Review article

The Benefits of Functioning as a Mentor for Nurse Students in the Republic of Kazakhstan - Discussion Paper Based on Current Literature

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Abstract

The aim of this discussion paper is to identify and provide an overview of the benefits of mentorship for the mentor of nurse students and describe the facilitators and barriers the nurse mentors encounter in their mentorship activities during nurse students' clinical practice.

Methods: The databases CINAHL, Medline, Pub Med and Science Direct from 2016-2021 were searched. The studies were screened by title, abstract and full text. 25 studies met the inclusion criteria.

Results: Eight key themes emerged from the included studies. These theme areas were as follows; 1) being a role model, 2) recognition of role value and esteem, 3) keeping up to date, 4) student attributes, 5) colleague attributes, 6) time challenges, 7) location challenges and 8) lack of financial remuneration. The findings revealed nurse mentors experiencing knowledge transfer and facilitating students' learning as major benefits of mentoring. Being a role model was reported in many of the selected articles. The mentoring role promoted the overall clinical quality, patient safety, and additionally made nurse mentors feel valued. Overall "lack of time" was referred several times as a barrier and frustrating element in the mentor's work.

Conclusions: Mentors have an important role and should be acknowledged as one of the cornerstones of quality nursing education. The findings highlight the significant benefits of mentoring from the mentor's perspective. In the Republic of Kazakhstan, the goal is to develop the mentoring of nurse students and to train more competent mentors in the coming years. It is important to point out that mentoring has multiple benefits for the mentor, the student, the work community, and the health care organization as well as for nursing education. Research in these areas is important when developing mentoring nationwide.

Keywords: education, Kazakhstan, mentor, mentoring, nurses, students, nursing.

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Introduction

The European Union Directive on Professional Qualifications indicates that at least half of nursing education should be organized in direct clinical practice settings, offering adequate clinical experience for students. Furthermore, clinical experience should be gained under the supervision of qualified nurses in an environment where the number of qualified staff and equipment are appropriate [1]. According to the Comprehensive Plan of Nursing Care Development in the Republic of Kazakhstan until 2020 [2], systematic development of nursing care has been a cross-cutting principle at every level of nursing education [3].

Nurse training should provide a robust assurance that the graduating nurses have acquired the needed knowledge and skills during their training and are able to apply the developed competences to pursue activities relevant to the profession. Learning and education in an authentic clinical environment requires nursing professionals as mentors to nurse students [1].

In this article, mentoring refers to the work done by a nurse mentor whose role is to supervise, teach, and assess nurse students. According to international understanding [4,5,6], mentorship is a highly valued method of comprehensive teaching in nursing education. In the reviewed literature the concepts of "mentorship", "supervision", and "preceptorship" are used as synonyms with the identical content [7-9]. However, it is good to bear in mind that the term mentorship can be defined and understood also to be related to professional development programs and not exclusively to students' clinical learning environments [8,9]. This article describes the benefits of mentorship for nurse mentors and facilitators and barriers in their mentoring activities as expressed in international literature.

Background

A great deal of emphasis has been placed on the harmonization of the core contents and key competencies in nursing education in European and global contexts. According to the European Union Directive on Professional Qualifications [1], in nursing education, the theoretical training must be professionally oriented and over the duration of training, the student must acquire the needed knowledge, skills and competences. Additionally, the training of nurses responsible for general care shall comprise of at least three years of study or 4 600 hours of theoretical and clinical training. The theoretical training should represent at least one-third and the clinical training at least half of the duration of the training [1].

Professional development in nursing requires engaging and inspiring role models and leaders. Currently, the healthcare environment is rapidly changing and therefore identifying and developing nursing education to meet the needs of patients with evidence-based nursing interventions is one of the greatest opportunities presented by the nursing profession [10-12].

In the Comprehensive Plan of Nursing Care Development in the Republic of Kazakhstan until 2020 [2] quality multiple learning environments for nurse students are highlighted. Consequently, the applied and academic bachelor nurse students must practice at seven (7) different clinical areas of nursing to acquire the required competencies of nursing profession [1,3,13].

