

Mentoring student nurses in Uganda: a phenomenological study of mentors' perceptions of their own knowledge and skills.

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Title

Mentoring student nurses in Uganda: a phenomenological study of mentors' perceptions of their own knowledge and skills.

Abstract

This paper will report on the findings of a qualitative research study exploring mentorship in a rural hospital in Uganda. It explored how mentors perceived their roles and their own knowledge and skills in mentoring nurse students. Participants were confident in their ability to teach clinical skills, but they identified gaps in relation to the application of theory to these skills and they identified the need to update their own knowledge and to act more on their own initiative. The paper reports on the nature of the relationship between mentor and students, the teaching approaches used and the challenges of the role. Recommendations are proposed to develop a bespoke Ugandan curriculum to prepare mentors for their role, and to provide additional support, to enhance students' experiences of learning in this context.

Key words: Mentoring, qualitative, clinical practice, learning, Uganda

Highlights

- There are notable similarities in the challenges faced by Ugandan and UK mentors.
- There is an evident power imbalance in the relationships between students and mentors in this context.
- There is a need to develop a preparation programme for Ugandan mentors based on pedagogical theory.

Introduction and background

This paper reports on a research study which arose from the researcher's commitment to improving clinical support for student nurses in a rural hospital in South Western Uganda. This was in response to informal feedback from student nurses in her own organisation and general concern about the quality of nurses in Uganda as a whole. The overall Uganda Vision 2040 (Ministry of Health Uganda, 2012) recognised the need to continue to improve key health indicators by enhancing health care nationally. This is reinforced in the Health Sector Development Plan (Ministry of Health Uganda, 2015) which acknowledges the need to increase the number and skills of the health workforce and to increase motivation, performance and retention of health care staff. The Department of Nursing (Ministry of Health Uganda, 2016) advises that nursing comprises 80% of the healthcare workforce and it emphasises the need to train adequate numbers of appropriately educated nurses to support the development of health care nationally. However, it has been reported in the national press that gaps in nursing recruitment and skills have affected the quality of patient care and the image of the nursing profession, with calls to increase the number and level of the nursing workforce (Ahumuza, 2014; Birungi, 2016; Tage, 2014).

The Uganda Nurses and Midwives Council (UNMC) is the national professional regulatory body with a mandate for public protection and development of the nursing profession (UNMC, 2016). It also sets and regulates standards of training, approving registered nursing and midwifery programmes at BSc, comprehensive levels and enrolled levels; the School of Nursing in this hospital only delivered the comprehensive nursing programme.

The study reported in this paper was part of a collaborative project, funded by the Tropical Health Education Trust (THET), to support capacity building of quality health care services in Uganda (Gidman and Wilson, 2013). The THET project was interdisciplinary (including nursing, pharmacy and radiography professions) with a primary focus on staff development. It adopted a collaborative approach, drawing on professional and educational expertise, from the Ugandan hospital, a UK National Health Service Hospital and a UK University. The overall project included a Continuing Professional Development programme for senior nurses which incorporated leadership and mentorship modules and led to the research study reported here.

Background and literature

Acquisition of the necessary skills, knowledge and attitudes is imperative in the contemporary world. In the UK, it is widely accepted that registered nurses have a key role in ensuring that theory is transferred to practice, that practice is evidence-based and that mentors support students to learn and to develop positive attitudes and values (Nursing and Midwifery Council (NMC), 2008). There have been numerous publications, internationally, in the past twenty years, promoting the value of mentorship as a supportive nurturing relationship which provides inspirational support for the student, facilitating the application of knowledge to nursing practice (Faugier & Butterworth, 1994; Gilmour, Kopeikin & Douche, 2007; Thompson, 2000). It is interesting to note that literature, internationally, consistently reports the value of clinical learning and the importance of effective mentorship in facilitating this learning. For example, Mikkonen et al (2016) report on a systematic review of mentorship with international students and they found that students shared similar views in relation to effective learning despite the range of their cultural backgrounds. These included a positive clinical learning environment, skills development, application of theory to practice and the development of clinical judgement. Another key aspect influencing student satisfaction is their feeling of belonging to the team, whatever clinical environment they are allocated to (McCallum, Lamont, Kerr, 2016; Papastavrou et al. 2016).

