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Interpersonal relationship between the mentor and mentee in clinical nursing practice: A qualitative study

Medosebni odnos med mentorjem in mentorirancem v klinični praksi zdravstvene nege: kvalitativna raziskava

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ABSTRACT

Introduction: The interpersonal relationship between the nurse mentor and the mentee (i.e., student nurse) is critical to the success of the mentoring process and training of new nurses. The aim of this study was to examine and explore the interpersonal relationships between nurse mentors and their mentees and to identify the factors that influence their relationship.

Methods: A qualitative approach with a descriptive-interpretive design was used for data collection and analysis. Semi-structured interviews were conducted on a purposive sample of mentors and two focus groups with mentees – student nurses. Four mentors and eight mentees were involved in the study. Data were collected in December 2021 and analysed using content analysis.

Results: Mentors and mentees had relatively similar perceptions of their interpersonal relationship. We identified the common main theme "Mentor-Mentee Interpersonal Relationship", and two subthemes, namely "Characteristics of the Mentor-Mentee Interpersonal Relationship" and "Factors Influencing the Mentor-Mentee Interpersonal Relationship". Both mentors and mentees were found to have consistent expectations regarding their role in clinical practice. The most important factors of their interpersonal relationship reported by both mentors and mentees were the personality traits of mentors and mentees, the setting of boundaries in their interpersonal relationship, the amount of time required to establish the interpersonal relationship, and differences in the relationship depending on the domain of clinical practice.

Discussion and conclusion: The study identifies the key characteristics and factors of the interpersonal relationship between the mentor and mentee in the mentoring process. It highlights the key elements that all those involved in clinical practice need to be aware of in order to overcome various potential barriers and improve the mentoring experience in the clinical setting.

IZVLEČEK

Uvod: Medosebni odnos med mentorjem in mentorirancem je ključnega pomena za uspešno izpeljan proces mentoriranja in izobraževanje novega kadra na področju zdravstvene nege. Namen raziskave je bil preučiti in raziskati medosebne odnose med mentorji in mentoriranci zdravstvene nege ter ugotoviti, kateri dejavniki krojijo njihove odnose.

Metode: Uporabljena je bila kvalitativna metodologija raziskovanja in deskriptivno-interpretativni dizajn. Podatki na namenskem vzorcu štirih mentorjev so bili pridobljeni z individualnimi delno strukturiranimi intervjuji in na vzorcu osmih mentorirancev s pomočjo dveh fokusnih skupin. Podatki so bili zbrani v decembru 2021 in analizirani z metodo analize vsebine.

Rezultati: Ugotovljeno je bilo, da mentorji in mentoriranci njihov medosebni odnos dojemajo podobno. Identificirali smo skupno glavno temo »medosebni odnos mentor – mentoriranec« ter glavni podtemi »značilnosti medosebnega odnosa mentor – mentoriranec« in »dejavniki medosebnega odnosa mentor – mentoriranec«. Tako mentorji kot mentoriranci imajo skladna pričakovanja glede njihove vloge. Kot glavne dejavnike medosebnega odnosa so oboji izpostavili osebnostne lastnosti mentorja in mentoriranca, postavljanje mej v medosebnem odnosu, čas, namenjen vzpostavljanju medosebnega odnosa, ter razlike v odnosu glede na področje kliničnega usposabljanja.

Diskusija in zaključek: Ugotovljeni so bili ključne značilnosti in dejavniki medosebnega odnosa med mentorjem in mentorirancem v procesu mentoriranja. Izpostavili smo ključne elemente, ki se jih morajo v procesu kliničnega usposabljanja zavedati vsi udeleženci, saj le tako lahko premostijo različne potencialne ovire in izboljšajo izkušnjo mentoriranja v kliničnem okolju.

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Introduction

The aim of nursing education is to equip students with the required level of professional competence before they enter the profession (Immonen et al., 2019). Nursing education is the foundation for a qualified and competent nursing workforce. A large part of this is the provision of high quality educational processes. As a standard for clinical placements, the clinical setting must provide a safe and supportive environment with a sufficient number of adequately trained and experienced staff (World Health Organization. Regional Office for the Eastern Mediterranean, 2015). Clinical mentors play a crucial role in supporting and assessing student nurses during their practical training. By definition, a mentor is an expert professional who facilitates learning and supervises and assesses students in the practice-based setting (Brown, Jones, & Davies, 2020).

A competent mentor is able to create a stimulating clinical learning environment, facilitate learning, monitor students' progress, assess their clinical competencies, and provide effective feedback. During clinical practice, the mentor provides constructive feedback and does not allow poor practice to continue (Immonen et al., 2019). To perform their role well, mentors need to possess and display certain personality traits, attitudes, values, motivation, commitment, satisfaction, problem-solving skills and work engagement (Pramila-Savukoski et al., 2020).

While the mentor needs to help the student with experience and practical knowledge, the student's role is to bring new, fresh nursing knowledge and insights into the clinical setting. It is also important that mentees are capable of independent thinking, are reliable, responsible, and have a respectful attitude towards others (Babuder, 2016). During clinical practice, students need to demonstrate not only theoretical knowledge, but also improvement in their own research skills, critical thinking, self-esteem, independent decision-making and effective interpersonal communication (Günay & Kılınç, 2018).

Students are interested in practical training in a clinical setting as there they can experience real-life situations and thus gain valuable experience. In clinical practice, learning can only take place if mentees feel safe and perceive their learning environment as positive. It is important that students are seen and heard, that their workload is adjusted, and that they feel they are not alone in delivering interventions. Creating a positive and trusting environment can help the mentee to learn and clarify their role as a future nurse, consequently reducing their anxiety about the future. Communication between the mentor and mentee is paramount in building trust and establishing the role of delegation and supervision during nursing education (Jeppesen, Christiansen, & Frederiksen, 2017).

In the Slovenian context, Babuder (2016) identifies certain differences in the perception of the mentor-mentee interpersonal relationship, as well as the necessary qualities and virtues of each. He identifies communication and mutual respect as the key factors in this relationship, while age is shown to be an independent factor. He concludes that mentors expect their mentees to be respectful and aware of their duties during the mentoring process. Mentees, in turn, expect their mentors to devote them sufficient time, to be organised, approachable and creative in their mentoring. As noted by Joubert & de Villiers (2015), other important factors affecting the mentor-mentee interpersonal relationship are the allocation of mentors and mentees to individual domains of nursing practice, the presence and competence of the mentor in the clinical setting, and a relationship based on trust. They suggest that the structure of the mentoring programme needs to be modified and improved by implementing certain changes. Previous research in this direction points to a knowledge gap in understanding the characteristics and factors that define the interpersonal relationship between the mentor and the mentee, and the need for a detailed investigation of this field (Dobrowolska et al., 2016; Nickitas, Villegas-Pantoja, & Jones, 2016; Nelson et al., 2018), which was also the motivation for this study.

Aims and objectives

The aim of the study was to examine and explore the interpersonal relationships between nursing mentors and their mentees and to identify the factors that influence them. Its objectives were to determine the value mentors and mentees place on their interpersonal relationship and the factors that influence this relationship. The following research questions were formulated:

- How do mentors and mentees experience their interpersonal relationship?
- What factors shape the interpersonal relationship between mentors and mentees?

Methods

A qualitative method and an interpretive descriptive data analysis were used in the study. The latter allows for an exploration of the problem from the perspective of the individuals involved, i.e. nursing mentors and mentees, and helps to gain insight into their actual experiences (Smythe, 2012).

Description of the research instrument

The interview guide and thematic guide for the focus group were designed using pre-defined guiding questions developed on the basis of the research objectives. The first interview conducted was a pilot

interview. It was used to test the relevance of the questionnaire, which was in line with the aim and objectives of the study.

The interview conducted with the mentors consisted of the following guiding questions: Have you received mentoring training? Do you prepare yourself for mentoring? How do you see your own role and the role of the mentee in the mentoring process? What kind of relationship do you wish to build with your mentee? Are there any factors that influence the relationship between you and your mentee? How do you set boundaries in your relationship with the mentee? How do you experience physical touch in your relationship with the mentee? Do you think you have enough time to complete mentoring successfully?