The state compulsory standard of technical and vocational education in the health professions in 2020 in the Republic of Kazakhstan states, that the student, as part of a team, and with direct access to a healthy or sick individual and/or community, shall learn to organize, implement, and evaluate nursing care, based on the knowledge, skills and competences obtained during the education [14,15]. During clinical practice, the student will be trained not only to work in a team, but also on how to lead a team and organize nursing care, including health education for individuals and small groups [1]. Clinical practice is carried out in accredited medical institutions in Kazakhstan under the supervision of a qualified nurse mentor. The aim of mentoring is to develop the students' professional competencies [16]. The intended outcome is a work-ready nurse who can provide safe and high-quality patient care [11,12].

The nursing profession has long valued mentorship as an approach to support students to achieve their potential in practice [6]. Working together allows mentors to teach, coach, assess, and provide learning opportunities for students [11,17].

Formalization of mentorship in the Republic of Kazakhstan

There is no international consensus on the definition of mentorship and the term can be used interchangeably with 'supervising', 'preceptoring' or 'facilitating' [7]. In this article, the definitions of the terms follow the (2019) developed Guide on Clinical Practice Students of Applied and Academic Bachelors by Specialty "Nursing" in Kazakhstan (later the Guide). The Guide establishes the general requirements for organizing clinical practice phase for the students in applied and academic Bachelor of Health Education program "Nursing" and explains how to conduct the statements of the Guide in practice [16].

The mentor is employed by a clinical organization that has been accepted as an environment for practical learning. The mentor is responsible for establishing an effective working relationship, facilitation of learning in real working-life situations, assessment of learning, creating a supportive learning environment, promoting an evidence-based practice as the basis of learning, and promoting leadership skills [4,7].

The terms "mentor", "mentorship" and "mentoring" are used here to describe the work of an experienced clinical nurse whose role is to supervise, teach and assess the applied and academic bachelor nurse students in a practice setting during nursing education programme. In the Republic of Kazakhstan, the qualifications for mentors are based on clinical expertise (at least 5 years of clinical experience), competency in teaching, and additional training in mentorship. From the educational entity, a "tutor" is a nursing teacher whose responsibility is to coordinate the entirety of the students' learning outcomes and work jointly with the mentors in the clinical settings [13,16].

The terms used in the Guide collect features of the earlier mentioned definitions of preceptorship, mentorship, and coaching and they follow the concept

described in the literature as The Mentorship Triad [6,11]. The Triad describes the collaborative nature of mentorship and mentoring. The roles and functions of The Mentorship Triad are condensed into Figure 1 by the authors of this article.
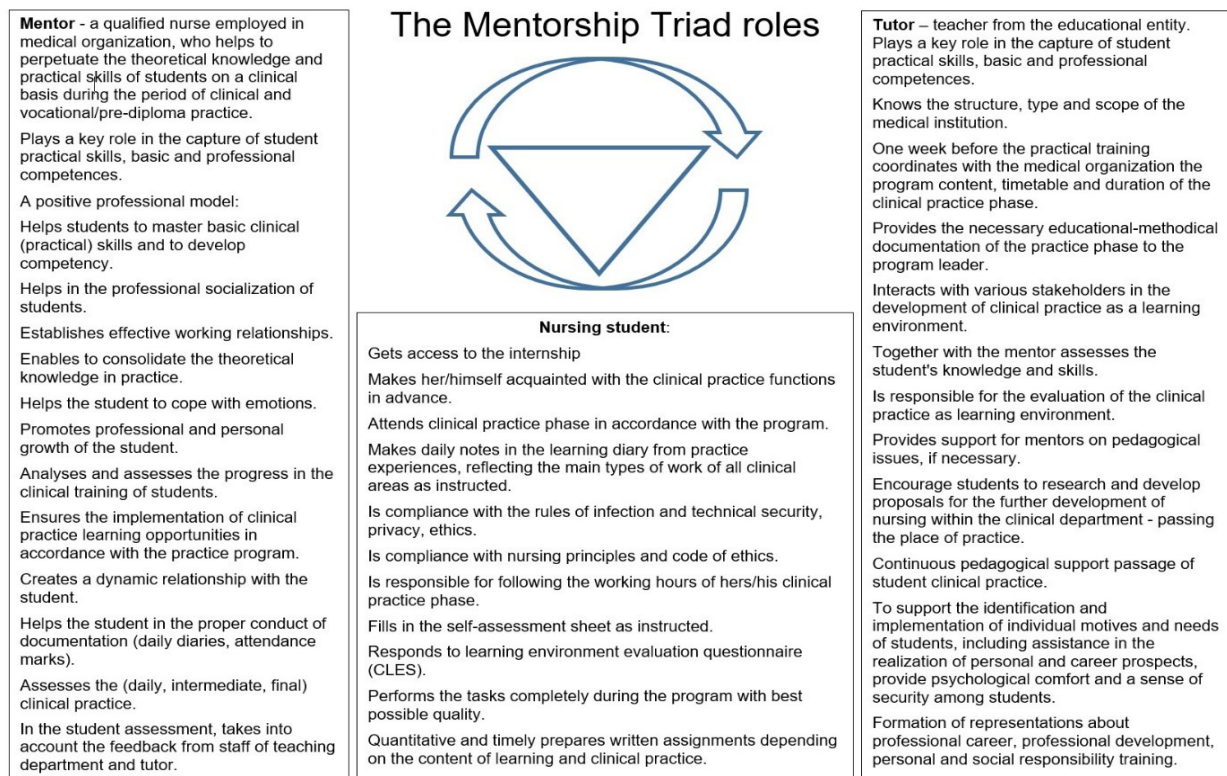

