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Caught in the Middle—Experiences of Student Peer Mentors in Nursing Education: A Qualitative Study

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Abstract: The use of digital and remote teaching has expanded in higher education and reached a peak during the COVID-19 pandemic. Reducing the social component of the learning process may increase students' isolation, loneliness, and dropout rates. This study aimed to investigate the experiences of student peer mentors who participated in a mentoring program that was implemented to increase student well-being and prevent dropping out among first-year Bachelor of Nursing students at a university in Norway during the COVID-19 pandemic. Eleven semi-structured interviews were carried out with student peer mentors. Using a thematic analysis, four themes were identified: being someone who can ease the transition, defining roles and boundaries, developing communication strategies, and developing their own professional competence. Knowing how difficult the transition to higher education was and being a student during the COVID-19 pandemic made it challenging for the mentors to set boundaries. It was also challenging to develop effective ways to communicate with the first-year students. Being a mentor was considered beneficial for developing professional skills such as empathy and communication and to gain self-confidence. There is a need for more knowledge about how to support mentors in clarifying the peer mentoring role, setting boundaries, and coping with the emotional labor involved in peer mentoring.

Keywords: distance learning; nursing education; COVID-19; social learning; peer mentor



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1. Introduction

The use of digital and remote teaching has increased in higher education and reached a peak during the COVID-19 pandemic. Mayer explored the connections between multimedia learning and cognitive processes and showed how multimedia learning increased the cognitive part of the learning process [1]. From our perspective, we are concerned by the social part of the education system, including how to create relations between students and thereby avoid the negative consequences of digital and remote teaching such as increased student isolation, loneliness, and dropout rates [2–5].

The COVID-19 pandemic severely affected all parts of Norwegian society from the moment the first case was detected in February 2020. Extensive measures were implemented to control the spread of the disease. In the higher education sector, this resulted in the closing of universities for prolonged periods of time across the world and a shift to online teaching and students working from home. Studies investigating the effects of the COVID-19 pandemic and the subsequent restrictions found that many students felt isolated and depressed [3,4]. As a response to these challenges, a three-year Bachelor of Nursing program in Norway implemented a student peer mentoring program for first-year nursing students in 2020 to increase student well-being and prevent students from dropping out. Senior students are often used as student peer mentors to assist first-year students in adapting to higher education [6]. Studies show that mentoring programs are often used in higher education, with positive results for both the mentors and mentees. These include preventing students from dropping out, reducing stress and anxiety, enhancing feelings of support for the mentees [7–10], and developing the mentors' leadership

and communications skills [11–13]. However, the ways in which mentoring programs are implemented vary greatly. The mentors are either students or graduated nurses, and the aims of the programs vary greatly. This makes it difficult to draw definitive conclusions about the effects. To our knowledge, there have been a limited number of studies that have investigated the use of student peer mentoring programs during the COVID-19 pandemic that focused, in particular, on using the method as a tool to enhance student well-being during this period. This study aimed to investigate the experiences of the student peer mentors that participated in a program, focusing on aspects such as their motivations to become mentors, the skills that were acquired, and the challenges experienced as mentors.

The Mentoring Program at the University

The nursing program experienced an increased dropout rate during the COVID-19 pandemic. As a result, a peer mentoring program was initiated. Building on insights from theories of situated learning and communities of practice as well as theories of the socio-cultural learning perspective that underscore the importance of social inclusiveness, interaction, and identification in the learning processes of students, the mentor program was a focused effort to reduce the dropout rate among first-year students as a consequence of the loss of the university campus as a practice and learning community [14,15]. Approximately 30 student peer mentors were recruited among second- and third-year nursing students to mentor first-year students from the start of the academic year. Each mentor was encouraged to contact 25–30 mentees once per month from the start of the academic year until the end of the first semester. For this, the mentors were paid a monthly salary by the university. The student peer mentors attended an introduction course before the start of the academic year, which was organized by the project coordinator (who was a faculty member), and received information about the scope of a mentor's role. The mentors' responsibility was to check in on the mentees and ask how they were doing and if there was anything the mentor could do to support the mentee with regards to practical issues. The mentors were to refer the mentee to the appropriate student support services for any issues beyond the scope of the mentor role or contact the project coordinator for guidance. The mentors met once per month with the project coordinator to share their experiences and discuss any challenges. In between meetings, the mentors communicated with each other on a group chat, where they shared information and advice.

