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A MENTORIA COMO PROCESSO PROMOTOR DA COMPETÊNCIA EMOCIONAL EM ENFERMAGEM: PERSPETIVAS DE ESTUDANTES E PROFESSORES DO CURSO DE LICENCIATURA

Mentoring as a process that promotes emotional competence in nursing: perspectives of students and teachers of the undergraduate course

Abstract

Introduction: Mentoring programs, developed in a close relationship with students, allow for a better academic adaptation, promote the development of emotional and social competencies, and expand the network of academic and professional relationships.

Aims: Characterize the emotional experiences of nursing students and understand the importance of mentoring in the process of integrating them in a Lisbon School.

Methods: This is a cross-sectional, descriptive and correlational study, with a mixed approach. The emotional competencies survey was applied to 238 students, semi-structured interviews with 12 students and focus groups to 10 teachers.

Results: Most students are female and attend the 1st and 2nd year. Female students are associated with a better perception and emotional expression. The student's adaptation to higher education is related to a greater ability to cope with emotions. Lastly, school performance influences the student's ability to manage emotions. As to the findings of the interviews, these revealed: precipitating factors of negative intensity emotional experiences; emotional experiences of negative intensity; emotional management strategies; And the function of mentoring in the development of emotional competence. In the focus groups we assessed that the teachers recognize the emotional experience faced by the students resulting from: events, experiences and academic difficulties that trigger emotions of negative load. The concept of mentoring and mentor are different, with requirements, difficulties and barriers to the implementation of the mentoring process.

Conclusions: Mentoring is a process that influences both the coping of academic performance and the development of competence related to emotional management, acceptance and communication, which are fundamental for the nursing practice.

KEYWORDS: MENTORS; EMOTIONS; STUDENTS, NURSING; FACULTY

INTRODUCTION

The term Mentor was used for the first time in Greek mythology in the Odyssey of Homero. In the nursing discipline, Florence Nightingale may have been the first mentor¹. In the modern era, the concept was developed in the USA in the 1980 decade, although in the early years, mentoring was mainly related to post-graduate nurses. Currently, the term mentoring has been applied in several contexts and this fact, associated with its extensive diversity of programs, makes it difficult to have a single definition². If for Poulsen³ the mentoring is defined as a commitment of learning between two people, with different levels of experience and with the potential to learn, enjoy new approaches and grow, to Eby⁴ this is a process that influences the output profile of an organization and enables organizations to interact effectively. It is increasingly recognized that the emotions and the way they are experienced and expressed in the context where the person is inserted, have a fundamental impact on the results related to the performance inherent to the function⁵. The expression and suppression of emotions not only shape how people feel, but also influence the cognitive functioning of individuals, as well as their ability to establish and maintain efficient interpersonal relationships⁶. Students are in a better position to communicate their problems and needs and to get the help they want from others, when they are emotionally available and honest. Sharing the emotions provides necessary information to others, to respond to the needs of students and give a positive and constructive⁷ feedback. People who are emotionally available, enjoy better psychological⁸ well-being, feel more comfortable

and confident to learn and perform new functions, and improve interaction with others. Through emotional communication, students also have the opportunity to build friendships and proximity with others, either as collaborators or as supervisors⁹. These positive relationships should facilitate both learning and mentoring. The mentor must be prepared for the management of the students' emotions, keeping an open thought, resorting to interaction, listening, humanism and welcoming in relationships. The mentor potentiates the conversation of subjects/situations, listening, questioning and reflecting. In this partnership process, it enhances the qualities and talent of students, facilitates the best performance and self-knowledge. This is a specific process and individual growth, catalyst of the best performance and effectiveness, transforms the experiences lived and helps each one to overcome themselves¹⁰. With this work we intend to characterize the emotional experiences lived by the students of the undergraduate Nursing Course of a School in the Lisbon region and understand the importance of mentoring in the process of healthy integration of the student in Higher Education. The results of this study will contribute to structure the guiding lines of a mentoring program, adapted to the constructive learning and cognitive development and stimulation of the emotional competence of the undergraduate student in nursing.