The focus group interview for the mentees consisted of the following guiding questions: How do you see your own role and the role of your mentor in the mentoring process? What qualities do you think a good mentor should possess? What kind of relationship do you wish to establish with your mentor? Are there any factors that influence the relationship between you and your mentor? How do you perceive boundaries in the relationship with your mentor? How do you experience physical touch in the relationship with your mentor? Do you think your mentor devotes enough time to you?

Description of the sample

We used a purposive sample of registered nurses mentoring students in clinical practice and undergraduate nursing students from two medical faculties in Slovenia. To understand the interpersonal relationships in the process of clinical practice from the mentors' perspective, we included four registered nurses, two female and two male, who mentor students in different clinical settings and at different levels of health care. They had been mentoring students in clinical practice for an average of 11.5 years. Two of them had completed mentor training, the other two had not. Their decision to take on mentorship was motivated by their desire to pass on knowledge, which they also see as a work obligation and duty to the new staff. To understand the interpersonal relationships between mentors and mentees from the mentees' perspective, we recruited eight undergraduate nursing students, four women and four men, to participate in the study. One participant was in her first year of study, five in their second year and two in their third year. All had already completed at least one clinical placement.

We conducted four individual interviews with mentors and two focus groups, each involving four students. Data saturation was established after two individual interviews and the two focus groups. Typically, data saturation occurs when the newly acquired data no longer contribute to further clarification of the categories (Vogrinc, 2008). Nevertheless, the authors decided to continue data collection until they reached a high level of saturation in describing the phenomenon under investigation.

Description of the research procedure and data analysis

Participants were invited to take part in the study through personal acquaintances and further using the snowball method. Data were collected from a sample of mentors using individual semi-structured interviews and from a sample of mentees using a focus group interview. Prior to the interview, we explained the objectives of the study to the participants and agreed on the timing of the interview and focus groups according to their availability. To ensure adherence to the ethical standards of the research, all participants signed an informed consent form prior to the interviews and focus groups, informing them of the aims and process of the research, the risks and benefits involved, the expected duration of the interview, the confidentiality of the data and the voluntary nature of participation, as well as the option to end the interview at any time. Before the interviews began, they were again informed that the conversation would be recorded.

The study was conducted in December 2021. After the interviews, we transcribed the recordings, grammatically correcting participants' statements but leaving the content unchanged. Following this step, the transcripts were read several times, and markers relevant to the study were created. For data processing, we used Yin's (2010) model of content analysis: (1) compilation of the text; (2) disassembly of the text – coding; (3) reassembly of the text –grouping into larger semantic units; (4) interpretation of the results; (5) conceptualisation of the phenomenon under study. Triangulation of data was ensured through a literature review, individual interviews with mentors, and focus groups with mentees. In addition, we also applied researcher triangulation, as three researchers were involved in the revision and validation of the content and adoption of the final thematic concept. This allowed for credibility of the data analysis and a better understanding of the phenomenon under study.

Results

We identified a central theme for both mentors and mentees, which we termed "Mentor-Mentee Interpersonal Relationship". It was divided into two subthemes: "Characteristics of the Mentor-Mentee Interpersonal Relationship" and "Factors Influencing the Mentor-Mentee Interpersonal Relationship". The thematic concept is shown in Table 1.

Table 1: *A schematic representation of the themes, subthemes and codes for mentors and mentees*

Themes	*Subthemes*	*Codes*	*Codes*	*Subthemes*	*Themes*
Mentees' perspective			***Mentors' perspective***		
Mentor-Mentee Interpersonal Relationship	Characteristics of the Mentor-Mentee Interpersonal Relationship	Personal views on mentoring	Attitudes towards preparation for the mentoring role	Characteristics of the Mentor-Mentee Interpersonal Relationship	Mentor-Mentee Interpersonal Relationship
		The mentee's perspective of the mentor's role	The mentor's perspective of the mentor's role		
		The mentee's perspective of the mentee's role	The mentor's perspective of the mentee's role		
		Desirable qualities of a mentor	Expectations in the interpersonal relationship		
		Desired interpersonal relationship	Mentor's barriers to mentoring		
		Communication in the interpersonal relationship	Communication in the interpersonal relationship		
		Attitudes towards physical touch in the interpersonal relationship	Attitudes towards physical touch in the interpersonal relationship		
		The mentee's experience of nursing practice	Reasons for the mentees' dissatisfaction with clinical practice		
		Suggestions for improving clinical practice	Conflict resolution in interpersonal relationships		
			Actual and desired training of mentors		
			Collaboration with the faculty in organising mentees' clinical practice		
	Factors Influencing the Mentor-Mentee Interpersonal Relationship	Personal qualities of the mentor and the mentee	Personal qualities of the mentor and the mentee	Factors Influencing the Mentor-Mentee Interpersonal Relationship	
		Setting boundaries in the interpersonal relationship	Setting boundaries in the interpersonal relationship		
		Time dedicated to establishing an interpersonal relationship	Time dedicated to establishing an interpersonal relationship		
		Differences in attitude by area of clinical practice	Differences in attitude by area of clinical practice		
		Mentee's own initiative in the clinical setting	Mentee's faculty-allocated workload		
		Number of mentees per mentor in the clinical setting	Influence of the work environment on the mentoring process		
			Influence of the mentor's and mentee's "good day" and "bad day".		
			The first contact between mentor and mentee		
			The role of gender in the mentoring relationship		
			Mentee's expectations		

Characteristics of the mentor-mentee interpersonal relationship

The following section presents the perspectives of mentors and mentees regarding the characteristics of their relationship. It highlights the findings regarding their personal views on mentoring, the role of the mentor, the role of the mentee, and other key elements included in the subtheme "Characteristics of the Mentor-Mentee Interpersonal Relationship".

All mentors defined their role as one of imparting knowledge, familiarising the student with a particular field of practice, encouraging and supporting the student, and resolving potential conflicts that may arise in the mentoring process.

I see my role as trying to give students an insight into the actual practice. This allows them to get a feel for the environment and the dynamics of work. (Mentor 1)

My aim is to familiarise students with the field and offer them support. I observe their feelings, expectations, motivation and the difficulties they experience. My role as a clinical mentor is to constantly look for ways to engage them. As clinical mentors, we have to take a share of the responsibility in case of an unproductive, strained or even unprofessional relationship. (Mentor 2)

Mentors see the role of the mentee as equally important in building a successful interpersonal relationship in the mentoring process. Therefore, mentors have certain expectations of their mentees, such as a desire to work and learn, to become familiar with the field, and to show initiative.

It is important to have a certain zeal, a certain life-oriented attitude towards work. The student must have a certain ability to behave appropriately. (Mentor 3)

I see the student's role as having fun, being eager to learn, explore and ask questions. (Mentor 4)

They do not have to be enthusiastic and ask questions all the time. /…/ They have to show initiative. This makes the role of the mentor and mentee an interactive one, it is more productive, and both benefit from the relationship. (Mentor 2)

Mentees see the role of the mentor as a leader/supervisor. They experience the mentor as someone who guides the learning process and on whom they can rely. Opinions were divided on whether or not the mentor should be with the mentee at all times. The mentees see their own role as being actively engaged in the process, showing interest and willingness to work. They want the mentors to back them up and support them, to see them not as a burden, but someone they can trust and accept into their ranks.

I think the mentor should take the lead, he or she should be the one who assigns you work tasks, who shows you around the department, because you rely on your mentor to teach you new things. (Mentee 5)

In my opinion, it is my role as a student to make an effort and be involved in the process of nursing practice, to show interest and be prepared. (Mentee 4)

What matters to me is the mentor's commitment and trust. (*Mentee 7*)

Mentees adhere to the basic rules of etiquette and address their mentors formally (using the formal 'you' in Slovenian, i.e. *vikanje*) until told otherwise. They believe that this shows them respect and acknowledges their superior role.

I always address my mentor formally at the beginning until they tell me otherwise. Unless I am told otherwise, I address my mentor formally throughout the placement. /…/ You cannot address your superior informally unless they specifically say so. (Mentee 8)

Most mentors indicated that they preferred to keep spoken interaction formal at the beginning of the mentor-mentee relationship. Later in the mentoring process, based on the established relationship, many choose to address the mentee informally if the mentee agrees. All respondents believe that this is an individual decision of each mentor based on the established relationship.

