Assessment of Mentorship Competencies among Nurse Mentors at Port Said Healthcare Authority Hospitals

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ABSTRACT

Background: Mentorship in nursing is a therapeutic relationship that exists between experienced nurses and less experienced nurses to help them gain more knowledge or experience in the profession. Competent nurse mentors aid in facilitating role transitions, improving job satisfaction, enhancing patient care, and decreasing nursing turnover. **Aim:** The present study aimed to; assess mentorship competencies of nurse mentors at Port Said Healthcare Authority hospitals. **Subjects and Method: Design:** a descriptive design was used. **Setting:** the study conducted at seven Healthcare Authority hospitals in Port Said Governorate. **Subjects:** included a purposive sample of 30 nurse mentors. **Tools:** Three tools used for data collection consisted of; Mentor knowledge questionnaire, Mentor Competencies Instrument (MCI), and Nurse mentor performance Assessment. **The Results**: 63.3% of nurse mentors had unsatisfactory knowledge, 37.3% of them had satisfactory knowledge with mean ±SD= 25.0±6.2. Also, 63.3% of them had low mentorship competencies, 23.3% had moderate competencies, 13.3% of them had high competencies with mean ±SD= 37.1 ±4.1. 70% of them had unsatisfactory performance, 30% of them had with mean ±SD= 49.7±6.9. **Conclusion**: The most of the studied nurse mentors had low mentorship competencies. **Recommendations**: conduct an educational program about nursing mentorship competencies to the different stages of nursing education to foster the continued growth and development of nurse mentors and nurse students. Also, it is recommended to increase the number of nurse mentors in clinical training settings.

Key words: Competencies, Mentorship, Mentors, Nursing education, Nursing students, Performance.

INTRODUCTION

Clinical teaching lies at the heart of nursing education; its importance cannot be overemphasized. In the clinical setting, nurse students are primed for the reality of their professional roles. In other words, clinical teaching and learning help to prepare students for the kind of work they will have to do as practicing nurses (Fleming, 2021). What the nurses and nursing students do in clinical practice is more important than what they can demonstrate in a classroom. Clinical learning activities provide real-life experiences and opportunities for transfer of knowledge to practical situations (Hussien, Taha, Shalaby, & EL-Liethey, 2023).

Mentorship in nursing is a therapeutic relationship that exists between experienced nurses and less experienced nurses to help them gain more knowledge or experience in the profession (Olorunfemi, 2019). Operationally, mentorship defined as a relationship between two people where one has more knowledge and experience that is passed to the other, and the literature has demonstrated that it positively influences both academic outcomes and professional development within the field (Ephraim, 2021). Perumal, and Singh (2022); Rogers, et al. (2022);–asserted that the impact of the mentoring relationship included: increased scholarly confidence, career advancement and expanded thinking, skills development, goal setting, and action planning.

Nurse mentors who mentor nursing students on a dedicated educational unit do not always feel supported. Mentors may also lack the educational component that comes with teaching nursing students, such as mentoring, ensuring competency with essential skills, tasks, providing timely feedback, goal setting, and fostering critical thinking (Ratliff, 2021). Nurse mentor is defined as a registered nurse who supports, teaches and assesses undergraduate nursing students during their clinical practice (Tuomikoski et al., 2020). While Perumal, and Singh (2022) suggested that the most significant characteristics of mentor in nursing are: Role model, nurturing, friendship, experienced person, regular meeting, and endurance. Furthermore, Stephenson, et al. (2022) identified the mentor skills or attributes are: coach/support, assess and provide feedback, communicate, reflect, build the relationship, personality characteristics, obtain knowledge, facilitate mentee reflection, cultural awareness, facilitate mentee goal setting, and instruct and demonstrate.

