

Clinical Training Experiences of Nursing Undergraduates

A literature review

LAHTI UNIVERSITY OF APPLIED
SCIENCES
Faculty of Social and Healthcare
Degree Programme in Nursing
Registered Nurse
Bachelor's thesis
Spring 2016
Le Ngoc Hoa
Nikkinen Kiia

Lahden ammattikorkeakoulu
Hoitotyön koulutusohjelma

LE, NGOC HOA
NIKKINEN, KIIA

Clinical Training Experiences of
Nursing Undergraduates
A literature review

Hoitotyön opinnäytetyö

34 sivua, 8 liitesivua

Kevät 2016

TIIVISTELMÄ

Kliinisen harjoittelun tärkeys sairaanhoitajakoulutuksessa näkyy pitkinä, lähes kolmanneksen koulutuksesta kestävinä harjoittelujaksoina. Tämä todistaa, että harjoitteluilla on erittäin tärkeä rooli opiskelijoiden kehittymisessä sairaanhoitajiksi. Sairaalaympäristö ei kuitenkaan aina ole täydellinen ympäristö uuden oppimiselle. Harjoittelussa mitä tahansa voi tapahtua, mikä puolestaan vaikuttaa opiskelijoiden oppimiseen ja suoriutumisiin, tai pahimmillaan vaikuttaa negatiivisesti opiskelijoiden kehittymiseen. Tekijät koostivat tämän kirjallisuuskatsauksen saadakseen näkymän sairaanhoitajaopiskelijoiden kokemuksista harjoittelujaksoilta.

Opinnäytetyö keskittyi ohjaaja–opiskelija-suhteeseen, ohjaajan toivottuihin ja epäsuotaviin piirteisiin, sekä opiskelijoiden kokemuksiin aidossa terveydenhuollon ympäristössä. Opinnäytetyön tavoitteena oli koota opiskelijoiden kokemuksia kliinisistä harjoittelupaikoista. Opinnäytetyön aineistona käytettiin tietokantoja PubMed ja CINAHL. Opinnäytetyö toteutettiin kuvailevana kirjallisuuskatsauksena. Tutkimuskysymykset ohjasivat aineiston tarkastelua ja se analysoitiin sisällön analyysin avulla. Saadut tulokset kuvasivat sekä hyvän että epäpätevän ohjaajan piirteitä sekä tekijöitä, jotka vaikuttivat opiskelija–ohjaaja-suhteeseen. Tämän lisäksi tuloksissa tarkasteltiin opiskelijan sosiaalistumisprosessin vaikutuksia tämän suoriutumiseen harjoittelussa.

Ihanteellisen ohjaajan piirteiksi listattiin ”tukeva”, ”avulias”, ”asiantunteva”, ”kokenut”, ”roolistaan innostunut” ja ”opiskelijoihinsa sitoutunut”, kun taas epäpätevän ohjaajan piirteitä olivat vahingolliset käyttäytymismallit kuten kiinnostuksen puute opiskelijoita tai osaston tehtäviä kohtaan, tai se, ettei opiskelijoita ei tuettu. Lukuisat tekijät voivat vaikuttaa opiskelijoiden ja ohjaajien suhteeseen. Tulokset vahvistivat sosiaalistumisprosessin tärkeyttä sekä oppimisen että kliinisen osaamisen kannalta ja sujuva prosessi johtaa positiivisiin oppimistuloksiin.

Opinnäytetyötä ja sen tuloksia voidaan käyttää tulevien harjoitteluiden suunnittelussa ja kehittämisessä Päijät-Hämeessä ja muualla Suomessa.

Asiasanat: sairaanhoitaja mentori, sairaanhoitajaopiskelija, kliininen harjoittelu, kliininen oppiminen, ammatillinen sosiaalistuminen

Lahti University of Applied Sciences
Degree Programme in Nursing

NGOC LE, HOA
NIKKINEN, KIIA

Clinical Training Experiences of
Nursing Undergraduates
A literature review

Bachelor's Thesis in Nursing

34 pages, 8 pages of appendices

Spring 2016

ABSTRACT

The importance of clinical training in nursing education is shown through the long periods of clinical placement, taking almost one third of the education process. It is fair to say that clinical training plays the most important role in transforming the undergraduates into nurses.

Nevertheless, healthcare settings are not always the perfect environment for learning. Various situations can happen and hinder the learning performances of students. Thus, authors conducted this literature review in order to have an extensive view of nursing students' experience on training periods. The thesis focuses on mentorship relationship with mentors' ideal and incompetent traits, as well as the process of socialization for undergraduates in real life healthcare environment.

The aim of the thesis is to observe through literature students' experiences of clinical placements. The data collection consists of literature from two databases, PubMed and CINAHL. This is a descriptive literature review, with data analyzed using content analysis with themes.

The findings highlight the characteristics of a good and an incompetent mentor, also the factors that can affect the mentorship relationship; additionally, impacts of the socialization process on students' performance at clinical placement. While the traits of an ideal mentor were described as 'supportive', 'helpful', 'knowledgeable', 'experienced', 'enthusiastic about their role', and 'committed to their students'; an incompetent mentor normally possesses such toxic behaviour as lacking interest in students' study or activities at ward, leaving students unsupported. Several factors can have impact on the relationship between students and their mentors. The findings also affirms the importance of socialization process on students' both and clinical performance. It is safe to state that smooth socialization process leads to positive results in learning.

This thesis can be a premise for further research of nursing students to cast a better view on the real situation in Päijät-Häme area, wider and more general, in Finland.

Key words: nurse mentor, nursing student, student clinical practice, clinical placement experience, professional socialization

CONTENTS

1	INTRODUCTION	1
2	CLINICAL PLACEMENT – MENTORSHIP RELATIONSHIP AND STUDENTS' SOCIALIZATION	2
2.1	Definitions of key concepts	2
2.2	Good Mentorship and Barriers to It	4
2.3	Professional Socialization in Clinical Practice	10
3	AIM OF STUDY AND RESEARCH QUESTIONS	15
4	METHODOLOGY	16
4.1	Literature review as a research method	16
4.2	Data search and collection	16
4.3	Data analysis	18
4.4	Ethical considerations	19
4.5	Reliability and validity	20
5	FINDINGS	21
5.1	Features of good mentoring	21
5.2	The main characteristics of a good and an incompetent mentor	22
5.3	Factors affecting the relationship between nurse mentors and their students	23
5.4	The impacts of the process of socialization on nursing students' performance at the clinical practice	25
6	DISCUSSION AND RECOMMENDATIONS	27
6.1	Limitations	27
6.2	Recommendation	28
	REFERENCES	29
	APPENDICES	34

1 INTRODUCTION

Since 2012, Lahti University of Applied Science has opened admission of Nursing Degree Programme in English. Päijät-Häme hospitals and clinics started receiving international students booking for the clinical placements. School teachers and tutors have tried their best to prepare the very first group of international students for their initial training; nevertheless, there are always issues that cannot be mentioned if not occurring. And even though tutor teachers have gained more and more experience after each group, they cannot solve all these undersurface issues that international students or even Finnish students have to undergo during their training periods.

Those issues normally arise hand-in-hand with the relationship between the students and their nurse mentors at the clinical practice since nurse mentors are the ones that strictly follow and supervise students, the ones that students shall have the most communicational contact with in the ward, and the ones that assess the progress and improvement of students throughout the training.

The authors try to understand the whole picture by doing a literature review based on mentorship relationship, in which they study clinical experiences and mentorship relationship from nursing students worldwide, as well as the process of socialization in the off-campus settings. These themes have major influences on the overall experience of clinical learning.

