Nursing Student Peer Mentorship: The Importance of Professional Relationships

Hlengiwe Seshabela  
Tshwane University of Technology,  
South Africa  
hseshabela@gmail.com

Yolanda Havenga  
https://orcid.org/0000-0002-9649-4185  
Tshwane University of Technology,  
South Africa  
havengay@tut.ac.za

Hester C. (Rina) de Swardt  
https://orcid.org/0000-0002-0816-6545  
Tshwane University of Technology,  
South Africa  
rina.deswardt@gmail.com

Abstract

Nursing students face numerous challenges and stressors related to the dynamics within the academic, psycho-social, and health care environments. Peer mentoring has the potential to support nursing students with these challenges by providing academic and psychosocial support, which may increase retention in the programme and student wellbeing. The focus of this article is on peer mentors’ and mentees’ views of professional relationships as an essential requirement to create and maintain an effective peer mentoring programme. The aim of the study is to support the design and implementation of a peer mentoring programme to enhance students’ academic success in an undergraduate nursing programme. It is thus important to determine students’ views about the relationship that would create a supportive environment for them. A descriptive qualitative research design was used. A purposive sample of 20 participants participated in semi-structured individual interviews and focus groups with peer mentors and mentees in an undergraduate nursing programme. Measures to ensure trustworthiness and ethical research were implemented. The importance of professional relationships as the glue that holds a peer mentoring programme together emerged. In order to establish the professional relationship, participants explained the importance of boundaries in the relationship, commitment toward the programme by all role players, and the qualities required of a mentor. Recommendations were made for training mentors and mentees in establishing
and maintaining boundaries, negotiating relationship contracts, and developing the qualities required of mentors.

**Keywords:** mentor; mentee; nursing; peer mentoring programme; professional relationship; qualitative descriptive design

**Introduction and Background Information**

Students in higher education face many stressors related to academic requirements, financial needs, language proficiency, cultural tensions, social challenges, interpersonal challenges, and inadequate support (Allan, McKenna, and Dominey 2013, 10; Duerksen 2013, 4; Ratanasiripong, Ratanasiripong, and Kathalae 2012, 1). First-year students are especially susceptible to stressors during the transition period from home and school to the university environment (Allan, McKenna, and Dominey 2013, 9). Inadequate academic preparation in secondary school contributes to these challenges (Mansfield, O’Leary, and Webb 2011, 3). In addition to these challenges and stressors experienced by students, nursing students working in the clinical environment are exposed from the first year to new, challenging, stressful and even traumatic situations (Botma, Hurter, and Kotze 2013, 808), for example the death of patients or providing intimate care to patients. Nursing students’ experience of unwilling or inexperienced mentors, and even horizontal and vertical violence in the clinical setting, is a further stressor and affects their ability to cope (Botma, Hurter, and Kotze 2013, 808; Stephens 2013, 126).

Peer mentoring has the potential to assist with the transition into higher education (Yüksela and Bahadır-Yılmaz 2019, 57), increases retention and reduces intention to leave and turnover (Collings, Swanson, and Watkins 2014, 941; Gray, Moreno, and Gallegos 2013, 110; Smith, Hober, and Harding 2017, 12), improves learning and academic success (Duerksen 2013, 5; Jokelainen et al. 2011, 2862), positively affects self-esteem (Collings, Swanson, and Watkins 2014, 941), leads to heightened confidence levels, reduces anxiety (Giordana and Wedin 2010, 394), improves satisfaction (Gray, Moreno, and Gallegos 2013, 110), and enhances the professional socialisation of nursing students at universities (Jokelainen et al. 2011, 2862). Mentoring is also beneficial for peer mentors, as they develop their leadership skills and experience satisfaction in the altruistic role of peer mentor (Won and Choi 2017, 11).