MENTORING IN THE EMOTIONAL MANAGEMENT OF THE NURSING STUDENT

The role of the mentor in nursing has been gaining prominence in

recent years, allied to the considerable importance of emotional expressions within the organizations^{7,10}. Mentors have a vital contribution to the support and follow-up of students, with a view to achieving learning goals in a practical and theoretical context. The mentor conveys knowledge, instructions and trains competencies, enabling students to develop appropriate behaviors and professional attitudes that lead to the excellence of care. Nursing students, when they enter higher education, have to deal with change and adaptation to new environments, an experience that some described as highly exhausting from the emotional point of view, generating a high level of anxiety and fear¹¹. The more complete the integration process, the greater the resilience of students to these events. Some studies indicate that this association depends largely on the quality of interpersonal relationships that are established. The literature reinforces the view that what students greatly value the support relationship with their mentor¹². Clinical learning environments should create a welcoming atmosphere so that students can improve their expression of emotions. This atmosphere implies the reduction of perceived distance between students and health care professionals. Mentors can pre-train emotional strategies, to promote a feeling of emotional confidence⁵. Similarly, they should work closely with the clinical supervisor to jointly develop student-centered learning strategies. Successful mentoring programs facilitate learning about the care area and the institution itself, promoting a positive attitude towards the profession, personal interests and career. These programs require

proactive behavior among students and mentors, promoting a stimulating and motivating teaching-learning environment.

PROFILE AND SUPPORT FUNCTION OF THE MENTOR

While mentors consider that their competence in teaching or in the evaluation process is an important factor in their effectiveness, students beyond these qualifications value the personal qualities of the mentor: genuine, secure, entrepreneur, visionary and effective in solving problems¹². The same authors consider these indicators as revealing the importance of mentoring, as a process where formal education is not the only determinant of the success of mentoring. Students consider "good" mentors, those who spend a lot of time with them, have good teaching and communication skills, and transmit their knowledge by adapting them to their needs¹². On the other hand, the "bad" mentors are those who do not fulfill the promises, have no knowledge or have difficulties in transmitting them. Students perceive that "bad" mentors are not satisfied with their employment and that the other members of the team do not like them. Once again, the emphasis is centered on the personal qualities of the relationship, reflected by words and phrases such as: "support", "encourage", "allow", "a relaxed relationship", "caring for them" and "trust" prevail in the description of the values that mentors must possess. For their part, mentors are concerned about being prepared to perform this function, with the time and energy consumed in the mentoring process, the inherent complexity of the function and the high level of commitment needed to accomplish it with success¹³. The literature revealed that for mentors the area that can cause more uneasiness and anxiety, was

related to the students' assessment. The evaluation of clinical teaching has been recognized as a highly consuming situation in emotional terms. This process can also be aggravated by the detachment of teachers from the environment of practice¹⁴. It is argued that the need to evaluate students can influence the development of a positive work relationship between mentor and mentee, creating stress for students due to the fear of revealing weak points and fear of failing¹³. Evaluation can be detrimental rather than improving learning. The respondents affirm that the evaluation is a judgment made by someone upon someone else, who necessarily invokes a hierarchical and authoritarian relationship between evaluators and evaluated. This seems to be a negative consequence of having two combined roles of professor and mentor^{5,6}.

Psychological and emotional pressures on mentors can be a barrier in the mentoring process. The support that should be made available to the mentor involves access and availability; partnership; documentation and experiences; and yet a reliable, consistent and clear¹⁵ approach, as can be seen in **Figure 1**.

The elements of endorsement or support for mentors are:

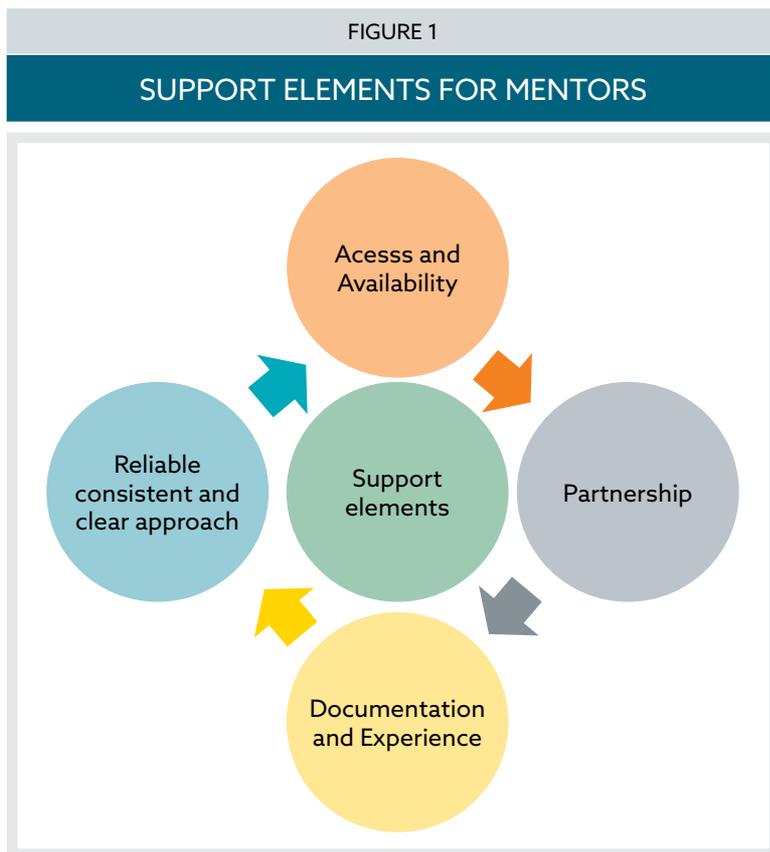
- *Access and Availability*: mentors are concerned about the need for support at certain times, for example, when confronted with a new situation and how to deal with students who do not develop the required competencies. Mentors value support, ease of contact, and speed of response to questions posed to "senior or expert" teachers in mentoring¹⁶.
- *Partnership*: the partnership at work and the development of trust relationships between mentors, and teachers "senior or expert" is essential to ensure that students are able to cope with all