In the researcher's experience, as nursing and midwifery education lead in two different organisations, students' feedback after placement highlighted a number of concerns, indicating a lack of focus on their learning during their placement experience. Nurse training institutions in Uganda have adopted mentoring as the key approach to skills acquisition in clinical practice, with the expectation that all qualified nurses act in this role. However, Uys, Amandu and Mwizera (2010) reported that clinical teaching was often inadequately planned and implemented and that there was limited teaching and supervision while students were in clinical areas. It is widely accepted that the relationship between student and mentor is of prime importance and can either a positive or detrimental effect on student's morale (Wilkes, 2006). However, feedback from students indicated that they perceived that some mentors were unwilling to help, demonstrated a lack of trust and were sometimes rude, embarrassing students in front of patients and has unrealistic expectations. As Ousey and Johnson (2006) observed, prioritising tasks rather than

learning impacts on the student's morale. Students should care for patients while working with, and under the supervision of the multidisciplinary team (Burrill et al, 2009). Both students' and mentors' roles and responsibilities should be defined at the beginning of the placement to give realistic expectations and minimise misunderstanding and mistrust (Wilkes, 2006). However, time, the value attached to mentorship and other workload priorities have been widely acknowledged as influencing the effectiveness of mentorship (Foster, Ooms and Marks-Maran, 2015; Moran and Banks, 2016; Nettleton and Bray, 2008).

Mentors in Uganda do not have formal training for this role, unlike their counterparts in the UK (NMC, 2008), and the role is based on a competence focused apprenticeship model, rather than the emphasis on relationship building which is integral to the role in the UK (Gopee, 2015; Ousey and Johnson, 2006). Recent research findings from Cyprus also identified the importance of the relationship between mentor and student (Papastavrou et al. 2016).

The purpose of the study, therefore, was to investigate how mentors perceived their own knowledge and skills of supporting students during clinical practice. The researcher also sought to identify their learning needs to inform the development of a mentor curriculum.

The overall study aim was to examine student nurse mentoring during clinical practice, with specific objectives:

- to find out the mentors' perceptions of their own knowledge of mentoring of students in clinical practice;
- to identify the current skills in mentoring of students in clinical practice by nurses;
- to identify gaps in knowledge and skill that nurse educators can address.

Methodology

To meet the aim and objectives of the research study, the researcher adopted an interpretative phenomenological approach, to explore the experiences of individuals within their own life worlds (Starks

and Trinidad, 2007) and data was analysed using Interpretative Phenomenological Analysis (Smith, Flowers and Larkin, 2009).

The participants worked in a hospital in one of the south-western districts of Uganda having an in-patient capacity of 100 beds. The study involved only qualified practicing nurses and midwives, registered with the Uganda Nurses and Midwives Council, who had participated in teaching students in practice for at least a year i.e. the participants were living the experience (LoBiondo-Wood and Haber, 1994; Cohen, Kahn and Steeves, 2000). A sample of five participants provided in-depth information by interview (Starks and Trinidad, 2007; Hancock, Ockleford and Windridge, 2009).

The research questions for the study arose from gaps in specific evidence relating to mentorship within Uganda and from local feedback to the researcher from mentors and students in her hospital:

1. How do the mentors perceive their own knowledge of mentoring students in clinical practice?
2. What are the current skills of nurses concerning mentoring of students in clinical practice?
3. What are the gaps in knowledge and skills of mentoring students in clinical practice that nurse educators can address?

In line with Ugandan policy, ethical approval was obtained from the study area administrators and from the University. Principles of ethical consideration were observed to protect the rights of participants and to protect both the organization and researcher against potential legal implications (Trochim, 2006).

