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INTRODUCTION

Nursing is a practical profession where nurses take care of patients in their critical phases of life (Saariskoski, 2003). According to International Council of Nursing (ICN), (2007), nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nurses are trained theoretically and practically so that they are able to relate the theory into practice. Practical placement for student nurses is something they look forward to so that they are able to care for the patients entrusted to them. One of the methods employed in most colleges and Universities to teach student nurses on the practical area is mentorship. In some countries, for example England their Nursing and Midwifery council has made mentorship mandatory, Nursing and Midwifery Council, (NMC), (2007). This write-up is about mentorship in nursing training during practical placement. The write-up describes the concept of mentorship in nursing practical placement for nurses. There's a brief description of the author's practical placement in Norway and a statement of the current human resource problem in the health sector in Zambia. The analysis highlights the advantages and disadvantages of mentorship. And discusses mentorship in the Zambian settings considering what is on the ground. Can this method of teaching be used in the Zambian setting? When is mentorship more useful for students, the nurses and the teachers? The conclusion summarises the author's experience and the data available and then lastly are the recommendations.

STATEMENT OF THE PROBLEM

Zambia is a country in the sub-Saharan Africa faced with critical shortage of health personnel more so nurse teachers and nurses, the government through the ministry of health (MoH) has put human resource training, recruitment and retention as one of its priority in the National Health Strategic plan 2006-2010 (MoH, 2005). One of the contributing factors to the human resource shortage is inadequate education and training system, HIV/AIDS pandemic, brain drain and retirement (MoH, 2005). According to the Human Resources for Health Strategic Plan, a number of strategies have been put in place to increase the number of nurses graduating, recruited and retained (MoH, 2005). These include among others: increasing the number of nurses graduating annually, increase number of sufficiently qualified nurse tutors, increase

training output through expansion of the number of training places available and increase the number of applicants for training and for the nurse tutor, improve retention through provision of monetary and non monetary incentives

BRIEF DESCRIPTION

In Norway, Forde the faculty of health utilises formalised mentorship on the practical area Hogskulen i Sogn og Fjordane (HSF, 2009). During the practical placement of the author, two mentors were selected by the leader of the ward in conjunction with the lecturer from the school. Working schedule was organised in such a way as to abide to one of mentors at a time. The two mentors oriented, explained all ward routines and worked side by side with the student, teaching, allowing learning to take place, challenging student to take initiative, formative and summative evaluation was done by the mentors (HSF, 2009). Learning on the practical placement was systematic and reflective. Planning, implementation and evaluation of each day was done. After a day's work we discussed, feedback was offered both positive and negative, thereafter was able to plan for the next shift.

THE CONCEPT OF MENTORSHIP

Mentorship refers to a developmental relationship in which a more experienced person or more knowledgeable person helps a less experienced or less knowledgeable person referred to as a protégé or apprentice to develop in a specified capacity (Wikipedia, 2009).

According to Heartfield et al, (2005) mentorship is a voluntary professional relationship, unpaid, both mentor and mentee need to be freely willing, it is based on mutual respect and agreed expectations.

Mentorship can be formal or informal, where informal mentorship is an unplanned relationship, where the qualified practice nurse assists the student nurses on the ward. Formal mentoring is a planned and structured relationship (Heartfield et al, 2005).

According to Heartfield et al (2005) the mentoring process involves

- Mentee identifying own needs and learning expectations for the mentoring relationship

- The mentee's willingness to take initiative and learn
- Taking responsibility for own career, actions and decisions
- Being open to receive advice, feedback and constructive criticism
- Respecting the time, commitment of the mentor
- Evaluating the mentoring relationship with the mentor
- Networking with other people so as not to be dependent on your mentor

The nursing and midwifery council (NMC), (2007), in England has formal responsibilities of the mentor.