situations in a real care setting and to support their learning¹⁷. In addition, some authors¹⁸ suggest the partnership between the actors of the mentoring process, to provide students with great academic, personal and social experiences.

- *Documentation and experiences*: mentors should have all the documentation that regulates the pedagogical procedures and well-defined criteria, which facilitates the orientation processes¹⁸. Issues related to insufficient documentation and the lack of knowledge of procedures may be related to the high workload of mentors¹⁹.
- *Reliable, consistent and clear approach*: continuous and reliable support in "senior or expert" mentors is very important for the success of the mentoring process. Also, regular support helps mentors to play their role more effectively and safely. Mentors can be senior students, teachers, recent graduates and specialized professionals²⁰. The literature recommends that the profile of mentors should meet the interest in teaching or mentoring, and in the case of professionals, they should have less than 10 years of experience. This fact is often a facilitator, due to the ability to experience the problems/needs of mentees in a more real and current way. However, the more experienced professionals can be very important in the mentoring process due to the richness of their experiences²¹.

MATERIALS AND METHODS

This is a cross-sectional, descriptive and correlational study, with a mixed approach²². The sample consisted of nursing students attending the Bachelor's degree (from the 1st to the 4th year), n = 238 for the quantitative approach and 12 students and 10 professors for the qualitative approach of the



study. The intentional sampling technique was used for student interviews and focus groups. We used the questionnaire of emotional competence, the Portuguese version, adapted and validated²³ of the "Emotional Skills Competence Questionnaire" (ESCO) that was built and presented by Taksic in 2000 at the European Congress of Psychology. The aim of applying this questionnaire was to identify emotional perception, emotional expression and ability to cope with emotion. This questionnaire consists of 45 items, on a six-point Likert scale, varying between never and always, to three sub-scales: "emotional perception", with 15 items, corresponding to the questions: 3, 6, 9, 12, 15, 18, 21, 24, 27, 30, 33, 36, 39, 42 and 44; "emotional expression", with 14 items, corresponding to the questions: 2, 5, 8, 11, 14, 17, 20, 23, 26, 29, 32, 35, 38 and 41; and "ability to cope with emotion"

with 16 items, corresponding to the questions: 1, 4, 7, 10, 13, 16, 19, 22, 25, 28, 31, 34, 37, 40, 43 e 45. The validation study of this questionnaire³⁹ for the Portuguese population, in a sample of 381 students, showed a good internal consistency, since the results revealed Cronbach's alpha values of the sub-scales of "emotional perception" and "emotional expression" of 0.84 in both, the lowest alpha value was found in the scale "ability to cope" with emotion being 0.67, the alpha value in the total scale was 0.98; In factor analyses, the three factors explained about 30% of the total variance of the results. The items of the three dimensions of the scale are mixed, however, it was possible to identify the dimensions that stood out for the students, depending on the level of education in which they are present; A correlation between the items and the three dimensions of the emo-

tional competence showed internal validity indexes higher than 0.40; the existence of a positive correlation between the three dimensions of the scale; good sensitivity and satisfactory discriminative power. The instrument presents good psychometric qualities, which allows its use in research in the Portuguese context.

In the qualitative approach, we conducted semi-structured interviews with students with the aim of understanding their emotionally intense and disturbing experience; Understand their formative needs aimed at the development of emotional competence; Identify emotional management strategies; identify emotional management resources; analyze mentoring as a resource for the development of emotional competence. Two focus groups were conducted to the teachers, with the aim of understanding the emotionally intense situations of the students; understand the fragilities in the emotional development of students; to analyze the formative needs of students who aim at the development of emotional competence; to analyze mentoring as a resource for the development of emotional competence in nursing.

For the analysis of quantitative nature data, descriptive and inferential statistics of the data obtained was used, the treatment of which was carried out with the help of the SPSS version 23 program.