Participant information sheets were used to ensure that participants had adequate information regarding the research study and informed consent was obtained (Streubert and Rinaldi, 2003).

Data collection comprised open-ended, semi-structured, in-depth interviews to allow the interviewer to focus on issues of particular importance to the research question, to probe and clarify comments made by the participants and to use her prior knowledge to help in the process (Rose, 1994). Data was analysed using the Interpretative Phenomenological Analysis (IPA) (Streubert & Rinaldi, 2003). No participants' names were used during data analysis and discussion instead, letter 'P' with a numeral attached, for instance P.1, P.2, etc. was used to refer to individual participants.

Findings

The findings of this study were presented in the three themes which emerged from the data, using verbatim quotations to illustrate the participants' voices:

1. Meaning of the term 'mentoring'
2. Mentors' perceptions of their knowledge and skills
3. Challenges

Meaning of the term 'mentoring'

It was evident that participants' understanding of the term mentoring varied widely. All of the mentors explained that their role included guiding, role modeling, teaching and counseling students. A number of responses focused largely on role modeling, for example, while explaining the term mentoring, P.4 emphasised making something understandable and using one's own example to demonstrate a skill or activity:

'It is like someone learns from you, sees what you are doing and does it and as you do things then you explain to them and help them to do the same things... it is like they are looking at you as somebody who knows something that they don't know and something that they have heard may be in the theory and they see you put it in practice...' (P4)

It was noteworthy that these participants also articulated mentorship as transferring knowledge, rather than promoting active, student centred learning:

"I expect a mentor to be well skilled... I expect him to be well knowledgeable in the field he is mentoring. The person being mentored wishes to know more from the mentor..." (P1)

It was interesting that P.2 referred specifically to facilitating the application of theory to practice and skills acquisition:

'Mentoring to me is helping the students to transform or transfer what they have had in class as theory, when they are for practicum, then you help them have hands on' (P2)

All participants discussed the qualities of a good mentor, including being highly qualified, skilled/knowledgeable, self-reflection/self-awareness, being exemplary and approachable. P.1 and P.2 stated respectively:

'...and this mentor should be approachable in a way that the students are free to ask questions.'
(P1)

'I expect a mentor to be exemplary for example, you tell them to come early, you come early also; yes... they may not ask you why you came late but you in you, you feel guilty... So you have to be exemplary' (P2)

The findings also provide some interesting perceptions of the relationship between mentor and student. Although participants recognised the need to be polite and approachable, there was a clear focus on the power and knowledge of the mentor, with expectations of student behaviour as being compliant and part of the team. Some participants reported that student learning may be restricted by rudeness, fear/avoidance, personality differences and lack of initiative. Indeed P.3 expressed that students 'feared' the staff:

"Yes; they fear us, the students fear us. Yah... Because when you come on duty, maybe they are in the duty room, maybe you are from somewhere else, when you come in they move out of the duty room and go somewhere, they stand somewhere else, outside..." (P3)

'.....I expect a mentor to be polite, to be reliable to students, not to be rude, ok, to be flexible to these students so that they can learn from you. The moment you become rude it means they will not be able to 'catch' anything! The moment you allocate them on the ward they will begin fearing since somebody is there, sister so and so is there, she is tough; it means they will not be able to learn...'(P5)

Participants recognised the need to prepare for the students' arrival and to welcome them. In preparation to receive students on the wards P.1 focussed on creating rapport and getting them oriented while P.3 tried to acquire missing equipment. Although P.2 and P.4 reported that they no longer held preparatory meetings with students, they did meet with them early in the placement:

"...and normally we have a very good talk with students when they are coming in, their first day or week..." (P4)

Participants indicated that they were no longer required to formally assess students at the end of their placements, although they did informally evaluate learning:

'After the placement, that last day, we used to have them again like doing evaluation: when you first came we talked; what have you achieved, what were the challenges, what can be done to improve?' (P2)

'After the procedure, when we are free, when we have finished what we are doing, we are sitting down like in the evenings, we sit with them, and we ask what have you learnt this day or during ward round? We ask them questions...' (P3)

Whilst it is evident that participants recognised their role in teaching and supporting students, their understanding of the nature of the role varied. However, it was interesting that, for the majority of respondents, role modelling and providing knowledge were seen as the key priorities. The nature of the

relationship between mentor and student was evidently one based on power differentials with the mentor seen as the expert and the student expected to adopt a subservient role.

Mentors' perceptions of gaps in their knowledge and skills

Analysis of the data indicated that all participants perceived that they had gaps in the knowledge and skills they needed for mentoring, although participants found it difficult to articulate these. Although drawing on their own experience of being mentored, some participants clearly recognised the dynamism of the profession, for example:

'...but I think it is; because I was once a student and they mentored me so I think I can also mentor other students' (P3)

'Yes, because I believe according to what I had at school and the experience in the field, I can ably mentor students. And to some extent 'No' because some of these things are changing – medicine, nursing are dynamic, may be you need some refresher courses that you are up to date... (P2)

The following table illustrates some of the gaps reported, using quotations from the text in chronological order:

Table 1: Extracts from the data to perceive identify gaps in knowledge and skills

Subtheme	Statement in text	P.1	P.2	P.3	P.4	P.5
Relating unpinning	'choose a topic...research about it'; 'we ask them		35.25	44.2,3	49.20	55.9,2 8

theory to clinical skills teaching	<i>questions... sign their books'; 'discussing something'; 'ask and give some knowledge; give you clear knowledge'</i>					
Need for updates to ensure currency of knowledge	<i>'can read to update'; 'we may not be so sure on how'; 'don't want...that is outdated'</i>	31.20	38.6		49.33	
Lack of mentor initiative	<i>'put a staff aside..'; 'they don't want to ask'; 'we leave them to sit there'</i>		36.28	44.16		56.2

It was evident from participants' responses that it was not easy for them to identify specific gaps in the knowledge and skills which they needed to fulfil their mentorship roles. However, as demonstrated by the short extracts from the data in the table above, it was evident that these focused around three specific areas. Mentors reported that they were confident in teaching clinical skills but that they needed more support from nursing tutors in relation to teaching the theory which underpinned clinical skills and practice. They also recognised the need to ensure that their own knowledge was current and reported that they would welcome update sessions rather than relying on their own reading. The responses relating to the lack of mentor initiative indicated perceived lack of knowledge and skills in promoting student learning, with the majority of participants relying on their own nurse training as the basis for passing on knowledge to others.

Challenges

Participants reported a number of challenges associated with the role of mentor.

These included shortage of resources (staff, clinical equipment and books); time constraints; poor preparation of students for practice; lack of interest from the students and short clinical placements.

For example, one mentor reflected on the challenges faced due to lack of clinical equipment on the ward:

“we don’t have some instruments to use on the ward; so as you are teaching those students, mentoring them, when you don’t have instruments to use becomes a challenging issue” (P.3)

All of the interviewees had experienced limited time for students due to the commitments of their professional roles. They reported that they sometimes felt overwhelmed, experienced work overload and were aware that they needed to set priorities and put in extra effort if they were to give time to mentoring students. They also reported that working long hours, due to large numbers of patients and staff shortages, was a challenge faced by the majority of mentors, for example:

“...especially when we are a little few on ground, then that means one is prepared maybe not to finish something that they wanted to finish or for example to say okay, I am just going to do things and students will not be given enough time.” (P3)

“...you find that most of the time we are few – you get tired in a short time and the time you want to interact with students, you are exhausted, you can’t think very well.” (P1)

The mentors also felt that students sometimes did not have the required knowledge to prepare them for practice. For example, P1 expressed frustration at loss of time on trying to teach a topic that students had not been introduced to prior to the placement:

‘...So it takes you a lot of time to introduce a topic that they have not learnt in class and you find they do not understand what you are teaching them because they have not been introduced to it before!’ (P1)

Participants expected students to have particular characteristics and behaviour while in the clinical area, and if they lacked these, it was perceived as a discouraging factor to mentoring. They expected students to be serious, interested and self-initiating as one stated:

"...you find some students are interested, they may be knowing what they do, keen to learn, and asking questions and then others don't. And those that are, are given time but those that are not, it is difficult to try and pull them to where you want them..... you find they are doing other things which are not very important, they will not ask questions. So you just get on with what you are doing and, not that you forget about them but it's not very easy when someone doesn't seem interested." (P.4)

In a similar way, P.2 seemed to be particularly frustrated by such students:

"...we have come across students who are really not serious, they are not committed, you try to make sure they learn something; they think you are being too hard on them."

"...when a student comes to the ward you expect them to be interested..."

"... But then there are these; you sit with them or even you go ahead and ask them: tell me what you have learnt today and they can't tell you anything. And you are like okay? Ask me anything... and somebody can't ask anything. Now you wonder; have they understood everything, do they know everything? So that is the lack of seriousness I was trying to talk about." (P2)

While many students were said to lack the qualities expected of them, it also was noted that some mentors did not initiate the learning process. Although several participants thought that the mentor should be with the students all the time, there was no evidence of this happening. Rather, the students seemed

to be expected to take initiative to ask, and if they seemed not to be bothered, they may be left to sit doing nothing:

“About fellow staff; a student can come here and stays here, without... There are times I ask them; but the ward is not clean, everywhere is not clean, but you have students! They say, ay hey... there are some who are not concerned, when they come, we leave them to sit there: one can come and sit here up to evening without doing anything. So they will also look at them and ignore them.” (P5)

This mentor also reported that students only had a short clinical practice allocation, which gave the mentors less opportunity to interact fully with learners. For example P.5 stated that:

*“They are here for a short time; when you are getting used to someone, she is already gone”
(P5)*

It is interesting that the challenges reported by participants are consistent with those reported in the literature, internationally. However, areas of particular concern to the researcher are the evident lack of priority given to students and the lack of accountability of some mentors for supporting and assessing students' learning in practice.

At the end of the interviews, participants proposed a range of strategies to improve mentorship in the hospital. These included:

- considering mentorship as an obligation, sacrificing time and providing psychological support;
- increasing mentor motivation by additional payments for mentors and support from nurse tutors;
- provision of more clinical equipment;
- more rigorous monitoring, assessment and follow up of students;
- improving knowledge by attending updates and refresher courses and the provision of reference books;

- improving students' preparation for placement.

Discussion

It is evident from the data that there are a number of similarities between the experiences of mentors in Uganda and those reported in literature from other countries. However, in contrast to the literature which advocates an equal, facilitative relationship between mentor and students (e.g. Gilmour, Kopeikin & Douche, 2007) it was evident that the mentors in this hospital held a position of knowledge and power and expected students to be compliant. Indeed, they referred to 'fear' in several cases.

Mentoring was perceived by participants mainly in terms of role modelling, 'giving' knowledge and questioning during clinical practice, with an emphasis on transfer of knowledge rather than on active learning. Mentors were expected to be highly qualified, with adequate knowledge and skills for students to learn from them. This is very much in keeping with the apprenticeship and competence models, rather than the focus on professional development and advocated (Gopee, 2015)

China NMC??

They were also expected to display certain qualities such as being approachable, exemplary, not rude, willingness to help and self-awareness, which are consistent with those of good role models (Cahill, 1996; Papp et al., 2003; Bartz, 2007). However, these findings are not congruent with the reported power imbalance between mentors and students, which was evident throughout the interviews. It was interesting that, for these Ugandan mentors, the role of a student seemed to have negative connotations, in contrast to the UK approach to promoting the status as learner throughout all aspects of nursing programmes.

