EXPLORING TRAINEE MENTOR'S PERCEPTIONS: A QUALITATIVE STUDY OF THE BENEFITS AND DRAWBACKS OF MENTORSHIP IN STUDENTS OF MASTER'S DEGREE IN NURSING

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Abstract

Mentoring could be defined as giving support, assistance, guidance in learning new skills, adopting behaviours and acquiring new attitudes. Existing research has focused mostly on mentees' experiences, rather than mentor's experience. A profound understanding of mentors' perception of benefits and drawbacks/negative benefits) is crucial for enhancing the willingness of nurses to become a clinical nursing mentor. The aim of the study was to gain in-depth knowledge of advantages and drawbacks of mentorship from the point of trainee mentors. A qualitative interview study based on semi-structured individual interviews. Data were analysed using Braun and Clarke´s thematic analysis from a purposive sample of trainee mentors (n=6) who have finished the Basics of Mentorship recently. Other inclusion criteria were to hold permanent employment (100%) as a registered nurse, had at least six-month experience of mentoring nursing students and to be willing to participate in the study. Three themes were identified from the data: Ongoing development for being a good mentor reflected the acquisition of abilities to promote learning environment, Contextual perceptions (environmental factors such as time, teamwork cooperation, resources availability), and Personal satisfaction. Study brings a more profound understanding of nurses' perspectives of being a mentor, its benefits and drawbacks.

Key words: *benefits and drawbacks of mentoring, mentor´s perceptions, nursing students, trainee mentors of clinical practice nursing*

1. INTRODUCTION

In recent decades, Slovakia, like other countries, has suffered from a shortage of nurses. This problem arises from the low interest of students in helping with professions and the fact that only about 80% of graduates successfully complete their studies. The many stressful situations and general stress associated with the academic environment, especially the demands that arise from clinical practice, are among the many reasons for the failure of many to complete their studies [1]. Clinical practice is the more significant part of education among students, considering that twice as much time is typically spent in the clinical setting as in the classroom. Nursing students may face numerous difficulties in complex and dynamic clinical environments, such as ensuring a positive relationship with clinical staff, using medical equipment, and managing sudden changes in the emotions of patients and their relatives. The process of integration, of becoming part of a collective in a clinical workplace, can be the most demanding task for students, a challenge that requires more effort than the learning itself [2]. Several authors [3, 4] confirm that the relationships between nurses and doctors in the workplace are assessed by students as being stressful. On the one hand, we can imagine a student who expects a friendly staff and a sense of acceptance and tries to integrate into the team and gain new experiences, skills, etc. On the other hand, medical personnel are primarily concerned with their own working life, their time-limited work schedules, and their own obligations. The workload rises in direct proportion to the lack of personnel but also to the influence of dysfunctional working relationships and conflicts. In the triad of student – clinical staff – educational institution a mentor is an integrating element. It has been proven that mentoring is important for the sustainability of the attributes of the nursing profession (vital for the longevity of the working life of registered nurses) and nurses themselves in the healthcare system. This is specifically true for students, during clinical practice [5], in the process of the adaptation of graduates [6], and experienced nurses who consider mentoring an important part of their professional role [7].

Only a few institutions organise such courses, and they are largely linked to university hospitals, which often have limited capacity. Some of the nurses who work as mentors in the preparation of students during their clinical practice in university hospitals participate in the process of professional training less formally and autonomously, often in cooperation with the clinical practice teacher and the educational institution. It may be essential in future to formalise the process of training mentors and the structural and procedural aspects of mentoring students in clinical practice. Therefore, in the context indicated, we included the optional subject *Mentoring in Clinical Practice* in the master's study program in the academic year 2022/2023 when designing the curriculum of elective courses. This two-semester subject broadly replicated the competencies of a clinical practice mentor as outlined in the Clinical Teaching Model created by a working group designed within the projects Workplace Training in Health Care and Quality Recommendation [8, 9]. These nurses also gained their first experience mentoring students during clinical practice at their workplace.

