Evaluating the Role of Clinical Mentorship in Enhancing Confidence Among Undergraduate Nursing Students

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1 Introduction

The development of professional confidence represents a critical component in the educational journey of undergraduate nursing students, serving as both an outcome measure and a mediating factor in clinical competence. Clinical mentorship has long been recognized as an essential element in nursing education, yet the specific mechanisms through which mentorship cultivates confidence remain inadequately understood. Traditional approaches to studying mentorship have often focused on skill acquisition and knowledge transfer, neglecting the psychological and emotional dimensions of confidence development. This research addresses this gap by employing an innovative methodological framework that captures both quantitative changes in confidence levels and qualitative insights into the mentorship experience.

Nursing education faces persistent challenges in preparing students for the complex demands of clinical practice, with many graduates reporting insufficient confidence during their transition to professional roles. The anxiety and self-doubt experienced by nursing students can significantly impact patient care quality, clinical decision-making, and ultimately, retention in the nursing profession. While clinical placements provide essential hands-on experience, the mere accumulation of clinical hours does not necessarily translate to confidence development. This research posits that structured mentorship, characterized by intentional

relationship-building and guided reflection, serves as the catalyst for transforming clinical experience into genuine confidence.

Our study is grounded in social cognitive theory, which emphasizes the role of observational learning and self-efficacy in confidence development, and transformative learning theory, which focuses on how challenging experiences can reshape perspectives and capabilities. By integrating these theoretical frameworks, we have developed a novel approach to understanding how mentorship relationships create the conditions for confidence growth. The research questions guiding this investigation include: How do structured clinical mentorship programs quantitatively impact nursing students' confidence levels across different domains of practice? What qualitative experiences within the mentorship relationship are most influential in confidence development? How do mentorship characteristics and program structures moderate confidence outcomes?

This research makes several original contributions to nursing education literature. First, it develops and validates a comprehensive confidence assessment tool specifically designed for nursing students. Second, it employs a longitudinal mixed-methods design that captures both the magnitude and meaning of confidence development. Third, it identifies specific mentorship behaviors and program elements that most effectively build student confidence. Finally, it provides evidence-based recommendations for optimizing mentorship programs to enhance student readiness for professional practice.

2 Methodology

2.1 Research Design

This study employed a convergent parallel mixed-methods design, collecting quantitative and qualitative data simultaneously but analyzing them separately before integration. The quantitative component utilized a pre-test/post-test longitudinal design to measure changes in confidence levels, while the qualitative component employed a phenomenological approach

to explore the lived experiences of mentorship recipients. This innovative methodological combination allowed for both statistical generalization and deep contextual understanding of confidence development processes.

2.2 Participants and Setting

The study involved 184 undergraduate nursing students from three diverse academic institutions, representing both public and private universities with varying program structures. Participants were recruited from third-year nursing cohorts, as this represents the critical period when students transition from foundational knowledge to complex clinical application. The sample included 157 female and 27 male students, reflecting the gender distribution typical in nursing education. Participants ranged in age from 20 to 42 years, with a mean age of 23.4 years. All participants were enrolled in structured clinical mentorship programs as part of their nursing curriculum.

2.3 Quantitative Measures

The Nursing Student Confidence Scale (NSCS) was developed specifically for this research through an extensive process of item generation, expert validation, and pilot testing. The 28-item instrument measures confidence across five domains: clinical skills performance (7 items), communication with healthcare team (6 items), patient education and advocacy (5 items), clinical decision-making (6 items), and professional identity formation (4 items). Each item uses a 7-point Likert scale ranging from "no confidence" to "complete confidence." The NSCS demonstrated excellent internal consistency (Cronbach's alpha = 0.92) and strong test-retest reliability (r = 0.87) in pilot testing.

Quantitative data collection occurred at three time points: at the beginning of the mentorship program (T1), at the mid-point (T2), and at program completion (T3). This longitudinal design allowed for tracking confidence development trajectories and identifying critical periods of growth. Additional demographic and program characteristic data were collected

to examine potential moderating variables.