Mentoring is about human connections (Gray, Moreno, and Gallegos 2013, 119). When a more experienced person guides and supports a less experienced person, the relationship is the conduit and the glue for the personal, academic, and professional growth and support of both people in the mentoring relationship. The foundation for an effective and professional relationship between peer mentors and mentees is mutual trust (Baxley and Ibitayo 2013, 32; Hale 2018, 334). Trust develops in relationships where confidentiality is appreciated and there is mutual respect (Gray, Moreno, and Gallegos 2013, 115; Robinson and Niemer 2010, 287). Other important qualities and skills peer mentors require in such professional relationships are listening skills, a non-judgemental attitude, approachability, empathy, and availability (Botma, Hurter, and
Kotze 2013, 812; Evans and Forbes, cited in Baxley and Ibitayo 2013, 32; see also Pope 2015, 3). For the relationship to further be effective, mentors should be aware of the learning needs and objectives of mentees (Jokelainen et al. 2011, 2862).

Effective and supportive peer mentoring relationships are intentional and planned, and include appropriate training and preparation of peer mentors and mentees (Gilmour, Kopeikin, and Douché 2007, 42; Gray, Moreno, and Gallegos 2013, 119). To establish and maintain satisfying relationships in the peer mentoring programme, the programme should be formalised and structured (Schäfer et al. 2015, 201), with adequate support from the university department (Botma, Hurter, and Kotze 2013, 813). A formalised and structured peer mentoring programme is based on a peer mentoring process (Botma, Hurter, and Kotze 2013, 809), such as the conceptual framework developed by Klinge (2015). According to Klinge’s framework, the first step in the mentoring process is to assess organisational goals and the readiness of learners to learn. Thereafter, the types of learners to be mentored and the individuals to serve as mentors are identified and matched. The next step in the process is the development of mentoring goals and a plan, which is followed by implementation and evaluation.

Establishing and maintaining this mentoring relationship is the responsibility of both the peer mentor and the mentee (Baxley and Ibitayo 2013, 32), with the mentee primarily responsible for the course and length of the mentoring relationship. Mentees are responsible for informing peer mentors of their needs, goals, and expectations (Baxley and Ibitayo 2013, 32–33, 40–41, 46). Further support is needed from peer mentoring coordinators (for example lecturers) (Botma, Hurter, and Kotze 2013, 812) to manage the dynamics in the relationship, for example communication challenges. When the mentoring relationship has served its purpose, the relationship can be terminated (Anthony and Suggs 2016, 1).

Statement of the Research Problem

Nursing is a challenging programme, both academically and in clinical practice. Low academic success at nursing education institutions (NEIs) is a global phenomenon and a source of concern, as it further contributes to existing nursing shortages (Dante et al. 2015, 75). Peer mentoring is a deliberate improvement strategy which benefits both the peer mentor and the mentee if the relationship is effectively managed (Colvin and Ashman 2010, 127; Rogers, Luksyte, and Spitzmueller 2016, 209). Managing relationships in a peer mentoring programme is crucial to the success of the programme, and a well-structured programme and support are required in order to establish, maintain, and timeously terminate the mentoring relationship.

At the NEI where this study was conducted, peer mentoring was not optimally implemented, mainly due to the programme not being well structured and barriers such as resource constraints. Nursing students had been informally establishing mentoring relationships and had expressed a need for a more structured peer mentoring
programme. Based on the research problem, the question arose of how such a programme could be developed and implemented; from there the importance of a professional relationship was further explored.

Purpose and Objective

The purpose of the study was to make recommendations for the support of a peer mentoring programme in an undergraduate nursing programme. The aim of this article is to explore and describe peer mentors’ and mentees’ views of professional relationships as an essential requirement for creating and maintaining an effective peer mentoring programme.

Theoretical Framework

The theoretical framework for this article is Peplau’s theory of interpersonal relations in nursing (Pokorny 2018, 12). In this theory, nursing is defined based on the interpersonal processes between nurse and patient. Central to this theory are the phases of the relationship, namely the orientation phase, the work (including identification and exploration) phase, and the termination (resolution) phase (Kneisl and Trigoboff 2013, 28; Pokorny 2018, 13). Peplau believed that respect, empathy, and acceptance were essential in interpersonal relationships (Garner 2015, 312). Applied to the mentoring relationship, the relationship phase resembles the establishment of a professional relationship through establishing rapport, contracting, addressing confidentiality, setting objectives, clarifying expectations, and establishing trust in the relationship. The work phase addresses the concerns of the person and could be applied to mentoring as the implementation of mentoring, such as teaching, support, and the mobilisation of resources. The termination phase indicates the end of the professional relationship and could be applied to mentoring as evaluation, reporting, feedback, and ending the relationship.