2. Materials and Methods

The aim of this study was to obtain a deeper understanding of the experiences of the student peer mentors. A qualitative approach seemed appropriate to bring new knowledge to this topic. The data comprised individual semi-structured interviews with the student peer mentors who participated in the program. This approach contributed to developing detailed and nuanced descriptions of the students' experiences of being mentors. In the analysis process, we used the six-step model inspired by Braun and Clarke [16]. The 32-item checklist of the criteria for reporting qualitative research (COREQ) served as a reference for reporting the present study [17].

2.1. Setting

The participants were mentors for nursing students during their bachelor's degrees. Some of the participants were students in the second or third years of their bachelor's degrees, and some had graduated and were working as registered nurses when the interviews were conducted (Table 1).

Table 1. Characteristics of the participants.

Participant	Age	Number of Times Being a Mentor	Current Profession
1	21	2	third-year student
2	22	2	registered nurse
3	24	2	third-year student
4	22	1	registered nurse
5	24	1	third-year student
6	24	2	third-year student
7	21	2	third-year student
8	25	2	third-year student
9	22	1	third-year student
10	30	2	registered nurse
11	23	2	registered nurse

2.2. Recruitment and Participants

The inclusion criteria required that the participant was, or had been, a student peer mentor for students in the first year of the Bachelor of Nursing program. To recruit the participants, we received a list of names of mentors from the faculty staff responsible for coordinating the student peer mentor program of the Bachelor of Nursing program at the university. Based on that list, we contacted the mentors by email. However, we received few answers and decided to send the potential participants text messages on their mobile phones. This recruitment strategy was more effective, and we recruited 11 participants out of 24 current and former student peer mentors at the university, including three recently graduated registered nurses and nine students. While we aimed to recruit participants of all genders, the final sample comprised eleven women.

2.3. Data Collection

The data collection consisted of eleven semi-structured interviews based on an interview guide (Appendix A). The interviews were carried out using the videotelephony software program Zoom (nine interviews) or face to face (two interviews) on campus, depending on the preferences of the participants. The interviews were conducted by the first and last authors (SRL or HJ) in Norwegian. Each participant was interviewed once. We asked the participants to narrate their experiences from the time they were recruited as mentors to the present time. Their experiences as mentors were explored using questions such as “Can you talk about your motivation to be a mentor?”, “Can you tell us about an experience you had with a first-year student that you remember particularly well?”, “Has there been anything you’ve found challenging about being a mentor?”, and “What was it like for you to be a mentor during the pandemic?”. The interviews lasted between 20 and 45 min and were transcribed verbatim but de-identified by a professional language editor. The interviews were conducted between September and October 2022.

2.4. Data Analysis

Braun and Clarke’s thematic analysis was used to analyze the data [14]. We analyzed the data in an inductive way, aiming to convey the perceived meaning of the participants that was relevant to the aim of the study. The first author listened to all the recorded interviews, and all authors read the transcribed interviews. During this first step, all the authors wrote down their first impressions from the dataset. We discussed the notes and talked about why we had these first impressions regarding the meaning of the dataset. In this phase, we identified four themes. In the second step, the first author generated initial codes using NVIVO 11 software [18]. All authors subsequently discussed which codes fit together, identifying potential themes, and decided whether they answered the research aim. In the fourth step, we modified the themes by reading the transcripts and reviewing the codes. As a final step in the analytic process, we finalized the themes, with an emphasis on developing themes that were *meaning-based interpretive stories* and ensured that they

responded to the aim of the study (Table 2) [19]. All authors were involved in this process and agreed on the summarized themes shown in the findings.

Table 2. Illustration of the analytical process.