Mentoring education consists of understanding mentors' role and responsibility as a mentor, clinical pedagogical teaching, student assessment, goal-orientation, how to give

a student-centered evaluation, methods for feedback, and effective communication with the student. Students felt frequent discussions, and goal planning with their mentors increased their learning capabilities (Mikkonen, Merilainen, & Tomietto, 2020). According to Hyun, Rogers, House, Sorkness, and Pfund (2022) the six primary mentoring competencies includes: maintaining effective communication, establishing and aligning expectations, assessing mentees' understanding of scientific research, addressing diversity within mentoring relationships, fostering mentees' independence, promoting mentees' professional career development. Commonly mentors are not employed by the educational bodies. Furthermore, in many countries, mentors are not required to complete any mentoring education prior to their mentoring of a student (Mikkonen, 2022).

Significance of the study

Qualified and experienced nurses carry out the students clinical mentoring during their practice placement as part of their professional duties. Through guiding and supervising students whilst they are performing nursing procedures, but without much emphasis on teaching and assessing of theoretical knowledge. The clinical mentoring of students is, therefore, service-led rather than educationally driven (Foolchand, 2020). Commonly mentors are not employed by the educational bodies. Furthermore, in many countries, mentors are not required to complete any mentoring education prior to their mentoring of a student (Dunlap, 2021). Therefore, this study was planned to reveal the current situation of mentorship application in nursing education programs to be the basis for developing further projects and mentorship programs.

The study aims to

Assess mentorship competencies among nurse mentors at Port Said Healthcare Authority hospitals.

Objectives

1. Assess nurse mentors' knowledge level about mentorship competencies at Port Said Healthcare Authority hospitals.
2. Determine nurse mentors' competencies level regarding mentorship at Port Said Healthcare Authority hospitals.

3. Observe nurse mentors' performance level regarding mentorship at Port Said Healthcare Authority hospitals.

4. Find out the relation between the studied mentors' levels of knowledge, competencies, and performance.

SUBJECTS AND METHOD

A. Technical design

This design includes a description of the research design, setting, subjects, and tools of data collection.

Study design

A descriptive study design was utilized to achieve the aim of this study.

Study setting

The present study was conducted at seven healthcare authority hospitals (Al-Salam, Al-Nasr, Al-Zohour, Obstetrics & Gynecology Hospital, Ophthalmic, Elhayat and Mogamaa Elshefaa) which affiliated to Egypt health care authority – Port Said Governorate.

SUBJECTS

Sample

A purposive sample technique was used in the current study to select the study subjects. The current study consists of two sample groups (nurse mentors and intern nursing students). The first sample group consists of nurses selected from the study settings to work as nurse mentors. They were selected through an interview against settled inclusion criteria as following: their communication skills, their professional appearance (the professional image of a nurse to be a role model in this item for students), and appropriate tact of speaking were noted to set a good role model for students. The interview items were scored from a total of hundred percent. The interviewed nurses' scores were arranged in descending, and then the highest scores were chosen. The total number of the selected sample group was 30 nurse mentors.

The exclusion criteria for nurse mentors:

1)   Hold an administrative job (e.g., head nurses, ward managers).

2)   Pregnancy.

3)   Nurses who take special vacations during the internship period.

4)   Nurses who work in the night shift all the month schedule and cannot mentoring students during this shift.

The second sample group consisted of all intern nursing students who were supervised by the studied nurse mentors to assess their mentorship competencies with total number 60 intern nursing students.

Tools for data collection:

Three tools were used for data collection:

Tool 1: A self-administered mentorship knowledge questionnaire: That consisted of two parts as follow:

Part (I): Personal and work-related data:

It was developed by the researcher in an Arabic language and included personal and work characteristics of nurse mentors such as: Age, sex, level of education, department, marital status, years of experience and previous attendance of an educational program in the scope of the study.

Part (II): Mentor knowledge questionnaire:

The mentor knowledge questionnaire was developed by the researcher, based on recent literature reviews as Hasanen (2019); Nursing and Midwifery Council, (2018); Olorunfemi, (2019) to assess nurse mentors' knowledge regarding nursing mentorship. The questionnaire was designed in the Arabic language to avoid misunderstanding. It was composed of 59 multiple choice questions and covered the following areas: 1. Mentorship (the mentoring system, role & responsibilities, clinical mentor competencies, and factors affecting the learning environment), 2. Adult learning principles theory, 3. Mentorship skills (active listening, reflection thinking, reasoning questions), 4. Mentorship methods and tools to improve clinical understanding (learning contract, briefing & debriefing), 5.

