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Exploring mentorship practices in clinical education in nursing homes: A qualitative mixed-methods study

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Abstract

Aims and objectives: To explore registered nurses' mentorship practices of first-year nursing students in nursing home placements.

Background: Enabling nursing students to develop professional competence through clinical placements relies heavily on registered nurses' mentorship practices. Despite renewed interest in nursing homes as an important clinical placement setting, studies are scarce on registered nurses' mentorship practices in this context.

Design: An exploratory, qualitative mixed-methods design.

Methods: The data consisted of 126 h' observation of two registered nurse mentor–student dyads, supplemented by in-depth interviews ($n = 12$) with registered nurse mentors. The data were collected in three Norwegian nursing homes and analysed using content analysis. The consolidated criteria for reporting qualitative research (COREQ) checklist were used to report the findings.

Results: The registered nurses' mentorship practices of first-year nursing students in nursing home clinical placement were characterised by (1) variability and uncertainty in pedagogical supervisory approaches, (2) lack of management support and engagement of staff members in supervision, (3) lack of supervisory continuity and (4) a peripheral role in formal assessment discussions.

Conclusions: A marginal nursing home context, alongside a mismatch between registered nurses' roles and first-year students' learning objectives, introduces considerable vulnerability that impedes effective mentorship practices. Targeted efforts to enhance mentorship practices in nursing homes are warranted to promote full use of the learning potential in this context. Developing and testing educational interventions is necessary to effectively enhance registered nurses' pedagogical competence, alongside engagement and support from nurse managers and nurse educators.

Relevance to clinical practice: This study provides insight into barriers to effective mentorship practices of first-year nursing students in nursing home placements.

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These barriers warrant attention from nursing home managers and nurse education institutions towards improvements that enhance effective mentorship practices vital for students' learning, professional growth and future recruitment to care for older people.

1 | INTRODUCTION

This study aimed to increase understanding of the mentorship practices of registered nurses (RNs) in nursing homes. Enabling nursing students to learn and develop professional competence through clinical practice placements in various healthcare settings is a cornerstone of contemporary nursing education programmes (Rush et al., 2012). Consequently, this calls for high-quality learning environments in which appropriate clinical supervision and assessment strategies can optimise students' learning and professional development (Helminen et al., 2016).

The global population is ageing, and the number of people aged 80 years and older is expected to triple by 2050 (Keeping-Burke et al., 2020). This not only implies a need to prepare a workforce to meet future healthcare needs but also emphasises the importance of RNs specialised in gerontology to meet the healthcare needs associated with an ageing population (Carlson & Bengtson, 2014), along with a nursing education curriculum including gerontology to adequately prepare students for clinical placement in long-term care facilities (Keeping-Burke et al., 2020). However, preparing nursing students to meet the care needs of an ageing population remains a challenge for education (Koh, 2012), and long-term care facilities often remain unattractive to students as career choices on graduation (Wareing et al., 2017).

Changes in care patterns have led to growing recognition that nursing students need more exposure to clinical practice education in primary healthcare settings to encourage them to choose a career in aged care. Therefore, recognising nursing homes as important learning environments is more urgent than ever (van Iersel et al., 2018). Nevertheless, nursing homes are often associated with, and described as, marginal learning environments due to low staffing and the extensive use of an unlicensed workforce (Jacobsen et al., 2020). Lack of resources to support student learning is the most frequently reported barrier to developing and utilising clinical placements in nursing home settings (Xiao et al., 2012). At the same time, older residents in nursing homes have complex but stable nursing care needs, potentially making these ideal learning environments for first-year nursing students (Keeping-Burke et al., 2020).

What does this paper contribute to the wider global clinical community?

- Targeted efforts are warranted to enhance effective mentorship practices in nursing homes.
- Marginal access to registered nurse mentors in nursing homes and language barriers impedes effective mentorship practices.
- Registered nurse mentors' managerial roles in nursing homes do not correspond sufficiently to first-year students' learning objectives.
- Stronger leadership commitment and acknowledgement are required of registered nurse mentors' influential role in students' learning, professional growth and development.
- Educational institutions must consider more efficient measures to enhance registered nurse mentors' pedagogical competence to optimise students' learning, professional growth and development in clinical education in nursing homes.

2 | BACKGROUND

Nursing students' learning during clinical practice placements is influenced by interacting factors related to individual issues (e.g., students' characteristics and nurse educator and RN mentor variables), characteristics of the nursing home ward environment (e.g., pedagogical atmosphere) and relational aspects (e.g., supportive relationships) (Bos et al., 2015; Roberts et al., 2017). Above all, the supervisory relationship and the role of the RN mentor are of utmost significance in influencing a student's learning experience. This emphasises the importance of effective mentorship practices in nursing students' clinical education (Hilli et al., 2014; Papastavrou et al., 2016). However, RN mentors have reported feeling inadequate and uncertain about taking on a supervisory role, expressing concerns about their lack of clinical mentoring competencies and pedagogical knowledge (Bos et al., 2015). Several challenges have been reported to constrain RNs' mentorship roles, such as lack of management support and allocated time to supervise students, unclear roles and responsibilities, differences in interpretation of students' learning objectives and limited collaboration between education and practice (Hall-Lord et al., 2013; Roberts et al., 2017). No international consensus exists on the minimum qualifications or required competencies for RN mentors in students' clinical practice education (Dobrowolska et al., 2016).

