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Editorial

Clinical Mentoring: Nurturing Competence, Confidence, and Professional Identity in Nursing

Clinical education lies at the very heart of nurses' training, serving as the critical bridge between theoretical knowledge and real-world practice. It is within the dynamic and often unpredictable environment of clinical placements that students begin translating classroom learning into patient care, shaping not only their clinical competence but also their emerging professional identity. While supervision and preceptorship remain established components of clinical education, mentoring offers a far more holistic and transformative approach. It extends beyond skill acquisition to encompass guidance, psychosocial support, reflective learning, and professional role modeling, enabling nursing students to evolve into confident and compassionate practitioners (Jokelainen et al., 2011; Myall et al., 2008).

Yet, despite decades of discussion surrounding the importance of mentorship, one uncomfortable reality persists across many nursing education systems: students are often expected to "learn by surviving" rather than "learn through supported growth." This editorial argues that clinical mentoring is not an optional enhancement to nursing education, but a professional necessity that requires structured integration, institutional recognition, and sustained investment.

Why mentoring matters?

Clinical mentoring differs fundamentally from routine supervision. Supervision ensures that tasks are completed safely; mentoring nurtures the person behind the task. A mentor does not merely demonstrate procedures or evaluate competencies; a mentor listens, reassures, guides, questions, and inspires.

One of the most significant contributions of clinical mentoring is its ability to bridge the persistent theory–practice gap. Nursing students frequently struggle when attempting to reconcile textbook knowledge with the realities of patient care. Clinical situations are rarely straightforward, and students often encounter uncertainty, emotional stress, and ethical complexity. Effective mentors help students contextualize theoretical learning, interpret clinical situations, and apply evidence-based practice in real time (Benner et al., 2010). Through this process, students develop clinical reasoning, decision-making skills, and professional confidence.

Importantly, mentoring also addresses the emotional dimension of nursing education. Clinical placements can be intimidating environments where students fear criticism, failure, or humiliation. A supportive mentor can transform these experiences from anxiety-provoking encounters into meaningful learning opportunities. Research consistently demonstrates that students who experience supportive mentoring report greater belongingness, reduced stress, and stronger professional motivation (Levett-Jones et al., 2009).

Mentors also shape the invisible curriculum of nursing. Through daily interactions, students absorb values such as empathy, integrity, accountability, respect, and patient advocacy (Johnson et al., 2012). These lessons are not learned from textbooks alone. They are learned through observing how experienced nurses speak to patients, collaborate with colleagues, and respond under pressure. In this sense, mentoring becomes central to the formation of professional identity.

The Sri Lankan reality

The need for structured mentoring is particularly relevant within the Sri Lankan nursing education context. Emerging local evidence paints a concerning picture of clinical learning environments that are often overstretched, inconsistent, and inadequately supported.

A study conducted in Sri Lanka highlights that clinical learning largely depends on informal and task-oriented supervision rather than structured mentoring systems. Nursing students frequently report insufficient guidance, limited opportunities for reflective learning, staff shortages, heavy workloads, and weak coordination between educational institutions and healthcare settings (Amarasekara et al., 2023). Sociocultural hierarchies within clinical environments may further discourage students from asking questions or expressing uncertainty, increasing psychological stress and reducing confidence (Hill & Abhayasinghe, 2022).

These findings demand critical reflection. If clinical placements become environments where students are merely observers, task performers, or passive recipients of instructions, nursing education risks producing technically trained individuals who lack confidence, reflective ability, and professional resilience.

The issue is not a lack of commitment among nurses or educators. In many cases, clinical staff themselves work within severely constrained systems characterized by workforce shortages, overcrowded wards, and immense patient demands. The problem lies in the absence of institutional structures that recognize mentoring as a protected and valued professional role.

Current clinical education practices

As educators and healthcare professionals, we must also be willing to critically examine some uncomfortable practices that have become normalized within clinical education.

Too often, clinical teaching prioritizes task completion over student development. Students may become preoccupied with documenting procedures, fulfilling attendance requirements, or avoiding mistakes rather than engaging in reflective and meaningful learning. In some settings, students are evaluated primarily on obedience and technical performance while their emotional wellbeing, critical thinking, and professional growth receive limited attention.

Another concern is the persistence of hierarchical cultures within healthcare environments. Many nursing students still hesitate to ask questions for fear of embarrassment or criticism. Some experience dismissive attitudes, exclusion, or public humiliation under the mistaken belief that “toughness” prepares students for professional realities. Such practices do not strengthen nursing education; they weaken it. Fear-based learning environments suppress curiosity, confidence, and professional identity formation.