To analyze the data of qualitative nature, we used the technique of content analysis of Bardin, using the program *Nvivo11*.

In the first phase, we requested the necessary authorizations for the application of the data collection instruments. We have requested authorization from the author of the Emotional Competence Questionnaire, for its use and application. Thereafter, we required the board of Directors of the School of Health, authorization for the ap-

plication of the questionnaire and the interview to students attending the Undergraduate Nursing Course, as well as to the professors of the nursing area and finally we have requested the statement of the Ethics Committee. In view of the opinion 11/2018, the research study did not raise objections of an ethical nature for its completion. In a second phase, we collect data by applying the questionnaire to students. Before its application, we explained the aim of this study. This explanation was exposed in a collective way and in the classroom context. After all doubts were clarified, those who were interested in participating in this study read and signed the informed consent. We then distributed the questionnaire and asked that after duly completed, to place it in a ballot box available for this purpose. Participants (students and teachers) were always asked for their informed consent and permission to use a recorder during interviews and focus group. Each participant had access to a document with information on the research and informed consent form, where we highlighted the voluntary, free and clarified participation, the anonymity and confidentiality of the data collected by the researchers. We consider that the participants benefit from this study, by reflecting on the recognition of their emotional competence, by analyzing emotional management strategies that promote their global well-being and emotional balance, and also by the possibility of identifying resources aimed at their emotional development, enabling them to cope more effectively with adversities. No conflicts of interest or harm to the participants of this study are anticipated.

PRESENTATION OF RESULTS

The average age of the students in the study was 23.6 years, with

a standard deviation of 6.4 years. Most were females (84%). The distribution of students per year was as follows: 1st year (35%), 2nd year (32%), 3rd year (18%) and 4th year (15%). As for the occupational/professional situation, the majority are students (68.1%), however with a considerable percentage (30.3%) student workers have emerged. In the period of classes 71.8% of the students live with their parents. *Analysis of the data obtained through the application of the Emotional Skills Competence Questionnaire (ESCO) to students:* The analysis of the emotional competencies questionnaire shows that students have high emotional perception ($M = 5.2$); Medium capacity of emotional expression ($M = 3.9$) and medium ability to deal with emotions ($M = 3.7$). When comparing gender and subscales, we can verify that there are statistically significant differences in relation to gender and perception ($P = 0.011$) and emotional expression ($P = 0.025$). We also emphasize that both dimensions are higher among females. The year that the student attends is associated with emotional perception ($P = 0.001$), and this increases proportionally to the year. We can also mention that the more adapted the student feels, the greater their ability to cope with emotion ($P = 0.006$). *Analysis of data obtained from semi-structured interviews conducted to nursing students:* From the analysis of the content of the interviews conducted to 12 students, 4 central categories emerged: "Precipitating factors of negative intensity emotional experiences"; "Emotional experiences of negative load"; "Emotional management: Non-adaptive strategies and adaptive strategies"; "Mentoring function in the development of emotional competence".

Precipitating factors for negative intensity emotional experiences

Students reveal the factors that

trigger disturbing and intense emotions and feelings throughout the formative experience, namely *to respond to the demands of the course*, because they are confronted with a *demanding study and an intense workload*. Also the *demand of internships and practical teaching* is highly evoked by students:

(...) It's horrible, because we don't know what's going to happen to us, no matter how prepared we are, we get there it seems we're not, and I think it's a short time. It is a very intensive study for the time it is! E9

In addition, it is necessary to develop *critical thinking, self-confidence and communication skills*; All this becomes very demanding by the permanent *confrontation with intense emotions*:

The course is very difficult and is very demanding, and in emotional terms even more! E6

The experiences of emotionally intensive care also constitute another relevant factor for the students, in particular the *state of confusion and the death/mourning of the client*.

Sometimes, students experience conflicts with the supervising nurses; when *nurses are not available, the nurses consider that they are not teachers, new nurses have less patience to orient or the conception of nursing is not concordant*:

Although we have to know things, we are also there to learn. They're not our teachers. I've heard it from nurses! Nurses saying "We're not school, we're not your teachers, you have to know things!!!" E1

But also the unsupportive approach of teachers, constitutes a factor that promotes emotional experiences of negative intensity, characterized by: *teachers without patience and little interactive, lack*

of support during the evaluation and lack of proximity and support in general.

Students also show that they feel lack of preparation for clinical teachings due, on the one hand, to the lack of laboratory practice sessions, and on the other hand, to their lack of experience in health care and difficulties in communicating with the client:

(...) At the practical level for this we have to start dealing and communicating with people and struggled more there, it was a confrontation because I also did not know very well what to expect. E8

The students also refer to the obligation to take advantage due to parental pressure, because *they do not want to disappoint them* in addition to *being economically dependent on them*, and *the competitiveness among students*, as factors that trigger the emotional experiences of negative intensity on their formative path.