This is not a rule, each mentor makes their own decision. I prefer formality in communication. It also depends on the student. Towards the end I say, /…/ we can switch to informal address. (Mentor 3)

In the context of non-verbal communication, mentors favour the use of appropriate physical contact in the form of handshakes at first contact, showing praise, attracting attention, and implementing nursing interventions. Due to the SARS-Cov-19 virus pandemic, the perception of touch has changed; the line between what is appropriate and desirable has become even more blurred. Mentors agree that any inappropriate touching or other actions that could be interpreted as sexual harassment are unacceptable. Among the factors limiting physical contact, gender was not highlighted, but rather the personality traits of the mentee and their attitude towards and acceptance of physical touch. One mentor pointed out that gender plays an important role in the relationship, but only because of the biological differences between the sexes.

For the past two years, it's been so strange in terms of physical contact. /…/ I like physical contact when I shake hands, or when I tap someone on the shoulder, when I just want to interrupt or remind, when I explain something, when I need something urgently, it's not a problem. /…/ Maybe if the mentee is a boy, I might tell him that he is more suitable for a department where there is a lot of lifting. (Mentor 4)

We can always cross the line, not only with touching, but also with words, with behaviours that can make the student feel uncomfortable, in distress, or even sexually harassed. (Mentor 2)

All mentees largely agree with mentors on the use of physical touch. They approve of appropriate physical touching that does not evoke feelings of sexual harassment. There are differences in this attitude depending on the gender of the mentee, with

women highlighting gender as a factor influencing the experience of physical touch. Both, however, largely agree that personality has a greater impact on the experience.

It feels right to shake hands when you first meet. Also, if you have done well in an intervention, if you have succeeded in something, you can give a high five or a fist bump. If you are touched on the back or in any way from behind during your time off, which some people do, no, that is not appropriate, permissible touch. (Mentee 2)

It doesn't matter to me whether a man or a woman taps me on the shoulder. (Mentee 8)

However, I think it depends on the person, on how they have been brought up. What the person is like is more important than their gender. (Mentee 4)

Factors influencing the mentor-mentee interpersonal relationship

Both mentors and mentees mentioned personality traits as a factor influencing their interpersonal relationship. These included the individual's situational experience, character, ability to generate interest, sincerity, respect, and expectations.

The most important factors influencing the relationship are certainly the personality and character traits of the individual. (Mentor 2)

Showing what one already knows, and admitting what one does not know. (Mentee 1)

In terms of the relationship, I think the first contact is important, so how the mentor presents themselves. (Mentee 4)

Both mentors and mentees also stressed the importance of setting and respecting certain boundaries, either spontaneously or consciously set, in order to ensure a productive relationship. Some mentors set them individually, others do not adjust them to the individual. They want these boundaries to be set in an appropriate, professional and constructive way, even if this is sometimes challenging.

As far as boundaries are concerned, I think they are already set quite naturally. (Mentor 3)

I think these boundaries are so subjective and individual that they arise mainly from the interpersonal relationship between the mentor and the student. /…/ Where there are challenges, the problem arises of how to set boundaries or how to resolve conflict situations. (Mentor 2)

Through work, you can see if the mentor sometimes acts light-heartedly, if they are not just strictly professional. Based on this, you can also assess where the boundaries are. (Mentee 4)

Both mentors and mentees highlighted the field of clinical practice and the clinical setting itself as factors that influence the interpersonal relationship and the quality of mentoring in terms of interest in the field and in terms of the relationships, working condotions and working conditions in the clinical setting that mentees enter.

The area of clinical practice is also an important factor, as is the student's motivation and interest in a particular area. /…/ This also depends on the place of clinical practice, on whether it has a reputation for being an interesting and pleasant environment. (Mentor 2)

It also depends on the department and how the people who work there behave. Whether they get along well or not. (Mentee 5)

The time spent building a relationship was also highlighted as a common factor for both mentors and mentees. Mentors wished they had more time to devote to the study process, but they stated they could compensate for this by being well organised. Mentees feel that mentors often do not have enough time for them. Both mentors and mentees feel that they can build a better relationship and learn more through longer clinical placements.

There is enough time if you schedule it properly /…/. The longer the placement, the better the relationship will be, and the more independence and competence the student will gain. (Mentor 2)

It seems to me that the mentors were mostly very busy. They were mostly heads of departments and consequently had no time for me. That's why I was assigned to another nurse to guide and teach me. (Mentee 4)

Some mentees highlighted the number of mentees in the clinical setting as a factor affecting interpersonal relationships. However, one mentor noted that mentees were less able to focus on fulfilling their responsibilities in the department due to the workload assigned to them by the faculty.

In clinical placements where I was the only student, it was mostly possible to achieve the desired relationship. In placements where there were, say, ten of us, or I was in a group, it was not possible. (Mentee 5)

Additional activities and tasks assigned by the faculty, such as nursing dossiers, article analyses, and the like. To some extent, such activities divert the student's attention from the actual activities in the clinical setting. (Mentor 2)

All mentors consider the first contact between the mentor and mentee to be very important. They describe how the dynamics in the department change that day and note that while they are looking forward to the student, they are also aware of the great responsibility that their placement entails. Two mentors pointed out that the interpersonal relationship can also be affected by the daily state of mind or mood of both the mentor and the mentee. One mentor noted that mentees like to know what is expected of them.

I think it's important that students are well received, that they are not just left sitting there all day with no one taking any notice of them. /…/ That the student is informed in advance about what is planned. I can see that they like that a lot. They also ask questions to get a general idea and remove uncertainty. (Mentor 4)

It depends on whether you come to work rested, whether you are tired, how well prepared you are. That's subjective, but of course it affects the relationship to a certain extent. Or whether you would just rather to sit down somewhere and be silent. (Mentor 3)

Discussion

The results of our study as well as those of other studies (Jokelainen, Tossavainen, Jamookeeah, & Turunen, 2013; Kaihlanen, Lakanmaa, & Salminen, 2013; Huggins, 2016; Setati & Nkosi, 2017) show that mentors see their role as that of a teacher and supervisor and that they support, encourage and motivate their mentees during clinical practice. In this way, they enable their mentees to undergo appropriate socialisation into their potential work environment. Similar conclusions about the role of the mentor have also been reached in other studies reporting that students see their mentor as someone they can rely on and turn to for knowledge and advice (Kaihlanen et al., 2013; Foster, Ooms, & Marks-Maran, 2015; Babuder, 2016).

The results of our research show that mentees see their role as showing initiative, being actively engaged and demonstrating the knowledge they have acquired, which, according to other studies, mentors also expect of them (Jokelainen et al., 2013; Joubert & de Villiers, 2015; Babuder, 2016; Setati & Nkosi, 2017). Based on the findings of these studies, mentors expect their mentees to show willingness to work and respect the principles of morality, ethics and humanity. They want their mentees to show initiative and eagerness to explore new areas in health care, and they see their role as equally important to a successful mentoring experience (Jokelainen et al., 2013; Babuder, 2016; Setati & Nkosi, 2017). Other studies (Collier, 2018; Brown et al., 2020) also show that mentees cite mentor's backing and support, their interest in mentoring and willingness to include mentees in the daily work process as desirable qualities of mentors. In addition, they also emphasise the need for the mentor to be approachable as a prerequisite for the mentee's active engagement in the process.

In terms of spoken interaction, both mentors and mentees initially prefer addressing each other formally (using the formal 'you' in Slovenian, i.e. *vikanje*). As the mentoring process progresses, both mentors and mentees are willing to switch to a more informal form of communication (using the informal 'you' in Slovenian, i.e. *tikanje*). In another study in this area conducted in Slovenia, Babuder (2016) reports that none of the groups interviewed agreed with mutual informality in spoken interaction, which contrasts with the findings of our study. Our findings also show positive attitudes of mentors and mentees towards appropriate physical touch, such as shaking hands at the first meeting or when a task has been well done. Female mentees in particular admitted to being cautious about being physically touched by a male mentor due to previous experiences. As indicated by Hill & Laguado (2019), a physical touch is only appropriate if a safe environment has been created in which the person feels comfortable. Before acting, mentors need to assess the appropriateness of their words or touch for a given situation. In a study by Kim et al. (2018), participants pointed out that neither school nor clinical practice had taught them how to prevent or protect themselves from inappropriate physical touch. This indicates that students and staff need additional training in this area.