The Mentorship Triad roles

Mentor - a qualified nurse employed in medical organization, who helps to perpetuate the theoretical knowledge and practical skills of students on a clinical basis during the period of clinical and vocational/pre-diploma practice.

Plays a key role in the capture of student practical skills, basic and professional competences.

A positive professional model:

Helps students to master basic clinical (practical) skills and to develop competency.

Helps in the professional socialization of students.

Establishes effective working relationships.

Enables to consolidate the theoretical knowledge in practice.

Helps the student to cope with emotions.

Promotes professional and personal growth of the student.

Analyses and assesses the progress in the clinical training of students.

Ensures the implementation of clinical practice learning opportunities in accordance with the practice program.

Creates a dynamic relationship with the student.

Helps the student in the proper conduct of documentation (daily diaries, attendance marks).

Assesses the (daily, intermediate, final) clinical practice.

In the student assessment, takes into account the feedback from staff of teaching department and tutor.

Nursing student:

Gets access to the internship

Makes her/himself acquainted with the clinical practice functions in advance.

Attends clinical practice phase in accordance with the program.

Makes daily notes in the learning diary from practice experiences, reflecting the main types of work of all clinical areas as instructed.

Is compliance with the rules of infection and technical security, privacy, ethics.

Is compliance with nursing principles and code of ethics.

Is responsible for following the working hours of hers/his clinical practice phase.

Fills in the self-assessment sheet as instructed.

Responds to learning environment evaluation questionnaire (CLES).

Performs the tasks completely during the program with best possible quality.

Quantitative and timely prepares written assignments depending on the content of learning and clinical practice.

Tutor – teacher from the educational entity. Plays a key role in the capture of student practical skills, basic and professional competences.

Knows the structure, type and scope of the medical institution.

One week before the practical training coordinates with the medical organization the program content, timetable and duration of the clinical practice phase.

Provides the necessary educational-methodical documentation of the practice phase to the program leader.

Interacts with various stakeholders in the development of clinical practice as a learning environment.

Together with the mentor assesses the student's knowledge and skills.

Is responsible for the evaluation of the clinical practice as learning environment.

Provides support for mentors on pedagogical issues, if necessary.

Encourage students to research and develop proposals for the further development of nursing within the clinical department - passing the place of practice.

Continuous pedagogical support passage of student clinical practice.

To support the identification and implementation of individual motives and needs of students, including assistance in the realization of personal and career prospects, provide psychological comfort and a sense of security among students.

Formation of representations about professional career, professional development, personal and social responsibility training.