It was noteworthy that, in common with literature internationally, these mentors valued student motivation and commitment to learning (Eby et al., 2004; Pearcey and Elliott, 2004), indeed it was reported that students should take the initiative in approaching the mentors. However, this seems to be in contrast with their view of mentorship as information giving and the researcher will explore this further in discussion

groups with mentors in her own hospital. These will facilitate reflection on the roles and responsibilities of mentors and students, the nature of the relationship and multidimensional approaches to promote student learning (Masui and De Corte, 2005). It is important to develop students' professional thinking, behaviour and attitudes to assure the provision of quality care in future (Belinsky and Tataronis, 2007). China may be more appropriate than NMC.

In keeping with other studies (Cahill, 1996; Papp et al., 2003), the Ugandan mentors found that lack of time and resources were major challenges in respect of their fulfilling the mentorship role. However, it was evident that they did try to find time for the learners to sit and discuss questions or topics that they had not covered in theory or needed to revise. Mentors reported that shortage of time with students, due to short placements, high workloads and competing priorities, meant that they could not give adequate support to them.

It was evident that the participants in this study recognised the need to remain updated through refresher courses and to have on-going tutor support in order to meet professional challenges. They also recognised the need for mentor motivation e.g. through payment to reimburse the time and energy required to support students. However, within the prevailing financial situation in the organisation and elsewhere the issue of financial motivation remains a big challenge and requires further exploration by employers (Pollard et al, 2006; DeSimone and Warner, 2012).

Conclusion and recommendations

The findings of this study contribute to the very limited body of knowledge related to the mentoring of students in clinical practice by nurses in Uganda. Such knowledge may stimulate a desire for other nurses/educators to carry out more related research in Uganda and help improve the teaching and learning in clinical practice to improve the quality of nurse graduates and patient care in turn. The findings

also contribute to the international evidence in relation to mentorship, with notable similarities identified with nurse education in other countries.

The poor relationship between student and mentor and the lack ofis the major concern for the researcher and it is evident that, in addition to a new curriculum to develop the mentors for their role there is a need to focus on attitudes towards students and to

Whilst it is acknowledged that this was a local study and the data is not generalisable to other organisations, it did elicit rich and valuable data in respect of participants' perceptions of their mentorship roles. These findings contribute to existing evidence in relation to mentorship globally and demonstrate very interesting similarities in relation to the challenges faced by mentors. These findings support the need to strengthen the quality of learning in practice to ensure that nurses are adequately prepared to work within Ugandan health care (Uys et al, 2010) and to increase public confidence in the profession.

Participants in this study were unclear in their perceptions of their own knowledge and skills in mentoring student nurses, but were able to clearly articulate the qualities expected of a good mentor and the strategies which they used to promote student learning. They identified gaps in their knowledge and skills to relate unpinning theory to clinical skills teaching and were aware of the need to ensure currency of their own knowledge and to overcome the perceived lack of mentor initiative.

Further discussion is needed with mentors to reflect on the apparent incongruence between their perceptions of the role as largely providing knowledge and the value which they placed on students using their initiative to access learning opportunities in practice. This also highlights the need to revisit the nature of the mentor student relationship within the hospital.

Recommendations

The researcher is currently disseminating the findings of this study to relevant stakeholders, including employers and the nursing professional bodies, to gain support to improve the quality of learning in practice.

Specific actions which she will take forward include:

- Work collaboratively with other key nurse educators and professional bodies to develop a Ugandan mentor preparation programme. This will be underpinned by pedagogical theories to encourage active learning approaches and the development of a facilitative relationship between mentors and students.
- Provide regular updates for mentors in relation to developing their knowledge and skills and providing the opportunity for peer reflection.
- Work collaboratively with senior nurses and managers within the organisation to review the culture and the nature of the relationship between mentors and students.

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