NMC Domains and Outcomes for Mentors (NMC, 2006)

1. Establish effective working relationships

- Develop effective working relationships based on mutual trust and respect
- Demonstrate an understanding of factors that influence how students integrate into Practice
- Provide ongoing and constructive support to facilitate transition from one learning environment to another

2. Facilitation of learning

- Use knowledge of the student's stage of learning to select appropriate learning opportunities to meet their individual needs
- Facilitate selection of appropriate learning strategies to integrate learning from practice and academic experiences
- Support students in critically reflecting upon their learning experiences in order to enhance future learning

3. Assessment and accountability

- Foster professional growth, personal development and accountability through support of students in practice
- Demonstrate a breadth of understanding of assessment strategies and the ability to contribute to the total assessment process as part of the teaching team
- Provide constructive feedback to students and assist them in identifying future learning needs and actions.

- Manage failing students so they may either enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future
- Be accountable for confirming that students have met, or not met, the NMC competencies in practice.

4. Evaluation of learning

- Contribute to evaluation of student learning and assessment experiences proposing aspects for change as a result of such evaluation.
- Participate in self and peer evaluation to facilitate personal development, and contribute to the development of others.

5. Creating an environment for learning

- Support students to identify both learning needs and experiences that are appropriate to their level of learning
- Use a range of learning experiences, involving patients, clients, carers and the professional team, to meet the defined learning needs
- Identify aspects of the learning environment, which could be enhanced- negotiating with others to make appropriate changes

6. Context of practice

- Contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated
- Set and maintain professional boundaries that are sufficiently flexible for providing Interprofessional care
- Initiate and respond to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained

7. Evidence based practice

- Identify and apply research and evidence based practice to their area of practice
- Contribute to strategies to increase or review the evidence base used to support practice
- Support students in applying an evidence base to their practice area

8. Leadership

- Plan a series of learning experiences that will meet students defined learning needs

- Be an advocate for students to support them accessing learning opportunities that meet their individuals needs – involving a range of other professionals, patients, clients and carers
- Prioritise work to accommodate support of students within their practice roles
- Provide feedback about the effectiveness of learning and assessment in practice

According to the Royal College for Nursing (RCN) (2007), allocation of mentors to students should be done prior to the placement, ensuring that all time tables for mentors and students are well tabulated; the student is expected to have at least 40% with mentor for the whole practice period. Mentors have a checklist of responsibilities which they have to fill out. Dates for the progress interviews should be well indicated, for the initial interview, intermediate and the final interview. As part of the educational audit process students must evaluate their placement and mentors also are expected to evaluate their experience with the students (RCN,2007).

According to Kilminster and Jolly's findings (2000) after reviewing literature, empirical and review evidence indicate that the supervisor needs to be clinically competent and knowledgeable; to have good teaching and interpersonal skills. Supervisory behaviours include giving direct guidance on clinical work, linking theory to practice, joint problem solving, offering feedback, reassurance and role model. The quality of the mentor-mentee relationship is the most important factor for effectiveness of supervision, more important than the supervisory methods used. In their empirical review (Kilminster et al, 2000); most authors agreed that supervision must be structured and that supervision contracts would be useful and should include details of practical placements, frequency, duration and content of supervision appraisal and assessment objectives.

ANALYSIS

In Zambia, clinical placement is arranged in such a way that students are allocated to the wards in the custody of the ward leader, students are allocated with different nurses during that period, method known as group clinical supervision is utilised (General Nursing Council, 2005). The student is allowed to take initiative and liaise with the leader of the ward and the student usually controls the learning process. At intervals the clinical instructor from the school comes to teach and demonstrate clinical procedures

to the students in groups. The ward leader and the nurses of the ward make formative evaluation and the ward leader makes the final evaluation at the end of the practice period. The ward leader fills in the form which is later sent to the school (GNC, 2004).

The education system for nursing in Zambia needs to improve to attract more applicants and be able to produce well qualified and motivated nurses and ensure that all nurse students recruited graduate at the end of the training. There is need to provide an environment that will ensure that learning takes place. The government has implemented most of the strategies i.e. retention scheme for nurse tutors, direct entry midwifery, two schools were opened, one nursing school was opened in Mupasha, kalene school of nursing has been reopened, and the direct entry bachelor programme for school leavers is underway at the university of Zambia (MoH, 2005; Makasa, 2008). Makasa (2008), in his study has raised concerns on the shortages of health personnel in Zambia reaching alarming stages and has recommended that other strategies that have not been tried before be used to strengthen what the government and partners are currently doing. In nursing education one way of ensuring a good learning environment for students is Mentorship. Can this phenomenal of mentorship be introduced as a method of teaching student nurses on the practical area, to ensure that the students graduate and well motivated and skilled?