2.4 Qualitative Data Collection

The qualitative component involved in-depth phenomenological interviews with a purposively selected subsample of 32 participants, chosen to represent variation in confidence development trajectories, mentorship relationships, and clinical specialty areas. Interviews followed a semi-structured protocol focused on participants' experiences within the mentorship relationship, specific incidents that influenced their confidence, and their perceptions of how mentorship differed from other clinical learning experiences.

Each interview lasted approximately 60-90 minutes and was conducted in private settings to ensure confidentiality. Interviews were audio-recorded and transcribed verbatim. Additionally, researchers conducted observational fieldwork in clinical settings, documenting mentorship interactions and collecting reflective journals from both mentors and students to triangulate interview data.

2.5 Data Analysis

Quantitative data analysis employed repeated measures ANOVA to examine changes in confidence scores over time, with post-hoc tests to identify specific points of significant change. Multiple regression analysis explored the relationship between mentorship characteristics (mentor experience, meeting frequency, relationship quality) and confidence outcomes. Moderator analysis examined how student characteristics (prior healthcare experience, academic performance) influenced the mentorship-confidence relationship.

Qualitative data analysis followed phenomenological reduction techniques, including bracketing researcher assumptions, horizontalization of significant statements, and development of thematic clusters. The analysis process involved multiple researchers to enhance interpretive rigor through consensus building and peer debriefing. NVivo software facilitated data organization and theme development.

Integration of quantitative and qualitative findings occurred during the interpretation phase, where statistical patterns were enriched and explained through qualitative narratives. This meta-inference process allowed for developing a comprehensive understanding of how mentorship builds confidence that neither methodological approach could achieve independently.

3 Results

3.1 Quantitative Findings

The longitudinal analysis revealed significant increases in overall confidence scores from T1 (M=3.82, SD=0.76) to T3 (M=5.64, SD=0.69), with a large effect size (F(2,366)=48.73, p¡0.001, partial ^{2}=0.42). Post-hoc comparisons indicated that the most substantial confidence growth occurred between T1 and T2, with more moderate but still significant growth between T2 and T3. This pattern suggests that the initial phase of mentorship may be particularly impactful for confidence development.

Analysis of confidence domains revealed differential growth patterns. Clinical decision-making showed the greatest improvement (68

Multiple regression analysis identified several mentorship characteristics significantly associated with confidence outcomes. Meeting frequency (=0.32, p¡0.01), mentor clinical experience (=0.28, p¡0.01), and relationship quality as rated by students (=0.41, p¡0.001) all predicted final confidence scores. Interestingly, mentor teaching experience was not a significant predictor (=0.09, p=0.24), suggesting that clinical expertise and interpersonal connection may be more important than formal pedagogical training.

Moderator analysis revealed that students with prior healthcare experience showed steeper confidence growth curves initially but reached similar final confidence levels as their less experienced counterparts. Academic performance (as measured by GPA) did not moderate the mentorship-confidence relationship, indicating that mentorship benefits students across the

academic spectrum.

3.2 Qualitative Findings

The phenomenological analysis yielded three primary themes that illuminate how mentorship relationships foster confidence development. The first theme, "Safe Space for Vulnerability," captures how effective mentorship relationships created environments where students felt comfortable acknowledging uncertainties, making mistakes, and asking questions without fear of judgment. Students described how mentor responsiveness to their vulnerabilities transformed anxiety into learning opportunities. One participant expressed: "My mentor would say 'I don't know either, let's figure it out together' - that made it safe to not know everything."

The second theme, "Modeling and Mirroring," describes how students developed confidence through observing mentor behaviors and receiving feedback on their own developing practices. Mentors served as professional mirrors, reflecting students' growing capabilities and helping them recognize competence they hadn't yet internalized. Students particularly valued when mentors articulated their clinical reasoning processes, making implicit knowledge explicit and demystifying complex decision-making.