The predominant clinical placement model applied in nursing homes involves students being mentored by an RN and followed up by a nurse educator (Saarikoski et al., 2013). However, nursing students have reported spending considerable time with unlicensed

staff during nursing home placements, leading to a lack of role models, lack of feedback from RNs and missed learning opportunities (Moquin et al., 2018; Skaalvik et al., 2011). A review of nursing students' experiences with nursing home placement found that their learning experiences varied and that they entered these placements with a preconceived idea that learning opportunities were suboptimal compared with hospital settings (Keeping-Burke et al., 2020). A survey of Norwegian nursing students found that they assessed the clinical learning environment in nursing home placements more negatively than hospital placements in nearly all dimensions, including the quality of the supervision they received (Skaalvik et al., 2011).

Despite emerging research into how students experience and learn in nursing home placements, limited studies have investigated RN mentors' perspectives and mentorship practices in this context. This study addressed this knowledge gap, guided by the following research question: What characterises RNs' mentorship practices of first-year nursing students in nursing homes?

[Correction added on 12 August 2021, after first online publication: The last sentence of this section was removed as it was included by mistake.]

3 | METHODS

3.1 | Design and setting

Given the limited knowledge of RNs' mentorship practices in the context of nursing homes, an explorative, sequential, qualitative mixed-methods design (Morse & Niehaus, 2016) was deemed appropriate. While mixed-methods designs are often associated with studies that combine quantitative and qualitative methods, they may also involve multiple qualitative methods (Morse, 2010). The qualitative mixed-methods design comprised two methods: moderate participant observations (Dewalt & Dewalt, 2011) and in-depth individual interviews (Denzin & Lincoln, 2018). According to Morse and Niehaus (2016), the two qualitative components should not be weighted equally in a mixed-methods design; one of the data sources should form the core component while the other should be supplemental, providing explanation or insight in the context of the core. In this study, moderate participant observations comprised the core, and in-depth individual interviews comprised a supplementary component to extend, explain and complement the observational data (Morse & Niehaus, 2016). Observational research allowed studying mentorship practices as they were performed, as opposed to how they were conceived by the RN mentors, which was a major advantage of the interviews. The combination of observations and in-depth interviews enabled a more comprehensive and rich understanding of mentorship practices in nursing homes (Morse & Niehaus, 2016). The study is underpinned by the research paradigm of constructivism (i.e., interpretivism), concerning the study of socially constructed realities, subjective meanings and social phenomena, where the researcher interacts and facilitates dialogue with the participants (Wahyuni, 2012).

The study was performed in three nursing homes in a city municipality in Western Norway. The consolidated criteria for reporting qualitative research (COREQ) checklist were used to report the findings (File S1; Tong et al., 2007).

3.2 | Context

In the current study, nursing home placement represented eight weeks of obligatory placement in the nursing students' first academic year. The model explored involved one or two students being mentored by an RN on a nursing home ward (Ekstedt et al., 2019). In Norway, mentorship represents an integral part of RNs' work; they do not receive financial compensation for it, and no formal mentorship requirements exist. Within this model, the nurse educator focuses on the cooperation between the RN mentors and the students, supporting the students' integration of theory with practical learning and achieving learning objectives (Saarikoski et al., 2013). Nurse educators thus perform a liaison role rather than being involved in hands-on patient care. RNs are employed by the nursing home institution, and nurse educators are employed by the nursing education institution. The nurse educator is responsible for organising the formal assessment discussions (e.g., midterm and final assessments). During the formal assessment discussions, the student, RN mentor and nurse educator meet at the clinical placement site to discuss and assess the student's learning and development. No written preparation or documentation is needed from the RN mentor in the assessment process.

3.3 | Recruitment and data collection

Recruitment to both the observations and the interviews was based on a purposive criterion-based sampling strategy (Patton, 2002). Before data collection, approval was obtained from the managers of each of the three participating nursing homes (i.e., study sites). An information meeting was conducted at the selected sites to familiarise the RN mentors with the study. Leaflets containing information about the study were also distributed in staffrooms. The RN mentors were recruited with help from two co-researchers working in two of the nursing homes enrolled in the study. Email invitations, including information about participating in the study, were sent to eligible staff. Two RN mentors consented to be enrolled and participate in the observations. Due to the exploratory, in-depth nature of the study and the comprehensiveness of conducting observational research, observing two dyads (representing an RN mentor and a nursing student) was predetermined. Following the recruitment of RNs, the three nursing students assigned to the enrolled RN mentors were approached by email, and an information meeting was arranged before their placement period. The students received information about the study and gave their consent to be enrolled in the observational study. Invitations to participate in the in-depth interviews, along with information about the study, were emailed to

TABLE 1 Dyad participant characteristics

Observation	Participants	Gender and age	Cultural and linguistic background	Years of mentor experience	Formal supervision competence	Setting and ward type	Supervision style
Dyad 1	Nurse mentor	(F) 52	Norwegian	>10	None	Nursing home A	Traditional style (i.e., one nurse and one student)
	Nursing student	(F) 19	Norwegian			<100 residents	
						Short	
Dyad 2	Nurse mentor	(F) 56	Norwegian	>10	None	Nursing home B	Tandem style (i.e., one nurse and two students)
	Nursing student 1	(F) 20	Norwegian			>100 residents	
	Nursing student 2	(F) 29	Norwegian			Long-term ward <25 residents	

eligible mentors during the students' placement period. Twelve RN mentors consented to participate in the in-depth interviews across the three study sites. All participants provided written consent. The nurse educators observed during formal assessment discussions were invited by email to an information meeting before the nursing students' placement period. The nurse educators were not interviewed because the focus of the study was the RNs' experiences.