Figure 1 – The Mentorship Triad [6,11]

The Mentorship Triad emphasizes a student–focused approach to learning and sets various requirements for the mentor. It is essential to identify facilitators that keep the mentors motivated and support systems for them. Therefore, a literature search was conducted to provide a descriptive overview from a collection of international open science literature on what are the facilitators and barriers in mentorship as identified by the nurse mentors.

Identifying the literature search questions

The search questions for the literature search were formulated to identify the benefits of mentorship for the mentor of the nurse students and describe the facilitators and barriers nurses encounter when acting as mentors.

The search questions were formulated as follows:

1. What are the benefits of working as a mentor to the nurse students from the perspective of the nurse mentor?

2. What are the facilitators and barriers in mentorship identified by the nurse mentors?

Identifying relevant articles

Electronic searches were conducted in CINAHL, Medline, Pub Med, Science Direct, and EBSCOHOST databases including open science, full text articles, publications from 2016 until March 2021, and English language without limitation on study design or status. The open science limitation was used to allow all readers of the article to later access the original articles used. Open science is a term and is intended to maximize the dissemination of knowledge and to enable the collaboration of professional researchers and the interested public [18].

A structured search was used and modified according to the indexing systems of the databases [19]. Articles were included for further analysis (inclusion criteria) if the authors:

(a) described a mentoring, preceptor, tutor, or coaching program, defined as an activity or series of activities supporting the personal and/or professional development of mentor or preceptor or coach or tutor of nurse students;

(b) described a mentoring, preceptor, tutor, or coaching program that was intended for nursing practice mentor, preceptor, tutor, or coach;

(c) described the benefits to the mentor, preceptor or tutor or described facilitators or barriers in acting as a mentor, preceptor, or tutor for nurse students.

Articles were excluded if they focused on mentorship of non-nursing professions. The articles that met the inclusion criteria contained implications to certain key-articles that were therefore also included in (n=3) [20-22]. In addition, to identify grey literature, Google and Google Scholar were hand searched and reference lists of selected articles were reviewed.

Altogether 25 articles were included, and labelled by title, authors, country, publication year, methodology/ type of article, results, and conclusions. The selected

articles are marked with* on the reference list. Eight (8) articles presented a qualitative approach (interview, focus group), professional and editorial articles were three (3) of each; two (2) articles presented quantitative approach (one questionnaire, one quasi-experimental design) and one (1) literature review and one (1) combined qualitative and quantitative design. Five (5) were research articles, and one review article and one thematic reflective article.

Articles were chosen by title, then abstracts were read, and studies were excluded by applying inclusion and exclusion criteria. The first author charted the 25 articles on a charting table by reading the full texts. Then the articles were labelled with the title of the article, publication year, names of the authors, article type, main findings, and discussion. Furthermore, the articles were analyzed by using the "Find" command on PDF - documents with words "benefit", "facilitator" and "barrier", the content of the paragraphs was analyzed, and the relevant content was added to the charting table. If the expression was unclear, the original articles were revisited. The charting tables were reread resulting in eight themes emerging from the expressions [19].

Summarizing and reporting the results

The following themes emerged from the articles according to the search questions:

1) What are the benefits of working as a mentor to the nurse students from the perspective of the nurse mentor?

2) What are the facilitators and barriers in mentorship identified by nurse mentors?

Theme: being a role model

The findings revealed as the most satisfying aspect of the mentoring role being the transfer of their (nurse mentors) own knowledge to the students and facilitating the students' development and ongoing progression [20,23,24]. There was a sense of enjoyment reported in giving feedback and making positive contributions to the students' learning experiences and career aspirations. The mentors further expressed the view that mentoring promoted overall clinical quality and patient safety and makes (nursing mentors) feel valued [25-27].

Being a role model was reported in many of the selected articles. According to Cloete and Jeggels (2014) the mentors felt inspired to perform their very best in the role of mentor [28]. The mentors perceived as a benefit, among other things, that they could share "goodies" that could help the student. Also, they felt they had the opportunity to identify the "hidden talents" in a student. Additionally, they referred to the transfer of the non-documented organizational knowledge that is a part of essential silent knowledge [26,29,30]. Some of the central aspects of being a role model that were reported included mentorship maximizing opportunities for students as well as for mentors to acquire knowledge, skills, and attitudes, and to develop confidence and professional socialization [20,23,39].