Evaluation of clinical understanding (logbook, feedback, formative mid-term evaluation, summative final evaluation).

Scoring system for part (2):

Regarding nurse mentors' knowledge; the answer was evaluated using a model key answer prepared by the researcher. The "correct answer" scored one, while the "incorrect answer" scored zero. For each domain, the items scores were added and divided the total score by the number of items to get the mean score for the domain. These scores were converted to percentiles and means and standard deviations were calculated. the percentages scores as cut-off points used to assess the level of knowledge. These scores were considered as satisfactory if the percent score was equal to or above 75% and unsatisfactory if less than 75% based on statistical analysis and the importance of nurses' knowledge regarding the mentorship of nursing students (Hagrass, Ibrahim, Anany, El-Gazar, 2023).

Tool 2: Mentor Competencies Instrument (MCI):

The scale was adopted by Hasanen (2019) the Arabic version. It consisted of 19 indicators designed to evaluate mentoring competencies by nursing students in eight factors: comprehend (2 indicators); relate (5 indicators); facilitate (2 indicators); inform (3 indicators); challenge (3 indicators); reflect (2 indicators); motivating (1 indicator) and envision (1 indicator). using a Likert scale from 1 to 4 where 1 equal "poor" and 4 equals "excellent".

Scoring system

The item scores were summed and the total was divided by the number of items, to give a mean score for the part. These scores were converted into percentage scores. Mentorship competence was high if the percent score was >64-80%, moderate if the percent score was >48-64%, and low if the percent score was >32-48% (Hasanen, 2019).

Tool 3: Nurse mentor performance assessment

The observational checklist adapted from (Foolchand, 2020) to assess nurse mentors' performance, and consists of 38 items under the following dimensions: 1. mentor's characteristics (8 items); 2. communication (7 items); 3. goal-oriented mentoring

(5 items); 4. student-centered evaluation (10 items); 5. constructive feedback (5 items); 6. Reflection (3 items).

Scoring system

It was rated from 0 to 2. Where 0 equals "not applicable", 1 equal "Not done" and 2 equals "done". The items scores and divide the total score by the number of items to get the mean score for the part. The performance was satisfactory if the percent score was equal or above 75% and unsatisfactory if less than 75% based on statistical analysis and importance of nurses' performance regarding mentorship skills (Foolchand, 2020).

B- Operational design

The study field of work was carried out through the following phases:

Tools validity

It was ascertained by a panel of experts consisting of seven experts from the nursing Administration department at Mansura University. Professors reviewed the instruments for clarity, relevance, comprehensiveness, and understanding of applicability. Comments and suggestions of the experts were considered, and necessary modifications and clarifying of the items were made accordingly.

Tool reliability

The reliability of tools used in this study by the Cronbach's alpha coefficient test to assess the internal consistency of the study tools. The internal consistency reliability for nurse mentors' knowledge tool was (0.903), and for mentorship competencies (0.901). The internal consistency reliability for the nurse mentors' performance tool was (0.894).

Field work

Field study was conducted for six months from the beginning of the internship training in October (2022) to the end of March (2023) during internship training for nurse students who graduate this academic year. The study was carried out through the following phases. The researcher visited the study settings and arranged with the nursing director for the actual implementation of the study. Then, the process of recruitment of

nurse mentors and nurse students. The researcher clarified the sheets of the knowledge tool to each nurse mentor and asked them to complete it. Also, the researcher explained the tool of nurse mentors' competencies to the nurse students and asked them to complete it individually. The third tool was observed by the researcher to assess the studied nurse mentors' performance during the mentoring process in the study settings. Each tool was filled in about 40 minutes to 45 minutes.

Pilot study

Before entering the actual study, the pilot study was conducted on 10% (3 nurse mentors excluded for the night shift schedule and 6 nurse students) of the sample to assess the clarity, practicability, and feasibility of the tool and to estimate the proper time required for interview. Appropriate modifications were made according to the results of the pilot study.