3.3.1 | Moderate participant observations

Data collection was in two stages. In stage one, the core component of moderate participant observations (Dewalt & Dewalt, 2011) was conducted to explore the RNs' mentorship practices. Moderate participant observations allow the researcher to be present and identifiable but not actively participating or only occasionally interacting with the participants (Dewalt & Dewalt, 2011). The observations entailed following the two mentor–student dyads throughout the placement period. This involved one day (7.5-h shifts) weekly of observations during the eight-week placement period. The observations focussed on supervision and assessment practices, context, interaction and knowledge-sharing activities. The researcher shadowed each dyad during a shift in various ward settings such as patient rooms, the living room and the nurses' station. Observations were also conducted during the enrolled student's formal assessment discussions to gain knowledge about these practices. The observational study comprised 126 h of observations (120 h of daily observation and 6 h of observations during the formal assessment discussions). All data were recorded in Norwegian. The characteristics of the participants observed in the dyads are illustrated in Table 1.

A semi-structured observation guide was used, addressing issues such as supervision approaches, use of feedback and contextual factors (e.g., staff composition, work environment factors, and RNs' tasks and overall workload). The first author, with a nursing and education background, conducted the observations. Descriptive field notes were written consecutively, and a summary of each observation, including researchers' reflections, was written immediately afterwards. The data were collected between February and March 2019.

3.3.2 | In-depth interviews

In stage two, following the observational data collection, in-depth interviews were conducted with RN mentors (n = 12) across the three nursing homes enrolled in the study. The in-depth interviews were conducted after the nursing students' placement period to extend and elicit the significant experiences, perceptions and interpretations of the RNs' mentorship practices (Morse & Niehaus, 2016). The first author conducted all the interviews based on a piloted, semi-structured interview guide. The interview guide was informed by rough first impressions from the observational study, which

provided an important contextual understanding to conduct the in-depth interviews. The guide addressed issues such as experiences of supervision and formal assessment, contextual factors, barriers and success criteria, use of feedback, and collaboration with and support from the head nurse and nurse educator. The interviews lasted 50–80 min and took place in the participants' workplaces. All interviews were recorded using a digital recorder; these were then transcribed verbatim by the first author. The two RN mentors observed were also among the 12 RN mentors interviewed. No interviewees had any formal supervisory or pedagogical competence. All interviews were conducted in Norwegian. However, one of the interviews was also partly conducted in English due to the RN mentor's difficulties in speaking Norwegian. The interview participant demographics are summarised in Table 2.

3.4 | Data analysis

The two data sets (observations and interviews) were initially analysed separately (Morse & Niehaus, 2016), and the observation data set was analysed first. Systematic text condensation was used to structure both data sets. As described by Malterud (2012), this involves a four-step procedure: (1) total impression, (2) identifying meaning units, (3) condensation from code to meaning and (4) synthesising from condensations to descriptions and concepts. The data were analysed in Norwegian. Four of the authors independently read the field notes and summaries from the observations to establish a general impression of the transcripts and become familiar with them. In the second step, the first author identified meaning units, followed by a condensation, where data were adjusted into more precise codes. In the third step, a systematic abstraction of meaning units within each code group was conducted by the first author and adjusted in reflection with the fifth author. The data were reconceptualised in the final step of the analysis, which condensed the findings from the observational data into three main categories: (1) variability in supervision and assessment practices, (2) challenging mentorship environment and (3) lack of collaboration.

Analysis of the in-depth interviews began after completing analysis of the observational data and involved the same four-step procedure (Malterud, 2012). First, four of the authors independently read the interviews to become familiar with the transcripts. They identified and summarised meaning units, shared their impressions with the research team and explored different perspectives on the interviews. The transcripts were initially coded by the first author relevant to the research questions to delineate patterns. The coded data were then synthesised and sorted into potential recurring code groups and sub-groups. Four of the co-authors discussed and achieved consensus by reviewing, modifying and elaborating on final refinements. The analysis of the interviews identified a total of six sub-categories within three categories: (1) supervision feels rewarding yet challenging, (2) insufficient ward and management engagement and (3) lack of collaboration with the nurse educator.

Finally, the findings and categories from the observations (core component) and interviews (File S1) were compared, contrasted and combined to achieve synthesis across the qualitative datasets (Morse & Niehaus, 2016). The analytical approach is illustrated in Figure 1. During the synthesis processes, all authors contributed to discussing and reaching a common understanding, ensuring that the results reflected the wholeness of their original context (Malterud, 2012).