It is noteworthy that the experience of acting as a role model requires common time and a sufficient length of practice. Cloete and Jeggels (2014) reported that with the shorter mentoring time, rewarding experiences were fewer for the mentors. The authors suggest that the short period does not allow enough rewarding experiences to accumulate to fulfil the mentor's perceived expectations [28].

Theme: recognition of role value and esteem

This general theme is linked to the self-esteem of the mentor. When the mentoring work, its process, outcomes, and the mentors themselves were appreciated by the management of the clinical organization and the education entity, it promoted and supported the mentor´s self-esteem. Furthermore, remarks of appreciation were experienced as a benefit or reward, thus formulating a winning helix [31,32].

Valuing the role of the mentor can be made visible in many ways. For example, establishing local networks for mentors, regulating the profession, setting specific qualifications and formal positions, and establishing a registration system for mentorship positions were mentioned [33-35].

Theme: keeping up to date

The mentors recognized that close professional interaction with nurse students often kept them up to date with their own knowledge and facilitated practice reflection. The articles identified competences that were developed through mentorship activities: theoretical knowledge, teaching competency, leadership skills, planning and organizing, experiential and comprehensive learning, and professional reflection [20,22,36].

The mentors valued training and education for mentorship. The best results were reported to have been achieved through systematic mentoring education, updating, and by reflecting with other mentors the experiences and learning outcomes of the students. [22,37-39] Continuous and systematic knowledge and skills development and education options were mentioned as supportive, motivating, and rewarding elements in working in a mentoring role. Trained mentors expressed being confident with their role and remarking growing confidence while the mentoring experience proceeded [25,26]. Nurses felt that their skills, knowledge, and attitudes to implement evidence-based practice developed through mentorship training [38,39]. Additionally, the mentors expressed that they could use their acquired skills and knowledge to develop patient safety and care quality. As an outcome, better care quality and patient safety were expressed as rewarding elements of being a mentor to nurse students [37,38].

Theme: student attributes

The articles also highlighted the characteristics of students that mentors felt had an impact on mentoring. They commented on enjoying mentoring students who possess certain personal qualities, such as enthusiasm, keenness and having fresh ideas. Conversely, students lacking enthusiasm or initiative and unprofessional behavior were contributing to the unfulfilling aspects of their mentoring role [39]. Equality was also highlighted as an important factor. Nurse students reported especially valuing equal treatment in final assessment situations [27,39].

Behavior or manners unsuitable in clinical training (e.g., using mobile phones during practice) were mentioned as a frustrating element for mentors. The researchers suggested that accepted behaviors and values between age groups should be further researched. Additionally, it was also reported that sometimes the mentors see that the students' expectations of the work and their future role are unrealistic. Facing the students "reality shock" can be stressful for the mentors [23,40].

Theme: colleague attributes

Issues relating to colleagues also emerged from the articles. Nurses mentioned peer support as one important and facilitating factor. The opportunity to discuss the rewards and challenges was considered important. In addition, direct support from superiors and colleagues for the mentor and mentorship was regarded as a benefit and a reward [41].

Conversely, the mentors reported feelings of guilt when colleagues pressured them to participate in the direct patient care duties when the mentor would have been needed for student mentoring. Balancing competing demands on their clinical role and the needs of the learners raised frustration among the mentors [32]. Poor communication with the tutor was also reported as a barrier for effective mentorship [42]. In addition, resource issues arising from research results such as lack of adequate equipment and technology as well as facilities were mentioned. These were connected to the overall resourcing capabilities of the organization [24,42].

Theme: time challenges

Time was considered as a major factor causing tension in most of the articles. Whether it be time spent completing student paperwork or time spent teaching and supervising students, time was mentioned as a frustrating aspect in mentoring. There was a sense from the mentors that the time spent with students could be time spent with patients/service users or with careers/families [33,34].