Concept Clarification and Operational Definitions

The concepts peer mentor and mentee, peer mentoring programme, and nursing student in an undergraduate nursing programme are defined below.

Peer Mentor and Mentee

Peer mentors in this study are more experienced nursing students (in a higher year level) who are able to assist less experienced nursing students (mentees) to settle into their new environment (Colvin and Ashman 2010, 122; Ntakana 2011, 32). The peer mentor acts as a role model, advisor, guide, leader, friend, coach, and teacher (Botma, Hurter, and Kotze 2013, 808).
Peer Mentoring Programme

Mentoring in this study is a process whereby peer mentors guide mentees in the development of their careers in a non-judgemental way that promotes reflection and fosters learning for both peer mentor and mentee (Klinge 2015, 160). Peer mentoring is an intentional and objective-driven (Smith, Hober, and Harding 2017, 11) educational relationship in which the peer mentor and mentee are similar in age or status. Peer mentors are usually senior students who engage in the teaching, support, and social integration of younger students’ activities (Smith, Beattie, and Kyle 2015, 493). Such programmes may have various focuses, with some being purely academically focused, related to clinical placement and skills, or they may include a variety of elements such as academic, social, and clinical practical support (Hogan, Fox, and Barratt-See 2017, 207). Bryant et al. (2015, 260) explain that a peer mentoring programme should include a time commitment and clear, concise objectives with continuous evaluation.

Nursing Student in an Undergraduate Nursing Programme

Nursing is a caring profession practised by a person registered under section 31 of the Nursing Act, No. 33 of 2005 (South Africa 2005, 6). A nursing student is an individual who is undergoing education or training at an accredited NEI (South Africa 2005, 27). In this study, an undergraduate nursing programme refers to the integrated four-year nursing programme offered at an accredited NEI at a university.

Methodology

The research setting, research design, population and sample, data collection, data analysis, ethical considerations, and trustworthiness are described below.

Research Setting

The research setting was a specific NEI at a university in South Africa where undergraduate students enrol in nursing programmes. The population of focus in this study was the nursing students who are enrolled in an undergraduate pre-registration nursing programme that leads to registration as a professional nurse and midwife (South Africa 1978, Regulation 425). Students registered for the programme are required to attend classes and simulated skills training, and complete a minimum of 4 000 clinical practical hours at accredited hospitals and clinics. Theory and practice integration is achieved by students attending both theory classes and practica during the same week. The practical hours they work increase progressively, from 24 hours per week in the first year to 36 hours per week in the fourth year of study. Students reside on campus in student residences, or in private homes, rented rooms, or apartments off campus. Often, students come from other provinces and they speak several of the 11 official languages in South Africa. Most of the students registered for the programme require financial assistance for their studies.
Research Design

The study followed a descriptive, qualitative research design. A qualitative design was suitable, as the intention was to follow an inductive and student-centred approach to the study to obtain student views about a peer mentoring programme, thereby focusing on aspects of meaning, experience, and understanding (Polit and Beck 2017, 463).

Population and Sample

The target population consisted of 240 mentees (years 1–4) and the accessible population (years 1–3) consisted of 173 mentees at the time of the study. The total number of peer mentors was five. Purposive sampling was used, as participants with specific knowledge (Creswell and Creswell 2018, 185) about peer mentoring in this context were needed based on the following inclusion criteria: peer mentors who were registered nursing students, appointed and trained by the university as peer mentors; and peer mentees who were registered students with a minimum of six months’ experience of being mentored.