3.5 | Trustworthiness

A strength of this study's mixed-methods approach is that observational data and interviews were triangulated to ensure

TABLE 2 Interviewee demographics and interview settings

Interview	Gender and age	Cultural and linguistic background	Years of mentor experience	Setting
Interview 1	(F) 52	Norwegian	>10	Nursing home A <100 residents
Interview 2	(F) 42	Immigrant	0	
Interview 3	(F) 25	Norwegian	1–5	
Interview 4	(M) 42	Immigrant	>10	
Interview 5	(F) 50	Norwegian	5–10	Nursing home C >100 residents
Interview 6	(F) 33	Norwegian	1–5	
Interview 7	(F) 29	Norwegian	0	
Interview 8	(F) 48	Immigrant	1–5	
Interview 9	(F) 56	Norwegian	>10	Nursing home B >100 residents
Interview 10	(F) 51	Norwegian	1–5	
Interview 11	(M) 38	Immigrant	1–5	
Interview 12	(F) 58	Immigrant	1–5	

FIGURE 1 Process of analysis sequence (Morse & Niehaus, 2016)

trustworthiness (Lincoln & Guba, 1985). Research biases were addressed by triangulation during the analysis process, whereby four authors actively participated and reflected on the findings, providing a basis for checking interpretations to strengthen trustworthiness (Lincoln & Guba, 1985). The paper includes thorough descriptions of the data collection process, analysis, study context, setting and participants enrolled, allowing other researchers to assess the applicability of the findings and conclusions to other contexts and settings. To ensure quality in the conceptual and cultural correspondence (e.g., retainment of original intent and reduction of discrepancies) between the original data and the translated text, various translation strategies were applied (Chen & Boore, 2010). This included verbatim transcription of the data and analysis in Norwegian by the first author, in addition to translation of concepts and categories into English and agreement on the final English version by the co-authors. Moreover, the contributions of the co-authors strengthened the study's confirmability, ensuring and clarifying the interpretations of data and dissemination of findings (Polit & Beck, 2014).

3.6 | Ethical aspects

The study was approved by the Norwegian Centre for Research Data (NSD; no 489776). Participation was based on informed, voluntary written consent, with the right to withdraw at any time. Because no health information or patient data were registered during the study, the study fell outside the mandate of the Norwegian Regional Committees for Medical and Health Research Ethics. Patients involved in situations pertaining to the observed mentor–student dyads' nursing care were informed of the ongoing observational study and gave their oral consent for the observer to be present. No patients chose to refuse consent. In addition, the first author signed a declaration of confidentiality for all study sites. All data were anonymised and stored following regulations and used only for the aim of this study.

4 | RESULTS

The synthesised analysis identified four categories describing the characteristics of RN mentorship practices for first-year students assigned to clinical placements in nursing homes: (1) variability and uncertainty in pedagogical supervisory approaches, (2) lack of management support and staff member engagement in supervision, (3) lack of supervisory continuity and (4) a peripheral role in formal assessment discussions. Illustrative quotes from the interviews are used in the results section to exemplify meaning units.

4.1 | Variability and uncertainty in pedagogical supervisory approaches

The observational data indicated variability and uncertainty in the RN mentors' pedagogical supervisory approaches, with various emphasis on demonstration and the use of reflective dialogue, in addition to feedback provided to the students.

Observations from both dyads suggested that demonstration was the most frequently applied supervisory approach during the students' placement period. Demonstrations relating to technical skills, such as performing blood pressure measurements, blood sugar measurements, wound care and different aspects of personal hygiene care were observed across the two dyads. However, the demonstrations were mainly observed at the start of the placement and became less apparent further on. The interviews with participants supported these findings, with several mentors reporting that they focussed their supervisory approach on demonstrations at the beginning of the students' placement period before gradually letting them perform tasks under supervision and eventually working more independently. One participant explained:

> In the beginning, they [the students] observe me, how I perform technical skills and hygiene care. The first three or four days we go together, and gradually they take over themselves.
>
> (Interview 11)

The use of reflective dialogues and clinical discussions stimulating the students' self-reflection varied across the observed dyads. Conversations between the RN mentors and their assigned students were often characterised by the mentor's instructions and explanations. In dyad 1, the RN mentor mainly provided the student with her own reflections on task priorities, technical skills and the clinical observations she conducted, rather than promoting reflective dialogues that included the nursing student's thoughts and perspective. In comparison, the RN mentor in dyad 2 began by introducing and emphasising professional reflections with her assigned students. Observations from this dyad indicated that these students gradually went from being more passive and uncertain about how to reflect to initiating professional reflections themselves, thus developing independence throughout their placement period.

Overall, reflective dialogue across the dyads was more often observed initiated by the RNs related to technical skills and less frequently to non-technical skills. If used, such reflections typically included dialogue around competencies, such as communication, ethics, nutrition or integration of theory. Moreover, reflective dialogue between the RN mentors and their assigned students was mainly observed during or after direct patient situations and more rarely before learning situations.

> The student observed me performing the stoma care procedure the first two times, after which she conducted the procedure herself while I stood next to her. That gave her an opportunity to ask me questions if needed.
>
> (Interview 7)

The interview participants nevertheless highlighted the importance of reflective dialogues and clinical discussions with their assigned students. Several of the RN mentors reported that these dialogues enabled them to gain insight into the students' level of theoretical knowledge and helped the students integrate theory and practice.