The Covid-19 pandemic worsened the nursing shortage in Slovakia, impacting everyone from nursing students to nurses who choose to resign, leave the profession, or retire early. As a result, nurses have left the profession at an alarming rate, and lower nurse retention and higher nurse turnover further impair the ability to onboard, and mentor students. Individual willingness is pivotal for harnessing an individual's subjective initiative and enhancing the quality of mentoring [10, 11]. Perceived benefits refer to the individual's subjective evaluation of the advantages or positive outcomes associated with a particular action. When people perceive the benefits of an action to be high or valuable, they are more likely to be willing to engage in it. On the other hand, if the perceived benefits are minimal or negative, it can decrease willingness [12]. Therefore, a profound understanding of mentors' perception of benefits and drawbacks/negative benefits is crucial for enhancing the willingness of nurses to become a clinical nursing mentor. The objective of the survey was to find out what nurses/mentors who have completed the course and have now had their first experience with mentoring consider to be the positive and beneficial aspects of this role. On the other hand, we were also interested in what they perceived as negative, as obstacles that hinder the willingness of beginning nurses/mentors.

2. MATERIALS AND METHODS

2.1. Materials

The study explored the perceptions of mentors/beginners in practice settings using a qualitative descriptive study design. Individual interviews were chosen to obtain detailed descriptions of the participating mentors' experiences. The data was audio-recorded, transcribed verbatim, anonymised, and thematically analysed using the six-step approach to data analysis promoted by Braun and Clarke [13]. To enhance the rigour and trustworthiness of the data and ensure that the study accurately reflected the participants' experience, members checking of the subsequent transcription was done by an independent experienced mentor [14]. The composition and reporting of this study were guided by The Standards for Reporting Qualitative Research.

2.2. Methods

Before the study began, all nursing master's students who had completed the two-semester course Mentoring in Clinical Practice I and II (n=8) were approached for cooperation, finally six of them agreed to cooperate. Other conditions for participation in the study were experience with mentoring nursing students in their clinical workplaces and a willingness to take part in the study. To ensure clinical competence, we required that participants have at least two years of experience as a nurse in an inpatient ward/clinic. The participants were not reimbursed for their time; however, we had an agreement with the Faculty of Healthcare that the participants could take part in the interviews during classes. The study participants were exclusively women, aged 24 to 29, with an average length of practice of four years. The workplaces at which the participants reported having experience with mentoring were inpatient departments of standard (dermatology, surgery/trauma) or intensive clinical care units of university or faculty hospitals with adult patients.

2.2.1. Data collection

The researchers conducted one-on-one semi-structured interviews with participants in January – February via the digital platform Teams or in personal contact. An interview guide was created by collaboration of the research team members. One pilot interview was performed to confirm that the interview questions generated answers about perceptions of mentoring, and it showed that the interview guide was valid. After consensus was reached by the research team, interview questions were established to be open-ended with reflective elements and focused on the impact of being a mentor (Table 1). The interviews were perceived as spontaneous and rich in content, and the interviewer followed up on the answers to elicit more detailed narratives. The average interview time was 49 minutes, interviews were audio-recorded and then transcribed verbatim. Transcriptions were anonymised and stored at a secure archive.

Focus	**Questions**
Icebreaker	What do you think about nurse mentoring? Why do you think that… about workplace training in healthcare?
Positive experiences in the role of mentor	First, could we focus on your experience as a mentor of clinical practice? Are you willing to be a clinical practice mentor? What do you evaluate **positively/as benefits**? What do you mean you gain from being a mentor? Did this experience move you, enrich you, and do you assess it from your perspective as a shift in a positive direction? What was valuable about this experience (from the short-term and long-term points of view)?
General follow-up questions: Why do you evaluate it in this way? Can you explain it to me? Can you give an example of the situations in which you experienced this?	
Negative experiences in the role of mentor	If you are not willing to be a clinical practice mentor, what is the reason? What do you perceive as **negative?** What bothered you, surprised you negatively, or let's say took you by surprise? Did you perceive it as burdensome, annoying, or challenging? In what specific situation did/did this happen? Can you describe it or explain it to me?
General follow-up questions: Why do you assess it in this way? Can you explain it to me? Can you give an example of the situations in which you experienced this?	