Emotional experiences of negative intensity

From the emotions/feelings experienced by the students, fear is associated with *the unknown*, *exposure to colleagues*, the fact that *they can fail in the evaluation* and confrontation with the *death of the client*. Disorientation arises when you feel "for nothing" and out of context. Pressure is felt in *internships*, *practical teachings* and *laboratory practices*, in the *assessment*, or when *the student is the focus of attention* and has to be able to afford the course. Stress can be *physical* or *emotional* and have *different levels*, being associated with *inexperience* and *difficulty in dealing with care situations*. The anxiety resulting from *the assessment*, *the need to manage*, *the personal characteristics*, and is due to *intimidation* and *inexperience*. Discouragement is felt when you become *unwilling to invest*, *without encouragement*,

worn out and demoralized. Exhaustion manifests itself by *fatigue* and *physical and emotional exhaustion*. Lastly, the shock is due to *confrontation with the reality of nursing care*, *to be a student again*, *by the consciousness that it is necessary to grow* and *for the demand of the Course*:

I think what shocked me the most was the rhythm of work, it was very fast, I was not expecting so much material all of a sudden! E10

Emotional management: Non-adaptive and adaptive strategies

In view of the intense and negative emotional experience described above, students seek to manage it using strategies of control and repression (non-adaptive strategies) and regulatory strategies (adaptive strategies). Students adopt strategies of non-adaptive management, such as avoiding emotional expression because *they do not feel at ease*, *do not see results* and are *afraid of the consequences* by *talking about what they feel* or reveal opposite feelings, *denial* *avoiding thinking about what they feel* and through the *breakout forward* and also negatively discharge the others. It is also noteworthy that students refer to adopting harmful strategies for health such as *taking an anxiolytic*, *biting nails*, *stop eating* and *smoking a lot*.

And I take it out on people a lot! I'm beginning to respond poorly, personally to my closest group of colleagues. They know when I'm nervous, while I say: "Shut up, let me concentrate!", and people know right away when I'm more nervous than my usual, that's it! E7

(...) The stress comes and I (...) Smoke a lot (...). E9

But students adopt adaptive strategies that reveal their resilience; interpersonal strategies, intraperson-

al and extra-personal strategies. Interpersonal strategies refer to sharing with the teacher, sharing with the supervisor, sharing with other people, reflecting with the teacher, helping the care receiver, investing in the interpersonal relationship and socializing with colleagues:

(...) Having colleagues, getting into jokes, that, hours of decompression before the frequency for example (...) E6

The intrapersonal strategies refer to the *self-dialogue*, *mental relaxation*, *the analysis of what was experienced*, *the decentralization*, *the positivism*, *the awareness of emotions* and *the need to deal emotionally*, and also assume that *no one knows everything*, *take responsibility*, *believing that they did their best*, *calm themselves*, *relativize*, *motivate*, *exercise* and *establish priorities/time management*.

(...) I think I'm an organized person, and as I am organized, I end up, as I have things up to date I can have a logical sequence in my thinking, and I end up being able to cope better with this situation because I know: okay, this is going to give me stress but I prepared myself! (...) E8

The extra-personal strategies refer to the support of teachers, internship supervising nurses, colleagues, family and friends:

Professor X, I never thought that she was as she is in teaching, in the internship, because she made us very comfortable if we had a problem to call her and gave us a lot of support even during the formative meetings (...) E2

(...) At the end of the day [the advisor] asked me to stay longer. "And what's going on, and what's going on?" I explained everything to him of what happened and he: "Hmm Ok, so tomorrow we will do things differently" (...) E3



(...) *But without doubt, I needed both family and friends, including teachers... to help me with this.* E10

The role of mentoring in the development of emotional competence

Taking into account the emotional experience and the mobilized management strategies, students recognize mentoring among peers as an *important aid*, due to the *academic practice and the godchildren*, but should be a *continuous and individual help and accompaniment*, and still *in person or at a distance*. The mentoring of teachers is also seen as an *important aid*, with a *group and/or individual support*, performed either by *distance or in person*.