> Asking the students to explain what they do and why helps me to get an impression of their professional knowledge behind the choices they make. It is important for me that they can justify their choices because I believe this helps them integrate theory and practice.
>
> (Interview 6)

The use of feedback as part of the RNs' mentorship practices varied across the two dyads. The observed variability included the amount of feedback provided to the students, its character (positive or negative), its type (e.g., stimulating self-reflection or corrective), its subject (task, process or person) and where it was given (e.g., in the ward corridor, a patient room or \ the nurses' station). Overall, the mentors mainly used positive feedback, focussing on supporting the nursing student's ability to master technical skills.

Several interviewed participants confirmed that giving students positive feedback was easier and reported being more reluctant to do the opposite. Many expressed uncertainty about giving negative or critical feedback, thinking it would adversely affect their students' learning process and harm the supervisory relationship. Two of the participants thus explained their viewpoints:

> I don't know how to give critical feedback. That's what I'm bad at… If I notice that she [the nursing student] doesn't seem to care much about the patient, for example. Then it's hard for me to tell her. I'm not that kind of person.
>
> (Interview 3)

> Well, the students are often young and nervous about their first placement. They can be scared and anxious. You want to be a little kind, you know—you need to be careful in how you articulate the feedback.
>
> (Interview 10)

Receiving guidance and support regarding appropriate supervisory approaches and how to give students constructive feedback was described as important and desirable by several interviewees, irrespective of their mentorship experience. Some, particularly those who had not mentored students recently, expressed overall uncertainty about student supervision. They voiced a need for more pedagogical competence to support their mentorship practices and make them feel more confident about their ability to mentor students.

> It's a long time since I've supervised nursing students. I don't really have a formula for how to do it, so I'm just going to wing it a bit.
>
> (Interview 10)

Several mentors explained how their own experiences as students strongly influenced their mentorship practices. Memories of positive feedback from their time as nursing students led to continuing these practices. One participant shared their experience:

> Getting positive feedback from my RN mentor felt very good, so I continue to do the same thing with my students. Also, I have some bad memories from being a nursing student, so I take good care of my students.
>
> *(Interview 11)*

4.2 | Lack of management support and staff member engagement in supervision

The second category highlighted how a lack of support from ward management, as well as staff composition, challenged mentorship practices.

Our data indicated a lack of support from head nurses. For instance, in dyad 1, when the RN mentor was absent for five out of eight weeks, supervisory responsibility for the student remained unresolved for over a week. The student was eventually paired up with and followed up by an auxiliary nurse. Across the interviews, participants confirmed a lack of support and voiced the need for more management engagement to support their mentorship practices. Many reported engagement from the head nurses when the students first arrived on the ward, but some participants had unexpectedly needed to take responsibility for welcoming students due to poor planning. One mentor expressed it this way:

> I was the one—as the RN on duty—who had to sort it out. All the work schedules so the students could get them on their first day. It's very important that work schedules are in place before you welcome the students. But in this case, they weren't. So, I had to run up and down to print out all my colleagues' schedules so the students could at least have those on their first day.
>
> (Interview 8)

The participants also asked the head nurses to help organise work throughout the students' placement, with enough time allocated to support supervision and follow-up of the assigned students. One participant explained:

> The head nurse asked if I could supervise two. But I responded that I preferred one student and wanted enough time to follow up on the supervision. One hour every second day or so, where we [the student and I] could focus on the supervision would have been enough—but we don't get that kind of support or allocated time. Our head nurse is not engaged in student supervision.
>
> (Interview 6)

Another RN mentor described it this way:

> Mentorship isn't sufficiently facilitated on this ward; there's no extra time given for us [the RN mentors] to be able to spend time with the students.
>
> (Interview 1)

Staff composition also challenged the RNs' mentorship. In dyad 2, the RN mentors worked shifts, which on several occasions, were staggered to ensure sufficient RN coverage. In those cases, the nursing students depended on the remaining staff to be engaged in and responsible for supervising them. Several interviewed mentors felt highly responsible for the students and raised concerns about their follow-up when they were absent. One mentor said:

> Management doesn't have any control over, or hardly cares about, how this [mentorship] is carried out. If I'm absent, who takes over my students? This has happened repeatedly.
>
> (Interview 4)

The overall engagement of staff members in student supervision varied across the observed dyads. For example, during the morning report, the degree to which ward staff acknowledged students varied, and neither ward was observed to list the students on their daily staffing overviews. Additionally, our observational data indicated that some staff members tended to view the nursing students as a labour supply. Some interviewed participants emphasised that the students were there to learn and not to be exploited as workers during their placement period. As one participant said:

> The nursing students have become an extra resource in the busy every day on the ward. Is that how it should be? No, it isn't. I know staff who say, "Now you can go and help that patient"—but they are students. I had to tell them [other staff members] that they shouldn't do that. Something must be done about that. They should be seen as students and here to learn during their placement—not as manpower.
>
> (Interview 9)

Another issue observed across the dyads was related to language difficulties associated with a multicultural workforce. On occasions, linguistic challenges (i.e., misunderstandings) were observed when students were assigned to other staff members with diverse linguistic backgrounds when their mentor was absent or unavailable. Some of

the interviews revealed that RN mentors with limited Norwegian language skills also mentored nursing students.