2 CLINICAL PLACEMENT – MENTORSHIP RELATIONSHIP AND STUDENTS' SOCIALIZATION

It is highly emphasized that one of the most crucial goals of clinical training should always be reducing the gap later on between school education and actual working environment, thus leading to improvement of one's competence. (Bigdeli et al. 2015: 2)

Houghton (2013: 2368) signified the importance of clinical practice against nursing education, and proposed that finding ways to boost students' experience during trainings is critically obligatory.

2.1 Definitions of key concepts

Mentor

'Mentoring' is used as a concept for learning in healthcare setting and the word mentor can be originated from a Greek story The Odyssey in which a friend of the king, Odyssey, was referred as a mentor for guiding and advising his son. This reference is available in Shorter Oxford English Dictionary. (Brown, 2002: 1747, Gopee, 2015: 9)

Furthermore the word 'mentor' can as well be related to Latin. 'Mens' in Latin is defined as pertain to or to provide development in the mind. (Simpson and Weiner, 1989: 614, Gopee, 2015: 9)

The term has evolved consistently to identify and describe an identified person who is dedicating time and knowledge in order to improve the learning of an individual to progress and to mature as well as substantiate their identity. (Gopee, 2015: 9)

Mentor is someone who is supporting and encouraging one's learning towards a maximization of their potential as well as support one towards development and improvement of their skills and performance in a specific field. Mentor is guiding a person into becoming the version of themselves

they wish to be and to achieve the goals they have set. (Parsloe, 2009, Casey and Clark, 2011: 933)

Mentoring is not a new concept in healthcare. Throughout the history future nurses have used the information and experience of those with more experience. Every nurse needs a good support group to gain knowledge and get support when needed and in addition to stay organized and come up with new ideas. These are the reasons why mentoring still exists. (Smith-Trudeau, 2014: 3)

In the nursing field the role of a mentor can be described as a formal role that has a direct effect for the students to learn in a safe and effective way and to become more familiar with the practical skills during their outside of school -studyperiods. (Gopee, 2015: 9)

Some related terms for the term 'mentor' are 'assessor', 'clinical educator', 'practice teacher' and 'preceptor'. In nursing the term 'preceptor' is used quite often and it is usually referred to a nurse mentor. The term in the nursing field can be identified in a few ways in different countries but generally it means someone with experience within the area of practice that the one towards whom they are preceptors. (Gopee, 2015:11-13)

Professional Socialization

One important fundamental of practicing in a clinical training shall be the socialization process when one enters any new clinical placement. (Houghton, 2013: 2368)

It is summarized by Houghton (2013: 2368) through several studies of Feldman in 1981, Fishcher in 1985, and Mackintosh in 2006 that socialization transforms people to be completely balanced insiders, to create fitting aptitudes, and to adjust to their hierarchical part. (Houghton, 2013: 2368)

There are several definitions of the term 'professional socialization'; Dinmohammadi, Peyrovi & Mehrdad (2013: 27) reviewed and describe it

generally as a procedure of disguising and adding to an expert personality through the procurement of learning, abilities, dispositions, convictions, worth, standards, and moral principles with a specific end goal to satisfy an expert part.

Professional socialization as reviewed by Dinmohammadi (2013: 29) is an on-going process which is personal since some gets along with it in much faster pace than others according to Messersmith and Wolf; likewise, subconscious in a sense that one gradually absorbs all the norms and ward culture according to Mooney, Tradewell, and Weidman & Stein; additionally, bilaterally complex due to the interaction of the mutually influencing components in accordance with Mackintosh's study in 2006.

In this Concept Analysis of Professional Socialization in Nursing (Dinmohammadi et al. 2013: 28 – 30), it is proposed that the concept can be categorized, recognized, or approached according to its nature, its attributes, or solely its characteristics. Specifically, professional socialization itself is a process for certain; it is also a learning process, an interactive, and adaptation process, additionally a process of 'professional growth and human development' – from Wolf's PhD thesis as reviewed by Dinmohammadi et al. (2013).

2.2 Good Mentorship and Barriers to It

In Finland the bachelor degree programme in nursing is 210 ECTS credits and the average time for duration of studying is 3,5 years. From the total studies 75 ETCS are carried out in clinical training in the field of nursing. (LAMK, 2012)

As much as the nurse mentor influences the students' experiences and competences as a future healthcare professional and how to carry out their job it works the opposite way as well.

The relationship between the student, supervisor and the whole staff is of great importance (Saarikoski 2002; Papp, Markkanen & von Bonsdorff 2003; Suikkala 2007: 20)

The atmosphere when the student is collaborating with the patient stays under the influence of the attitudes and behaviors of the whole nursing staff. If the whole work community acts professionally it provides a positive role model for the students, whereas a non-professional approach serves in the opposite way. The ideal goal is that a good nurse mentor provides the student an opportunity to develop professionally and help them understand and have own perception of themselves, abilities and nursing practice and the capability to manage challenging situations throughout the periods of clinical training and work-life after that. (Suikkala, 2007: 19-20)

It has also been noticed that an advantage of mentoring is creating required benefits for students to apply for a post in the setting where they have done their placements. (Gopee, 2015: 19)

Every student attending a University of Applied Sciences for healthcare studies in Finland, has to participate in practical training periods. Those students have a higher risk to get bullied in a workplace. Being bullied can affect in a negative way to one's self-esteem and in that way the practical training period might occur as a negative learning experience. The student's motivation for learning, their competences and career decisions as well as their confidence might be influenced by the experiences during practical training periods. The studies have shown that bullying occurs both in verbal and nonverbal ways. Verbal bullying has consisted as negative criticising, humiliations and with unfounded accusations due to a mistake and many others. Non-verbal ways such as ignoring, avoiding eye-contact, giving too many tasks and providing more responsibility than the student's skill level is, have been listed. In addition also providing tasks with insufficient guidance. (Hakojärvi et al., 2012: 138-144)

Bullying is faced in many fields and it has some serious consequences. In a study (Timm, 2014) made in England some medical students were asked if they have been bullied or if they had seen bullying in practical settings. The number of 'yes' answers was the highest from nursing

students. The nursing students who described those situations referred often towards their nurse mentor. (Timm, 2014: 3)

2.2.1 What is good mentoring?

A good base for good mentoring are the leaders and management of the organisation in which clinical training appears. Mentoring is affected by the organizational culture and therefore the leaders and management as well as the whole nursing staff must understand and recognise the interrelationships, organizational culture and leadership in order to provide development in the field of mentoring. (Smith-Trudeau, 2014: 3)

Jokelainen et al. (2013) has concluded mentoring to be a combination of two themes which are facilitating the learning from a student and influence in a strengthening way the professionalism of a student. (Jokelainen et al., 2011, Gopee, 2015: 25)

An effective mentoring method has been nominated as the most important factor for effective clinical training experiences. (Johansson et al. 2010, Gopee, 2015: 26)

To be able to get the most out of mentoring, it is important that both nurse mentor and a student are aware of their own roles and responsibilities. A study (Eller et al., 2014) conducted in the regions of the U.S and Puerto Rico found that there were 8 key components towards an effective mentoring. Open communication and accessibility was listed most frequently followed by goals and challenges, passion and inspiration, caring personal relationship, mutual respect and trust, exchange of knowledge, independence and collaboration, and role modeling. (Eller et al., 2014: 815-820)

According to a research article (Goldie et al., 2015), clinical knowledge, clinical and technical competence, positive relationships with students, effective communication skills, and enthusiasm are listed as skills and competences of a good and effective mentor. (Goldie et al., 2015: 5-6)

Another study, in which the experiences of mentoring from the students' point of view was being explored, conducted both effective mentors' characteristics as well as reasons for poor mentoring. These characteristics of an effective mentor and a bad mentor can be found underneath from table 1.