This mentoring program can also be carried out by peers and teachers (in complementarity):

However, not wanting to discredit teachers is obvious, because teachers have much more experience than we do. And maybe at theoretical levels consult the teacher more than a student who is still learning too. Do you understand? But maybe if it was the two of them together it would be good. E2

Other resources complementary to mentoring, mentioned by the students, are the reflection sessions on the practices, a Curricular Unit on emotional management and a psycho-emotional support office. These resources contribute to the development of the emotional competence of nursing students, since it is possible to enhance adaptive management strategies, and minimize the non-adaptive strategies that may perpetuate the negative experience and evolve to psychopathology, through a structured and continued support and guidance. *Analysis of the data obtained from the focus group performed on the nursing professors*
According to the experience shared

by the teachers, we perceive, through the findings obtained, that it is possible and relevant to implement a mentoring program in the view of the emotional experience faced by the students. Two main categories emerged: **Emotional Experience Faced by Students and Implementation of a Mentoring Program.**

The first category arises because teachers recognize events that precipitating negative emotions in students such as: classes and evaluation of practices/laboratory, evaluation in the presentation of papers, when approaching the clinical training and during the same:

"But I think practices are the great source of stress for them" (FG2:263) "In the Practical Context" (FG1:298) "Practical teaching. Laboratory practices. It is a destabilization for the most part" (FG2:266) "It is there (laboratory) that the thing is more, more severe for them" (FG1:295); "In the practical/laboratory evaluation" I think this increases exponentially" (FG1:275) "Curricular units with laboratory practices that are (aaah) evaluation" (FG1:274); "In the assessments that are through presentations, they are all stressed" (FG2:279); "Before going to the real context" (FG1:276) "Before they go to the real context" (FG1:277) "; "Then in the real contexts is not spoken..." (FG1:339) "They are always with the feeling that they are under evaluation" (FG2:289) constitute an emotional source. And then all the evaluation "all that it is evaluation," (FG2:249) "All evaluation moments," (FG2:254).

In this category, teachers show emotional experiences of negative intensity such as: concerns, fear, panic, frustration, stress, irritation, anger, discomfort, sadness and

suffering. They also emphasize obstacles faced by students such as: in the construction of happiness and in the fulfillment of rules:

"The student also has to be happy while he is..." (FG1:580) "They have a lot of difficulty doing that. ... They at least have no strategies to know when they're happy and when they're not. They never seem to be." (FG1:579); "is the compliance of rules" (FG1:75) "the schedules are to fulfill... Perhaps because of professional deformation, perhaps because we are in the nursing area" (FG1:76) "Why can't I have my hair down when I'm in the laboratory" (FG1:84) "Why can't I come with the street shoes" (FG1:85); confrontation with the construction of knowledge "the amount of information they have to internalize, learn, articulate and then the need to demonstrate that they have done this process and that they know what is supposed to know" (FG1:114) confrontation with frustration/failure "have this struggle in managing emotions in the sense (aaah) of non-frustration because all that is difficult frustrates them" (FG1:12) "is the fear of failing here for not being able to use it" (FG1:325); among others.

They also disclose factors that trigger emotional experiences of negative intensity: immaturity, lack of motivation and disinterest:

"It has much to do with immaturity" (FG1:436) "adolescence it's not over yet for many of them" (FG2:49); "the interest part, choosing the school and the vocation and helping the other has, in my view, being diminishing in the motivation part" (FG1:45) "In what they want to go over and dispatch" (FG1:53); "but then they end up not corre-

sponding because they are disinterested and it doesn't work, these people don't work... and... and you see "(FG1:207)" they come because... because it is one more "(FG1:56); ...

The central category **Implementation of a Mentoring Program** emerged from the subcategories and context units described below: Mentoring Concept: As a facilitator process of emotion management and different from coaching; Mentor Concept: As a reference person for the student and an interconnection with other faculty and institution and different tutor; Mentoring Requirements: Availability for mentoring, responsiveness in the mentoring process, training/preparation needs for mentoring, preparatory work, student preparation for mentoring, mentoring evaluation; at last arises the subcategory impediments/barriers to mentoring: which encompasses the inadequacy of physical and human resources as context units. Teachers consider that the **Concept of Mentoring** is defined as a facilitating Process for managing emotions:

"If this is a process of emotional management things... I know it's not therapeutic, it's different aspects. It is to manage the negative emotion in relation to that person "(FG2:735)" The mentoring may be associated with this issue of emotional experience "(FG2:537)" This is an emotional management process, "(FG2:714)" If this is a process of emotional management things... I know it's not therapeutic, it's different aspects to manage the negative emotion in relation to that person "(FG2:735)"

But it is also a different process of coaching:

"Now it reminded me of coaching" (FG2:184) "having only five students means that

I am doing almost a therapy with them... no, that's not the point, I think, it doesn't make sense "(FG2:607).