The results of our study highlight four common key factors for mentors and mentees: personality traits of the mentor and mentee, setting boundaries in the interpersonal relationship, differences in the relationship depending on the domain of clinical practice, and time devoted to building the interpersonal relationship. Other studies highlighting personality traits as a factor in interpersonal relationships (Babuder, 2016; Collier, 2018; Pramila-Savukoski et al., 2020) also note the importance of approachability, self-confidence, enjoyment of work, honesty, openness, mutual respect, caring, accountability and reliability.

The importance of setting boundaries between the mentor and the mentee has also been highlighted by Brown et al. (2020) and Launer (2013). They emphasise the importance of friendliness and collegiality as well as professionalism with clearly defined boundaries. These characteristics include a focus on mentoring and the needs and requirements for a successful process. Establishing clear boundaries and flexible ground rules allow for a clear, harmonious, and cooperative relationship between the mentor and the mentee (Davey, Henshall, & Jackson, 2020).

The conditions of the clinical setting and the specific domain of clinical placement have been identified as factors influencing interpersonal relationships also in other studies (Bisholt, Ohlsson, Engström, Johansson, & Gustafsson, 2014; Setati & Nkosi, 2017). Clinical practice in hospitals has been found important on account of the variety of tasks involved and non-routine work (Bisholt et al., 2014). The atmosphere and spirit of collaboration within the team have also been highlighted, as mentoring is a shared responsibility of the staff. Working conditions and relationships influence mentees' satisfaction and engagement in the work process (Setati & Nkosi, 2017).

An important factor influencing the interpersonal relationship between the mentor and mentee is also the time they spend together. In the literature (Foster et al., 2015; Joubert & de Villiers, 2015; Nowell, Norris, Mrklas, & White, 2017; Setati & Nkosi, 2017), the time factor has been highlighted from different perspectives. Some studies conclude that due to their workload, mentors have too little time to build an adequate relationship with their mentees (Joubert &

de Villiers, 2015). It is important that mentors have enough time for mentoring in order to meet their mentees' expectations in this area (Nowell et al., 2017). If the mentor does not spend enough time with the mentee, it is more difficult to constructively evaluate the mentee's progress or provide feedback on the areas needing improvement (Foster et al., 2015). In addition, the achievement of goals and degree of familiarisation with a specific area of nursing is influenced by the duration of clinical practice, which is usually time-limited (Setati & Nkosi, 2017).

One of the limitations of our study is that its findings are confined to the Slovenian cultural space. In future research, it would be beneficial to include students from other faculties and mentors from the wider Slovenian environment and other professional fields. Recruitment of participants for this study was made difficult due to the situation surrounding the SARS-CoV-19 pandemic.

Our study provides an insight into the mentor-mentee relationship from the perspective of both the mentor and the mentee and identifies obstacles and opportunities to improve the mentoring process (proactivity of the mentee, appropriate duration of the placement, suitable working conditions, etc.). It also highlights some factors (setting boundaries in interpersonal relationships, area of clinical practice, mentee's faculty-allocated workload) to which the participants should pay special attention in order to build a quality relationship and perform their work competently.

Conclusion

In clinical placements, the interpersonal relationship between the mentor and mentee is important to ensure quality education that produces competent nursing professionals. In this process, mentors need to be aware of their duty to impart knowledge, while mentees need to be aware of their duty to actively engage in acquiring knowledge and professional skills they will need in their work. Such an attitude can facilitate appropriate professional socialisation of nursing students grounded in quality care for patients.

We suggest that improvements be made in further research to address the limitations mentioned, e.g. including more participants from different fields of practice. It would also be worthwhile to conduct an in-depth investigation into how the SARS-CoV-19 pandemic has affected interpersonal relationships in clinical practice. We suggest that in-depth qualitative and quantitative research be conducted to examine different factors from several angles and to define the most important ones in more detail. We also recommend conducting research that looks into individual factors (e.g. personality traits, setting boundaries in interpersonal relationships, time spent on building interpersonal relationships) that influence the interpersonal relationship between the mentor and the mentee respectively. A combined examination of both aspects is too extensive and prevents researchers from gaining a deeper understanding of the phenomenon.

Slovenian translation/Prevod v slovenščino

Uvod

Cilj izobraževanja v zdravstveni negi je izobraziti študente tako, da bodo pred vstopom v poklic dosegli potrebno strokovno raven kompetenc (Immonen et al., 2019). Izobraževanje medicinskih sester je temelj usposobljene in kompetentne delovne sile v zdravstveni negi. Velik del tega je zagotavljanje kakovostnih izobraževalnih procesov. Eden od standardov kliničnega poučevanja je, da klinično okolje zagotavlja varno in podporno okolje s primernim številom ustrezno usposobljenega in izkušenega osebja (World Health Organization. Regional Office for the Eastern Mediterranean, 2015). Klinični mentorji imajo zelo pomembno vlogo pri podpori in ocenjevanju študentov zdravstvene nege med praktičnim usposabljanjem. Mentor je pri tem opredeljen kot strokovnjak iz prakse, ki olajša učenje ter nadzoruje in ocenjuje študente v vadbenem okolju (Brown, Jones, & Davies, 2020).

Kompetenten mentor je sposoben vzpostaviti spodbudno klinično učno okolje, olajšati učenje, spremljati napredek študenta, oceniti klinične kompetence študentov in jim podati učinkovite povratne informacije. Med klinično prakso zagotavlja konstruktivne povratne informacije in ne dovoljuje nadaljevanja slabih praks (Immonen et al., 2019). Mentorji za kakovostno opravljanje svoje naloge potrebujejo določene osebnostne lastnosti, stališča, vrednote, motivacijo, vključenost, zadovoljstvo, sposobnost reševanja problemov in predanost svojemu delu (Pramila-Savukoski et al., 2020).

Medtem ko mora mentor študentu pomagati s svojimi bogatimi izkušnjami in praktičnim znanjem, je študentova naloga, da v klinično okolje prinaša nova, sveža znanja in dognanja v zdravstveni negi. Pomembno je tudi, da so mentoriranci sposobni samostojnega razmišljanja, da so zanesljivi, odgovorni in imajo spoštljiv odnos do drugih (Babuder, 2016). Med prakso morajo ne le dokazati teoretično znanje, temveč pokazati tudi izboljšanje lastnih raziskovalnih veščin, kritično razmišljanje, samospoštovanje, samostojno sprejemanje odločitev in učinkovito medosebno komuniciranje (Günay & Kılınç, 2018).

Praksa v kliničnem okolju študente zanima, saj so postavljeni v realno situacijo, s čimer pridobijo dragocene izkušnje. Učenje v klinični praksi lahko poteka le, če se mentoriranci počutijo varne in so v pozitivnem učnem okolju. Za študente je bistveno,

da so videni in slišani, da imajo prilagojeno delovno obremenitev in da imajo občutek, da niso sami pri izvajanju intervencij. Z ustvarjanjem pozitivnega in zaupanja vrednega okolja se lahko mentoriranci učijo in se približajo svoji vlogi bodoče medicinske sestre, s čimer se zmanjša zaskrbljenost glede prihodnosti. Komunikacija med mentorjem in mentorirancem je izrednega pomena za vzpostavitev zaupanja in ustvarjanje vloge delegiranja in vodenja med izobraževanjem v zdravstveni negi (Jeppesen, Christiansen, & Frederiksen, 2017).