Data Extract	Codes	Theme
<i>The way they described it was like, to have someone to ask and who can provide that additional support and stuff like that, especially in the beginning with the transition to becoming a student. And I just felt that I really wanted to be that person who can help with all of that.</i>	Wanting to help	
<i>I felt I have developed an effective study technique and sort of wanted to help others and share tips and tricks. So that's why I thought it could be interesting to be a mentor.</i>	Having skills that could benefit the first-year students	Being someone who can ease the transition
<i>As a first-year student, I had only online classes and it was a difficult transition, both because of the pandemic and the courses. So I thought it would be really good to have a mentor.</i>	Felt the need for a mentor	

3. Ethical Considerations

The study was approved by the Norwegian Centre for Research Data (Sikt) in July 2022 (No. 686027). All the participants gave their written, voluntary consent to participate in the study. The participants were informed about their right to withdraw from the study at any time during the research process before the analysis. All participants received an email providing information about the study. While all the authors were faculty members of the Bachelor of Nursing program at the university, none had been involved in the mentoring program. As described above, we used text messages to recruit the participants as per approval by Sikt. This recruitment method might be considered more intrusive than receiving a request by email. However, the participants were young students that were used to communicating using text messages. Additionally, we did not consider the topic to be particularly sensitive. We ensured that the researchers did not know the participants being interviewed. The participants agreed to our use of the videotelephony software program Zoom (Santa Clara, CA, USA) or meeting face to face. We used an app connected to services for sensitive research data to record the interviews (Nettskjema—University of Oslo (<https://www.uio.no/english/services/it/adm-services/nettskjema/>, accessed on 21 March 2023)). The files with the recorded interviews were password-protected, and only the researchers were allowed to access the files. The data were anonymized and were stored in accordance with the current guidelines at the university and in accordance with the General Data Protection Regulation (GDPR).

4. Results

Four themes were identified: being someone who can ease the transition, defining roles and boundaries, developing communication strategies, and developing their own professional competence.

4.1. Being Someone Who Can Ease the Transition

The mentors were motivated by a strong wish to “be there” for the first-year nursing students and support them. Some of the mentors had experienced a need for a mentor as first-year students or felt that having had a mentor as a first-year student was a motivating

factor for becoming one themselves. Others said they wanted to help the students with the transition from secondary to higher education, which was considered challenging:

When they presented the program to recruit new mentors, I thought it sounded very exciting (. . .) The way they described it was like, to have someone to ask and who can provide that additional support and stuff like that, especially in the beginning with the transition to becoming a student. And I just felt that I really wanted to be that person who can help with all of that. (Participant 2)

Some of the mentors felt that they were academically strong, had mastered study techniques, or had other qualities that they believed could benefit the first-year students:

I felt that I have developed an effective study technique and wanted to help others and give them advice and tips if they were stuck. So that was the reason I thought it would be interesting to be a mentor. (Participant 4)

Some of the mentors felt that their own experience of being a student during COVID-19 was particularly relevant for being a mentor:

There was a lot of COVID-19 both my first and second year. So in a way that's a good thing because I know what they are going through. So it was easy to give tips and advice. As a first-year student myself it was difficult for my mentor to understand what it was like. There wasn't really a lot of support in a way. At least when I think back to having a mentor my first year. So now I feel that I can provide guidance to the first-year students a lot more in that sense. Also about social stuff, there isn't really a lot of social gatherings organized at the university. So I provide advice about how to get in touch with the other students in their class. (Participant 6)

4.2. Defining Roles and Boundaries

Many of the participants experienced situations where they had to set boundaries for the first-year students in terms of what they could and could not help them with. One participant had been contacted during the night on a weekend by a first-year student, which the student peer mentor brushed off as drunken shenanigans. Other mentors told stories of being asked to provide feedback on assignments or being confronted with first-year students with mental health issues:

It can be challenging to clarify my role towards the first-year students. Many believe I am there to provide feedback on assignments, that I am a teacher in a way. So, to clarify what I am not . . . I am not there to edit their assignments. I have had those questions in the past (. . .) I believe I am a quite good at setting boundaries. You feel a bit like "sorry I cannot help you with that". I don't feel guilty but it's a bit like "sorry that is not what I meant when I told you that I am here for you". (Participant 6)

Knowing how challenging the COVID-19 pandemic was on the students made setting boundaries particularly difficult:

There will be things that are outside the role of the mentor. It is a matter of knowing your boundaries and refer to the right places and things like that. But I think it is easy to think that you can handle it and help them instead, but you have to know where to draw the line and where to refer them. You are not a psychologist. I know that was one of the concerns because of COVID-19. Because you can't hide the fact that it has been hard on the students. So, it is definitively a challenge. (Participant 1)

The mentors also felt that the focus during their interactions with the students shifted because of the pandemic:

I did notice that the mood of the students and their motivation was affected each time new restrictions were implemented. When I spoke to them after the lockdown they were downhearted. There were also a lot of frustration about all the zoom lectures which they did not like. So you try to be positive. There were also a lot of reactions and they needed a lot of additional support when it was decided that the exam would be held on campus

right before Christmas. So while we were supposed to help out with practical stuff, the focus became on COVID-19 which affected the entire society. (Participant 11)

The mentors were often asked by the mentees which lectures to attend or opinions about faculty staff. These experiences made them feel squeezed between multiple roles as a mentor, fellow student, a friend, and someone representing the university. To balance this closeness and distance seemed to be difficult for some of the mentors. This was particularly apparent in challenging situations where the mentors held themselves accountable for situations outside their control and the scope of the student peer mentor role. When a first-year student dropped out of the nursing program, the mentor blamed herself for not doing enough to prevent it from happening:

I connected really well with one of the first-year students and she seemed really positive, but suddenly it changed and she had tried to call me when I was unavailable to talk. I tried returning her call later but she didn't answer. So I sent a text message and it was a bit of messages back and forth about her struggling with motivation to continue the nursing program and where to get counselling and stuff like that. I asked the other mentors who provided me with links to people she could get in touch with. Afterwards I didn't hear anything except that she had quit which made me feel that I had not done enough. That perhaps it was because I didn't answer the phone and didn't manage to reach her afterwards. Once we started texting I felt it was too late. So I felt the responsibility, that I had not been able to convince her to continue. Not that I am the cause, but I could have been a contributing factor in a positive direction. So that was difficult, I guess. (Participant 2)

4.3. Developing Communication Strategies

During the introduction course for the mentors and the monthly mentor meetings, much time was spent on discussing the best ways to reach out to the mentees, as many mentors experienced students not responding to their messages and emails. The participants who had been mentors since the rollout of the initiative explained how the mentors had sent emails to the students' university email accounts but received limited responses. The mentors later found out that many students had problems logging into their university email accounts or did not know that they had one. Sending a message by SMS had generated a better response rate, and most mentors used this as the primary communication channel. Some of the mentors highlighted the importance of reaching out to the first-year students early in the first semester, preferably by September. They also timed their messages to the students around important "events" during the first year, such as exams or the first clinical placement. Some had also developed ways for the students to answer that required minimal effort, which they believed enhanced their chances of receiving a response:

It is important to ask direct questions. Or if you don't get a response, write "send me an emoji if you are okay". Those kinds of things just to make sure the student is okay. It is easy to think that if they don't respond to your message, they are okay, but you can't be sure. Sometimes I can ask them to rate their motivation from one to ten, so they only need to send me a number. (Participant 7)

It was also highlighted that the mentors were different and used different techniques, and so were the first-year students. Several mentors believed it was important to write personalized messages and remember the preferences of each student:

I send SMS to everyone, but I know that some don't like to receive messages in the evenings because it is stressful for them. Others prefer talking on the phone, so we chat for 15 min and that's enough for them. Others prefer email and doesn't want to be distracted by the phone while they are studying. So it is important to be flexible and able to meet a lot of different people with different needs. (Participant 2)

Not receiving responses from the first-year students and feeling intrusive was considered to be particularly challenging. In these instances, some blamed themselves for not asking the right questions:

It was challenging during the periods where I would not get a lot of response. You feel like you are harassing people. We have spoken a lot about it during the meetings with the other mentors. When you send out a lot of messages and you don't get a response you can think that "I am that annoying person who pops up from time to time to invade your privacy" in way. It can feel like that when you don't get a response. And sometimes it feels like you're not asking the right questions or phrasing them in a way that makes the first-year students want to answer. (Participant 8)

4.4. Developing Their Own Professional Competence

The mentors believed that being a mentor was also beneficial for developing skills that are important for practicing nursing, such as empathy and communication:

It is about how to communicate with different people with different needs. Not everyone says it directly so you might be able to understand it anyway based on a text message that there is actually a lot of worry here, this person seems quite stressed and worried and where it seems to be something more going on than just what is written in the message. So, to be able to respond to not only what is in the message but also to reassure in a way. So the response not only answers the question but also expresses understanding and supportiveness so they don't feel stupid for contacting me. (Participant 8)

Some narrowed it down to obtaining experience supervising students, which was considered important when working as a nurse:

I have gotten a lot of practice in supervision of students and showing . . . or at least trying to show a genuine interest in others which in a way is important for a nurse. In general getting experience working with people, I guess. (Participant 4)

Those who considered themselves to be introverted or shy said that being a mentor had helped them practice "putting themselves out there" and gaining confidence:

I have always considered it a bit scary to speak to new people. So, for me it was challenging to contact the first-year students. So, it was a good challenge for me to face. As a nurse and part of a work environment where professional development is important it is beneficial to have experience putting yourself out there, taking charge in a way. (Participant 3)

The skills that these mentors described (empathy, communication, becoming less introverted, and being able to initiate social interaction) are all central to what one might call "people skills", which are important competencies in nursing practice.

5. Discussion

The study findings indicate that the student peer mentors were highly motivated to support the first-year students. However, the mentors experienced challenges both in defining the role of a mentor and setting boundaries for the first-year students. It was also challenging for the mentors to develop effective ways to communicate with the first-year students. Being a mentor was considered beneficial for developing professional skills, such as empathy and communication, as well as gaining their own self-confidence.

The societal circumstances in which the peer mentor program was implemented was characterized by closed university campuses, strict rules concerning the organizing of physical face-to-face social interactions, unpredictable learning environments, and scarce contact with teachers and other faculty. In other words, three of the most important aspects and/or preconditions for well-functioning learning communities (a safe environment, predictability, and regular interaction and collaboration between students and faculty) were absent. The absence of these factors is not exclusively related to COVID-19-affected societies. These issues might very well be found in distance learning environments and in an increasingly digitalized system of higher education [20]. Our findings show that the

mentoring program might have compensated for some of the problems related to social distance and the lack of social interaction in such contexts/circumstances [21]. Mayer pointed out that multimedia learning has a great impact on cognitive learning processes [1]. In nursing education, both cognitive and social processes are important dimensions of learning processes. When learning biosciences, cognitive learning is of great interest, and therefore multimedia learning might contribute to students' learning outcomes. Our findings indicate that the social dimension of the learning process should be emphasized in any learning environment, and we believe there is a need to expand the knowledge about multimedia learning in this regard.

The student peer mentors experienced challenges in defining their role and establishing boundaries for their support of the first-year students. Being paid by the university might also have put the student peer mentors in a moral squeeze between being a peer for the mentees when listening to the mentees' complaints and critiques of teachers and exams while at the same time maintaining a level of neutrality as an employee of the university. The mentors were motivated by a strong wish to help the first-year students. This was supported by previous studies that found that most mentors were motivated to be a mentor for altruistic reasons and that being a mentor created a sense of gratification and meaning [22–24]. Combined with the motivation to be there for the first-year students was also a perception that it was difficult to draw a line in terms of what they could not help the mentees with, which was in line with previous studies. In particular, striking a balance between not providing enough support and providing too much support has been found to be especially difficult [3,6,25]. Knowing how difficult both the transition to higher education and being a student during the COVID-19 pandemic was for the first-year students made it particularly challenging for the student peer mentors to set boundaries. The moral squeeze, combined with the difficulties in managing expectations from the students as well as defining the role of a student peer mentor, seemed to be taking an emotional toll. While the mentors stated that their role was to assist the students only with practical issues, in some instances where they had been actively involved with the mentee, the mentor also felt responsible and blamed themselves for not doing enough to improve the situation for their mentee. A lack of understanding of the role of a mentor may lead to the mentor becoming overprotective and taking over responsibilities that lie with the mentees [26]. While there is extensive research about the challenges of being a student peer mentor [6,27–29], this and other challenges related to the so-called "dark side of mentoring" [30] should be investigated further. Based on our findings, there also seems to be a need to emphasize ways of coping with the emotional labor involved in peer mentoring when preparing students for the role and ensuring that the student peer mentors receive continuous follow-up and support to clarify the mentoring role and the setting of boundaries. Our findings also highlight that the moral, ethical, and legal issues of using student peer mentors should be carefully considered before initiating student peer mentoring programs to avoid putting students in potentially demanding "squeeze roles".