For teachers, the **Mentor Concept** comes from Mentor as a reference person for the student and interconnection with the rest of the faculty members:

"It is a reference person for the student (FG2:551)" who is available to help them "(FG2:544)." It is something that the school found, (...) the feedback among the colleagues who are part of this year, plus the feedback after the student "(FG2:554)"

The participants distinguish mentor from tutor:

"It is easier to be a tutor than mentor" (FG2:513) "to be a tutor is to guide the student in his..., to be a facilitator of learning, and to dedicate to the cognitive part is like this... in emotional terms it is complex "(FG2:517)" In emotional terms is complex, even because of our part demands that we do not get involved with certain aspects "(FG2:518)"

Mentoring requirements are revealed, which emerge from the Availability for mentoring:

"For this to go well, (aaah) that this teacher had (aaah) open mind to receive what the student has to say..." (FG1:468) "there is here..., there had to be always a meeting of (aaah) the person has to be available for this" (FG1:470) "not only to have time availability but also to have personality availability "(FG1:471)" To have an open mind to receive what the student has to say "(FG1:472)"

Responsiveness in the mentoring process was also referred to as a necessary criterion for mentoring: *"people should, should*

be very conscious when... "(FG2:657)" people should be honest with themselves "(FG2:658)" and have the honesty and the hombrity and the student understand this, because I think in these processes it is important that the student realizes that that teacher who is his mentor does not have the truth... all truths don't even have the... all the solutions to his problems. Isn't it? "(FG1:474)" is a person who will help you reflect "(FG1:475)"... the student needs presence... "(FG1:495)"

Teachers feel the need for training/preparation or mentoring:

"training"(FG2:674) "training people"(FG2:646) "no one is born taught"(FG1:623) "I don't know"(FG2:599) "I confess my ignorance"(FG2:574) "I don't know if that is the name, "(FG1:492) "but I don't always know... I don't know..." "(FG1:494) "I don't know... I don't know... I'm here now to make it possible..."(FG1:497) "unless I'm very much mistaken"(FG2:629) "That requires knowledge"(FG2:578);

A preparatory work must also be carried out before the mentoring process is developed:

"to get there (aaah) there's a path to go..." (FG1:610) "Ah there has to be (a previous work)"

Student preparation for mentoring is also valued:

"students must also be instructed... what they can do, what they have at their disposal, what they can actually do, is not to demand, but to ask" (fg2:556) "the student must also understand this...I think this is a process that cannot be only on the part of teachers, the student must... this must be explained very well..." (FG1:479)"

Evaluation as a mentoring monitoring process was mentioned by teachers:



"... and experimentation and understanding if... it works... if it doesn't. (FG1:621) "And also having the student's feedback if... (...)... really is what he... If this is the way, if we are doing well, if... isn't it? That was very important. Otherwise..." (FG1:622)

As for the results of the mentoring, the teachers consider that:

"I'm sure it would help our students..." (FG1:528) "they would be much more successful if they had someone" (FG2:187) "from the moment you feel more suited you will also be able to respond more appropriately and therefore the feedback becomes more positive and ends up being a more positive experience" (FG2:541)

Impediments/Barriers to mentoring were also highlighted, which arose from: Inadequacy of physical resources:

"in this aspect... of the follow-up of the student that we are talking about here in my office when I have the other colleague working in the other desk, when she is receiving students, when... when..." (FG1:466) "in the middle of the corridor" (FG1:503)

And inadequate human resources:

"we are few..." (FG1:529) "the work of mentoring can never pass as being a mentor of 90 students" (FG2:573) "it is impossible to do a work of this level (...) with 90 students, no way" (FG2:577) "it is not possible" (FG2:575) "It does not cross your mind" (FG2:576)

DISCUSSION

The results of this study reveal that mentoring in nursing students integrates individual, organizational, socio-environmental, pedagogical and clinical aspects. The reciprocal relationship between the mentor and the mentee characterized by empathy, respect and authenticity is essential for the mentoring

process to offer opportunities for student guidance and self-realization in academic and professional terms. In a review of 159 studies²⁴ was confirmed that students valued the personal dimension of the relationship with the mentor, citing qualities such as support, empathy, encouragement and counseling as the most important characteristics for them. The role of the mentor is even more important than initially foreseen. In addition to their role in educating and supporting students, mentors have an increased competence in ensuring the quality of care provided to the citizen, as they are the "role models" that regulate good practice in the profession¹³.