Table 1. Interview guide

2.2.2. Data analysis

The analysis followed the six steps methodological approach of reflexive thematic analysis (RTA) by Braun and Clarke. This approach is non-linear and instead provides a "recursive process, where you move back and forth as needed, throughout the phases" [13]. The process began with repeated readings (the 'familiarisation' phase), followed by generating initial codes (preliminary coding) and their condensation to capture core meanings. These units were then coded by the first author (MB), who also sorted and grouped codes with similar content. This whole process was checked by all authors, who discussed the content until the consensus was reached. Investigator triangulation (peer-debriefing) reinforces the study credibility. The subthemes were thereafter abstracted into main themes, as illustrated in Table 2. The analysis process was iterative, moving between text, codes, abstraction, and writing, with frequent comparisons to the original text to avoid over-interpretation. A consensus on

themes and results was reached through discussions among all authors. Uniformity in interview was ensured by employing the same interview guide, thereby enhancing the study dependability.

Codes in narratives	Condensed codes	Subthemes	Themes
... you just must adjust to their (students') pace, ***... patience training***	Patience	Intellectual and professional/nursing development	Ongoing development for being a good mentor
There are days when we go crazy, ... you never know exactly ... even though you should count on it, it will upset you!	Unpredictability of clinical situations	Time management and competing commitments	Contextual factors related to the ability to develop a learning environment
The beginnings are always difficult; then the reward comes, and the hard work pays off, and he/she helps you (investments in mentoring will translate into full-fledged help from the student to the mentor).	Benefits and drawbacks	Balance of benefits and drawbacks	Personal satisfaction

Table 2. Examples of the abstraction process

2.2.3 Ethical consideration

To satisfy trust requirements, University Ethics Committee approval was sought and granted prior to commencement of the study. Confidentiality was assured and written consent obtained. We followed the recommendations on ethical principles in human research recommendations described in the Declaration of Helsinki. Participants were informed both orally and in writing about the study, that participation was voluntary, and that they were free to decline to participate at any point during the study prior to publication. Data were handled with confidentiality, that is, no unauthorized persons have access to any data material.

3. RESULTS

This research illustrates perceptions of benefits and negatives of mentoring after first experience of young nurses in the role of clinical practice mentor. Evaluation of the data led to the identification of a bunch of tentative codes, which were refined under condensed groups. Re-examination and all research team members checking of the data revealed main themes which could be grouped together under three key headings as: Ongoing development for being a good mentor, Contextual perceptions of mentoring, and Personal satisfaction (Table 3). Some narratives which codes were derived from are described in more detail in the following section and verified with quotes and participant nickname.

Condensed codes	Subthemes	Theme
Ability to verify/update principles and procedures of clinical practice	Intellectual and professional development	**Ongoing development for being a good mentor**
Back to basics (fragmentation of complex activities into elementary actions)		
Development of pedagogical/didactic skills		
Development of professional/expert communication		
Ability to manage complexity of teaching/learning situation		
Ability to think in detail about the clinical situation (expertise, safety)		
Improving moral sensitivity		
Mentor's self-efficacy (professional/expert and educational)		
Confidence in oneself as a nurse/professional – a suitable role model		
Complexity and objectivity of evaluation of student clinical performance (complexity and objectivity)		
Ability to adequately and objectively evaluate a student		
Personal "cut-off" in evaluation		
Communication skills for developing relationships – with the student, but also with colleagues in the team and the patient	Personal development	
Patience		
Empathy		
Sensitivity		
Assertiveness		
Mutual caring relationship (acceptance of the student and respect for the right to make mistakes)		
Flexibility		
Interaction fatigue/submarine sickness – exhausted to be a role model 24/7		
Responsibility for shaping the student (communication, attitudes, professional performance, participation in the team)		
Satisfaction from the role of mentor	Balance of benefits and drawbacks	**Personal satisfaction**