Babuder (2016) je v slovenskem kontekstu ugotovil razlike v dojemanju medosebnega odnosa med mentorjem in mentorirancem ter njihovih lastnosti in vrlin. Kot ključna dejavnika tega odnosa je prepoznal komunikacijo in medsebojno spoštovanje, medtem ko se je starost izkazala za neodvisen dejavnik. Ugotovil je, da mentorji od mentoriranca pričakujejo spoštljiv odnos in zavedanje njihovih obveznosti v času mentoriranja. Mentoriranci pa izpostavljajo mentorjev čas, organiziranost, dostopnost in kreativnost pri vodenju mentoriranja. Joubert & de Villiers (2015) sta predhodno ugotovila, da so pomembni dejavniki, ki vplivajo na medosebni odnos, razporeditev mentorjev in mentorirancev na posamezna področja, prisotnost in usposobljenost mentorja v kliničnem okolju ter zaupen odnos. Izpostavila sta, da so potrebne spremembe za izboljšanje strukture programa mentorstva. Predhodne raziskave v tej smeri kažejo na vrzel v znanju na področju razumevanja značilnosti in dejavnikov, ki opredeljujejo medosebni odnos med mentorjem in mentorirancem, ter potrebo po podrobnejšem preučevanju (Dobrowolska et al., 2016; Nickitas, Villegas-Pantoja, & Jones, 2016; Nelson et al., 2018), kar je bilo tudi raziskovalno vodilo v tej raziskavi.

Namen in cilji

Namen raziskave je bil preučiti in raziskati medosebne odnose med mentorji in mentoriranci zdravstvene nege ter ugotoviti, kateri dejavniki vplivajo nanje. Cilji raziskave je bil ugotoviti, kakšen pomen mentorji in mentoriranci pripisujejo medosebnim odnosom ter kaj vpliva na odnose med mentorjem in mentorirancem. Oblikovani sta bili naslednji raziskovalni vprašanji:

– Kako mentorji in mentoriranci doživljajo njihove medosebne odnose?
– Kateri dejavniki krojijo medosebni odnos med mentorji in mentoriranci?

Metode

Uporabljena sta bila kvalitativna metoda in deskriptivno-interpretativni dizajn. Slednji omogoča, da problem spoznamo z vidika udeleženih posameznikov, torej mentorjev in mentorirancev zdravstvene nege, ter nam pomaga izluščiti ugotovitve, ki so odraz dejanskih izkušenj (Smythe, 2012).

Opis instrumenta

Vodič po intervjuju in tematski vodič za fokusno skupino sta bila zasnovana po vnaprej pripravljenih vodilnih vprašanjih, ki so bila razvita na podlagi ciljev raziskave. Prvi izveden intervju je bil pilotni. Z njim smo preverjali ustreznost vprašalnika, ki je bila skladna z namenom in cilji raziskave.

Intervju za mentorje je obsegal naslednja vodilna vprašanja: Ali ste bili deležni izobraževanja za mentoriranje? Ali se na mentoriranje pripravite? Kako vidite lastno vlogo in vlogo mentoriranca v procesu mentoriranja? Kakšen odnos želite vzpostaviti z mentorirancem? Ali obstajajo dejavniki, ki vplivajo na odnos med vami in mentorirancem? Kako v odnosu z mentorirancem postavite meje v odnosu? Kako v odnosu z mentorirancem doživljate fizični dotik? Ali se vam zdi, da imate dovolj časa za uspešno opravljeno mentoriranje?

Intervju za mentorirance v fokusnih skupinah je obsegal naslednja vodilna vprašanja: Kako vidite lastno vlogo in vlogo mentorja v procesu mentoriranja? Katere lastnosti se vam zdijo potrebne pri dobrem mentorju? Kakšen odnos želite vzpostaviti z mentorjem? Ali obstajajo dejavniki, ki vplivajo na odnos med vami in mentorjem? Kako v odnosu z mentorjem vidite medosebne meje v odnosu? Kako v odnosu z mentorjem doživljate fizični dotik? Ali menite, da si mentorji za vas vzamejo dovolj časa?

Opis vzorca

Uporabljen je bil namenski vzorec diplomiranih medicinskih sester, ki so mentorice študentom na kliničnih usposabljanjih, ter študentov dodiplomskega študija zdravstvene nege z dveh zdravstvenih fakultet v Sloveniji. Za razumevanje medosebnih odnosov v procesu kliničnega usposabljanja z vidika mentorjev smo vključili dve diplomirani medicinski sestri in dva diplomirana zdravstvenika, ki so mentorji v različnih kliničnih okoljih in na različnih ravneh zdravstva. Povprečna delovna doba, ki so jo kot mentorji preživeli v kliničnem okolju, je 11,5 leta. Dva sta bila deležna izobraževanja za mentorje, dva pa se izobraževanja nista udeležila. Za mentorstvo so se odločili zaradi notranje želje po predajanju znanja, kar vidijo tudi kot svojo delovno obvezo in dolžnost do prihajajočega kadra. Za razumevanje medosebnih odnosov z vidika mentorirancev smo v raziskavo vključili osem študentov dodiplomskega študija zdravstvene nege, štiri ženske in štiri moške. Ena sodelujoča je obiskovala prvi letnik, pet jih je obiskovalo drugi letnik in dva tretji letnik. Vsi so že opravili vsaj eno klinično usposabljanje.

Izvedeni so bili štirje individualni intervjuji z mentorji in dve fokusni skupini, pri čemer so v vsaki

sodelovali štirje študenti. Zasičenost podatkov smo zasledili že po dveh individualnih intervjujih in obeh fokusnih skupinah. Značilno je, da ta nastopi, ko novopridobljeni podatki ne prispevajo več k dodatnemu pojasnjevanju kategorij (Vogrinc, 2008). Kljub temu so se avtorji odločili, da z zbiranjem podatkov nadaljujejo, dokler ne dosežejo visoke stopnje nasičenosti opisa preučevanega fenomena.

Opis poteka raziskave in obdelave podatkov

Sodelujoči so bili povabljeni k sodelovanju v raziskavi po osebnih poznanstvih in nadalje po metodi snežne kepe. Podatke smo zbrali na vzorcu mentorjev z individualnimi, delno strukturiranimi intervjuji in na vzorcu mentorirancev s fokusnim intervjujem. Pred intervjujem smo jim razložili namene in cilje raziskave ter se glede na njihovo razpoložljivost prilagodili za termin intervjuja in fokusnih skupin. Zaradi upoštevanja etičnih načel raziskovanja so vsi sodelujoči pred izvedbo intervjujev in fokusnih skupin podpisali t. i. informirano soglasje za sodelovanje v raziskavi, v katerem so bili obrazloženi nameni in cilji raziskave, potek, tveganja in koristi, predvideno trajanje intervjuja, zaupnost podatkov in prostovoljno sodelovanje ter možnost prekinitve intervjuja na kateri koli točki. Pred pričetkom intervjujev smo jih ponovno obvestili o snemanju pogovora.

Raziskavo smo izvedli decembra 2021. Po končanih srečanjih smo izvedli transkripcijo posnetkov, pri čemer so izjave udeležencev slovnično popravljene, a so vsebinsko ostale nespremenjene. Sledilo je večkratno branje z ustvarjanjem zaznamkov, pomembnih za raziskavo. Za obdelavo podatkov smo uporabili metodo analize vsebine po Yinu (2010): (1) sestavljanje besedila; (2) razstavljanje besedila – kodiranje; (3) sestavljanje besedila – združevanje v večje pomenske enote; (4) interpretacija rezultatov; (5) konceptualizacija preučevanega fenomena. Zagotovljena je bila triangulacija podatkov s pregledano literaturo, izvedenimi individualnimi intervjuji z mentorji in fokusnimi skupinami z mentoriranci. Poleg tega je bila zagotovljena tudi triangulacija raziskovalcev, saj je bila vsebina pregledana in usklajena s strani treh raziskovalcev ter sprejet končni vsebinski koncept. To je omogočilo verodostojnost podatkov in boljše razumevanje preučevanega fenomena.

Rezultati

Tako pri mentorjih kot pri mentorirancih smo identificirali osrednjo temo, ki smo jo poimenovali »medosebni odnos mentor – mentoriranec«. Razdeljena je bila na dve podtemi: »značilnosti medosebnega odnosa mentor – mentoriranec« in »dejavniki medosebnega odnosa mentor – mentoriranec«. Tematski koncept prikazuje Tabela 1.

Značilnosti medosebnega odnosa med mentorjem in mentorirancem

V nadaljevanju predstavljamo tako mentorjev kot mentorirančev vidik glede značilnosti njunega odnosa. Izpostavljene so ugotovitve o njunih osebnih stališčih o mentoriranju, vlogi mentorja, vlogi mentoriranca in ostalih ključnih elementih podteme »značilnosti medosebnega odnosa mentor – mentoriranec«.