Zambia is a country faced with shortage of nurses and nurse teachers (MoH, 2005). Is mentorship applicable in the Zambian settings? What lessons can Zambia learn from university colleges that utilise mentorship? The board of governors of the National League for Nursing (NLN) (2006), in the United States of America, have come up with a position statement concerning the shortages of nursing faculty. The NLN (2006) is advocating for the use of mentoring as a primary strategy to establish healthful work environments and facilitate the ongoing career development of nurse faculty. Some studies have shown that mentorship helps when there's shortage of nurse faculty, as the nurses on the ward become part of the teaching faculty formerly and informally.

Research conducted to evaluate students view on mentorship has shown that students found mentorship to be a valid means of support, particularly in the early stages of their training (Earnshaw, 1995). Students have identified that clinical experience is one of the most anxiety producing component of the nursing programme at the beginning of

the placement (Sharif and Masoumi, 2005). It is important that student nurses are less stressed during their initial placement. Mentors play an important role in the students self confidence, promote role socialisation and play as a role model. According to Saariskoski (2003), the study showed that mentor relationship was the most important element of the clinical experience of the student nurses.

Introducing mentorship in the clinical placement is a challenge but beneficial as students need guidance and support in order to develop competence and confidence. Mentoring can support specifically identified groups, individuals through change, transition and improved effectiveness of organisations and individuals. Mckimm et al (2007) have identified benefits of mentoring to the organisation, mentor and mentee as follows

I. Organisation

- ✓ A good alternative to external training
- ✓ Widening of skills base and competence in line with organisation's strategic plan

II. Mentor

- ✓ Improves awareness of own learning gap
- ✓ Develops up to date organisational and professional knowledge

III. Mentee

- ✓ Develops learning, analytical and reflective skills
- ✓ Develops own practice
- ✓ Offers individualised one to one teaching and opportunities for experiential learning
- ✓ Develops increased reflective practitioner skills

Advantages of mentorship

Heartfield et al (2005), have come up with factsheets concerning mentorship in general practice, according to fact sheet number two and three, mentoring helps develop nursing practice and increase professional satisfaction. It allows the mentor to identify or learn how to handle various situations within the practice area and how to enhance contribution to general practice. The mentee on the other hand gains a better understanding of how the general practice operates, receives support, encouragement and feedback. The mentee gains knowledge about the practice nurse's role and gains opportunities to widen professional networks and reduce professional isolation. The organisation also benefits in that the nurses available on the ward are more motivated and productive through mentoring, communication and collaboration between staff members, students and the nurse teachers is improved. General practice is in a better position to attract potential employees and employee commitment is increased through participation in mentoring (Heartfield et al, 2005). The process of mentorship depends on the particular institution and according to the nursing curriculum.

Mentoring is a method that allows one to one supervision of the student nurse, in study done by Kilminster and Jolly (2000) were literature was reviewed concerning supervision, the findings indicated that direct supervision has a positive effect on patient outcome and the trainee gains skills more rapid. According to Saarikoski (2003) the report indicated that there's clear evidence that the supervisory relationship is the most important single element of pedagogical activities of the staff nurses. The study indicated that supervision was one crucial element in the student's clinical learning. Supervision is divided into two i.e. individual supervision and group supervision. The individualised supervision is where the student is assigned to the mentor. Individualised supervisory relationship is intimate such that it can be concluded logically so that personal dimension and professional growth are easier to cultivate. The findings in his study uphold the interpretation that the mentor relationship is the most important element of clinical experience of nursing students.