> I have supervised nursing students every year since I came to Norway three years ago… It [mentoring students] is good language training for me.
>
> (Interview 12)

One of the RNs interviewed raised concerns about how linguistic challenges could potentially influence mentorship practices and the student's overall placement experience:

> There's a lot of cultural diversity in the workforce in nursing homes. I have colleagues from many different countries, and they don't always have a command of the Norwegian language. It's important the students receive good supervision from all the RN mentors working here. Providing students with good mentorship and placement experiences is also very important for nurse recruitment. So, I think a course in supervision would be useful.
>
> *(Interview 8)*

4.3 | Lack of supervisory continuity

The third category indicated a lack of supervisory continuity in RN mentorship practices due to a lack of available mentors, the RNs' overall workload, and the observed and expressed mismatch between the RNs' roles and first-year students' learning objectives.

In dyad 1, only one RN was on each shift in seven out of the eight weekly observations. In contrast, in dyad 2, a minimum of two RNs were on the shifts in more than 50% of the observations. This illustrates the lack of continuity in enough RNs being available to supervise students. In addition, observations from both dyads revealed the highly complex roles of RNs in nursing homes. The RNs had to alternate between administrative tasks such as managing the staff rotation to cover the next shift, ensuring the provision of relevant medical equipment (e.g., bandages and catheters) and medications, and performing highly advanced, technical nursing tasks due to the complexity of patient care being provided. In both dyads, it was observed and confirmed by the participants that RNs also performed basic hygiene tasks such as cleaning patient rooms. As one participant commented:

> I'm not that much involved in the patient's hygiene care. I don't have time for that. But still, today I made the breakfast, did the dishes, washed the table, and took down the trash. I also wash the patients' clothing. I do every kind of task here.
>
> (Interview 5)

The RNs' managerial role and advanced nursing tasks frequently did not correspond sufficiently with the first-year students' learning objectives and contributed to the RNs being less available for the students. Several interviews confirmed these observations, and one participant reported how this challenged supervisory continuity:

> That day, I was the only RN on the ward and had two nursing students with me. But I had to say to them, "Sorry if I can't be with you today, but I'm the only RN here."
>
> (Interview 8)

Another mentor explained the challenges of dealing with a heavy and complex workload and simultaneously balancing their patient care responsibilities with student supervision:

> If we [the RNs] have a new patient or need to do the medication management, we don't really have time for them [the nursing students]. Still, we try to create a meaningful day for the students anyway, like planning in advance for them to be paired up with an auxiliary nurse instead.
>
> (Interview 7)

Observations from both dyads showed that the students were often paired with auxiliary nurses performing activities such as practical training in patient hygiene care, kitchen work and mealtime services. On some occasions, students were even left alone in challenging patient situations, without any healthcare worker present to supervise them.

Several participants confirmed that auxiliary nurses played an important role in student supervision. Indeed, some questioned whether first-year students' learning objectives may be more in line with auxiliary nurse assignments. A few participants commented that auxiliary nurses could assume an important role in supervision, with fundamentals of care the main learning focus for first-year students. However, opinions differed among the RN mentors on the role and level of involvement of auxiliary nurses in student supervision. Some participants reported more negative views of auxiliary nurses' competencies in supervision:

> If it is regular patient hygiene care, they [the auxiliary nurses] are enough. But of course, asking them to supervise, I don't know if they are capable of that.
>
> (Interview 1)

In contrast, a few participants expressed more positive views about involving auxiliary nurses in the supervision of first-year nursing students:

> Auxiliary nurses can assist in supervising nursing students, yes. Several of them already supervise other health professional apprentices. The nursing students'

> focus is the fundamentals of care, and maybe they [auxiliary nurses] even master this better than I do.
>
> (Interview 3)

Despite the lack of supervisory continuity, the interviewed participants spoke of the mentorship role as instructive and rewarding overall. Many expressed a sense of personal motivation and compassion regarding student supervision, recognising their role as important to the student's development and learning:

> It made me feel like I do know quite a bit, I'm good enough, and I can make a difference to the student's development. I want them [the students] to develop a good professional basis for nursing.
>
> *(Interview 10)*

4.4 | A peripheral role in formal assessment discussions

The final category indicated that the RN mentor's role in formal assessment discussions is peripheral. Observations suggested that the nurse educator often initiated and led the discussions during midterm and final assessments. The RN mentors were observed to be more passive, secondary participants during these formal discussions.