Vsi mentorji so svojo vlogo opredelili kot predajanje znanja, spoznavanje študenta z določenim področjem, spodbujanje in oporo študentu in reševanje morebitnih konfliktov znotraj mentoriranja.

Svojo vlogo vidim v tem, da študentu poskušam približati vidik, kako je to v praksi. Da začuti, kakšno je to okolje in kakšna je dinamika dela. (Mentor 1)

Cilj je, da ga spoznam s tem področjem, mu nudim oporo, znam opazovati njegova čustva, pričakovanja, motivacijo, stiske, ki jih ima. Moja vloga kliničnega mentorja je, da vedno poiščem priložnosti, kjer ga vključim. Kadar odnos ni produktiven, je napet ali celo neprofesionalen, takrat moramo mi kot klinični mentorji prevzeti soodgovornost. (Mentor 2)

Mentorji vlogo mentoriranca vidijo kot enako pomembno pri uspešnem medosebnem odnosu v procesu mentoriranja. Zato imajo mentorji določena pričakovanja do mentorirancev, kot so želja do dela in učenja, spoznavanje področja in samoiniciativnost.

Pomembna je ta pripravljenost, življenjska naravnanost do dela. Študent mora biti z enim občutkom, da se primerno obnaša. (Mentor 3)

Vlogo študenta vidim v tem, da uživajo, si želijo znanja, raziskujejo, veliko sprašujejo. (Mentor 4)

Ni potrebno, da so navdušeni, da neprestano nekaj sprašujejo. /…/ Da je samoiniciativen. Tako je tudi vloga med mentorjem in mentorirancem interaktivna, je bolj produktivna in oba imata v tem odnosu več od tega. (Mentor 2)

Mentoriranci vlogo mentorja vidijo kot vodilno vlogo. Doživljajo ga kot nekoga, ki vodi učni proces, in kot nekoga, na katerega lahko računajo. Mnenja so bila deljena glede tega, ali mora biti mentor ves čas ob mentorirancu ali ne. Svojo vlogo pa mentoriranci vidijo v tem, da se dejavno vključujejo v proces, pokažejo zanimanje in pripravljenost do dela. Želijo si, da se mentorji zavzamejo zanje, da jim niso zgolj v breme, jim zaupajo in jih sprejmejo medse.

Mislim, da mora vodilno vlogo prevzeti mentor, on mora biti tisti, ki ti da delo, ki ti razkaže oddelek, ker je on tisti, na katerega se lahko zaneseš, on te uči novih stvari. (Mentoriranec 5)

Vlogo kot študent vidim v tem, da se potrudim in se vključujem v sam proces, ko sem na vajah, in da pokažem neko zanimanje, da pridem pripravljena. (Mentoriranec 4)

Meni je pomembno, koliko se zavzame in zaupa vate. (Mentoriranec 7)

Mentoriranci upoštevajo osnovna načela bontona

Tabela 1: *Shematični prikaz tem, podtem ter kod mentorjev in mentorirancev*

Tema	*Podteme*	*Kode*	*Kode*	*Podteme*	*Tema*
Vidik mentorirancev			***Vidik mentorjev***		
Medosebni odnos mentor – mentoriranec	Značilnosti medosebnega odnosa mentor – mentoriranec	Osebna stališča o mentoriranju	Stališča do priprave na mentorsko vlogo	Značilnosti medosebnega odnosa mentor–mentoriranec	Medosebni odnos mentor – mentoriranec
		Mentorirančev vidik vloge mentorja	Mentorjev vidik vloge mentorja		
		Mentorirančev vidik vloge mentoriranca	Mentorjev vidik vloge mentoriranca		
		Želene lastnosti mentorja	Pričakovanja v medosebnem odnosu		
		Želen medosebni odnos	Ovire mentorja pri mentoriranju		
		Komunikacija znotraj medosebnega odnosa	Komunikacija znotraj medosebnega odnosa		
		Odnos do fizičnega dotika v medosebnem odnosu	Odnos do fizičnega dotika v medosebnem odnosu		
		Doživljanje in izkušnje mentoriranca v praksi	Razlogi za nezadovoljstvo mentorirancev s kliničnim usposabljanjem		
		Predlogi za izboljšanje klinične prakse	Reševanje konfliktov v medosebnem odnosu		
			Dejansko in želeno izobraževanje mentorjev		
			Sodelovanje s fakulteto pri organizaciji kliničnega usposabljanja za mentorirance		
	Dejavniki medosebnega odnosa mentor – mentoriranec	Osebnostne lastnosti mentorja in mentoriranca	Osebnostne lastnosti mentorja in mentoriranca	Dejavniki medosebnega odnosa mentor – mentoriranec	
		Postavljanje mej v medosebnem odnosu	Postavljanje mej v medosebnem odnosu		
		Čas, namenjen vzpostavljanju medosebnega odnosa	Čas, namenjen vzpostavljanju medosebnega odnosa		
		Razlike v odnosu glede na področje kliničnega usposabljanja	Razlike v odnosu glede na področje kliničnega usposabljanja		
		Samoiniciativnost mentoriranca v kliničnem okolju	Obremenitve mentoriranca s strani fakultete		
		Število mentorirancev na mentorja v kliničnem okolju	Vpliv delovnega okolja na mentorski proces		
			Vpliv »dobrega« in »slabega dne« mentorja in mentoriranca		
			Prvi stik mentorja z mentorirancem		
			Vloga spola v mentorskem odnosu		
			Pričakovanja mentoriranca		

in mentorje vikajo, dokler jim ti ne rečejo drugače. Menijo, da s tem izkazujejo osnovno spoštovanje in upoštevajo nadrejeno vlogo mentorja.

Na začetku mentorja vedno vikam, tikati ga začnem samo, če mi on tako reče. Če mi nič ne reče, ga celo prakso vikam. /…/ Ne moreš nadrejenega tikati, če ti drugače ne reče. (Mentoriranec 8)

Mentorji so večinoma povedali, da dajejo na začetku odnosa v govorni komunikaciji prednost vikanju. Pozneje se v procesu mentoriranja na podlagi razvitega odnosa z mentorirancem mnogi odločijo za tikanje, če mentorirancu to ustreza. Sicer pa vsi menijo, da je to individualna odločitev vsakega mentorja na podlagi odnosa.

Ni to neko pravilo, vsak mentor se po svoje odloči. Jaz opažam, da se mi zdi vikanje boljše. Odvisno tudi od študenta. Proti koncu rečem, /…/ lahko se tudi tikava. (Mentor 3)

V okviru neverbalne komunikacije mentorji zagovarjajo uporabo primernega fizičnega dotika z vidika rokovanja ob prvem stiku, izkazovanja pohval, pritegnitve pozornosti, izvajanja intervencij v zdravstveni negi. Zaradi pandemije virusa SARS-Cov-19 se je dojemanje dotika še dodatno spremenilo; meja primernega in zaželenega je še bolj zabrisana. Mentorji se strinjajo, da je kakršen koli neprimeren dotik, odnos, ki bi se ga lahko interpretiralo kot spolno nadlegovanje, nedopusten. Med dejavniki omejevanja fizičnega stika ni bil izpostavljen spol, temveč osebnostne lastnosti mentoriranca ter njegovo dojemanje in sprejemanje fizičnega dotika. Eden izmed mentorjev je izpostavil, da spol igra vlogo v odnosu, vendar le zaradi bioloških razlik med spoli.

V zadnjih dveh letih je s tem dotikom tako čudno. /…/ Rad se dotaknem, ko se rokujem, ali pa, ko nekoga potrepljam po rami, ko ga želim samo nekaj zmotiti, opomniti, ko razlagam, nujno nekaj rabim, to ni problem. /…/ Morda, če je na praksi fant, mu rečem, da je bolj primeren za nek oddelek, kjer je veliko dvigovanja. (Mentor 4)

Vedno lahko prestopimo mejo, pa ne samo z dotikom, tudi z besedami, odnosom, ko se študent lahko počuti neprijetno, v stiski, če ne celo spolno nadlegovan. (Mentor 2)

Mentoriranci se glede fizičnega dotika v veliki meri strinjajo z mentorji. Naklonjeni so primernemu fizičnemu dotiku, ki ne vzbuja občutkov spolnega nadlegovanja. Pri tem prihaja do razlik v pojmovanju glede na spol mentorirancev, saj ženske spol izpostavljajo kot dejavnik, ki vpliva na doživljanje fizičnega dotika. Oboji pa se večinoma strinjajo, da na doživljanje bolj vpliva osebnost.