Ethical considerations

The study was approved by the Research Ethics Committee (REC), Faculty of Nursing/ Port Said University with code number (NUR 5/11/2023) (31). An approval had been obtained from hospital directors to conduct the study after illustrating the purpose and process of the study. Further, written consent for participation in the study has been obtained from nurse mentors and their students after clearing out all about of the study. The researcher informed the participants that they can withdraw from the study at any time they wish to do so without any problem. The researcher has ensured the maintenance of anonymity and confidentiality of participants. Moreover, the participants have been assured about discretion regarding the collected information, and that they shall only be used for study purposes.

C- Administrative design

An official letter containing the title and the aim of the study was sent from the Dean of the Faculty of Nursing - Port Said University to director of each setting to obtain approval from the hospital administrator for data collection at the above-mentioned settings.

D. Statistical design

The collected data were organized, tabulated and statistically analyzed using SPSS for windows version 20.0 (SPSS, Chicago, IL). Continuous data were normally distributed and were expressed in mean ± standard deviation (SD). Categorical data were expressed in number and percentage. Chi-square test (or fisher's exact test when applicable) was used for comparison of variables with categorical data. Statistical significance was set at $p<0.05$. The reliability (internal consistency) test for the questionnaires used in the study was calculated.

RESULTS

Table (1) illustrates that the highest percentage of the studied nurse mentors (50%) were in the age group of **2**4 – 29 years old, 83.3% of them were females, 53.3% of them were married, 56.7% of them had a Bachelor of Nursing, 33.3% of them had 5-10 years of experience, and none of the studied mentors had previous training courses about mentorship before the current study. The results indicate that the highest percentage of the studied intern nursing students (83.3%) were in the age group of 20 – 22 years old, and 93.3% of them lived in urban areas.

Figure (1) represents total knowledge of the studied nurse mentors regarding mentorship. It reveals that 63.3% of the studied mentors had unsatisfactory knowledge level. While 36.7% of them had a satisfactory knowledge level.

Table (2) clarifies the studied nurse mentors' competencies, the highest percentage had low mentorship competencies level regarding skills of providing feedback and guiding, conflict management, and solution finding (73.3%, 70%, 70%), respectively.

Figure (2) represents total nurse mentors' competencies. 63.3% of the studied nurse mentors had low mentorship competencies. While 23.3% of them had moderate mentorship competencies, and 13.3% of them had high mentorship competencies.

Table (3) elaborates the studied nurse mentors' performance, the table shows that the highest percentage had unsatisfactory performance regarding mentor's characteristics, reflection, and goal-oriented mentoring (100%, 73.3%, 70%), respectively.

Figure (3) represents the total nurse mentors' performance. 70% of the studied nurse mentors had unsatisfactory performance. While 30% of them had satisfactory performance with mean ±SD = 49.7±6.9.

Table (4) clarifies there was no statistically significant relation between nurse mentors' knowledge and their performance (P=0.160), and their competencies (P=0.839).

Table (1): Demographic characteristics of studied subjects

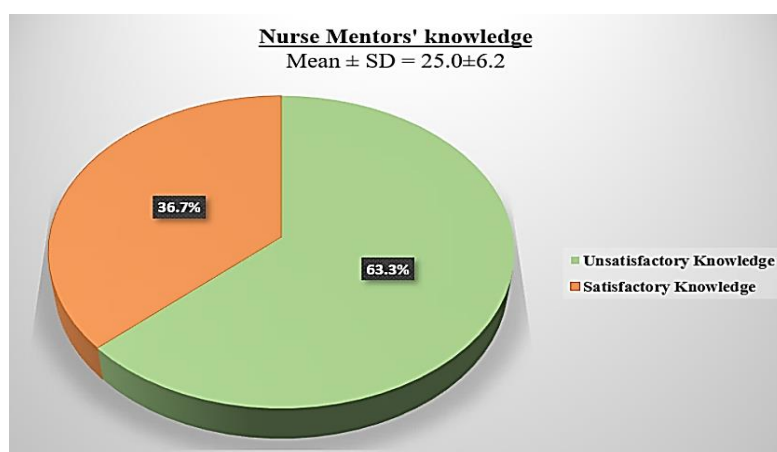| Nurse Mentors (n=30)	n	%
Age (years)		
25 ≤ 29	15	50
30 < 39	11	36.7
≥ 40	4	13.3
Gender		
Male	5	16.7
Female	25	83.3
Marital Status		
Single	14	46.7
Married	16	53.3
Educational Level		
Technical diploma of nursing schools	6	20
Health Technical Institute Diploma	7	23.3
Bachelor of Nursing	17	56.7
Experience (Years)		
< 5	9	30
5 < 10	10	33.3
10 < 15	4	13.3
> 15	7	23.3
Attending training courses on mentoring nursing students		
yes	0	0
no	30	100
Intern nursing students (n= 60)	**n**	**%**
Age (years)		
17 – 19	17 – 19	17 – 19
20 – 22	20 – 22	20 – 22
Residence		
Urban	Urban	Urban
Rural	Rural	Rural

