

……

5. What experiences have you had where you think the learning was good for the student?

.....

SECTION D: COMMUNICATION

1. How do you communicate with your students?

   ……

   ……

2. What kind of feedback do you get from students?

   ……

   ……

3. What do you think are the barriers to effective communication as you interact with students?

   ……

   ……

4. How do you overcome the barriers that you face when communicating with students?

   ……

   ……