Zdi se mi prav, da ob srečanju daš roko v pozdrav. Tudi ob dobro opravljeni intervenciji, ko ti nekaj uspe, lahko narediš petko ali kepico. Če se te v prostem času dotika po hrbtu ali kakor koli od zadaj, kar nekateri delajo, ne, to ni pravilen, dovoljen dotik. (Mentoriranec 2)

Meni ni isto, ali mi moški ali ženska potreplja ramo. (Mentoriranec 8)

Sama vseeno mislim, da je odvisno od same osebe, kako je ona naučena. Bolj kot spol je pomembno, kakšna je oseba. (Mentoriranec 4)

Dejavniki medosebnega odnosa mentor – mentoriranec

Tako mentorji kot mentoriranci so kot dejavnik, ki vpliva na njihov medosebni odnos, identificirali osebnostne lastnosti. Mednje so uvrstili posameznikovo doživljanje situacij, karakter, sposobnost spodbujanja zanimanja, iskrenost, spoštljivost in pričakovanja posameznika.

Glavni dejavniki, ki vplivajo na odnos, so zagotovo osebnostne in karakterne lastnosti posameznika. (Mentor 2).

Da pokažeš, da nekaj že znaš, kar ne znaš, pa da priznaš. (Mentoriranec 1)

Od odnosa se mi zdi pomemben prvi pristop, kako mentor sebe predstavi. (Mentoriranec 4)

Oboji so pri zagotavljanju produktivnega odnosa izpostavili tudi pomembnost postavljanja in upoštevanja določenih mej, ki so ali spontano ali namerno postavljene. Nekateri mentorji jih postavljajo individualno, drugi jih ne prilagajajo posamezniku. Želijo si, da so te meje postavljene na primeren, strokoven in konstruktiven način, čeprav je to včasih zahtevno.

Za meje mislim, da so že kar naravno postavljene. (Mentor 3)

Mislim, da so te meje tako subjektivne in individualne, da izhajajo predvsem iz tega, kakšen medosebni odnos imata mentor in študent. /…/ Tam, kjer so težave, pa nastopi problem, na kakšen način postaviti meje oziroma kako rešiti konfliktne situacije. (Mentor 2)

Skozi delo pa vidiš, ali se malo poheca, da recimo ni striktno strokoven. Na podlagi tega se potem lahko oceni tudi, kakšne so meje. (Mentoriranec 4)

Tako mentorji kot mentoriranci so kot dejavnika, ki vplivata na medosebni odnos in kakovost mentoriranja, izpostavili področje kliničnega usposabljanja in samo klinično okolje – z vidika interesa za posamezno področje in glede na to, kakšni so odnosi, razmere in pogoji za delo v kliničnem okolju, kamor prihajajo mentoriranci.

Zagotovo je dejavnik tudi področje kliničnega usposabljanja, motivacija, koliko študenta neko področje zanima. /…/ Tudi kakšna je posamezna učna baza, ali slovi po tem, da je tam zanimivo in prijetno opravljati klinično usposabljanje. (Mentor 2)

Odvisno tudi od oddelka, kako se ljudje na oddelku obnašajo. Ali se dobro razumejo ali ne. (Mentoriranec 5)

Kot skupen dejavnik je bil pri mentorjih in mentorirancih izpostavljen tudi čas, namenjen vzpostavljanju medosebnega odnosa. Mentorji si želijo,

da bi za študijski proces imeli več časa, vendar lahko to kompenzirajo s pravilno organizacijo. Mentoriranci menijo, da mentorji pogosto nimajo dovolj časa zanje. Tako mentorji kot mentoriranci menijo, da lahko z daljšim kliničnim usposabljanjem vzpostavijo boljše odnose in se več naučijo.

Časa je dovolj, če si ga pravilno razporediš /…/. Daljša kot je praksa, boljši odnos se bo razvil, študent bo pridobil več samostojnosti, kompetenc. (Mentor 2)

Meni se zdi, da so bili mentorji večinoma zelo zaposleni. Bili so večinoma vodje oddelka in posledično zame niso imeli časa. Zato me je dal drugi sestri, naj me ona vodi in uči. (Mentoriranec 4)

Nekateri mentoriranci so med dejavniki, ki vplivajo na medosebni odnos, izpostavili število mentorirancev v kliničnem okolju. Eden izmed mentorjev pa je opozoril, da se zaradi določenih obremenitev s strani fakultete zmanjšuje osredotočenost mentorirancev na opravljanje nalog na oddelku.

Na praksah, kjer sem bil sam, se je večinoma dalo doseči želen odnos. Na praksah, kjer nas je bilo pa recimo po deset oziroma smo bili v skupini, pa to ni bilo izvedljivo. (Mentoriranec 5)

Dodatne aktivnosti in obremenitve s strani fakultete, kot so negovalne dokumentacije, analize člankov in podobno. Te dejavnosti v določen delu študentu odvrnejo pozornost od samih aktivnosti v kliničnem okolju. (Mentor 2)

Prvi stik mentorja z mentorirancem se zdi vsem mentorjem zelo pomemben. Opisujejo, kako se dinamika na oddelku tisti dan spremeni in kako se hkrati veselijo študenta, a se tudi zavedajo velike odgovornosti. Dva izmed mentorjev sta izpostavila, da na medosebni odnos lahko vpliva tudi dnevna forma v smislu počutja tako mentorja kot mentoriranca. Eden izmed mentorjev je opazil, da mentoriranci radi vedo, kaj se od njih pričakuje.

Zdi se mi pomembno, da so študentje lepo sprejeti, ne da potem on cel dan tam sedi in ga nihče ne pogleda. /…/ Da je študent ozaveščen vnaprej, kaj se bo dogajalo. To vidim, da imajo zelo radi, tudi sprašujejo, da si ustvarijo sliko in se razbremenijo negotovosti. (Mentor 4)

A si ti spočit prišel v službo, ali si utrujen, kakšna je tvoja pripravljenost. To subjektivno, ki seveda v določeni meri vpliva na odnos. Ali se raje nekam usedeš, da si v tišini. (Mentor 3)

Diskusija

Rezultati tako v naši kot v drugih raziskavah (Jokelainen, Tossavainen, Jamookeeah, & Turunen, 2013; Kaihlanen, Lakanmaa, & Salminen, 2013; Huggins, 2016; Setati & Nkosi, 2017) so pokazali, da mentorji svojo vlogo vidijo kot vlogo učitelja, supervizorja in da so mentorirancu med kliničnim usposabljanjem v oporo, ga spodbujajo in motivirajo. S tem mu omogočijo, da se v potencialnem delovnem okolju primerno socializira. Podobne ugotovitve o vlogi mentorja so bile izpostavljene tudi pri drugih raziskavah, v katerih so navajali, da študenti mentorja vidijo kot nekoga, na kogar se lahko zanesejo, se obrnejo nanj po znanje in nasvet (Kaihlanen et al., 2013; Foster, Ooms, & Marks-Maran, 2015; Babuder, 2016).

Rezultati naše raziskave so pokazali, da mentoriranci svojo vlogo vidijo v tem, da se samoiniciativno vključujejo in pokažejo pridobljeno znanje, kar od njih v drugih raziskavah pričakujejo tudi mentorji (Jokelainen et al., 2013; Joubert & de Villiers, 2015; Babuder, 2016; Setati & Nkosi, 2017). Ugotovili so, da mentorji od mentorirancev pričakujejo, da bodo pokazali pripravljenost do dela, načela moralnosti, etičnosti in humanosti. Želijo si, da so mentoriranci samoiniciativni in si želijo raziskati nova področja v zdravstvu, saj njihovo vlogo dojemajo kot enako pomembno za uspešno izpeljano mentoriranje (Jokelainen et al., 2013; Babuder, 2016; Setati & Nkosi, 2017).Tudi v drugih raziskavah (Collier, 2018; Brown et al., 2020) so mentoriranci kot želene lastnosti navedli mentorjevo zagovorništvo mentoriranca, izkazovanje interesa mentorjev do mentoriranja in vključevanje v dnevni delovni proces. Poleg tega so izpostavili tudi, da mora biti mentor dostopen, saj je to pogoj za dejavno sodelovanje mentoriranca.