Self-confidence and self-esteem resulting from student successes and positive feedback	Internal/intrinsic reward	
Mentoring as an integral part of my professional role		
Career growth and higher status	Extrinsic reward	
Financial value		
Fresh ideas and thoughts, stimuli and overlaps from the academic environment	Enthusiasm	
Reviving of the stereotype in the workplace		
Insufficient time/ competing commitments	Institutional characteristics	**Contextual perceptions of mentoring**
Unpredictability of clinical situations		
Constant amount of work (focus on patient and work to be done) regardless of mentoring trajectory		
Lack of nurses and support personnel		
Ability/inability of nursing team to support the mentor		
Poor team support/deteriorated teamwork		
Lack of readiness of the clinical environment for the presence of a student or students		
Stereotypes about students as full-fledged members of the team		
(In)ability of the student to cooperate in a team	Student characteristics	
Not enough ability for organization and planning, time management skills and self-direction in practice in students		
Manipulative behavior (about his/her performances, about the number of hours of practice, the student's inability to accept constructive criticism		

Table 3. Overview of results

Intellectual and professional abilities to be a good mentor

Theme Development for being a good mentor relates to the positive gain of the mentorship preparation (programme) and experience of mentoring had on theoretical knowledge development and the growth of self-awareness of mentors. Includes development of many intellectual and professional abilities necessary for professional and good mentor role performance. Is it not surprising, that these abilities are connected with "mission" of mentoring, seen as supporting of nursing students to become more secure in their professional role as a nurse. These abilities were dominantly perceived as positive, as benefits of mentoring experienced by novice mentors. These are associated with the theoretical foundations of nursing practice, especially how it is necessary to work with them so that clinical situations are a source of theoretical, but especially effective practical learning. Despite the fact that the purpose of mentoring is to help the nursing student acquire competencies (complex abilities that have a cognitive, attitudinal, and psychomotor component), it is necessary to prepare in terms of pedagogical/andragogy in addition

to mastering various other techniques that enable the performance of the mentor role. As Aneta states... "*I don't mean any instrumental preparation, but the activity and, for example, its technical foundations need to be thought about from time to time... often it's necessary to divide complex situations into elements and address them in isolation.... I was often struck by the fact that the student doesn't understand the principles of the individual parts of an action that I considered trivial".* Nataly adds *"...I also think about the content that I need to discuss with the student, then choose appropriate words so that we understand each other according to his/her individual requirements. Sometimes we start from the beginning, while in other cases the student does not need it and really only needs the certainty of my presence".* Aneta expressed *"...It (mentoring) actually works as a means of improving me, too, as a professional, because it's not only about the student learning to get along naturally. I have to prepare myself and focus more on the basics of nursing activities and procedures or rather be able to separate complex activities from trivial ones (the functioning of multi-way taps), because for them this is a whole pile of new things, or they need to get their hands on it "several times" to retain it. In short, you must be able to get back to your roots, and sometimes it surprises me that I can still learn something new."* Participants also provided negatives related to evaluation (identification) and management of struggling students. Mainly those who experienced a struggling student considered they were not always able to apply their theoretical and experiential skills, as "*it's very hard to tell somebody that they're not what they should be, so it was just making sure there was evidence for that*". These mentors perceived assessment of a student as complex and demanding, which is why it was a challenge for them to find a way to be objective, to consider the complexity of the student's performance in the clinical environment, including the interactive component and communication with the patient or mentor, possibly with other team members and students. One of the participants described "the hardiness of evaluation" as follows: "…it *(communication) is something that perhaps gives me the most work ... despite the fact that I know what needs to be evaluated, everyone is individual,...it is good to let them reflect on the situation; it's excellent when I see a real analysis of the situation and a real evaluation ...then they react better to constructive criticism ...but I think a student who is not quite ideal will move a person the most.* All the participating mentors, upon reflecting on the benefits, returned more or less often to the content elements of the Mentoring in Clinical Practice course, which they specifically mastered, and which had a good effect in practice. All participants described (various parts of) the theory component of mentorship subject in a positive manner, they reported that "it's helped them get more confidence" and being taught new skills helped them achieve a clearer understanding of "how to offer advice, explanation and constructive criticism". Participants who develop a strong sense of belief in him/herself ability to mentor (self-efficacy) are more likely to foster positive learning environments and build confidence in their mentees. This, in turn, leads to a greater willingness among mentees to attempt new things and boosting their overall development and success. Successful students promote the sense of ability/mastering in mentor. As Nataly states: "*It was a challenge, but I was able to improve the learning environment, flexibly, creatively; it wasn't always ideal, but the trend of improvement was/is there... this actually motivates me that it's going well, despite initial doubts, fears and even resistance".* Anna adds "…*I assess it so that through such experiences, experiencing success and good feedback, I progress, and it motivates me to improve...it moves us all forward, both me and the student."* Aneta described the acquisition of beliefs in self (efficacy as mentor) as follows*: ..." you don't even realise it at first that you can handle it (the learning objective); sometimes you can manage it improvised...you then have such a good feeling that despite all the obstacles, it's possible that the student will learn something and, in short, that I'm not the worst when I can handle it, that I have what it takes."*