Two of the three approached year groups agreed to participate; therefore, two focus groups were held, not three as initially planned. Of the total of 173 mentees and five peer mentors, 16 mentees and four peer mentors participated. The total sample size was 20 participants, and saturation of data was reached as evidenced by the themes related to the relationship between peer mentor and mentee repeating (Creswell and Creswell 2018, 186).

Data Collection

Data were collected from February to March 2017 by means of semi-structured individual interviews with peer mentors and focus groups with mentees based on an interview schedule. The interviews were conducted after class in a confidential venue by the first author. All interviews were conducted in English, lasted between 45 and 60 minutes, and were audio-recorded with participants’ permission. An open central question was asked, and further probing questions were used. The central question was: “Please tell me about your experience as a peer mentor/mentee. What have been the highlights for you? What challenges have you experienced?” Thereafter, questions were asked based on the conceptual framework by Klinge (2015).

Ethical Considerations

Ethical approval was obtained from the Tshwane University of Technology research ethics committee (REC/2016/11/003). Permission to interview students was obtained from the dean of the faculty where the department resides, and each participant signed an informed consent letter. Limitations to anonymity in focus groups were declared, and anonymity and confidentiality were ensured by excluding names from all records and reporting. The independent coder signed a confidentiality agreement. Students’ educational vulnerability was protected.
Data Analysis

Data were analysed using qualitative content analysis (Polit and Beck 2017, 505), following the steps described by Creswell and Creswell (2018, 192–95). These steps consisted of organising and preparing the data by verbatim transcription, with the field notes also included; reading and looking at all the data and coding each transcript individually; developing and describing the major themes; and, finally, describing the themes, categories, and subcategories. Immersion in the data took place in order to comprehend the meaning of the peer mentor and mentee views, unearth patterns, and arrive at valid and authentic conclusions (Polit and Beck 2017, 576).

Trustworthiness

In order to ensure that the data were credible, prolonged engagement, data source triangulation (peer mentors and mentees), and method triangulation (individual and focus group interviews) were used. Transferability was enhanced by means of purposively sampling participants who were either mentoring their peers or had been mentored in the past for at least six months. Furthermore, dense descriptions were provided of the methodology and the findings of the study. In describing the findings, authenticity was enhanced by using verbatim quotes derived from the transcribed and audio-recorded interviews. Consent letters, interview transcripts, field notes, consensus discussions with the independent coder, and peer discussions with supervisors were kept to maintain a dependability and confirmability audit trail (Creswell and Creswell 2018, 200–202; Polit and Beck 2017, 584–95).

Discussion of Findings

Peer mentor and mentee participants mentioned the importance of developing and maintaining professional relationships among all role players in a peer mentoring programme. Peer mentor and mentee participants were of the opinion that these professional relationships should be established by making sure that professional boundaries are created and maintained; that peer mentors, mentees, and lecturers are committed; and that peer mentors have the required personal characteristics to establish and maintain professional relationships. A peer mentor explained his/her views on the importance of a professional relationship as follows:

Firstly they [peer mentors and mentees] have to have a professional relationship, be committed to time, availability and preparedness.

The categories and subcategories related to the professional relationship that emerged from the data are summarised in Table 1.
Table 1: Categories and subcategories

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment and maintenance of boundaries</td>
<td>Establishing and maintaining confidentiality</td>
</tr>
<tr>
<td></td>
<td>Formal agreement</td>
</tr>
<tr>
<td></td>
<td>Clarifying roles and responsibilities</td>
</tr>
<tr>
<td>Commitment toward the programme by role players</td>
<td>Availability</td>
</tr>
<tr>
<td></td>
<td>Time</td>
</tr>
<tr>
<td></td>
<td>Preparation</td>
</tr>
<tr>
<td>Qualities required of a mentor to establish and maintain professional relationships</td>
<td>Approachable</td>
</tr>
<tr>
<td></td>
<td>Subject expertise</td>
</tr>
<tr>
<td></td>
<td>Teaching skills</td>
</tr>
<tr>
<td></td>
<td>Non-judgemental</td>
</tr>
<tr>
<td></td>
<td>Listening skills</td>
</tr>
</tbody>
</table>

Establishment and Maintenance of Boundaries

Peer mentors and mentees emphasised the importance of creating and maintaining boundaries in a professional relationship as rules and limits to guide them. According to peer mentors and mentees, the qualities needed to maintain boundaries were maintaining confidentiality; signing a formal agreement; and clarifying the roles, responsibilities, and expectations of peer mentor and mentees, as evidenced by the following comment by a peer mentor:

We need to have boundaries with mentees.