When addressed by the nurse educator, the RN mentors mostly confirmed the educator's statements with yes/no answers or supplementary comments and primarily provided feedback on the student's clinical performance. The role of the RN mentor in formal assessment practices was questioned by some of the participants, with a lack of supervisory continuity suggested as a barrier to interaction and involvement during the assessment meetings. One mentor reported:

> I felt a bit anonymous during the assessment discussion. But I haven't supervised nursing students for a long time now, and that made me a little uncertain of my mentor role.
>
> (Interview 10)

Although many participants confirmed experiencing a peripheral and passive role during formal assessment meetings, some claimed their ability to assess the student's learning progression was superior to that of the nurse educator:

> Before the assessment discussion, I observed how the student attended to the patient's hygiene care, in case I had to defend him [the student]. The nurse educator only relied on the student's written documents, but I'm the one who knows how he performed on the ward.
>
> (Interview 5)

Some mentors were dissatisfied with their role in formal assessment discussions. One participant said:

> I said nothing at the midterm assessment because the nurse educator never asked me anything—not at the final assessment either… It was the two of them [the student and the nurse educator] who did the talking. I felt my role as an RN mentor at the midterm assessment was never clear.
>
> (Interview 9)

On one occasion, the nurse educator was observed to make the final assessment decision despite some disagreement with the RN mentor. This was confirmed by two participants, who reported how a nurse educator passed a student despite their disagreement. Such experiences led to frustration and strained collaboration with the nurse educators, as one of the participants explained:

> At the final assessment, the nurse educator thought the student should pass. And I thought okay, I'm just an RN mentor, and nothing else. So, this is actually the nurse educator's responsibility, not mine.
>
> (Interview 1)

However, some participants expressed more positive and satisfactory collaboration with the nurse educator in the assessment of student competence and performance. These participants highlighted factors such as good preparation and planning by the nurse educator, feelings of being included and acknowledged, and their input being valued. These mentors had also experienced well-informed nursing students and received all relevant documents before the assessment discussions.

> I received all the documents in advance and read them… everything was so neat and well-organized. The nurse educator asked the student about clinical examples and clinical reasoning. I was constantly included and asked for my opinions. I thought that was very good—it was a good assessment discussion.
>
> (Interview 6)

In addition, some participants reported that the nurse educator had contacted them before assessment discussions to discuss their assigned student's development and learning process. One of the mentors explained:

> Before the midterm assessment, the nurse educator and I talked together. I gave her my assessments of the students. It was a good experience for me and even made the formal assessment discussions more efficient and saved time.
>
> (Interview 8)

Some participants voiced an overall need for increased collaboration and dialogue with the nurse educators during the placement period. None of the nurse educators overseeing the students on placement visited either of the dyads during observations, besides the three prearranged formal meetings. The interviewed mentors confirmed that the nurse educators rarely contacted them by email or phone during the student's placement period and did not visit the students on placement, beyond the formal meetings.

5 | DISCUSSION

The findings from this exploratory study suggest that RN mentorship practices for first-year nursing students on nursing home placement were characterised by variability and uncertainty in pedagogical approaches, supervisory discontinuity, a peripheral role in formal assessment discussions and a lack of support from management. Overall, our findings highlight the many barriers to RNs providing effective mentoring of first-year nursing students. Hence, we suggest that improvements are warranted to support and enhance RN mentorship practices in the challenging environment of nursing homes, which is imperative to raising the quality of student learning and professional development in this setting.

Previous research has reported that RN mentors need extensive educational preparation and support to ensure they have the pedagogical competencies necessary to foster student learning and development in clinical practice (McSharry & Lathlean, 2017). However, consistent with our findings, they rarely have previous training in mentoring (Tuomikoski et al., 2018). Our findings highlight considerable variability and uncertainty in RN mentors' pedagogical approaches, marked by spontaneity and limited use of reflective dialogue and feedback. This is consistent with previous research, which has reported that RN mentors lacked pedagogical competence and academic understanding of student learning (Hall-Lord et al., 2013; Hilli et al., 2014). Regular reflective dialogues and continuous feedback are vital for nursing students' learning, professional growth and development because they stimulate students to integrate theory and practice, recognise their strengths and weaknesses, and adopt a reflective attitude (Allen & Malloy, 2017; Jacobsen et al., 2020). Reflective dialogues also allow RN mentors to gain insight into and assess the students' level of learning and thus provide tailored feedback to better accommodate their individual needs (Jansson & Ene, 2016). Based on our findings, resources are warranted to more effectively enhance RNs' pedagogical competencies and support their mentorship practices in nursing homes. Nursing home managers have reported that supervisory-enhancing courses appear to increase RN mentors' motivation to engage in student supervision (Aase, 2019). Moreover, educational interventions, including e-learning, have significantly enhanced RNs' supervisory competencies to support students' learning process (Tuomikoski et al., 2020; Wu et al., 2018). E-learning resources have been highlighted as suitable for RN mentors who face challenges in workload, time and support systems because online learning increases flexibility and accessibility and offers an alternative means of taking up competence-enhancing courses (Wu et al., 2018). However, more research is needed to assess the quality and effectiveness of these educational approaches.

The participants in our study also reported a lack of mentorship support in that they called for more engagement and support from both head nurses and nurse educators. Previous research has reported insufficient communication and collaboration with nurse educators (Bos et al., 2015). Alongside supervisory discontinuity, this may explain the RN mentors' peripheral role in the formal assessment discussions observed in our study. Nurse managers play an important role in efforts to improve the learning environment for students in nursing homes (Aase, 2019), and such efforts may promote RNs' attitudes towards and motivation to engage in student supervision (Bos et al., 2015). However, a lack of time represents a well-documented significant barrier to effective mentorship practices (Roberts et al., 2017), as RNs struggle to balance the responsibility of student supervision and support alongside patient care (Allen & Malloy, 2017). Nurse managers should therefore acknowledge the importance of RN role models and effective mentorship practices for student learning and professional development by allocating time for student supervision (Aase, 2019). However, knowledge appears scarce of nursing home managers' engagement and efforts to enhance RN mentorship practices and encourage a supportive learning environment, warranting further research.