Disadvantages and/or pitfalls of mentorship

Mentorship is now being utilised by a number of universities and colleges as a way to supervise student nurses on the wards. There are disadvantages or pitfalls in

mentorship. Mentors who are unable to identify or analyse their own skills are poorly placed to identify or analyse skills of others (Woodrow, 1993). Most literature reviewed has indicated that for successful supervision to take place there should be an ideal relationship between mentor and mentee (Saariskoski, 2003). The practical scenario is that the mentor has other responsibilities such as patient care, and there's the issue of limited time, mentorship duties may compete with other clinical duties. According to Heartfields et al (2005) facts sheets, mentoring is not a way of meeting educational needs, and it is not a panacea for all problems and issues. A mentor may provide direction for the student nurses to relevant sources but the mentor is not expected to have all the answers.

In study by Myall et al (2007), the results revealed that although the students identified benefits from the mentoring relation, the students realised that there were organisational and contextual constraints imposed upon the relationship and the supervision between mentor and mentee. These constraints had implications on the quality of the learning environment. Kilminster and Jolly (2000) their report indicated that the environment was very important to have positive outcomes. According Myall et al (2007) the findings suggested that these constraints included amount of time the mentor spent with the mentee was influenced by a number of factors i.e. work load, staff shortages, and the staff student ratio on the ward. Students working with mentors with increased work load felt that they were a burden or inconvenience to the mentor which made students to consider withdrawing or taking time out from the practical placement. Some students felt that there wasn't much teaching on the clinical placement, so much is taught at school and not all is practiced on the practical placement as the staffs are too busy, or not interested in helping. In the same study by Myall et al (2000) the mentors actually acknowledged increased workload and lack of time hindered their role as effective mentors and some mentors reported that the support they received from the faculty was inadequate. Other pitfalls in mentorship are lack of support from the organisation, lack of organisational commitment to the programme, and difficulty in finding nurses who are willing to serve as mentors (Grindell 2004).

Andrews and Wallis (1999) conducted a research by analysing research articles on mentorship and they came up with very important findings which are important for all

institutions utilising mentorship. The article clearly indicated that the responsibility of clinical supervision has shifted from the nurse educators to the clinicians.

Zambian nursing fraternity, the education system and the General Nursing Council, has a lot of data available to analyse and consider mentorship. The University of Zambia, department of post basic Nursing, is currently planning to start a direct degree nursing programme in Lusaka; mentorship for student is a strategy worth considering. The government through the ministry of health has indicated its commitment towards having qualified nurse educators (MoH, 2005). For mentorship programme to be effective it requires commitment from the implementers and the organisers. This is something new that can be tried to help with retention and recruitment of nurse educator, as the government is committed.

Conclusion

The learning experience of the author was very good, considering that language was a challenge, having a mentor on the ward was fulfilling. The six weeks spent on a Norwegian medical ward was very educative with the guidance from the two mentors. Feedback, both positive and negative was give on daily basis, it was easy to plan, implement evaluate and plan again for the next day. There was time to discuss and reflect on each day. The relationship is the most critical element of the programme (Saarikoski, 2003). It is intimate and logical based on objects set by student thus it was easy to terminate relationship at the end of the six weeks. Organisational bodies have agreed to use mentorship as a key or tool to retain and recruit nurses and educators. This is something that the professional nursing body of Zambia can consider. One of the priorities of the government is human resource training, recruitment and retention. Signifying that the government is committed to supporting ventures vested to improve the priority. Makasa, (2008) has recommended that the other strategies to be tried to support government efforts. Mentorship should be considered.

Recommendations for Zambia and Norway

- For mentorship to be effective there's need to strengthen communication links between mentors, practitioners and nurse educators, educators have the

responsibility to continually monitor quality aspects and mentoring practitioners undertaking the mentoring role (Andrews and Wallis, 1999).

- Updates for mentors are mandatory, annual updates to be planned by faculty, as mentors' have to be knowledgeable and skilful. This is important for uniformity on what they teach students. Encourage evidence based practice (NMC,2007).
- Registers should be kept for trained and updated mentors (NMC,2007).
- The educational bodies need to monitor and regulate practice to avoid ambiguity and confusion, role titles for practitioners need rationalising and standardising to ensure that all involved have similar understanding (Andrews and Wallis, 1999)
- Educational bodies' should have formalised selection criteria and process for mentors so that individuals are chosen against identified criterion (Andrews and Wallis, 1999)

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