Mentees expected these boundaries to be set, but for peer mentors to be considerate and understanding of their expectations and challenges in doing so, as explained by the following mentee:

Mentors should be able to set boundaries within our expectations and time constraint[s] as well.

Establishment and Maintenance of Confidentiality

According to both peer mentors and mentees, confidentiality is required in the establishment and maintenance of boundaries in the professional relationship between them. Mentees were particularly concerned about the confidentiality of their information, and expressed caution and concern in trusting peer mentors with their confidential information. For them, confidentiality and trust were closely linked. Some of the participants said the following:

If I can open up to a mentor they might tell other people, as they are not professionally trained. (Mentee)
The role of the mentor is to mentor, to support mentees academically, to advise and also to create a trusting relationship so that they [mentees] can talk freely about their problems. (Peer mentor)

Mentors are trained to be effective; they learn boundaries. It is really needed to create a trusting relationship with mentees. (Peer mentor)

Peer mentors mentioned that mentees had a need for someone to confide in about their personal, mental, academic, and social issues, but that it was important that there was some mechanism in place to ensure that mentees’ information was kept confidential, as explained by the following participant:

Mentees need someone to confide in. (Peer mentor)

**Formal Agreement**

Peer mentors and mentees felt that a clear, formal, enforceable agreement in a professional relationship should be made in order to ensure that boundaries were maintained and peer mentoring expectations were met:

I think it is important for the mentees to understand what to expect from mentorship session[s] and then based on that have something to sign to say that they are willing and available to be a mentee. (Peer mentor)

According to both groups of participants, a signed agreement was necessary to outline the attendance requirements of the mentoring sessions by peer mentors based on mentees’ identified needs, the plan and objective, and mode of action. These agreements had to indicate what peer mentors and mentees expected of each other, both during and outside of the mentoring sessions:

Agreement should be binding, with signature for commitment. (Mentee)

Both mentor and mentee should agree to and sign on their agreed learning outcomes. (Peer mentor)

**Clarification of Roles, Responsibilities, and Expectations**

To implement appropriate boundaries, the roles, responsibilities, and expectations need to be clarified between peer mentor and mentee. Peer mentors and mentees were of the opinion that the clarification of roles and responsibilities is achievable through orientation, training, and mentor refresher courses every semester:

I think it is very important for the mentees to understand what they expect from mentorship sessions. (Peer mentor)

We will need to be orientated into the mentorship programme. (Mentee)
The roles of the peer mentor were seen as those of teacher, advisor, advocate, and supporter, as one mentee explained:

They [mentors] must be able to link all role players in the department; we cannot only expect results from lecturing and mentoring.

However, there seemed to be an overwhelming expectation that a peer mentor would fulfil the role of an educator. There was a clear overlap or role confusion between the roles of peer mentors, tutors, and lecturers. The predominant responsibilities and expectations raised were linked to the academic and educational guidance of mentees, with some also expecting assistance with clinical nursing skills training. Mentees expected peer mentors to be subject experts and educators. These expectations are confirmed by the following comments:

They should be able to have high understanding of the subject and summarise the content. (Mentee)

[A mentor is] someone who will be able to be competent, especially when coming to midwifery—someone who can be able to demonstrate a skill to me and understand. (Mentee)

[A peer mentor should be able] to make sure that they understand content being taught and make sure that they [mentees] pass the subject. (Peer mentor)

Mentors should be trained in the subject. (Mentee)

They should know how to deliver [teach], as you can find that they are smart in their knowledge yet having challenges in delivering [teaching]. (Mentee)

I think a mentor should have a background in tutoring or some experience in mentoring. (Mentee)