The implications of a culturally diverse workforce on mentorship practices and student learning in nursing home placements form another noteworthy finding to be addressed. For example, one participant explained how mentoring students contributed to her Norwegian language learning, and one interview had to be conducted in English due to language barriers. In the face of globalisation and increasing workforce diversity in healthcare settings (Dahl et al., 2017), educational institutions must explore and address possible challenges, opportunities and implications for RN mentorship practices. Educational resources (e.g., culture guides, tutoring and language resources) that support and enhance the ability to create an inclusive culture are critical in clinical nursing education (Carter, 2020).

Finally, our findings suggest that the low availability of RN mentors, as well as their having to manage other responsibilities, created supervisory discontinuity that impeded their mentorship of first-year nursing students. These students are on placements in nursing homes to learn and practice the fundamentals of nursing care. However, our findings indicate that the focus and responsibility of RNs in nursing homes were more on administrative tasks, medication management, and technical and more advanced nursing procedures. Consequently, and consistent with other research findings (Keeping-Burke et al., 2020), students were often left alone or paired with an auxiliary nurse during their placement, which led to a lack of role models, a lack of feedback from RN mentors and missed learning opportunities (Moquin et al., 2018). Spending time with RN mentors is important because nursing students mirror not only the mentor's demonstrations of technical skills but also their attitudes, communication style and critical thinking (Gibbs & Kulig, 2017). Despite this,

no national standards or educational requirements guide the quality of mentoring practices in Norway.

In line with the study of Hilli et al. (2014), our findings also imply that the RNs' mentoring practices were predominantly focussed on technical skills and practical work as the primary basis for student learning, which may be related to their managerial roles. A systematic shift in RNs' roles in nursing homes, away from hands-on nursing to a more administrative focus, restricts students' learning about gerontological nursing (Moquin et al., 2018). Jacobsen et al. (2020) asserted that the nursing home setting is so busy for RNs that it might not contribute to what is generally understood to be a quality learning environment. Based on our findings, more research is warranted into mentorship models tailored to better accommodate the marginal nursing home context. Nursing homes can provide ideal conditions for student learning and offer learning experiences of caring for a frail, older population (Carlson & Bengtson, 2014). Moreover, setting national standards for nursing home placements and training requirements for RN mentors is timely, considering the demographic transformation associated with an increased need for nursing competence in caring for older persons.

5.1 | Limitations

This study has some limitations. It was conducted in a Norwegian context with a relatively small sample, which may restrict the transferability of the findings. Nursing students and nurse educators were not interviewed because the focus of the study was RNs' experiences. However, including these may have complemented the study. Nevertheless, the sample was highly specific for the aim of the study and founded on a purposive criterion-based sampling strategy (Patton, 2002), which altogether enhances information power. The concept of information power is related to saturation, indicating that high sufficiency of information within a sample deemed relevant for the study aim requires a lower number of participants (Malterud et al., 2016). Potential biases should be acknowledged, given that data collection was conducted by a single researcher. Moreover, the data analysis was conducted by researchers with a background in nursing and nurse education, entailing a preunderstanding of the context. The presence of a researcher during observations may also have created a halo effect, with RN mentors performing better and being motivated to display their expertise. Conversely, it may have created so much tension and anxiety that performance fell below par (Patton, 2002).

6 | CONCLUSION

This study explored RN mentorship practices for first-year nursing students on nursing home placements. It provides insight into the many barriers that impede RNs in providing effective mentoring of first-year nursing students on nursing home placements, which moreover limit the learning potential in this context. Targeted efforts are warranted to enhance RNs' mentorship practices in nursing homes. More specifically, we propose that educational institutions must consider more efficient measures to enhance RNs' pedagogical competencies. Furthermore, the findings call for a stronger leadership commitment and acknowledgement of the influential role of RN mentors by allocating time for student supervision. The findings also emphasise the characteristics of the nursing home context, where marginal access to RN mentors, language barriers and the RNs' managerial roles impede effective mentorship practices of first-year nursing students. Finally, the findings call attention to the need for national standards for nursing home placements and educational requirements, as well as support for RN mentoring practices that consider the demographic transformation and increased need for nursing competence in caring for older persons.

6.1 | Relevance to clinical practice

Clinical practice education and placement quality form a critical dimension of nursing education and a prerequisite for the training of competent professional nurses, helping develop the foundation for good nursing care. Recognising potential barriers to effective mentorship practices in clinical practice education in nursing homes can assist in identifying measures to improve placement quality and enhance students' learning, growth, professional development and overall placement experience, thereby aiding recruitment to long-term care facilities. The recruitment and retention of nurses in care for older persons are an international imperative, given the rapidly growing older population and the need for complex medical and palliative care.

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CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

AUTHOR CONTRIBUTIONS

CTF, KAL, KA and AMH conceptualised the study, developed the data collection tools, and participated in the analysis and interpretation of these data. CTF drafted the manuscript and revised it based on comments from all the authors. KAL has made substantial contributions to the drafting and revision of the manuscript. All authors have read, commented and approved the manuscript.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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