The participants in this study believed that being a mentor contributed to developing skills valuable to the practice of nursing. This included being able to "put yourself out there" and gaining self-confidence as well as developing communication skills. For the participants who considered themselves to be introverted, shy, or simply not used to speaking out due to the passive nature of online lectures, being a mentor was a way to push themselves out of their comfort zone while engaging and interacting with the mentees. These mentors also saw this, from a meta-perspective, as a way for them to practice persuasion and taking charge, which they believed to be important in their future profession as a nurse. Benefits for mentors related to self-confidence and building leadership and communication skills as well as the strengthening of clinical competence were also found in other studies [13,31]. The applicability to future professional practice might be particularly relevant for student nurses, as the supervision and mentoring of student nurses is a key component of nursing practice.

Strengths and Limitations

To our knowledge, few studies have investigated student peer mentors' experiences in nursing education during the COVID-19 pandemic. This study therefore fills a much-needed knowledge gap, as we recruited eleven participants that were willing to share their experiences in a way that gave rich and nuanced pictures of their perspectives of being mentors during the COVID-19 pandemic. The participants were students in the second and third years of their education, and some of them worked as registered nurses, which contributed to a more nuanced picture of the participants' experiences of being mentors. We recruited the participants using text messages, a recruitment technique that turned out to be the same method that the participants preferred for reaching out to the mentees. One might ask if this recruitment procedure might entail a certain pressure on the participants. However, we ensured that the participants had read and understood the information about their free and voluntary consent to take part in the interviews. All the participants were female. At the time of recruitment, 22 female mentors and 2 male mentors were involved in the mentor program. This sample is typical for the gender composition in nursing education, but it might have affected the results. Although we are experienced researchers and educators, we had preconceptions regarding the importance of the mentoring program. We reflected and discussed these preconceptions during the analytic process and tried to be open-minded when reading and analyzing the data.

6. Conclusions

The student peer mentors in this study experienced challenges, both in defining the role of a mentor and setting boundaries for the first-year students. They also found it challenging to develop effective ways to communicate with the first-year students. Being a mentor was considered beneficial for developing professional skills, such as empathy and communication, as well as gaining self-confidence. The mentors, who were themselves affected by the changes in the learning environment due to the COVID-19 restrictions, believed that they were well positioned to support the first-year students, who were adapting to higher education during a challenging time. Our findings show that the mentor program might compensate for some of the problems experienced due to social distance and a lack of social interaction and that the social dimension of the learning process should be emphasized in any learning environment. However, there were challenges on multiple levels due to putting student mentors in such demanding roles, the extent of which the institution did not necessarily acknowledge. Our findings show the moral squeeze and emotional toll experienced by the mentors. This highlights a need to emphasize methods of coping with the emotional labor involved in peer mentoring when preparing students for the role and ensuring that the student peer mentors receive continuous follow-up and support to clarify the role and set boundaries when implementing mentoring programs in higher education.

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Appendix A

Interview guide (translated from Norwegian)

How old are you?

Which year of the Bachelor of Nursing program are you?

How long have you been a mentor?

What were the reasons why you wanted to be a mentor?

What was the first year like for you? Did you take advantage of the mentorship program yourself?

What training and follow-up did you receive as a mentor along the way?

How did you go about contacting and following up with the students? How did you go about reaching those who didn't respond the first time?

Can you tell us about an experience you had with a first-year student that you remember particularly well?

Has there been anything you've found challenging about being a mentor? Can you give an example?

What was it like for you to be a mentor during the pandemic?

What skills would you say you have acquired or further developed through mentoring?

When you think back to being a mentor, what have you learned that you want to take with you in your future profession as a nurse?

Is there anything about being a mentor or mentorship that I haven't asked about that you'd like to add?

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