Overall "lack of time" was referred several times as frustrating element in the mentor's work in clinical nursing setting. Lack of time was subsequently connected to unsafe staffing ratios, no mutual time with the student and tutor, lack of protected time for mentoring the students or doing the paperwork for mentoring, and participation in skills and development sessions/education were mentioned [20,21,34]. As a supporting element, the mentors were highlighting working in same shifts and therefore having the opportunity for knowledge transfer, student assessment and constructive feedback [37,38].

When identifying the workload of a nurse mentor, a mentor/student – ratio was one influencing factor. A systematic review of learner/preceptor ratios for practice-based learning results highlighted the fact that 2/1 and 2+/2+ learner/preceptor ratio appeared to be the most suitable to balance the needs of all involved in the process [17,43].

Theme: location challenges

The mentors reported a lack of supportive infrastructure in relation to the work location and facilities. Additionally, a lack of peaceful space for learners and paperwork, materials and technology, lack of adequately trained staff in the ward, variability of placements, and the lack of placement capacity were mentioned as barriers for successful outcomes as mentor [38,40].

On the other hand, supervision and peer-learning in student-dedicated rooms was mentioned to be a good learning environment (mental atmosphere and physical facilities). Furthermore, having several mentors was mentioned as being more satisfying for students than a model where each student is assigned to a single mentor [22,30,38,44].

Theme: lack of financial remuneration

In general, financial remuneration is not used to reward individual mentors. In some countries the financial subventions are addressed to general development of mentoring activities in health care organizations. Lack of financial remuneration for individual mentors was mentioned in one research article [34]. This was the only extrinsic motivational factor that was expressed by the mentors. Mostly, the reported benefits and rewards were from intrinsic origin.

Discussion

The aim of this article was to identify and provide an overview of the benefits of mentorship to the mentor of nurse students and describe the facilitators and barriers nurses encounter when acting as mentors in the clinical practice setting.

The findings enlighten the key aspects of the 'mentors voice' in the context of a potentially significant shift in nurse education. Mentors should be recognized as one of the cornerstones of student nurse education [10]. The literature search conducted for this paper focused especially on looking at the mentoring benefits, rewards, facilitators, and barriers specifically from the perspective of the nurse mentor and therefore yielding a limited number of sources. An additional factor limiting the number of articles was the choice to select sources freely available via open science [18]. This choice has inevitably left out some high-quality studies that might have had an effect on the results.

Although this article has highlighted the benefits of being a mentor in international literature, many of them also apply to the local context. In the Republic of Kazakhstan, the successful reform of nursing and nursing education continues, and the need for nurse students´ access to clinical practice, from a very early stage of their education, with the support of their trained and committed mentors is supported by the national legislation [3,15,16]. High quality nursing education is targeting to formulate a seamless collaboration between education and clinical practice. Shared understanding of effective teaching and learning is important to ensure the quality of university and college teaching and learning.

This understanding must incorporate the skills and practices of competent teachers and mentors in practice, and the ways in which teaching and learning should be practiced in multiple overlapping contexts. This ensures that future developments, trends, understandings, stakeholder expectations and student needs as well as the needs of the mentors are continually considered and incorporated into the collective understanding of effective teaching and learning [29,35].

According to Yakusheva and Weiss (2017) top-productivity nurses are those with a greater overall improvement in their patients' clinical condition [12]. Effective mentorship is a key mechanism in facilitating the students learning in clinical training and achieving the required competency. At the same time, it cannot be further emphasized that acting as a mentor and being a role model for future students is a privilege.

In the Republic of Kazakhstan, an up-to date mentor education is available for mentors/nurses by medical universities and higher medical college trained mentor trainers [16]. This mentor education was originally developed and started in 2015 and currently the trainings are held regularly. The development on the mentoring

system for nursing education, the Guide and the training of mentor trainers were developed in two World Bank funded projects by Finnish experts coordinated by JAMK University of Applied Sciences [45,46]. Today mentor training is considered as important and is mentioned as one of the key areas for development. The motivation of mentors is considered important as is also the evaluation of the mentor's performance. In the Republic of Kazakhstan, the goal is to increase the number of graduating nurses, meaning an increasing need for the number of mentors in clinical practice. A quantitative target has been set for this, expressed as a ratio of nurse students assigned to one mentor (average) at the end of the reporting calendar year. The goal for the year 2021 is 1:3.4. (one mentor has an average of 3.4 nurse students assigned) and the goal for the year 2025 is 1:1.16 [47].