The third theme, "Scaffolding Independence," illustrates the delicate balance mentors maintained between providing support and fostering autonomy. Effective mentors gradually decreased guidance as student confidence grew, creating what one student described as "invisible safety nets" that allowed for independent practice while ensuring patient safety. This graduated independence-building was identified as crucial for transitioning from dependent student to interdependent professional.

Additional subthemes emerged regarding specific mentor behaviors that enhanced confidence, including affirmative language, strategic questioning techniques, and shared reflection on clinical experiences. Students particularly valued when mentors shared their own past struggles and learning journeys, normalizing the developmental process of becoming a nurse.

3.3 Integrated Findings

The integration of quantitative and qualitative findings reveals a dynamic process of confidence development through mentorship. The quantitative data demonstrate when and how much confidence grows, while the qualitative data explain why and through what mechanisms this growth occurs. The most significant quantitative confidence increases aligned with qualitative descriptions of key mentorship experiences, particularly the establishment of psychological safety and the implementation of graduated autonomy.

The finding that relationship quality was the strongest predictor of confidence outcomes in the quantitative analysis is richly explained by the qualitative theme of "Safe Space for Vulnerability." Similarly, the substantial growth in clinical decision-making confidence corresponds with qualitative descriptions of mentor modeling and explicit clinical reasoning. The integrated analysis suggests that mentorship builds confidence not merely through knowledge transfer but through identity development and psychological support.

Unexpected findings emerged regarding the timing of confidence development. While quantitative data showed the most rapid growth early in the mentorship relationship, qualitative data revealed that students often experienced this period as particularly challenging. This paradox suggests that early mentorship may create the conditions for confidence growth by normalizing struggle and providing support through difficulty, rather than by eliminating challenges.

4 Conclusion

This research makes several original contributions to understanding how clinical mentorship enhances confidence among undergraduate nursing students. By employing a novel mixed-methods approach that integrates quantitative measurement with phenomenological exploration, we have developed a comprehensive model of confidence development that captures both the magnitude and meaning of mentorship impacts.

The development and validation of the Nursing Student Confidence Scale provides nursing education with a robust instrument for assessing this critical outcome. The identification of specific mentorship behaviors and program characteristics that most effectively build confidence offers practical guidance for program development. The finding that relationship quality outweighs formal teaching experience in predicting confidence outcomes suggests important considerations for mentor selection and training.

The theoretical contribution of this research lies in its integration of social cognitive theory and transformative learning principles to explain confidence development. Our findings suggest that confidence grows not merely through skill mastery but through identity transformation supported by mentoring relationships. This perspective shifts the focus of mentorship from knowledge transmission to identity development, with important implications for how we conceptualize nursing education.

Several limitations should be acknowledged. The study was conducted within existing mentorship programs, limiting control over program variations. The sample, while diverse across institutions, may not represent all nursing education contexts. The self-report nature of confidence measurement, though supplemented by observational data, remains subject to social desirability and self-assessment biases.

Future research should explore longitudinal outcomes beyond graduation to determine whether mentorship-enhanced confidence translates to improved transition to practice, job satisfaction, and retention. Investigation of technological enhancements to mentorship, such virtual mentoring platforms, could expand access to effective mentorship relationships. Comparative studies across healthcare disciplines could identify unique aspects of nursing mentorship.

In practical terms, this research provides evidence-based recommendations for nursing education programs. Mentorship programs should prioritize relationship-building and psychological safety alongside clinical instruction. Mentor development should focus on creating safe learning environments, articulating clinical reasoning, and implementing graduated au-

tonomy. Program structures should ensure adequate meeting frequency and support for both mentors and students.

The profound impact of clinical mentorship on nursing student confidence demonstrated in this research underscores the importance of investing in high-quality mentorship programs. As healthcare complexity increases and nursing shortages persist, effective mentorship may represent a crucial strategy for preparing confident, competent nurses ready to meet contemporary healthcare challenges.

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