Many aspects of professional growth or of getting into the role of a mentor, while also perceiving the quality of one's performance, were associated with the necessary personal growth and more or less conscious changes, corrections of the mentor's behaviour, such as patience, empathy, and assertiveness in behaviour and communication. Mentors feel that they should and are also able to cultivate personal characteristics that support student learning and developing of caring mutual relationship. Participants perceived communication skills as the fastest developing area of their interpersonal skills, with an impact on both their professional and private life. Timea described communication issue as follows: "*think twice before you say something, you have to keep in mind, that they are reflecting what (content) and how you say to them (students/patients and colleagues)".* It means being mindful of the impact your

words can have on your mentee, both in the short and long term. It's about choosing your words carefully to ensure they are helpful, constructive, and contribute to the mentee's professional and general growth.

Contextual perceptions of mentoring

"Contextual perceptions" relates to factors within the practice setting that mentors perceived to enhance or much more often inhibit their ability to carry out their role and create a learning environment (for example time, managerial and team support). The main concern for all participants during the programme was in relation to securing time within the practice environment to focus on the mentor's role. As Victoria stated, she "...*found it very difficult to have the time with students ... because we're all used to having the same/limited time with or without students*". Timea supported this, stating "… *your first priority are those patients, you know, then comes the student"*. The level of support from management of the nurse/mentor in the performance of mentoring – creating a friendly environment for the mentor and the student – varied. The significant impact of a "mentor-friendly" climate in the workplace was reflected by one mentor who works at a university hospital, which is one of the contracting parties for carrying out the mentoring programme (this is a university hospital that, together with a related educational institution in Slovakia, has the longest tradition in implementing the mentoring programme). In contrast, others reported a more spontaneous course of practical education of students, which had some elements of mentoring, but without formal, clearly structured rules or sequences and more on an intuitive level of the nurse who took part directly in the mentoring (based more on a willingness to lead students, curiosity, and an effort try it out and test methods and approaches, or after being assigned by a head nurse who knew that these nurses would undergo mentoring as part of their university studies, which they had learned in the subject of mentoring). Participants highlighted mentorship teamwork and support within practice "…*the mentor obviously has responsibility for them (students)... but it is also the team who adopts the student and looks after them..."* Particularly Aneta adds "... *Here (on her ward) we already have experience with mentoring, and it's been mastered; the whole team knows what it means that student mentoring is taking place and actively takes part in it as much as possible".* In the contrary, Paula stated …" *When I was assigned to students, I didn't feel like anyone wanted to help me...they were more relieved that it was all on me.* Ria shared how her perceive the whole work climate on the ward…" *In my view, what we do in the department isn't even mentoring in the true sense of the word; it's spontaneous, without clear contours ... I don't actually know if anyone at the workplace has completed a mentoring programme, but I think the entire management of healthcare provision was failing here, so I quit.*" Nataly contended that some nurse colleagues and managers failed to recognize the responsibility and effort that is involved in mentoring a student: "… *so we're not well paid for it, and we rarely get the recognition for it, but we have all this big responsibility*." We got extra patients "*because we've got the student*", whereas "... *that's not really what it's about... you have to teach them; they are not fully-fledged nurses".*