Table 1. The good mentor versus the bad mentor	
Good mentors	Bad mentors
<ul style="list-style-type: none"> ■ Enthusiastic ■ Friendly ■ Approachable ■ Patient ■ Understanding ■ Good sense of humour ■ Good role model ■ Professional ■ Organised ■ Caring ■ Self-confident ■ Good communicator ■ Knowledgeable about the course ■ Have realistic expectations ■ Pace their teachings to allow students to go from observer to 'doer' ■ Regularly feed back on performance ■ Involve students in activities ■ Make the effort to spend time with the student ■ Genuinely interested in the student ■ Confident in the student's ability and gradually withdraw supervision 	<ul style="list-style-type: none"> ■ Break promises ■ Lack knowledge and expertise ■ Poor teaching skills ■ No structure in their teaching ■ Overprotect students by allowing them to observe only ■ Unsure of students' capabilities and 'threw them in at the deep end' ■ 'Use' students by delegating unwanted jobs to them ■ Often dislike their jobs/students and other members of the team ■ Distant ■ Less friendly ■ Unapproachable ■ Intimidate students ■ Lack knowledge of the course ■ Have unrealistic expectations
Source: Gray and Smith, 2000	

Table 1. The characteristics of a good and bad mentor. (Gray and Smith, 2000; Vinales 2015: 51)

As much as the characteristics of a good mentor have been taken into account other researches have been made to explore different roles of mentors. Darling (1984) has identified altogether 14 roles of mentors which include role model, envisioner, supporter and challenger. (Darling 1984; Gopee, 2015: 31)

Furthermore Hall et al. (2008) have also studied different roles and responsibilities for to enable and support learning. When comparing the 14 roles from Darling (1984) and responsibilities from Hall et al. (2008) can supporter be seen as a rallying point. (Hall et. al 2008; Gopee, 2015:31)

In addition effective mentors take into consideration individual differences of students, their different ways to learn, promote the participation of a student as a member of the health care team and stretch students and challenge them in the same time without pushing them beyond their capabilities. (Goldie et al., 2015: 5-6)

2.2.2 What factors affect the relationship between nurse mentors and their students?

Understanding and recognizing the problems nursing students face in clinical settings is one step closer towards a more effective learning experience. Furthermore problems in clinical setting may reduce the ability to work with the patients and serve them and in that way decrease quality of the care. (Heidari & Norouzadeh, 2015)

In the twenty-first century nurses have many tasks to fulfill. The time is limited and the workload is increasing more and more. There are many mentors that still find the time to implement good mentoring but while working within constraints some mentors might do actions that are discouraging the learning of a student. These actions can be done knowingly or unknowingly. (Gopee, 2015: 35-37)

A barrier towards mentoring could be the fact that a mentor is assigned for mentorship instead of doing it voluntarily. The problem is there are many nurses who do not want to assess or teach students. The lack of interest towards mentoring might cause one being a bad mentor even though they are good nurses and good role models in the nursing field. (Vinales, 2015: 52)

In contrast towards a good mentor, poor mentoring occurs when the mentor is overprotective, which means they only allow the students to come along and observe or help but not letting them provide the care by themselves. This encounters also the opposite way when the mentors are letting the students handle everything on their own. (Gray&Smith 2000, Houghton 2013)

As much as the problem can be in the nurse mentor, also students' characteristics are affecting the relationship between a nurse mentor and a student. A study (Goldie et al., 2015:4) was made to collect information from nursing students about good mentors and from mentors about good students. Good students were described as mature, confident, knowledgeable, team players and able to receive criticism. Good students make questions and implement the knowledge to practice. Poor or bad students on the other hand show up late, seem to be afraid of responsibility and are not being enthusiastic towards learning experiences. They show a lack of interest and skills. (Goldie et al., 2015:4)

Nursing students are facing professional socialization every time entering a new clinical setting. Professional socialization, to be exact, is one of the key components towards a positive clinical training and learning experience. It is proven that the use of role models can make socialization easier and more effective. In the nursing field role models can be referred for nurse mentors, as they are part of the organisation already and give the information and support for students. (Houghton, 2013:2367–2375)

Furthermore stress is a factor that might cause some issues between nursing student and their mentor. Stress may result from a difficult task a person can't find a way to overcome it. Stress can be put on students' shoulders from different sources such as supervising teacher, other students, family, nurse mentor, money or the lack of support. However stress might affect one's personal and professional life. Stress is a factor that both, nurse mentor or nursing student, are dealing with. (Pereira et al., 2014: 470-476)

Clinical training placements have been recorded as one of the nursing students' stressors which has consequences for learning. Literature reviews state that many nursing students are dealing with stress and it comes either from the practical part or the academic part of the studies. Common factor towards stress in clinical setting is the relationship with the nurse mentor and/or staff. (Blomberg et al., 2014: 2264-2271)

To continue with the factors that are affecting the relationship between the student and the nurse mentor, internationality should be mentioned. International background of a student might affect the relationship between a nurse mentor and a student. Cultural differences might come along but furthermore sometimes missing a common language can be a barrier. Sometimes there is also a need for non-verbal communication. When student comes from a different country and does not know the language that well or at all, problems may occur. Even though the staff is aware of the background of a student. Literature tells that being in a foreign country with foreign language is challenging and it stretches a student. (Myhre, 2011:428-431)

2.3 Professional Socialization in Clinical Practice

Houghton (2013: 2368) intensified that since socialization of students in the practice largely affects their learning curve, it is considered an important component in stimulating students' learning experiences.

According to Weis & Schank, and Wolf, as reviewed by Dinmohammadi et al. (2013: 29) socialization is a continuously occurring process that starts once a nursing student has their first training and will carry on through out his/her working life.

Vinales (2014: 532) further explained that since nursing students need a good interacting learning environment to nurture in, they should be able to feel the sense of belongingness in the the ward culture.

In addition, Levett-Jones, Lathlean, Higgins & McMillan (2009: 317) confirmed that 'the concept of belonging is relevant to the experiences of nursing students undertaking clinical placements'. This is to explain why authors want to draw the focus from professional socialization to the concept of belongingness.

2.3.1 Belongingness – Fundamental motivation in clinical practice

In a case study (Levett-Jones, Lathlean, Higgins & McMillan, 2008: 9), belongingness is considered a crucial phenomenon for all the associates, i.e. nursing students and ward staff, during the clinical training period. In the study, Levett-Jones et al. (2008: 9) expressed that belongingness had not been properly discussed and analyzed. The study figured that the phenomenon of belongingness is an experience which is 'personal and contextually mediated'. (Levett-Jones et al., 2008: 9)

Somers (as cited in Levett-Jones et al., 2006: 163) described belongingness as 'the need to be and perception of being involved with others at differing interpersonal levels... which contributes to one's sense of connectedness (being part of, feeling accepted, and fitting in), and esteem (being cared about, valued and respected by others)'.

It is necessary that nursing students can experience sense of belonging toward their practicing workplace in order to stimulate their learning, and that meanings of encouraging socialization shall include several benefits for nursing students, such as higher satisfaction toward the job, better organizational commitment and performance. (Houghton, 2013: 2368.)