Figure 1. Total nurse mentors' knowledge (n=30).

Table (2): Frequency of total nurse mentors' competencies (n=30).

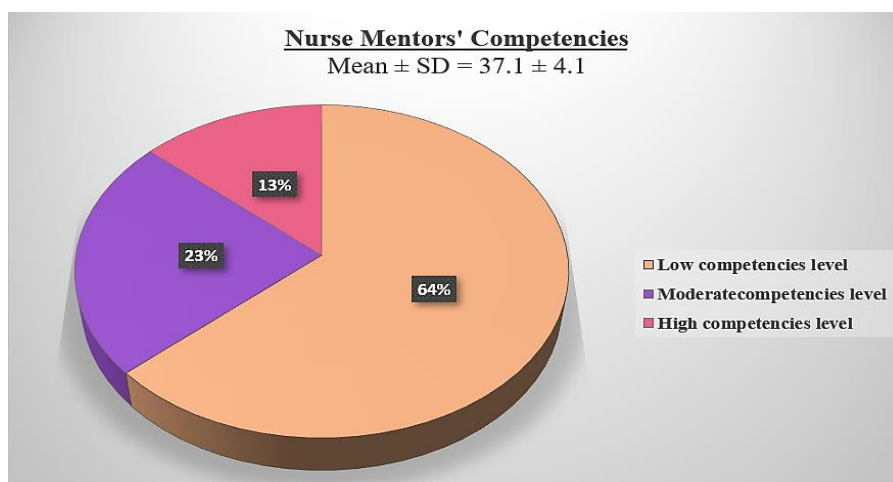| Mentorship competencies	n	%	Mean ±SD
The skill of comprehend and listening actively			
Low mentorship competencies level	19	63.3	3.9 ±0.8
Moderate mentorship competencies level	9	30	
High mentorship competencies level	2	6.7	
The skill of building relationships			
Low mentorship competencies level	16	53.3	8.5 ±1.2
Moderate mentorship competencies level	8	26.7	
High mentorship competencies level	6	20	
The skill of facilitate and coaching			
Low mentorship competencies level	19	63.3	4.0 ±1.3
Moderate mentorship competencies level	8	26.7	
High mentorship competencies level	3	10	
The skills of providing feedback and guiding			
Low mentorship competencies level	22	73.3	6.5 ±1.3
Moderate mentorship competencies level	7	23.3	
High mentorship competencies level	1	3.3	
The skill of conflict management			
Low mentorship competencies level	21	70	5.8 ±1.5
Moderate mentorship competencies level	9	30	
High mentorship competencies level	0	0	
The skill of reflecting			
Low mentorship competencies level	19	63.3	4.2 ±1.3
Moderate mentorship competencies level	6	20	
High mentorship competencies level	5	16.7	
The skill of encouraging			
Low mentorship competencies level	17	56.7	2.4 ±0.7
Moderate mentorship competencies level	6	20	
High mentorship competencies level	7	23.3	
The skill of solution finding			
Low mentorship competencies level	21	70	1.8 ±0.6
Moderate mentorship competencies level	8	26.7	
High mentorship competencies level	1	3.3	

Figure 2. Total nurse mentors' competencies (n=30).