Personal satisfaction

The presence/absence of fulfilment/satisfaction, the emotional impact of mentorship on the mentor him/herself, as recognized by the mentor him/herself, and ranging from the challenges encountered to events that acted as a source of fulfilment and satisfaction. A lot of positives and sources of motivation and skills development were identified by participating mentors, but also stressors and obstacles. Experience with the successful mastering of learning goals, positive impacts on the student's competencies and developing a relationship with the student were perceived as the "mission of mentoring: *There is nothing better than seeing the progress. Someone comes in shaky, uncertain and stressed, and then a professional leaves who still has a lot to learn, but you can already imagine him/her as a colleague* ...". Some mentors were able to partially separate this key mission of the mentor from the context, which is given and often cannot be influenced, or influenced only a little, by the mentoring participants. For this reason, they exceeded the elements that they could more or less influence themselves and were thus real and achievable, thereby leading to a feeling of satisfaction with the performance of the mentor role "…*it was worth it, though, in the end because I did gain a lot of confidence ..."* (Aneta)*, "though they still feel some obstacles on the institutional, organisational level. But if I had the opportunity, I could imagine it, but I would still like to complete some regular mentoring programme and work in a department where mentoring is formally considered, so everyone knows the*

philosophy... that is, the system is 'set up' for mentoring. These mentors consider the performance of mentoring and participation in the education of students as potentially being one of the real possibilities for expanding their professional role and career growth. Specifically, Aneta emphasized that ... *"I found myself in it (mentoring). I perceive it as a natural expansion, an extension of my professional nursing role. On the contrary, I found that the performance of the work of a teacher of medical subjects in an academic environment or simulated conditions is not for me"*.

Some, in contrast, after completing from the course, learning in simulated conditions and experience from a real nursing care unit, became convinced that they will not participate in the education of students now and probably not in the near future. As Paula states ... *"I can't handle this right now; I'm not patient enough and the students really irritate me"*. Ria says *"... I feel as if I have to overcome a lot of barriers that I experienced while mentoring. I'm not saying that as a team member I will avoid occasional 'help', but at the moment. I find it difficult to take responsibility for a student, when I currently feel the performance of my profession as very demanding and stressful". This is, in fact, a strength; you don't even realise it at first that you can handle it (the learning objective); sometimes you can manage it improvised ... you then have such a good feeling that despite all the obstacles, it's possible that the student will learn something and, in short, that I'm not the worst when I can handle it, that I have what it takes. Then you realise what you would have given for that kind of mentor when you were studying. I didn't have one.*

4. DISCUSSION

Ongoing development for being a good mentor

The study, aimed at revealing the perspective of mentors after their first experiences with mentoring a student in clinical settings, revealed a wide range of positive/benefits and negative assessments of various aspects of the mentoring role. When analysing the participants' statements, we identified a wide range of evaluations of their first experiences with mentoring, which we grouped into the following three main themes, namely: Continuous development/evolving to be a good mentor, Personal satisfaction, and Contextual perceptions of mentoring. In the participants' responses, we recorded codes in relation to the perception of benefits (we present narratives in the text for readability) from which we abstracted subthemes relating to the performance of the mentor's function/role and many aspects related to the performance of this role. They represented what creates and enables the performance of the role of a mentor and the process of teaching in the clinical environment by the mentor nurses themselves as what could continue to motivate them. As a benefit, the mentor nurses assess the development and growth of the mentor's competencies, which, however, are perceived with many positive spillovers beyond this role, especially the strengthening of the professional role of the nurse. Specifically, this involved the development of competencies/abilities – intellectual, professional, expert and communication qualities and skills for the development of the mentor role – which arose upon grouping thematically related subthemes. The authors of qualitative studies on the experiences of mentors on a broad scale reported similar findings, although not in terms of evaluation – perceptions of individual areas. They are concentrated around the mentor's abilities to create and use the characteristics of the clinical situation for the learning goals [15, 16, 17] and the development of students' clinical competencies at an individual pace [18, 19, 5]. Other spheres reflected the mentors' competencies in developing students' decision-making activities [5], a holistic approach [15]. Intellectual skills associated with the learning process itself and its organisation during learning situations, such as the use of learning methods and strategies/practices, were significantly developed [16, 15, 20].