Walker et al. (2014: 103) affirmed the importance that one should feel the sense of belonging in order to learn effectively and fully develop in the clinical practice by using the word "precursor" to describe belongingness.

Moreover, it is shown in Sedgwick & Rougeau's study in 2010, as reviewed by Walker et al. (2014: 104), that nursing students think significantly towards the sense of belonging in working community.

In the research of Walker et al. (2014: 107), interviewees - nursing students expressed that they felt to be included in the team work so that they can learn and build their identities.

In a review about belongingness, Levett-Jones et al. (2007: 214) concluded that 'a strong sense of belonging is associated with a

graduate's satisfaction in his or her job', that it is convincing to believe there is a relationship between sense of belonging and job satisfaction.

Vinales (2014: 534) concluded that the inability to fit in or to feel as part of the team would be a barrier to the application of nursing knowledge that students absorb at school in real world practice.

Nevertheless, the ability to fit in varies from student to student since students who have more previous experiences find it easier to adapt (Houghton, Casey, Shaw, & Murphy, 2012: 1965). Furthermore, in the study of Levett-Jones et al. (2008: 11), it is pointed out that the adjustment period of students varies due to ones' own characteristics and/or ward clinicians' responsiveness.

More than just about learning capacity, lacking sense of belonging may even lead to 'stress, anxiety, depression, and reduced self-esteem' as Levett-Jones, Lathlean, Maguire, & McMillan (2007: 216) reviewed and cited many other authors' research papers.

2.3.2 Challenges and stressors

Henderson, Twentyman, Eaton, Creedy, Stapleton & Lloyd (2008: 177) suggested in their study that nursing students' experiences and learning curve are directly influenced by daily communication with clinicians at the placement.

Nevertheless, Walker et al. (2014: 107) found out through the interview with participants that not all the students received welcoming transition to practice in the placement; in fact, they listed several issues, such as 'lack of direction, limited learning opportunities, and poor communication between ward staff'.

Del Prato et al. (2011: 111) reviewed several challenges that nursing students would encounter every time they enter a new clinical setting. Those challenges were grouped into four categories, including 'meeting

conflicting demands, feeling overworked, feeling unprepared, seeking respect and support from the faculty.'

Continuing with the review of Del Prato et al. (2011: 110, 111), the challenge that nursing students always face shall be high expectation from clinicians at the ward to respond and properly care for patients although nursing students have to begin all over again with new mentor, environment, patients, and unpredictable situations.

Each clinical setting has its own routine, norm, and values which require certain amount of time for students to get used to. This calls for more than just clinical skills but adaptation to a newly different preceptorship and environment. The procedure of getting to know a whole new environment tends to produce a rather heavy burden on students, leading them to the feeling of stress. (Del Prato et al., 2011: 111)

It is further reviewed and summarized by Del Prato et al. (2011: 111) that inevitable anxiety comes from several sources, including fear of making mistakes/harming patients, lack of confidence to critically make decisions, etc.

It is mentioned by Meeuwisse, Severiens, & Born as cited by Walker et al. (2014: 104) that stress may occur when students have to adapt again and again in new environment with each new placement. Together with the fear of reality and that bad situations might happen in the ward, stress can even lead to anxiety. (Walker et al. 2014: 104)

Additionally, Levett-Jones et al. (2008: 9) pointed out that nursing students may not be able to properly nurture their skills and knowledge in the ward until they reach the phase that they feel 'settled and comfortable'; and that this getting-to-know the ward does not happen at once but takes time. The initial phase every nursing student face when starting a new clinical practice is described by Levett-Jones et al. (2008: 9) as 'uncertainty' since all the student nurses have to familiarize with the ward structure and culture.

Unfortunately, due to the nature of education, nursing students in LAMK and other universities of Applied Sciences in Finland and worldwide, have to book different wards to practice in; thus, the clinical placements are not only shorter but also constantly changing contexts for students to adapt. (LAMK, 2012) Therefore, the short duration of each placement might cause disruption towards the process of adaptation, that nursing students might never truly feel the phenomenon 'belongingness' in relation to the work places. (Houghton, 2013: 2368)

3 AIM OF STUDY AND RESEARCH QUESTIONS

The purpose of this thesis is to observe nursing students' clinical experiences based on literature.

The goal is to raise awareness about current issues that nursing students are facing during their training periods. Authors also hope to increase the quality of outcomes for nursing students in an off campus learning environment.

The research questions are:

1. What is good mentoring?
2. Which factors affect the relationship between nurse mentors and their students?
3. What kind of impacts does the process of socialization have on nursing students' performance at the clinical practice?

4 METHODOLOGY

4.1 Literature review as a research method

In this thesis the authors used a descriptive literature review to approach the issue of nursing student and a nurse mentor relationship in clinical training setting.

The idea of a literature review is to develop already existing theory and to build a new theory that will be based on the existing theory. It can also be used to assess theory. Furthermore a literature review builds a bigger picture from an entirety of a theme. It aims to solve problems and makes it possible to describe the development of a theory based on history. (Salminen 2011)

Descriptive literature review gives descriptive, qualitative answer to the chosen research questions based on the data. It aims to provide answers from what is already known from the phenomenon. (Burns & Grove 2005, Polit & Beck 2012, Ahonen et.al 2013)

The process itself has four phases; forming the research question, selecting data, constructing the description and observing the result. (Ahonen et.al 2013)

4.2 Data search and collection

Authors used two databases for searching materials, first is PubMed/MEDLINE, the other one is CINAHL - Cumulative Index of Nursing and Allied Health Literature.

Five key words were used for the search, including nurse mentor, clinical placement experience, nursing student, student clinical practice, and professional socialization nursing. Filters used in the search consist of free full text (PubMed)/link full text (CINAHL), publication year. 2005 – 2015,

language: English, and references available (only for CINAHL since there is no such filter in PubMed). (See Table 1 below)

PubMed	CINAHL
<ul style="list-style-type: none"> • free full text • publication year 2005 - 2015 • English language 	<ul style="list-style-type: none"> • link full text • publication year 2005 - 2015 • English language • Reference available

Figure 1. Filters used in databases

The results were sorted in accordance with relevance level. Authors managed to sort out almost all the results, the only exception is the term 'nursing student'. This search term resulted in irrational amount of articles, leading to the decision that once authors find the articles are no longer relevant to the topic, it is considered as finished with the search term

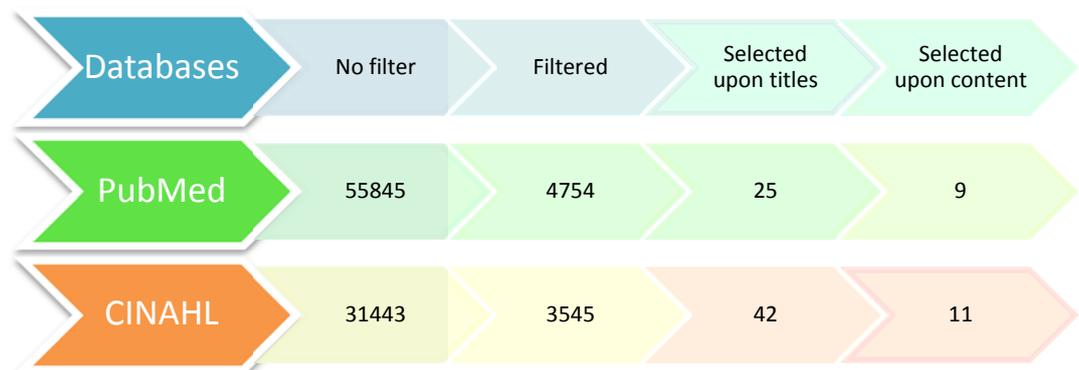


Figure 2. The process of searching and selecting material

4.3 Data analysis

The goal for data analysis is to create comparison between the found information and to analyse the strengths and weaknesses of the already existing information as well as make conclusion based on data. (Ahonen et.al 2013)

In this thesis the authors have chosen to use content analyse with themes for the data analysis. This method of analysis is the most common method for summarizing and synthesizing data of descriptive literature review. The focus of this analyzing method is mainly the summary of the chosen literature rather than drawing new observation. Moreover, the aim of thematic analysis goes hand-in-hand with its focus, which is to 'identify themes from literature'. (Coughlan, Cronin & Ryan, 2013: 96, 97.) Due to the complexity of chosen topic, authors decided on thematic analysis for a clear categorization and non-overlapping of sub-topics in findings.