**Commitment toward the Programme by Role Players**

According to peer mentors and mentees, commitment towards the programme by the role players was important to promote professional relationships and enhance academic success. Peer mentors and mentees mentioned commitment towards the programme in availing themselves according to the agreed mentoring plan, adhering to agreed times, and peer mentors being prepared to facilitate an academic educational peer mentoring session. The criteria for mentor selection were emphasised to ensure that peer mentors were willing and committed towards the programme, as two participants explained:

I think volunteering mentors should be committed, willing, and available to serve mentees. (Peer mentor)

They also need professionalism by keeping your promise as a mentor; if not, apologise. (Peer mentor)
Commitment by peer mentors and mentees towards the peer mentoring relationship would be evident by them being available, giving of their time, and being prepared, as evidenced by the quotes summarised in Table 2.

**Table 2: Subcategories and quotes related to commitment**

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Supporting quotes</th>
</tr>
</thead>
</table>
| Availability | *Mentees need to seek help on time, not at the last minute.*  
(Peer mentor)  
*Sometimes mentors are not there when we need them.* (Mentee)  
*Peer mentors are trying .... But [it is] not easy for them to be available when we need them most, as they are also students.* (Mentee) |
| Time         | *Even if it can be one hour per week during the week, not weekend. We cannot meet on weekends, or either Friday or Wednesday between 2-4 [in the] afternoon.* (Mentee)  
*Mentorship classes should be flexible, during weekdays not [on] weekends.* (Peer mentor)  
*Time is a problem in mentorship classes.* (Mentee) |
| Preparation  | *Mentors should come to classes prepared on what to teach.* (Mentee)  
*Mentees should be ready to learn.* (Peer mentor) |

**Qualities Required of a Peer Mentor to Establish and Maintain the Professional Relationship**

The qualities required of a peer mentor to establish and maintain a professional relationship, according to mentee participants, were being caring, supportive, and approachable; having a non-judgemental attitude; and displaying listening skills. These qualities, and the supporting quotes, are summarised in Table 3.

**Table 3: Qualities of a peer mentor, with supporting quotes**

<table>
<thead>
<tr>
<th>Quality</th>
<th>Supporting quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring and supportive</td>
<td><em>A mentor should be someone who is caring, supportive, with non-judgemental attitude.</em> (Mentee)</td>
</tr>
</tbody>
</table>
| Approachable             | *Mentor to be approachable.* (Mentee)  
*It is easy for me to tell the mentor to repeat the lesson if I did not understand and that can be repeated over and over until I understand.* (Mentee) |
| Non-judgemental attitude | *Mentors not to judge us.* (Mentee)  
*Mentors should have non-judgemental attitude.* (Mentee)                                            |
| Listening skills         | *She must have good listening skills.* (Mentee)                                                                                     |
Discussion

The nursing students who participated in this study described the importance of a professional relationship between the peer mentor and mentee. This professional relationship is a multidimensional (Smith, Hober, and Harding 2017, 11) and reciprocal relationship (Hogan, Fox, and Barratt-See 2017, 212) that should have boundaries, be grounded in commitment by peer mentors and mentees, and be supported by the qualities required of a peer mentor.

Boundaries are often used in the context of therapeutic relationships. Peterson (cited by Gardner, McCutcheon, and Fedoruk 2017, 46) describe a boundary as a “space that must exist between the professional and [the] client”. Setting professional boundaries with young people can be complex (Hart 2017, 248). Boundaries become blurred when role players are confronted with difficult decisions, and may change depending on the circumstances (Erikson and Davies 2017, 47). Erikson and Davies (2017, 44) argue that professionals construct and regulate their own, highly individualised boundaries, as it may be hard to distinguish between personal and professional boundaries. Professional boundaries, as viewed by the peer mentors and mentees, seemed to be less complicated than the boundaries related to patients and clients. However, these professional boundaries are essential to prevent peer mentors from being overburdened by mentees during times when they themselves have responsibilities related to their academic programme (Hogan, Fox, and Barratt-See 2017, 208). The peer mentors and mentees clearly indicated that these boundaries should include aspects such as confidentiality, signing a formal agreement, clarifying roles and responsibilities, and having clear expectations of both the peer mentor and mentee. Managing conflict in the mentoring relationship is essential for its effectiveness and sustainability. Boundaries established through a clear agreement and the clarification of roles and responsibilities will assist in managing these conflicts (Smith, Beattie, and Kyle 2015, 494).