We must also acknowledge that not every clinically competent nurse automatically becomes an effective mentor. Expertise in patient care does not necessarily translate into skill in teaching, communication, or emotional support. Without adequate mentor preparation, mentoring can become inconsistent and dependent on individual personality rather than professional standards.

These issues are not unique to Sri Lanka. Globally, nursing education systems continue to struggle with balancing service demands and student-centered learning. However, recognizing these challenges openly is the first step toward meaningful change.

Mentoring as a professional responsibility

Mentoring should not be viewed as an additional burden imposed upon already exhausted nurses. Rather, it should be recognized as an investment in the future of the profession itself.

Every experienced nurse carries professional knowledge that cannot be fully captured within curricula or textbooks. The way a nurse comforts a frightened patient, manages ethical dilemmas, prioritizes care under pressure, or communicates compassionately during moments of suffering, these are professional inheritances transmitted through mentorship.

For many students, a single mentor can determine whether they develop confidence or self-doubt, commitment or disengagement, belongingness or isolation. Years later, students may forget lectures or examinations, but they rarely forget how they were treated during clinical training. This reality places a profound responsibility upon the profession. Mentoring is not simply about teaching students how to perform procedures correctly; it is about shaping the kind of nurses they will ultimately become.

Moving forward

If mentoring is to become truly transformative, it must move beyond informal goodwill toward structured institutional practice.

Educational institutions and healthcare organizations should establish formal mentorship frameworks with clearly defined roles, expectations, and evaluation mechanisms. Mentors require training not only in clinical teaching but also in communication, feedback delivery, emotional intelligence, and reflective facilitation.

Equally important is institutional recognition. Mentoring cannot flourish when it is invisible, unsupported, or added on top of overwhelming workloads. Protected time, professional recognition, incentives, and career development opportunities are essential to sustain mentor engagement and quality.

Innovative approaches may also help strengthen mentoring capacity. Peer mentoring systems, reflective discussion groups, and digital mentorship platforms can provide additional layers of support, particularly in resource-limited settings. Embedding mentorship into nursing curricula, assessment strategies, and professional development frameworks will further ensure that mentoring is treated as an essential educational process rather than an optional activity.

Strengthening the evidence base

Despite widespread recognition of its value, clinical mentoring remains under-researched in

many low- and middle-income settings like Sri Lanka. Much of the current evidence originates from high-income countries, limiting its contextual relevance.

Future research must move beyond descriptive accounts and evaluate the actual impact of mentoring interventions on outcomes such as clinical competence, professional identity formation, emotional resilience, retention, and patient care quality. There is also an urgent need to develop culturally sensitive tools capable of evaluating mentoring effectiveness within local healthcare contexts.

Mixed-methods and longitudinal studies could provide deeper insights into how mentoring relationships influence students over time. Stronger evidence will ultimately support policy development, resource allocation, and sustainable integration of mentoring into nursing education systems.

Reflection

Many of us can still remember our own student experiences with striking clarity. We remember the ward where we first felt terrified. We remember the nurse who encouraged us when we doubted ourselves. We also remember moments when silence, criticism, or indifference made learning far more difficult than it needed to be.

Perhaps this is the central question we must ask ourselves today: *What kind of learning environment are we creating for the next generation of nurses?*

In healthcare systems increasingly dominated by workload pressures, documentation demands, and workforce shortages, there is a real danger that human connection within education becomes neglected. Yet nursing, at its core, remains a profoundly human profession. If we expect future nurses to provide compassionate, patient-centered care, we must first ensure that they themselves experience compassionate and supportive learning environments.

Mentoring is not merely an educational strategy. It is a professional culture. It reflects how a profession values its future members. The students standing beside us in wards today will soon become the nurses leading healthcare tomorrow. The guidance, respect, and encouragement they receive now will shape not only their careers, but also the quality of care delivered to future patients and communities.

Conclusion

Clinical mentoring stands as a vital pillar of nursing education, influencing not only competence but also confidence, resilience, and professional identity. As healthcare systems grow increasingly complex, the need for structured and evidence-informed mentoring becomes even more urgent.

Although challenges such as heavy workloads, inconsistent practices, and limited institutional support persist, these barriers are not insurmountable. Through structured mentorship programs, mentor training, institutional commitment, and strengthened research efforts, mentoring can be integrated more effectively into nursing education and practice.

The future of nursing depends not only on what students learn, but also on how they are guided while learning it. By placing mentoring at the center of clinical education, the profession can cultivate a nursing workforce that is skilled, reflective, compassionate, and prepared to meet

the evolving demands of healthcare.

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