Three themes have been categorized, including 'good mentoring', 'factors affecting mentorship relationship', and 'professional socialization in nursing'. Based on the key words using for the data search, the articles are roughly divided; nevertheless, overlapping between themes is normal, and are manually sorted out by both authors.

The following tables described how all the material was sorted and put into sub-categories and codes. More detailed material and key word searched can be found in appendices.

Key words	Codes	Sub-categories	Category
Nurse mentor	Mentorship Relationship	Mentoring	Clinical Placement Experience
Nurse student			

Student clinical practice	Factors Affecting Mentorship Relationship		
Clinical placement experience	Stressors and Challenges	Professional Socialization in Nursing	
Professional socialization in nursing	Belongingness		

Table 2. Data analysis categories

4.4 Ethical considerations

This thesis is conducted in a way that both authors agreed on, which is a summarized collection of information from previous studies that is well organized to answer the research questions. The reasons for a descriptive literature review of previous studies is that the chosen topic has been widely discussed in health care and nursing community; thus, the authors together with their supervising teacher came to consensus of doing a literature review for this thesis.

Regarding to the content, it is ensured that all the data is well understood and processed so that there shall be no misinterpretation or misrepresentation of the information provided by the sources used in this thesis.

In respect of the references, all used information is properly cited and given appropriate credits with legitimate acknowledgement. The reference format is in accordance with Thesis Guideline from Lahti University of Applied Science. Authors has peer-checked and also cross-checked with their supervising teacher in order to prevent any accidentally plagiarisms.

4.5 Reliability and validity

Three criteria were mentioned by Siu and Comerasamy (2013) to measure the the quality and thoroughness of the literature review, including integrity, transparency, and accountability. Sub-features can be found also in each criterion.

There is a coherence between the topic and the searching keywords to guarantee that the reseach questions are straightforward answered. Keywords were selected after several attempts of searching from the databases in order to find the most relevant information.

The data was selected for the relevant content only without any regards to the participants or organizations. The data is assured to be update since the publication time is set at 10-year period from the current year of this thesis.

The consistency is the key in presenting results and answering the questions. Only similarities among the previous studies are chosen to prove the points, leaving out any differences that may lead to confusion and/or inconsistency of the topic theme.

In short, no new arguments and/or experiments are provided in this thesis since there is only data from previous studies and reseaches.

5 FINDINGS

With all the issues figured out, there are several approaches to improve the nursing students' experiences of clinical practice. The purpose of this section is to provide information about what was found out during the literature review. The findings are presented by using the research questions. The authors aim to identify the differences and consistencies of the chosen literature. Whilst re-reading and organizing the articles the authors used a table (appendix 1 and appendix 2) from each database in order to prove their findings in a systematic way.

5.1 Features of good mentoring

Today the social science literature has over 50 definitions of mentoring. (Crisp & Cruz 2009, Eller et.al 2014) Now the focus is more on mentoring nurses and students. Crisp (2009) has identified four mentoring domains, which go hand-in-hand what has been observed before. Furthermore Eller et.al (2014) in their study provides information about international studies about a mentor. Four domains from Crisp (2009) pretty well sum the tasks a good mentor is providing for the student:

- 1) psychological/emotional support
- 2) support for goal setting and career choice
- 3) academic support
- 4) role modeling

These roles are also summarizing not only the information the authors have provided in chapter 2 but also the roles of a mentor in the studies conducted internationally. (Crisp 2009, Eller et.al 2014) The tasks and roles of a mentor were similar in the articles authors used. Furthermore Vinales (2014), Smith-Trudeau (2014) and Houghton (2014) and Goldie (2014) all have written in their parts what good mentoring is. Good mentoring occurs when the four roles mentioned above are fulfilled. In comparison to the tasks of a good mentor, mentors may also do so-called toxic behaviours. This is a theme that walks much hand-in-hand in each

used literature and based on the students' experiences. While other authors have mentioned these manners, Vinales (2014) has provided a list of 'toxic' behaviours. These four roles mentioned above hide away many tasks, responsibilities, and knowledge; nevertheless, it is important that the mentors are aware of their tasks and responsibilities with each student individually in order to be a good mentor and provide quality mentoring.

5.2 The main characteristics of a good and an incompetent mentor

The first and foremost crucial factor that can affect students' whole period of training is the quality of the relationship with their instructors. (Myall, Levett-Jones, Lathlean, 2008: 1837) Students describe an ideal mentor as 'supportive', 'helpful', 'knowledgeable', 'experienced', 'enthusiastic about their role', and 'committed to their students'. (Myall et al., 2008: 1837)

While comparing the literature and reading through the listings of a good mentor, the characteristics do not vary much. The descriptions of a good mentor from Vinales (2014 & 2015), Smith-Trudeau (2014), Eller et al. (2013) and Goldie (2015) show common features. Such features as listening, encouraging, and skills to provide feedback are highly appreciated from students' point of view. Also being enthusiastic and motivational is brought up.

As the authors went through the literature and on with the review, it was significant to notice that mostly the focus was on the positive characteristics of a mentor rather than the whole picture. Vinales (2014) and Goldie (2015) had listed both – good and bad characteristics. Vinales has not only compared the characteristics of a good and poor mentor (table 1 in Chapter 1) but also the roles and responsibilities of a mentor as well as some toxic behaviors that a mentor can provide. Vinales and Goldie has mentioned the lack of interest and providing student highly difficult tasks to fulfill, or leaving them wanting more support is not appreciated. The fact of providing too easy tasks or excluding students from possible learning experiences is also considered toxic behaviours. As

a conclusion, the characteristics of an incompetent mentor can be taken as contrasts to the qualities of a good mentor.

5.3 Factors affecting the relationship between nurse mentors and their students

Regularity is considered necessary to maintain a quality experience at the ward. Not only at the initial week of the new placement, but also for the whole period, had students expressed, they found it effective to have regular shifts per week with their mentors. (Myall et al., 2008: 1837.) This is a factor that may affect the students' relationship to their mentors: not having enough common shifts with the nurse mentor students' are most familiar with their mentors and being put in to a shift with other nurses because of holiday or illness of a nurse mentor.

Houghton (2013) mentions that students have reported to learn the most from the registered nurse they work with. (Condell et.al 2001, Houghton 2013) If a nurse mentor is providing their task poorly and using manners mentioned as toxic behavior such as sending the student to do tasks alone which are too difficult or too easy for him/her to handle the number of learning situations decreases. Houghtons' thoughts are together with Vinales's (2014) towards the toxic behavior of a nurse mentor.