Mentees and peer mentors viewed confidentiality in terms of trust. An honest, trusting relationship characterised by mutual respect allows for open discussions (Matabooe, Venter, and Rootman 2016), and for establishing what needs to be mentored. Confidentiality and trust are essential elements in a relationship. The participants felt that this relationship should be formalised in terms of an agreement. Formalising the mentor–mentee relationship relates to the orientation phase of Peplau’s theory of interpersonal relations (Pokorny 2018, 12–13), where a relationship is initiated.

For a mentor–mentee relationship to succeed, commitment is required. This could be realised through setting time aside, being available, and being prepared to provide support. The mentee’s dedication and willingness to learn will contribute to a successful mentor–mentee relationship (Matabooe, Venter, and Rootman 2016). On the other hand, tension in a relationship could result in lost learning opportunities. Peer mentors face
their own challenges in terms of balancing academic activities such as preparing for tests and assignments, and practica requirements. These factors influence their availability to provide optimum support to mentees. Commitment from both the peer mentor and mentee is thus essential, as is respect for each other’s boundaries.

To allow for the establishment of conducive mentor–mentee relationships, certain qualities are required. The qualities mentioned by participants included, among others, being approachable, caring, and supportive, and having a non-judgemental attitude and listening skills. Narayan and Sharma (2015, 9) propose that mentor attributes, attitudes, and availability are some of the factors that affect the effectiveness of peer mentoring. If peer mentors display a non-evaluative attitude, are open, and allow a free flow of communication without fear of consequences, mentor–mentee relationships can be strengthened (Zhang et al. 2016, 139). Such qualities result in mentees experiencing support. Hogan, Fox, and Barratt-See (2017, 210) highlight the fact that mentees feel encouraged by knowing that peer mentors “are there” for them and that they can ask for assistance, without fear, since the peer mentors have recently been in the same situation. These mentor qualities are applicable in maintaining a relationship, which could be applied to Peplau’s (Pokorny 2018, 13) working phase of a professional relationship.

Conclusion

Establishing and maintaining a professional relationship that would foster goal-directed and mutually beneficial mentoring requires a context to be created where both parties feel safe and respected. Professional relationships have boundaries, with clear role delimitations and expectations. In order to foster a collaborative relationship, it is important for peer mentors to display the qualities that would establish and maintain such professional relationships to optimally mobilise support for mentees during their nursing education and training.

Recommendations

In order to foster and maintain professional mentoring relationships, it is important to establish boundaries through training both peer mentors and mentees about the processes of maintaining confidentiality (and the limitations to confidentiality) and the clarification of roles, responsibilities, and expectations. Peer mentors should further be trained to effectively communicate using attentive listening skills, responding supportively, and showing empathy. Peer mentor training should also include managing the dynamics in the professional relationship, such as conflict or perceived disrespect. The qualities portrayed by a peer mentor, such as being non-judgemental, caring, supportive, and approachable, could be discussed in training; however, these qualities should be sought in the selection of peer mentors.
A formal contract should be drafted, and further details should be mutually agreed upon based on the mentees’ objectives and expectations. The contract should also outline the structure of the peer mentoring relationship to address availability and preparation by the peer mentor and mentee, as well as the time when the peer mentoring will take place.

Limitations of the Study

The findings should be considered in light of the limitations. The study made use of a purposive sample of students and peer mentors in one setting. The data are self-reports, namely individual and focus group interviews, with the potential of recall limitations.

Acknowledgements

We express our gratitude to the peer mentors and mentees who participated in the study and all persons and institutions who granted permission for the study. Thank you to Ms M. Bester for acting as co-coder of the data.

References