We recorded the assessment of the performance and competency of the student as the most ambivalent in association with the perception of the mentor's performance and his/her evaluation. Assessment of competence is characterised by ambiguity and inconsistency despite its critical role in assessing readiness for entry to the nursing profession. Assessment was also described by Cassidy et al. as a critical aspect of the mentoring process [21]. Because assessment is essentially an interpretative act with a high degree of subjectivity, some mentors may evidently have a problem with clearly distinguishing their share in the failure or lack of success of the student and speak about a so-called "failure to fail". In this

context, several effective methods have been proposed to help mentors at this stage, particularly when assessing students with a borderline level of competence. In the case of students with borderline performance/competence, Cassidy et al. suggest involving multiple people in the evaluation process [21]. Zasadny and Bull perceive assessment through a structured, multidimensional ASAP model [22]. Other benefits perceived by mentors were a sense of satisfaction in their different roles, keeping connected with the scientific basis of the nursing programme and being energised by meaningful discussions and reflections [23, 24].

Belief in one's own abilities, one's own effectiveness or the ability to perform effective mentor activities and achieve good results (in terms of content it overlaps with the term known from Bandura's theory of social learning/Self-efficacy). Self-efficacy for mentoring is about a mentor's beliefs in their abilities to successfully perform future-focused mentoring tasks and achieve their mentoring goals. The mentor with higher self-efficacy for mentoring should feel more motivated to forge a strong connection with their mentee, persevere through challenges in the relationship, further master their relational skills, and feel successful as a result. According to self-efficacy theory, individuals with higher self-efficacy beliefs tend to succeed, and this fuels their motivation and perseverance, especially when confronted with challenges. This increased effort is associated with higher achievement which further enhances self-efficacy and skill development, thus creating an optimising self-fulfilling cycle [25].

In mentoring, a wide spectrum of personality traits of the mentor is developed which improve communication and interaction in the mentor – mentee dyad, or other interested persons. In published studies, we very often deal with patience, flexibility (communication skills as such). Empathy comes significantly to the fore in this context and for the development of the mentor-mentee relationship. In the context of mentoring, a mentor's ability to demonstrate empathy to a mentee is a core indicator of relational competence [26]. Empathy involves the ability to connect another's experience with similar experiences of their own to "feel with" the support recipient [27]. Consequently, empathy bridges perspectives in a way that facilitates the expression of care and connection [27]. Mentor empathy had a consistent and strong influence on mentor-mentee relationship quality.

Our findings show that positive emotional reactions to the performance of the mentor role – to the procedural aspects of mentoring, interaction with the student, or to the student's results/progress – is an important area that is perceived positively by mentors and can be considered a motivator. In line with the previously published works of other authors, we must state that there is a significant discrepancy between the knowledge about mentee satisfaction and the experiences of mentors.

Personal satisfaction

Kram (1985) in his seminal work observed mentorship as an intense complex and multifaceted inter-personal relationship characterised by both positive and negative experiences over time [28]. The varying amounts of positive and negative mentoring experiences result in varying degrees of satisfaction [29]. When assessing one's satisfaction with mentoring, a mentee will evaluate the relationship relative to his or her expectations and/or needs [30, 31]. On the basis of our findings, we think that a similar process of evaluating relational, procedural, and performance attributes on the part of the student/mentee is also carried out by the mentor within the framework of his/her expectations and needs. In the event that they are close or overlap, this leads to an increase in the mentor's positive emotional reactions (affective reaction), which is perceived as a benefit of mentoring, as it motivates and leads the mentor towards a sense of satisfaction and subjective fulfilment from performing the mentor's role. Some older work in this area suggests that the evaluation of a complex and multidimensional situation in mentoring with its subsequent emotional response in experiencing satisfaction (and other positive emotions) is truly two-sided. That is, the mentorship will be viewed as functional or satisfying if it saturates the major needs of either mentor or the mentee [30, 31]. Hathorn et al. (2009) and Hilli et al. (2014), using various qualitative approaches in clinical practice mentors in nursing, have mapped satisfaction, fulfilment, and joy from helping and pride in being able to shape a successful professional [32, 15]. In association with our findings, a positive emotional reaction is associated with the level of satisfaction of mentors with the overall course and results achieved in mentoring. It is also derived from other aspects of the mentoring process, which are associated with the development and growth of mentors in the intellectual, professional and personal areas and, of course, the shaping of a new professional/nurse. Thus far, for