In most literature reviewed the approach to the theme is from the students' perspective in which the problem for students' learning experience is in the nurse mentor and the staff. Some used literature has viewed also the other side of the story, a student. Smith-Trudeau (2014) and Goldie (2015) have also taken into thorough consideration what the nursing staff is expecting from the students. Whereas the students have their own expectations towards their mentors, nursing mentors and other ward personnel have expectations toward new students, also. These expectations are similar to those the students have. When chemistry between a nursing student and the team is met, it is easier for the student to socialize and fit in to the ward

culture. The process of socialization is dealt more thoroughly in the next sub-chapter.

Although, this review focuses on the mentorship relationship in a common level, the authors took also a micro look on a factor that students have been facing during their nursing studies. If someone is studying nursing abroad or doing an exchange year, language problems may occur. Not only the language but the cultural background of the student/mentor in a positive as well as negative way. Both authors have their own experiences doing practical nursing training in a foreign country, in which language problems arised. The study made in Sweden (Myhre, 2011) explained that working in a foreign language environment stretches a student and may lead to more stress.

Furthermore, dealing with stress, is an affecting factor to the relationship between a student and a nurse mentor. Myhre (2011) as mentioned above, has bought up stress in students with cultural and language issues but also Pereira et al. (2014) as well as Del Prato et al. (2011) have talked about stress and stressors in the nursing field. Not only these authors who have taken stress into concideration as a big part of their studies, also others have referred to stress and stress levels from which a nurse mentor and socialization can be a stressor for a student, having to mentor a student can stress the nurse in the ward. As Vinales (2015) has mentioned the fact that a nurse mentor is assigned to the task can affect to their willingness and performance as a mentor. This is something to be considered while assigning mentors but will be presented more in the Chapter 6.

As a conclusion to the factors most influencing the relationship between the nurse mentor and a student are stress, characteristics, cultural background, socialization and willingness.

5.4 The impacts of the process of socialization on nursing students' performance at the clinical practice

Several story montages in the research of Levett-Jones et al. (2007) supported the assumption about consequences of belongingness and alienation on students' performances in the clinical placement. It is affirmed that when students are certain about the supportiveness of staff and personnel at the ward, they have their full focus on learning rather than minding about how to get fit in the ward culture, which surely can improve the learning capacity. (Levett-Jones et al, 2007: 167) Enability of freedom in which students can express their goals and objectives, their priorities and needs, knowing that the staff, particularly their mentors have their backs, is the key to students' good performances on both clinical skills and gaining knowledge. (Levett-Jones et al, 2007: 169, 170.)

One aspect directly affected the sense of belonging and considered by students is receptiveness they get when arriving to the ward on the first day. 'Anxiety, sense of wellbeing, and capacity and motivation to learn', are experienced right the moment students get to the work place. Students' judgement about receptiveness of the ward staff based on welcoming level and approachability. (Levett-Jones et al., 2009: 319)

Considerably, the shortage of workforce in health care field has been the main reason for increased workload and stress on nursing personnel, (Mitchell 2003; Levett-Jones et al. 2007: 167) which arised several issues related to the unwillingness of providing mentorship for students. It is justified that incivility faculty is main source of stress among students. In an 'incivility' environment as such, students' self-efficacy and self-esteem are considerably lowered, leading to poor performance. (Del Prato et al, 2011: 112.) Nevertheless, all those burden can be drifted away with 'a caring learning enviroment' (Del Prato et al, 2011: 113), which conveniently also facilitates belongingness (Levett-Jones et al, 2007: 166).

With social support and proper interventions, students and even nurses' distress can be reduced and prevented. (Del Prato et al, 2011: 114)

Moreover, duration of the placement is assumed to have effect on the receptiveness of mentor and ward staff. (Levett-Jones et al, 2008: 12) Since the minimum time to settle-in for new students in the ward is from 2 – 4 weeks although the pace is variable due to one's own characteristics, if the length of training is less than 4 weeks, it might have negative effect on students' learning ability. It is also emphasized that the first weeks are critical for setting 'primary motivation' of students' relationship with the workplace. (Levett-Jones et al, 2008: 12, 15.)

Professional socialization in students' case is not limited in interpersonal relationship with the staff but broadened to the affirmation of their role as learners with the rights to 'ask foolish questions', to feel that it is alright if they make mistakes, and to claim their opportunities to practice clinical skills. (Levett-Jones et al., 2009: 320.) The socialization process, furthermore, indicates that students want to prove their competences as team members, not as inexperienced students assumed by their mentors. The alienation of the staff, in particular the mentors towards their students can result in discouragement which hinders students' 'engaging in nursing activities'. (Levett-Jones et al., 2009: 321)

Additionally, socialization in clinical practice is a path students have to walk through to find their nursing identity. Escorting students through that path is five elements mentioned in the research of Walker et al (2014). Surprisingly, an important component introduced in the research is belongingness. Belonging, together with being accepted and included is a critical factor for the development of students' nursing identity later on. (Walker et al, 2014: 107)

6 DISCUSSION AND RECOMMENDATIONS

It is agreed between the authors that mentors play the most significant role in providing students with high quality clinical training; although other factors can have considerable effects on students' training periods. Nevertheless, if the mentor can be the one who rectifies all the negatives factors towards students' training time, for instance language, stressors, etc. students might find it easier to adapt to the new environment. Since the process of socialization is crucial to the performance of students at the placement, it is recommended that mentors can guide students through the socialization periods by including them in ward activities.

6.1 Limitations

The chosen data bases include only PubMed and CINAHL, which are both good sources; nevertheless, the limited time of two authors made it rather hard to focus on more than these two sources. The search for material was rather hard at first since authors could not justify the appropriate key words yet. It took several attempts to come up and finalize the key words listed previously in Chapter 4. However, once authors found few relevant articles, the themes started to form; authors later on decided to apply thematic analysis in their literature review. Although authors tried to search throughout the databases, the left-out of relevant articles is inevitable; still authors tried to minimize it by reading through not only titles but the abstract as well. Because of large amount of material, authors did not reach the end of all search phrases, but stopped when it is no longer relevance in terms of titles; thus, it is possible that some researches or studies might have good and relevant insight for the literature review but were left out due to irrelevant titles.

This as a descriptive literature review, authors collect and present the findings in a way that highlights the similarities among studies. The use of content analysis with themes helps in answering the research questions. Authors found proper and enough information to answer all three research

questions. Authors' first intention was to use meta-analysis for the data synthesis; nevertheless, the rigourousness of meta-analysis is not necessary, even applicable since the used database is a mixture of several types of studies. Although no specific type of study was chosen for the sample literature, the chosen material has been appropriately extracted and categorized to utilize the findings from each study. Further information on the categories can be found in the Appendices.

The Finnish language barrier of one author made it rather difficult to use sources from Finnish databases, which is unfortunate, considering the fact that authors wanted to raise awareness among Finnish educators. The situations from each country of the studies are different from the rest, although the essence of clinical placement shows similarity.

6.2 Recommendation

The shortcoming of local sources in the databases has both positive and negative outcomes in the findings. It displayed a whole picture of clinical training experience worldwide; nevertheless, it failed to present what is the real situation here in Finland generally, or in Päijät-Häme area particularly. This calls for further studies on the subject in the future, suggesting that an action research shall be done in this topic. Authors hope that the thesis can partly provide readers with the information of the actual situation of clinical training, as well as predicate other students to take interest in this research topic.