A very notable aspect of this study was the high emotional perception among female students compared to male students. This perception also increases in the same proportion of the year the student attends. Women are encouraged from an early age to reflect and express their feelings, and many men do not receive this kind of encouragement, appearing to lack consideration for the feelings of others, at home and even at school. In terms of emotional management, men and women deal with this very differently. Male gender usually manifests its emotions with states of impulsiveness, while women generally analyze the situations and emotions they share with their peers before making a decision²⁵. Students consider that clinical learning is very important because it ensures the mobilization of theoretical content into the real context. It is a learning opportunity that many say is crucial for the development of instrumental, social and emotional skills. However, the results show that clinical teaching is a formative experience that triggers disturbing emotions and feelings, both because of the demands they make and because of the difficulty that students have

in managing time. On the other hand, the teachers mention difficulty in managing these processes, due to their high complexity and lack of preparation and training in emotional management. Some authors⁷ present a model to favor student learning and satisfaction, especially in the context of clinical teaching. Students who share their emotions, whether in a theoretical or practical context, tend to make better use of the experiences of clinical teaching and have more promising results than those who suppress their emotions. Emotional behaviors are influenced by the characteristics of each student and by practical situations/scenarios. Another study²⁷ suggests that mentors find it difficult to deal with situations in which the student becomes irritated, upset or disagrees with their assessment. And highlights the lack of confidence of the mentors and the lack of skills to solve the problems related to students' academic (un)success⁴³. Mentors described problematic experiences with students as 'horrendous', 'traumatic' and 'exhaustive'^{26,27}. These situations had an emotional impact on the mentors. Mentors experience the intensity of these experiences of dealing with unsuccessful students, months after the event²⁶. Course requirements and situations related to assessment, confusion states of care clients, people at the end of life and struggle are relevant factors in the increased experience of negative intensity emotions. The role of the mentor is even more important than initially foreseen. In addition to their role in educating and supporting students, mentors have an increased competence in ensuring the quality of care provided to the citizen, as they are the "role models" that regulate good practice in the profession¹³. On the other hand, the literature indicates that mentoring programs should be planned, tak-

ing into account their monitoring during all years; others offer guidance only in a specific year, or in complex activities, such as Clinical Teaching²⁸. As for teachers, they highlight some obstacles and barriers that interfere with the mentoring process, among them the inadequacy of human and physical resources. Mentoring activities should therefore take place over an extended period of time to help strengthen communication processes between mentors and mentees. Evidence²⁹ shows that mentees are more likely to share personal problems and socialize with their mentors six months after the start of the program. In this sense, the literature recommends an activity or event in which the mentor and mentee can participate, using moments of reflection on the shared experiences and their impact, among others²⁹. According to the teachers participating in our study, this process involves monitoring, as well as the prior establishment of the results to be achieved with the mentoring process.

The students, faced with a negative and intense experience, use control and repression strategies - non-adaptive strategies; and regulation strategies - adaptive strategies. Teachers, on the other hand, consider that students should be prepared in advance. Students should (1) find the course interesting and enjoy attending it daily, (2) consider the higher education institution an attractive place to learn, and (3) have an overall positive evaluation of the institution⁷. For the authors³⁰, the selection of the situation, cognitive change and

response modulation are also considered effective strategies. However, its application depends on the existence of certain developmental prerequisites, such as the ability to think in an abstract way and the emotional maturity that allows exercising self-control. Finally, students recognize the important role of peers in the mentoring process, rather than the one of teachers. Continuous, individual, distance or face-to-face help plays an important role in the development of the emotional competence of the students in the study. Teachers consider that mentoring can provide close support to the student, a help that facilitate a more appropriate response in emotionally intense situations. Mentors may have one or several mentees, and occasionally more than one person may be a mentor in a group of mentees³¹. As for the form of guidance, some authors argue that it should be face-to-face³², but more and more other forms of communication are used, namely via email and by telephone³³. Mentoring programs are increasingly recognized in schools as key components of the curriculum, and can help in student development, growth, knowledge and skills. On the other hand, nursing training currently values the independence and self-determination of the student for learning, placing the responsibility on them, particularly with regard to the active relationship in the mentoring process.

CONCLUSIONS

Students admitted to the bachelor's degree in nursing often experience

an intense, stressful and often disruptive emotional experience, which can undermine their health and internal balance. In addition to having to deal with the inherent fragilities of their life and personality development processes, they are also subject to an intense and very demanding academic experience from an emotional point of view. We emphasize that a strong and effective emotional management involves controlling or externalizing emotions depending on the moment and circumstances. It is known that the desired balance is not always achieved, however, it is important to keep trying to find it, through a constant interpretation of the various emotions they feel, and by adopting an efficient mentoring process that involves mentors and mentees.

It is essential that students seek to have at their disposal more precise emotional management strategies to face potentially threatening experiences of their mental health. It is understood that some of the strategies can be learned with the help of a mentoring program, in which mentors - peers or teachers - will enable them to find a better emotional balance.

In light of the results found, the implementation of mentoring programs promote emotional skills, reflecting on how individuals understand and manage emotions. On the other hand, students with this feature improve emotional regulation, which allows them to increase their flexibility and better deal with unforeseen circumstances and change, turning their obstacles into challenges. ▴



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