



Predictors of nurses' level of participation in student care: A multivariable analysis



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ABSTRACT

Objective: To determine the association and predictive nature of certain socio-demographic, education, work and research variables on nurses' participation level in the clinical care of students.

Design: A cross-sectional analytical study using a validated questionnaire between February and June 2014.

Setting and Participants: A consecutive sample of 117 nurses who worked in public health centres in the province of Castellón (Spain) in 2014. The nurses who had never mentored students and the questionnaires that were < 50% complete were excluded.

Methods: A descriptive analysis of the sample and an association analysis between variables were performed. The questionnaire and its dimensions were performed with a logistic regression and the maximum likelihood method, which used a complementary log-log link method. The concordance index was calculated using contingency tables.

Results: The mean age was 42.56 years, and the overall mean questionnaire score was 122.84 (SD = 18.69; 95% CI: 119.415–126.26). Across the sample, 58.1% (n = 68) of the nurses obtained an Excellent score, followed by Adequate in 41% (n = 48). Overall, the predictive variables were age, mentoring of students in the last 5 years and previous training to mentor students.

Conclusion: The main predictive variable for greater participation in the mentorship of students was previous training in mentoring. This study also reflected on other variables that could influence nurses' participation in student mentoring.

1. Introduction

In 2010, universities in Spain adopted the European Higher Education Area (EHEA), which promotes a new educational paradigm that focuses on the student and the acquisition of skills through new pedagogical methods. This paradigm marks a transition in universities and their curricula, which include nursing studies (Maciá Soler et al., 2013).

Most studies on the acquisition and evaluation of competences in nursing have focused on learning in university classrooms (Palese et al., 2014). However, the Community Directive of the European Parliament, which was incorporated into the Spanish legal system in June 2017 (Spain, Royal Decree, 581/, 2017) and amended the European Directive 2005/36/EC (The Council of the European Union, 2005), establishes minimum training requirements for the free movement of nursing professionals in the European Union. This directive specifies that

clinical practice in real settings must account for at least 50% of the curriculum.

Clinical practice comprises training outside the university in health centres. In these settings, it is necessary for educators to streamline knowledge, attitudes and theoretical-practical skills with clinicians to ensure that nurses acquire the skills of the profession.

In the clinical field, the acquisition and evaluation of competences, regulated by agreements, is achieved by training clinical nurses in primary and specialized care in different centres. However, clinical nurses' mentorship of students does not always guarantee learning according to objectives; thus, programmes should select nurses who participate in this learning process (Maciá Soler et al., 2014). Research on clinical learning and student mentorship is one of the most prolific areas in nursing education. Nevertheless, very little is known about the factors that influence nurses' participation in student mentorship (Bland et al., 2011).

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Table 1
Validation results, number of items and overall score ranges for each dimension.

| | Items | Internal consistency ^a | Temporary stability ^b | Variance was explained | Ordinal categories | Ranges |
|------------------------|-------|-----------------------------------|----------------------------------|------------------------|-------------------------------------|----------------------------|
| Overall score | 33 | 0.837 | 0.852 | 55.40 | Unsuitable Adequate Excellent | 33–76 77–120 121–165 |
| Involvement | 8 | 0.875 | 0.852 | 15.08 | Unsuitable Adequate Excellent | 8–18 19–29 30–40 |
| Motivation | 8 | 0.824 | 0.910 | 11.39 | Unsuitable Adequate Excellent | 6–13 14–22 22–30 |
| Satisfaction | 6 | 0.811 | 0.855 | 10.77 | Unsuitable Adequate Excellent | 8–18 19–29 30–40 |
| Obstacles ^c | 6 | 0.814 | 0.879 | 10.41 | Unsuitable Adequate Excellent | 6–13 14–22 22–30 |
| Commitment | 5 | 0.713 | 0.670 | 7.75 | Unsuitable Adequate Excellent | 5–11 12–18 19–25 |

^a Cronbach's alpha.

^b Intraclass Correlation Coefficient (ICC).

^c The items in the obstacles dimension are inverse.

2. Background

The literature indicates that different factors can influence nurses' participation in mentorship tasks. Many authors support the idea that one of the most influential factors is previous training in mentoring students (Dobrowolska et al., 2016; Ownby et al., 2012). Jokelainen et al. (2013) emphasise that professionals must receive training in curricula and assessment in the clinical field. Moseley and Davies (2008) and Broadbent et al. (2014) suggest that knowing the curricula of students' universities can promote higher levels of involvement in mentoring.

Some nurses perform mentorship duties without having received specific training, and many are confused about their responsibilities as mentors (Newton et al., 2016). Jokelainen et al. (2011) affirm that the functions of mentors in clinical practice are confusing and provide a conceptual framework with four main functions: (i) create a supportive learning environment; (ii) allow an individual learning process; (iii) develop professional attributes and identity; (iv) improve professional competence.

These functions are developed in a context that combines the cultures of two complex organisations: universities and health centres. Lack of time may also influence nurses' participation in mentoring students; sometimes mentors indicate that they face staff shortages (Walker et al., 2013), a busy clinical environment (Bland et al., 2011) and difficulties combining clinical work with mentoring students (Forber et al., 2016). In fact some authors argue that the workload of professionals who mentor students should be reduced (Croxon and Maginnis, 2009) to reflect their additional responsibilities. Koskinen and Tossavainen (2003a, 2003b) note that turnover can also be an influential factor in student mentorship among clinical nurses. In the same vein, the level of care (primary, specialized, social, etc.) and type of nursing contract can also influence participation in mentoring activities (Cervera Gasch et al., 2017a, 2017b).

Other factors that may influence nurses' involvement in student mentorship are age, training (McCloskey, 2008) and involvement in research (Skela-Savič and Kiger, 2015). A study that compared clinical care patterns in nursing education across eleven countries (Dobrowolska et al., 2016) shows variability in professional profiles, experience and education, and argues for the need to streamline these requirements, at least in the European Union context.

The relationship between the mentor and students is an important determining factor of the effectiveness of the mentorship process which,

in turn, has a significant impact on student development and learning (Newton et al., 2016). This relationship can be affected by the mentor's level of participation. The existing qualitative and descriptive literature offers information on socio-demographic, academic and professional factors that may influence nurses' participation on student oversight. Thus the main objective of this study was to determine the association between certain socio-demographic, educational, professional and research-related variables and the participation of nurses in clinical mentorship, as well as the predictive nature of the variables.

3. Methods

3.1. Design

A cross-sectional study with a validated questionnaire was administered online to determine the association between certain socio-demographic, educational, professional and research-related variables and the participation of nurses in clinical mentorship, as well as the predictive nature of the variables. The study used a multivariate statistical analysis and focused on nursing student clinics in the province of Castellón (Spain) between February and June 2014.

3.2. Setting and Participants

The study population was the nurses who worked in public health centres in Castellón in 2014 (N = 1436). A consecutive sample of cases included nurses with active workstations, and excluded the nurses who had never mentored and the questionnaires that were < 50% complete. A sample of 112 questionnaires was considered sufficient, with 95% confidence, an accuracy of ± 3 points, a standard deviation of 15 points in the overall IMSOC questionnaire score and a 20% replenishment percentage.

3.3. Variables and Procedure

The dependent variable was nurses' level of participation in student mentorship, measured by the IMSOC questionnaire (Cervera Gasch et al., 2017a, 2017b). This questionnaire is composed of 33 items along five dimensions (Involvement, Motivation, Satisfaction, Obstacles, Commitment). The questionnaire was validated with a sample of Spanish nurses who mentor students. Table 1 shows the validation results, the number of items and the overall score ranges for each

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