New generation of nurses are produced every year; thus, the need for supporting undergraduates and newly-graduates is tremendous. However, the future is bright since nursing education now pays more attention to the well-being of nurses, which can be shown clearly through the amount of studies relating to the research topic within the current years.

REFERENCES

ELECTRONIC

Bigdeli, Sh., Pakpour, V., Aalaa, M., Shekarabi, R., Sanjari, M., Haghani, H. & Mehrdad, N. 2015. Clinical learning environments (actual and expected): perceptions of Iran University of Medical Sciences nursing students. [accessed 28.10.2015] Med J Islam Repub Iran 2015, Volume 29: 173. Available:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4431426/pdf/MJIRI-29-173.pdf>

Blomberg, K., Bisholt, B., Engström, A., Ohlsson, U., Johansson, A. & Gustafsson, M. 2014. Swedish nursing students' experience of stress during clinical practice in relation to clinical setting characteristics and the organisation of the clinical education. [accessed 09.11.2015] Journal of Clinical Nursing 2014, Volume 23: 2264-2271. Available: CINAHL Database

Casey, C. & Clark, L. 2011. Roles and responsibilities of the student nurse mentor: an update. [accessed 09.11.2015] British journal of Nursing 2011, Volume 20: Available: CINAHL Database

Del Prato, D., Bankert, E., Grust, P., Joseph, J. 2011. Transforming nursing education: a review of stressors and strategies that support students' professional socialization. [accessed 02.11.2015] Advances in Medical Education and Practice 2011, Volume 2: 109 – 116. Available: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3661250/pdf/amep-2-109.pdf>

Dinmohammadi, M., Peyrovi, H. & Mehrdad, N. 2013. Concept Analysis of Professional Socialization in Nursing. [accessed 10.11.2015] Nursing Forum Volumn 48 (1): 26-34. Available: CINAHL Database

Eller, L., Lev, E. & Feurer, A. 2014. Key components of an effective mentoring relationship: A qualitative study. [accessed 03.11.2015] Nurse

Education today 2014, Volume 34, Issue 5: 815-820. Available:
http://ac.els-cdn.com/S0260691713002724/1-s2.0-S0260691713002724-main.pdf?_tid=e5cf0a58-824c-11e5-aefe-00000aacb362&acdnat=1446570429_77d0b2319221059f9e404905e7b1be83

Goldie, J., Dowie, A., Goldie, A., Cotton, P. & Morrison, J. 2015. What makes a good clinical student and teacher? [accessed 09.11.2015] An exploratory study. BMC Medical Education 2015, Volume 15, Issue 40: 4,5-6. Available: <http://www.biomedcentral.com/content/pdf/s12909-015-0314-5.pdf>

Hakojärvi, H-R., Salminen, L. & Suhonen R. 2012. Health care students' personal experiences and coping with bullying in clinical training. [accessed 15.10.2015] Nurse Education Today 2014, Volume 34, Issue 1: 138-144. Available: <http://www.ncbi.nlm.nih.gov/pubmed/23021404>

Heidari, MR. & Norouzadeh, R. 2015. Nursing students' perspectives on clinical education. [accessed 09.11.2015] Journal of Advances in Medical Education & Professionalism. Available:
<http://www.ncbi.nlm.nih.gov/pubmed/?term=Heidari%2C+MR.+%26+Norouzadeh%2C+R.+2015.+Nursing+students%E2%80%99+perspectives+on+clinical+education>

Henderson, A., Twentyman, M., Eaton, E., Creedy, D., Stapleton, P. & Lloyd, B. 2008. [accessed 12.11.2015] Journal of Clinical Nursing Volume 19: 177–182 Available: CINAHL Database

Houghton, C. E, Casey, D., Shaw, D. & Murphy, K. 2012. Students' experiences of implementing clinical skills in the real world of practice. [accessed 12.11.2015] Journal of Clinical Nursing, Volume 22: 1961-1969. Available: CINAHL Database

Houghton, C. E. 2013. "Newcomer adaptation": a lens through which to understand how nursing students fit in with the real world of practice. [accessed 28.10.2015] Journal of Clinical Nursing Volume 23: 2367–2375.

Available:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4263159/pdf/jocn0023-2367.pdf>

Jokelainen, Merja. 2013. The elements of effective student nurse mentorship in placement learning environments. [accessed 17.10.2015] Systematic review and Finnish and British mentors' conceptions.

Available: http://epublications.uef.fi/pub/urn_isbn_978-952-61-1199-5/urn_isbn_978-952-61-1199-5.pdf

LAMK. 2012. Study-Guide. [accessed 19.10.2015] Degree Programme in Nursing. Available: <http://www.lamk.fi/opiskelijalle/opinto-opas/Documents/ops1213-st-nursing.pdf>

Levett-Jones, T, Lathlean, J., McMillan, M. & Higgins, I. 2006. Belongingness: A montage of nursing students' stories of their clinical placement experiences. [accessed 11.11.2015] Contemporary Nurse (2007) 24: 162 – 174. Available: CINAHL Database

Levett-Jones, T., Lathlean, J., Maguire, J. & McMillan, M. 2007. Belongingness: A critique of the concept and implications for nursing education. [accessed 12.11.2015] Nurse Education Today, 2007, Volume 27: 210-218. Available: <http://www.ncbi.nlm.nih.gov/pubmed/?term=Belongingness%3A+A+critique+of+the+concept+and+implications+for+nursing+education>

Levett-Jones, T., Lathlean, J., McMillan, M. & Higgins, I. 2008. The duration of clinical placements: a key influence on nursing students' experience of belongingness. [accessed 11.11.2015] Australian Journal of Advanced Nursing Volume 26 Number 2: 8 – 16. Available: CINAHL Database

Levett-Jones, T., Lathlean, J., Higgins, I. & McMillan, M. 2009. Staff-student relationships and their impact on nursing students' belongingness and learning. [accessed 13.11.2015] Journal of Advanced Nursing, Volume 65 (2): 316 – 324. Available:

<http://www.ncbi.nlm.nih.gov/pubmed/?term=Staff-student+relationships+and+their+impact+on+nursing+students%E2%80%99+belongingness+and+learning>

Myall, M., Levett-Jones, T. & Lathlean, J. 2008. Mentorship in a contemporary practice: the experiences of nursing students and practice mentors. [accessed 13.11.2015] *Journal of Clinical Nursing*, Volume 17: 1834 – 1842. Available: CINAHL Database

Myhre, K. 2011. Exchange students crossing language boundaries in clinical nursing practice. [accessed 09.11.2015] *International Nursing review* 2011: 428-431. Available: CINAHL Database

Pereira, FGF., Caldini, LN., Miranda, MC., Caetano, JA. 2014. Assessment of stress in the inclusion of nursing students in hospital Practice. [accessed 09.11.2015] *Invest Educ Enferm* 2014, Volume 32, Issue 3: 430-437. Available:
<http://www.ncbi.nlm.nih.gov/pubmed/25504409>

Salminen, Ari. 2011. Mikä kirjallisuuskatsaus? [accessed 15.10.2015] Johdatus kirjallisuuskatsauksen tyypeihin ja hallintotieteellisiin sovellutuksiin. Available: http://www.uva.fi/materiaali/pdf/isbn_978-952-476-349-3.pdf

Smith-Trudeau, Priscilla. 2014. Will you be my nurse mentor? [accessed 03.11.2015] *Mentoring nurse graduates to awaken their true potential*. Vermont Nurse Connection 2014, April, May, June: 3 Available:
<http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=0e737511-d6d9-4f0a-83aa-9bda330dc946%40sessionmgr120&vid=1&hid=107>