Internationally there is variance in both the use of the term mentor as is with the practice of mentoring. This variance arises from diverse cultural and individual state systems and legislation, different education and training systems, formal recognition, and the regulation of the position of a mentor to name a few. These should be kept in mind when analyzing the research results and reading international literature. Moreover, the emphasis should be put on the support systems and options for education and competency development of the nurse mentors to safeguard the retention of mentoring positions [48]. Therefore, it can be concluded that more research on mentoring phenomena is needed in the future also in the local Republic of Kazakhstan context. Future research should analyze the key features of effective mentoring and obtain information that will support the development of mentoring practices. Quality mentoring presents a vital avenue for enhancing the role of nurses and strengthening evidence-based patient-centered health care. Perhaps the biggest benefit for nurses is getting to be involved in change and through that build stronger nursing expertise.

Conclusions

Mentoring nurse students provides mentor nurses with invaluable opportunities to keep up with up-dated information and have dialogue with the students, teachers, and colleagues about the development of evidence-based nursing. Mentoring is for the most part a rewarding experience for the mentors, but it can also be demanding and therefore requires a good support structure in clinical practice setting. Perceiving mentoring as meaningful and therefore creating positive learning environments for nurse students through good leadership practices builds up effective mentoring. This in turn produces effective nurse students and allows them to become competent and knowledgeable future generation of nursing professionals providing high-quality nursing care.

The importance of clinical nurse mentors for nurse education is undeniable and therefore, it is essential to recruit new nurse mentors and take care of retaining the engaged nurse mentors in the present practice. As the literature shows, the experienced benefits of nurse mentors are exceeding the challenges they meet.

A common understanding can be found from the expressed intrinsic and extrinsic benefits/rewards of mentoring to the mentors themselves:

Intrinsic:

1. Personal satisfaction, growth in self-esteem, observing the growth and pride of seeing growth in the student;

2. Role model for future nurses, promote continuity for the professional growth of the student;

3. Confidence in own skills and knowledge;

4. Ready to meet challenges: continuous updating for skills and knowledge in nursing and teaching.

Extrinsic:

1. Reputation enhancement: due to success of the students and their expressions of beneficial practice mentoring.

2. Increase in overall value of nursing: due to recognition of good mentoring outcomes.

Mentoring plays a key role in the implementation of quality nursing education. In addition to this, there are numerous benefits to acting as a mentor. It is therefore important that this issue is also addressed in clinical practice units in healthcare organizations. Health care leaders need to see this as important and enable mentoring by supporting mentor education, developing organizational support and positive learning environment for mentors and nurse students.

Literature

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Қазақстан Республикасындағы мейірбике ісі студенттеріне тәлімгер ретінде жұмыс істеудің артықшылықтары - Заманауи әдебиетке негізделген пікірталас мақаласы

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Түйіндеме

Бұл пікірталас мақаланың мақсаты - *мейірбике ісі студентінің тәлімгері үшін тәлімгерліктің артықшылықтарын анықтау және оған шолу жасау, сонымен қатар, мейірбике ісі студенттердің клиникалық тәжірибесі кезіндегі тәлімгерлік қызметте кездесетін ықпал етуші факторлар мен кедергілерді сипаттау.*

Әдістері*. Іздеу CINAHL, Medline, Pub Med және Science Direct дереккорларынан 2016-2021 жж. аралығы бойынша жүргізілді. Зерттеулер тақырыбы, түйіндемесі және толық мәтіні бойынша қарастырылды. 25 зерттеу критерийге сәйкес жүргізілді.*