Table (3): Frequency of total nurse mentors' performance (n=30).

Performance dimensions	n	%	Mean ±SD
Mentor's characteristics			
Unsatisfactory	30	100	9.4 ±1.2
Satisfactory	0	0	
Communication			
Unsatisfactory	18	60	9.5 ±1.9
Satisfactory	12	40	
Goal-oriented mentoring			
Unsatisfactory	21	70	6.8 ±1.6
Satisfactory	9	30	
Student- centered learning			
Unsatisfactory	18	60	13.6 ±2.3
Satisfactory	12	40	
Constructive feedback			
Unsatisfactory	19	63.3	6.7 ±1.4
Satisfactory	11	36.7	
Reflection			
Unsatisfactory	22	73.3	3.6 ±1.6
Satisfactory	8	26.7	

Nurse Mentors' Performance
Mean ± SD = 49.7 ± 6.9

- Unsatisfactory Performance
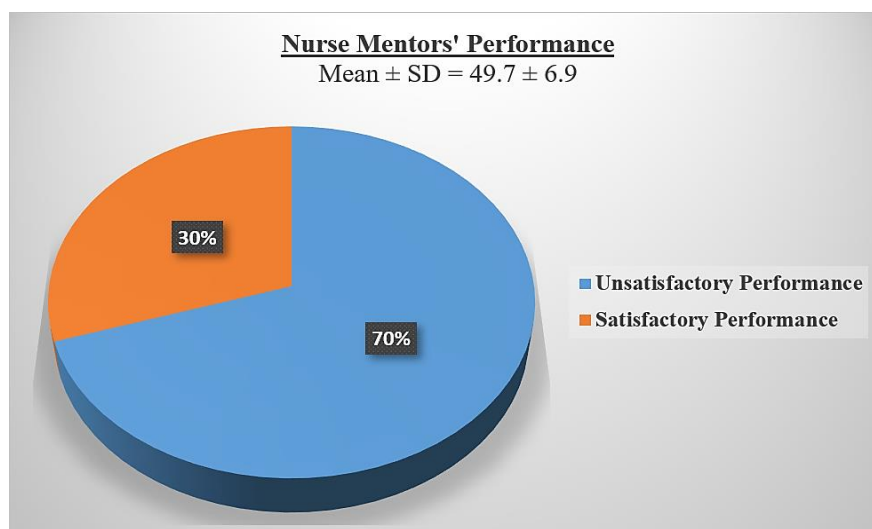- Satisfactory Performance

Figure 3. Total nurse mentors' performance (n=30).

Table (4): Relation between mentors' knowledge and their performance and competencies (n=30).

	Mentors' knowledge			
	Unsatisfactory Knowledge (n=19)		Satisfactory Knowledge (n=11)	
	n	%	n	%
Mentors' performance				
Unsatisfactory performance	15	78.9	6	54.5
Satisfactory performance	4	21.1	5	45.5
Test of significance	X^2=1.975, P=0.160			
Mentors' Competencies Level				
Low level of mentorship competencies	12	63.2	7	63.6
Moderate level of mentorship competencies	4	21.1	3	27.3
High level of mentorship competencies	3	15.8	1	9.1
Test of significance	X^2=0.350, P=0.839			

DISCUSSION

To ensure students learn in a secure and effective learning environment, mentors' cultural competence is crucial. The mentor's position in clinical practice helps to facilitate and guarantee students' competent growth in a high-quality, goal-oriented manner (Luukkonen, et al., 2023). In this context, an effective relationship between nurse mentor and nurse student is required to encourage the students to enable them to attain their goal during the whole educational process (Pethrick et al., 2020). Furthermore, mentorship

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competencies assessment is essential to provide objective data on a mentor's capabilities as a mentor (Yukawa, Gansky, O'Sullivan, Teherani, & Feldman et al., 2020; Smith, 2023). Thus, the current study was aimed to assess mentorship competencies among nurse mentors at Port Said Healthcare Authority hospitals.