Suikkala, Arja. 2007. Nursing student-patient relationship and associated factors. [accessed 18.10.2015] Available:
<https://www.doria.fi/bitstream/handle/10024/33578/D788.pdf?sequence=1>

Timm, A. 2014. 'It would not be tolerated in any other profession except medicine': survey reporting on undergraduates' exposure to bullying and

harassment in their first placement year. [accessed 09.11.2015] BMJ open 2014: 3. Available:

<http://bmjopen.bmj.com/content/4/7/e005140.full.pdf+html>

Vinales, J.J. 2014. The mentor as a role model and the importance of belongingness [accessed 12.11.2015] British Journal of Nursing 2015, Volume 24: 532-535. Available: CINAHL Database

Vinales, J.J., 2015. Mentorship part 1: the role in the learning environment. [accessed 09.11.2015] British Journal of Nursing 2015, Volume 24: 51-52. Available: CINAHL Database

Walker, S., Dwyer, T., Broadbent, M., Moxham, L., Sander, T. & Edwards, K. 2014. Constructing a nursing identity within the clinical environment: The student nurse experience. [accessed 9.11.2015] Contemporary Nurse 49:103-112. Available: CINAHL Database

WRITTEN

Ahonen, S-M., Jääskeläinen, P., Kangasniemi, M., Liikanen, E., Pietilä, A-M. & Utriainen, K. 2013. Kuvaileva kirjallisuuskatsaus: eteneminen tutkimuskysymyksestä jäsenettyyn tietoon. Hoitotiede 2013, 25(4), pages 291-301.

Coughlan, M., Cronin, P. & Ryan, F. 2013. Doing a Literature Review in Nursing, Health and Social Care. SAGE.

Gopee, Neil. 2015. Mentoring and supervision in Healthcare. 3rd edition. Los Angeles, CA. SAGE.

Siu, C. & Comerasamy, H. 2013. Doing a research project in nursing and midwifery – a basic guide to research using the literature review methodology. London, UK. SAGE.

APPENDICES

Author/date	Aim of Study/paper	Type of study/information	Main findings/conclusions	Strengths/limitations	Key words
Bigdeli et al. 2015 Iran	Clinical learning environments – Iran nursing students' perspectives	Descriptive cross-sectional study	Compares the differences between the expected and actual form of clinical environment Students were not satisfied with the actual clinical environment.	Participants from the same school	clinical learning environment, nursing student
Blomberg et al. 2014 Sweden	Swedish nursing students' experiences of	Cross-sectional study	The stress level is high during clinical training for nearly half (43%) and the risk at 57%	Data was collected from three different universities from last year students	stress, nursing student, learning environment

	stress in clinical setting		The setting characteristic influence increasingly/decreasingly on stress level		
Casey et al. 2011 UK	Roles and responsibilities of a nurse mentor	Literature review update	Definition of a mentor Benefits to organization and individuals	Follows the standards of the Nursing and Midwifery Council (NMC)	nurse mentor, mentor, nursing student
Del Prato et al. 2011 U.S	Review of stressors and solutions that support socialization	Literature review	Stress and its impact on students, main focus in clinical setting Talks about peer support and staff members as well as socialization	Talks about stress but is related to the authors research questions and focuses also on mentoring and socialization as a stress-relief	stress, socialization

Dinmohammadi et al. 2013 Iran	Concept analysis of professional socialization in nursing	Analysis based on literature	Explains the process of socialization Definition of socialization	Variety of studies and books thoroughly reviewed	socialization, nursing student, clinical learning
Eller et.al 2013 U.S	Key components of an effective mentoring relationship	Qualitative study	Eight themes were found that describe the key components of an effective mentoring relationship	Only positive characteristics Lack of ethnish diversity Includes behaviours, needs of student and mentor	mentor, nurse-student relationship
Goldie, J. 2015 UK	What makes a good clinical student and a teacher	Qualitative study	Indivudual interview results, characteristic of a good/poor nursing student as well as a good/poor mentor	Limited by resource and inaccessability of participants due to geographic manners	clinical teacher, mentor, clinical student

Heidar et al. 2015 Iran	Nursing students perspectives on clinical education	Descriptive cross-sectional study	Five domains used: objective&curricula, instructor, feedback to student, clinical environment, supervision and evaluation Determining students' perspectives can improve the quality of clinical education	Positive responses on instructor and negative towards the clinical environment	clinical learning environment, nursing student
Houghton 2014 Ireland	Newcomer adaptation – how students fit in the new setting	Literature review	Themes reviewed: socialization tactics, role modelling, newcomer Support and role modelling are important manners that affects positively on fitting in and gaining most from clinical education	Use of several resources and the dealt themes very much related to authors research questions	mentorship, newcomer adaption, socialization
Levett-Jones et al. 2009	The duration of clinical training – a key influence on belongingness	A mixed-method study research	The learning opportunities and courage towards them grows within time – longer the training period is, more comftorable students feel	Study was made with students that speak English as a mother tongue	clinical learning, belongingness, socialization

Australia & UK			Defining belongingness		
Levett-Jones et al. 2007 Australia	Belongingness	Qualitative study	Belongingness concept Consequences of belongingness or not facing it	A montage of the stories nursing students have faced during their clinical training	belongingness, clinical learning
Levett-Jones et al. 2008 Australia	Staff-student relationships and the impact on belongingness and learning	Qualitative study	Staff – student relationship is the biggest factor that influences the feeling of belonging and capabilities of a nursing student	Students were from Australia and UK	belongingness, learning environment, nursing student
Myhre, K. 2011	Exchange students crossing	Qualitative study	Problems exchange students face during their clinical training abroad	The number of participants was small	clinical learning, nursing student

Norway	language boundaries in clinical setting				
Pereira et al. 2014 Brazil	Assess of stress – Nursing students in clinical environment	Descriptive cross-sectional study	Stress is throughout studies but more intense during clinical periods	Students face as stressfull situations as the employers	stress, clinical education
Smith-Trudeau 2014 US	Mentoring nurse graduates	Article	Qualities of a succesful mentor Role of a mentor What mentors see positive in students	Short but accurate information about what students seek in mentors and what mentors seek in students	role model, mentor, nursing student
Timm, A. 2014	Survey reporting	Qualitative study	Students face bullying and harassment aand are exposed to poor role-modeling	For nursing and medical students – but answers separated	medical education, bullying, role-modelling

UK	bullying and harassment		Nursing students face more than medical students		
Vinales, J. 2015 UK	Mentor as a role model and feeling of belongingness	Literature review	Attributes of a good role model listed Mentors' behavior is affecting the feeling of belongingness	Five articles in which the essential issues have been identified	mentor, role model, belongingness, learning environment
Vinales, J. 2014 UK	Mentorship – the role in the learning environment	Literature review	Characteristics of a mentor and the roles of a mentor	Separated good and bad mentor	mentor, learning environment
Walker et al.	Constructing a nursing identity within the	Qualitative study	In order for students to create/find their nursing identity, five key elements are supportive: positive	Results consistent with other studies	nursing student, clinical learning

2014 Australia	clinical environment		role model, belonging, peer support, critical thinking ability and confidence		
Gopee, N. 2015 US	Mentoring and supervision in Healthcare	Research book	Mentoring as a concept, descriptions of mentoring, especially focus on mentoring in clinical setting, it's reasons, advantages and forms	Various studies used all over the world, bride perspective	mentor, nursing student, clinical learning, role model