Нәтижесі. *Нәтижесінде сегіз негізгі тақырып анықталды. Тақырыптық бағыттарға мыналар кіреді: 1) үлгі болу, 2) рөлдің құндылығын түсіну және құрмет, 3) соңғы жаңалықтардан хабардар болу, 4) студенттердің ерекшеліктері, 5) әріптестерінің сипаттамалары, 6) уақыт, 7) орналасу қиындықтары және 8) материалдық сыйақының жеткіліксіздігі. Нәтижелер тәлімгерліктің негізгі артықшылықтары тәлімгерлердің өз білімімен студенттермен бөлісуі мен студенттердің білімін арттыруы болып табылатындығын көрсетті. Көптеген таңдалған мақалаларда тәлімгерлер студент үшін үлгі болатыны туралы айтылды. Тәлімгерлік клиникалық жұмыстың жалпы сапасына, науқастардың қауіпсіздігіне оң әсерін тигізді және тәлімгерлердің өздерін бағалы сезінуіне ықпал етті. Тұтастай алғанда, «уақыт жеткіліксіздігі» тәлімгер жұмысындағы тосқауыл және теріс элемент ретінде бірнеше рет айтылды.*

Қорытынды. *Тәлімгерлер рөлі маңызды және олар мейірбике ісінде сапалы білім беру негіздерінің бірі ретінде танылуы керек. Нәтижелер тәлімгерліктің маңызды артықшылықтарын көрсетеді. Қазақстан Республикасында алдағы жылдары мейірбике ісінде тәлімгерлікті дамыту мен тәлімгерлердің біліктілігін арттыру жоспарланып отырғанын атап өткен жөн. Тәлімгерліктің тәлімгерге, студентке, жұмыс ортасына, денсаулық сақтау ұйымына және мейірбике ісіндегі білім беруге көптеген пайдасы бар. Осы бағыттардағы ғылыми-зерттеу жұмыстары мемлекет аясында тәлімгерлікті дамыту үшін өте маңызды.*

Түйін сөздер: *білім, мейірбике ісі, Қазақстан, тәлімгер, тәлімгерлік, мейірбикелер, студенттер.*

Преимущества работы в качестве ментора для студентов-медсестер в Республике Казахстан - Дискуссионная статья на основе современной литературы

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Резюме

Целью данной дискуссионной статьи *является определение и обзор преимуществ менторства для ментора студентов-медсестер, а также описание содействующих факторов и барьеров, с которыми сталкиваются менторы-медсестры в своей менторской деятельности в период клинической практики студентов-медсестер.*

Методы. *Осуществлялся поиск в базах данных CINAHL, Medline, Pub Med и Science Direct с 2016 по 2021 год. Исследования были просмотрены по названию, аннотации и полному тексту. 25 исследований соответствовали критериям добавления.*

Результаты*. В результате были выявлены восемь ключевых тем. К тематическим областям относятся следующие: 1) служить примером для подражания, 2) осознание ценности и уважительного отношения к роли, 3) быть в курсе последних событий, 4) характерные черты студентов, 5) характерные черты коллег, 6) нехватка времени, 7) сложности с месторасположением и 8) недостаточное материальное вознаграждение. Выводы показали, что основными преимуществами менторства являются передача знаний и содействие обучению студентов. Во многих отобранных статьях была приведена информация о том, что ментора являются примером для подражания. Менторство способствовало повышению качества клинической работы в целом, безопасности пациентов, а также создало у менторов-медсестер ощущение, что их ценят по достоинству. В целом, «нехватка времени» несколько раз упоминалась как барьер и разочаровывающий элемент в работе ментора.*

Выводы. *Менторы играют важную роль и должны быть признаны в качестве одного из краеугольных камней качественного сестринского образования. Полученные результаты подчеркивают значительные преимущества менторства с точки зрения ментора. Необходимо отметить, что в Республике Казахстан в ближайшие годы планируется развивать менторство студентов-медсестер и повышать квалификацию ментора. Важным моментом является то, что менторство имеет многочисленные преимущества для ментора, студента, трудового коллектива, организации здравоохранения, а также для сестринского образования. Исследовательская работа в этих областях имеет большое значение при развитии менторства в масштабах всей страны.*

Ключевые слова: *образование, сестринское дело, Казахстан, ментор, менторство, медицинские сестры, студенты.*