Regarding the nurse mentors' knowledge, the findings of the present study illustrated that most of the studied nurse mentors had unsatisfactory knowledge levels. It was noted that, all the studied nurse mentors had no knowledge related to components of the mentoring, difference between theoretical education and practical training, mutual communication, stages of mentoring, student's role, mentoring competencies, planning for the daily meeting, evaluation of student's practical skills. This result could be because all the studied nurse mentors did not receive any mentorship training before implementing this training as mentioned in their demographic characteristics. This result concurs with Calunsag (2019) who conducted a study titled an education program for improving knowledge of experienced and aspiring mentors in Philippine among 16 nurse mentors and found that, the studied nurse mentors' knowledge about mentoring relation were very low pre conducting the educational program, which is an indicator of the strong need to implement the program before being assigned as nurse mentor. Moreover, Atalla, Mostafa, & Ali (2022) who assessing mentoring effectiveness in nursing education at Damanhour University and reported that the studied nurse mentors had a low level in all mentoring effectiveness dimensions and the lowest mean score was for mentor model.

Regarding nurse mentors' mentorship competencies, the present study findings revealed that the most of the studied nurse mentors had low mentorship competencies level regarding skills of providing feedback and guiding, conflict management, and solution finding. These results may be due to the new assigned role as nurse mentors beside their basic nursing workload which makes it difficult to coordinate between their basic work and supervising nurse students during the clinical training and solve problems they faced, consequently, conflicts occurred that were difficult to manage. In addition to, their previous non-participation in any training program on the mentorship, as they mentioned which affected their skills in providing feedback. As mentioned by Srulovici, Azriel, Golfenshtein, and Drach-Zahavy (2023) nurse mentors face challenging circumstances because of their dual role as nurses and mentors. As nurses, they are

expected to provide high-quality care for patients and as mentors, they are concomitantly engaged with developing the next generation of nurses.

The current findings correspond with Hussein, et al. (2023) who studied validating mentorship in nursing education: an Egyptian perspective, and revealed that among the most crucial challenges addressed by the studied nurse mentors they encountered during their mentorship is the excessive workload, limitation of time to providing the guidance, and mentees are unable to understand their roles as the mentee and depend totally on the mentor to achieve goals. And asserted that the increased workload affected negatively on mentors' competencies and decreased nurse students' satisfaction.

The current findings disagreed with Pramila- Savukoski, et al. (2020) who studied mentors' self- assessed competence in mentoring nursing students in clinical practice among 16 nurse mentors and concluded that the studied mentors had low competences related to effective feedback and problem-solving skills. Also, the current results disagreed with Ali and Adel (2020) who mentioned that mentors should be supporters, facilitators, assessors, and collaborators in the mentoring relationship for build mentees trust, confidence, and communication skills.

Regarding nurse mentors' mentorship performance, the present study findings revealed that most of the studied nurse mentors had unsatisfactory performance regarding mentor's characteristics, reflection, and goal-oriented mentoring. The possible explanation for these findings is the nurse mentors' lack of knowledge about the characteristics of their new role as nurse mentors and the performance of mentorship skills and practical teaching methods such as goal-oriented mentoring and reflection, and this is an indicator of their need for training on these skills and how to apply them. These results in agreement with Cleary et al. (2023) who reported that the experience and performance of nurse mentors were not always well aligned to meet all student mentorship needs with limited opportunities for mentorship skills development as few of them had received formal mentorship skills training. As well as Hagrass, Adam, and Shetawy (2020) revealed that the highest mean percentage of the studied nurses have a poor role performance during clinical mentoring of nursing students in clinical settings. Also, Dasila, and Jubilson (2023) who studied mentoring skills and practices revealed

that the studied nurse students rated nurse mentors' skills low regarding reflection, setting learning goals, and giving constructive feedback.

Limitations of the study

There are certain limitations to this study. First, this study only included immediate post-test follow-up because it was applied only to nursing internship students, which takes only 6 months. Therefore, this study must be applied to students in other educational levels over a longer period of study to follow up evaluation of the results. Second, all of participant students were females, which may have influenced the sample's representativeness and the generalizability of the findings. Third, it was not possible to use randomization, participant blinding, or a control group in this study, and this issue affects the internal validity of the study.