example, the relationship between subjective beliefs about one's own effectiveness (self-efficacy, which is related to the development and building of a broad framework of specific competencies and personal beliefs about the effectiveness and quality of these competencies) and job satisfaction has been empirically mapped. For this reason, we believe that the first and second main themes reflected as the benefits of mentoring from the mentors' perspective, are closely related. Much research has been conducted to study the relationship between self-efficacy and job satisfaction, and all of it has reported favourable findings. Researchers found that self-efficacy has a beneficial effect on job satisfaction. According to the findings of the study, nurses and other healthcare workers who rated themselves as having high levels of self-efficacy reported greater levels of job satisfaction than those who rated themselves as having low levels of self-efficacy [33, 34].

Contextual factors

The results of the present study referred to the experience of many contextual factors, which mostly hindered participants' ability to perform mentoring and fully participate in being mentors according to their own expectations. Time management/workload, mentor–mentee relationship issues, a lack of ability/information/resources, bureaucratic issues, and mentee lack of interest/motivation were confirmed as challenges by recent research, which showed how education, training, and time allocated for mentor-mentee interaction is an inevitable prerequisite to benefitting from mentoring [6, 15, 35, 36]. Previous studies have shown that workload and time management influence how mentoring can be conducted. Similarly, competing priorities for time spent with patients, students and other duties related to emotional exhaustion and lower well-being were rooted in understaffing [6]. The reasons given will always be further deepened by a shortage of nursing staff. As Hudson and Shen mentioned, the consequences of understaffing and higher workload lead to adverse ambiguity, a loss of work structure, and the experience of inequity in the mentor's role [37]. A sense of inequity can lead to frustration, job dissatisfaction, and a person leaving their position [6]. The current situation in nursing care is not ideal for fully developing mentoring. The high turnover and lack of experienced nurses leads to difficulties in implementing mentoring, which contributes to difficulties in clinical training of nursing students who could take charge of mentoring in the future. The results of present study show benefits and motivation for being a mentor and frustration as well. Both were evident in the narratives of the participating young nurse-mentors.

Strengths and limitations of the study

Investigator triangulation was a notable strength, involving multiple researchers in the data analysis and interpretation, ensuring robustness and reliability in the study's findings. The use of the same interview guide enabled uniformity in the interview process, enhancing the dependability of the study. Transferability of research results was compromised by study context (focusing on trainee mentors who underwent the subject *Mentoring in Clinical Practice*, that means its applicability to other contexts is limited. Consideration for international perspectives should acknowledge healthcare, academic and mentorship courses diversities in national and international level as a potential limitation.

5. CONCLUSIONS

If the hospital and university considering the implementation of new certified programme of clinical nursing mentorship it can be challenging to attract new mentors, especially if there are significant shortage of experienced nurses in health care system. A profound understanding of mentors' perception of benefits and drawbacks is crucial for managing them and enhancing the willingness of nurses to participate in clinical mentorship programme. In this article, we identified benefits and drawbacks of mentoring perceived by new clinical mentors as a key prerequisite of willingness to be a mentor. Being a mentor at the beginning of this role can be ambiguous for nurses. They perceive the role of a mentor – the development of key skills and their impact on the formation of a new professional – positively, as it fulfils and motivates them. However, they also come across many challenges in fulfilling their mentor roles, which were evidently in connection with contextual factors of mentoring process, such as the characteristics of the actors of mentorship or the environment/institution. A model of sustainable mentoring solutions should focus on improvement of these challenging areas in our conditions. More

research is needed to develop, test, and evaluate evidence-based mentorship programmes in our healthcare environment. and to create sustainable mentoring solutions with regard to nurse mentors' perceptions.

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