Z vidika govorne komunikacije dajejo tako mentorji kot mentoriranci na začetku prednost vikanju. V poznejšem procesu mentoriranja so oboji pripravljeni na prehod na tikanje. Babuder (2016) je v svoji raziskavi, ki je bila prav tako izvedena v Sloveniji, navedel, da medsebojnega pogovornega tikanja ne odobrava nihče izmed intervjuvanih skupin, kar je v nasprotju z ugotovitvami naše raziskave. Naši izsledki so pokazali tudi pozitiven odnos mentorjev in mentorirancev do primernega fizičnega dotika, kot je na primer rokovanje ob prvem srečanju ali dobro opravljeni nalogi. Predvsem mentoriranke so priznale, da so zaradi preteklih izkušenj bolj previdne, ko fizični dotik izvaja mentor moškega spola. Hill & Laguado (2019) sta v raziskavi izpostavila, da je treba za primeren fizični dotik ustvariti varno okolje, v katerem se posameznik počuti lagodno. Mentorji morajo pred dejanjem oceniti primernost besede oziroma dotika za dano situacijo. V raziskavi, ki so jo izvedli Kim et al. (2018), so sodelujoči izpostavili, da jih niti na šoli niti na klinični praksi niso naučili, kako preprečiti neprimerne fizične dotike oziroma kako se obvarovati pred njimi. To kaže na potrebo po dodatnem izobraževanju študentov in zaposlenih na tem področju.

Rezultati naše raziskave so tako za mentorje kot za mentorirance izpostavili štiri ključne skupne dejavnike: osebnostne lastnosti mentorja in mentoriranca, postavljanje mej v medosebnem odnosu, razlike v odnosu glede na področje kliničnega usposabljanja in čas, namenjen vzpostavljanju medosebnega odnosa.

V raziskavah (Babuder, 2016; Collier, 2018; Pramila-Savukoski et al., 2020), ki so kot dejavnik medosebnega odnosa izpostavili osebnostne lastnosti, so dodatno ugotovili pomen dostopnosti, samozavesti, veselja do dela, poštenosti, odprtosti, odkritosti, vzajemnega spoštovanja, skrbnosti, odgovornosti in zanesljivosti.

Tudi Brown et al. (2020) ter Launer (2013) so izpostavili pomembnost postavljanja mej med mentorjem in mentorirancem. Ugotovili so pomen prijaznosti in kolegialnosti ter istočasne strokovnosti z jasno postavljenimi mejami. Te vključujejo osredotočenost na mentoriranje ter potrebe in zahteve za uspešen proces. Postavitev jasnih mej in prilagodljivih osnovnih pravil omogoča jasen, usklajen in partnerski odnos med mentorjem in mentorirancem (Davey, Henshall, & Jackson, 2020).

Podobno so tudi druge raziskave (Bisholt, Ohlsson, Engström, Johansson, & Gustafsson, 2014; Setati & Nkosi, 2017) kot dejavnik medosebnega odnosa izpostavile pogoje in področje kliničnega okolja. Prav klinične vaje v bolnišnicah so bile zaradi razgibanosti nalog in nerutinskega dela ocenjene kot pomembne (Bisholt et al., 2014). Izpostavljena sta tudi vzdušje in sodelovanje znotraj tima, saj je mentorstvo skupna odgovornost osebja. Delovni pogoji in odnosi vplivajo na zadovoljstvo in vključevanje mentorirancev v proces dela (Setati & Nkosi, 2017).

Pomemben dejavnik medosebnega odnosa je tudi skupno preživet čas mentorja in mentoriranca. V raziskavah (Foster et al., 2015; Joubert & de Villiers, 2015; Nowell, Norris, Mrklas, & White, 2017; Setati & Nkosi, 2017) so dejavnik časa izpostavili z različnih vidikov. Nekateri so ugotovili, da ga imajo mentorji zaradi obsega dela premalo za vzpostavitev primernega odnosa (Joubert & de Villiers, 2015). Pomembno je, da ima mentor dovolj časa za mentorske obveznosti, da bo izpolnjeval pričakovanja mentoriranca na tem področju (Nowell et al., 2017). Če mentor z mentorirancem ne preživi dovolj časa, težje konstruktivno oceni njegov napredek oziroma poda povratno informacijo o možnostih za izboljšanje (Foster et al., 2015). Poleg tega na doseganje ciljev in spoznavanje posameznega področja vpliva tudi dolžina vaj, ki je običajno časovno omejena (Setati & Nkosi, 2017).

Omejitve naše raziskave lahko pojasnimo glede na kulturno omejenost naših rezultatov na slovenski prostor. V raziskavo je smiselno vključiti tudi študente drugih fakultet in mentorje iz širšega slovenskega okolja in delovnih področji. Zaradi trenutnih razmer epidemije SARS-CoV-19 je bilo pridobivanje sodelujočih za raziskavo oteženo.

Z našo raziskavo smo omogočili vpogled v odnos tako z vidika mentorja kot mentoriranca ter prikaz ovir in priložnosti za izboljšave procesa mentoriranja (proaktivnost mentoriranca, ustrezna dolžina vaj, primerni delovni pogoji itd.). Izpostavili smo tudi nekaj dejavnikov (meje v medosebnem odnosu, področje kliničnega usposabljanja, obremenitve mentoriranca s strani fakultete), na katere morajo biti vključeni pozorni pri gradnji kakovostnega odnosa in kompetentnem opravljanju dela.

Zaključek

Medosebni odnos med mentorjem in mentorirancem je v procesu kliničnega usposabljanja pomemben za vzpostavitev kakovostnega izobraževanja, ki pozneje vodi do kompetentnih strokovnjakov na področju zdravstvene nege. Mentorji se morajo v samem procesu zavedati svoje dolžnosti pri prenašanju znanja, mentoriranci pa svoje obveze do dejavnega sodelovanja pri pridobivanju znanja in strokovnih kompetenc za svoje delo. Le takšen odnos omogoča primerno profesionalno socializacijo študentov v zdravstveni negi, katere temelj je kakovostna skrb za paciente.

V nadaljnjih raziskavah priporočamo implementacijo izboljšav, ki bi odpravile prej omenjene omejitve, kot so vključevanje večjega števila sodelujočih z več različnih področij prakse. Smiselno bi bilo poglobljeno raziskati tudi, kako je epidemija covid-19 vplivala na medosebne odnose med klinično prakso. Predlagamo poglobljene kvalitativne in kvantitativne raziskave, saj te izpostavijo različne dejavnike z več zornih kotov in najbolj pomembne tudi podrobneje opredelijo. Predlagamo tudi raziskave, ki bi posamezne dejavnike (npr. osebnostne lastnosti, postavljanje mej v medosebnem odnosu, čas, namenjen vzpostavljanju medosebnega odnosa), ki vplivajo na medosebni odnos med mentorjem in mentorirancem, obravnavale individualno. Skupna obravnava je namreč preobsežna in onemogoča poglobljeno razumevanje.

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Conflict of interest/Nasprotje interesov

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Author contributions/Prispevek avtorjev

The first three authors were involved in all parts of the study, i.e. in its design, data collection, analysis and interpretation of the data, as well as in the drafting, critical revision and final approval of the paper. The last author was also involved in the interpretation of the data. The last two authors collaborated with other authors in the conception and design of the study, as well as in the critical review and final approval of the paper./Prvi trije avtorji so sodelovali v vseh delih poteka raziskave: pri zasnovi, pridobivanju, analizi dela in interpretaciji podatkov ter tudi pri pripravi, kritičnem pregledu in končni odobritvi prispevka. Pri interpretaciji podatkov je sodeloval tudi zadnji avtor. Zadnja dva avtorja sta z drugimi avtorji sodelovala pri zasnovi in oblikovanju dela ter kritičnem pregledu in končni odobritvi prispevka.

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