To address this concern, several procedural remedies were applied by improving the scale items' clarity by pilot testing with nurses who had the same inclusion criteria but had already been excluded from the program due to their commitment to the night shift. Also, the inclusion of nursing students as a second study group and the researchers collected nursing students' perceptions regarding their mentors' competencies pre- and post-program with the second study tool as a way to overcome the concern of bias. Finally, as mentioned in the study results all the studied nurse mentors had no previous training regarding mentorship which excludes the effect of history factor on the study results.

CONCLUSION

Based on the findings of the present study, it can be concluded that:

The most of studied nurse mentors had low mentorship competencies. Also, the present study revealed that highest percentage of nurse mentors had unsatisfactory knowledge and performance regarding nursing mentorship.

RECOMMENDATIONS:

Based on the results of the present study, the following recommendations were suggested:

- Dissemination and generalization of the new and innovative mentorship program to the different stages of nursing education to foster the continued growth and development of nurse mentors and nurse students.

- Develop a valid a mentor assessment instrument consists with and specific to the Egyptian context to assess the Egyptian mentorship model.

- Further research is necessary to design and implementation of educational training program about mentorship in Faculty of Nursing- Port Said University, and nursing schools affiliated to Egyptian ministry of health.

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تقييم كفايات التوجيه لدى الممرضين الموجهين فى مستشفيات هيئة الرعاية الصحية ببورسعيد

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الخـــلاصة

يُعد التعليم أثناء التدريب العملى هو العنصر الأكثر أهمية في تعليم التمريض. في الواقع، يوفر التدريب العملى فرصة للطلاب لتحويل المعرفة النظرية إلى مهارات عقلية ونفسية وحركية وهو أمر ضروري لرعاية المرضى. ولهذا فإن توجيه الطلاب أثناء التدريب العملى مهم لتحقيق هذا الهدف كما يعزز التكامل بين التعليم النظرى والتطبيق العملى. ويهدف التوجيه فى التمريض إلى ربط المادة العلمية النظرية بالمهارات العملية بشكل مباشر لإكساب طلاب التمريض الثقة بالنفس لكي يكونوا قادرين على تقييم حاجات المرضى وتقديم أفضل الخدمات التمريضية لهم. ولذلك، تهدف هذه الدراسه إلى تحديد مستوى كفايات التوجيه لدى الممرضين الموجهين فى مستشفيات هيئة الرعاية الصحية بمحافظة بورسعيد. تم استخدام تصميم وصفي لإجراء الدراسة بمستشفيات هيئة الرعاية الصحية بمحافظة بورسعيد؛ شملت الدراسة 30 ممرض موجه. وقد أظهرت نتائج الدراسة أن 63.3% من الممرضين الموجهين لديهم مستوى معرفة غير مرضي، و 37.3% منهم لديهم معرفة متوسطة بمتوسط حسابي = 6.2 ± 25.0 . كما أوضحت الدراسة أن 63.3% من موجهي التمريض لديهم مستوى منخفض من كفايات التمريض، 23.3% منهم لديهم مستوى متوسط من الكفايات، و 13.3% منهم لديهم مستوى مرتفع من كفايات التمريض بمتوسط حسابي = 37.1 ± 4.1. وقد خلصت الدراسة إلى أن معظم الممرضين الموجهين بالدراسة الحالية لديهم مستوى منخفض من المعرفة و الكفايات التوجيهيه. وأوصت الدراسة بتنفيذ برنامج تعليمي حول كفايات التوجيه التمريضي من قبل كليات ومدارس التمريض، وزيادة عدد الممرضين الموجهين لتوجيه طلاب التمريض أثناء التدريب العملي، ونشر وتعميم برنامج التوجيه التمريضي على المراحل المختلفة لتعليم التمريض لتعزيز النمو المستمر وتطوير الممرضين الموجهين وطلاب التمريض.

الكلمات المرشدة: التدريب التمريضي، الممرضين الموجهين، كفايات التوجيه.